Indiana Department of Health

INDIANA STATE TRAUMA CARE COMMITTEE

May 21, 2021

Email questions to: indianatrauma@isdh.in.gov

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Housekeeping

- This meeting was public noticed – anyone can attend.
- Submit questions in the chat box or you can unmute your computer.
- Please make sure you are on mute if you are not speaking.

Introduction and approval of meeting minutes

Thank you Dr. Rouse!

Thank you Vicki Stuffle!

Indiana Hospital Association

2021 Legislative Session Review

Immunity – SEA 1 and HEA 1002

- **SEA 1 (Sen Mark Messmer)** Provides civil immunity for damages resulting from exposure of an individual to COVID-19 on the premises owned or operated by a person, on any premises on which the person or an employee or agent of the person provided property or services to the individual, or during an activity managed, organized, or sponsored by the person. **SIGNED INTO LAW.**

- **HEA 1002 (Rep Jerry Torr)** Prohibits bringing a civil action against another person based in whole or in part on an allegation that the person's loss, damage, injury, or death was caused by the: (1) exposure to COVID-19; (2) transmission of COVID-19; or (3) contraction of COVID-19; unless the person establishes that the other person caused the loss, damage, injury, or death by an act or omission constituting gross negligence or willful misconduct. Protects health care providers from professional discipline for certain acts or omissions related to the provision of health care services during a state disaster emergency. **SIGNED INTO LAW.**

HEA 1447 (Cleanup of HEA 1004-2020)

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HEA 1447: Good Faith Estimates (Rep Ann Vermilion)

- Removes “mandatory” GFE requirement
- Postpones, from July 1, 2021, to January 1, 2022, the effective date of the requirement that a practitioner provide a good faith estimate of the amount the practitioner intends to charge for a health care service.
- Requires a practitioner or facility to provide a written explanation if the charge for a health care service exceeds the practitioner's or facility's good faith estimate by the greater of: (1) $100; or (2) 5%.
- Provides that a practitioner can comply with the requirement to provide a good faith estimate of the amount that the practitioner intends to charge a covered individual by complying with the requirements of the new federal No Surprises Act (Act).
- Provides that a health carrier may satisfy certain requirements concerning good faith estimates by complying with the federal law.
- **EN ROUTE TO GOV.**

HEA 1001: State Biennial Budget

- Extends the HAF expiration to 2023.
- Restores full funding for HHC and mental health programs, including Recovery Works, and appropriates additional $100 million over biennium for mental health initiatives.
- Provides $40 million each year in additional funding to increase Direct Service Provider hourly pay to $15 per hour.
- Appropriates $10 million per year to increase Medicaid reimbursement rates for home health care providers and $2 million per year to increase rates for assisted living providers.
- Increases funding for sexual assault victims' assistance by 33%, or about $500,000 per fiscal year.
- Establishes a tax on electronic cigarettes on par with existing cigarette tax.
- Restores the CHOICE in-home services appropriation.
- Funds the All-Payer Claims Database established last year.
- Appropriates $250 million of federal stimulus dollars for broadband expansion.
- Fully funds Medicaid forecast.
- Increases funding for graduate medical education residency programs.
- Funds a $600 million increased annual investment in public schools and historic investment in K-12 education over the biennium.
- **EN ROUTE TO GOV.**

Teleheath – SEA 3

SEA 3: Telehealth (Sen Ed Charbonneau)

- Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement.
- Prohibits the use of telehealth to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion.
- Changes the use of the term "telemedicine" to "telehealth".
- Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers.
- Repeals the law concerning telepsychology.
- Prohibits certain insurance policies and individual and group contracts from mandating the use of certain technology applications in the provision of telehealth services.
- **SIGNED INTO LAW.**

Legislation Involving Hospitals

- HB 1007 – State Health Improvement Plan
  - Creates a grant program addressing health issues and challenges in Indiana
  - $50 million appropriation distributed through department of health to fund initiatives across the state
- SB 202 – Hospital and Nursing Home Visitation
  - Requires that hospitals allow patients to receive visitors during public health or similar emergencies
  - Defines allowed visitors and applicable situations and allows hospitals to implement screening procedures
  - Requires compliance with CMS guidelines
  - Immunity for acts of visitors

Legislation Involving Hospitals

- HEA 1405 – Various Insurance Matters
  - "White Bagging": IDOH, in consultation with IBOP, IDOI and FSSA, to report on the safety of the practice to Legislative Council by July 1, 2021
  - Market Concentration Study (hospitals, insurers, PBMs, retail pharmacy, physicians); LSA study due Dec 2022
- HEA 1421 – Various Health Care Matters
  - Aligns price disclosure requirements with federal law
  - "Born alive" requirements (aligned with EMTALA and Perinatal Levels of Care)
- SEA 325 – Hospital Matters
  - Annual public forums (NFP hospitals and health insurers)
  - Aligns price disclosure requirements with federal law (clarifies rules for ASC and Urgent Care)

Legislation Involving EMS

- HEA 1118 – Mobile Integrated Healthcare Programs and Safety Plans
  - Provides that upon disclosure of a patient's individualized mental health safety plan, a mobile integrated healthcare program or a mental health community paramedicine program may provide certain services to help facilitate the patient's safe transition back into the community.
- HEA 1201 – Transport of an Injured Operational Canine
  - May use emergency ambulance services to transport an operational canine injured in the line of duty to a veterinary hospital or clinic.
- SEA 232 – Exposure Risk Diseases
  - Adds SARS and COVID to the list of exposure risk diseases for purposes of emergency and public safety employee death and disability presumed in the line of duty.

Legislation Involving EMS That Didn't Pass

Indiana Hospital Association

- HB 1057 – EMS Immunity
- HB 1141 – Transport for Presumptive Eligible Medicaid
- HB 1259 – Trauma Care Study (but wait, there is good news!)
- HB 1446 – Ambulance Assessment Fee and Fund
- HB 1454 – Nonemergency Ambulance and Physician Order

Indiana Department of Health

Indiana Guidelines for the Medical Forensic Examination of Pediatric Sexual Abuse Patients

Amy Blackett, Indiana Prosecuting Attorneys Council
Angie Morris, Indiana SANE Training Project
Ashli Smiley, Indiana Department of Health

Friday, May 21, 2021

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Amy Blackett

Indiana University: Bachelor of Science, Criminal Justice and Psychology

Indiana University Maurer School of Law: Juris Doctor

Amy joined the Indiana Prosecuting Attorneys Council as the Domestic Violence/Sexual Assault Resource Prosecutor in December of 2019. Amy was a Marion County Deputy Prosecuting Attorney for over 10 years. At MCPO, she prosecuted sex crimes, child abuse, domestic violence, burglary and drug cases. At IPAC, Amy serves as a resource for prosecutors all over the state who have questions about their domestic violence and sexual assault cases. She helps train them in trial skills and legal and practical strategies to achieve the best case results possible.

Angie Morris

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 is certified as both a SANE-A and SANE-P, as well as a Certified Emergency Nurse. She 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.

Ashli Smiley

Indiana State University: Bachelor of Science, Criminology and Psychology

Lakeview College of Nursing: Bachelor of Science Nursing

Ashli is a second career nurse with 11 years of experience. She has a background in Med/Surg, Medical Psychiatric, Adult Psychiatric, Child/Adolescent Psychiatric, and Emergency Nursing. Ashli has been a forensic nurse since 2015, with experience in a Level 1 Trauma Center and rural county hospital. She is a certified Adult/Adolescent SANE (SANE-A) and Pediatric SANE (SANE-P). She has been the Statewide SANE Coordinator for IDOH since 2018, providing support and resources to forensic nurses, medical facilities, and SARTs throughout the state.

Indiana Department of Health

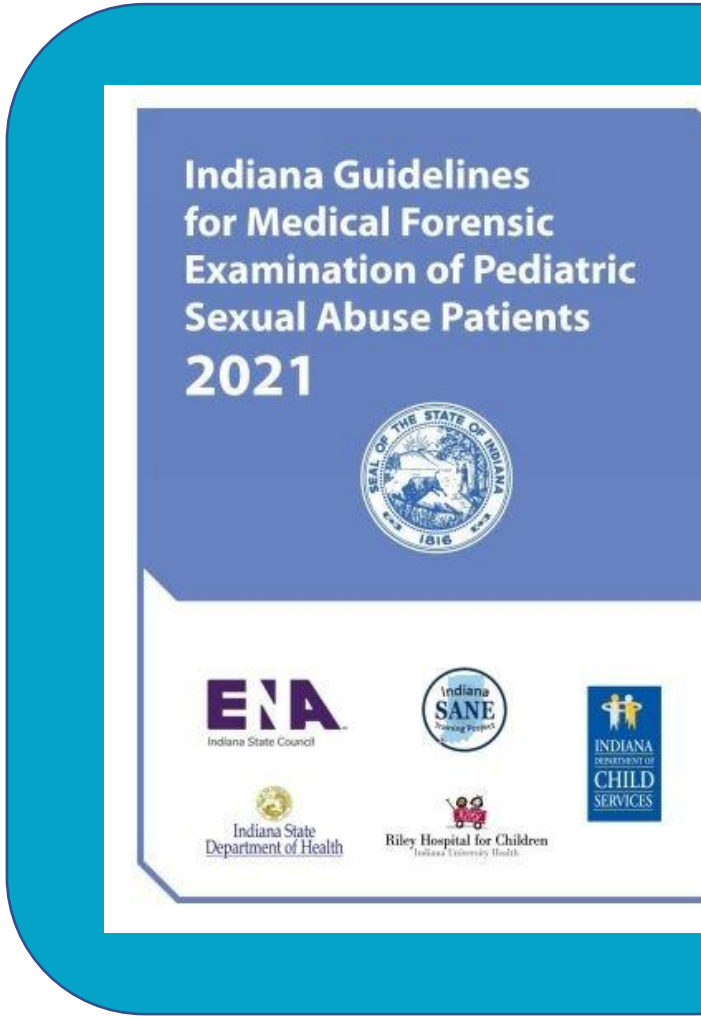
Introductions

Guidelines For the Medical Forensic Examination of Pediatric Sexual Abuse Patients

- Document compiled by a multidisciplinary team of Indiana pediatric service experts
  - Forensic Nurses from various organizations across the state
  - Department of Child Services
  - Indiana Prosecuting Attorney's Council
  - IUH Riley Hospital Child Protection Team
  - Ascension Peyton Manning Child Protection Team
  - The Indiana Chapter of the National Children's Alliance
- Led by the Indiana SANE Training Project
- Completed and disseminated September 2020
- Addendum to the document released April 2021
  - Involving Advocacy Services in Pediatric Sexual Abuse Cases

Objectives for use of the guidelines

- The standard of best practice for trained pediatric medical forensic providers in Indiana
- Comprehensive tool for multidisciplinary service providers
  - Steps for when a child discloses sexual violence/abuse
  - Essential care and treatment for pediatric victims of sexual abuse
  - Indiana statute regarding mandated reporting



Who should use it

- ✓ Pediatricians and Family Practice providers
- ✓ Emergency Department/Trauma Center Providers
- ✓ Urgent Care Clinic Providers
- ✓ Community/Free Clinic Providers
- ✓ Social Workers
- ✓ County/Regional Sexual Assault Response Teams
- ✓ County/Regional Multidisciplinary Teams
- ✓ Local Department of Child Services officials
- ✓ Law Enforcement officials
- ✓ Victim advocate and social service organizations
- ✓ Education facilities, schools, child care centers
- ✓ Counseling and mental health centers
- ✓ Lawmakers

What is the hospital's role when a child victim presents

With a Forensic Nurse Program

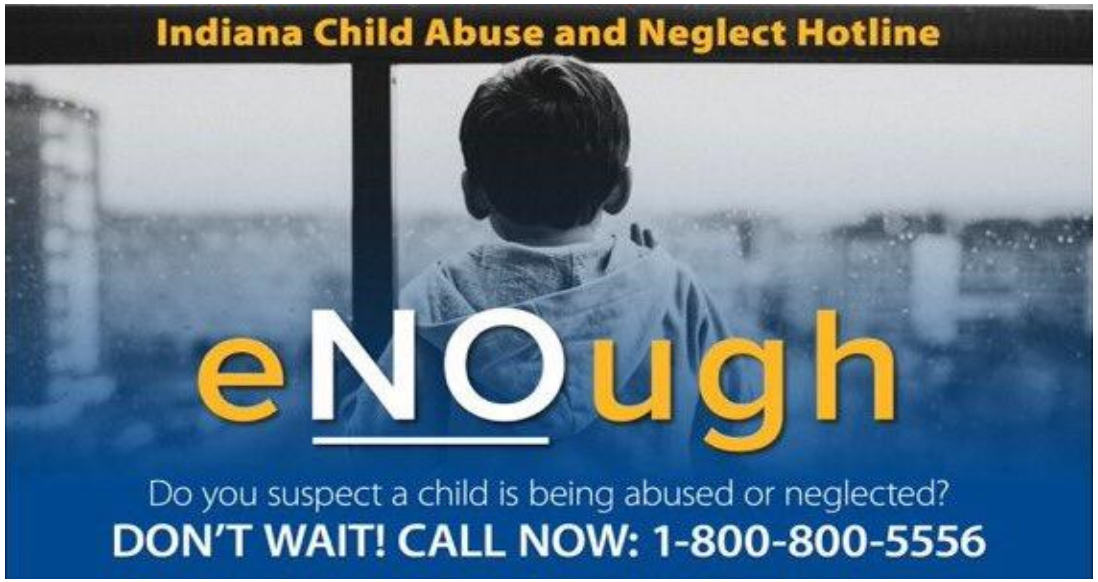
- Consult your pediatric trained forensic nurse
- Contact the DCS Child Abuse Hotline to make a report
- Contact Law Enforcement to file a report of the incident
- Provide medical forensic services and referrals for wrap around services

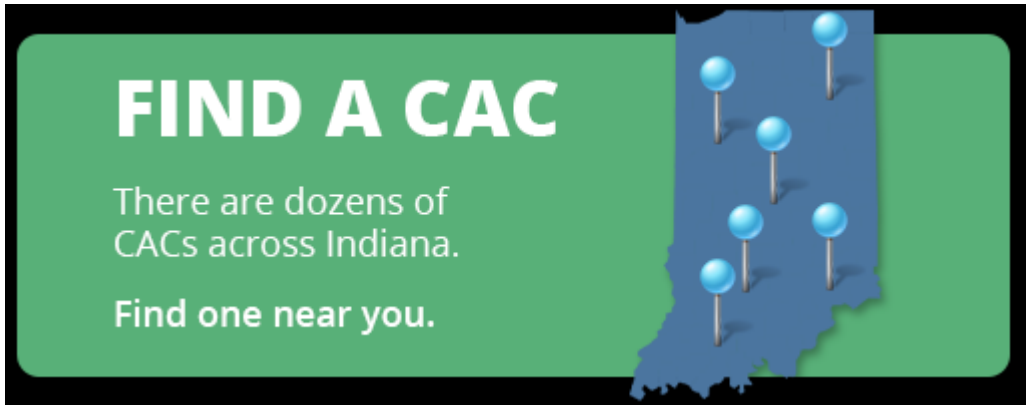
Without a Forensic Nurse Program

- Contact the DCS Child Abuse Hotline
- Contact Law Enforcement
- Provide a medical screening to the child
- For acute examinations, transfer the child to the NEAREST facility with a pediatric forensic nurse program and/or assist with scheduling a non-acute examination with the nearest pediatric forensic nurse program.

Child Victim Rights

- ✓ Hospitals are mandated to contact DCS. The DCS Family Case Manager provides support, resources, and referrals for the child and non-offending family members to meet their specific needs during the entire medical and investigative process, as well as long term services.
- ✓ Evidence based practice and the gold standard of care require all service providers caring for pediatrics to have specialized training targeting this population, including victim advocates. Adult advocates are able to provide supportive services to non-offending parents/guardians.
- ✓ Child Advocacy Centers (CACs) cover 91 counties in Indiana. They provide supportive services and resources for children and families impacted by violence and/or victimization. They also provide forensic interviews with a specially trained interviewer for children who have been victimized. DCS or Law Enforcement generally assist families with getting connected with their covering CAC.





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Indiana has a critical need for pediatric forensic nurse examiners to provide services for child victims.

- Is your hospital adequately equipped to screen for child maltreatment?
- Is your hospital equipped to respond to and/or treat pediatric victims?
- Does your hospital know what to do if a child victim presents to your ER?

Indiana Department of Health

CONTACT INFORMATION

Amy Blackett, J.D.

