



# Indiana State Trauma Care Committee

**February 16, 2018**



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Introductions & approval of meeting minutes



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Updates

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



Indiana State  
Department of Health

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# Trauma center verification

- Congratulations Franciscan Health – Crown Point!



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Division staffing updates

- Jeremy Funk
  - Injury prevention epidemiologist
- Carrie Bennett
  - Resources and Records Consultant



## Indiana State Department of Health

### **Stand By the Standing Order: Naloxone Fundamentals for Dispensing Entities**

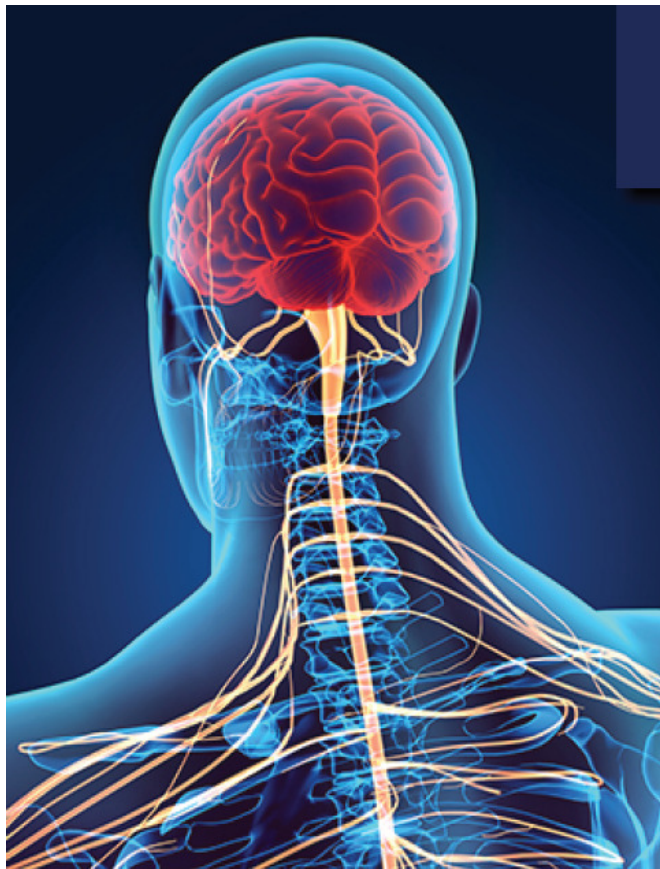
**Tuesday, Feb. 20  
10-11 a.m. (EST)**



This webinar will cover comprehensive information regarding the naloxone standing order that is pertinent to every entity that dispenses naloxone to the public, including pharmacies, non-profits, schools and local health departments. It will also cover an overview of optIN, the online registry that such entities must register with.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# Traumatic Spinal Cord and Brain Injury Research Conference



**2018**

**Indiana Traumatic Spinal Cord and  
Brain Injury Research Conference**

A program making an impact

**Save the Date**

Wednesday, April 18, 2018

**IU Health Neuroscience Center**  
355 W. 16th Street  
Conference Center Auditorium, Floor 1  
Indianapolis, IN 46202  
8 a.m. - 1:30 p.m.

Get notified when registration opens! Send your contact  
information to [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# American Trauma Society: Trauma registry course



Registration is open on the website

Date: March 8-9, 2018

Location: Indiana State Department of Health

[www.amtrauma.org](http://www.amtrauma.org)

[@ATStrauma](https://twitter.com/ATStrauma)

[info@AMTrauma.org](mailto:info@AMTrauma.org)

800-556-7890

COMPREHENSIVE  
EDUCATION FOR THE  
TRAUMA REGISTRY EXPERT

AMERICAN TRAUMA SOCIETY - TRAUMA REGISTRY COURSE

## trauma registry course

The American Trauma Society's Trauma Registry Course has been recognized by the American College of Surgeons in the Resources for Optimal Care of the Injury Patient since 1999 as an avenue for comprehensive trauma registry training.



# EMS Medical Directors' Conference



5<sup>th</sup> annual  
**EMS  
Medical Directors'  
Conference**

Friday, April 27, 2018

Ritz Charles  
12156 N. Meridian Street  
Carmel, IN 46032

8am - 5pm

**SAVE THE DATE**

Get notified when registration opens!

Send your contact information to:  
[indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



**Know**

**the facts.**

**UNDERSTANDING  
OPIOID USE DISORDER**

**Outreach Presentation**



**FACT 1**

**It's a  
disease.**

#KnowTheOFacts





**FACT 2**

**There is  
treatment.**

#KnowTheOFacts





# Opioid Treatment Programs in Indiana

- > Currently 13
- > 5 more planned in 2018



#KnowTheOFacts





**FACT 3**

**Recovery is possible.**

#KnowTheOFacts





**Know**

**the facts.**

**UNDERSTANDING  
OPIOID USE DISORDER**

**KnowTheOFacts.org**

# Regional trauma meetings

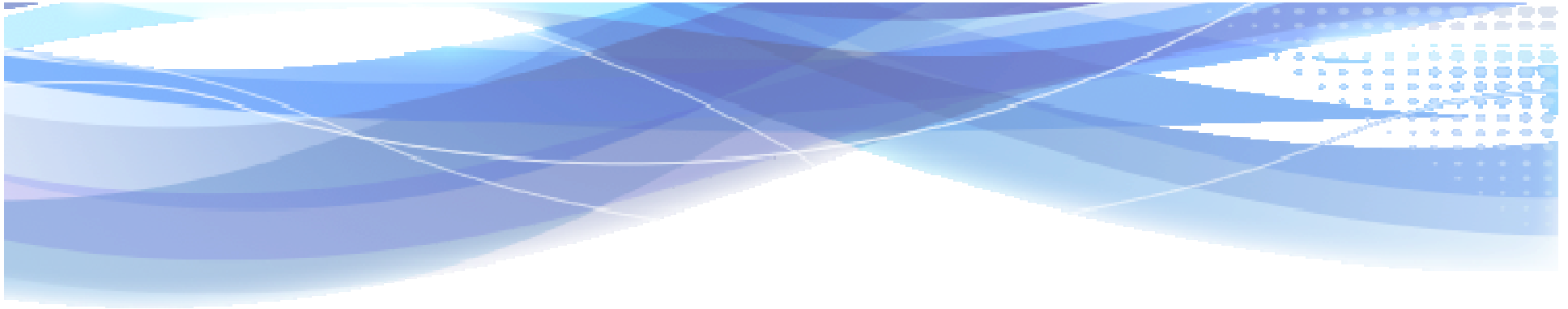
- All regional trauma meeting dates on the website:

[http://www.in.gov/isdh/26644.htm.](http://www.in.gov/isdh/26644.htm)



Indiana State  
Department of Health

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# Regional Updates

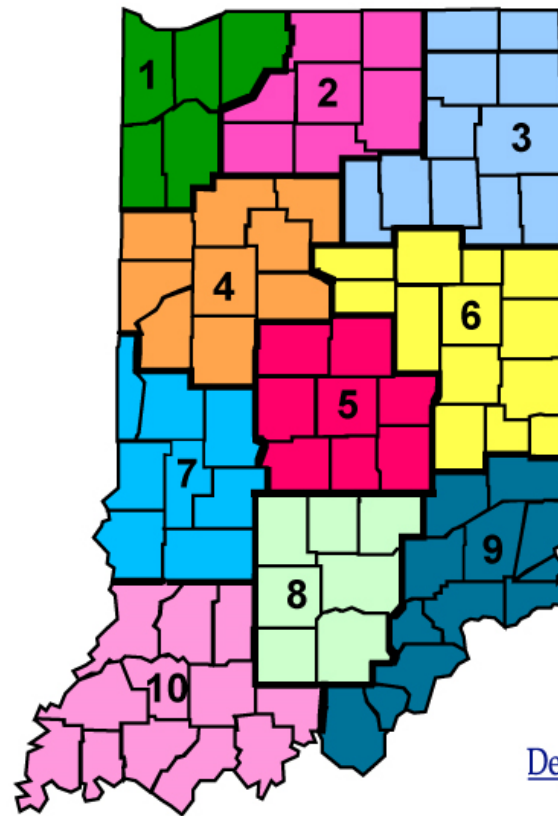


Indiana State  
Department of Health


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# Regional updates

- District 3
- District 4
- District 5
- District 6
- District 7
- District 10
- District 1



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Trauma System Sustainability

Jennifer Homan





# State Statistics

## Trauma is:

- Leading cause of death for people age 1-44
- 5<sup>th</sup> leading cause overall(ISDH, 2017)

## Mortality statistics

- 2014:
  - 4,421 injury deaths
  - 941 suicide and 363 died from homicide(ISDH, 2017)

## Financial Burden

- Medical and work loss lifetime costs for unintentional injury exceed \$2.5 billion(ISDH, 2017)

