Trauma System Planning Subcommittee Meeting - Notes
Wednesday, June 18, 2014

1. Welcome and Introductions

Scott Thomas, Dave Welsh, Annette Chard, Spencer Grover, Ryan Williams, Carrie Malone, Katie Gatz, Murray Lawry, Jessica Skiba, Camry Hess, Art Logsdon

2. Identify goals of the Statewide Trauma System

- Katie reviewed the documents she sent out and asked if any additional documents needed to be provided as background information. Everyone agreed that the documents sent out were suffice.

Indiana State Trauma Care Committee (ISTCC) membership

- Art started out talking about the ISTCC membership. He asked if anyone had any concerns about the current membership.
    - Katie: the division is now collecting rehab data. Should the ISTCC membership include someone with a rehab focus?
        - Scott: the trauma medical directors at trauma centers are tied in with rehab.
    - Spencer: concerned with messing with the proclamation for the Executive Order of the ISTCC unless the funding situation is going to be addressed in the upcoming legislative session.
- Scott: one area of opportunity at the ISTCC meetings is addressing the newcomers. There always seems to be at least one new person who comes in who is not familiar with Indiana's trauma system so the group has to start from the beginning in educating those attendees about what is a trauma system. The result is loss of momentum in the ISTCC meetings. What could we do to address this issue?
    - Art: Should we develop a new attendee orientation?
    - Someone asked if other states are doing orientation programs. ISDH is not aware of such a program.
        - **Action**: ISDH Division will look at creating some sort of an orientation.
- Spencer: Do we have new members of the ISTCC?
    - Art:
        1. IU Health - Riley lost their representative and now they have a new representative: Dr. Thomas Rouse
        2. Dr. VanNess appointed an ex-officio that represents the Professional Fire Fighters' Union of Indiana
        3. Dr. VanNess added a Fire Rescue Services Representative: Tim Smith, the Fire Chief for Vincennes Township Fire Department.
        4. Please note: Vacant position for Level II Trauma Center Physician of Parkview Regional Medical Center

- Scott: advice for the subcommittee is to establish a cohesive direction for the development of the statewide trauma system by looking at each issue and then presenting a snapshot to the ISTCC.
- Art brought up the fact that the state has approved some level IIIs for "in the process" trauma center status and asked the group if the ISTCC membership needs to be expanded to include these facilities.
    - Ryan: Level III centers need to be at the table. If the state recognizes them as a Level III trauma center then they should be on the ISTCC.
    - Spencer: Level IIIs should come to the meetings, but not sit on the ISTCC because opening up the Executive Order could lead to problems, such as loss of control. Unless legislation is sought for funding, let the level IIIs know that they can come to the meetings and be active, but not sit on the ISTCC.
- One area of concern that was mentioned is the potential lack of knowledge by those at Level III trauma centers.
    - Scott: Level I & II trauma centers should be working together with the "in the process" trauma centers. There is an opportunity to connect established trauma centers with "in the process" trauma centers in the same geographic region with a 15-20 minute phone call. The established trauma centers can educate "in the process" trauma centers on the history and current status of the ISTCC.
    - Katie: What if the "in the process" trauma centers are on the edge of Indiana that would have close ties with hospitals outside of Indiana, for example Northwest Indiana to Chicago?
        - Scott: The closest verified Indiana trauma center can reach out to that facility.
        - Carrie Malone identified the ITN meetings as a great opportunity for all trauma centers to network and work together on knowledge gaps.

