# Trauma System Planning Subcommittee Meeting – Notes
# Thursday, July 24, 2014

1. Welcome and Introductions
   Scott Thomas, Matt Vassy, Carrie Malone, Katie Gatz, Jessica Skiba, Camry Hess, Murray Lawry, Spencer Grover, Annette Chard, Dave Welsh

2. Review of June's Meeting Notes /
3. 3. Review of Assignments from June Meeting
   - Orientation – What should this cover?
     - Katie – What if we created some sort of video that new ISTCC meeting attendees would watch before each TCC? They could come in a half hour before the TCC and watch the video.
     - Scott – Give a historical snapshot of where we've been in Indiana. The first meetings were ad hoc at the medical center and the group was small. Trey Scherer ran the meetings. These meetings led into the consultation from the ACS.
     - Spencer – After the consultation there was the Governor's proclamation, which set who was on the Indiana State Trauma Care Committee.
     - Annette – We should describe why the people in the middle at the tables are there.
     - Vassy – Include other landmarks. For example, the Triage and Transport Rule, EMS legislation (requiring run reports), Trauma Registry Rule.
     - Scott – Cover the number of trauma centers.
       - **Action:** ISDH Division will start creating content.
     - Annette – We should mention the ITN meeting happens after the TCC meeting since that meeting consists of trauma program managers, registrars, etc.
   - Good/bad boys and girls list – the division started to include this in our July Trauma Times Newsletter.
     - Katie – on the EMS side it is more challenging to know who is supposed to be reporting data. Hospitals are easier.
     - Spencer – Start off by compiling a good boys and girls list, then switch to the bad list. Publish whatever list is shorter.
   - Like comparisons – ACS Orange Book
     - Katie - Do we have examples of what type of information they are looking for?

    - Annette – ACS was ok with lumping level I and II's together. Keep the III's in a separate group. We need to have level I and II, III's and in process, and non-trauma centers.
- IPAC will work on Injury prevention part of the overall trauma system plan
    - Katie – Jessica formed a subcommittee that will meet in August to work on the resource list.
- Trauma Education
    - **Action:** Annette will send Katie a list of all the trauma courses.
    - **Action:** Spencer will send Katie the 2012 ED survey.

a. Review of Top Priorities

*Trauma system issues:*

- Spencer: Sustainability through legislative funding.
- Carrie: Develop the regional trauma system.
- David: Increase trauma center coverage in Indiana.
- Annette: Setting up and then refining the state system as a whole (specifically the triage & transport rule).
- Ryan: Sustainability through legislative funding.
- Scott: We need to review the Triage & Transport Rule. If you have a severe trauma patient they should not be taken to the level III trauma center, but the highest level of care.
- Matt: The challenge is that without revising the Triage & Transport Rule, we need to understand how people interpret their own region. It will be different by region. It's different to have a level III out by themselves and a level III close to a level I or II.
    - Scott – We need education as to where the patients should be taken. I'll be working up in northern Indiana.
    - Matt – This ties into regionalization. Where to take patients will vary by region.
    - Spencer – There needs to be a review of why did this patient go to a level III trauma center when they were severe and there was a level I downtown? We should avoid double transfers of the 'sick/bad/hurts'.

*Trauma Registry*

- Annette: comparing "like" trauma centers based on the information in the new ACS Orange Book.
- Ryan: Continue the message of EMS providers needing to leave run sheets at the hospitals.
- Spencer: Blue Sky Project.
- David: "Good Boy" / "Bad Boy" list. Increase interstate data exchange.
- Carrie: integrate EMS, hospitals and rehab data.
- Scott: How can we make sure that the smaller places have the resources to put in all the data?
    - Annette – I've talked with other hospitals that are submitting data. Once they got into it, they identified the need for more education.

    - **Action:** ISDH Division will look into hosting follow-up education registry events.
    - **Action:** ISDH Division will also compile a list of registry FAQs.
- Matt: We need to get everybody 100% reporting trauma data.

*Miscellaneous issues:*

- Carrie: Trauma System Budget. We need to come up with a budget proposal, include funding sources and the appropriation for the Indiana State Trauma Care Fund.
- Ryan: Trauma System Budget and funding. We need to identify what we would do with funding. It helps show us our justification.
- Spencer: Trauma System Budget. The budget can show what the state needs. The budget can be the roadmap.
- Annette: Trauma System Budget.
- Annette: If taxes are out, could we tack on $10 to every seatbelt violation? This is trauma-related and is not a tax. Is this feasible?
    - Spencer: That might be doable. Call it a $10 seat belt penalty. They did this for the brain injury fund.
    - Carrie: IL does not allow texting while driving. The fines from that go straight to trauma. The same could be done in Indiana.
    - Katie: Just remember that ISDH can educate but cannot lobby.
        - Spencer: there have been bills that were introduced; there just wasn't any political will to carry this in a bill.
- Scott: ACS is big on advocacy. One example was Georgia, who had no funding and then got tax money. Super Speeder funds could go into trauma systems. License registration fees to pay for head injuries. I can give Katie the contact numbers. Georgia could give us guidance.
    - Katie – It would be great to have money, but what do we do with it?
    - Scott: Instead of making our own list of what we would spend money on, let's look at what other states did. How did they budget for their goals? The ACS is a huge resource to find out how other states developed their trauma systems.
        - **Action:** Scott will send Katie the contact information for the ACS Advocacy person.
- Matt: A top priority for funding would be to get everybody up to speed for the registry. This could be time spent on education, money for software, etc.