Domestic Violence/Sexual Assault Resource Prosecutor

Indiana Prosecuting Attorneys Council

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Indiana SANE Training Project Coordinator

University of Southern Indiana/SWI AHEC

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Ashli Smiley, BSN, RN, SANE-A, SANE-P

Indiana Statewide SANE Coordinator

Office of Women's Health (IDOH)

(317) 234-6785

Asmiley@isdh.IN.gov

Marion County Coroner's Office

Melissa Smith, Ascension *St. Vincent Indianapolis*

Findings & Opportunities

D5 Marion County Coroner Update

2021

Ascension

District 5 Collaboration

Challenge Identified as District

- Autopsy rate for Trauma pt's identified as low
  - Decision to perform autopsy
- Delayed turnaround time for autopsy results

Group requested to meet with Marion County Coroner Office (MCCO)

All Level 1 Trauma Center's in Marion County

- Ascension St. Vincent Indianapolis
- Eskenazi Health
- IU Health Methodist
- IU Health Riley

Indiana State Department of Health

Indiana University Health

Riley Hospital for Children
Indiana University Health

District 5 Collaboration

Meeting on May 4, 2021

Presented our concerns to MCCO

- Alfarena McGinty, Chief Deputy Coroner
  - Michele Willis, Senior Deputy Coroner
  - Pamela Young, Senior Deputy Coroner
  - Jarrett Hiatt, Senior Deputy Coroner

Current challenges within MCCO office

- National shortage of Forensic Pathologists
- Increased number of cases delaying result turnaround time
  - Preliminary AR's only provide limited information
- Difficulty obtaining medical records from Hospital
- Difficulty communicating with Nursing Staff regarding the circumstances of patient death

District 5 Collaboration

Key Takeaways

- Hospital focus: PI
- Coroner focus: Criminal case investigation

Next Steps

- Case selection process
  - FP determines which cases will be selected for a full AR. Hospitals can contact the MCCO's the day following death. Trauma Surgeon can communicate case details with FP for potential case selection. This may or may not influence the decision to ultimately perform a full AR.
- Improve access to medical records
- Educate Hospital Staff regarding initial Coroner screening questions
- MCCO order of contact list if Trauma Centers encounter barriers
- MCCO Chief Deputy Coroner to attend future quarterly D5 TAC meetings
- Determine MCCO Fellow's future involvement in individual Trauma Center meetings

District 5 Collaboration

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COVID-19
PUBLIC HEALTH RESPONSE

PAM PONTONES, MA

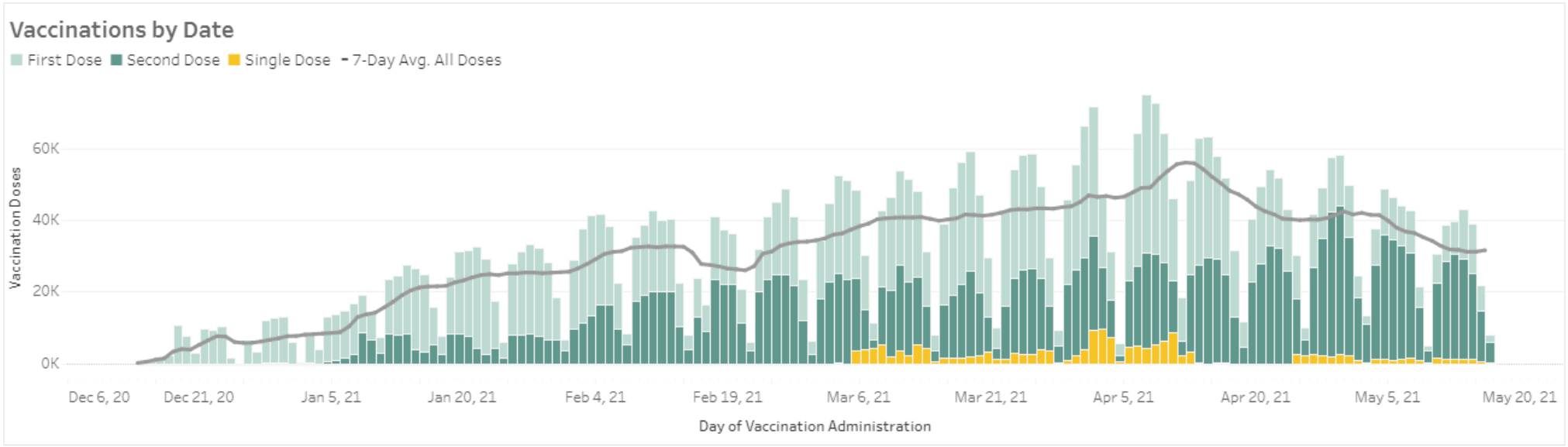
DEPUTY STATE HEALTH COMMISSIONER

STATE EPIDEMIOLOGIST

5/18/2021

Vaccine Overview

- Now more than **2.3 million** Hoosiers fully vaccinated
- More than 1,000 vaccination sites statewide, starting to see individual providers listed
- **Nearly 4.6 million doses** administered so far



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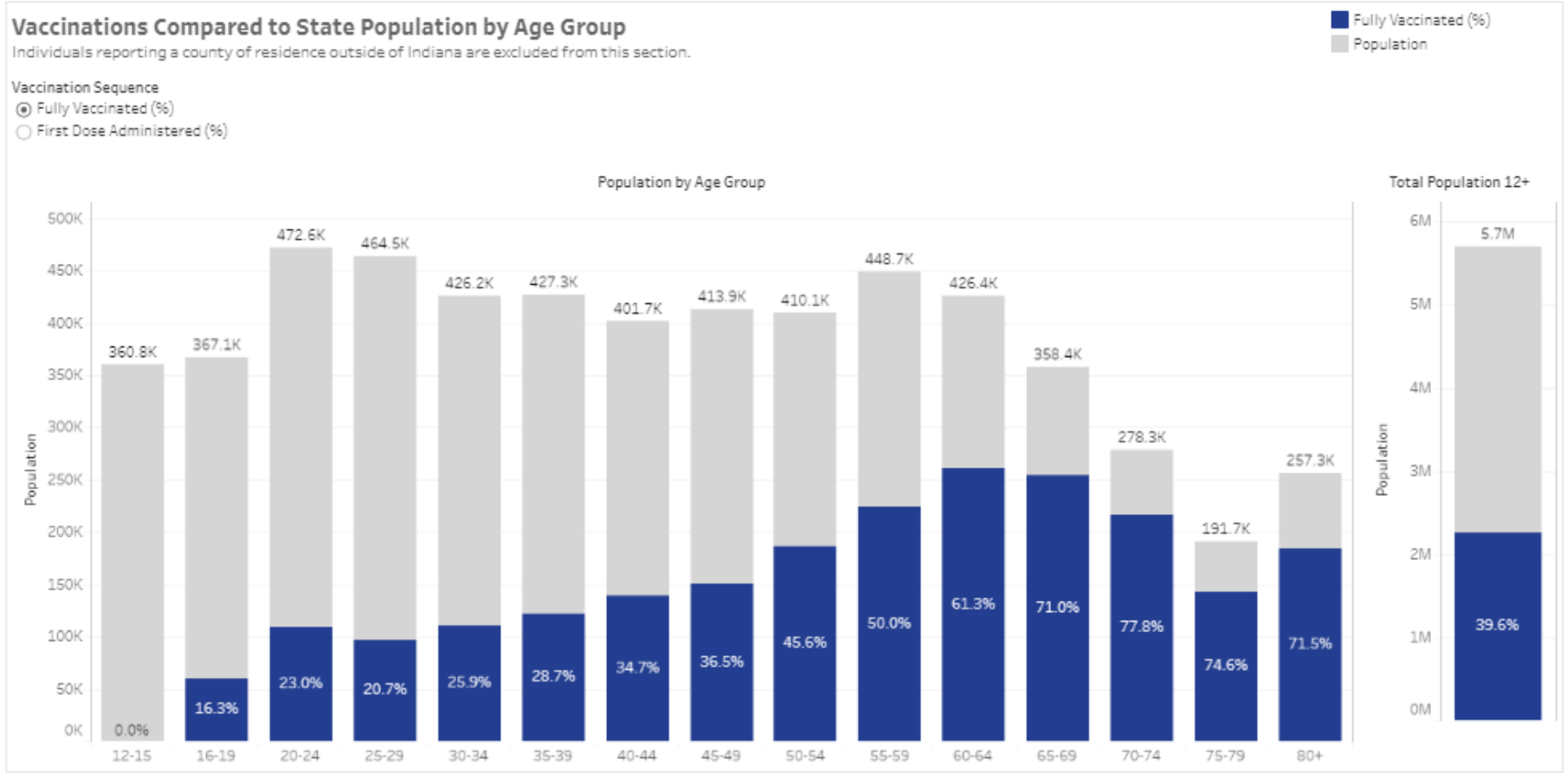
Vaccine Dashboard



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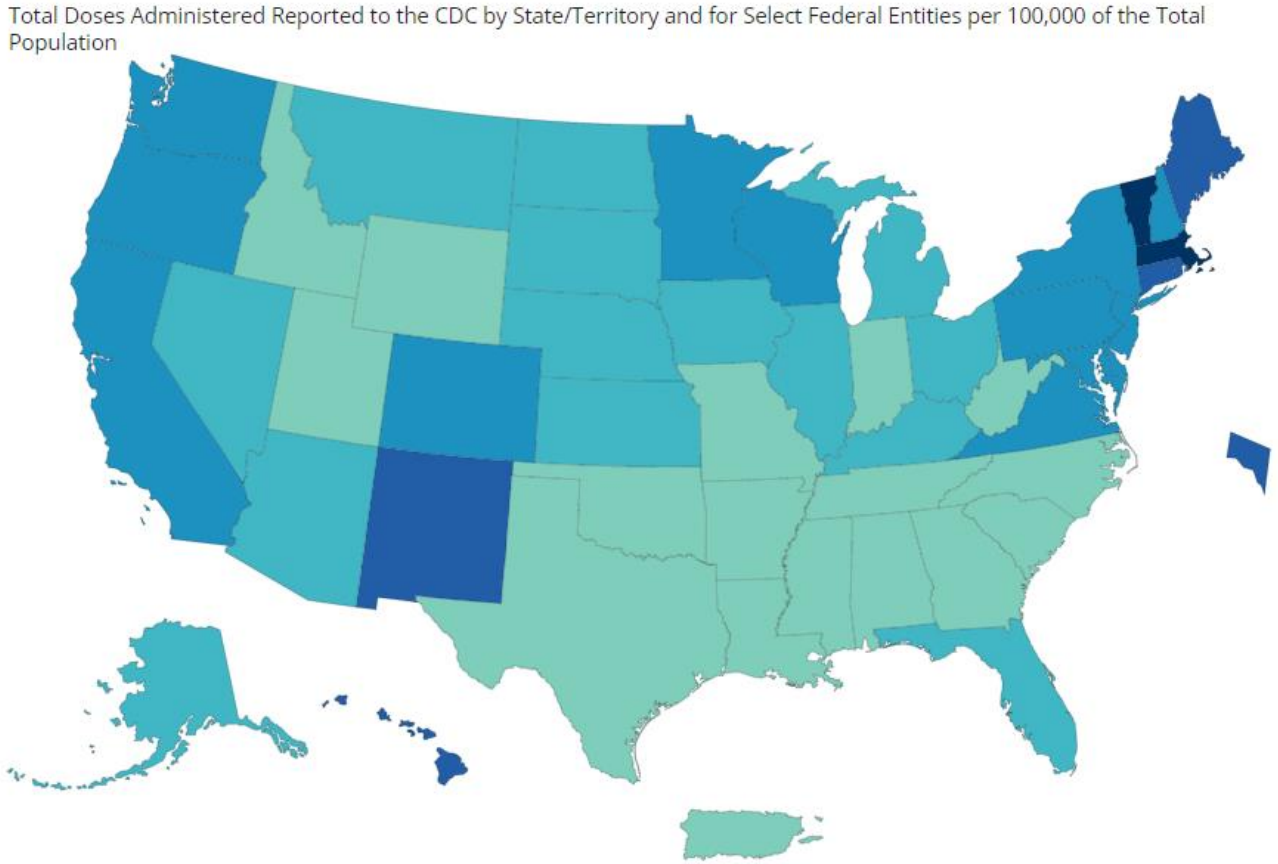
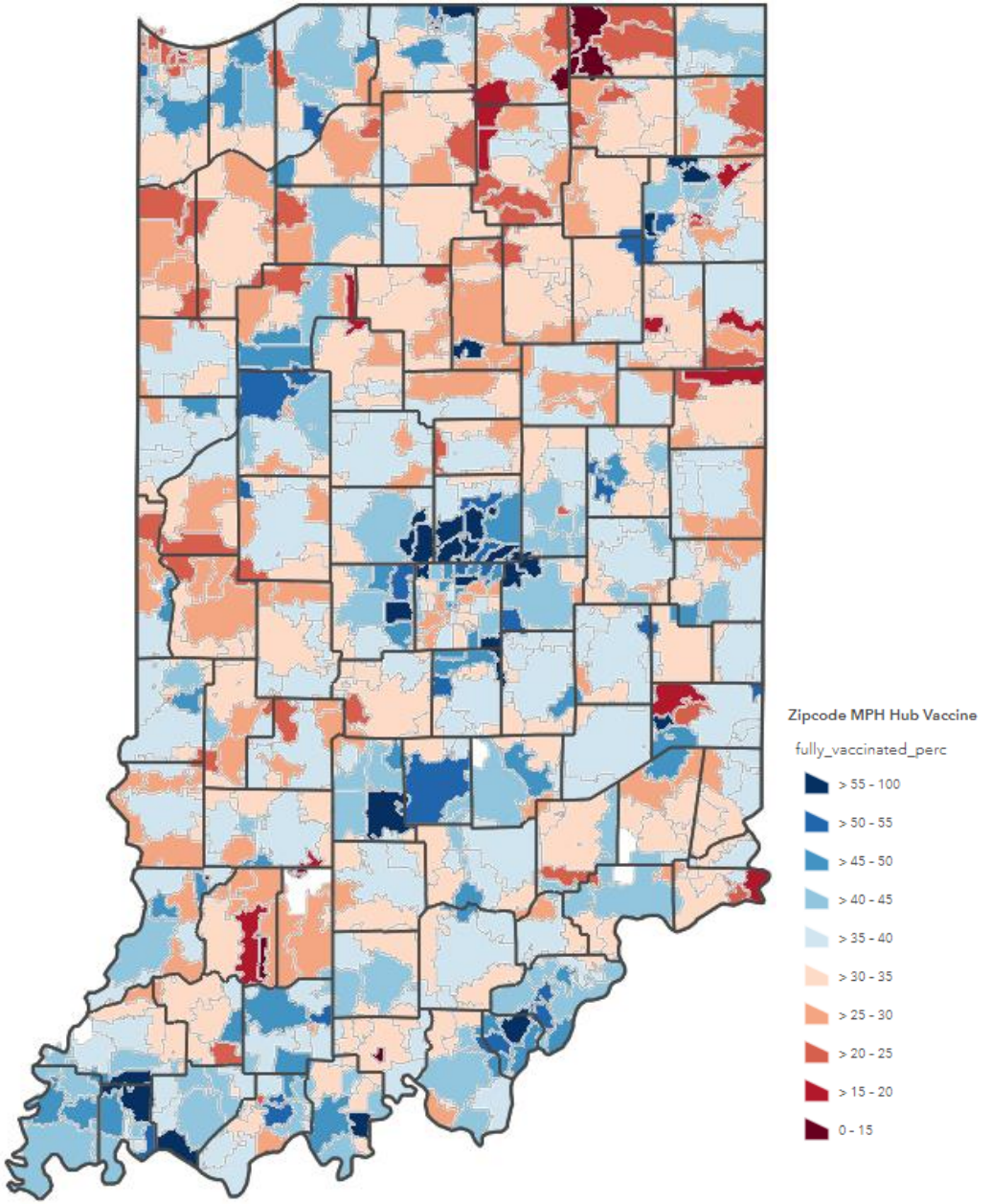
Vaccinated Map





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Pfizer for Ages 12-15

- Opened eligibility last Thursday
- An adult must accompany children age 12-15 to the vaccine appointment. If the adult present is not the parent or guardian, consent must be submitted in advance. For anyone age 16-17 it's preferred that a parent or guardian accompany the minor to the vaccination site. We understand this may not always be possible. In those cases, the parent or guardian can provide written or verbal authorization.
- All LHDs should now have Pfizer in their inventory for the 12- to 15-year-olds – keep using it!
- Using a REDCap survey for future orders

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Co-Administration

- ACIP also reviewed information on the co-administration of COVID-19 vaccine with routine immunizations. **After careful review, co-administration of the COVID-19 vaccine and other immunizations can now be administered at the same time.**
- This includes simultaneous administration of COVID-19 and other vaccines on the same day, as well as co-administration within 14 days.
- This decision was based on the following information:
  - Due to the novelty of the COVID-19 vaccines, the previous recommendation was to administer COVID-19 vaccines, with a minimum interval of 14 days before or after administration of any other vaccine to better understand any adverse reactions
  - Substantial data has been collected regarding the safety of COVID-19 vaccines currently authorized by FDA for use under the Emergency Use Authorization
  - Extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar with vaccines are administered simultaneously as when they are administered alone.

Vaccine works!