# Understanding Injury and Violence

Access to Services

Physical environment

Social Environment

Individual behaviors

## 10 Leading Causes of Death by Age Group, United States – 2015

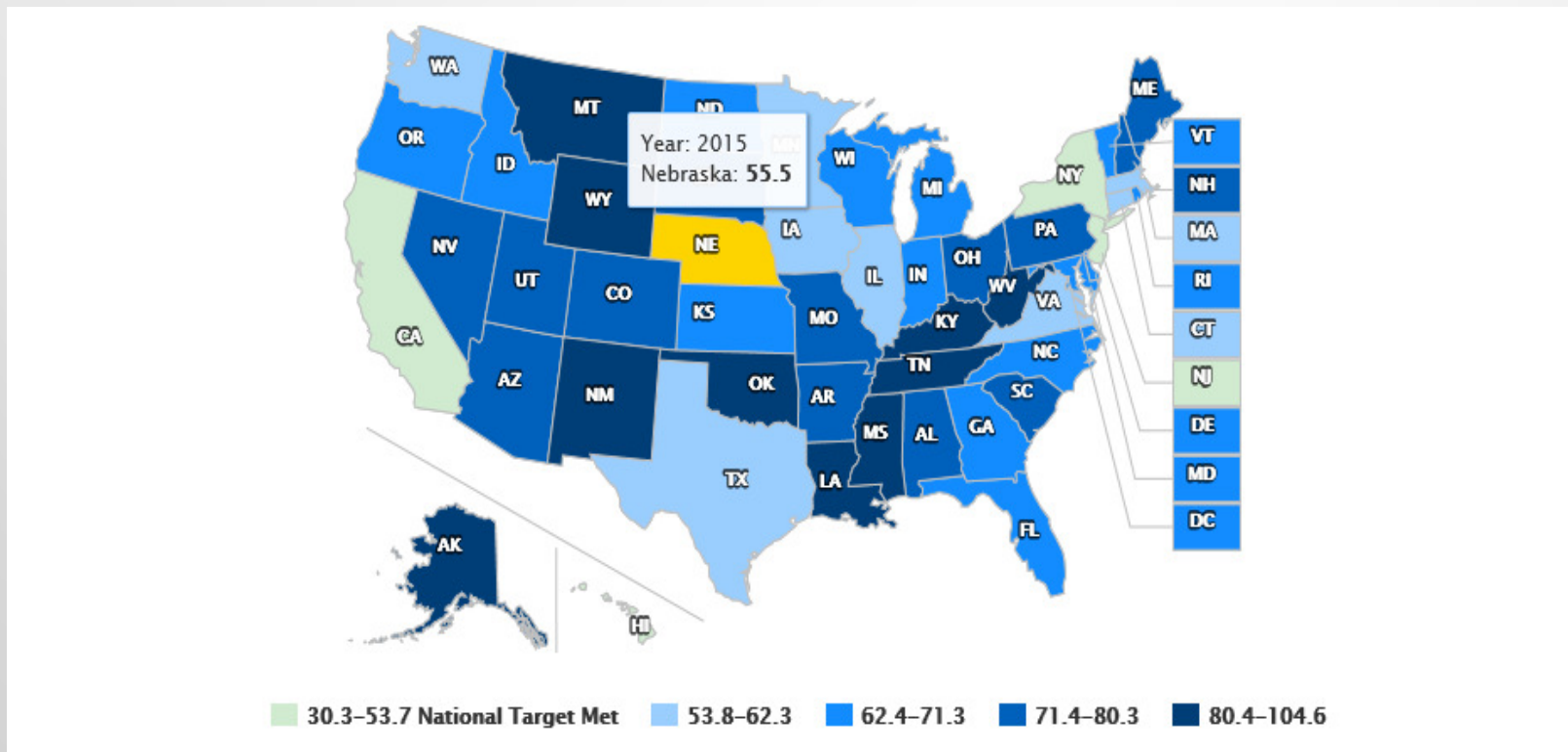
| Rank | Age Groups                        |                                       |                                        |                                        |                                        |                                |                                |                                           |                                            |                                             | Total                                       |
|------|-----------------------------------|---------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|--------------------------------|--------------------------------|-------------------------------------------|--------------------------------------------|---------------------------------------------|---------------------------------------------|
|      | <1                                | 1-4                                   | 5-9                                    | 10-14                                  | 15-24                                  | 25-34                          | 35-44                          | 45-54                                     | 55-64                                      | 65+                                         |                                             |
| 1    | Congenital Anomalies<br>4,825     | Unintentional Injury<br>1,235         | Unintentional Injury<br>755            | Unintentional Injury<br>763            | Unintentional Injury<br>12,514         | Unintentional Injury<br>19,795 | Unintentional Injury<br>17,818 | Malignant Neoplasms<br>43,054             | Malignant Neoplasms<br>116,122             | Heart Disease<br>507,138                    | Heart Disease<br>633,842                    |
| 2    | Short Gestation<br>4,084          | Congenital Anomalies<br>435           | Malignant Neoplasms<br>437             | Malignant Neoplasms<br>428             | Suicide<br>5,491                       | Suicide<br>6,947               | Malignant Neoplasms<br>10,909  | Heart Disease<br>34,248                   | Heart Disease<br>76,872                    | Malignant Neoplasms<br>419,389              | Malignant Neoplasms<br>595,930              |
| 3    | SIDS<br>1,568                     | Homicide<br>369                       | Congenital Anomalies<br>181            | Suicide<br>409                         | Homicide<br>4,733                      | Homicide<br>4,863              | Heart Disease<br>10,387        | Unintentional Injury<br>21,499            | Unintentional Injury<br>19,488             | Chronic Low. Respiratory Disease<br>131,804 | Chronic Low. Respiratory Disease<br>155,041 |
| 4    | Maternal Pregnancy Comp.<br>1,522 | Malignant Neoplasms<br>354            | Homicide<br>140                        | Homicide<br>158                        | Malignant Neoplasms<br>1,469           | Malignant Neoplasms<br>3,704   | Suicide<br>6,936               | Liver Disease<br>8,874                    | Chronic Low. Respiratory Disease<br>17,457 | Cerebro-vascular<br>120,156                 | Unintentional Injury<br>146,571             |
| 5    | Unintentional Injury<br>1,291     | Heart Disease<br>147                  | Heart Disease<br>85                    | Congenital Anomalies<br>156            | Heart Disease<br>997                   | Heart Disease<br>3,522         | Homicide<br>2,895              | Suicide<br>8,751                          | Diabetes Mellitus<br>14,166                | Alzheimer's Disease<br>109,495              | Cerebro-vascular<br>140,323                 |
| 6    | Placenta Cord. Membranes<br>910   | Influenza & Pneumonia<br>88           | Chronic Low. Respiratory Disease<br>80 | Heart Disease<br>125                   | Congenital Anomalies<br>386            | Liver Disease<br>844           | Liver Disease<br>2,861         | Diabetes Mellitus<br>6,212                | Liver Disease<br>13,278                    | Diabetes Mellitus<br>56,142                 | Alzheimer's Disease<br>110,561              |
| 7    | Bacterial Sepsis<br>599           | Septicemia<br>54                      | Influenza & Pneumonia<br>44            | Chronic Low Respiratory Disease<br>93  | Chronic Low Respiratory Disease<br>202 | Diabetes Mellitus<br>798       | Diabetes Mellitus<br>1,986     | Cerebro-vascular<br>5,307                 | Cerebro-vascular<br>12,116                 | Unintentional Injury<br>51,395              | Diabetes Mellitus<br>79,535                 |
| 8    | Respiratory Distress<br>462       | Perinatal Period<br>50                | Cerebro-vascular<br>42                 | Cerebro-vascular<br>42                 | Diabetes Mellitus<br>196               | Cerebro-vascular<br>567        | Cerebro-vascular<br>1,788      | Chronic Low. Respiratory Disease<br>4,345 | Suicide<br>7,739                           | Influenza & Pneumonia<br>48,774             | Influenza & Pneumonia<br>57,062             |
| 9    | Circulatory System Disease<br>428 | Cerebro-vascular<br>42                | Benign Neoplasms<br>39                 | Influenza & Pneumonia<br>39            | Influenza & Pneumonia<br>184           | HIV<br>529                     | HIV<br>1,055                   | Septicemia<br>2,542                       | Septicemia<br>5,774                        | Nephritis<br>41,258                         | Nephritis<br>49,959                         |
| 10   | Neonatal Hemorrhage<br>406        | Chronic Low Respiratory Disease<br>40 | Septicemia<br>31                       | Two Tied: Benign Neo./Septicemia<br>33 | Cerebro-vascular<br>166                | Congenital Anomalies<br>443    | Septicemia<br>829              | Nephritis<br>2,124                        | Nephritis<br>5,452                         | Septicemia<br>30,817                        | Suicide<br>44,193                           |

**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC.  
**Produced by:** National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

# Injury Deaths

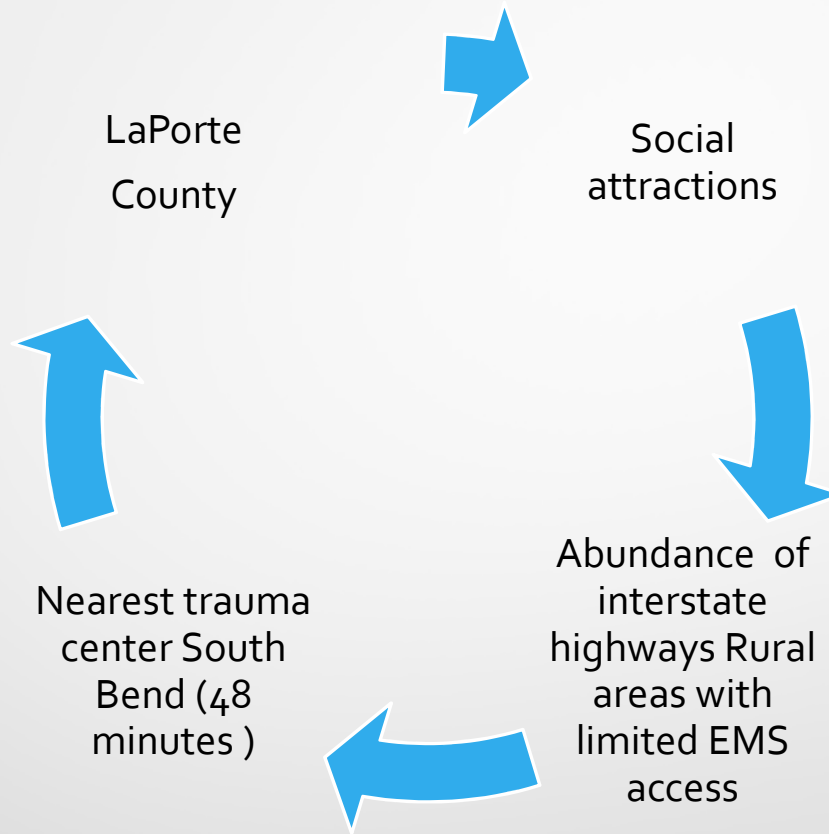


# Indiana Trauma Care *Elements of the System*




| Health outcome                 | Indiana | Lake       | LaPorte    | Porter | Starke     | Newton |
|--------------------------------|---------|------------|------------|--------|------------|--------|
| Alcohol related driving deaths | 24%     | 32%        | <b>34%</b> | 30%    | 22%        | 21%    |
| Injury Deaths                  | 67      | 63         | 73         | 68     | <b>107</b> | 74     |
| Violent Crime                  | 356     | <b>432</b> | 173        | 102    | 100        | 82     |