<u>3. Review of proposed list of areas to focus / 4. Identifying gaps in the proposed list of areas to focus</u>

- Katie asked the group if any area of focus was missing from the four categories (Trauma Registry, Injury Prevention, System-wide Issues, or Miscellaneous Issues)

Trauma Registry:

- Carrie: Under 'Post "Bad Boy" list of those not reporting' could ISDH create a list for EMS services that are not reporting their run sheets? This is an issue that the ACS looks at during verification visits. This list would let hospitals know that it is being brought to the state's attention and being addressed.
- David: Could ISDH create a "Good Boy" / "Bad Boy" list or "Top 10 / Bottom 10" list?
    - Everyone agreed this would be beneficial
        - **Action**: ISDH will look into creating these types of lists
- Spencer: When is the state trauma registry going to ICD-10?
    - Katie: January 1, 2016 is when most trauma centers will move to ICD-10. We have the ability right now to capture ICD-10. If they send us ICD-10, the division will encourage them to also send ICD-9.

- Spencer: Can the hospitals use CPT codes with ICD-10?
    - **Action**: Katie will investigate
- Annette: In the upcoming ACS Orange book trauma centers will be required to do "like" comparisons. For example, comparing my Level II trauma center with other Level I & II trauma centers in the state. Is this something the state would be able to provide?
    - **Action:** The division can look at creating specific "like" charts.
- Spencer asked for Katie to clarify what the Blue Sky Project is.
    - Katie: The Blue Sky Project is a pilot project with ISDH, Indiana Office of Technology (IOT), ImageTrend (trauma registry vendor), and Community Hospital of Anderson to establish a way for hospitals to create a program that would extract the trauma data from the hospital's EMR, put it into the file format required by the state, and automatically go from the hospital's server to the trauma registry database server.
- Spencer asked Katie to expand on the Provider Fee.
    - Katie: Art is working on this with the EMS community. The EMS community is trying to identify funding to work with a consultant out of Louisville for the provider fee. The way that it works is that this is a federal leveraging program. You cut a check for $5, they send back $15. This money would come back to the EMS system.
        - Carrie: We should include the consultant fee as a line item in the trauma system budget.

Miscellaneous Issues:

- Spencer: What is the status of a funding source for the statewide trauma system?
    - Katie: Item #8 in the Executive Order for the ISTCC talks about the Indiana State Trauma Care Fund. The ISDH finance group has reviewed the Executive Order and informed us that the division needs an appropriation that would allow us to spend the money.
- Spencer reminded the group that the Indiana Hospital Association (IHA) is holding on to leftover money from the 2008 ACS State Consultation visit.
    - Katie informed the group that the ISDH finance group has been made aware of the leftover money and because the division does not have a physical fund to spend money out of, IHA will need to continue to hold onto the money.
    - Katie also shared with the group that each year each division at ISDH creates legislative proposals for the upcoming session. The division has created a legislative proposal to get rid of the required fireworks report.
        - Spencer: the fireworks report went away once and then brought back.
            - **Action:** Spencer will look at the history of the Fireworks reporting requirement and send to Katie.
- Spencer: Funds for the statewide trauma system should come from cigarettes or something similar.
- David: In reviewing the 2008 ACS Consultation report, it talked about where other states get their funding for their trauma programs.
- Spencer: Governor Pence said there will be no new taxes. He is not ok with increasing the cigarette tax. Those are non-starters with him.

- Katie: Regarding a detailed budget proposal, how should we spend our money? We get e-mails on a regular basis for grant opportunities. We need to know our priorities so we know which grants to look at. We need to know how we are going to accomplish our priorities.
- Scott talked about the Community Paramedicine program in Fishers. The program has the paramedics going out into the communities and homes to help prevent injuries and complications from medical care. Will home visits prevent injuries? Should Community Paramedicine be a part of the trauma plan?
- Ryan did not believe it should be part of the trauma plan because it is more of a home health /wellness visit.
- Carrie talked about how a guy in Terre Haute said there isn't funding for this, so he is going to the local hospitals to ask them to help subsidize the cost.
- Katie talked about how yes, it is a home visit, but part of that is looking to prevent home injuries.
- Scott talked about how falls were a huge topic in his last ACS-COT injury prevention subcommittee meeting.
- Annette: Could we provide the community Paramedicine programs 'home inspection' checklists to identify issues such as lack of rails in bathroom, throw rugs, etc.?
- Scott: The Fishers Community Paramedicine program is currently funded through the service and they are going to collect data for a year. They then plan to use that data to present the information to insurance companies, hospitals, etc. to get funding.