- Studies show them to be >90% effective in the real-world settings in preventing mild and severe disease, hospitalization, and death.
- Our vaccines have proven to be effective against the SARS-CoV-2 variants currently circulating in the country.
- If you're vaccinated, you're less likely to spread the virus. A growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and to be able to transmit SARS-CoV-2 to others.
- There is plenty of supply available; more than 1,000 vaccination sites in Indiana
- It's OK if a physician would like their patient to try another vaccine after they're fully vaccinated but weren't seeing good results, should bring a script if possible

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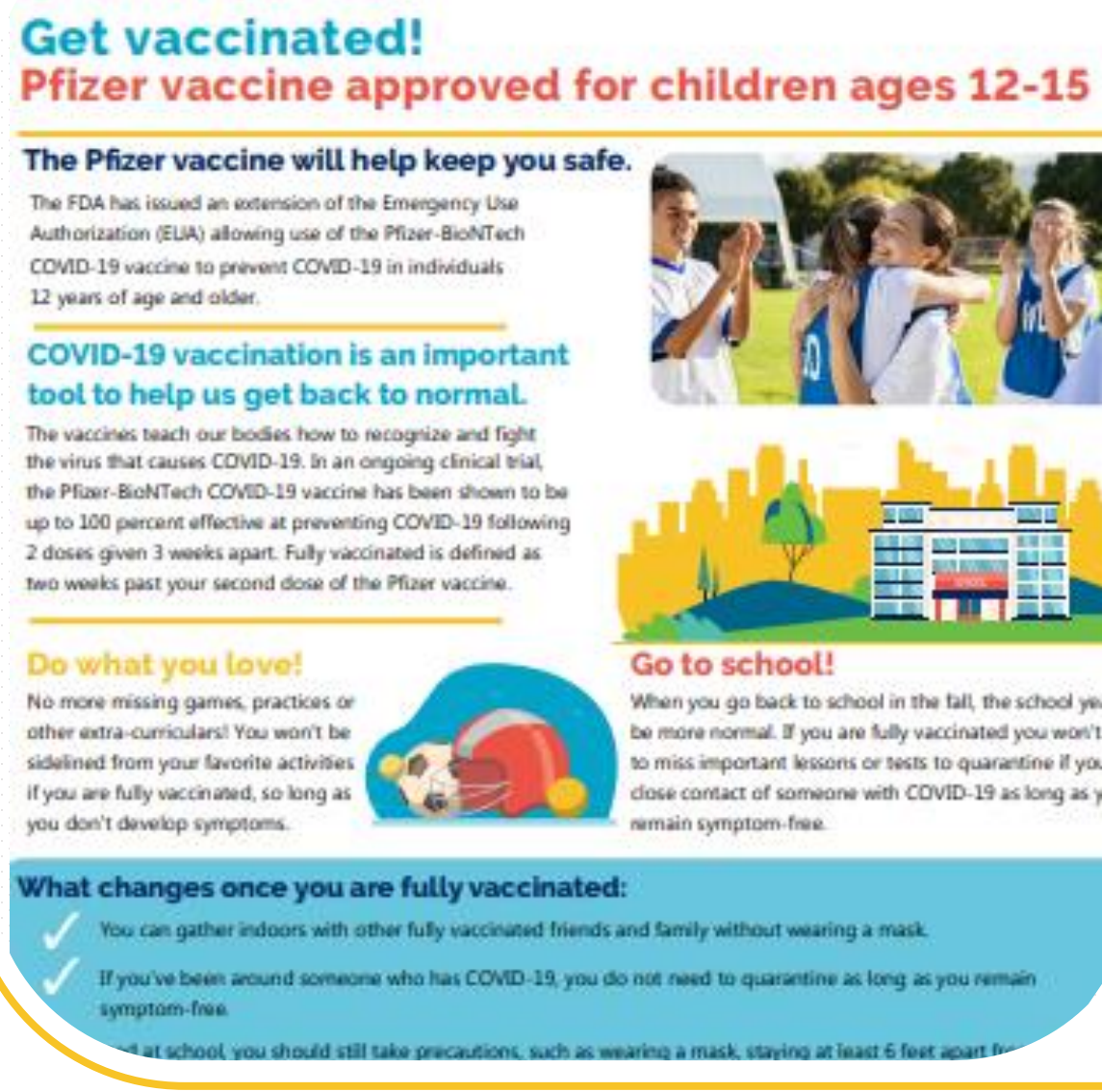
Vaccine Provider Toolkit

- COVID Vaccine Posters (English/Spanish)
- Johnson & Johnson Palm Card (English) (Spanish)
- Moderna Palm Card (English) (Spanish)
- Pfizer Palm Card (English) (Spanish)
- Vaccine Hesitancy Information: Includes sample communication, tips and other resources
- COVID-19 Vaccine Guidance Tool for Patient Inquiries
- Benefits of vaccination
- Fact Sheet for 12-15 year olds
- Fact Sheet for older teens



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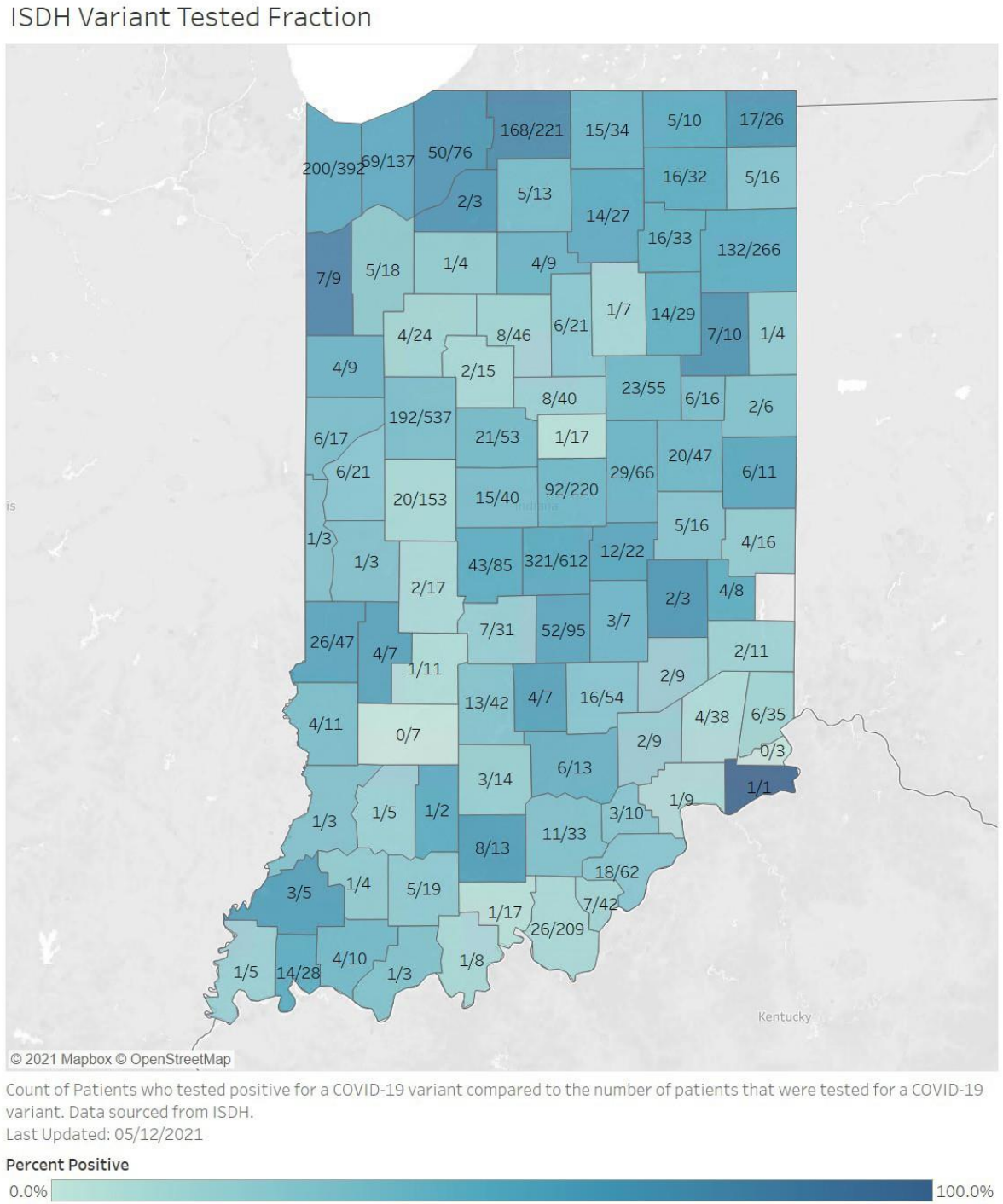
https://www.coronavirus.in.gov/vaccine/2701.htm

Variant Distribution

- Northern Indiana seeing more variant activity
- Variant sampling is occurring across the state with pockets of very limited testing



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Variant Distribution

Variants

More Info on Variants

% of Samples Positive for Variant	Total Variant Cases
48.5	2,660

Variant	Case Count
B.1.1.7 (originally identified in the UK)	2,148
B.1.427/B.1.429 (originally identified in California)	270
P.1 (originally identified in Brazil)	221
B.1.351 (originally identified in South Africa)	21

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Breakthrough Cases

- 121 out of 1,188 are LTC associated (10.1%)
- Breakthrough cases are .053% of all individuals who are fully vaccinated
- **99.3% of cases in Indiana are in those that are unvaccinated (between January 18 and now)**

1,188

Indiana patients who have SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected ≥14 days after completing the primary series of any FDA-authorized COVID-19 vaccine as of 2021-05-12

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Breakthrough hospitalizations

Of 1,086 total breakthrough cases last week,

41 ED visits

(.0018% of fully vaccinated)

46 inpatient admissions

(.0021% of fully vaccinated)

4 ICU admissions

(.0001% of fully vaccinated)

had a diagnosis of COVID-19

Indiana Department of Health

PRELIMINARY DATA IN COLLBORATION WITH THE REGENSTRIEF INSTITUTE

Questions?

National Pediatric Readiness Project 2021

Margo Knefelkamp, MBA
Program Manager
Indiana Emergency Medical Services for Children

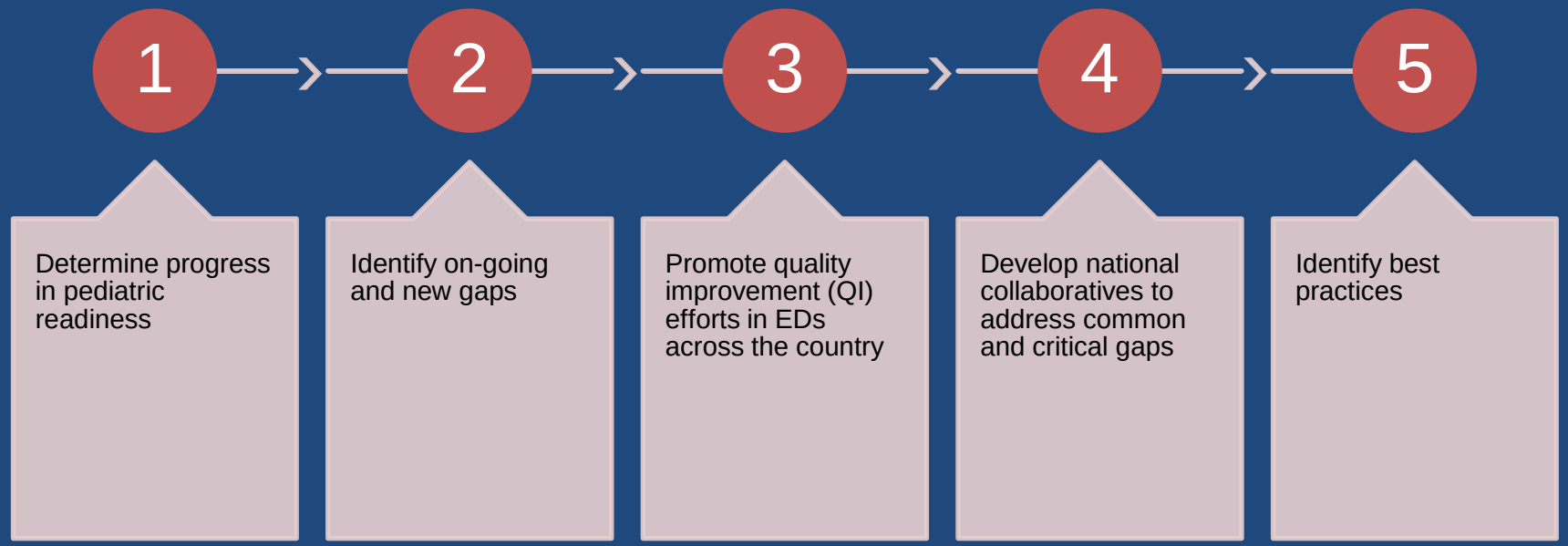
The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children.

THE PROJECT IS SUPPORTED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, THE EMERGENCY NURSES ASSOCIATION, THE AMERICAN ACADEMY OF PEDIATRICS, AND THE FEDERAL EMERGENCY MEDICAL SERVICES (EMS) FOR CHILDREN PROGRAM

Indiana – Emergency Medical Services for Children

Since our wicked big assessment survey in 2013, we have been using benchmark data to develop programming and resources to improve pediatric readiness in EDs around the state of Indiana.

We are doing another assessment in 2021 in order to:



Assessment Tool

189 Items on the assessment

82 Items Scored for *"Pediatric Readiness"*

Perfect Score = 100

Assessment Tool

6 Major Sections

- Coordination (19 pts)
- Staffing (10 pts)
- QI/PI (7 pts)
- Safety (14 pts)
- Policies (17 pts)
- Equipment (33 points)

History: 2013 NPRP

- 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 Results (INFLATED)

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

STATE SCORE AND COMPARATIVE SCORES:

66	67	69
STATE AVERAGE HOSPITAL SCORE OUT OF 100	**STATE MEDIAN HOSPITAL SCORE OUT OF 100**	**n = 4,143 NATIONAL MEDIAN OF PARTICIPATING HOSPITALS**

How does my ED participate?

ED Nurse Managers will receive several postal and email notifications with a link to the web-based assessment.

pedsready.org

How does my ED participate?

Since only one NPRP assessment per ED can be completed, we encourage ED nurse managers to collaborate with your ED leadership to participate in the NPRP assessment.

ED Nurse Managers who complete the NPRP assessment will immediately receive:

- A pediatric readiness score from 0 – 100
- The avg pediatric readiness score of EDs of similar pediatric volume
- The avg pediatric readiness score of all participating EDs to use as a benchmark
- An ED Gap Report to target efforts for improvement in pediatric readiness

Why is participation important?

Hospitals with high ED readiness scores demonstrate **a 4-fold lower rate of mortality for children** with critical illness than those with lower readiness scores; thus, improving pediatric readiness improves outcomes for children and their families.

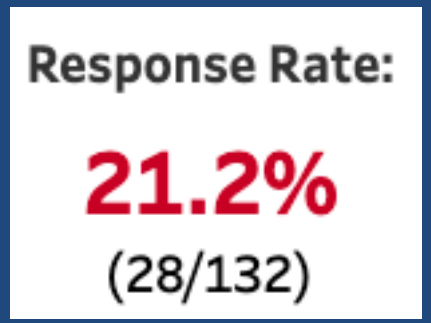
Why is participation important?

The NPRP assessment helps ED personnel to be better prepared to provide quality care for all patients of all ages by evaluating the QI process of EDs over time.

Hospital leadership, healthcare administrators, and ED personnel can demonstrate commitment to their communities by improving pediatric readiness. Encourage participation in the assessment to ensure that all EDs are pediatric ready!

Current Response Rate (5.20.2021)

INDIANA



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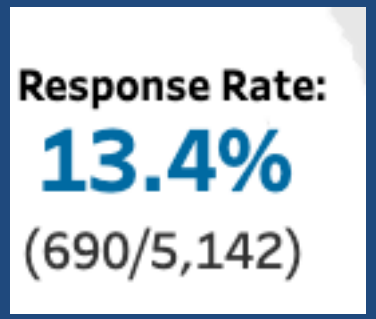
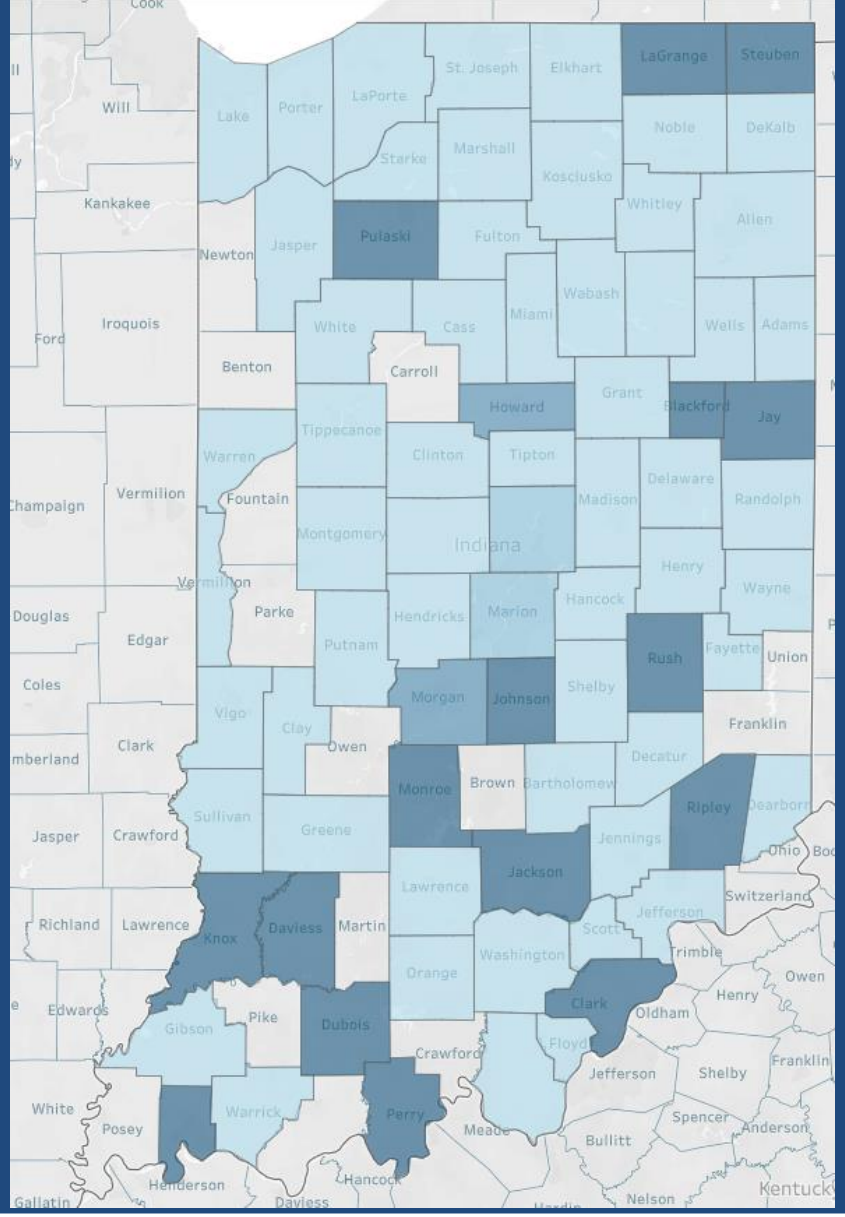
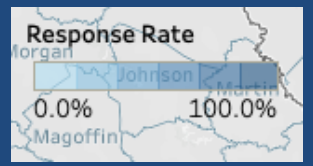




