



Indiana State Trauma Care Committee Meeting February 20, 2015

Email questions to:
indianatrauma@isdh.in.gov



Indiana State
Department of Health



“A common misconception is that we’re looking for the bullet. We don’t care about the bullet. We’re looking for the damage the bullet caused.”







UNDER THE GUN




MY **GUN**
STORY

"A COMMON MISCONCEPTION IS THAT WE'RE LOOKING FOR THE BULLET. WE DON'T CARE ABOUT THE BULLET. WE'RE LOOKING FOR THE DAMAGE THE BULLET CAUSED."

THE ER DOCTOR





Data requests regarding patient identifiable information under the Trauma Registry Rule

Hilari Sautbine, *ISDH Office of Legal Affairs*

Katie Hokanson, *Director, Trauma and Injury
Prevention*



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Law

IC 16-19-3-28

State department designated as lead agency of a statewide trauma care system; rule making authority

Sec. 28. (a) The state department is the lead agency for the development, implementation, and oversight of a statewide comprehensive trauma care system to prevent injuries, save lives, and improve the care and outcome of individuals injured in Indiana.

(b) The state department may adopt rules under IC 4-22-2 concerning the development and implementation of the following:

- (1) A state trauma registry.
- (2) Standards and procedures for trauma care level designation of hospitals.

Email questions to: indianatrauma@isdh.in.gov



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Trauma Registry Rule

- Rule that requires these providers to report data to the trauma registry:
 - EMS providers
 - All hospitals with EDs
 - Rehabilitation hospitals



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Email questions to: indianatrauma@isdh.in.gov

Trauma Registry Rule

- Rule that requires these providers to report data to the trauma registry:
 - EMS providers
 - National EMS Information System (NEMESIS) Silver
 - 15th of the month
 - All hospitals with EDs
 - National Trauma Data Standard (NTDS)
 - Quarterly
 - Rehabilitation hospitals
 - CMS – Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - Quarterly
- Rule also permits ISDH to grant any person involved in a legitimate research activity to request access to confidential information

HIPAA

- ISDH is a “hybrid” entity
 - Trauma program is not a HIPAA-covered entity
 - Can collect identifiable information securely, not required under trauma registry rule
- Privacy Rule
- General public health activities
 - ISDH legally authorized to receive information for public health purposes
- Data sharing agreements no longer needed

Email questions to: indianatrauma@isdh.in.gov



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HIPAA - Identifiable Elements

- Names
- Geographic subdivisions smaller than a state
 - ZIP code exceptions
- Date elements directly related to an individual
- Numbers
 - Phone, fax, medical record #s, device identifiers
- Email and IP addresses, web URLs
- SSNs
- Biometric identifiers
- Full-face photos and comparable images
- Any other unique identifying number/characteristic/code



Privacy, Retention & Releasing Data

- Privacy
 - Data confidentiality
 - Medical information
- Retention
 - Storage of data
 - Records retention
- Release of Data by the ISDH
 - APRA
 - Fair Information Practices/Privacy of Personal Information

Email questions to: indianatrauma@isdh.in.gov



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Data Requests

- Two types in the Division
 - Patient Identifiable
 - Data Release Committee
 - Aggregate
 - Division

- More information at:
<http://www.in.gov/isdh/19537.htm>

Email questions to: indianatrauma@isdh.in.gov



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Data Requests - DRC

- Identifiable data
- Handled by the agency
- Processed in ~2 weeks
- All requests tracked
 - Legal
 - Tracking log (division)
 - E-mail communication (division and/or legal)
 - Weekly staff meetings
- Must provide:
 - Division data request form
 - Agency data request form
 - Document on letterhead describing study
 - IRB approval (if applicable)

Email questions to: indianatrauma@isdh.in.gov



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Data Requests - DRC - Process

1. Request to program
2. Program sends necessary paperwork to requestor
3. Upon receipt of paperwork and request, program contacts DRC
4. DRC reviews and discusses whether information can be released under Indiana law
5. Decision made and communicated to requestor

Email questions to: indianatrauma@isdh.in.gov



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Data Requests - DRC - Committee Members

