# Indiana State Trauma Care Committee

## August 16, 2019

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# Introductions & approval of meeting minutes

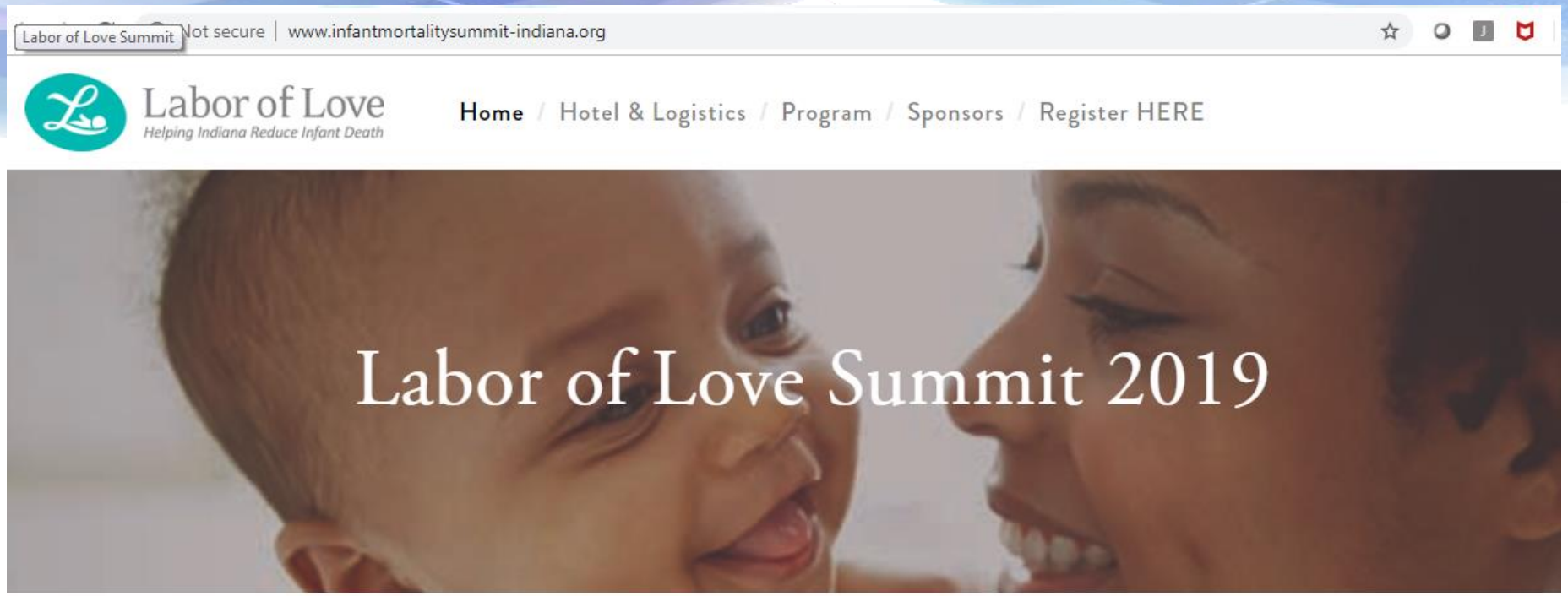
Indiana State Department of Health

# Updates

**Katie Hokanson,** *Director of Trauma and Injury Prevention*

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**



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# Division grant activities

- National Violent Death Reporting System (NVDRS).
  - Awarded & funded for 3 years!
  - Coroners participating:
  - Law enforcement agencies participating:
- Overdose Data 2 Action (OD2A)Comprehensive Opioid Abuse Site-based Program (COAP)
  - Awarded & funded for 3 years!
    - Largest grant the division has ever applied for.
      - **$7.1 million per year for 3 years**
  - Planning a webinar in early September to share the specifics of the grant.

# Evidence based falls prevention

## Stepping On

Stepping On

**Population** – Older adults who want to reduce falls and increase confidence

**Sessions** – Seven 2 hour sessions and home visit. Booster session after 3 months

**Program** - home safety, fall risks, medication, etc. Exercises are emphasized.

**Group size** – 10 to 12

**Leader** – Health professional including guest lecturers.

**Materials** – Handouts, binder, information poster board, weights

**Cost** – Leader plus guest speakers, materials

**Outcomes** – Falls decreased by 31%

Wisconsin Institute of Healthy Aging. Originated in Australia

# Upcoming classes

- Stepping On Leader training course

## Stepping On

**Leader Training Workshop**

**September 16th-18th 2019**

SAVE THE DATE

Nasser Simulation Center at St. Vincent
11801 W. 86th Street
Indianapolis, IN 46260

Questions? Contact Pravy Nijjar, pnijjar@isdh.in.gov

For more info about Stepping On visit
https://wihealthyaging.org/stepping-on

Indiana State Department of Health
Trauma and Injury Prevention

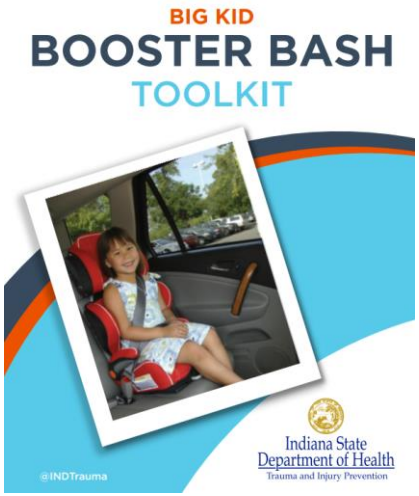
# Stepping On

- For more information please contact
  - Pravy Nijjar

pnijjar@isdh.in.gov
317-234-1304

# Upcoming Booster Bashes

- **Lake County:**
  - **Merrillville:**
    - **Date:** June 26th 2019
    - **Number of Seats Ordered:** 76
    - **Location:** Chateau Banquets, 530 W. 61st Ave. Merrillville
- **Vermillion County:**
  - **Clinton:**
    - **Date:** August 2nd 2019
    - **Number of Seats Ordered:** 60
    - **Location:** Sportland Park, Clinton



# Indiana State Fair

**Dates for division:**
August 5, 9, 12, 13, and 14

**Location:** Indiana State Fairgrounds, Expo Hall

# INSPECT Integration with EMRs

## INSPECT Integration Initiative - Integration Request Form

***INSPECT STATEWIDE INTEGRATION ANNOUNCEMENT***

Effective August 24, 2017 Indiana will begin steps to implement a statewide, comprehensive platform for healthcare professionals to review patients' controlled-substance prescription history more quickly and efficiently. This platform supports Indiana's Prescription Drug Monitoring Program (INSPECT) and transfers data into electronic health records (EHR) and pharmacy management systems. Statewide integration of the INSPECT platform is a key component of Indiana's ongoing efforts to address the opioid crisis.

**Integration Process**:

1. Follow the instructions and complete ALL of the following ***(only authorized decision makers at the healthcare entity should fill out these forms)***:
   - Integration Request Form (located on the right of this page)
   - End User License Agreement (will be emailed to you within 24 hours)
   - PMP Gateway Licensee Questionnaire (will open in a new window)

### Primary Point of Contact

* indicates required field

First Name*

Last Name*

Primary Point of Contact Email Address*

Job Title

Phone Number*

Email questions to: **indianatrauma@isdh.in.gov**

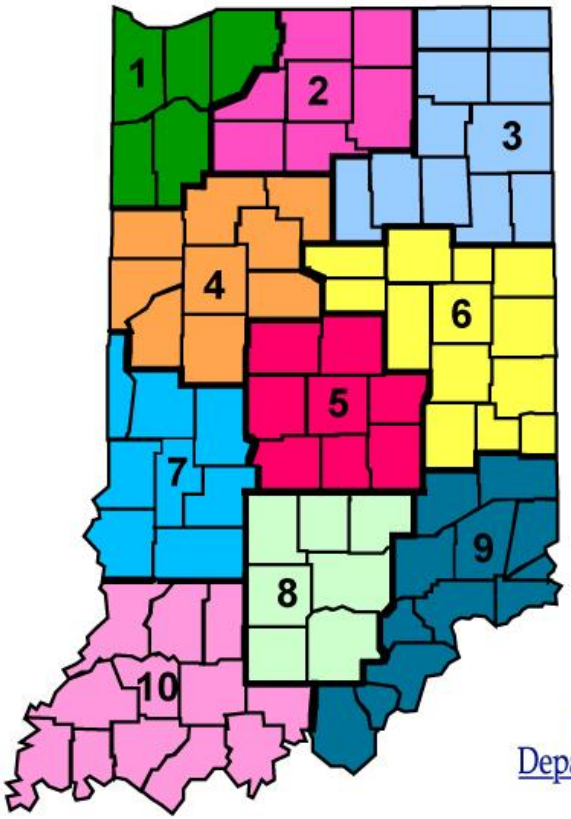
# Regional Updates

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# Regional updates

- District 1
- District 2
- District 3
- District 4
- District 5
- District 6
- District 7
- District 8
- District 9
- District 10




Indiana State Department of Health

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# Traumatic Brain Injury & Opioids

**Dr. Lance Trexler**

Rehabilitation Hospital of Indiana

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

This presentation was funded by a grant from the ISDH and the CDC Rapid Response Project
Grant 5 NU17CE002721-03-00. For more information, contact: Judy.Reuter@rhin.com [Jul 2019]

Indiana State Department of Health

# Traumatic Brain Injury and Opioid Overdose: An Unrecognized Relationship

**August 16, 2019**
**Trauma and Injury Prevention**
**Indiana State Department of Health**

**Lance E. Trexler, PhD, FACRM**
Rehabilitation Hospital of Indiana
Indiana University School of Medicine

This presentation was funded by a grant from the ISDH and the CDC Rapid Response Project Grant 5 NU17CE002721-03-00. For more information, contact: Judy.Reuter@rhin.com [Jul 2019]

# Summary

- Substance abuse is a risk factor for TBI.
- **51.5%** of people with TBI will have chronic pain.
- **70%** of people with TBI are prescribed an opioid.
- TBI results in neuropsychological impairments that affect self-regulation and self-management of drug taking behavior.
- Treatment with opioids also treats some of the consequences of TBI (e.g., mood).
- People with TBI are at significantly greater risk for opioid misuse and accidental overdose.

This presentation was funded by a grant from the ISDH and the CDC Rapid Response Project Grant 5 NU17CE002721-03-00. For more information, contact: Judy.Reuter@rhin.com [Jul 2019]

# Biopsychosocial Evolution of TBI and Opioid Overdose

**Pre-TBI Substance Abuse**

- May be also be proceeded by childhood TBI

**TBI**

- Pain associated with TBI/other injuries and initiation of treatment with opioids

**Cognitive, Behavioral and Mood disorders**

- Opioids typically managed by someone not familiar with effects of TBI or associated risks

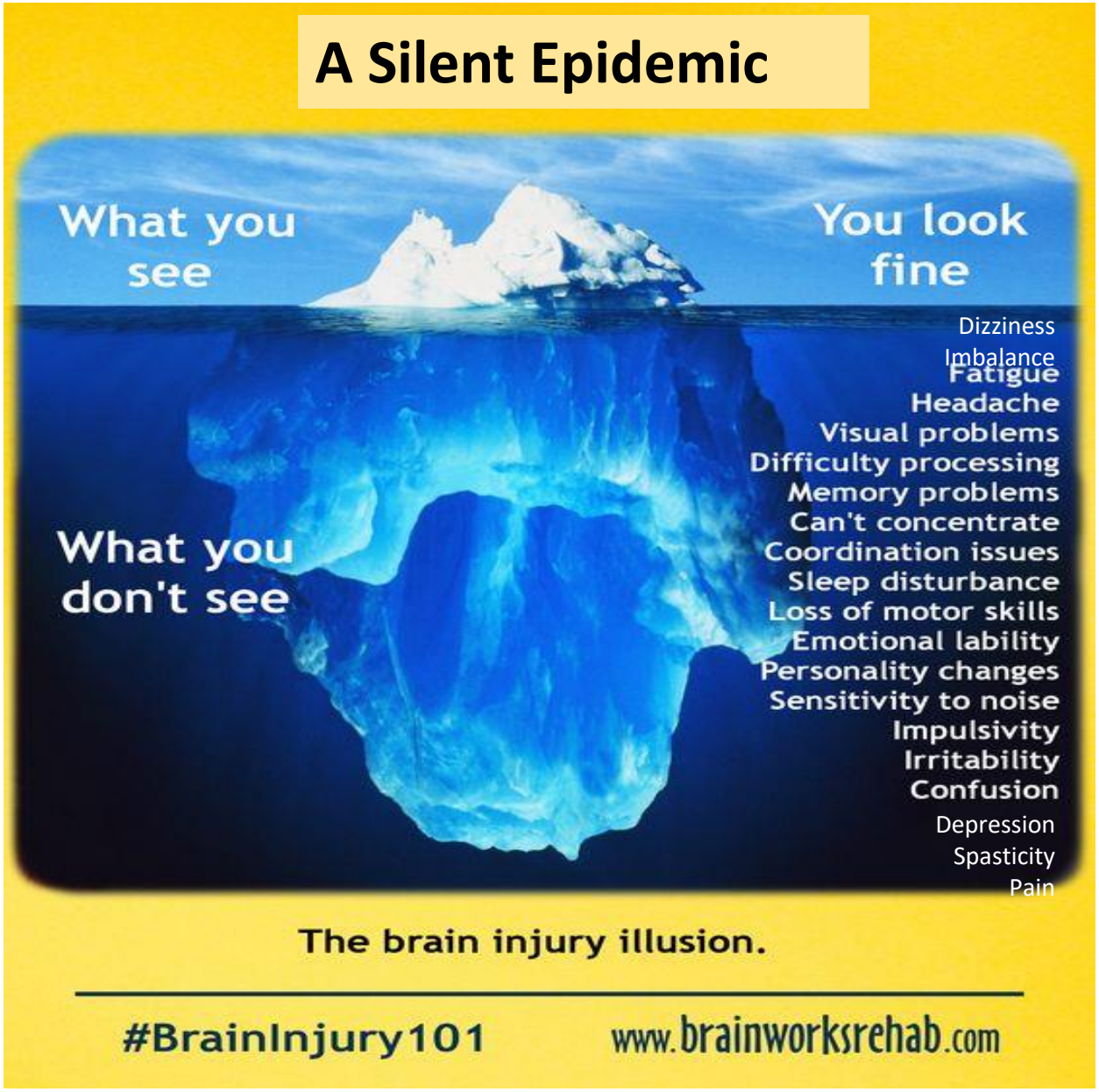
**Opioid Use Disorder and Overdose**

# Substance Abuse as a Risk Factor for TBI

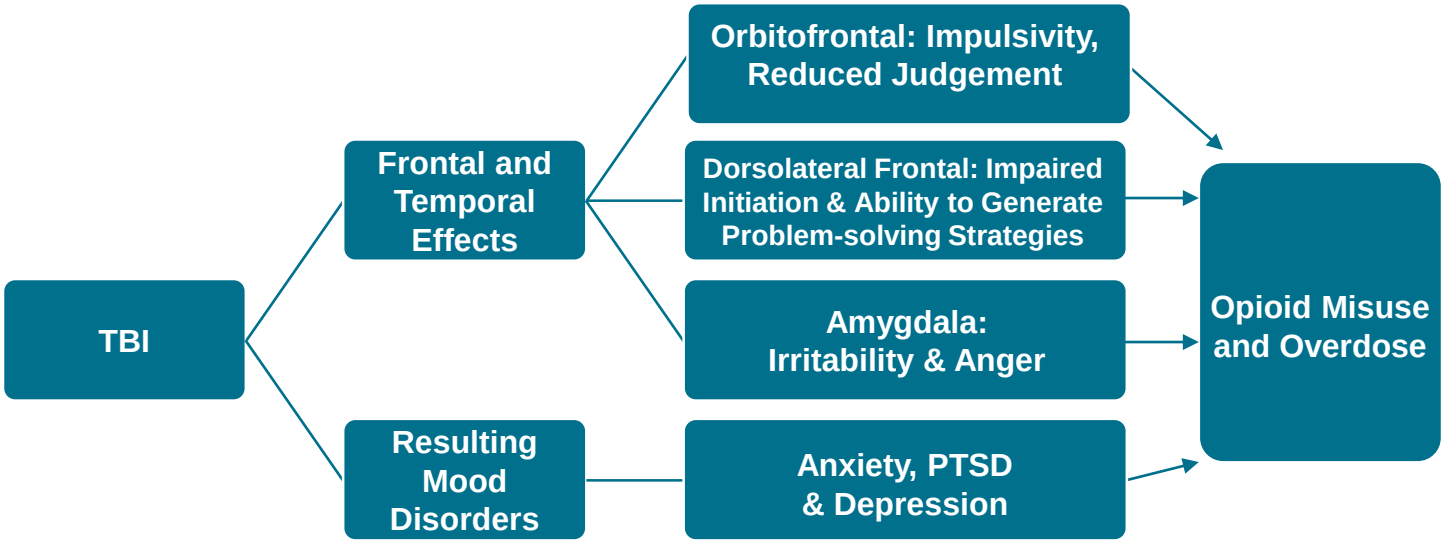
- **35-50%** of TBI's were found to be use related.
- **71%** of TBI secondary to assault were use related.
- Alcohol use was **83%** and more than half used marijuana.
- Those with TBI consumed significantly more than national averages pre-injury, but after injury, use was consistent with national averages after one year but increased again by two years post-injury.
- Approximately **20%** who either abstained or were "light" drinkers pre-TBI showed high use post-injury.