RESPONSE RATE BY COUNTY



National Pediatric Readiness Project
Ensuring Emergency Care for All Children

2021 National Pediatric Readiness Assessment Response Rates

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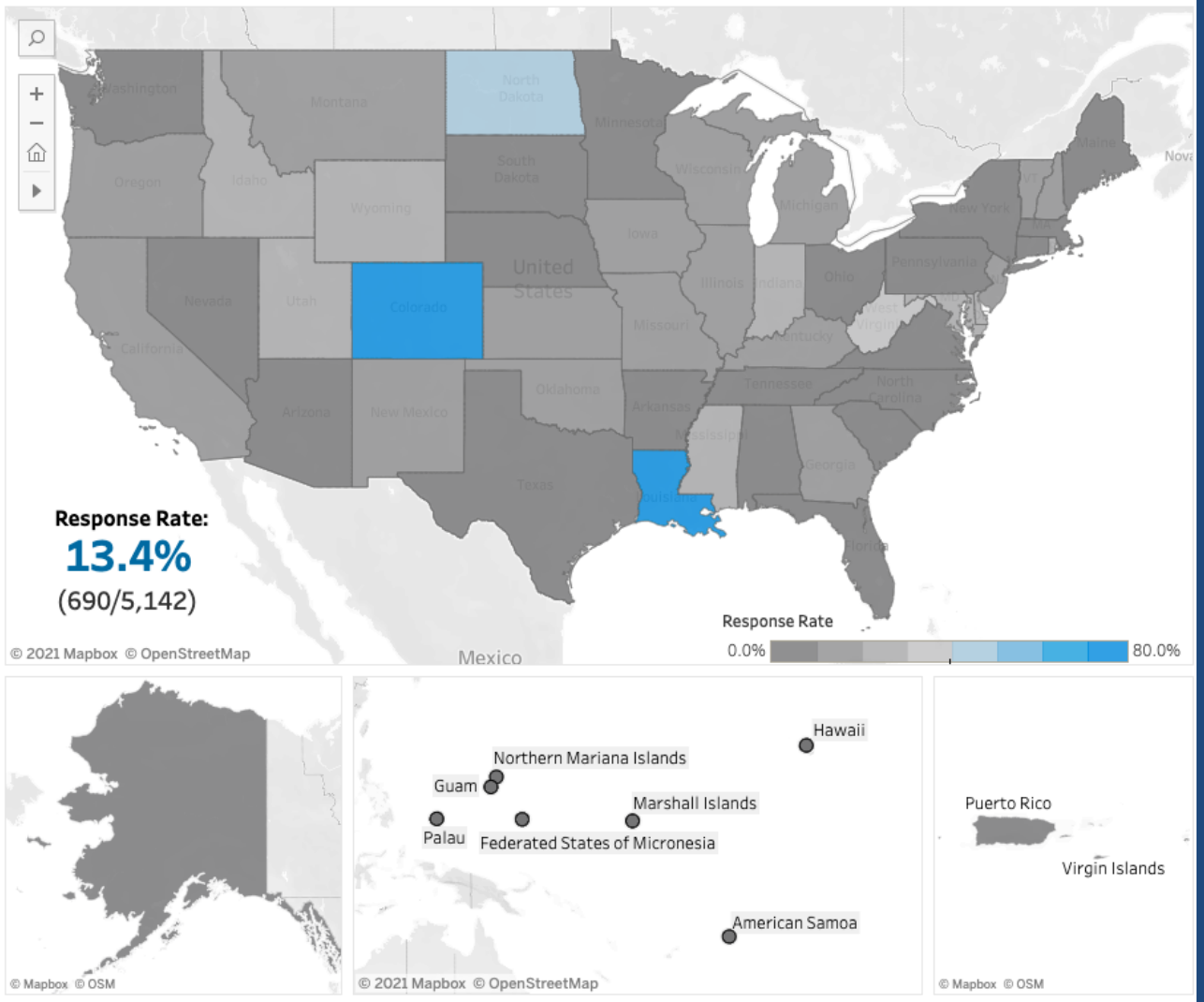
State	Numerator	Denominator	Response Rate
Alabama	6	94	6.4%
Alaska	2	23	8.7%
American Samoa	0	1	0.0%
Arizona	6	88	6.8%
Arkansas	5	73	6.8%
California	47	333	14.1%
Colorado	77	88	87.5%
Connecticut	3	38	7.9%
Delaware	3	10	30.0%
District of Columbia	1	7	14.3%
Federated States of ..	0	5	0.0%
Florida	9	267	3.4%
Georgia	16	136	11.8%
Guam	0	3	0.0%
Hawaii	2	25	8.0%
Idaho	8	39	20.5%
Illinois	32	184	17.4%
Indiana	28	132	21.2%
Iowa	13	118	11.0%
Kansas	18	140	12.9%
Kentucky	13	101	12.9%
Louisiana	109	109	100.0%
Maine	3	35	8.6%
Marshall Islands	0	2	0.0%
Maryland	10	49	20.4%
Massachusetts	5	68	7.4%
Michigan	26	136	19.1%



EMSC Emergency Medical Services for Children

Indiana – Emergency Medical Services for Children


pedsready.org
Apps
Section IV: About...
EMSC Program M...
NEDARC - Overview
EMSC Webinars -...
Home - IUEM - IU...
Welcome to iEMSC
IEMS HQ Portal
Constant Contact
National
PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children
2021 Assessment OPEN!
We are excited for you to take the NPRP assessment on behalf of your emergency department (ED)!
Click on the 'Let's Get Started' button on the right to begin the assessment.
Let's Get Started
Supported by:
EMSC Emergency Medical Services for Children
ENA EMERGENCY NURSES ASSOCIATION
American Academy of Pediatrics

pedsready.org

Apps | Section IV: About... | EMSC Program M... | NEDARC - Overview | EMSC Webinars -... | Home - IUEM - IU... | Welcome to iEMSC | IEMS HQ Portal | Constant Contact

2021 Assessment OPEN!

We are excited for you to take the NPRP assessment on behalf of your emergency department (ED)!

Click on the 'Let's Get Started' button on the right to begin the assessment.

You may want to **print a copy of the assessment** and review it with your ED Nurse Manager and/or Medical Director to become familiar with the questions. You will then need to return here to **complete the assessment online**. Once the assessment is completed, you will receive a gap report outlining the pediatric readiness strengths of your ED and areas for quality improvement.

Thank you for participating in the **largest initiative** across the United States and its territories to improve the readiness of emergency departments (EDs) to care for children!

Click on the video below to learn more!

Let's Get Started ⟶

Supported by:

EMSC Emergency Medical Services for Children

ENA EMERGENCY NURSES ASSOCIATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

See Updated National and State Response Rates!

Frequently Asked Questions About the Assessment

For more information about the EMS for Children Program in your state, contact your state program manager at this **link**.

For additional help and resources related to Pediatric Readiness, please visit, **pediatricreadiness.org.**

PECC WORKFORCE DEVELOPMENT COLLABORATIVE

PECC Workforce Development Collaborative

PWDC

Registration Now Open!

Learn More & Register: https://emscimprovement.center/collaboratives/pwdc/

Time Commitment
2 hr. / month

Purpose
Develop any healthcare professional working in the prehospital or emergency department systems into a highly effective champion of pediatric readiness.

Who Should Participate?
- Prehospital Practitioners
- Nurses & Other Healthcare Professionals
- Physicians & Advanced Practice Providers
- EMSC State Partnership Managers

Questions?

Contact Indiana EMSC Program Manager,
Margo Knefelkamp,
Margo.Knefelkamp@indianapolisems.org

pedsready.org

Updates

Katie Hokanson, *Director of Trauma and Injury Prevention*

This meeting has been public noticed

2021 meeting changes

- Plan for meetings to be virtual for the foreseeable future.

2021 meeting changes

- 2021 meeting dates:
  - August 20
  - November 19

Division updates

- Slowly transitioning out of COVID-19 response duties.
- Returned to the office May 3, 2 days/week.
- GRANTS, GRANTS, GRANTS!!!
- Virtual conferences for ↑↑↑ grants.

Grant Activities

- Core State Injury Prevention Program
  - New competitive grant
  - 5 years; $400,000/year
- Overdose Data 2 Action Grant (OD2A)
  - Continuation application
  - Grant extended for an additional year (4 vs. 3) due to COVID-19 pandemic

Grant Activities

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- Overdose Data 2 Action Grant (OD2A)
  - Continuation application
  - Grant extended for an additional year (4 vs. 3) due to COVID-19 pandemic

Grant Activities

- Naloxone program grants
  - First Responder Comprehensive Addiction Recover Act Grant (FR CARA)
    - New competitive funding opportunity; previous grant; 4 years, $800,000/year
    - Focus is on rural first responders
  - Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
    - New competitive funding opportunity; 5 years, $850,000/year
    - Focus is on veterans

Grant Activities

- Administration for Community Living (ACL) – Traumatic Brain Injury (TBI)
  - New competitive funding opportunity; same grant
  - 5 years; $260,000/year; partnership with the Rehabilitation Hospital of Indiana (RHI)

Division staffing updates

- Timothy Miller – Data Cleaning Consultant

- Summer division interns:
  - Ariez Christmon
  - Claire Haffley
  - Molly Nixon
    - Trauma & Injury Prevention Program
  - Allie Lake
    - Naloxone program
  - Emily Ross
    - Drug Overdose Prevention program
  - Madeline Powers
  - Divya Patel
    - Indiana Violent Death Reporting System (INVDRS) program

Stroke center list

- IC 16-31-2-9.5
  - Compile & maintain a list of Indiana hospitals that are stroke certified.
  - https://www.in.gov/isdh/27849.htm
  - Transfer agreements – must be stroke specific.

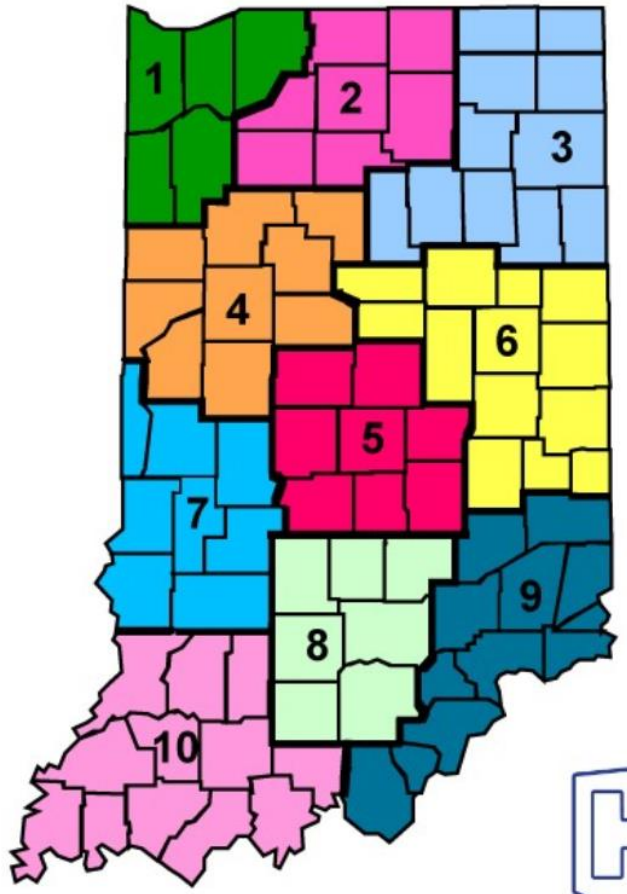
Stroke centers that need to provide updates

- St. Joseph Hospital
- Northwest Health– LaPorte
- St. Vincent Anderson
- Community Hospital South
- Elkhart General Hospital
- Franciscan Health – Dyer
- Johnson Memorial
- Franciscan Health – Mooresville
- St. Joseph Regional Medical Center – Plymouth
- St. Joseph Regional Medical Center South Bend

Regional Updates

Regional updates

- District 1 – No update
- District 2
- District 3
- District 4 – No update
- District 5
- District 6
- District 7 – No update
- District 8
- District 9
- District 10



Indiana Department of Health

District 2

- Elkhart General Hospital successfully completed their ACS virtual focused visit on April 29th. The ACS surveyors were very complimentary of the PI process. The team is awaiting the final report from the ACS.

- D2TRAC met via Zoom on Tuesday, May 4th. Three cases were presented for education. IDOH presented District 2 statistics.

District 3

- District met yesterday, 5/20.
- Dr. Kaufmann provided an overview of state EMS data and quality metrics.
- The district Healthcare Coalition will be providing 1,665 Stop the Bleed kits for the district schools so there is a kit for every 71 students; the kits will be disseminated by the trauma centers who provide STB education; the healthcare coalition also provided the pediatric surge annex to the TRAC committee for review and planning.
- The Fort Wayne airport is conducting their mass casualty drill tomorrow and Parkview will complete a full drill as well.
- District and state registry data was reviewed, there was discussion about the formation of a performance improvement subcommittee, and they will be planning that.
- The district had district-wide Image Trend training this year for registrars.
- Parkview is witnessing an increase is child maltreatment and they are developing a follow-up clinic in coordination with several local organizations.

District 5

- Meeting on May 19
- **Collaboration with D5 and the Marion County Coroner's Office**
  - Alfarena (Alfie) McGinty, Chief Deputy Coroner
    - MCCO contact list
    - Education sheet to share with Hospital Nursing Staff
- **Eskenazi presented PI project regarding changes made to specific activation criteria (Geriatric and tourniquet)**
  - Review of outcomes related to changing activation criteria and how it affected their over and under triage rates
- **Hospitals shared and reviewed with the group their own specific activation criteria**
  - IU Health Methodist
  - Eskenazi
  - Ascension St. Vincent
  - Riley
  - Franciscan Health Indianapolis
    - Discussion/Review of similarities and differences
    - Across the board, all hospitals have very similar activation criteria
    - Discussion around how to best align with EMS partners to avoid confusion
- **Next meeting: August 18th, 2021**

District 6

- 3 ACS site visits and TRAC met on May 5th.

District 7

- No major updates at this time other than trauma numbers are up from 2 years ago (not compared to 2020).

District 10

- Reviewed trauma data and drilling down into delays in transfer.
- Focusing on the challenges that ambulance services have and how it affects transfers.

Trauma System Planning Subcommittee

- Have not met since October 2020 meeting.

Performance Improvement Subcommittee Update May 2021

Peter M. Hammer, M.D.

Trauma Medical Director

IU Health Methodist Hospital

2021 Goals Refresher

- Decrease ED LOS (critical) at non-trauma centers.
- Increase trauma registry quiz participation.
- Collect hospital level variables.
- Continued EMS run sheet collection.

Burn Patients

- In 2021, ACS excluded burn patients from their registry.
- PI Subcommittee agreed to follow suit.
- Burn patients are captured in their own registry.
- Polytrauma patients with burns will be captured in both registries.

ED LOS

- ~50% of patients transferred from non-trauma centers have orders written in < 2 hours.
- ~35% of patients transferred actually leave in < 2 hours.
- Going to look at median, mode as opposed to absolute over/under 2 hours.

Increase Trauma Registry Quiz Participation

- March 2021 – 26 hospitals (45 participants) – 89%
- April 2021 – 26 hospitals (38 participants) – 69%
  - Possible unclear question

  - Discussion at ITN Meeting to improve quality

Non-Reporting Hospitals Q4 2020

- Adams Memorial Hospital
- Ascension St. Vincent- Noblesville (Neighborhood Hospital)
- Ascension St. Vincent - Kokomo
- Ascension St. Vincent - Randolph
- Deaconess Gibson Hospital
- Fayette Regional
- Franciscan Health Crawfordsville
- Franciscan Health Hammond
- Franciscan Health Munster
- Greene County General Hospital
- Goshen Hospital
- Harrison County
- La Porte Hospital
- Margaret Mary Health
- Portage Hospital
- Porter Regional-Valparaiso
- St. Mary Medical Center-Hobart
- Valparaiso Medical Center

Transfer Delays

i. Quarter 3 2020
ii. Delay = yes (N=490)
    a) Main categories
        a. Null (N=252)
        b. EMS (N=64)
        c. Receiving facility issue (N=56)
        d. Other (N=40)
        e. Referring physician decision making (N=26)

Transfer Delays

i. Q4 2020 analysis
   a)Delay = yes (N=371)
   b)Main categories
      a.Null (N=167)
      b.EMS (N=58)
      c.Receiving facility issue (N=41)
      d.Other (N=29)
      e.Referring physician decision making (N=19)

PI Subcommittee Schedule

- Next meeting is July 13th at 10a on Microsoft Teams.