- Office of legal affairs – 2 attorneys
- HIPAA Privacy Officer (attorney)
- Data Analysis Team member (epidemiologist)
- State Epidemiologist
- Trauma Registry representative
- Cancer Registry representative
- Vital Records representative (State Registrar)
- Office of Public Affairs representative

Email questions to: indianatrauma@isdh.in.gov



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Data Requests - Division

- Division data request form
- De-identified data
 - **If in doubt, ask DRC**
- Handled by the division
- Processed in 3 business days
- All requests tracked
 - Tracking log
 - E-mail communication
 - Weekly staff meetings



REQUEST FOR DATA
State Form 55541 (3-14)

INDIANA STATE DEPARTMENT OF HEALTH
HEALTH AND HUMAN SERVICES
DIVISION OF TRAUMA AND INJURY PREVENTION
2 North Meridian Street, 2nd Floor
Indianapolis, IN 46204
Telephone: (317) 234-7321
E-mail: kgatz@isdh.in.gov

Data Request Sent: <i>(month, day, year)</i>		Proposed Request Deadline*: <i>(month, day, year)</i>	
<i>*NOTE: At least a seventy-two (72) hour notice is required.</i>			
Requestor Information			
Name		Title & Organization	
Telephone		Email	
Description of Data Request			
Background Information and/or Question			
Intended Audience			
Data Set	Trauma Registry		
Purpose of Request			
	<input type="checkbox"/> Analysis or support for decision-making activities (i.e., policies, program changes) <input type="checkbox"/> Grant materials and evidence <input type="checkbox"/> Quarterly, semi-annual or annual report	<input type="checkbox"/> Presentation <input type="checkbox"/> Research project <input type="checkbox"/> Sharing with outside entity <input type="checkbox"/> Other - <i>specify</i>	
	Please describe the purpose in detail:		
Parameters for Data			
Time Period		CY = Calendar Year (e.g., CY14 = 01/01/14 – 12/31/14) SFY = State Fiscal Year (e.g., SFY14 = 07/01/13 – 06/30/14) FFY = Federal Fiscal Year (e.g., FFY14 = 10/01/13 – 09/30/14)	
Geography		Statewide (aggregate), by County, OTHER	
Specific Demographics		Age, Sex, Race, Ethnicity, Other	
Procedure/ Diagnosis Codes		List ICD codes as appropriate	
OTHER NOTES			

Email questions to: indianatrauma@isdh.in.gov



Trauma Registry Implementation Research Collaborative

Dr. Jennifer Walthall, *Deputy State Health
Commissioner*



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Trauma Registry Data Report

Jessica Skiba, *Injury Prevention Epidemiologist*

Camry Hess, *Data Analyst*



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“In the Process of ACS Verification” Program Review

Art Logsdon, *Assistant Commissioner*



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SIGNS

Because without them, you'd never have known.

In the Process - review

- Triage and Transport Rule (EMS Commission)
 - Rationale for “in the process”
 - A way to kick-start development of more trauma centers
 - More trauma centers for EMS to take Step 1 and Step 2 patients
 - Definition of a trauma center
 - Verified by ACS
 - Designated a trauma center by another state under a system substantially equivalent to the ACS process
 - Deemed to be “in the process” of ACS verification
 - EMS Commission guidance further defines the process

Email questions to: indianatrauma@isdh.in.gov



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In the Process - review

- August 2013—Ball Memorial Hospital, Muncie
 - First “in the process” applicant OKed by Commission
 - Hospitals have 2 years to become ACS-verified
- April 2014—mid-course opportunity needed
 - EMS Commission added the one-year review to the process
- December 2014—tweaks to initial application/1-year review
 - Changes apply only to those applying post-Dec. 2014



In the Process--Continued

- Applications available on EMS Commission website
- ISTCC and EMS Commission working together
- Sufficient documentation for ISDH/Commission to conclude the hospital complies with requirements
- Hospitals that don't become ACS-verified in 2 years:
 - Provisional status is revoked
 - Hospital can't reapply for 3 years

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In the Process - tips

- If you are unsure – ASK
- Become close friends with Trauma program
- Check the ACS website to ensure you schedule your Consultation/Verification visits in time
 - As of February 18:
 - Applications must be submitted 12 months in advance
 - Currently accepting applications for November 1-December 11, 2015.