# Alcohol Related Driving Deaths



## Indiana Trauma Center Access: Areas Within a 45-Minute Drive

 45-Minute Accessible Trauma Center \*

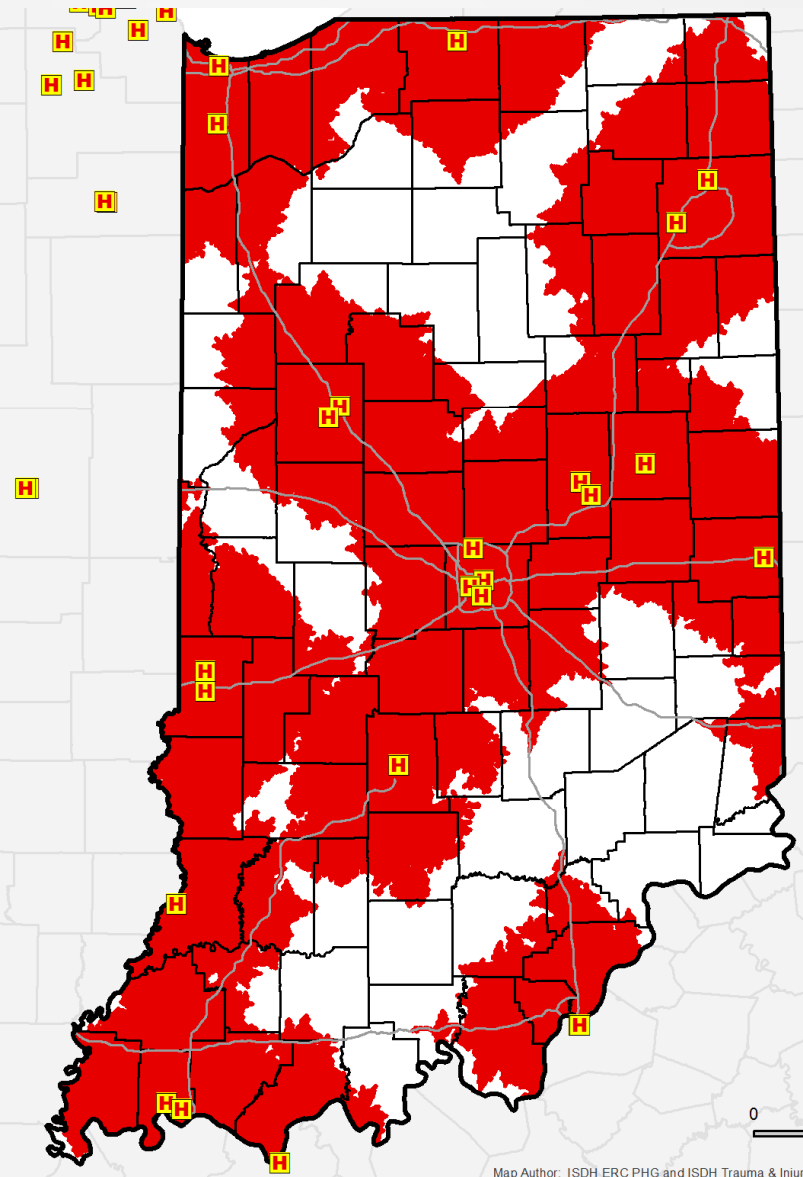
45-Minute Accessible Areas

 Average Travel Time  
*based on posted and historical speeds*

|             | 45-Minute Coverage<br>(at average speed) |            | State Total         |
|-------------|------------------------------------------|------------|---------------------|
|             | n                                        | % of state | n                   |
| Land Area   | 22,081<br>sq mi                          | 62%        | 35,826<br>sq mi     |
| Population  | 5,501,274<br>people                      | 85%        | 6,483,802<br>people |
| Interstates | 1,125<br>miles                           | 91%        | 1,239<br>miles      |

\* Considered a trauma center for purposes of the triage and transport rule.

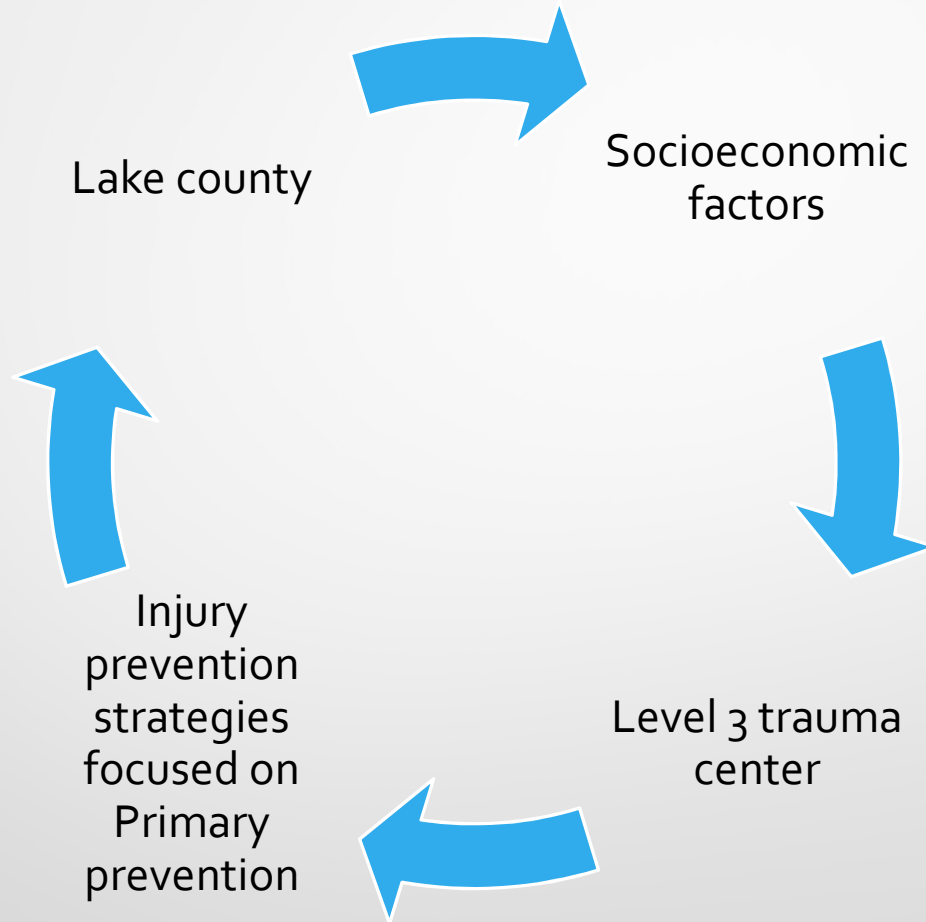
Travel times are calculated with 2016 Indiana street network reference data published by Esri. Travel times do not take into account current traffic volume or restrictions. Population and land area are calculated from the 2010 U.S. Census block summary geography. Interstate mileage is calculated using a single direction of a divided highway (source: INDOT). All statistics should be considered an estimate.