Corrigan JD, Rust E & Lamb-Hart GL (1995). The nature and extent of substance abuse problems in persons with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 10(3), 29-46.
Parry-Jones B, Vaughn FL & Cox M (2006). Traumatic brain injury and substance misuse: A systematic review of prevalence and outcome research (1994-2004). *Neuropsychological Rehabilitation,* 16(5), 537-560.
Ponsford, J, Whelan-Goodinson R & Bahar-Fuchs, A (2009). Alcohol and drug use following traumatic brain injury: A prospective study, *Brain Injury*, 21(13-14), 1385-1392.

Living with mild, moderate, severe brain injury



# Neuropsychology of Opioid Misuse following TBI



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# TBI and Types of Pain

Of TBI patients admitted to an acute rehabilitation unit:

- **40-50%** reported headache at 3, 6 and 12 months post-injury.
- **12%** developed complex regional pain syndrome.
- **11%** developed painful heterotopic ossification.
- **10%** were found to have peripheral neuropathic pain.
- **51.5%** .of people with TBI will have chronic pain.

Hoffman, J.M, Lucas,S., Dikmen, S., Braden, C.A., Brown, A.W., Brunner, R.,...Bell, K.R. Natural history off headache following traumatic brain injury. *J Neurotrauma* 2011; 28(9): 1719-1725.
Nampiaparampil, DE. Prevalence of chronic pain after traumatic brain injury: A systematic review. *JAMA* 2008; 300(6): 711-719.

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# Narcotics Prescription During Inpatient TBI Rehabilitation – TBIMS Data

| # received in sample 2103; % received among the other agents |
|---|
| Oxycodone (864; 37%) |
| acetaminophen (APAP) + hydrocodone (688; 30%) |
| morphine (205; 9%) |
| fentanyl (145; 6%) |
| tramadol (142; 6%) |
| hydromorphone (85; 4%) |
| propoxyphene N + APAP (84; 4%) |
| codeine (48; 2%) |
| methadone (44; 2%) |
| APAP + codeine (14; <1%) |
| meperidine (4; <1%) |
| buprenorphine (4; <1%) |
| propoxyphene N (4; <1%) |

- **10** sites; n = **2,103**
- **72%** sample received narcotics: Highest frequency of meds studied
- **55%** 1st 2 days:
- **45%** Last 2 days:
- **% in sample received:**
  - **26%** scheduled
  - **63%** PRN

Hammond FM, Barrett RS, Shea T, Seel RT, McAlister TW, Kaelin D, Horn SD. Psychotropic medication use during inpatient rehabilitation for traumatic brain injury. *Arch Phys Med Rehabil* 2015; **96**(8): S256-73.

This presentation was funded by a grant from the ISDH and the CDC Rapid Response Project Grant 5 NU17CE002721-03-00. For more information, contact: Judy.Reuter@rhin.com [Jul 2019]

# Deaths Due to Accidental Poisonings following TBI

| ACCIDENTAL POISONING BY: | n |
|---|---|
| Unspecified drug | 14 |
| *Opiates and related narcotics | 13 |
| *Analgesics antipyretics and antirheumatics | 11 |
| *Methadone | 6 |
| Psychostimulants | 7 |
| Alcohol + | 6 |
| *Other specified analgesics and antipyretics | 2 |
| Local anesthetics | 2 |
| *Aromatic analgesics, not elsewhere classified | 1 |
| Other specified sedatives and hypnotics | 1 |
| Agents affecting blood constituents | 1 |
| Agents acting on muscles & respiratory system | 1 |
| Other specified drugs | 1 |
| Other specified gases and vapors | 1 |

- **n = 14,398**
- **1,519 died (11%)**
- **4.4%** (67) AP deaths
- **AP death 11x** more likely than general population

Hammond FM, Ketchum JM, Dams-O'Connor K, Corrigan JD, Miller AC, Haarbauer-Krupa J, Faul M, Trexler L, Harrison-Felix C. Mortality secondary to unintentional poisoning after inpatient rehabilitation for traumatic brain injury. In preparation.

This presentation was funded by a grant from the ISDH and the CDC Rapid Response Project
Grant 5 NU17CE002721-03-00. For more information, contact: Judy.Reuter@rhin.com [Jul 2019]

# New Resources:
# Prescribing Recommendations for People with TBI (CDC +)

- Acute Setting:
  - TBI Pain Assessment in context of cognitive-communication impairments
  - Short-term use if necessary for tolerance of therapies with plan discontinuance
  - Opioids may increase acute TBI post-traumatic delirium – ongoing assessment
- Outpatient Setting:
  - Screen for lifetime exposure to TBI in the outpatient setting before prescribing
  - Consider extent of cognitive and behavioral impairment associated with TBI and effect on compliance
  - Risk stratification based on pre-injury SUD, affects of TBI, family situation, and pain
  - Family involvement
  - Monitor effects of opioids on cognitive and behavioral functioning

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# New Resources: TBI-Opioids Webinar

- Structure:
  - Digitally-recorded
  - Open access from web
  - 2 hours
  - Free CME's
- Contents:
  - What is a TBI? - Flora Hammond, MD
  - Screening for Lifetime Exposure to TBI - John Corrigan, PhD
  - TBI as a Risk Factor for Opioid Misuse and Overdose. Lance Trexler, PhD
  - Recommendations for Prescribing Opioids for those with Lifetime History of TBI - Shashank Davè, MD
  - Where to find TBI Resources and Supports - Wendy Waldman, BSW

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# TBI and Opioid Toolkit (under construction)

- **Leadership:**
  - Lance Trexler, PhD, RHI/Indiana University
  - Jeremy Funk, MS, RHI (Project Manager)
  - John Corrigan, PhD, Ohio State University
  - Brandy Padilla-Jones, MD, Methodist Hospital/Indiana University
- Advisory Committee
  - Amy Miller, MSW, RHI
  - Eric Streib, MD, Eskenazi
  - Jamie Bradbury, MD, Eskenazi and Methodist
  - Jamie Williams, BSN, St. Vincent's
  - Joshua Halon, MSN, RN RHI
  - Mary Escalante, PharmD, RHI
  - Megan Fisher, MSW, Porter-Starke SUD Program
  - Sherri Marley, RN, Eskenazi

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# TBI-Opioids Toolkit Contents

- **TBI-Opioids Toolkit (under construction):**
  - Awareness Infographic
  - Overview of Toolkit:
    - Why TBI and Opioids
    - Overview of the Toolkit for Patient/Family and Providers and How to Use it
  - Overview of the Problem/Risk
    - Epidemiology of TBI
    - Severity of TBI: concussion-severe TBI
    - Substance and TBI (pre and post)
    - Pain and TBI
    - Clinical Course of TBI and Opioid Misuse
  - Strategies for Opioid Avoidance in the Acute and Chronic Setting

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# TBI-Opioids Toolkit Contents

- How to Screen for Lifetime Exposure to TBI
- How to make basic accommodations for TBI
- Hypoxic Encephalopathy associated with Overdose Recovery
- Alternative Pain Control Strategies
- Prescribers risk factors checklist
- Patient self-monitoring checklists
- What to do when risk increases

- Suggestions???

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ISDH and the CDC Rapid Response Project
Grant **5 NU17CE002721-03-00**

# Indiana SANE Training Project

**Ashli Smiley,** *Statewide SANE Coordinator*
Office of Women's Health

**Angela Morris,** *IN SANE Training Coordinator*
SWI-AHEC

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# Introductions

## Ashli Smiley, BSN, RN

- Indiana State University: Bachelor of Science, Psychology and Criminology
- Lakeview College of Nursing: Bachelor of Science Nursing
- Ashli worked as an office manager and consultant for a legal team, a marketing coordinator within a financial institution and an education liaison in community outreach. Ashli has nine years of experience as a registered nurse, working primarily in acute care with medical psychiatric patients. In 2015, she completed her SANE training and began working as a forensic nurse in the emergency department of an Indianapolis level one trauma center. She has continued her work as a SANE at Hendricks Regional Hospital. Ashli has experience with providing excellent care and services for adult, adolescent and pediatric patients. She has used her experience for the benefit of training and precepting new forensic nurses, serving on committees for the betterment of services being provided to patients and providing witness testimony in court proceedings.

## Angie Morris, BSN, RN, SANE-A, SANE-P, EMT-B

- Indiana University: Bachelor of Social and Behavioral Science
- Marian University: Bachelor of Science Nursing
- Angie worked for nearly 13 years in various roles within the criminal justice and legal field and served as a program director for the State of Indiana. Angie has experience as a forensic nurse examiner in the Emergency Department of a metropolitan level one trauma center, providing services to both adult and pediatric patients. Angie has served as a forensic nurse on hundreds of cases, provided expert and witness testimony in courtrooms, educated and precepted new forensic nurses and secured hundreds of thousands of dollars in grant awards to aid victims of sexual assault.

# What is not working and how do we fix it?

- Rated among the highest in the nation for sexual assault
  - #2 for child abuse and neglect
- 54 out of 92 counties without any type of medical forensic services
- Low prosecution rate
- Lack of acute services is leading to chronic illness and revictimization
  - Poor outcomes
  - long term economic health burdens on the community
  - Increased propensity to violence
- Increase availability of education and training for new and current SANEs
- Multidisciplinary collaboration
- Community engagement
- Breaking down the silos
  - TEAM WORK

# How can you be apart of the solution?

- Train your nurses
  - Adult, Adolescent, and Pediatric
  - Continuing Education
- Build and expand your program
  - IPV, Sexual Assault, Child Abuse/Neglect, Elder Abuse, Physical Assault, Violent Crimes (stabbing, GSW, etc.)
- Get you and your nurses involved
  - SART teams
  - Committees
  - Professional Organizations

- Sustain your program
  - Peer Review
  - Administrative Engagement
  - Case Review
    - Address opportunities for improvement
  - Quality Patient Care
    - Evidence Based Practice Standards
  - LET US HELP YOU!
    - Collaborate
    - Organize
    - Connect
    - Education and Clinical Support
    - Resources

# CONTACT INFORMATION

Indiana State Department of Health: Office of Women's Health

**Mrs. Ashli Smiley**

Statewide SANE Coordinator

Contact: 317-234-6785

Email: ASmiley@isdh.IN.gov

Indiana SANE Training Project

**Mrs. Angela Morris**

IN SANE Training Coordinator
Contact: 812-465-1151

Email: ammorris2@usi.edu

# Trauma system planning subcommittee update

**Dr. Scott Thomas,** *Trauma Medical Director*
Memorial Hospital of South Bend
**Dr. Matt Vassy**, *Trauma Medical Director*
Deaconess Hospital

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# EMS Medical Director Updates

**Dr. Michael Kaufmann**, *EMS Medical Director*
Indiana Department of Homeland Security

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# State of the State:  EMS

YTD Update July 2019

Michael A. Kaufmann, MD, FACEP, FAEMS

EMS Medical Director

Indiana Department of Homeland Security


# EMS Certifications/Licensure

Training Institutions – 109 (117)
Supervising Hospitals – 82 (91)
Provider Agencies – 832 (833)
Vehicles – 2,185 (2,600)

Personnel
EMR – 5,055 (4,975)
EMT - (14,416) 14,133
Advanced EMT – (605) 578
Paramedic – 4,490 (4,408)
Primary Instructor – 584 (566)

# Data

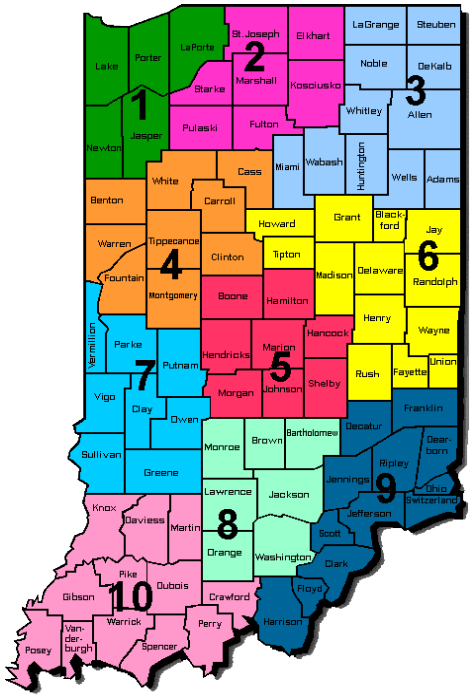

+12.33
1.78
16.3
0.16
16.3
0.23
4.11%
0.26 1.18% 2.6 4.11%
0.31 22.12 1.8 1.18%
0.18 33.41 3.1 2.33%
0.22 95.67 6.4 1.22%
0.19 18.94 2.33%
-5.22%
6.13%
+0.91
+2.36
+0.19

# EMS System Metrics

332 Provider Agencies required to report into ImageTrend

- EMS provider agencies reporting as of 7/16/2019
- December 17th – Deadline for reporting data or at least making significant strides to be reporting
- 28/332 not reporting!