- 2021 Dates
  - September 14
  - November

- 2022 Dates
  - TBD

ACS-COT updates

- Stop the Bleed
- Indiana TQIP

ISTCC Update 5/21/2021

Michael Kaufmann, MD, FACEP, FAEMS

State EMS Medical Director

EMS Week 2021

STATE OF INDIANA

EXECUTIVE DEPARTMENT
INDIANAPOLIS

Executive Order

PROCLAMATION

TO ALL TO WHOM THESE PRESENTS MAY COME, GREETINGS:

WHEREAS, emergency medical services (EMS) are a vital public service to the people and communities of Indiana; and

WHEREAS, EMS professionals are frequently the entry point to Indiana's healthcare system; and

WHEREAS, the State of Indiana strives to continually improve its EMS to provide all Hoosiers with the highest standards of emergency medical care, including the expansion of community-based public health services in 2020; and

Governor Holcomb

Presidential Proclamation for EMS Week

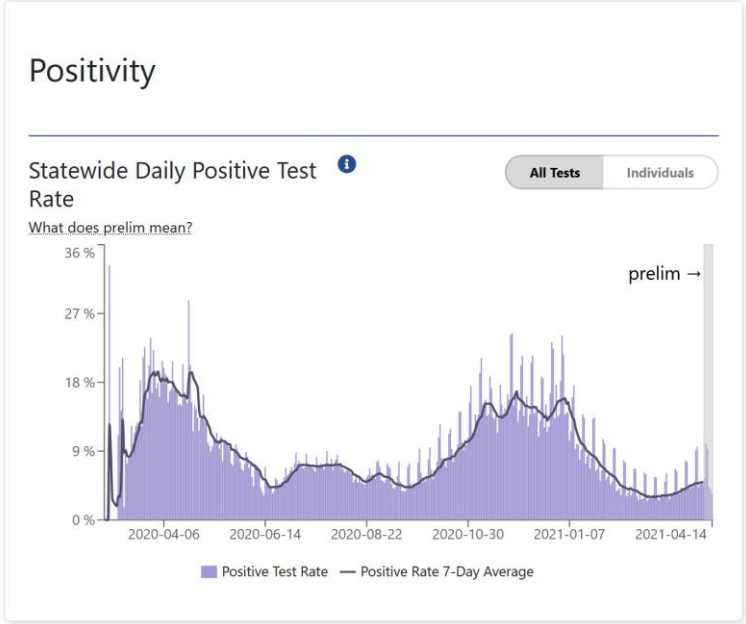
A Proclamation on Emergency Medical Services Week, 2021

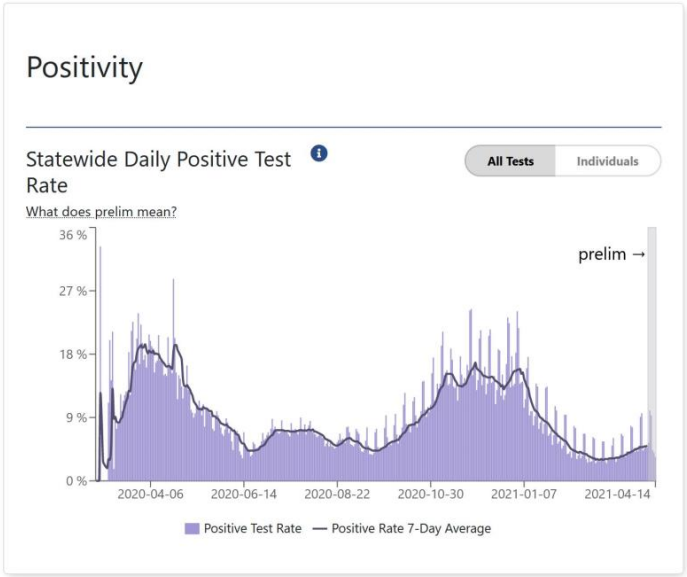
MAY 14, 2021 • PRESIDENTIAL ACTIONS

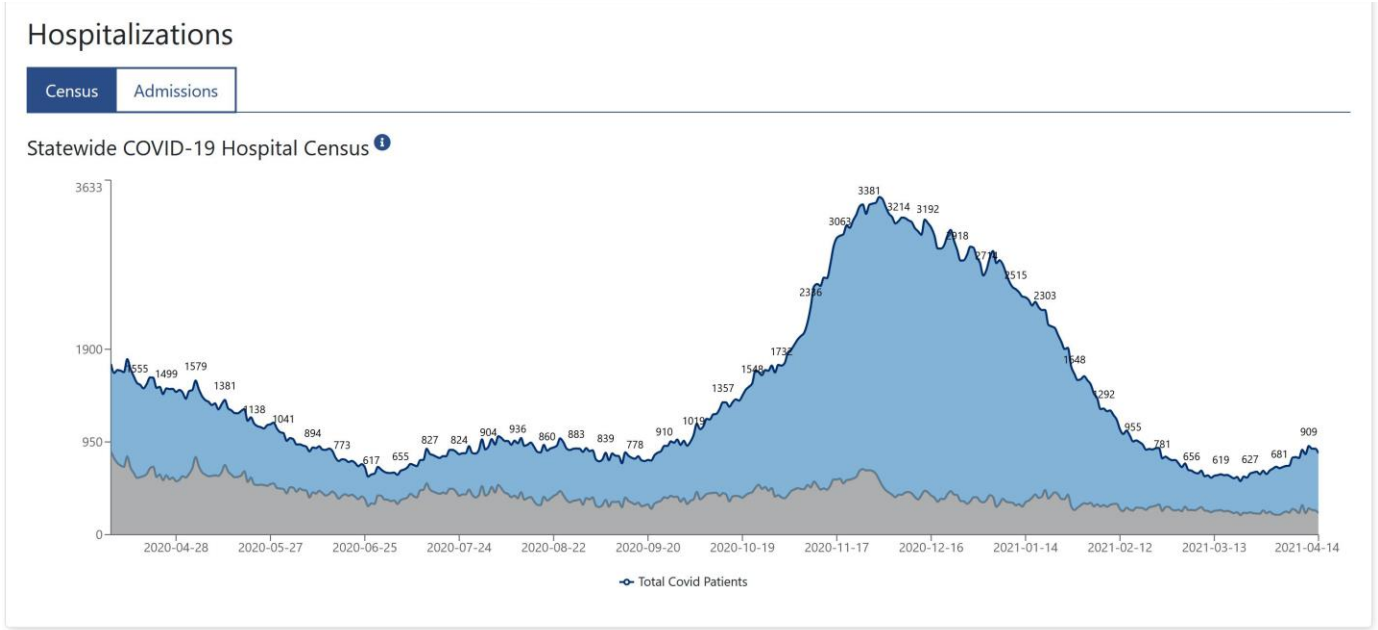
Every day, in communities across the country, Emergency Medical Service (EMS) providers put themselves on the line to save lives, safeguard dangerous situations, and deliver hope to families and communities in crisis. With selflessness, professionalism, and grace under fire, they provide essential care — never more so than during our battle with COVID-19 over the past year. This year's Emergency Medical Services Week theme, "THIS IS EMS: Caring for Our Communities," honors our heroic frontline workers who provide vital emergency medical care and ease the burden of crisis for Americans in need of help.

COVID-19

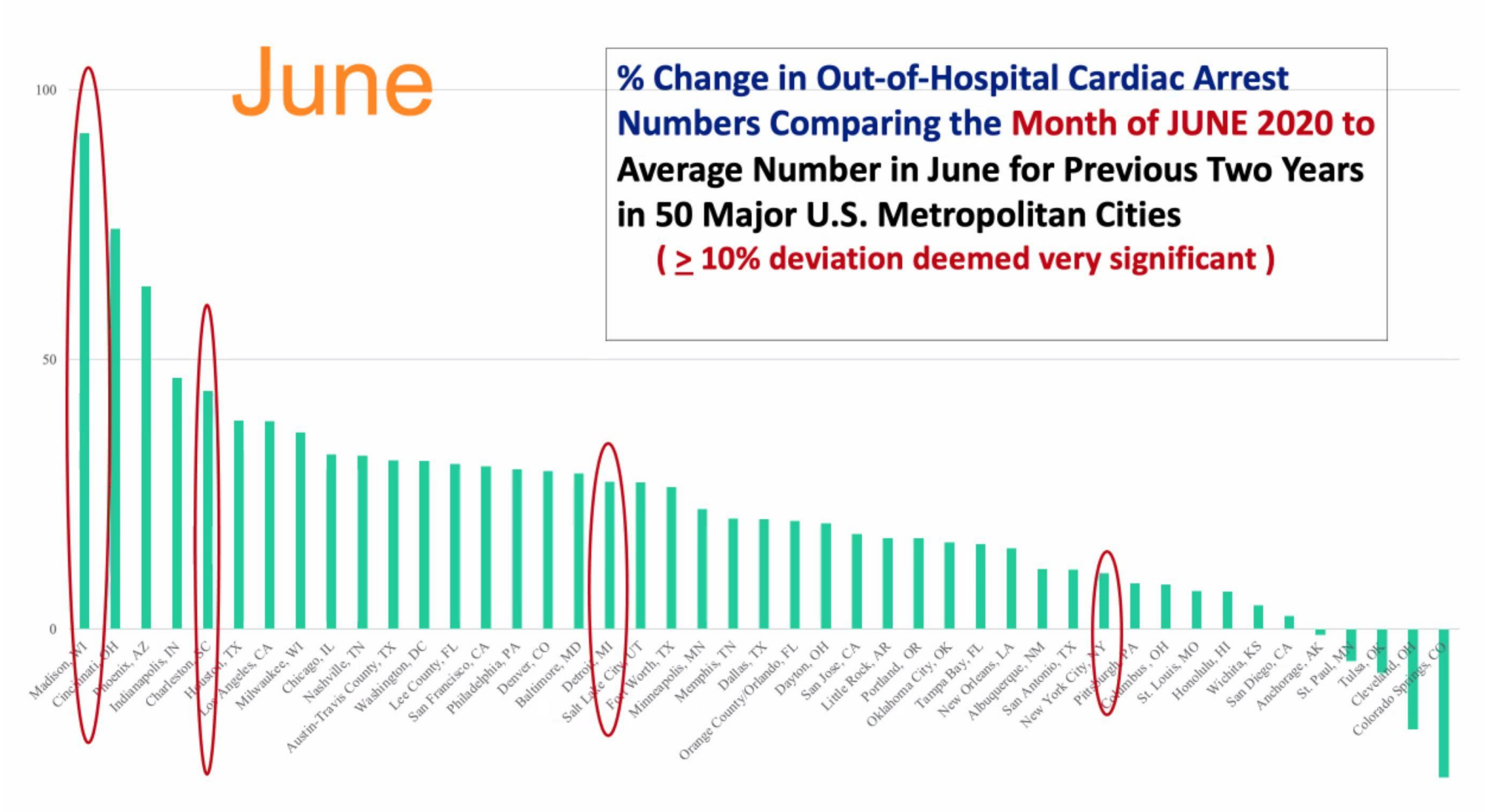
- Please consider getting vaccinated.
- This vaccine is safe and effective.
- Variants are here – but the vaccine is still effective.
- If not for yourself, do it for someone you love.



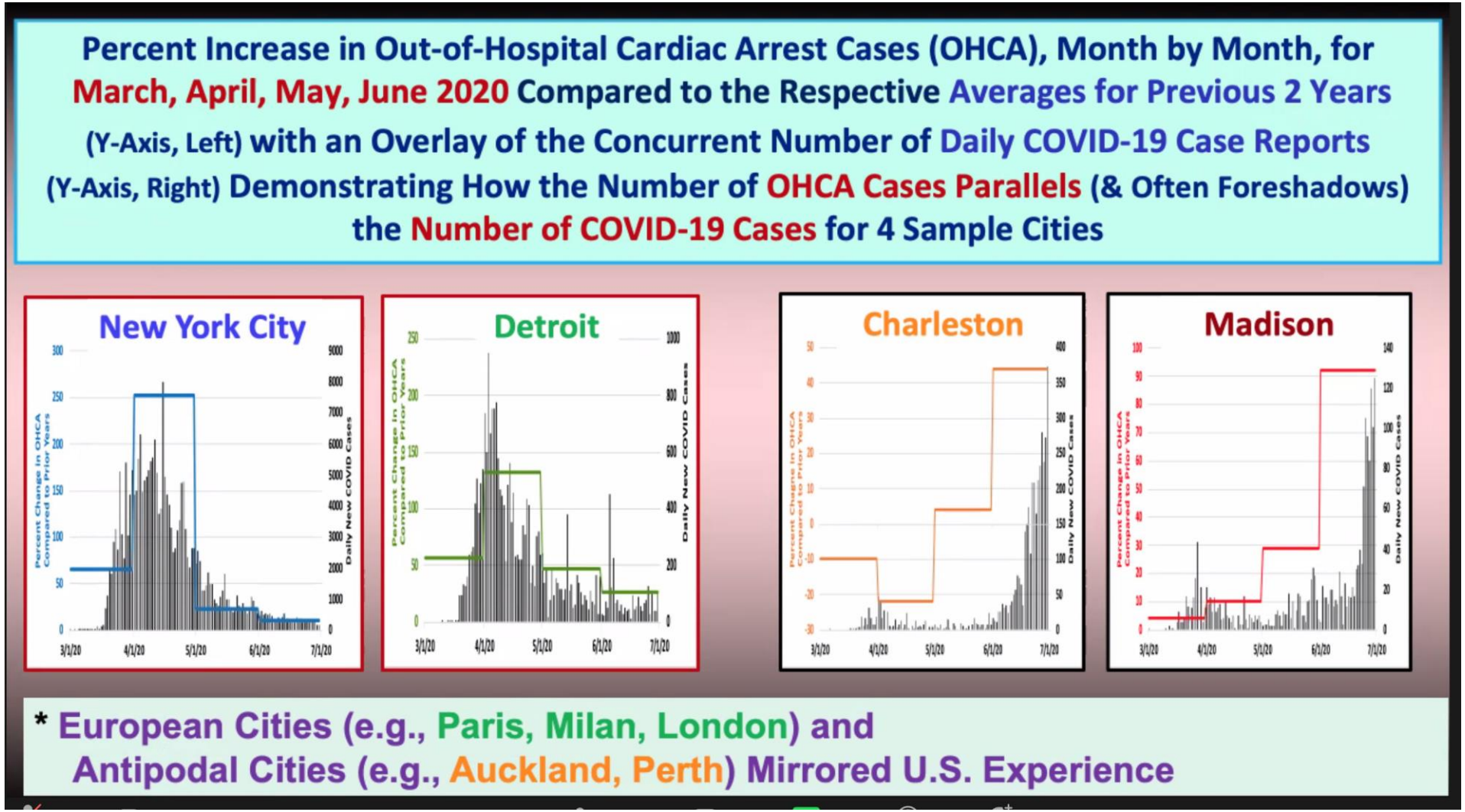




COVID-19 and Cardiac Arrest Rate

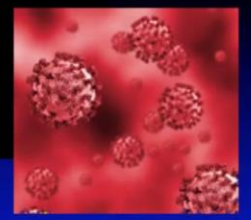


COVID-19 and Cardiac Arrest Rate



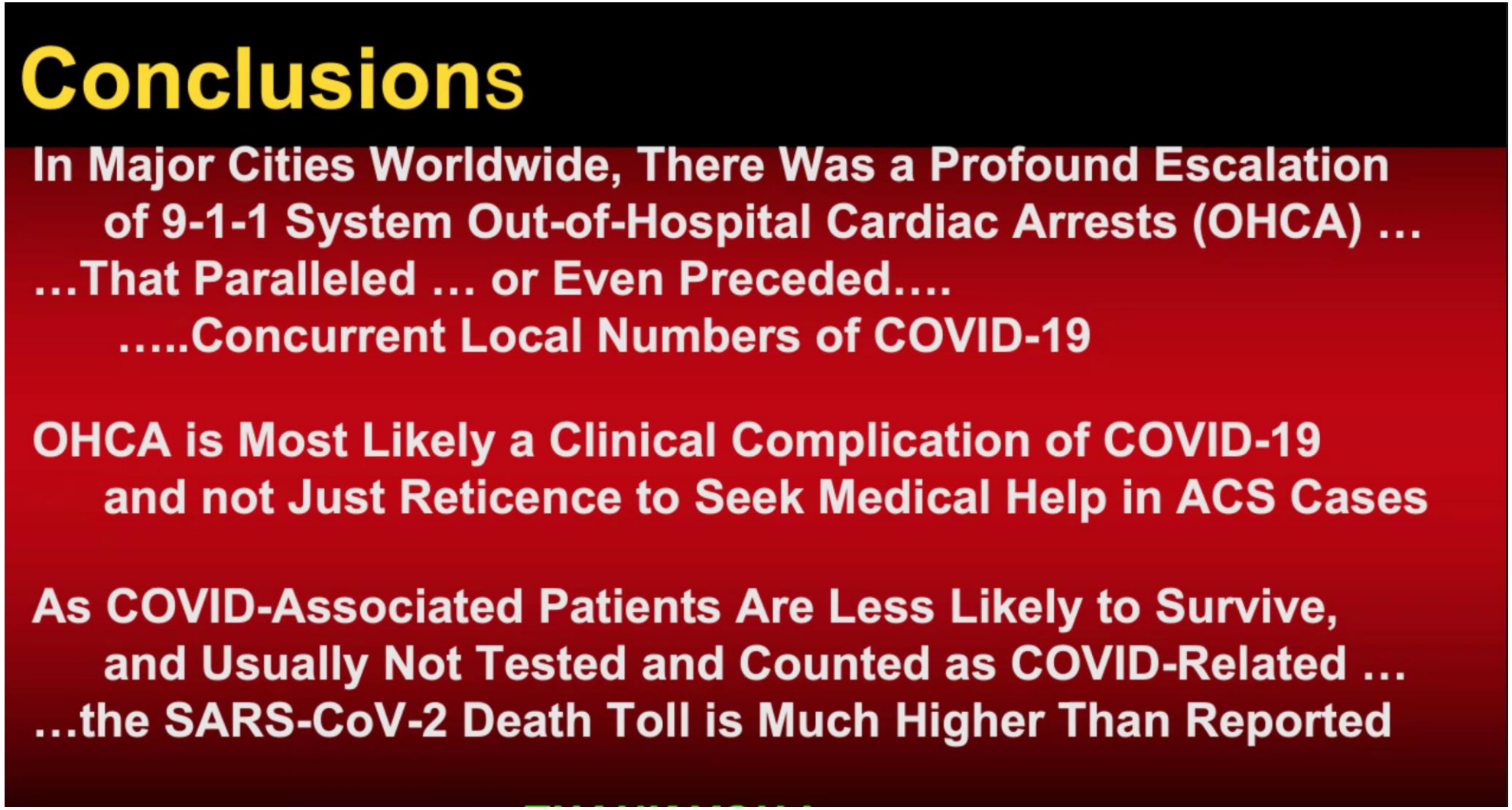
COVID-19 and Cardiac Arrest Rate

LIMITATIONS

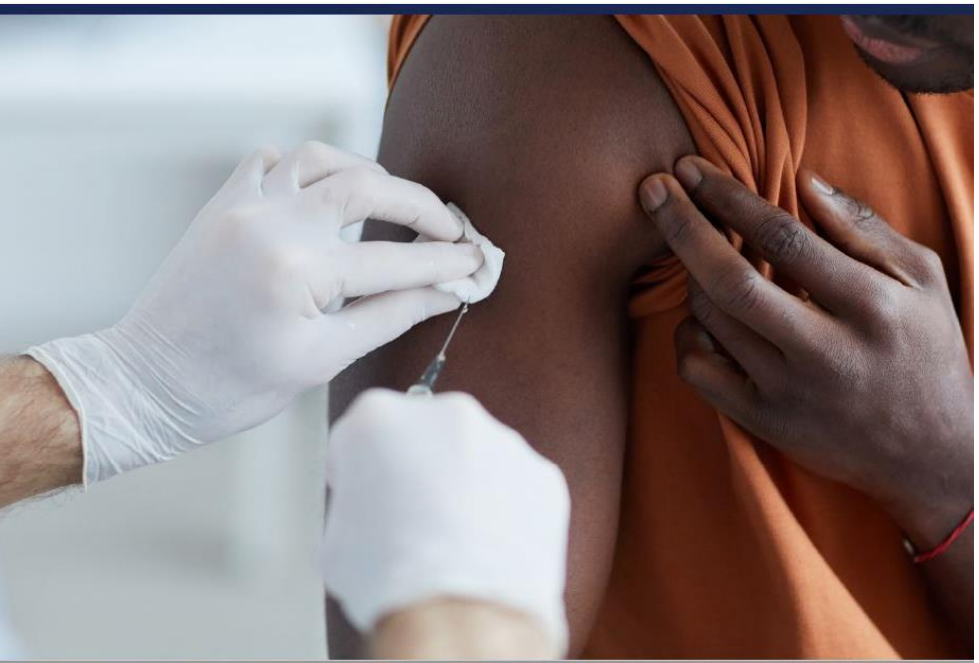


- **COVID Cases Numbers Not Entirely Accurate**
  (Many Asymptomatic; Stayed Home; Lack of Testing Early On, Delayed Tests & Results)
- **But Still Reasonably Reflect Well-Publicized Attack Rates**
- (and when they either surged or dissipated in these large cities)
- **Can't Confirm OHCA as a Direct Complication of COVID-19**
  (OHCA patients not tested for COVID-19 and Could Be a Secondary Cx of PTE, MI
- **However, Data Still Indicate Direct Impact --- Likely Causal**
  (most likely an Endotheliopathy / Microthrombosis Model with hypoxic / inflammatory Insults and/or Pulmonary Thromboembolus Hypoxic Insult -- and less Likely Dysrhythmia)