Map Author: ISDH ERC-PHG and ISDH Trauma & Injury I

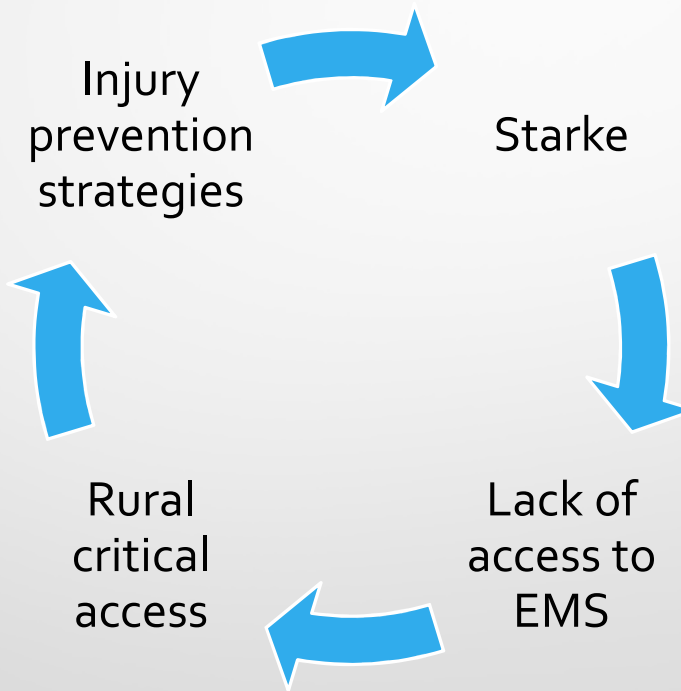


# Violent Crimes

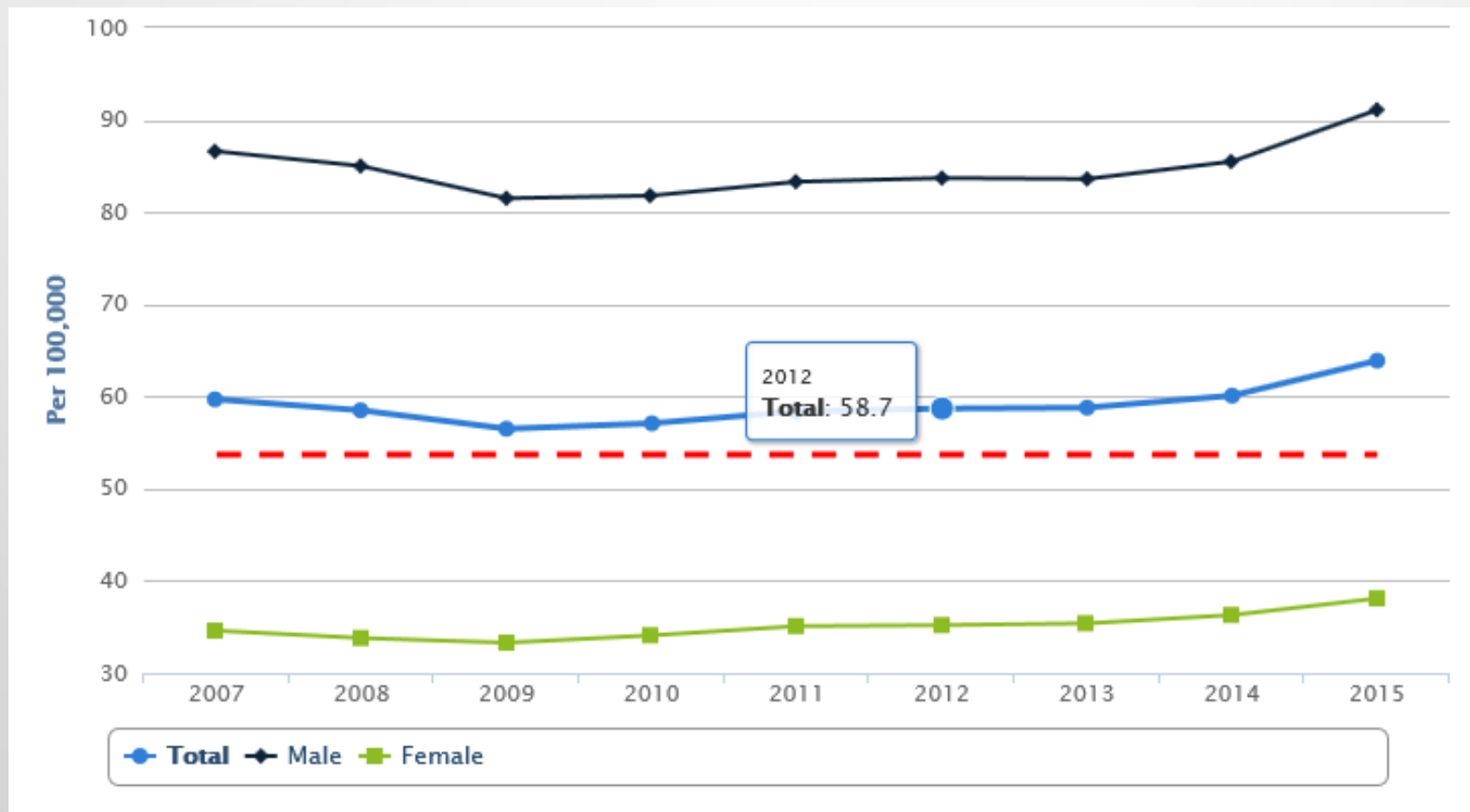




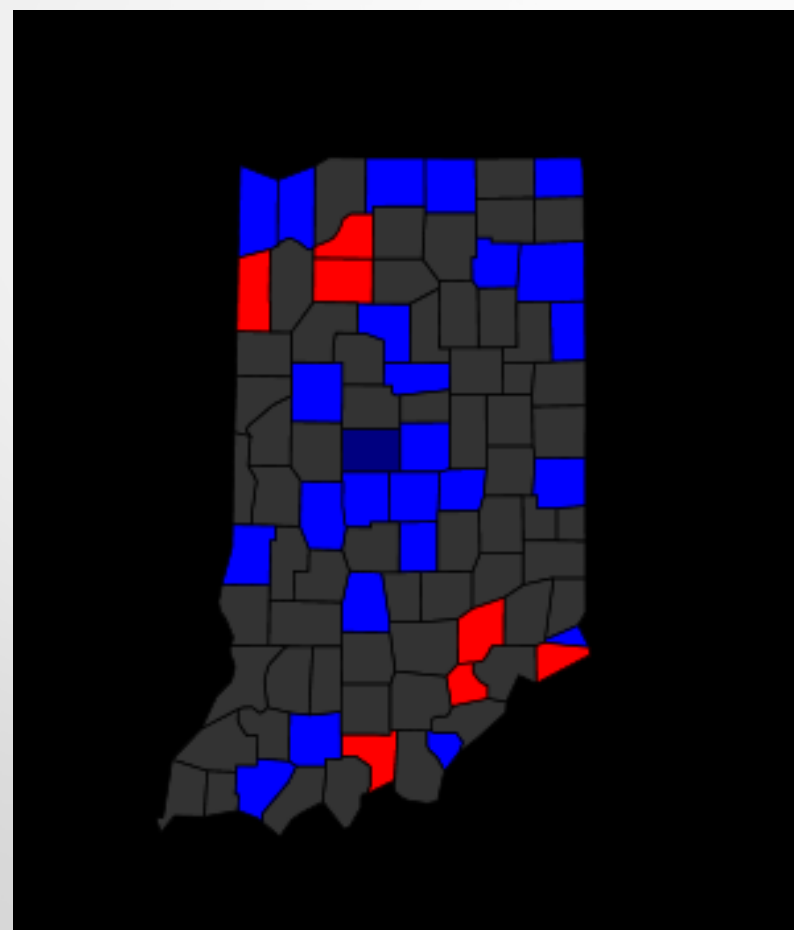
# Injury Death Rates



# Healthy People 2020 Goal



# Accidents



# Suicide

1

Number of  
Deaths by  
Suicide 948  
Indiana

2

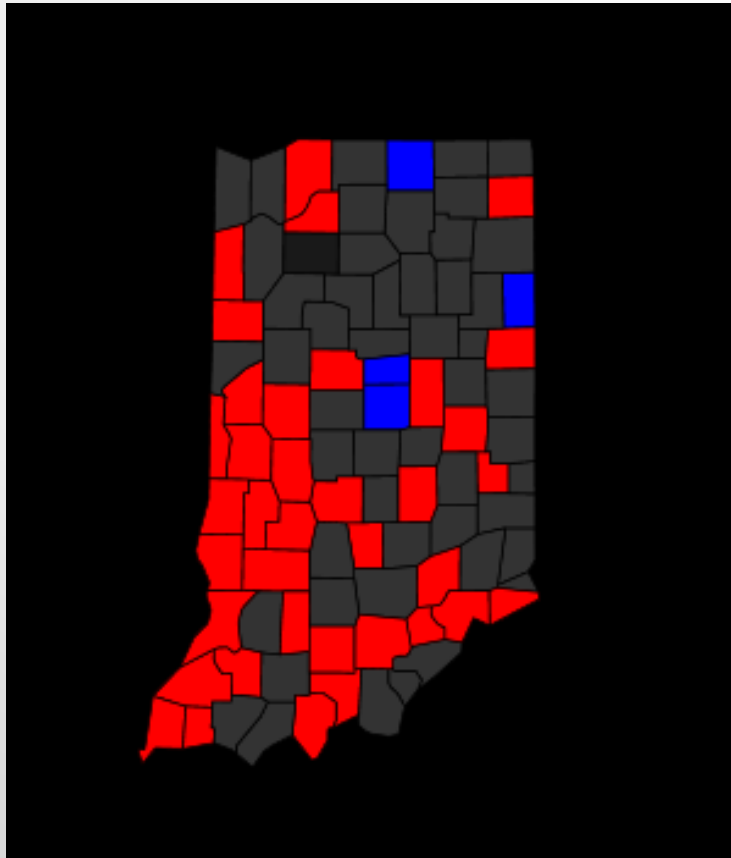
Rate per 100,000  
Population

- Indiana rate 14.25
- National rate 12.93

3

State Rank  
Indiana 26

# Suicide Rates



# Unintentional Injury

From 2011 to 2015, 21,837 Hoosiers died from injuries, averaging 12 deaths each day.

69% of the injury deaths were unintentional (accidental)

8% from homicide

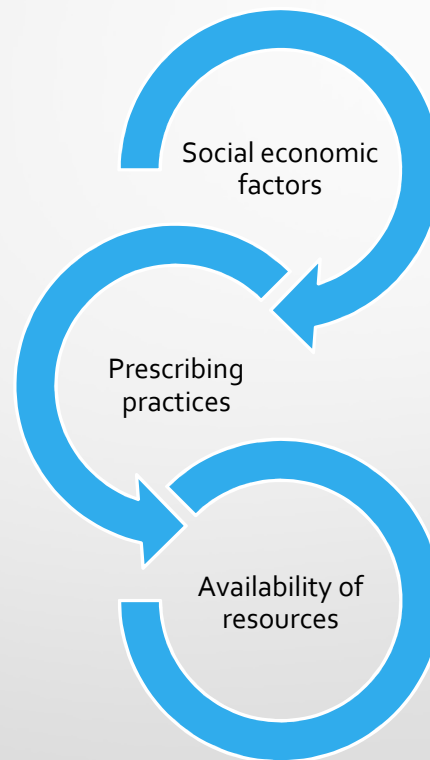
2015  
3,258 deaths from unintentional injuries occurred.

20% of the deaths resulted from suicide

3% were of undetermined intent

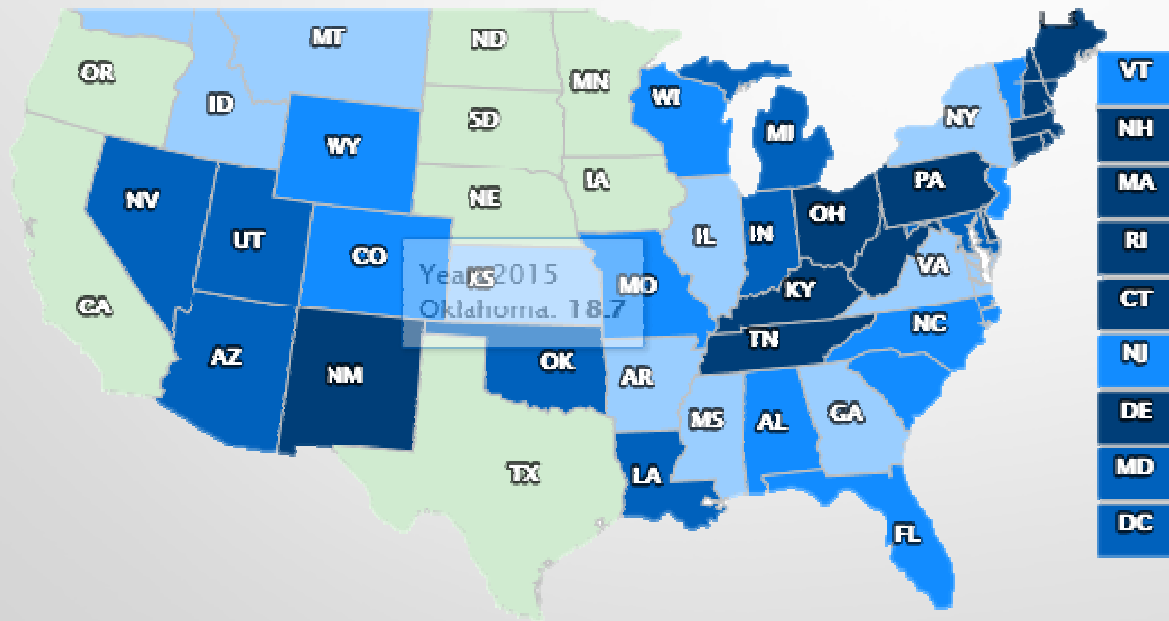


# Drug Overdose Rates





# Poisonings



| Health outcome          | Indiana | Lake  | LaPorte | Porter | Starke  | Newton   |
|-------------------------|---------|-------|---------|--------|---------|----------|
| Mental health providers | 730:1   | 650:1 | 1,270:1 | 700:1  | 4,590:1 | 14,010:1 |