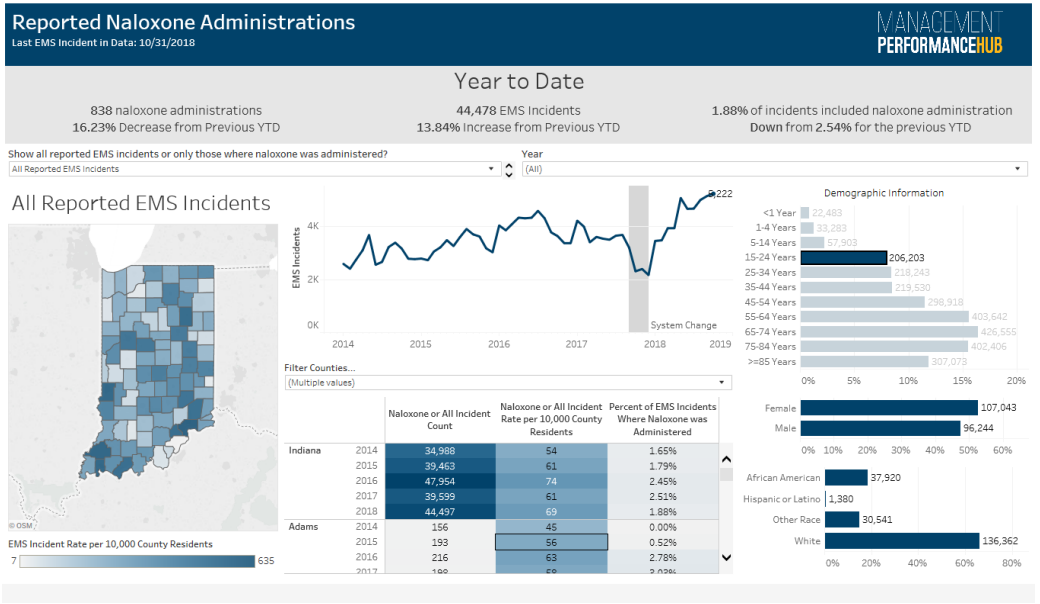
90%



# Agencies Not Reporting Data

| EMS Agency Name | EMS Number | Last Response | Total Responses |
|---|---|---|---|
| Able Ambulance Inc | 0201 | | 0 |
| Columbus FD | 0065 | | 0 |
| First Care Ohio | 0985 | | 0 |
| Harrison FD | 0558 | | 0 |
| Lake County Special Trauma and Rescue | 0616 | | 0 |
| Patient Transport Services, Inc | 0761 | | 0 |
| Preferred Medical Transportation Inc | 0406 | | 0 |
| Priority One EMS | 0964 | | 0 |
| Spirit Medical Transport, LLC | 0957 | | 0 |
| Union City , Ohio, Fire & Rescue | 0222 | | 0 |
| Yellow Ambulance Service | 0040 | | 0 |
| Personal Care Ambulance Transport, Inc | 0849 | | 0 |
| United EMS / Community Wide EMS | 1177 | 10/13/2018 | 1 |
| Thunderbird Fire Protection Territory | 1075 | 5/23/2019 | 2 |
| Ingalls FD | 0958 | 11/30/2018 | 5 |
| Coatesville VFD | 0477 | 4/16/2019 | 5 |
| Paragon Volunteer Fire Company | 0478 | 4/6/2019 | 6 |
| Wildcat Township VFD | 0573 | 4/15/2019 | 11 |
| Dillsboro Emergency Unit Inc | 0038 | 1/7/2019 | 12 |
| Sharpsville Community Ambulance | 0016 | 12/25/2018 | 23 |
| BP-Whiting Refinery | 0311 | 3/28/2019 | 29 |
| A & A Township VFD | 0677 | 1/17/2019 | 35 |
| Moral Township VFD | 0607 | 3/3/2019 | 35 |
| Clarks Hill - Lauramie Fire Department | 1246 | 5/3/2019 | 193 |
| Carthage VFD | 0387 | 8/5/2018 | 229 |
| SABIC- Innovative Plastics Inc | 0322 | 5/11/2019 | 286 |
| Health Alliance - University Air Mobile Care | 0369 | 3/10/2019 | 803 |
| Trans-Care, Inc | 2365 | 5/31/2019 | 32,774 |

# Naloxone Dashboard




- Created as a follow up to the Naloxone Heatmap
- Breaks down naloxone administration by county
- Provides demographic details to population receiving naloxone
- Now available publicly through the heatmap!

# Reported Naloxone Administrations

Last EMS Incident in Data: 10/31/2018

MANAGEMENT PERFORMANCEHUB

## Year to Date

**22** naloxone administrations
**72.73%** Decrease from Previous YTD

**1,433** EMS Incidents
**10.75%** Increase from Previous YTD

**1.54%** of incidents included naloxone administration
**Down** from **2.97%** for the previous YTD

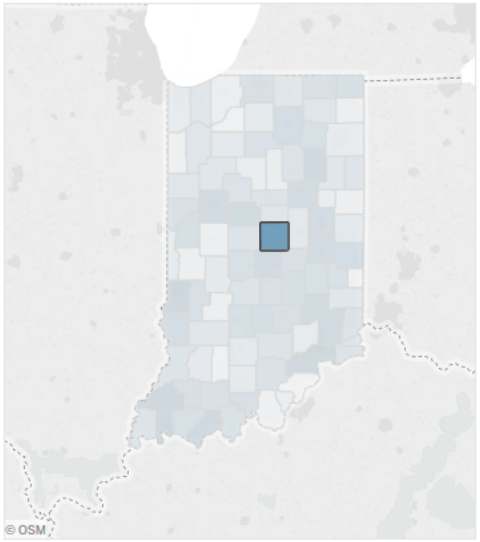
Show all reported EMS incidents or only those where naloxone was administered?

All Reported EMS Incidents

Year

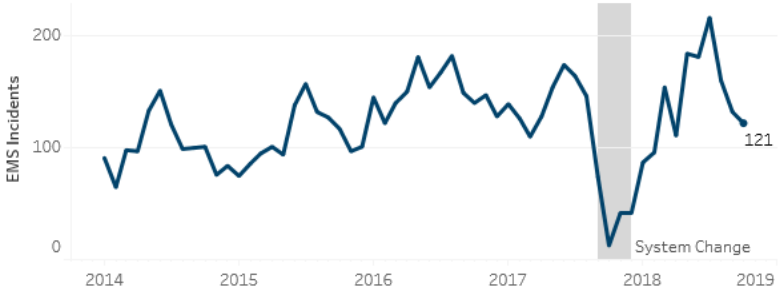
(All)

## All Reported EMS Incidents




EMS Incident Rate per 10,000 County Residents

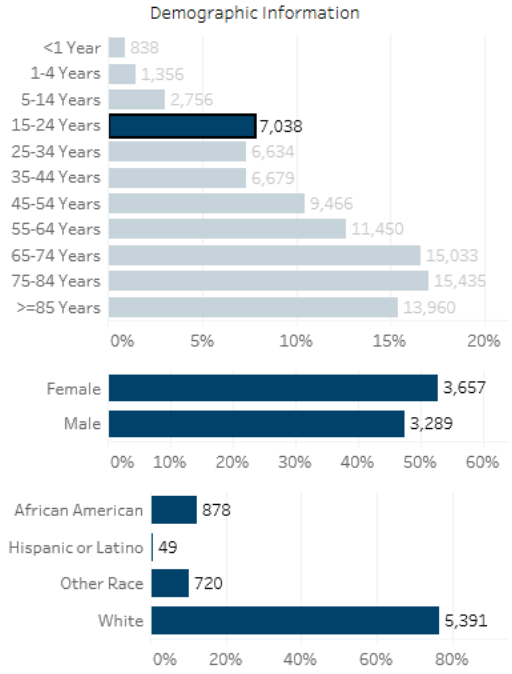
7 — 635




Filter Counties...

Hamilton

| | | Naloxone or All Incident Count | Naloxone or All Incident Rate per 10,000 County Residents | Percent of EMS Incidents Where Naloxone was Administered |
|---|---|---|---|---|
| Hamilton | 2014 | 1,204 | 44 | 2.41% |
| | 2015 | 1,308 | 48 | 2.14% |
| | 2016 | 1,793 | 65 | 2.51% |
| | 2017 | 1,300 | 47 | 2.92% |
| | 2018 | 1,433 | 52 | 1.54% |



# Stroke Rule Promulgation

| **Public Hearing*** | |
|---|---|
| Public hearing information: | July 29, 2019<br>10 a.m.<br>Indiana Government Center South<br>302 W. Washington Street<br>Conference Center Room 5<br>Indianapolis, Indiana 46204 |
| | |
| **Relevant Scientific and Technical Findings** | |
| None | |
| | |
| **Timetable For Action*** | |
| Anticipated date of publishing of proposed rule | July 3, 2019 |
| Anticipated date of public hearing | July 29, 2019 |
| Anticipated date of final adoption by the Commission | September 18, 2019 |
| Anticipated date of submitting with the Office of the Attorney General | September 19, 2019 |
| Anticipated date of review by the Governor | November 4, 2019 |
| Anticipated effective date | December 20, 2019 |

* These dates are anticipated for the actions listed above. These dates may change during the rulemaking process and will be

# Rule Making Update

- **836 IAC Re-write currently underway**
- EMS rules las updated more than a decade ago.
  - ARTICLE 1. EMERGENCY MEDICAL SERVICES
  - ARTICLE 2. ADVANCED LIFE SUPPORT
  - ARTICLE 3. AIR AMBULANCES
  - ARTICLE 4. TRAINING AND CERTIFICATION
- All changes discussed with EMS Commission in early 2019 and approved.
- Fiscal impact study completed.
- Going to AG and discussions ongoing with Gov's office.

# Clinical Data

# Indiana EMS Quality Improvement Program

- Started 3/2018
- EMS Registry
- EMS Compass Indicators
  - **Hypoglycemia**
  - **Med Error**
  - **Peds Respiraoty**
  - **Seizure**
  - **Stroke**
  - **Trauma**
  - **Pain**
  - **Safety**

# NEMSQA

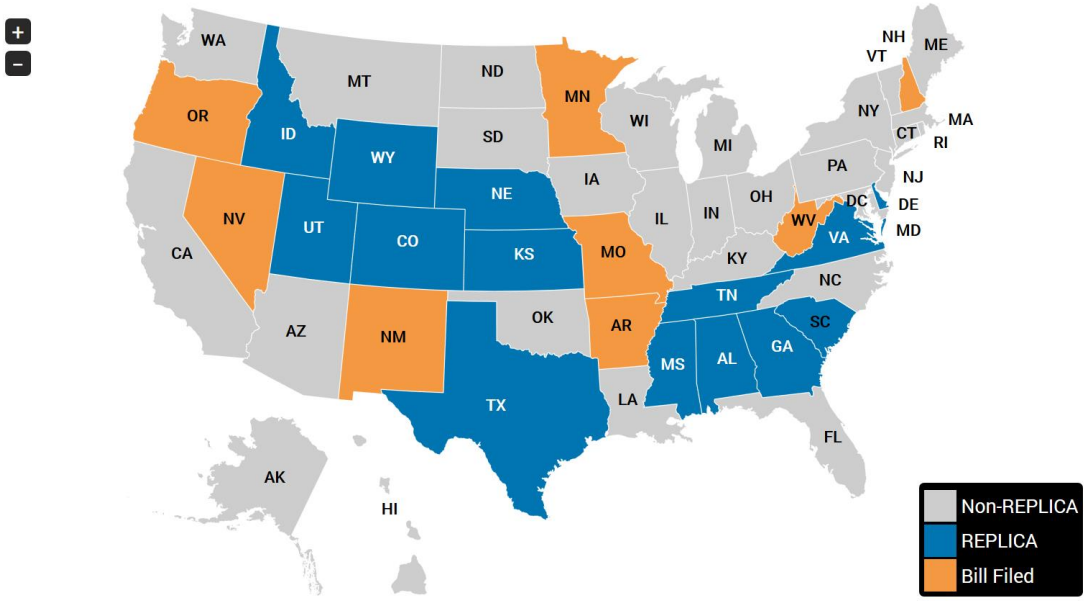

- In April 2019, the NEMSQA Measure Development Committee approved the eleven measures included in the table below. These measures were reviewed and re-specified from their original release in the EMS Compass program.
  - Treatment Administered for Hypoglycemia
  - Pediatric Respiratory Assessment
  - Administration of Beta Agonist for Pediatric Asthma
  - Pediatric Weight Documented in Kilograms
  - Seizure Patient Received Intervention
  - Suspected Stroke Receiving Prehospital Stroke Assessment
  - Pain Assessment of Injured Patients
  - Effectiveness of Pain Management for Injured Patients
  - Trauma Patients Transported to Trauma Center
  - Use of Lights and Sirens During Response to Scene
  - Use of Lights and Sirens During Transport

Commentary period open Through July 17th, 2019

http://www.nemsqa.org/measure-development-process/

# IHIE Integration

- Meeting with IHIE leadership
- Discussions are underway to integrate EMS data
- Exploratory team looking at EMS data for a CCD
- Integration would allow EMS data to be accessible from CareWeb
- Funding may be an obstacle
- More details to come in 2019




**Multi-State Privilege To Practice**

REPLICA extends a multi-state privilege to practice to qualified EMS personnel.

# REPLICA

- The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) is the nation's first and only multi-state compact for the Emergency Medical Services profession.
- REPLICA provides qualified EMS professionals licensed in a "Home State" a legal "Privilege To Practice" in "Remote States".
- Home States are simply a state where an EMT or Paramedic is licensed;
- Remote States are other states that have adopted the REPLICA legislation

# Benefits for EMS Personnel

- Obtain and maintain one EMS license, receive privileges to practice in REPLICA states while carrying out day-to-day duties, staffing large planned and unplanned events as authorized.
- Creates an expedited pathway to licensure for members of the military separating from active duty and their spouses with unrestricted NREMT card.
- Work under the scope of practice from your home REPLICA state.
- Reduced time, paperwork and costs associated with maintaining multiple licenses just to do your job.

## Public Service

REPLICA enhances the way EMS is able to serve the public. REPLICA allows EMS personnel to better serve the public across state lines. (Note: REPLICA applies to individual EMS professionals, not EMS agencies.)

# EMS Personnel Eligibility

- Must be 18 years of age and have met state licensure requirements at the EMT, AEMT or Paramedic level in a REPLICA Home State.
- Be practicing in good standing in their home state with an unrestricted license and under the supervision of an EMS Medical Director.

## Veteran Recognition

REPLICA recognizes the service of veterans and their spouses. REPLICA provides a mechanism for our nation's veterans to receive priority processing of EMS licensure paperwork.

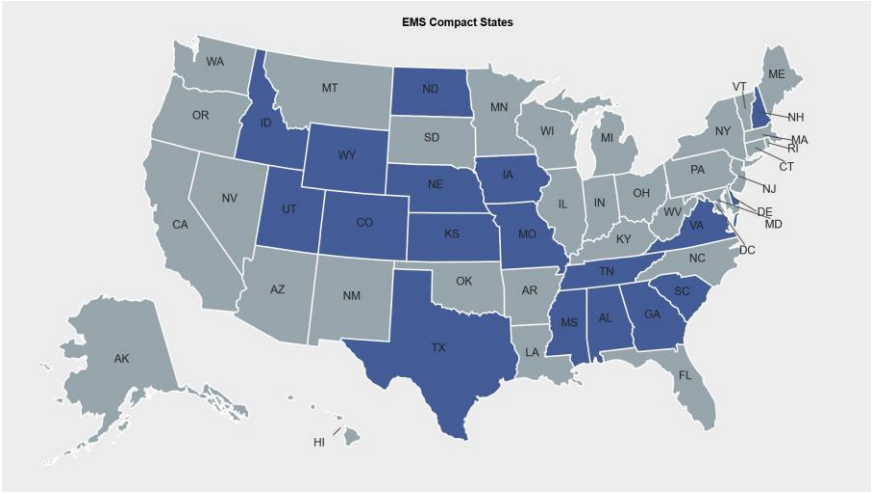
# State EMS Office – EMS System Eligibility

- ✓ Utilize the NREMT exam at the EMT and Paramedic levels for initial licensure
- Utilize FBI compliant background check with biometric data (e.g. fingerprints) within 5 years of Compact activation.
- ✓ Have a process to receive, investigate, and resolve complaints; and share information with other Compact states as necessary.
- Enact the model REPLICA legislation

## Public Protection

REPLICA provides a mechanism for State EMS Offices to share licensure information, communicate, and coordinate.