Email questions to: indianatrauma@isdh.in.gov



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**I may not have gone where I intended to go,
but I think I have ended up where I needed to be.**

- Douglas Adams





“In the Process of ACS Verification” Program 1 year reviews

Dr. Gerry Gomez, *Trauma Medical Director,
Eskenazi Health*

Katie Hokanson, *Director, Trauma and Injury
Prevention*



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St. Elizabeth - East

Email questions to: indianatrauma@isdh.in.gov



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Indiana Department of Homeland Security

One Year Progress Report for “in the process” Level III Trauma Center

Hospitals that were granted status as an “in the process” Level III Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Submission of trauma data to the State Registry.** The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.

Has your hospital submitted trauma data to the State Registry at least two out of the last four quarters?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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2. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital’s application. There must be evidence that a trauma surgeon is a member of the hospital’s disaster committee.

There is one surgeon who responded to two Level 1 activations in 2014. He was present and at the bedside within 30 minutes in one of the cases. The second case he did not meet this requirement. After a review of this case, it was determined that the unit secretary forgot to page him. He did not have adequate notification as was required. The unit secretary was counseled. It was determined that this should not count against him.

Have your Trauma Surgeon’s maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted “in process” Level III Trauma Center status? <i>Provide your hospital’s Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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3. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital’s documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

<p>Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status? <i>Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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4. **Orthopedic Surgery.** There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

Critical Care Physician coverage. Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment of proof of physician coverage 24 hours a day.

<p>Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level III Trauma Center status? <i>Provide your hospital's monthly Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.</i></p>	<p>Orthopedic Surgeons: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Critical Care Physicians: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
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5. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

<p>Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level III Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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6. **Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses.

<p>Have the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i></p>	<p>Trauma Medical Director: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>General Surgeon: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Orthopedic Surgeon: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Neurosurgeon:

X YES NO

Emergency Medicine:

X YES NO

Anesthesia:

X YES NO

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Franciscan St. Elizabeth Health, Lafayette

1701 Creasy Ln.

Lafayette, IN 47905

Previously known as (if applicable):

N/A

Date the "In the Process" status was granted:

Level Three Adult *12/2013*

Level One Pediatric _____

Level Two Pediatric _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

A consultation visit by the ACS-COT is scheduled for 2/12/15 and 1/13/15

A verification visit application along with payment was sent to the ACS-COT 9/14/14. Tentative date is scheduled for 9/2015.

Trauma Medical Director:

NAME: *John Francis, MD*

Email: *Jfrancismd@me.com*

Office Phone: *765-446-5065* Cell/Pgr #:

Trauma Program Manager/Coordinator:

NAME: *Regina Nuseibeh, RN, CNS- Intern, TPM*



Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

A consultation visit by the ACS-COT is scheduled for 2/12/15 and 1/13/15

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Feedback

- All Call Schedules
 - Need to be clearly labeled
 - Need a key explaining shorthand/abbreviations
- Add Trauma Program Manager attendance to:
 - Peer Review meeting log
 - Operational meeting log
- Recommendation:
 - Include critical care representative as part of peer review and operational meetings per Orange Book requirements



St. Vincent Anderson



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Indiana Department of Homeland Security

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Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

St. Vincent Anderson Regional Hospital _____
2015 Jackson Street
Anderson, IN 46016 _____

Previously known as (if applicable):

Date the "In the Process" status was granted:

Level Three Adult _12/20/2013_____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

ACS Consultation Review **November 12-13, 2014**
Application for Verification will be submitted upon receipt of consultation review summary.