COVID-19 and Cardiac Arrest Rate



HOOSIER HOMEBOUND EMS VACCINE ADMINISTRATION PROGRAM MANUAL



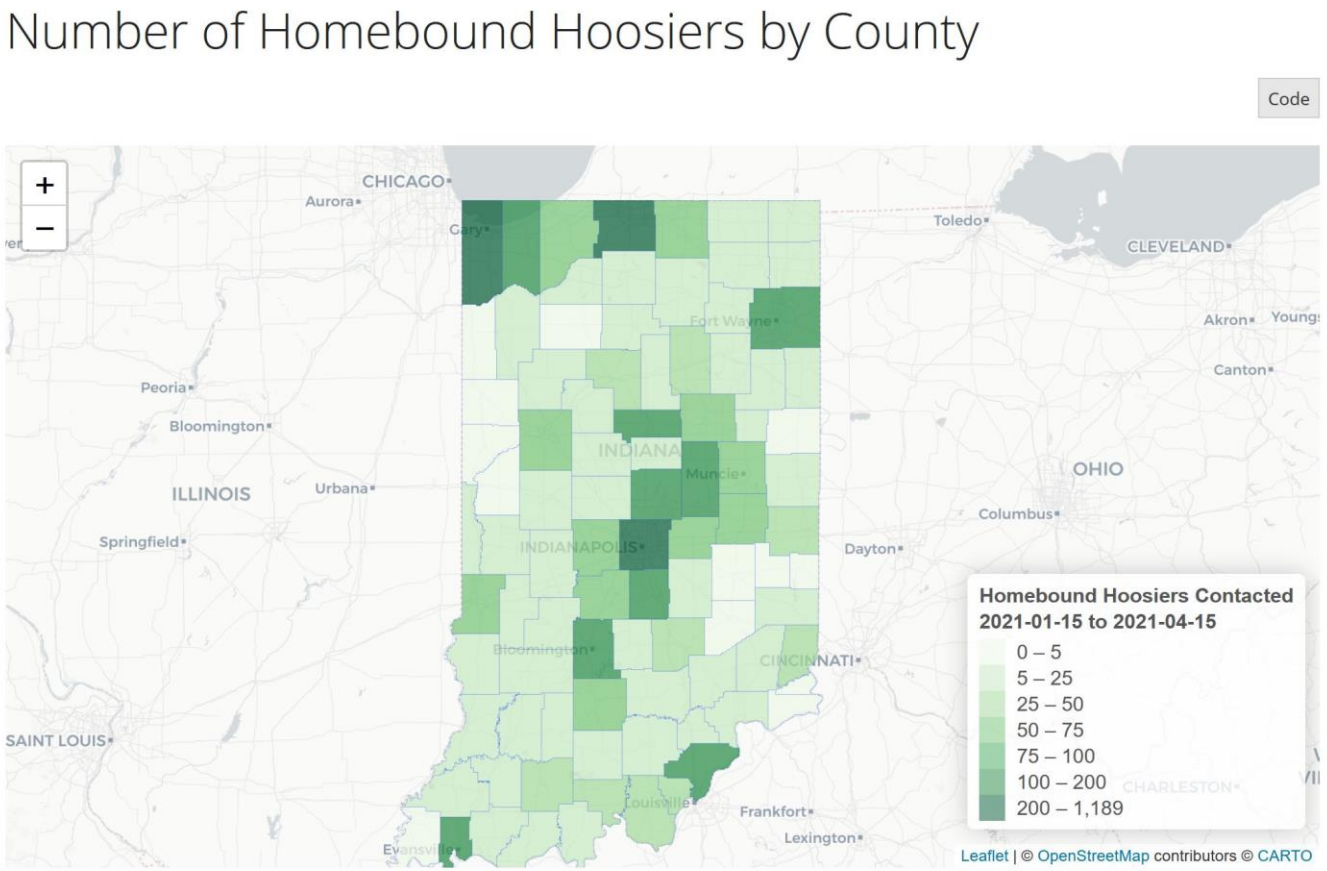
Summary

- Partnership between LHD, IDOH, FSSA, IDHS, Local EMS
- Prevents vaccine waste
- Engages EMS in their own communities
- Vaccinates those at risk
- Creates a safer Indiana

- IDHS Homebound Hoosier EMS Vaccine Manual can be found here
  - https://www.in.gov/dhs/files/EMS-Vaccine-Program-Manual.pdf?utm_medium=email&utm_source=govdelivery

Homebound Hoosiers as of 5/18/2021

2338 Vaccinations administered
880 awaiting
Vaccine activity in 70/90 Counties



Data Projects and Reports

- IHIE – EMS Registry Integration
- Ketamine Usage Report
- Annual CQI Report based on NEMSQA Measures
- Perinatal Transport Data

Perinatal Transport Data – 1st Look

IDHS EMS Registry

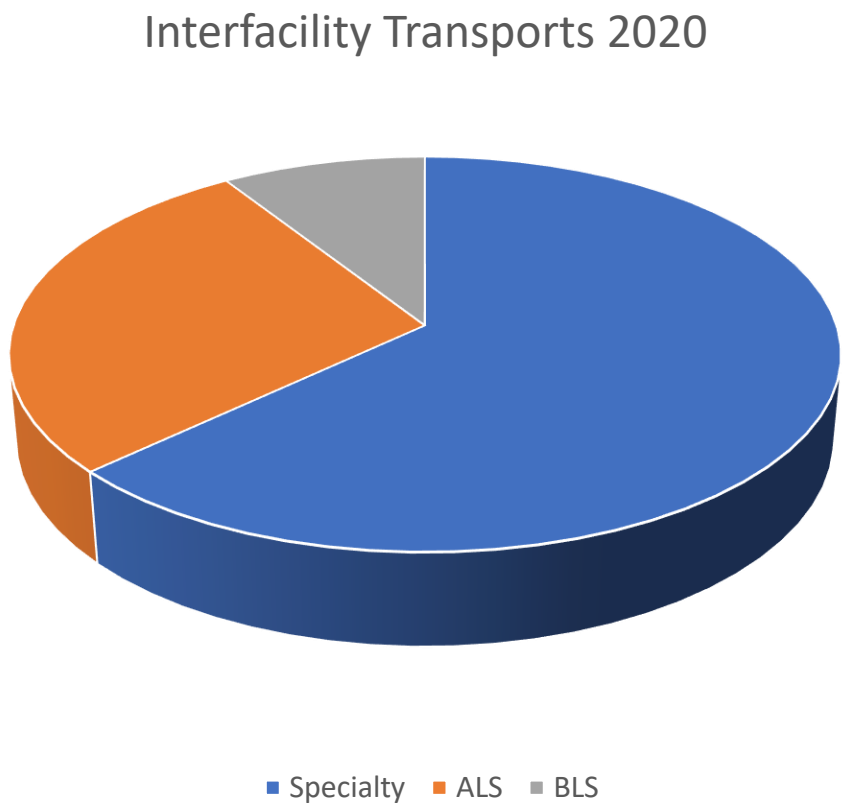
January 1st – December 31st, 2020

Michael A. Kaufmann, MD, FACEP, FAEMS

State EMS Medical Director

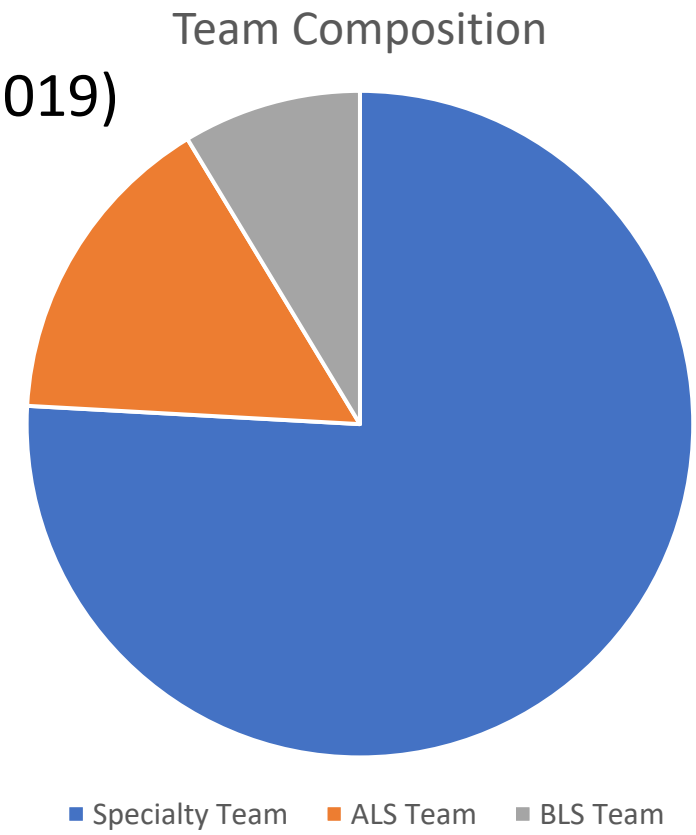
OB Transports 2020

- 6782 Transports for a pregnancy related problem
  - 5905 – 911 calls (Up from 4854 in 2019)
  - 877 – Interfacility Transports (Down from 936 in 2019)
    - Specialty Team – 553
    - ALS Team – 244
    - BLS Team - 80



Neo Transport 2020

- 2070 Transports for a patient less than 28 days of age
  - 1035 – 911 calls (Up from 935 in 2019)
  - 1028 – Interfacility Transports (Up from 970 in 2019)
    - Specialty Team – 780
    - ALS Team – 159
    - BLS Team - 89



Controlled Substances Registration / DEA

- Currently, there is an awkward system where EMS providers work under a hospital or physician DEA registration despite being the direct custodian and agent for use of the controlled substances.

- Public Law No: 115-83 (11/17/2017). Adopted but Federal rulemaking still in progress.
- Delayed at AG Office

CMS Medicare Waiver

Fact Sheet

Waiver for Ground Ambulance Services: Treatment in Place

Section 9832 of the American Rescue Plan Act of 2021 gives the Secretary the authority to waive any requirement under Section 1861(s)(7) or Section 1834(l) of the Act that an ambulance service include the transport of an individual to the extent necessary to allow Medicare payment for ground ambulance services during the COVID-19 public health emergency (PHE) in cases where both of these apply:

- The ground ambulance service was furnished in response to a 911 call (or the equivalent in areas without a 911 call system)
- The patient would have been transported to a destination permitted under Medicare regulations but such transport didn't occur as a result of community-wide emergency medical service (EMS) protocols due to the COVID-19 PHE.[1]

Why is CMS Implementing the Waiver?

NA HEALTH COVERAGE PROGRAMS BT202136 MAY 18, 2021

HCP COVID-19 Response: IHCP announces EMS rovider relief; apply by July 31, 2021

esponse to the national public health emergency due to the coronavirus disease 9 (COVID-19), the Indiana Health Coverage Programs (IHCP) is offering financial ef to in-state, Medicaid-enrolled Emergency Medical Services (EMS) providers.

ief funds may only be used to reimburse COVID-19-related expenses incurred on alf of Medicaid members between March 1, 2020, and Feb. 28, 2021. Please be are that this initiative may not cover all reported expenses.

request financial relief, eligible EMS providers will need to submit a completed *plication for Indiana Medicaid EMS Provider COVID-19 Relief Funds* by July 31, 2021. application is available on the *FSSA guidance for various programs and keholders regarding COVID-19* web page at in.gov/fssa. Providers can download the lication, fill it out, and scan the signed application. Completed applications can be t via email to Stephen Bordenkecher at Stephen.Bordenkecher2@fssa.IN.gov.

Office of Medicaid Policy and Planning (OMPP) is relying on each applicant organization to be aware of their ponsibilities in the use of *Coronavirus Aid, Relief and Economic Security (CARES) Act* funding.

FSSA Medicaid Relief Funding

EMS World Expo 2025 ??

EMS CERTIFICATIONS

- Certificates
  - Training Institutions 109 (115)
  - Supervising Hospitals 86 (91)
  - Providers 832 (833)
  - Vehicles
    - Ambulance 2,249 (2,600)
    - ALS non-transport 476 (584)
    - Air Ambulance Rotorcraft 54 (52)
  - Personnel
    - EMR 4,870 (5,055)
    - EMT 14,006 (14,448)
    - Advanced EMT 642 (578)
    - Paramedic (license) 4,518 (4,408)
    - Primary Instructor 611 (566)

Academic EMS Courses Statewide 2019 vs 2020

- 2019:
- EMR – 113
- EMT – 174
- AEMT – 12
- Paramedic – 7
- Primary Instructor – 14

- 2020:
- EMR – 76
- EMT – 152
- AEMT – 6
- Paramedic – 9
- Primary Instructor – 17

Highschool based EMS education courses and community college based courses have the lowest passing rates in the State.

Hospital bases courses have the highest passing rates.

How do we encourage more hospital based involvement in EMS education and operations?