# REPLICA Next Steps




- Learning Lab took place on December 11th
  - National Governors Association
  - National Conference of State Legislatures
  - Council of State Governments
- Compacts discussed
  - REPLICA
    Nursing
  - Medical Licensing
- Education
- Consensus Building
- Legislation was introduced last session – withdrawn
- Meeting with IAFF leadership to further discuss any concerns

# Replica Next Steps

- Compact now has 18 states.
- The Compact Commission adopted rules at their annual this year.
- The Commission now has a finance committee looking at the question of state assessments.
- The Commission isn't expecting the NREMT to bankroll this project indefinitely. Too early to tell but I anticipate states being asked to pay a modest assessment of something like a few thousand dollars per year at some point in the future.
- There are no plans to assess fees to individual members.



Center for Patient Safety

2019


# Patient Safety Course

# Patient Safety Proposal

- Indiana EMS Statewide Assessment
  $7500
- Indiana Regional Workshops
  $6000
- Indiana Just Culture Training
  $6000
- Indiana Follow Up Assessment
  $6000

Center for Patient Safety

# NASEMSO – Safe Transport of Pediatric Patients Committee

## Pediatric Transport Products for Ground Ambulances

**Version 2.0, June 2019**

*The document is created to for the sole purpose of providing helpful information for EMS services on the products currently available for transporting children in ground ambulances in the US.*

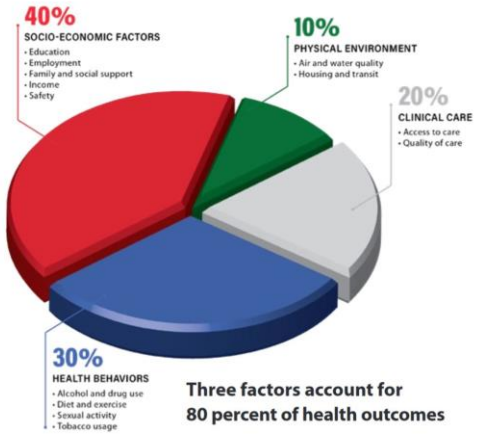
**DISCLAIMER:**
**This document is NOT an endorsement of any product.**

**Contents Sorted by:**

# FSSA SDH Assessment Pilot

- Working with FSSA Office of Social Determinants of Health
- Pilot program for EMS collection of SDH question answers
- Information will be integrated with FSSA data

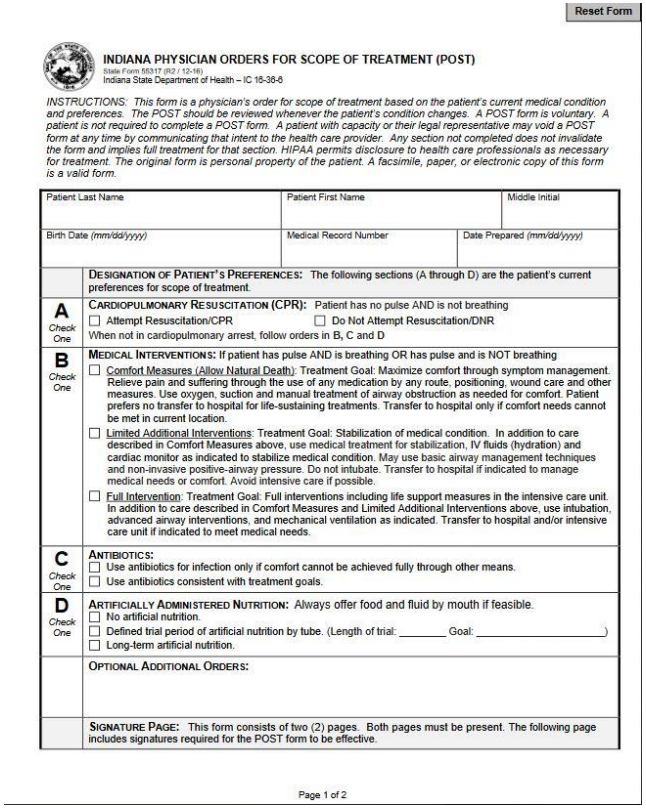
| Question | Yes / No / NA |
|---|---|
| In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? | |
| In the last 12 months, has your utility company shut off your service for not paying your bills? | |
| Are you worried that in the next 2 months, you may not have stable housing? | |
| Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children) | |
| In the last 12 months, have you needed to see a doctor but could not because of cost? | |
| In the last 12 months, have you ever had to go without health care because you didn't have a way to get there? | |
| Do you ever need help reading hospital materials? | |
| Are you afraid you might be hurt in your apartment building or house? | |
| During the last 4 weeks, have you been actively looking for work? | |
| In the last 12 months, other than household activities or work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times per week? | |



# Expanding Acadis Training

- LMS coordinator approved
- POST course in updated!
- Dementia Friends course now in production
- DOSE course update started

Indiana Public Safety Personnel Portal



Reset Form

**INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)**
State Form 55317 (R2 / 12-16)
Indiana State Department of Health – IC 16-36-6

*INSTRUCTIONS: This form is a physician's order for scope of treatment based on the patient's current medical condition and preferences. The POST should be reviewed whenever the patient's condition changes. A POST form is voluntary. A patient is not required to complete a POST form. A patient with capacity or their legal representative may void a POST form at any time by communicating that intent to the health care provider. Any section not completed does not invalidate the form and implies full treatment for that section. HIPAA permits disclosure to health care professionals as necessary for treatment. The original form is personal property of the patient. A facsimile, paper, or electronic copy of this form is a valid form.*

| Patient Last Name | Patient First Name | Middle Initial |
|---|---|---|
| Birth Date *(mm/dd/yyyy)* | Medical Record Number | Date Prepared *(mm/dd/yyyy)* |

**DESIGNATION OF PATIENT'S PREFERENCES:** The following sections (A through D) are the patient's current preferences for scope of treatment.

**A** *Check One*
**CARDIOPULMONARY RESUSCITATION (CPR):** Patient has no pulse AND is not breathing
☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR
When not in cardiopulmonary arrest, follow orders in B, C and D

**B** *Check One*
**MEDICAL INTERVENTIONS:** If patient has pulse AND is breathing OR has pulse and is NOT breathing
☐ Comfort Measures (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.
☐ Limited Additional Interventions: Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.
☐ Full Intervention: Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.

**C** *Check One*
**ANTIBIOTICS:**
☐ Use antibiotics for infection only if comfort cannot be achieved fully through other means.
☐ Use antibiotics consistent with treatment goals.

**D** *Check One*
**ARTIFICIALLY ADMINISTERED NUTRITION:** Always offer food and fluid by mouth if feasible.
☐ No artificial nutrition.
☐ Defined trial period of artificial nutrition by tube. (Length of trial: _____ Goal: _____)
☐ Long-term artificial nutrition.

**OPTIONAL ADDITIONAL ORDERS:**

**SIGNATURE PAGE:** This form consists of two (2) pages. Both pages must be present. The following page includes signatures required for the POST form to be effective.

Page 1 of 2


# DEA

- Controlled Substance Issues
- DEA 222 Forms
- EMS Medical Directors

- Public Law No: 115-83 (11/17/2017)

# Planning for DEA/CSR for EMS Providers

- This law amends the Controlled Substances Act.
- Specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location.
- Ongoing discussions with the DEA
- Ongoing discussions with the Indiana Board of Pharmacy
- BOP rule must change for EMS Provider Agency CSR

- Commission needs to create/consider a rehabilitation policy for those EMS providers that have committed a drug diversion.

# Stop The Bleed




SAVE A LIFE

The Indiana Department of Homeland Security is proud to be a supporting partner of the Stop the Bleed Program.

Stop the Bleed is a national campaign with two main goals:

- Inform and empower the general public to become trained on basic trauma care.
- Increase bystander access to bleeding control kits.

# HB1063 – Rep Randy Frye

**HB1063 SCHOOL SAFETY EQUIPMENT.** (FRYE R) Adds definition of a "bleeding control kit". Provides that, subject to an appropriation by the general assembly, each school corporation and charter school shall develop and implement a Stop the Bleed program (program). Provides that the department of education in collaboration with the department of homeland security shall develop and provide training for the use of bleeding control kits. Provides that, in all matters relating to the program, school corporation or charter school personnel are immune from civil liability for any act done or omitted in the use of a bleeding control kit unless the action constitutes gross negligence or willful or wanton misconduct. Requires a school's safety plan to include the location of bleeding control kits.

***Current Status:*** 1/3/2019 - Coauthored by Representative Barrett

***All Bill Status:*** 1/3/2019 - Referred to House Veterans Affairs and Public Safety
1/3/2019 - First Reading
1/3/2019 - Authored By Randall Frye

***State Bill Page:*** HB1063

# Training Available

https://www.dhs.gov/stopthebleed


## Stop the Bleed

Stop the Bleed is a national awareness campaign and call-to-action. Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

STOP THE BLEED

Expand All Sections

### Become Empowered

### I Want to Take a Course

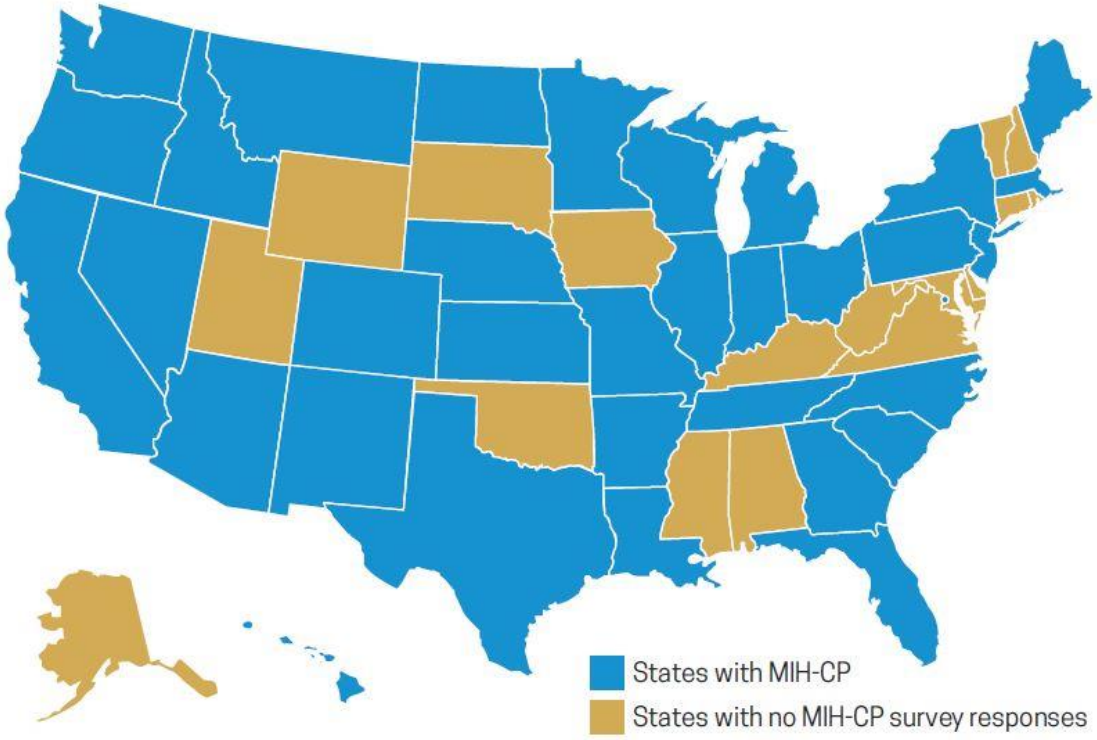
2019

# SB 498

- Mobile Integrated Healthcare / Community Paramedicine
  - Authored by Sen. Karen Tallian
  - Gives the EMS Commission the authority to create the necessary rules/regulations concerning MIHP activities
  - Expands the definition of emergency medical services to include in home care, chronic care management and disease prevention
  - Requires FSSA to seek funding for reimbursement of activities
  - Establishes the MIHP grant fund to help support pilot programs across the state of IN

# MIH-CP in Action

- MIH-CP currently offered in 33 states plus Washington, D.C.
  - 70% consider themselves CP
  - 30% consider themselves MIH



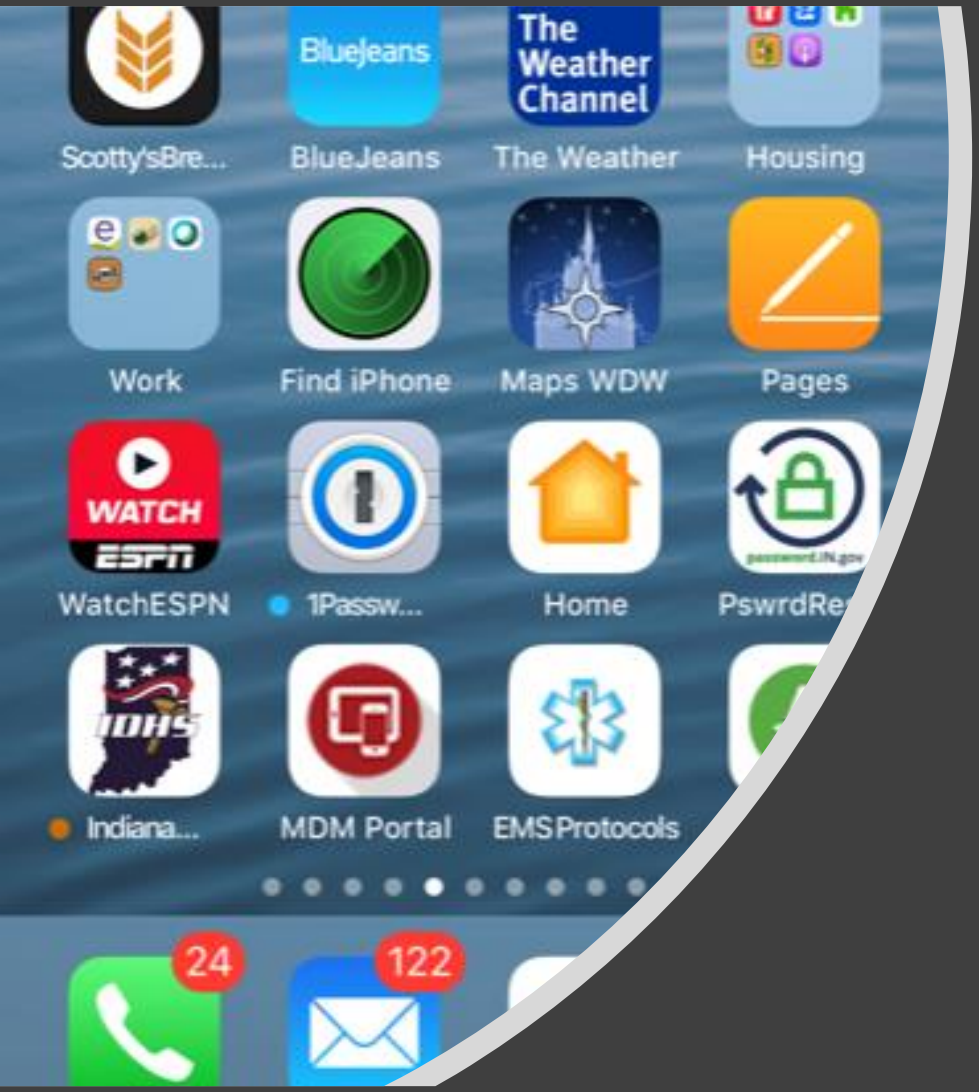
# Biospatial

- National Collaborative for Bio-preparedness
  - NCBP provides operational and clinical insight to state and local data owners to help improve operations and patient outcomes.
  - NCBP provides alerts to anomalous health events, visualization of syndromic events and trends, and clinical and operational dashboards.
  - The collaborative data network widens the context of events by enabling sharing of data and syndromic trends with neighboring jurisdictions.
  - NCBP also enables new health- and safety-related insights through multi-agency collaboration, such as linking motor vehicle crash records with injury severity derived from the EMS Revised Trauma Score.