Injury Prevention:

- David: Can we add to the list, work with the worker's comp companies? If we set up something statewide with them to reduce injuries in the workplace, they could help us with funding because it would be in their best interest.
    - Katie: we will add that under topic under injury prevention.
- Katie talked about how Jessica led IPAC last week and how the group is interested in contributing to an injury prevention-specific state plan. Katie asked the group what their thoughts were on this idea.
    - Carrie added that IPAC feels like they are the experts in injury prevention and would like to be part of the strategic planning.
        - The group agreed this was a good idea.
            - **Action**: Jessica will have a subcommittee group from IPAC put together ideas for a statewide injury prevention plan.
- Annette: The state should create a list of resources (available on the ISDH website) that identifies what each of the trauma centers are doing regarding injury prevention. This information should be linked to a national resource list.
    - Katie: IPAC mentioned the need for a resource list, too.
        - **Action**: The division will start creating ideas for a state resource list.

Trauma System Issues:

- Annette talked about the issue of trauma centers not playing nice in the sandbox.
- Carrie said that having regional trauma systems is important to the structure of the statewide trauma program.
- Katie reminded that regional trauma system development is encouraged, not mandated.

- Katie: What can we do to encourage a more formal regional system in each district?
    - Carrie: District 7 is starting down the path of regional trauma system development. There is a need in district 7 to include critical access hospitals in this regional system plan.
- Katie: What information could we provide district 7 to help drive the regional system? How can ISDH best support the district's efforts?
    - Carrie: Districts that do not have a structured regional system need examples of successful regional systems.
    - Ryan: Agreed. District 6 started with the hospital groups that already meet. This increased the working relationship between IU Health – Ball Memorial and Reid Hospital.
    - Annette: Michigan was a big example for us.
- Katie: Indiana's challenge is not having a verified trauma center in every public health preparedness district to help develop the regional trauma systems.
- Spencer: Trauma Center Trauma Activation Fee - I got a call from a news reporter wanting to know about activation fees. Are the fees different in Indiana by level I II or III? Are these standardized?
    - Annette/Carrie: Trauma Activation Fees are not standardized. This could be brought up at a future ITN meeting. We should know where we stand with the fees. The ACS does not set a guideline.
- Spencer: Who recognizes trauma activation fees?
    - Annette/Carrie: it depends on the insurance company.
- Spencer – are there protocols, statewide, when this fee is activated?
    - Annette: it depends on the trauma center's activation criteria and level of trauma center
    - Carrie: The trauma activation fee can only be applied if the patient was brought in by EMS and the trauma team was activated before the patient came in.
- Spencer: Regarding education. There needs to be minimum qualifications on the nursing side. The nurses should have to take certain trauma course to help assess the patient and get them transferred in time if they need to be transferred. Emergency Departments should have minimum training for nurses and doctors.
    - Annette: District 3 pushes certification for TNCC and ENCC for nurses.
    - Carrie: ENA pushes nurses to complete certain courses, but the bigger issue is doctors are not getting the ATLS course.
        - **Action**: Annette will send Katie a list of the courses nurses and doctors should complete and how much the courses cost.
        - **Action**: Spencer will send Katie the IHA survey results that show the percentage of courses completed by hospital.

<u>5. Each attendee identifies their #1 priority in the following categories: 1) Trauma Registry 2) Injury Prevention 3) System-Wide Issues 4) Miscellaneous Issues</u>

Trauma system issues:

- Spencer: Sustainability through legislative funding. We did this for 10 years with volunteers. But now that we have momentum, we need funding. We need to establish a way to get

funding or at least have the ability to spend money (raise and spend $) so that we can keep the trauma and injury prevention program.