Speaking Engagements 2021

- ~~April 20th, Indiana Healthcare Finance Management Conference~~
- ~~May 5th, EDPMA Conference~~
- June 15th-18th Eagles 2021
- June 15th Indiana Rural Health Association Conference
- August 19th, D5 Emergency Preparedness Conference
- September 17th IERC Conference
- November 14-18th NASEMSO Conference

Summary

- COVID 19 has not gone away!
- Encourage your staff to get vaccinated.
- Watch your OHCA rate in your community as a precursor to COVID
- Participate in Homebound Hoosiers – Community Paramedicine
- Focus on Perinatal Education
- CSR/DEA delayed but not Dead
- EMS World Expo 2025?
- EMS Education in Indiana needs ACLS
- Conferences opening back up across the county

Trauma Registry

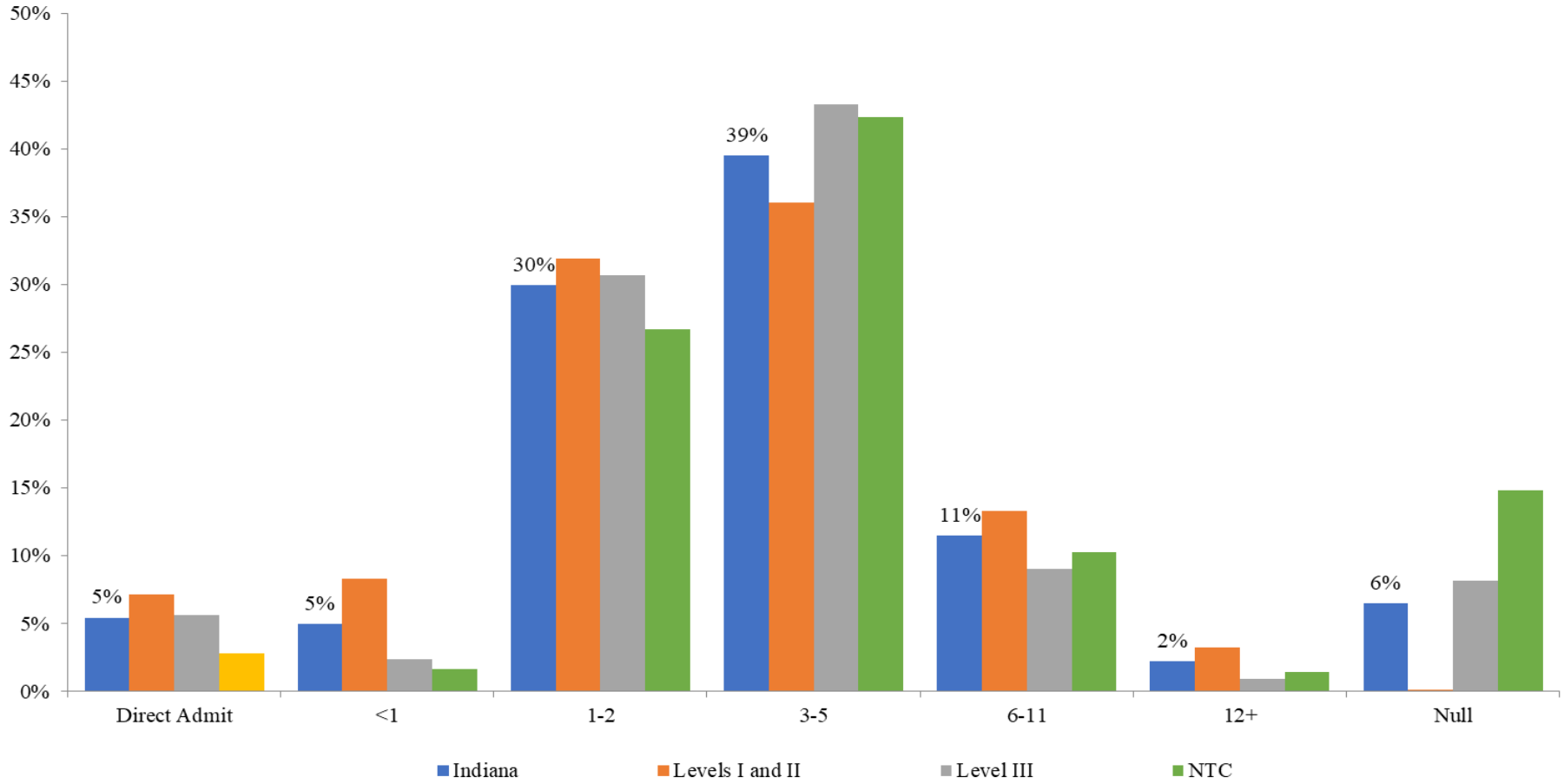
Trinh Dinh, *Data Analyst*

Quarter 2 2020

- 104 hospitals reported
  - 10 Level I and II trauma centers
  - 13 Level III trauma centers
  - 81 non-trauma centers
- 9988 incidents
- 219 incidents with ED LOS > 12 hours
- 926 linked transfer incidents

Quarter 2 2020 – ED Length of Stay

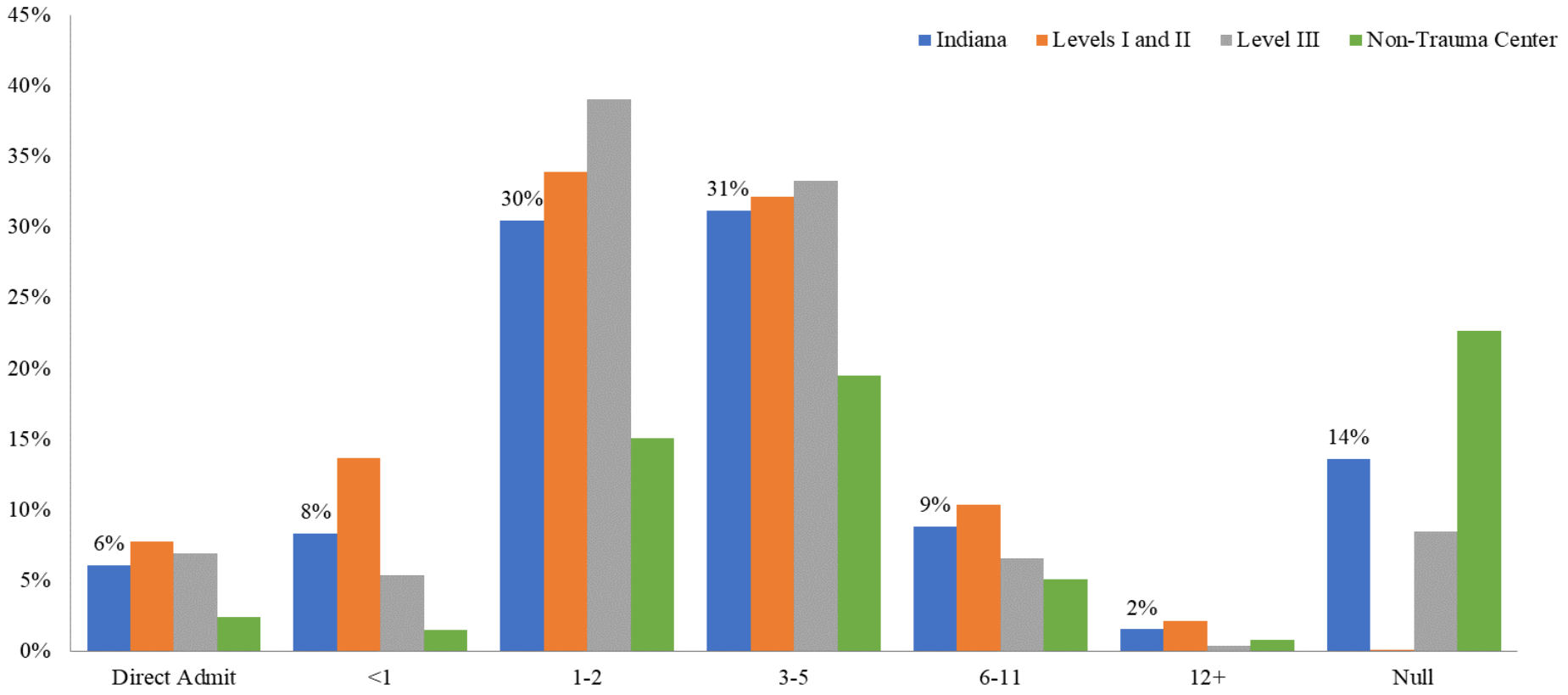
The majority of patients in the ED stay for **1-5 hours.**



*All patients included

Quarter 2 2020 – ED Length of Stay

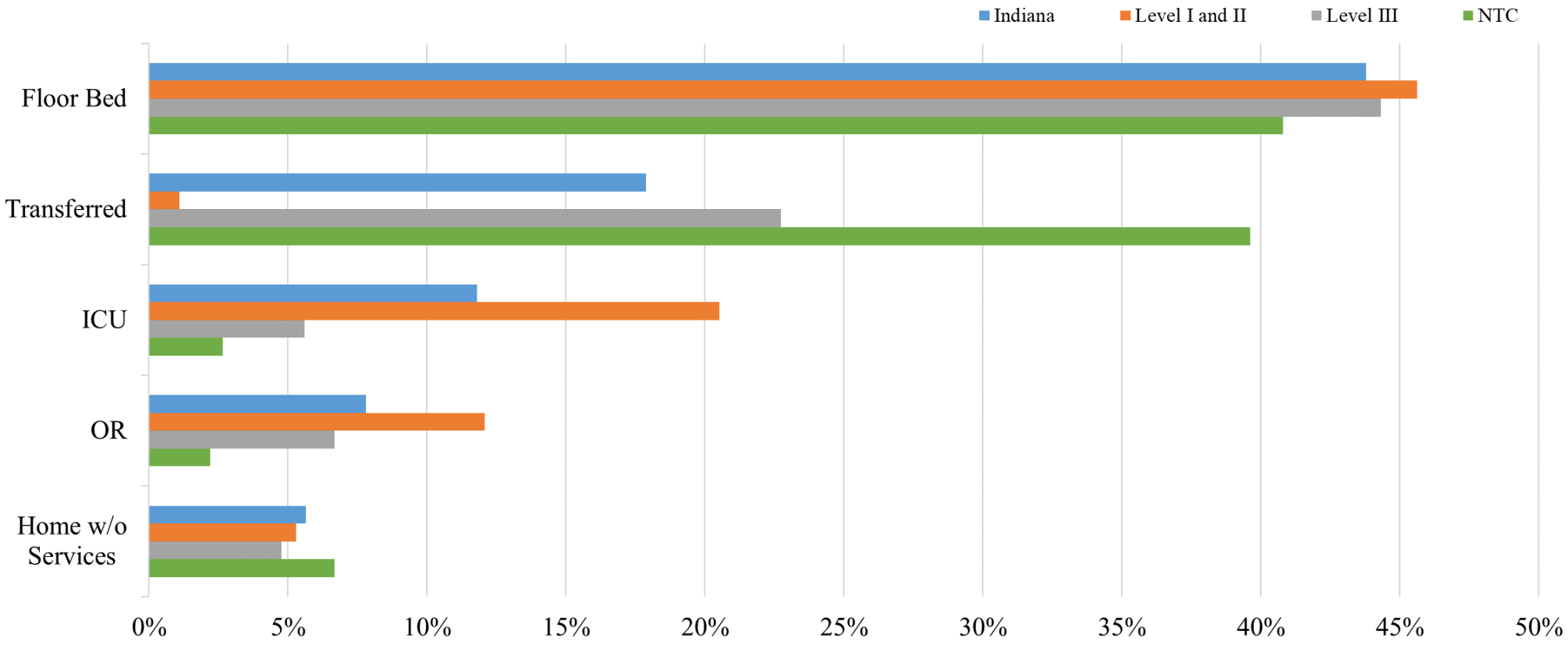
The majority of **critical** patients stay in the ED **1-5** hours



Indiana Department of Health

Quarter 2 2020

The majority of patients to a **floor bed** after being in the ED

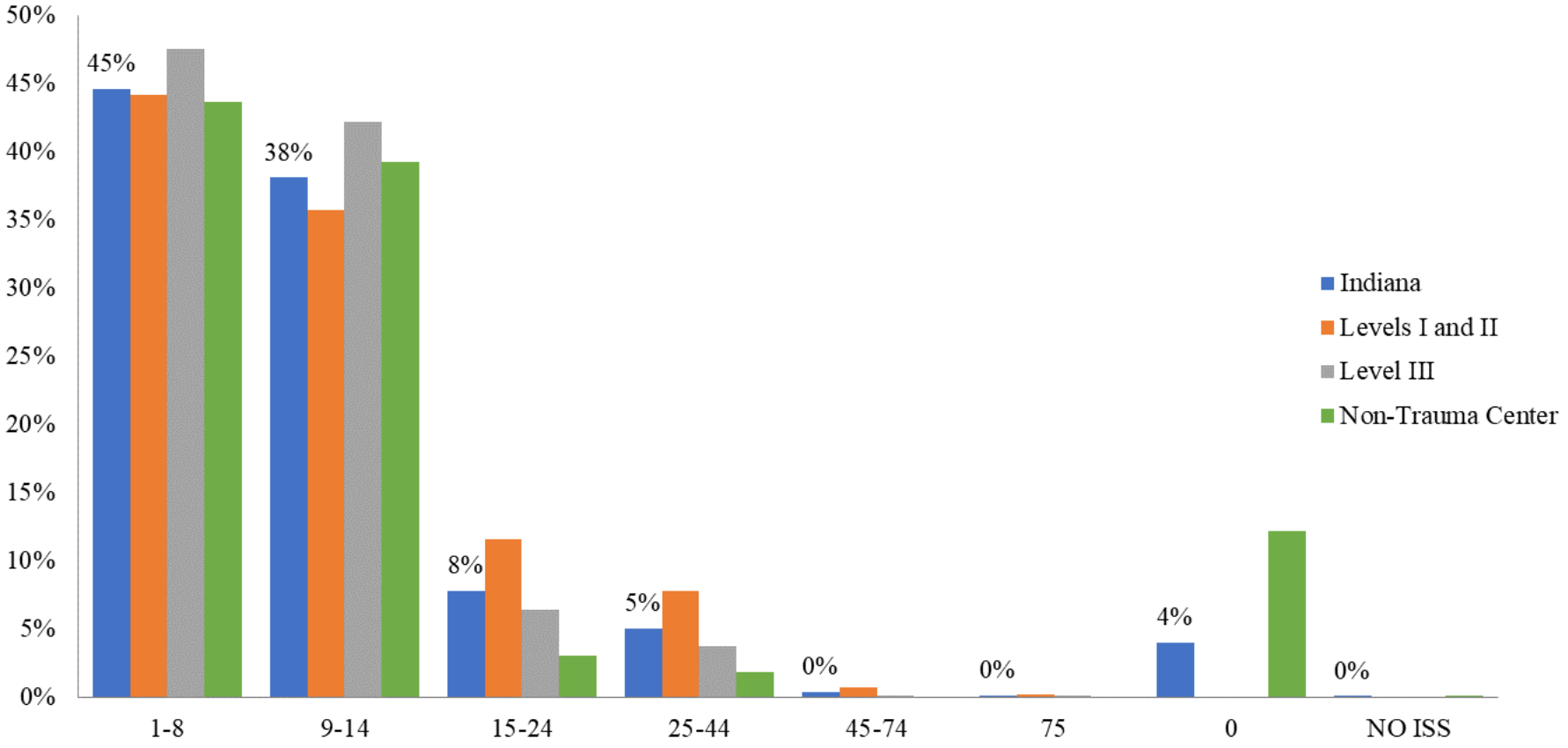


Statewide categories <10% include: OR, home w/o services, observation, step-down, expired, and NK/NR/NA.

Indiana Department of Health

Quarter 2 2020

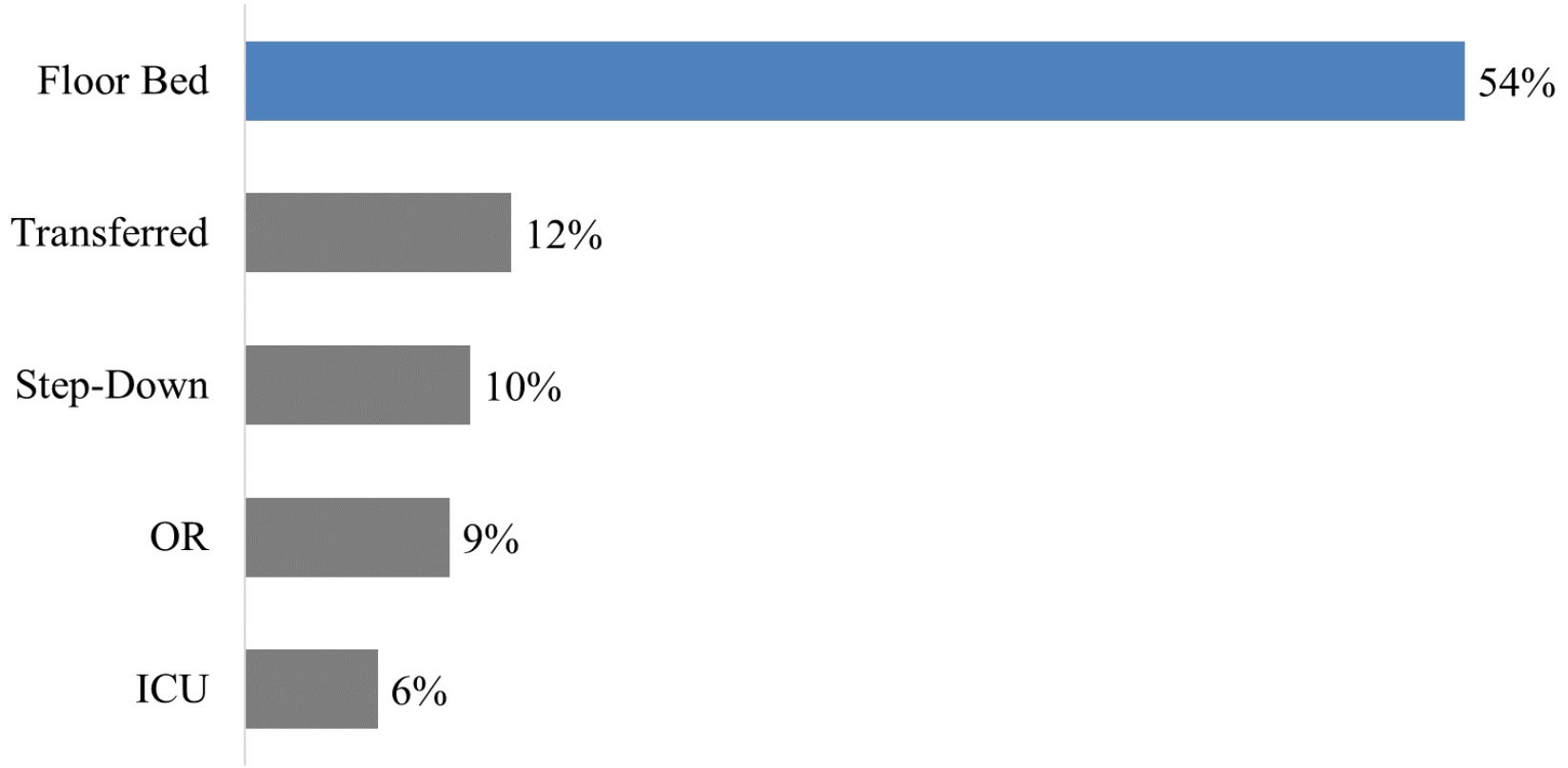
The majority of patients have an ISS score of **1-15**.