biospatial

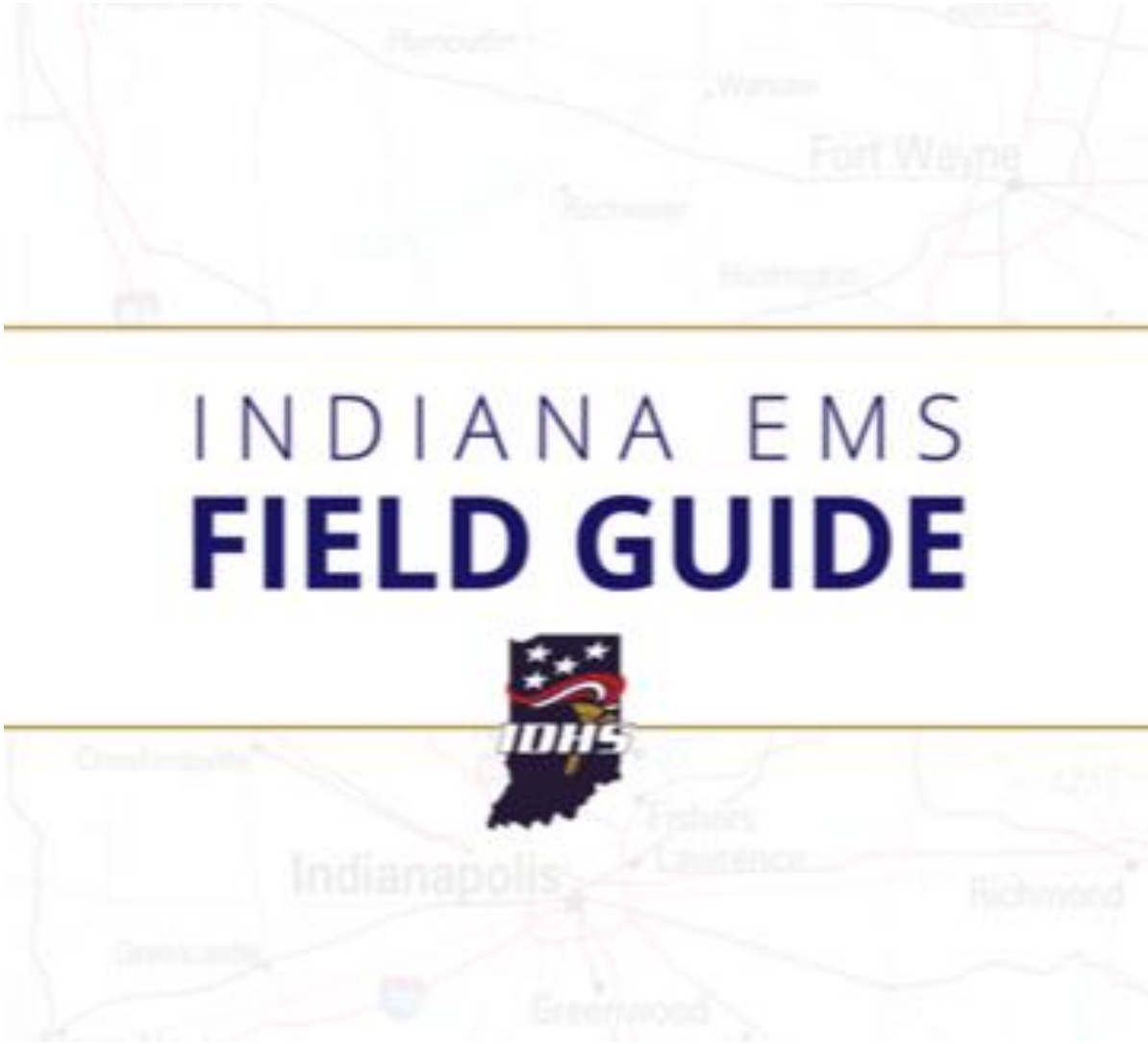
# AED Registry


# Cares Registry


BlueJeans
The Weather Channel
ScottysBre...
BlueJeans
The Weather
Housing
Work
Find iPhone
Maps WDW
Pages
WATCH ESPN
WatchESPN
1Passw...
Home
PswrdRe
IDHS
Indiana...
MDM Portal
EMSProtocols
24
122

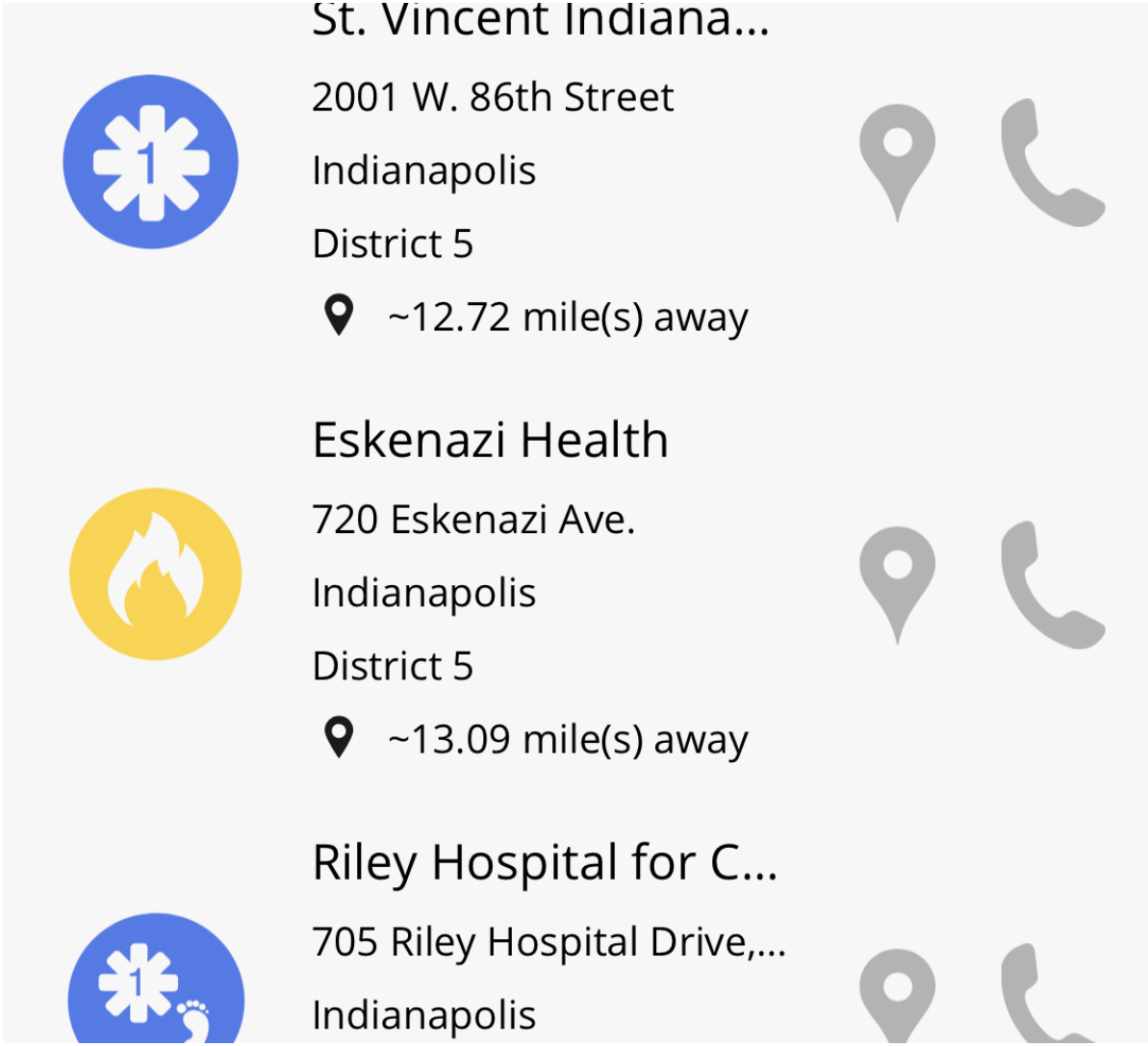
# EMS App 1.0

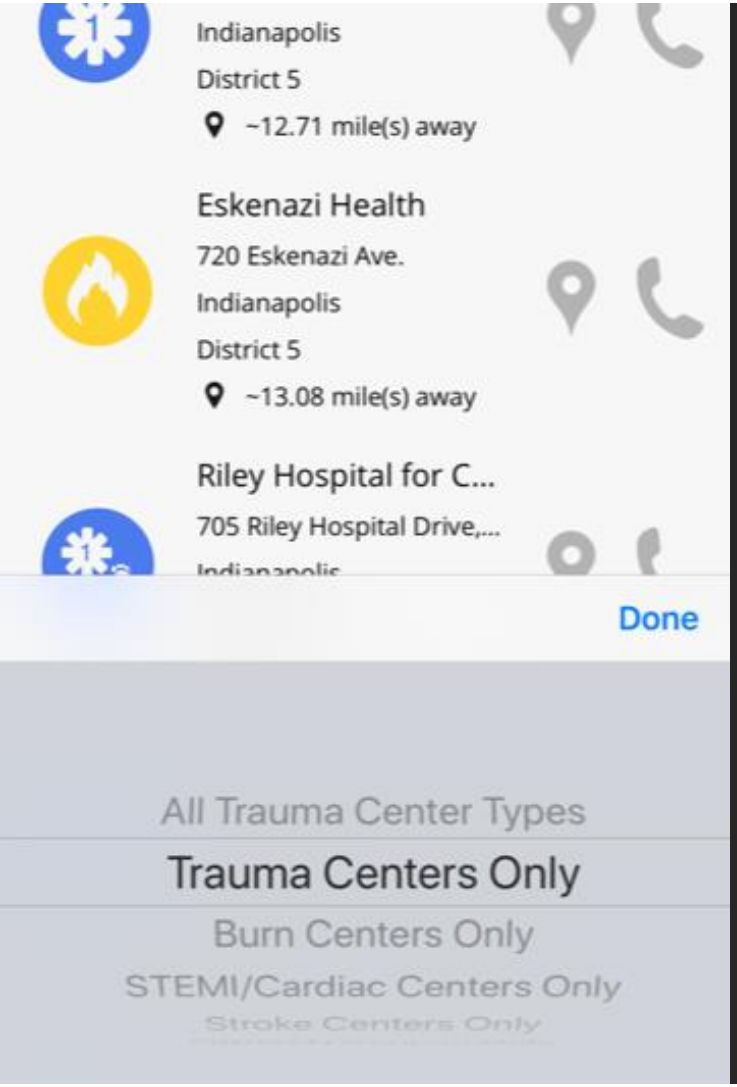
Splash Screen



# Main Page

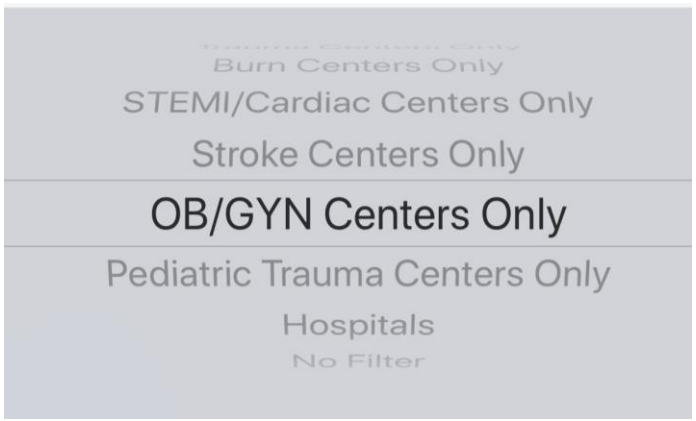
- Hospital facilities listed in order of proximity.
- Icon designates facility services
  - Trauma
  - Peds Trauma
  - STEMI
  - Stroke
  - OB
  - Peds Trauma
- Map Icon
- Phone direct dial