## Policy Goals

- Purpose and goals of policy
  - To increase access to trauma care to include
    - EMS access
    - Emergency and specialty care access to include access to specialty physician services
    - Rehab care
  - To develop a sustainable trauma system
  - To facilitate public health initiatives such as:
    - Automobile Passenger safety
    - Violence prevention programs
    - Infant mortality education
    - Suicide prevention
    - Overdose prevention

# Funding Options

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Increasing the tobacco tax

---

Assessing a surcharge on drivers' licenses or renewal of automobile license tags

---

Increasing or adding extra fines on DUI or other motor vehicle violations

---

Allocations from tobacco settlement

---

Permitting voters to decide to increase the county sales tax with these funds exclusively allocated to trauma care

---

Play or pay rules

---

Gaming tax applied to trauma fund





# Outcomes

- Deliverables
  - Improved access to trauma care
  - Increased access to specialty physicians
  - Decreased injury morbidity and mortality
  - Decrease the number of preventable deaths
  - Improved health outcomes

# Next Steps

- Define an add hoc team to work on policy proposal
- Hold state lobby day
- Speak to representatives
- Prepare more information sessions

# Conclusions

- Overview and discussion of proposed policy
- Looking back
- Looking forward



“Life is a journey,  
not a destination.”

*-Ralph Waldo Emerson*

50by25.com

# References

Indiana State Board of Health(ISDH), (2017). Trauma system/injury prevention program. Retrieved from <https://secure.in.gov/isdh/19537.htm>

Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER), (2013) A descriptive review of the Mississippi Trauma Care Systems Fund. Retrieved from <http://www.peer.ms.gov/reports/rpt568.pdf>



# References

Society of Gastroenterology Nurses and Associates, (2012). Understanding and Influencing the legislative Process. Retrieved from

[https://www.sgna.org/Portals/o/Education/PDF/Standards-Guidelines/LegislativeStandard\\_FINAL.pdf](https://www.sgna.org/Portals/o/Education/PDF/Standards-Guidelines/LegislativeStandard_FINAL.pdf)

Lanier, J., (2014). The ABCs of Effective Advocacy: Attention, bipartisanship, & collaboration independent study. *Ohio Nurses Review*, 89(5), 24-32.



# Subcommittee Update

## Designation Subcommittee

**Dr. Lewis Jacobson**, *Trauma Medical Director*  
St. Vincent Indianapolis Hospital



Indiana State  
Department of Health

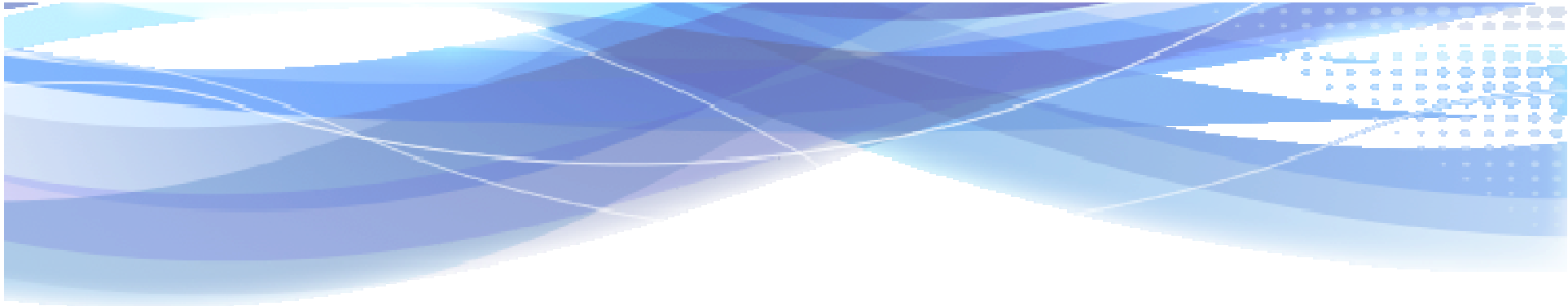
Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Elkhart General Hospital

- **Located: Elkhart**
- **Seeking: Level III adult trauma center status**
- **Application was reviewed and the following issues were identified:**
  - **Tiered activation system.**
  - **In-house emergency physician coverage.**
  - **Orthopedic surgery**
  - **Critical care physician coverage**
  - **Blood Bank**
  - **PACU**
  - **Diversion policy**
- **Consultation & Verification Visits: TBD**

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



### “In the Process” of ACS Verification Trauma Centers

| Facility Name                          | City   | Level | Adult / Pediatric | “In the Process” Date* | 1 Year Review Date** | ACS Consultation Visit Date | ACS Verification Visit Date |
|----------------------------------------|--------|-------|-------------------|------------------------|----------------------|-----------------------------|-----------------------------|
| Memorial Hospital & Health Care Center | Jasper | III   | Adult             | 08/24/2016             | October 2017         | 05/16-05/17, 2017           | 05/15-05/16, 2018           |

\*Date the EMS Commission granted the facility “In the process” status

\*\*Date the Indiana State Trauma Care Committee (ISTCC) reviewed/reviews the 1 year review documents. This date is based on the first ISTCC meeting after the 1 year date.

|                                                                       |
|-----------------------------------------------------------------------|
| Facility is past the two year mark for their “In the Process” status. |
|-----------------------------------------------------------------------|

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# Subcommittee Update

## Performance Improvement Subcommittee

**Dr. Stephanie Savage**, *Trauma Medical Director*  
IU Health Methodist



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

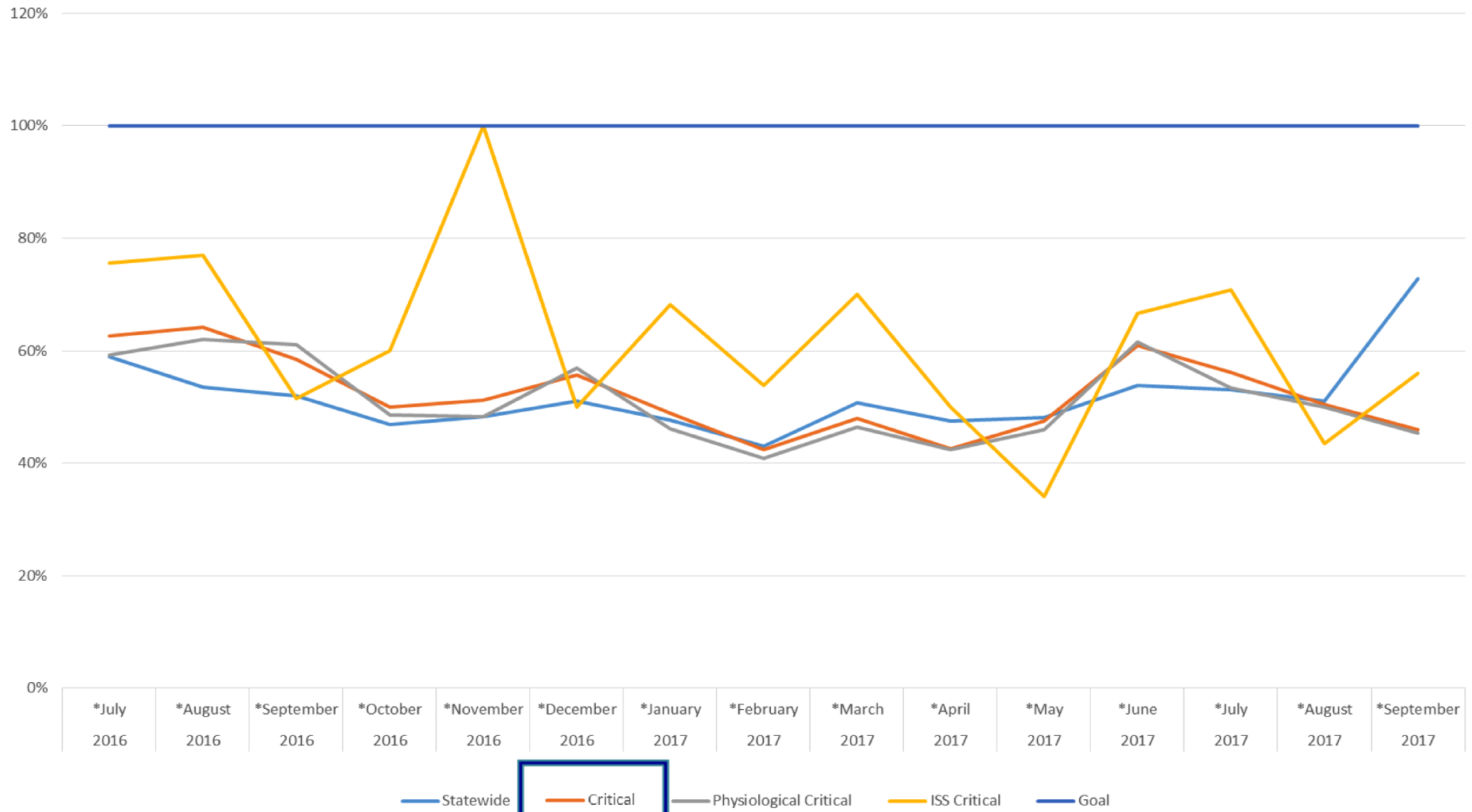
ISDH Performance Improvement  
Subcommittee December 2017 update