- Katie – Since we'll go to them for budget. What do we need to get those priorities established? We won't have a formalized plan done by the next TCC meeting, but we can give them an outline and get their feedback. This can help drive us for the next couple of years.

4. <u>Discussion of ACS Orange Book recommendations for trauma system plan</u>

- Katie – On page 2 of the new ACS Orange Book they talk about the critical elements of a trauma system plan. The one thing we have not talked about is disaster preparedness, but we have hit all the other main points. I think we are doing pretty good.

5. Top Priorities Brainstorming
    a. Trauma System Issues

- Vassy – How do we get the regional trauma system step up? It would help to have a trauma center in each district. In district 10 the trauma centers are evolving from being a trauma center accepting patients to a trauma center that is reaching out to other hospitals. We need to continue this evolution with formal meetings. We should formalize that process. It's difficult to do if the people in the district are not heavily interested in outreach. How do we develop that?
    - Scott – Do we have funds to fly in somebody for 2 days to talk about how their state developed the regional trauma system?
        - **Action:** Give ISDH names of folks that could come in and speak about regional trauma system development and how much they would charge. IHA has money left over from the 2008 consultation visit that the TCC can decide how to spend.
    - Spencer – We need to look at the date, too. Should it overlap with the TCC meeting?
    - Scott – I think the advocacy person from the ACS would probably come for free.
        - Vassy – Should this person come to a subcommittee meeting with us?
        - Spencer – They could attend via the phone.
        - Scott - The person should meet with us (subcommittee) first, and then attend the TCC meeting.
            - **Action:** Schedule the ACS Advocacy person to present at an upcoming system planning subcommittee meeting.
- Katie – I've heard that it's hard to get physicians involved in RTTDC. How can we boost physician involvement in this course?
    - Scott - It's hard to get the physicians to come to the course. They get defensive. They say they know their priorities and what they are doing.
    - Vassy –Many of the hospitals that we've gone to cannot spare physicians. Or the docs do not actually live in the area. Staff turnover can be an issue.
    - Scott – When I teach the RTTDC, I present the good, the bad, and the ugly cases. I'll use one of my cases for the ugly cases so they feel less threatened.
    - Annette – We try to plan an RTTDC, but then the people who need to be there don't show up.
- Malone – can we make it a rule that ER docs have to have ATLS?
    - Scott – You have to have ATLS in your training, but that could be 25 years ago.
    - Spencer – This is part of the ED survey the IHA did a couple of years ago. By publishing this survey, does this become a statewide standard of care?
    - Scott – I like Spencer's idea of making the survey like a 'report card' for each hospital, listing all of their certifications.
    - Spencer – the data is 2 years old, but it is a benchmark.
    - Annette – We need to be careful which courses we list.

    b. Trauma Registry

- Katie – the big thing is leaving the run sheets at the hospitals. What can we do?
    - Malone – most of our EMS agencies transmit directly, they don't leave run sheets.
    - Annette – my secretary makes daily phone calls chasing run sheets down.

- **Action:** ISDH division will include this requirement in the IERC conference presentations.
- **Action:** ISDH division will include this in the report to the EMS Commission.

C. Miscellaneous Issues

- We have a plan for how to address the budget situation (ACS Advocacy meeting)

6. Establish a priority order for the priorities
    a. Everyone agreed that there is not just one thing that needs to be done above something else

7. Additional Discussion
    a. David – If I can get a line item budget once it is ready, I can share with ISMA who can work with local legislators to establish trauma care funding.
    b. When will the next meeting be scheduled?
        i. Katie will coordinate scheduling with the ACS Advocacy person and then work on establishing a time that works best for everyone.

## ***Assignments***

Carrie: attend the July District 10 Trauma Regional Advisory Council meeting and report back at the next subcommittee meeting her findings
Annette: send Katie costs of different types of trauma education
Division: include an article in the newsletter about trauma courses and their availability
Spencer: send Katie 2011 survey of trauma education completeness by hospital
Scott: send Katie name of ACS Advocacy contact
Division: create content for ISTCC orientation
Division: Look into hosting follow-up education trauma registry events.
Division: Compile a list of registry FAQs.
All: Give ISDH names of folks that could come in and speak about regional trauma system development and how much they would charge.
Katie: Include EMS requirement to leave run sheets at the hospital in the IERC conference presentation.
Division: Will start compiling a bad boys and girls list of who is not leaving run sheets at hospitals that will be reported to the EMS Commission on a bi-monthly basis.