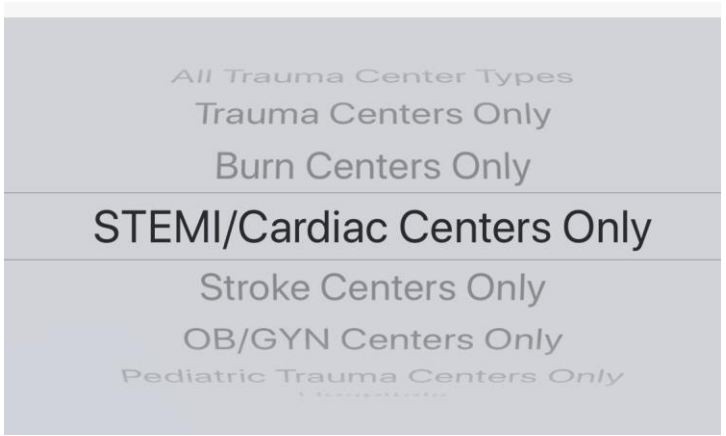





# Sort feature built into the bottom

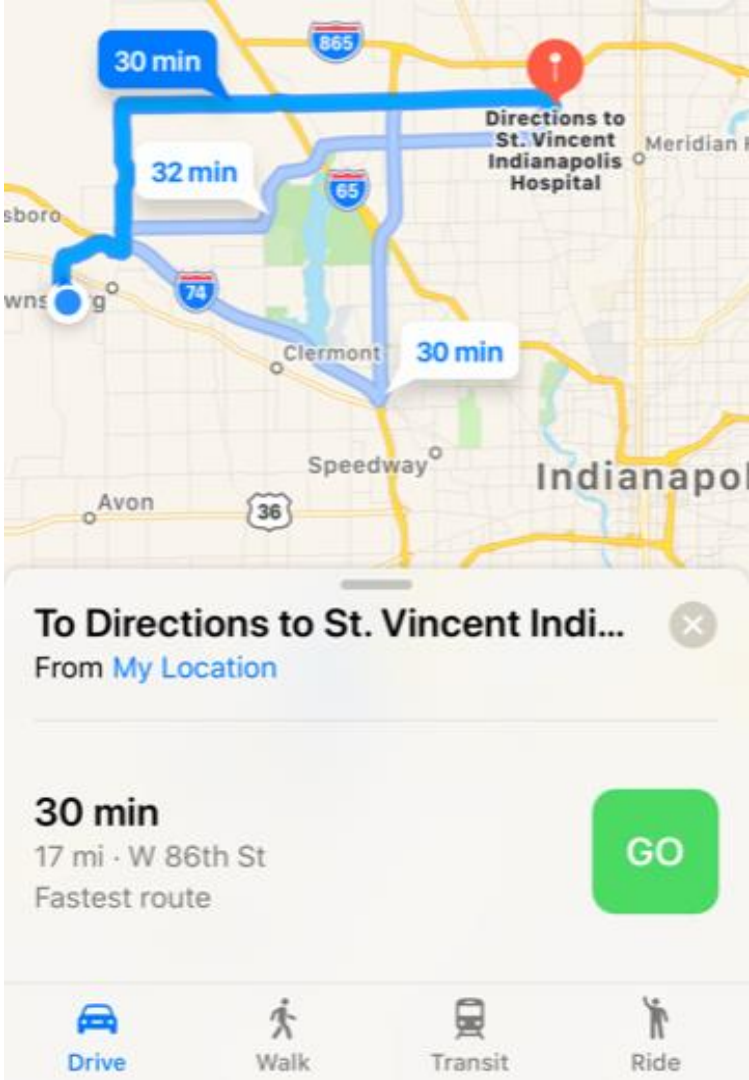
# More Sort Features



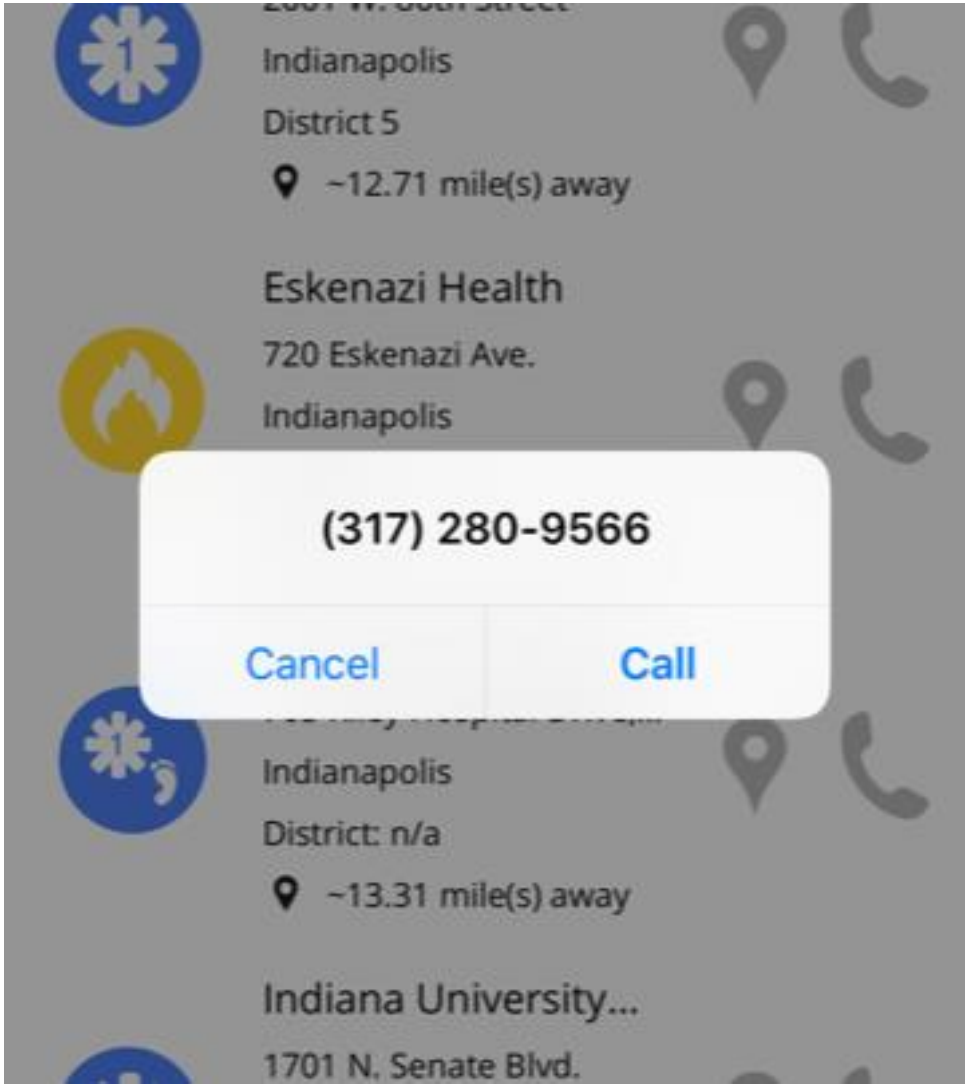
# Map Feature

- Distance and time to destination
- Turn by turn directions

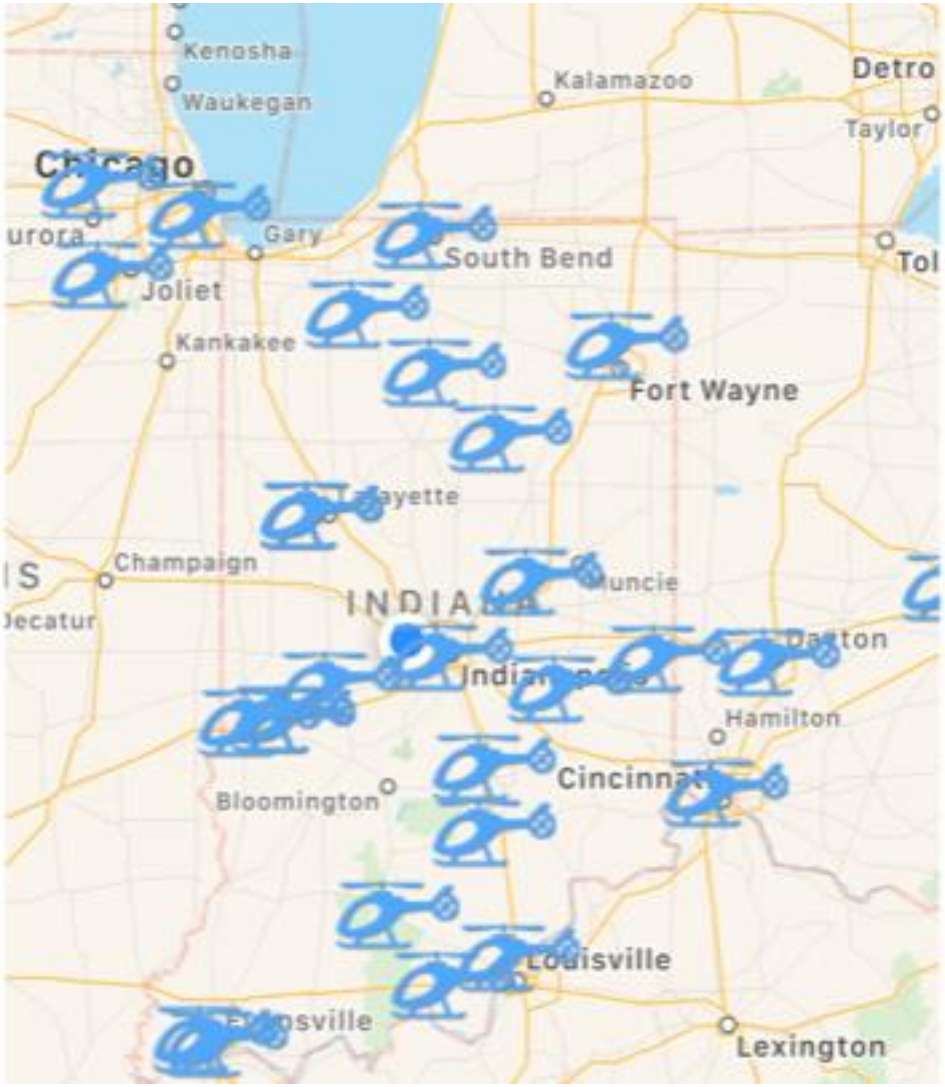
# Direct Dial Feature

- Connects directly to the ER.
- One tap calling

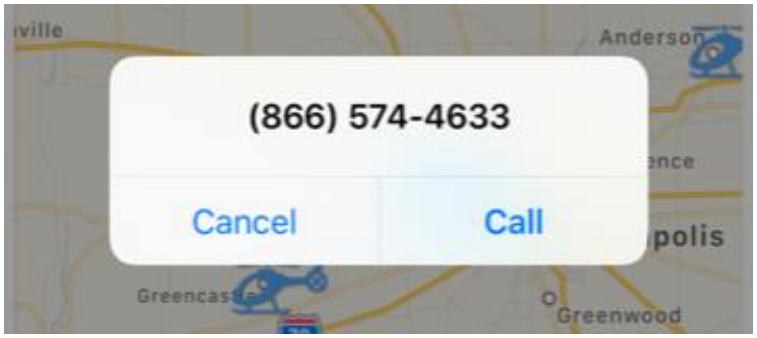


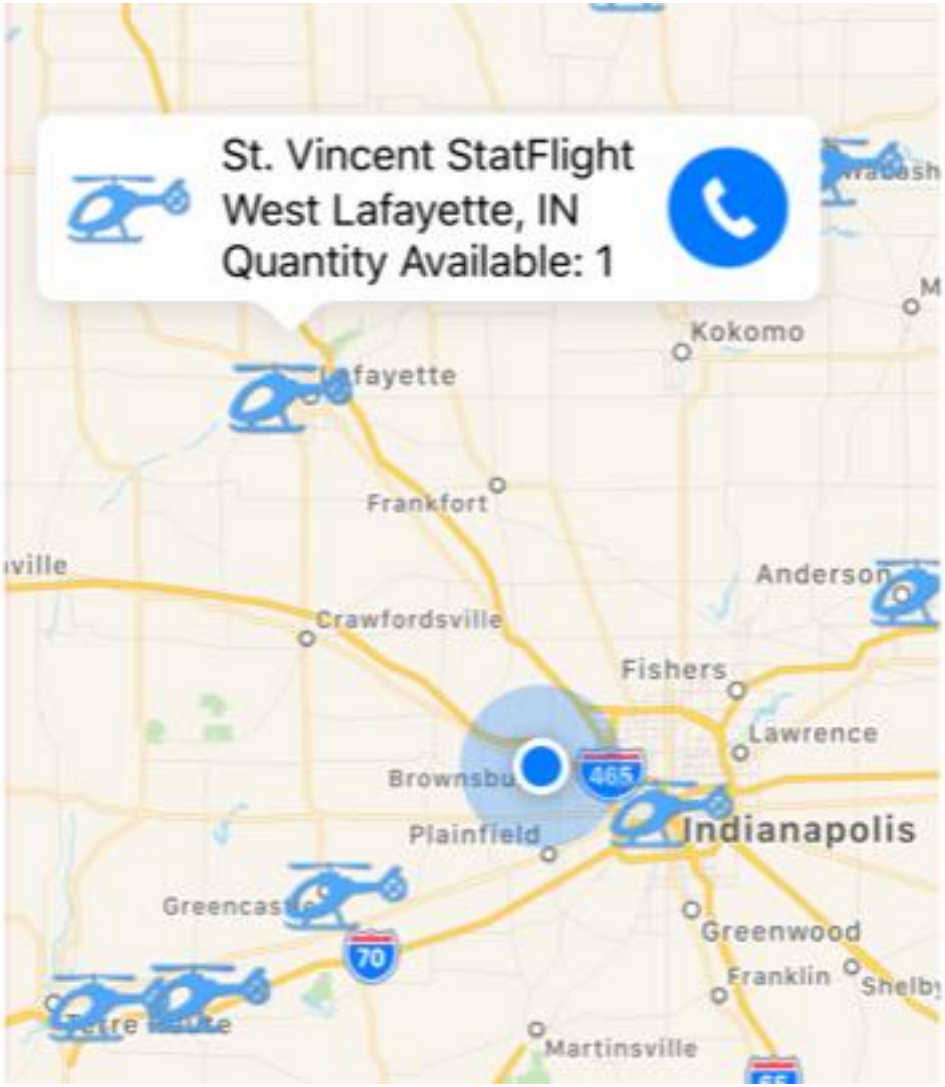
# Air Medical Map

- Shows all aircraft based on base location
- Can zoom based on location showing the closest aircraft to your location.



# Click to call!



# Contact IDHS

## CONTACTS

### Management

**Michael Garvey**
**State EMS Director**
317.232.3982
mgarvey@dhs.in.gov

**Michael Kaufmann, MD, FACEP, FAEMS**
**State EMS Medical Director**
317-234-8956
mkaufmann@dhs.in.gov

### Provider Organization and Supervising Hospital District

### Certification and Compliance Questions

# IDHS/EMS Division 2018-2019 Goals

- Rewrite of the 836 IAC Articles 1 through 4
- Obtain 90% data reporting compliance of the Indiana certified ambulance service providers
- Develop a statewide quality improvement program for EMS utilizing patient data submitted to the EMS registry.
- In cooperation with the public safety training academy expand the executive leadership course to include EMS specific topics
- Develop the automated electronic interface between Acadis and National Registry database to facilitate a more efficient certification process.
- Develop rule language clarifying the EMS training institution's responsibilities for improving student outcomes.
- Promote and encourage expanded practice opportunities for EMS providers with a focus on integrated health care, public health and chronic care management.
- Further develop education and training for both patient and EMS provider mental health awareness.
- Explore additional or alternative mechanisms of reimbursement for EMS provider care based on care rendered not miles transported.
- Promote recruitment and retention of EMS and other public safety professions.
- Continue the development of the online application process for EMS provider and institutional organization certifications.
- Implement the recognition of EMS personnel interstate licensure compact act (REPLICA).
- Continue to encourage and promote EMS planning and participation in disaster preparedness.