Meeting January 2018

# Transfers – Time to orders written

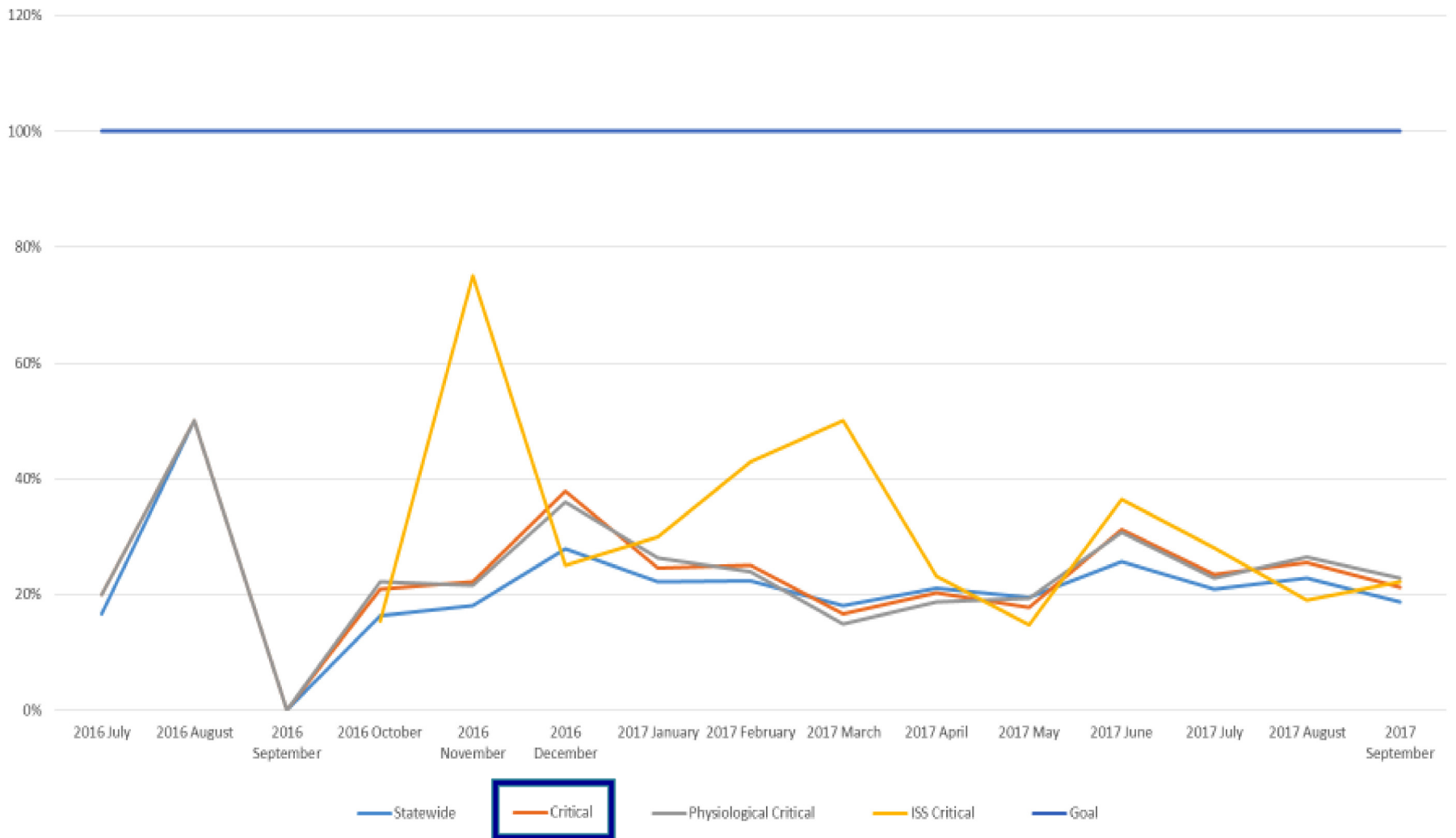
Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours



\*ED LOS was calculated using ED/Acute Care Discharge (Orders Written) for July 2016 and later.

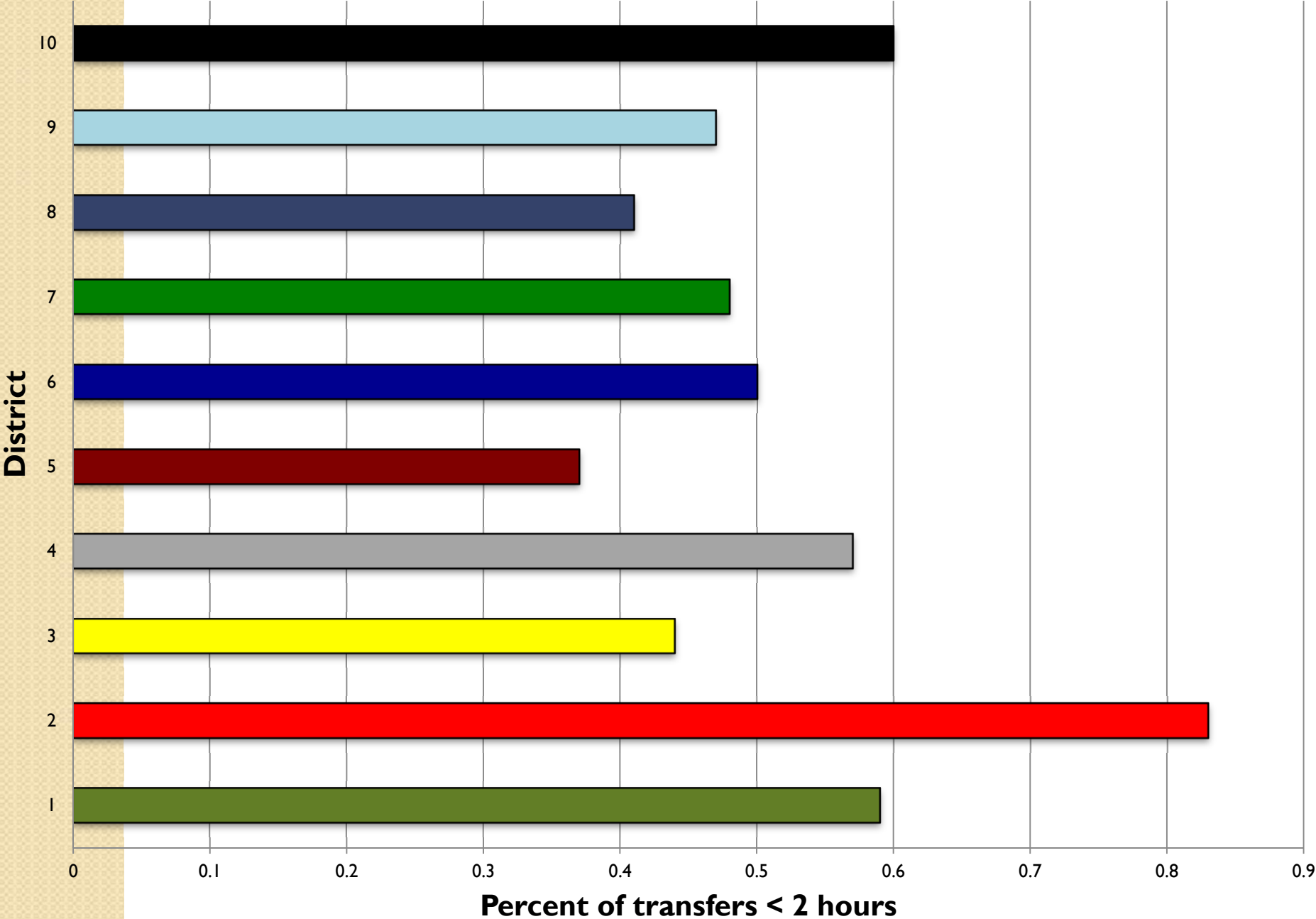
# Transfers – Time to ED departure

Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours

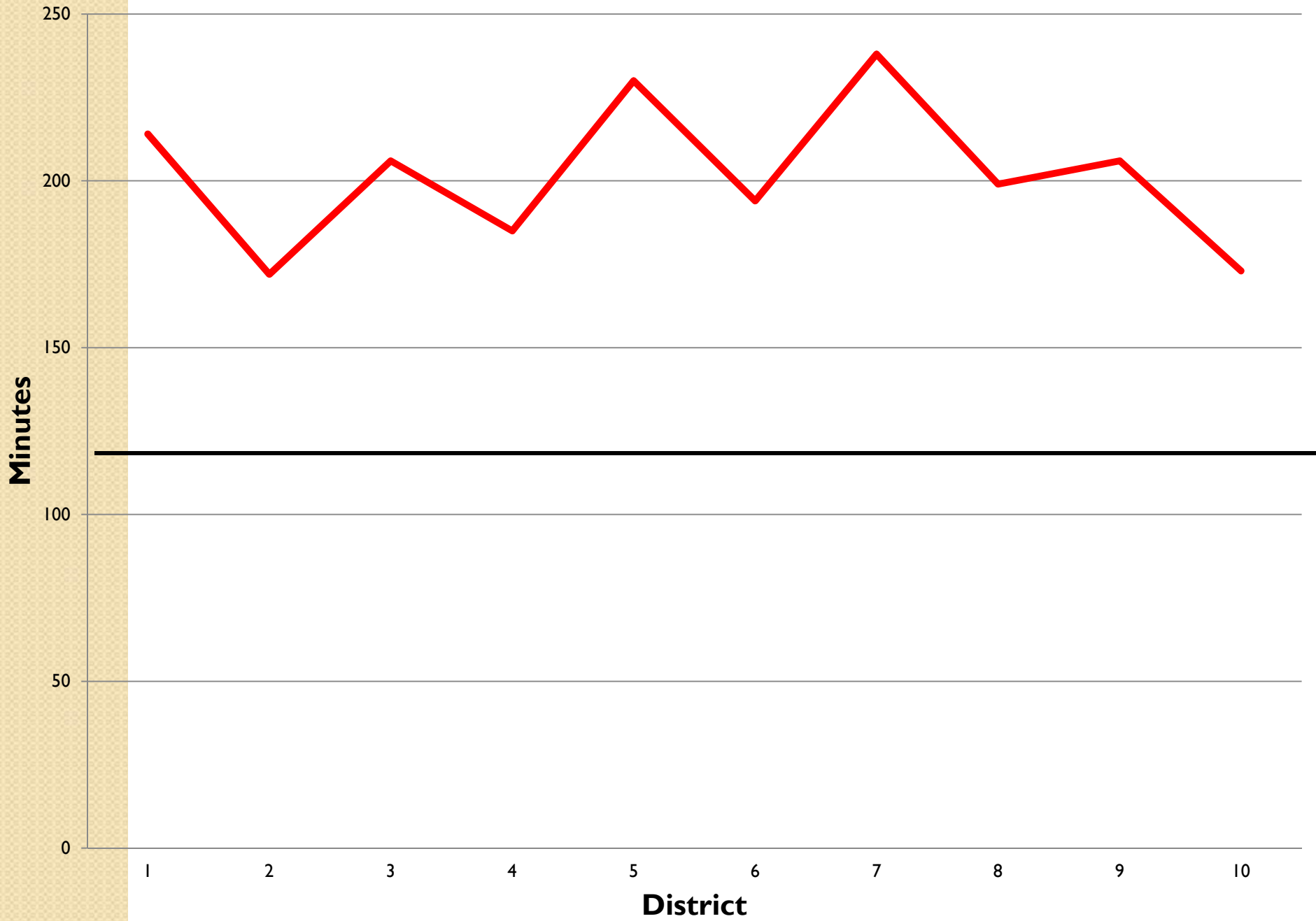


\*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) for July 2016 and later.