- Carrie: Develop the regional trauma system.
- David: Increase trauma center coverage in Indiana. Fill the gaps based on the 45-minute map.
    - Katie – Methodist Northlake has submitted their "in the process" paperwork to IDHS. There are other hospitals that should be turning in their applications soon.
    - Ryan: Reid will be submitting their "in the process" application in the fall.
- Annette: Setting up and then refining the state system as a whole. We need to define if you are an EMS provider and you are deciding between a level I or II or III trauma center, how do you make the choice as to which trauma center to go to?
    - Katie: To clarify, you are suggesting that the state needs to update the triage and transport rule?
        - Annette: Yes, we need to keep this in mind as more and more centers are verified as level IIIs.
            - Ryan: From the EMS point of view, we need to be careful. Level IIIs are getting verified to keep patients. What happens when we take the level III trauma priority away?
                - Annette: The triage and transport rule needs to identify types of patient populations that need to go directly to a level I or II trauma center such as neurological injuries.
- Ryan: Sustainability through legislative funding. I agree with Spencer on sustainability. We need to be working on a funding project. If we want the trauma system to be in place then there must be funding.
- Scott:
- Matt:

Injury Prevention

- Spencer: Complete the SEA 180 PTSD/TBI study.
- Annette: Create a resource list that is linked to a national list. Create a yearly ranking of 'top mechanisms of injury' list. We currently create a list from our own trauma registry and it would be nice to compare the list to the state.
- Carrie: Create a resource list and identify which programs work / evidence-based programs. We need to look big picture and identify the state's injury prevention focus areas.
- David: Create a resource list. Reach out to the worker's comp folks.
- Ryan: Create a regional and statewide plan to work together. Create a resource list and identify programs that are working well and not working well.
- Scott:
- Matt:

Trauma Registry

- Annette: comparing "like" trauma centers based on the information in the new ACS Orange Book. Continue the message of EMS providers needing to leave run sheets at the hospitals.
- 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. This would give us a better picture of trauma throughout the state.
- Carrie: integrate EMS, hospitals and rehab data. The data drives the funding, which drives the system, etc. The data at the ISTCC is very beneficial and we need more of it.
- Carrie: Is there a unique number for each patient?
    - Katie: No, this is something we can add to the overall list.
- Scott:
- Matt:

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:
- Matt:

6. Additional Discussion

- Carrie: Does the state provide liability for EMS medical directors?
    - Katie: No. Should that be added to the idea list?
        - Carrie: I brought it up because it was mentioned in the consult.
            - Ryan: I am not aware of that being an issue.
            - Annette: It is a competition in district 3to be the EMS medical director.
- Jessica: We talked about a potential injury prevention conference that would be hosted in Indianapolis.
- Jessica: I am part of the mid-Atlantic conference. Their injury control research centers put together a guide for policy makers. They are 1-pagers and have offered to share the templates. This is something the division could create and share with the ISTCC.
    - Katie – add this/ share it with the IPAC planning subcommittee.
- Carrie: Is the state worried about having too many trauma centers?

  - Consensus: No.
  - Katie: The 2008 ACS Consultation report recommends that the state perform a needs assessment and the division has done this informally with the 45- minute map
  - Annette: Trauma Center coverage should stay on our radar and may lead to the need to update the triage and transport rule.
- Annette: What are the next steps for the subcommittee?
  - Katie: I will type the meeting notes and distribute to the group. We will focus on the #1 priorities we have identified today. At the next ISTCC, we will go over our progress and get feedback from them. The new staff person that will fill the trauma system coordinator role will be the project manager for the state plan to make sure we are staying on task with the priorities we have set as goals. We can start developing action plans during the next meeting.
- Katie: For the next meeting, please bring ideas addressing funding. If the Indiana Trauma System had money, what would we do with it?

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
Spencer: send Katie history of Legislation for Fireworks Reporting requirements
Spencer: send Katie 2011 survey of trauma education completeness by hospital
All: Review top priority areas and come up with ideas to address these priorities at the next subcommittee meeting.
All: Ideas for funding and what needs to be funded.