# Thank you!

- Your input and participation in the Indiana EMS System is vitally important.
- Mkaufmann@dhs.in.gov
- 317-514-6985

Indiana Government Center South

302 W. Washington St. Room E241

Indianapolis, Indiana  46204

# Trauma Registry

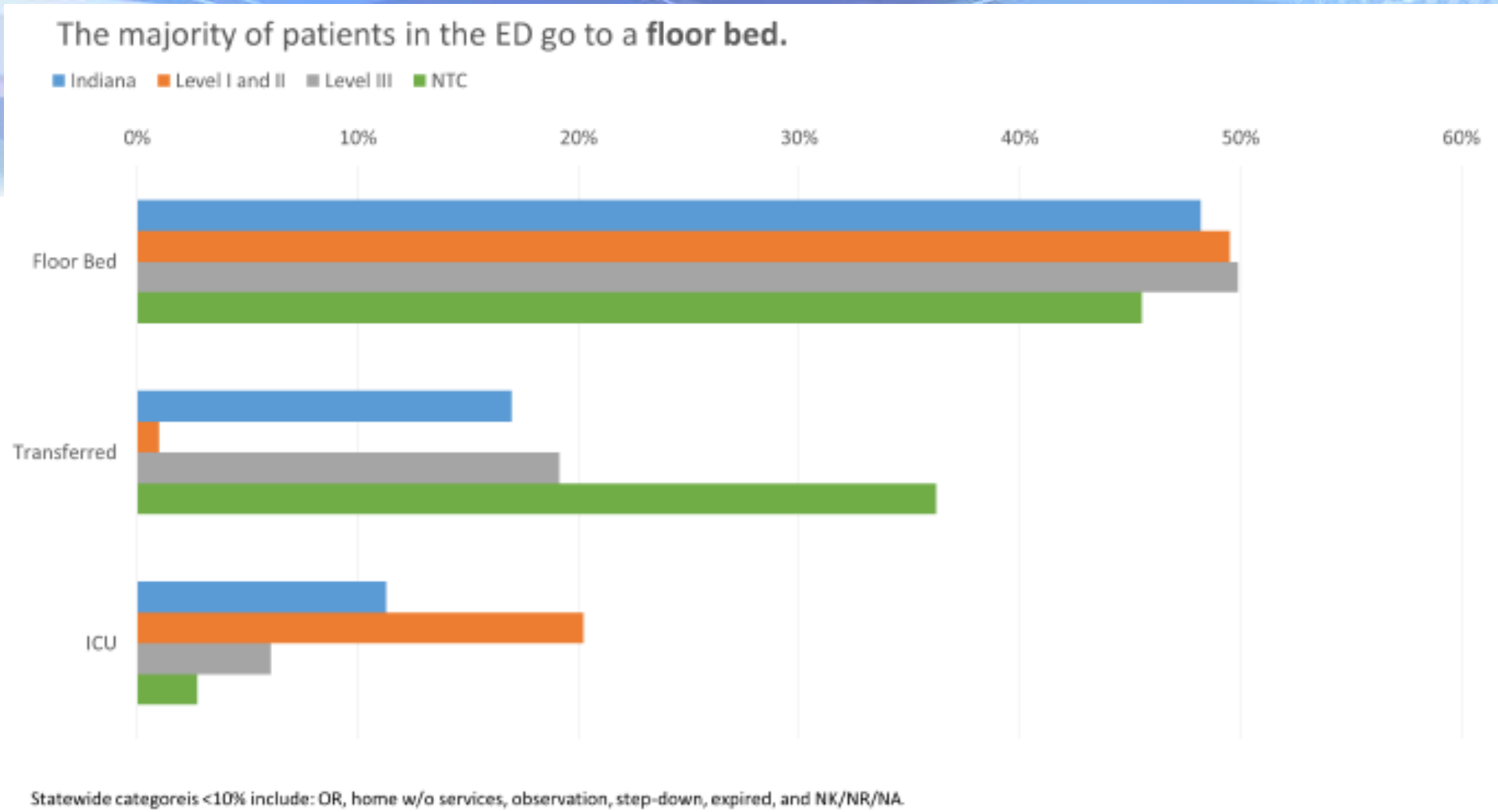
**Katie Hokanson**, *Director*

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

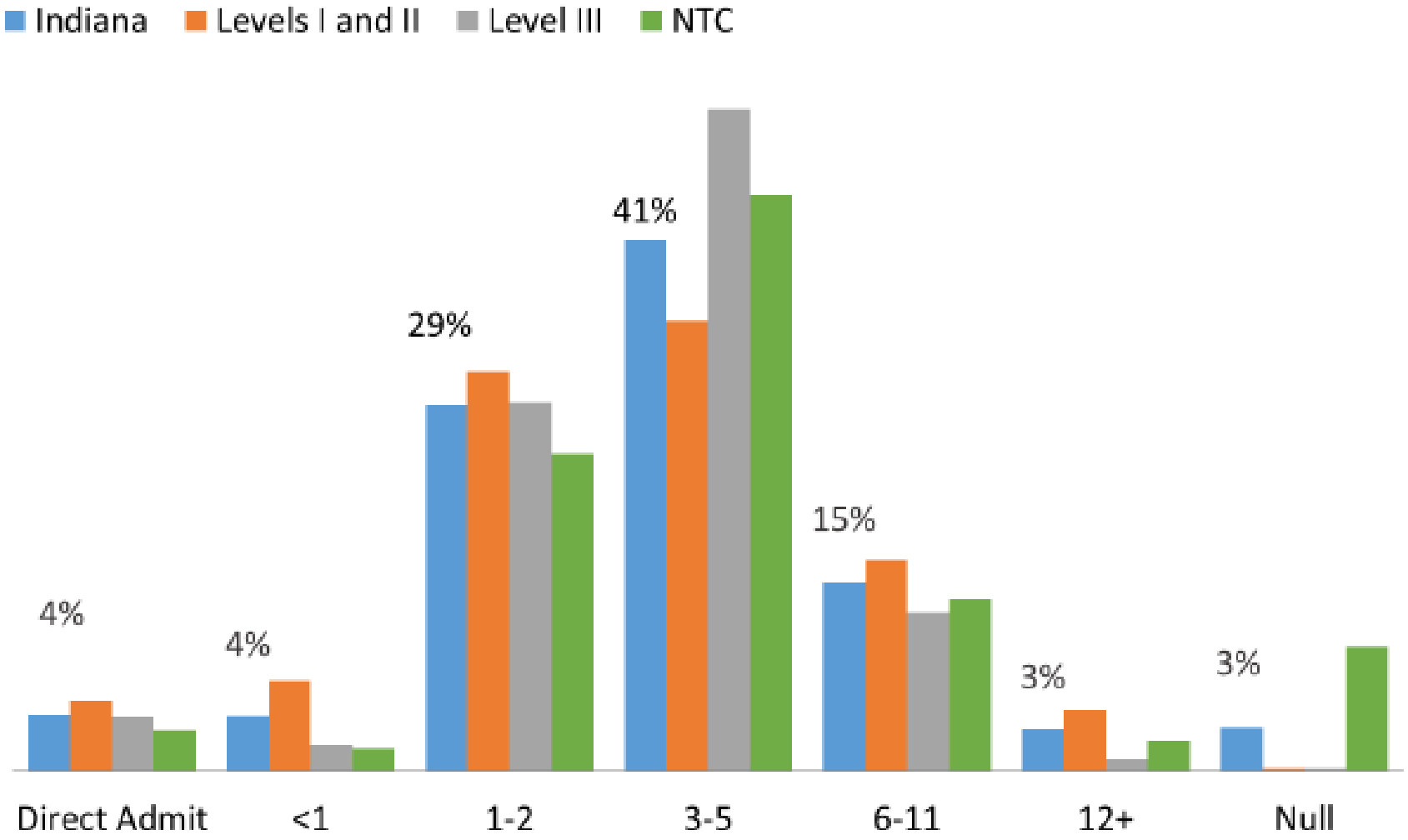
# Quarter 1 2019

- 104 hospitals reported
  - 10 Level I and II trauma centers
  - 13 Level III trauma centers
  - 81 non-trauma centers
- 9,037 incidents

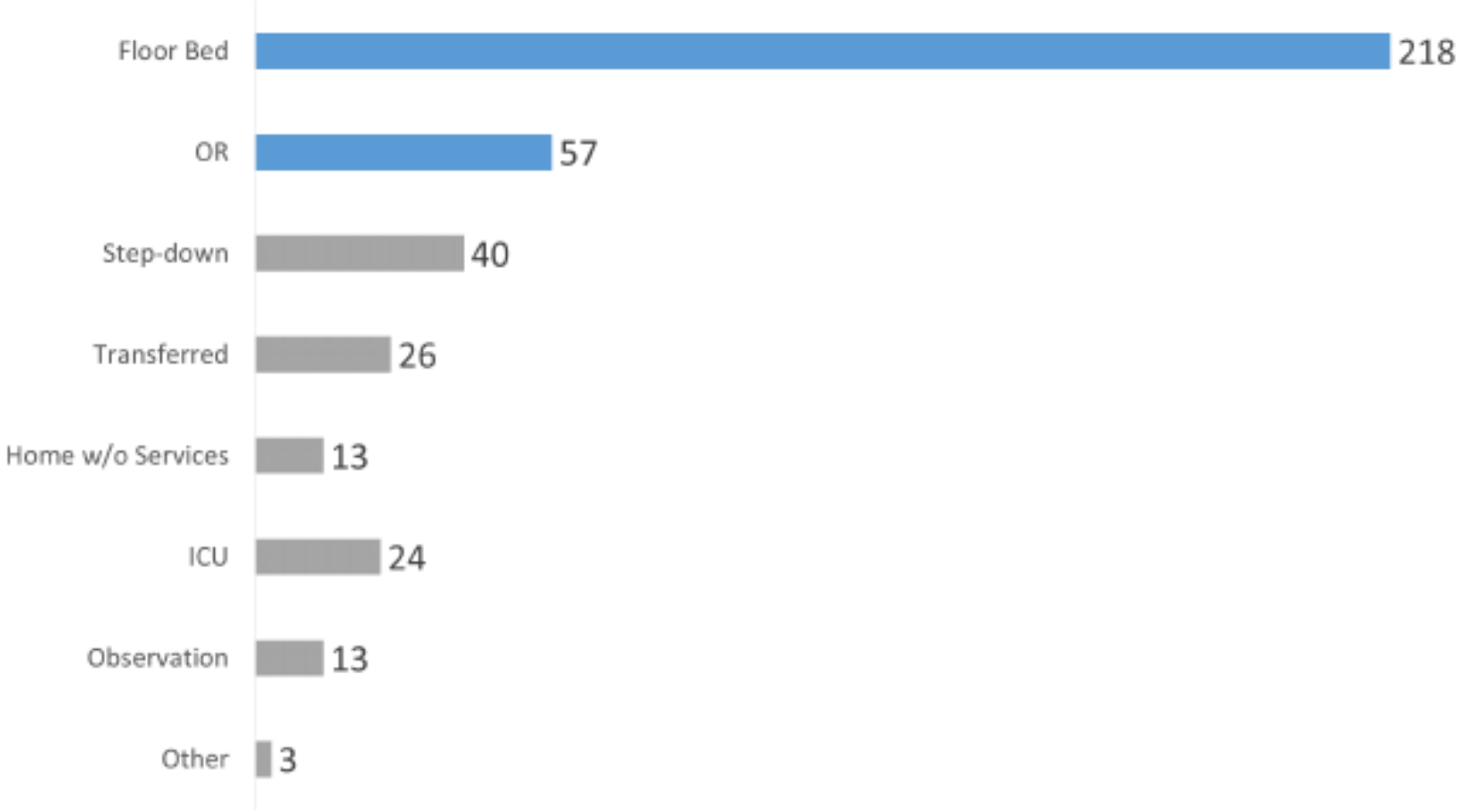



Statewide categoreis <10% include: OR, home w/o services, observation, step-down, expired, and NK/NR/NA.

# The majority of patients in the ED stay for **1-5 hours**

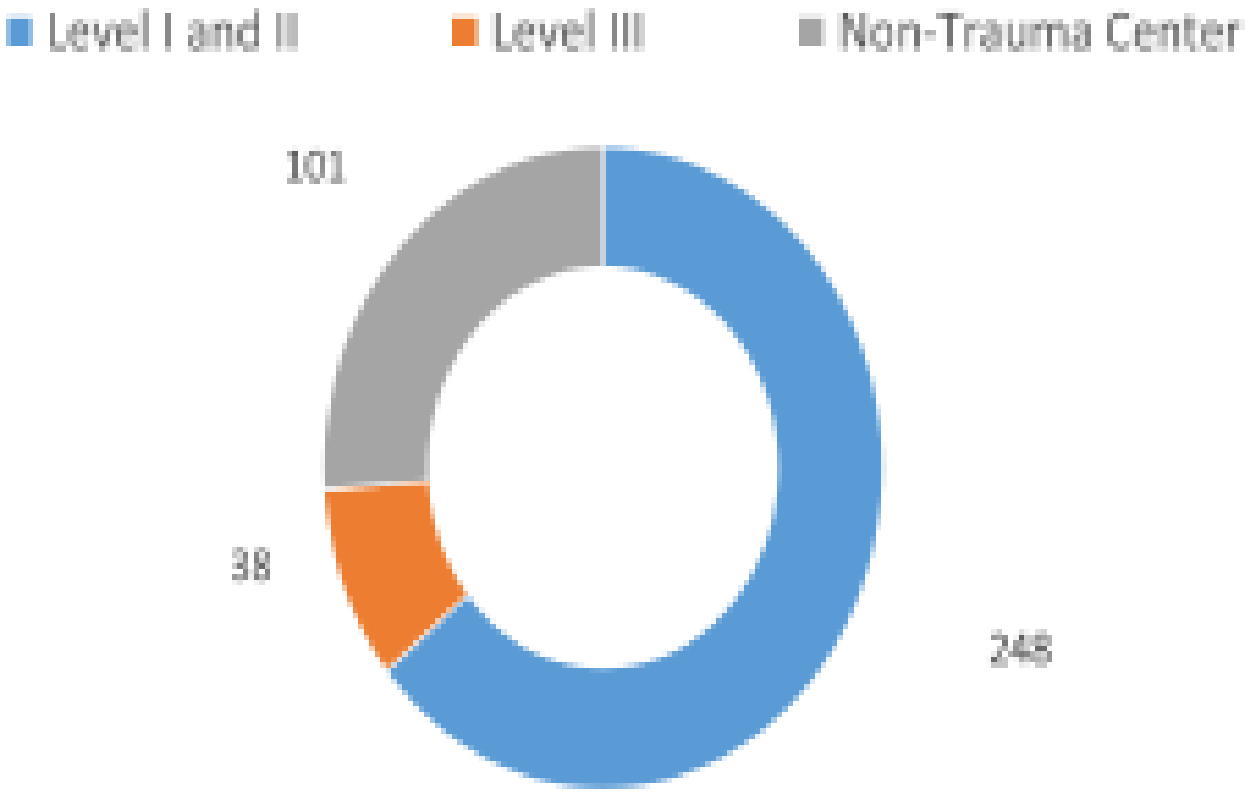


## Most patients in the ED>12 hours go to a floor bed or the OR.

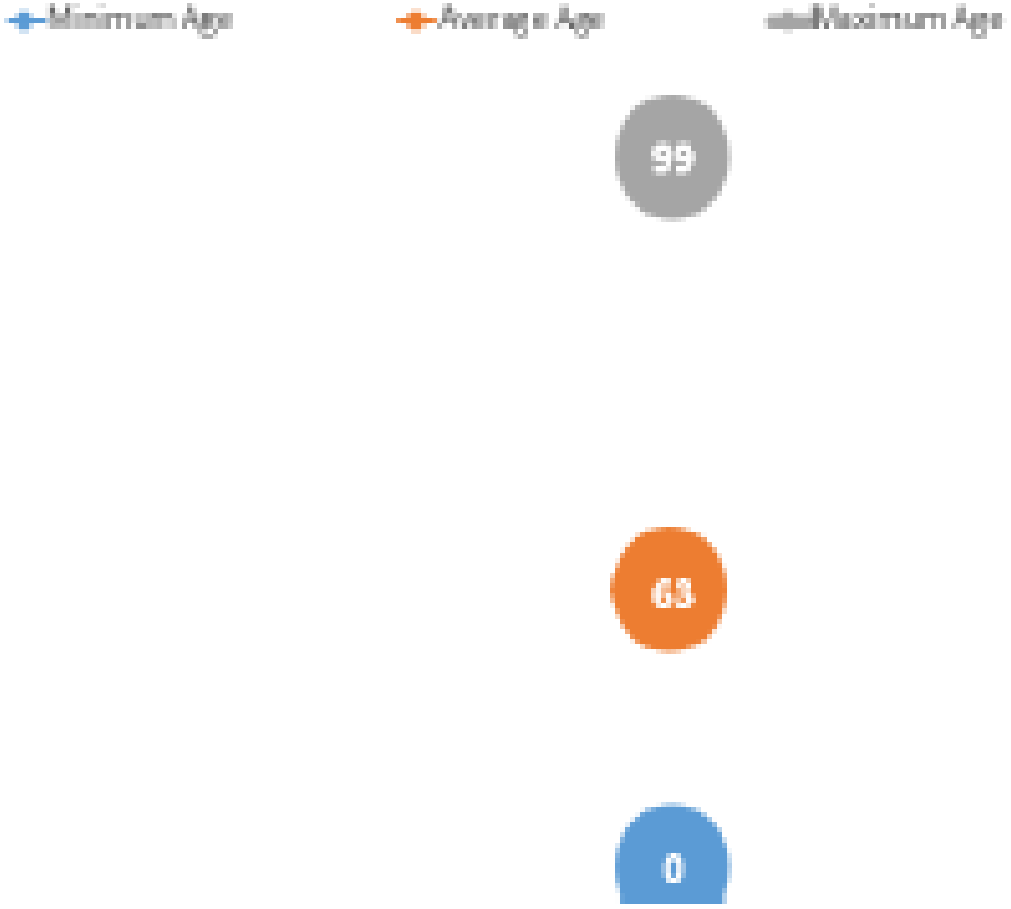



None of these patients died or had a disposition of AMA, Other, Home with Services or a Null value.