# Physiologically Critical Patients



# Median Time to Transfer





## Barriers to Transfer

1. EMS (ACLS) availability
2. District-specific reasons

## Proposed Action

1. District meeting initiative
2. Discussion with aeromedical working group about appropriate utilization of air resources
3. State ED LOS letters will include site TPM or representative
4. Continued use of expanded transfer delay project (15)

## Ongoing Initiatives

### *Registry Quiz participation*

35% in most recent sampling

Pravy will start sharing response rate/district

### *EMS run sheets*

### *Non-transfer of severely injured patients*

Dr. Jenkins project



# Trauma system planning subcommittee update

**Dr. Matthew Vassy**, *Trauma Medical Director*  
Deaconess Hospital



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# ***Pediatric Facility Recognition***

Elizabeth Weinstein, MD  
Associate Professor of Clinical Pediatrics and  
Emergency Medicine  
IU School of Medicine  
Director Indiana EMSC



***Indiana – Emergency Medical Services for Children***

# EMSC

Federal Program to *reduce pediatric morbidity and mortality as a result of serious injury and illness.*



*Indiana – Emergency Medical Services for Children*

# EMSC

Integrate pediatric preparedness:

- Skills
- Equipment
- Resources
- Planning

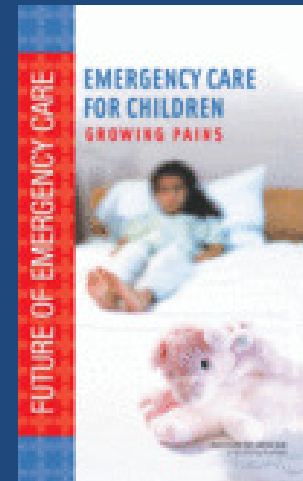
into our existing infrastructures.



*Indiana – Emergency Medical Services for Children*

## 2006 Report “Growing Pains”

*“Unfortunately, although children make up 27 percent of all visits to the ED, many hospitals and EMS agencies are not well equipped to handle these patients.”*



***Indiana – Emergency Medical Services for Children***

# Consider...

- 83% of children are seen in community hospitals
- 69% of hospitals see < 15 kids/day
- The FEWER kids you see, the MORE READY you need to be!



*Indiana – Emergency Medical Services for Children*



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child  
Health Care System and/or Improve the Health of all Children

# Joint Policy Statement—Guidelines for Care of Children in the Emergency Department

AMERICAN ACADEMY OF PEDIATRICS  
COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE  
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS  
PEDIATRIC COMMITTEE  
EMERGENCY NURSES ASSOCIATION  
PEDIATRIC COMMITTEE

## abstract

Children who require emergency care have unique needs, especially when emergencies are serious or life-threatening. The majority of ill and injured children are brought to community hospital emergency departments

# 2009 Policy Statement



*Indiana – Emergency Medical Services for Children*

# 2009 Guidelines for Care of Children in the Emergency Department

1. Administration and Coordination
2. Physicians, Nurses, and Other Healthcare Providers
3. Quality Improvement
4. Patient Safety
5. Policies, Procedures, and Protocols
6. Support Services
7. Equipment, Supplies, and Medications



***Indiana – Emergency Medical Services for Children***

# Pediatric Readiness Project

- Coordinated effort to benchmark and improve pediatric care for children nationally
- Combined effort ENA/ACEP/AAP/EMSC



*Indiana – Emergency Medical Services for Children*

# 2013 National Survey

- Coordinated through EMSC programs
- Comprehensive web-based assessment
- Compliance with 2009 guidelines
- 5107 hospitals, 83% response rate!  
(87.6% in Indiana)
- Weighted scale 0-100



*Indiana – Emergency Medical Services for Children*

# Assessment Tool

- 189 Items on the assessment
- 82 Items Scored for *“Pediatric Readiness”*
- **Perfect Score = 100**
- 6 Major Sections
  - Coordination (19 pts)
  - Staffing (10 pts)
  - QI/PI (7 pts)
  - Safety (14 pts)
  - Policies (17 pts)
  - Equipment (33 points)



*Indiana – Emergency Medical Services for Children*

# Indiana Results (INFLATED)

**Number of Hospital Respondents:** 106  
**Number of Hospitals Assessed:** 121  
**Response Rate:** 87.6%

## STATE SCORE AND COMPARATIVE SCORES:

66

STATE AVERAGE  
HOSPITAL SCORE  
OUT OF 100

67

STATE MEDIAN  
HOSPITAL SCORE  
OUT OF 100

69

n = 4,143  
NATIONAL MEDIAN OF  
PARTICIPATING HOSPITALS



*Indiana – Emergency Medical Services for Children*

# National Pediatric Readiness Project: Overall Results

| Key Guidelines Recommendations    | All EDs      |
|-----------------------------------|--------------|
| Pediatric QI Process              | 1867 (45.1%) |
| Pediatric Disaster Plan           | 1938 (46.8%) |
| Interfacility Transfer Guidelines | 1952 (50.0%) |
| Interfacility Transfer Agreements | 2595 (66.5%) |
| Weigh only in Kg                  | 2802 (67.7%) |
| Physician PECC                    | 1966 (47.5%) |
| Nurse PECC                        | 2455 (59.3%) |



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# The Big Secret



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Where do we fall short?



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# Uh huh, Big Deal...

- Most **COMMON** and **PREVENTABLE** cause of harm in pediatric patients are medication errors.
- Pediatric meds are **DOSED** in **KG**

Emergency Nurses Association. Weighing Pediatric Patients in Kilograms. 2012 Position Statement

Hughes, R., and Edgerton, E. (2005). First, do no harm. American Journal of Nursing. 105; 5, 79-84.



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# Uh huh, Big Deal...

“A 2009 analysis of 479 medication errors involving wrong weights discovered that over 25% were due to ‘confusion between pounds and kilograms.’”

Emergency Nurses Association. Weighing Pediatric Patients in Kilograms. 2012 Position Statement.  
Pennsylvania Patient Safety Authority (2009). Medication errors: significance of accurate patient weights.  
Pennsylvania Patient Safety Advisory, 6:1, 10-15



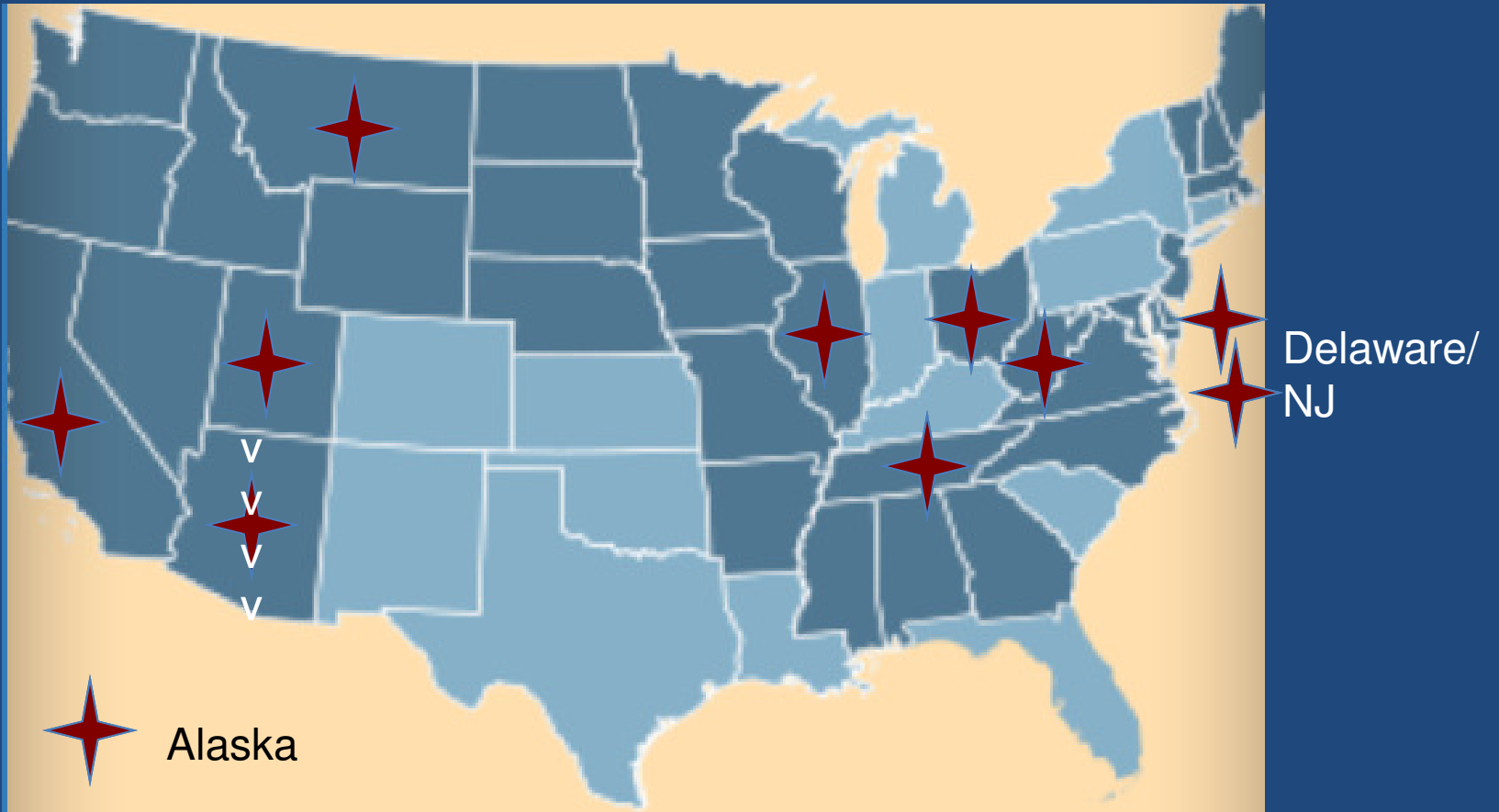
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# Pediatric Readiness & Facility Recognition