Indiana Department of Health

Quarter 2 2020 – ED LOS > 12 hours

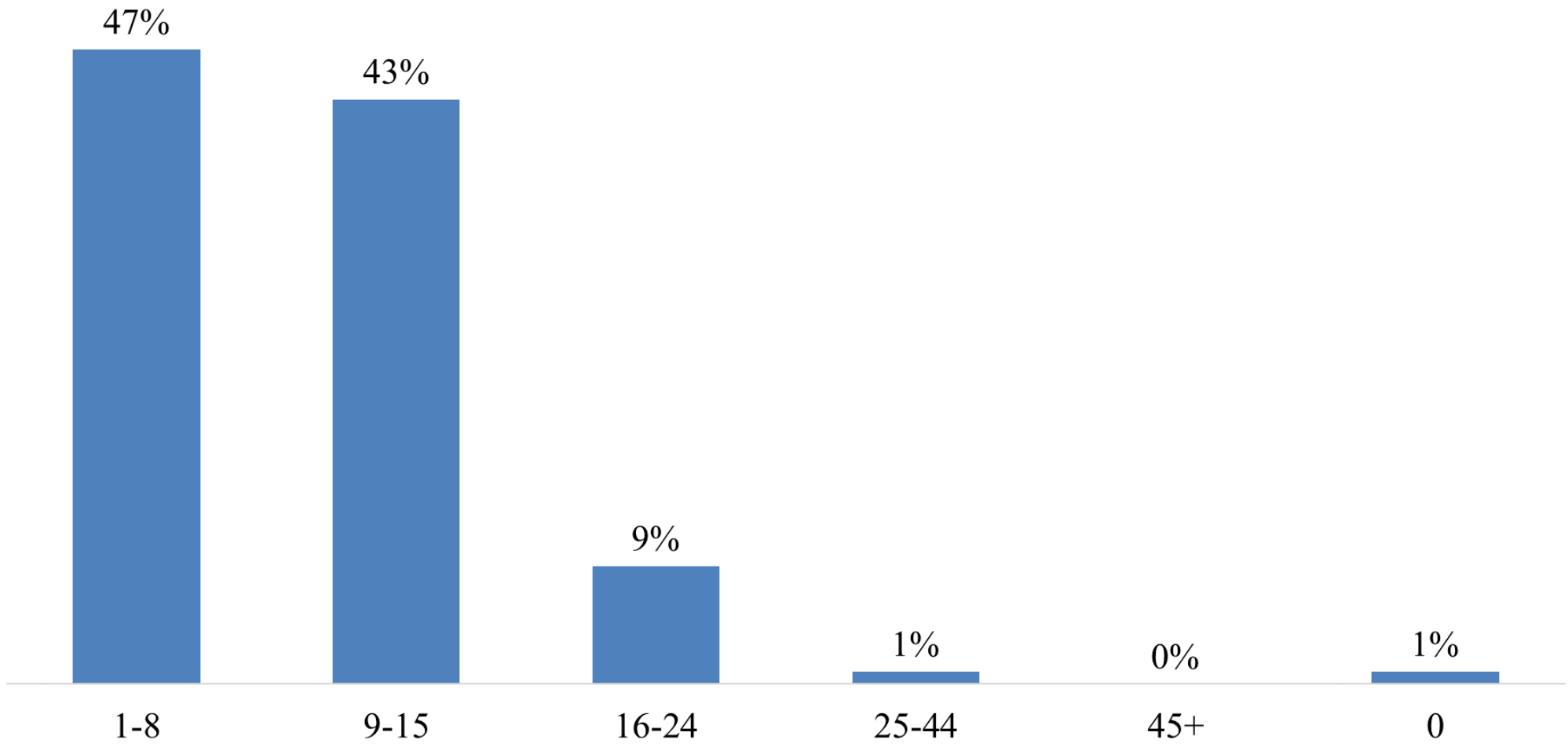
Most patients go to a floor bed after being in the ED for more than 12 hours.



Categories with counts <5% include: AMA, home without services, other and unknown.

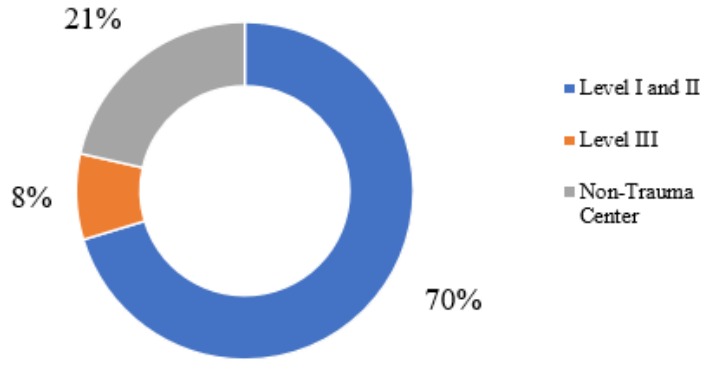
Indiana Department of Health

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



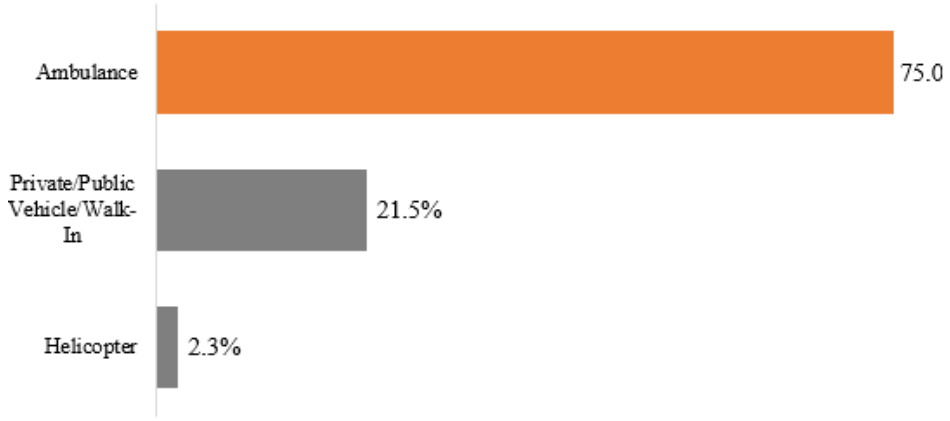
Indiana Department of Health

The majority of patients were at level I or II trauma centers

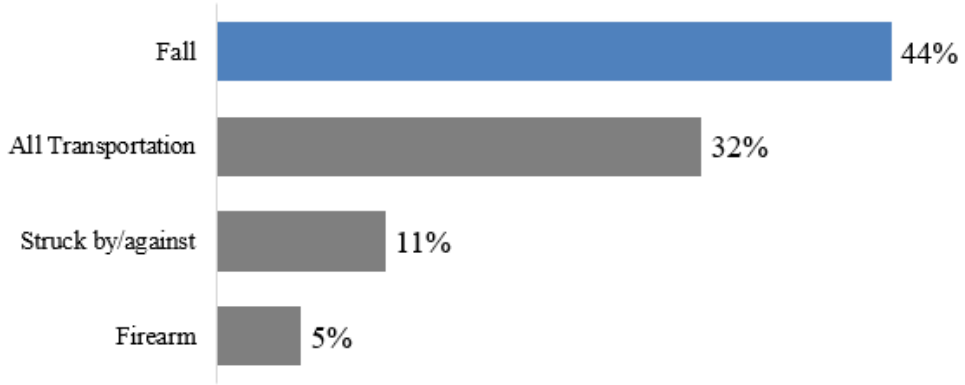


The average patient age was 53 years.

The majority of patients are transported by **ambulance.**



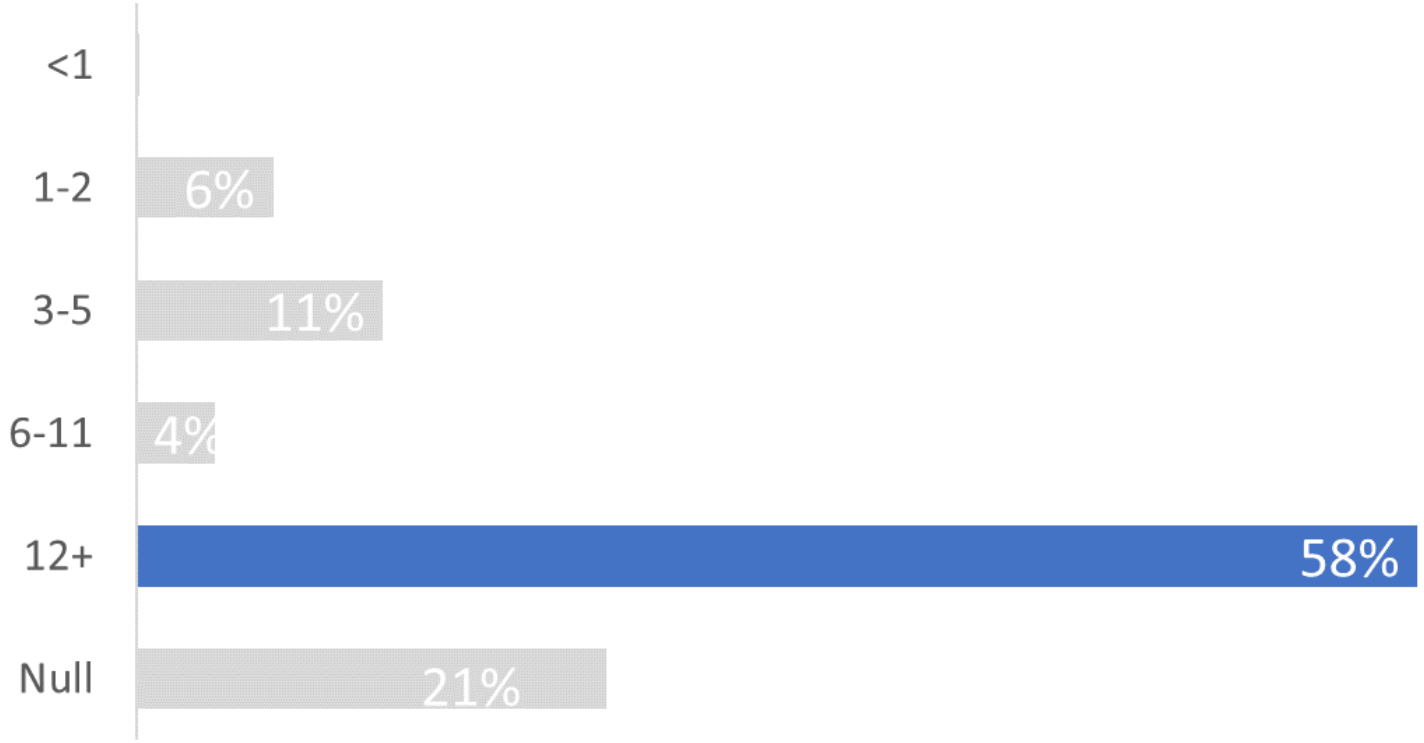
Falls were the most common cause of injury.



Counts <5% include: Cut/pierce, fire/burn, machinery, natural, overexertion, suffocation, other

Q2 2020 – Linked Transfer

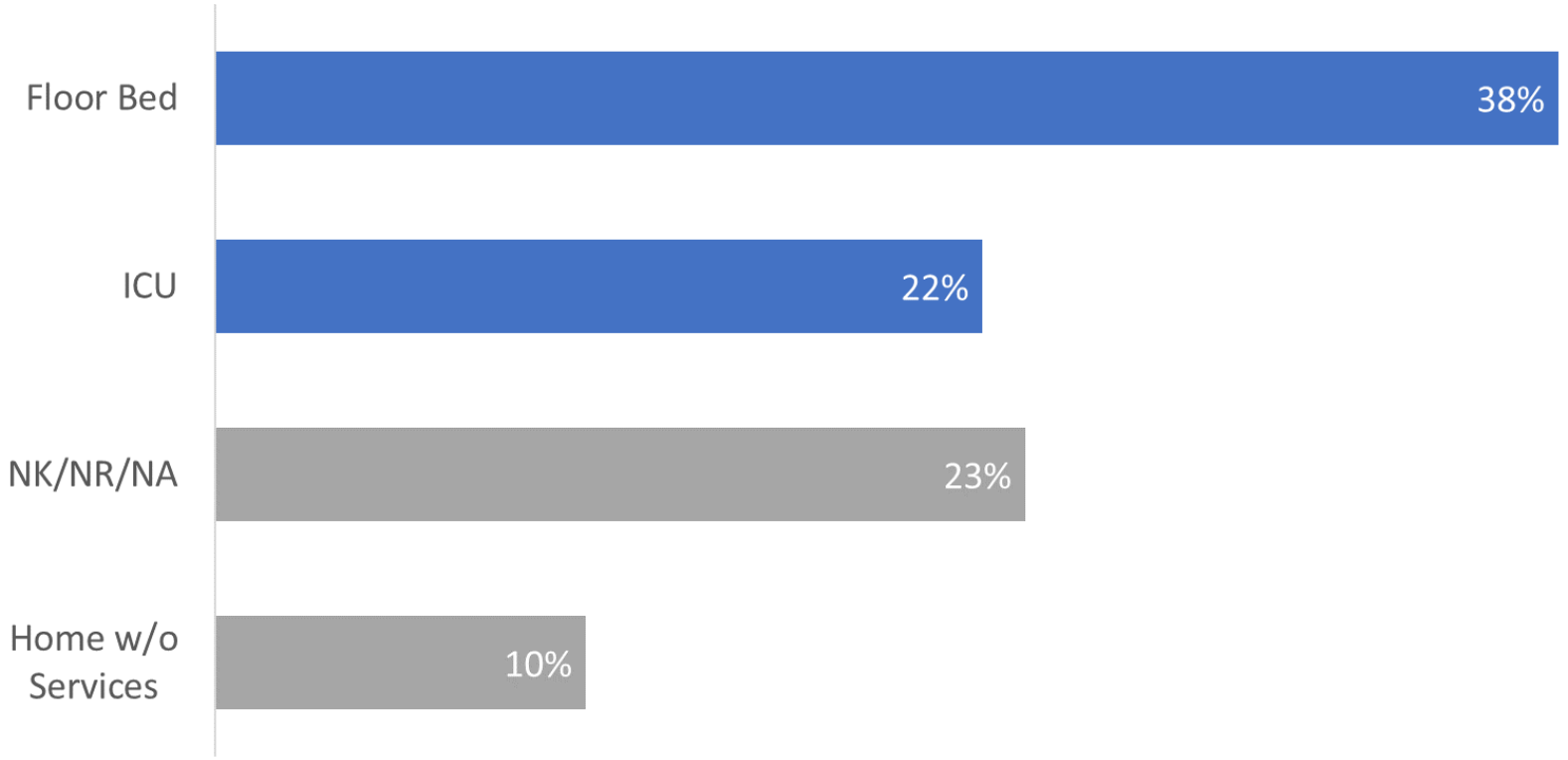
Most transfer patients are in the ED for **more than 12 hours** at the final hospital.



Indiana Department of Health

Q2 2020 – Linked Transfer

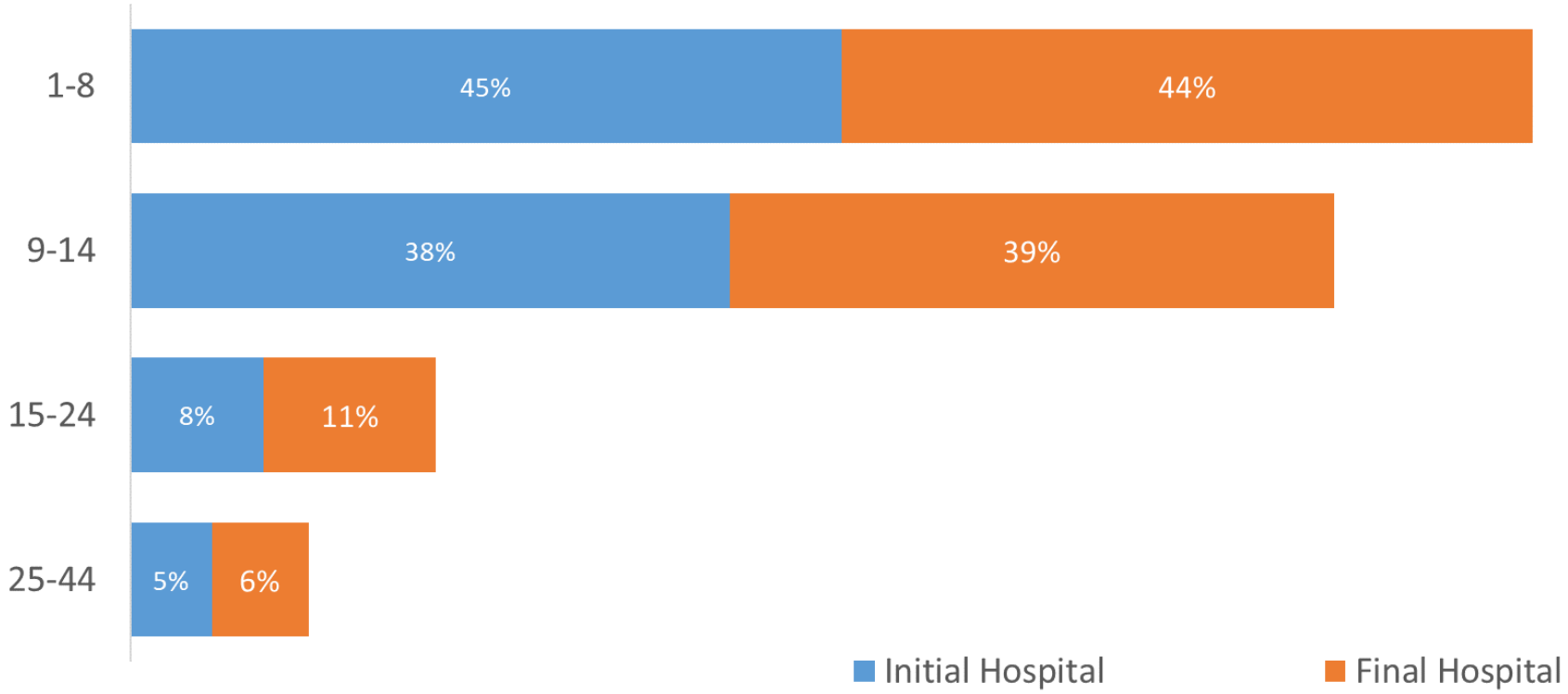
The majority of transfer patients go to a **floor bed** or the **ICU**.



Indiana Department of Health

Q2 2020 – Linked Transfer

The final hospital has patients with higher injury severity score than the initial hospital.



Indiana Department of Health

Other Business