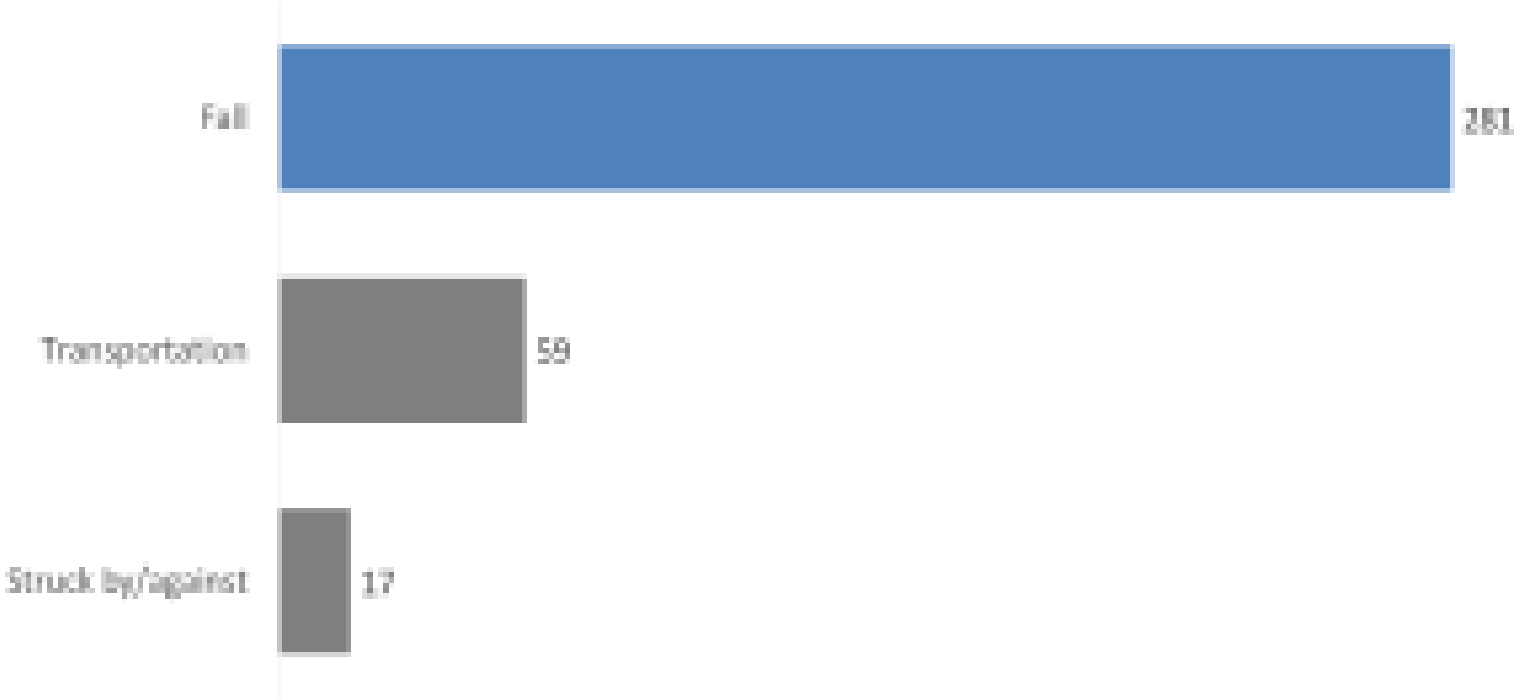
# The majority of patients were at a level I or II trauma center.



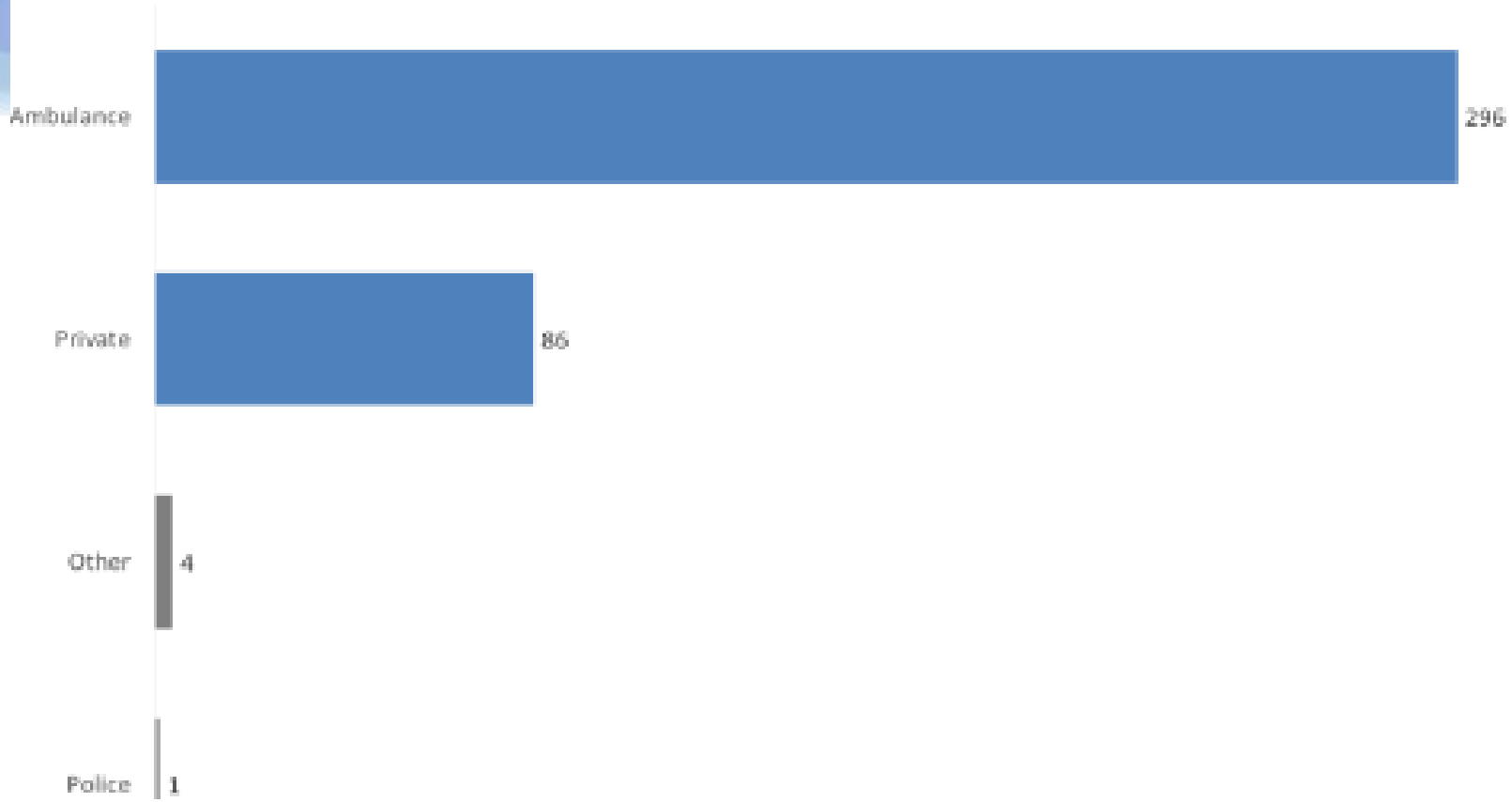
The average patient age was 63 years.



## Falls were the most common cause of injury.

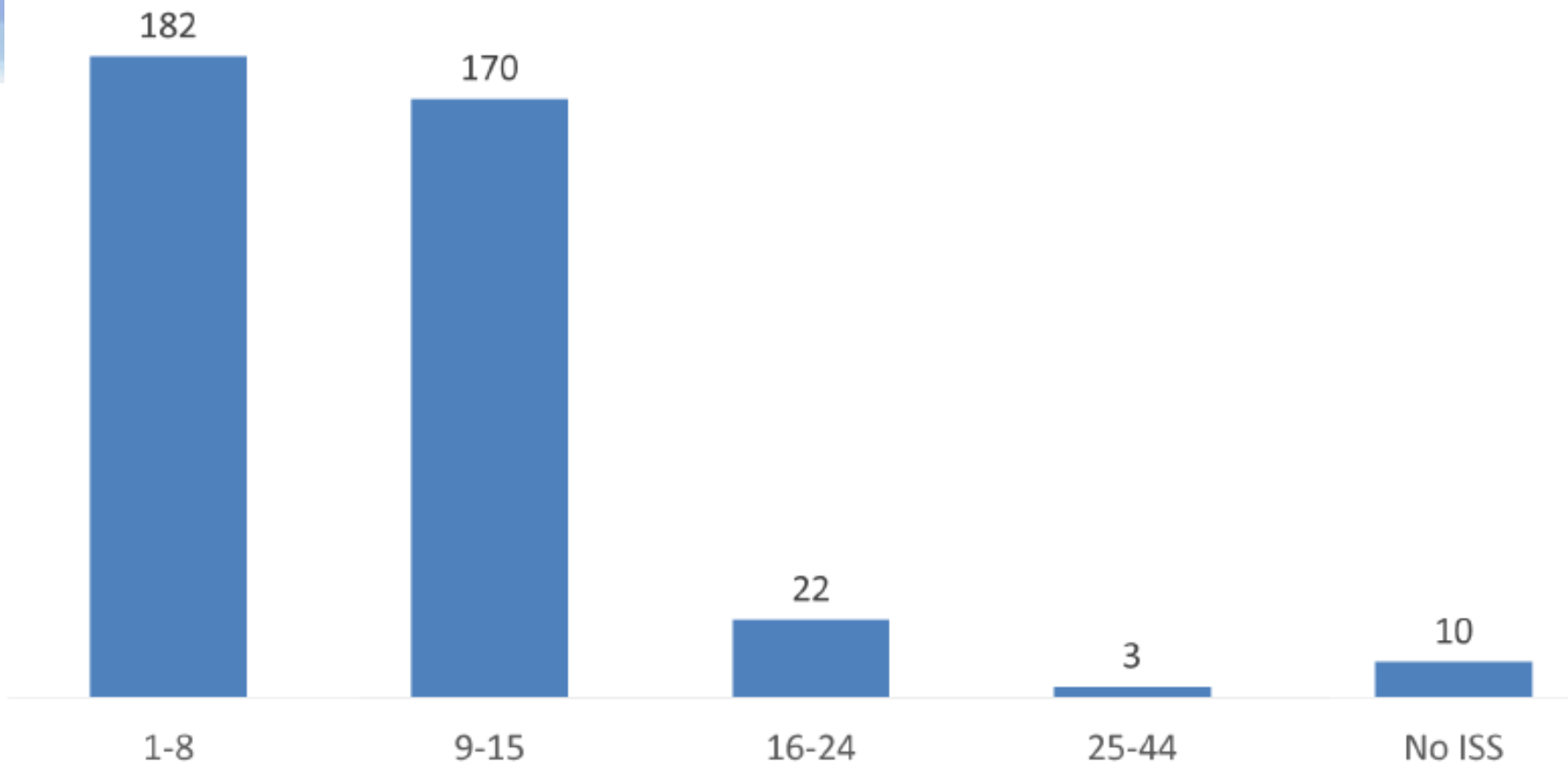


The majority of patients are transported by ambulance or private vehicle.

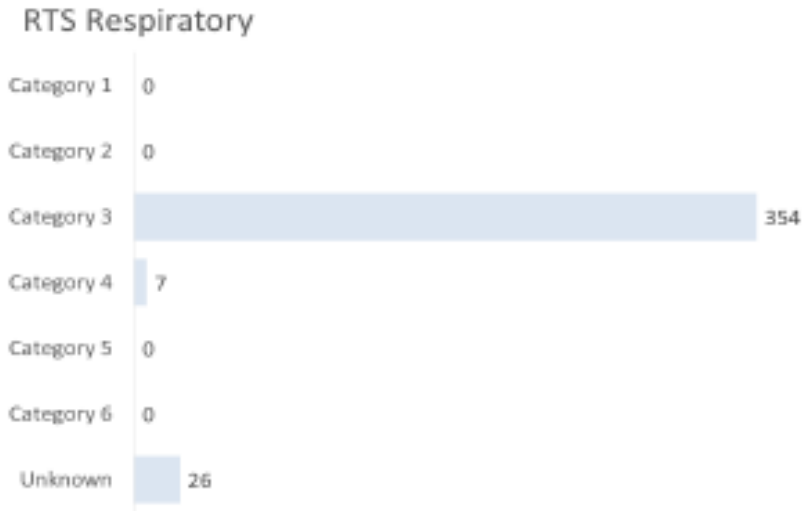


## ED LOS > 12 Hours, N=387

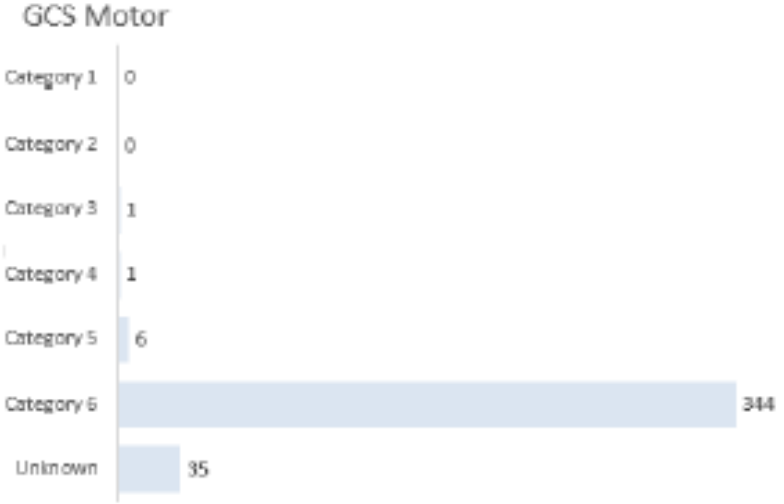
The majority of patients have an ISS score of 1-15.



# ED LOS > 12 Hours, N=387




Interpretation: revised trauma scores (RTS) are based on the patient's severity of injury. Higher categories indicate a lower chance of mortality. The majority of patients had a moderate RTS respiratory category, a moderate systolic blood pressure, and a high GCS motor score.

# American College of Surgeons - Committee on Trauma

**Dr. Scott Thomas**

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# Other Business

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

# 2019 ISTCC & ITN Meetings

- Location: Indiana Government Center – South, Conference Room B.
- Webcast still available.
- Time: 10:00 A.M. EST.
- 2019 Dates:
  - October 11
  - December 13