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# Facility Recognition



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# FRC Nationally

- Wide variation in # levels
- High degree of agreement of individual criteria



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# Illinois

- 3-tiered process in place since 1998
- In partnership with IDPH
- 110 of 185 hospitals participate
  - PCCC (Pediatric Critical Care Center) – 10
  - EDAP (Emergency Department Approved for Pediatrics) – 87
  - SEDP (Standby Emergency Department Approved for Pediatrics) – 13



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# Illinois

## Hospital utilization

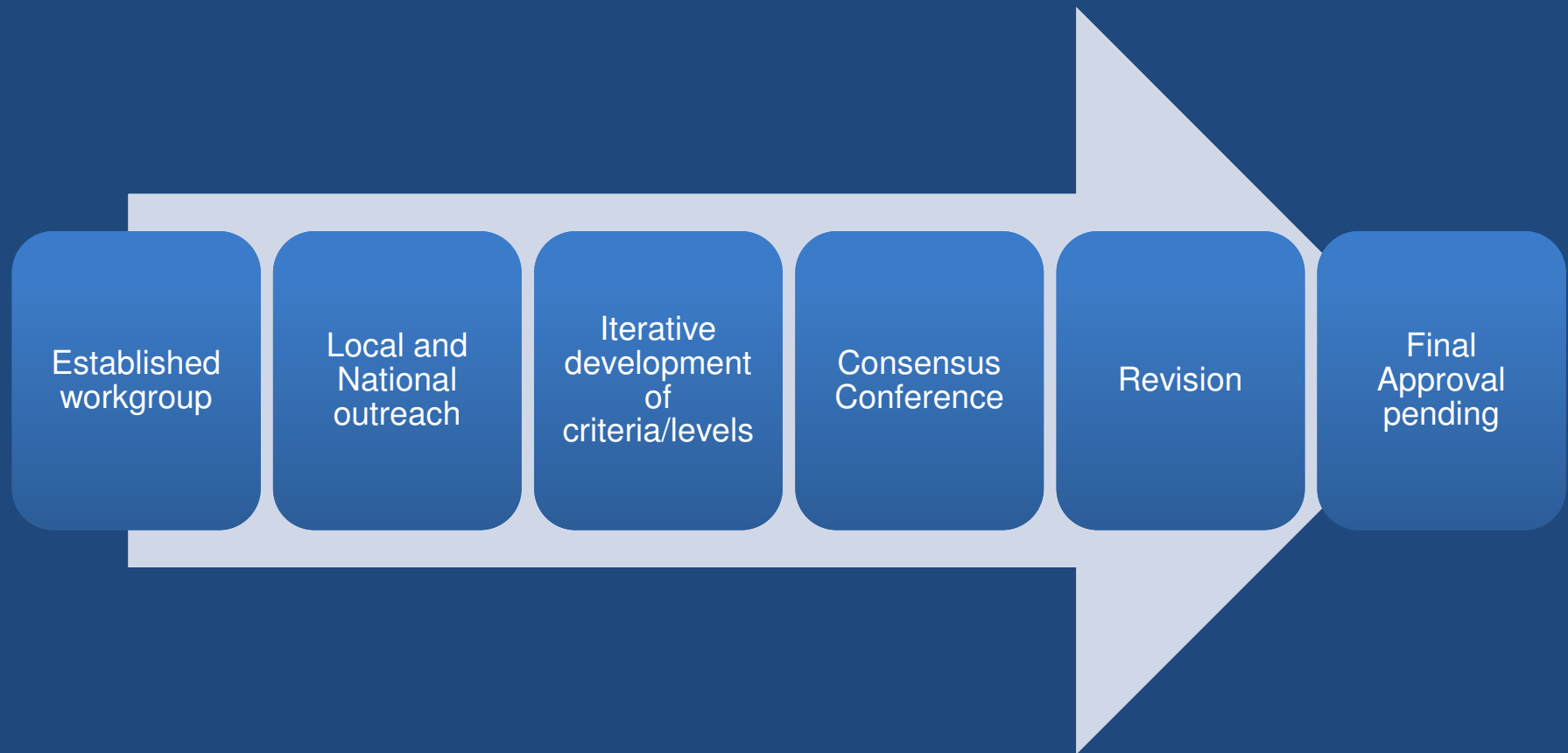
- In 2013, ~ 1 million ED visits 0-15 y/o
- 78% of visits to a Recognized Hospital
- 30,000 visits required inpatient admission
- 94% admitted to recognized hospital



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# Indiana's Process



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# Indiana's Facility Recognition Work Group

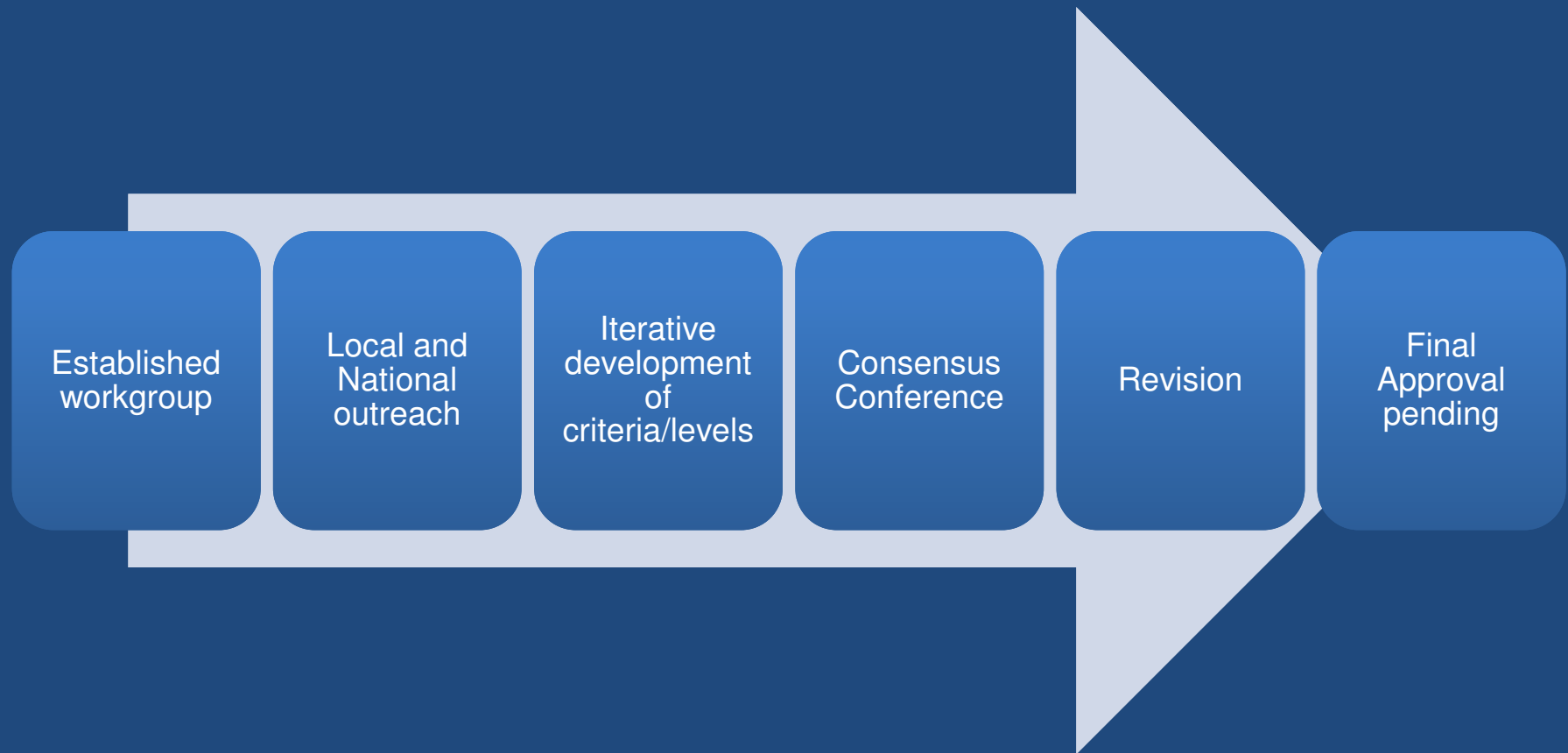
- ISDH
- IRHA
- IHA
- ACEP
- AAP
- Indianapolis Patient Safety Coalition
- ENA
- Pediatric Intensivists
- Pediatric Hospitalists
- Pediatric EM

National working group partnerships;  
18 month iterative process



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# Indiana's Process



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# Facility Recognition Indiana

- 2-Tiered Process\*
  - Pediatric Ready
    - Minimal preparedness to treat, stabilize and transfer as needed
  - Pediatric Advanced
    - Pediatric Ready with additional resources to care for children
- \* Development of 3<sup>rd</sup> Tier under consideration



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# Facility Recognition Indiana

- Organized in 7 Domains
- VOLUNTARY
- Reverification every 3 to 4 years



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# Domain 1: Administration and Coordination



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# Domain 2: Health Provider Standards



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# Domain 3: Quality Improvement



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# Domain 4: Patient Safety



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# Domain 5: Policies, Procedures, and Protocols



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# Domain 6: Support Services



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# Domain 7: Equipment



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# Site Verification Process

1. Hospital expresses interest, receives application
2. Hospital completes and submits application
3. Application is reviewed by 2 team members
4. Written feedback, including gaps provided within 90 days of submission. If meets criteria, scheduled for site visit.
5. 1/2 day site visit
6. Formal written feedback within 60 days
7. Hospital given 90 days to address any deficiencies



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# Timeline Moving Forward



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Questions?  
elweinst@iu.edu



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# Resources

- EMSC Newsletter/PECC Community
- [www.pediatricreadiness.org](http://www.pediatricreadiness.org)
- <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/WeighingPedsPtsinKG.pdf>



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# 2018 ISTCC & ITN Meetings

- Location: Indiana Government Center – South, Conference Room B.
- Webcast still available.
- Time: 10:00 A.M. EST.
- Dates:
  - April 20
  - June 15
  - August 17
  - October 19
  - December 14

# Other Business



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)