Trauma Medical Director:

NAME: Joseph Baer, MD _____

Email: _____


Office Phone _____ Cell/Pgr #. _____

Trauma Program Manager/Coordinator:

NAME: Michelle Moore RN, BSN _____

Email: _____

Office Phone _____ Cell/Pgr # _____



Date the “In the Process” status was granted:

Level Three Adult _12/20/2013_____

Hospital’s status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

ACS Consultation Review **November 12-13, 2014**

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Feedback

- All Call Schedules
 - Need to be clearly labeled
 - Need a key explaining shorthand/abbreviations
- Date of Verification Visit



2015 Trauma Tour

Katie Hokanson, *Director, Trauma and Injury Prevention*



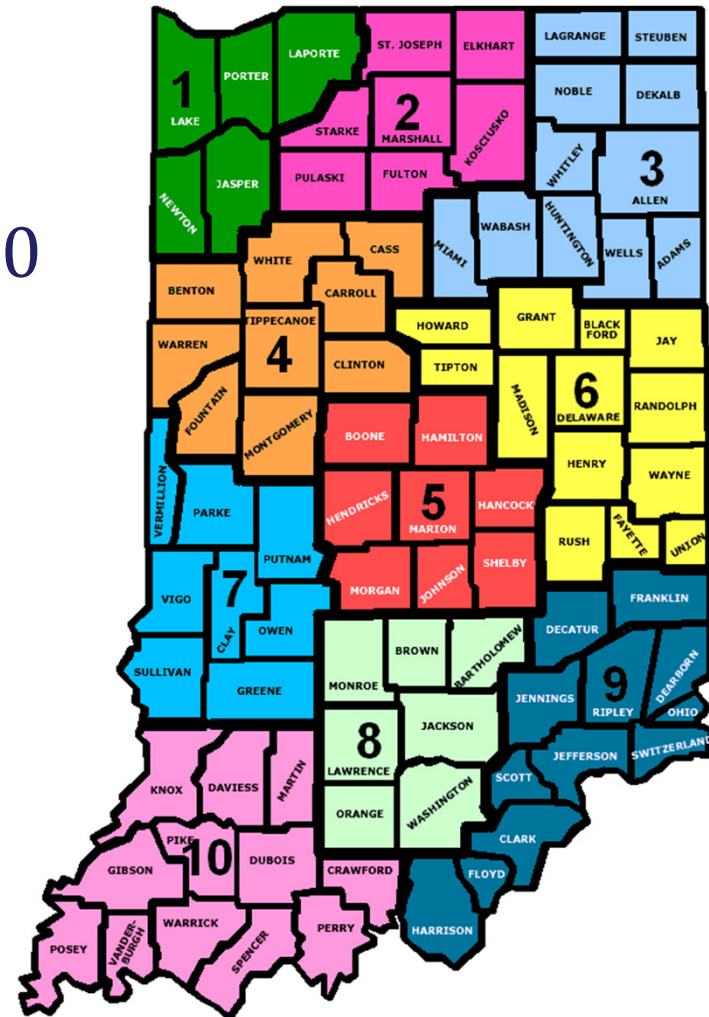
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Why Again?

- New Staff at ISDH
- Continuing to work on the development, implementation and oversight of a statewide trauma system
- Need to meet new stakeholders and reconnect with stakeholders we have met over time

2015 Trauma Tour Locations

Tour stops will be held in all 10 Public Health Preparedness Districts.



2015 Trauma Tour Details

- Timeframe: June, July, August
- Audience:
 - Trauma Stakeholders
 - Local hospitals
 - Local EMS/Fire Department
 - County health departments
 - focus on injury prevention and education
 - Elected officials
 - Local police/sheriff
 - Local rehab facilities
 - Local agencies on aging

2015 Trauma Tour Details (Continued)

- Format:
 - *NEW* Trauma Registry Refresher session
 - Displays/information booths
 - Formal presentation
 - Q&A session
- Communication:
 - Emails & snail mail
 - Registration

Trauma Tour Stops (Continued)

- 1st Stop: Evansville
 - Tuesday, June 30th
 - Southern Indiana Career & Technical Center



Student Excellence Through Applied Knowledge and Partnerships

- 2nd Stop: Crown Point
 - Tuesday, July 7th
 - Crown Point Community Library



Crown Point Community Library

Crown Point Community Library 122 N. Main Street Crown Point, IN 46307 219.663.0270

Winfield Branch Library 10645 Randolph Crown Point, IN 46307 219.662.4039

Trauma Tour Stops (Continued)

- 3rd Stop: Terre Haute
 - Tuesday, July 14th
 - Landsbaum Center for Health Education

- 4th Stop: Muncie
 - Thursday, July 16th
 - IU Health – Ball Memorial Hospital



Ball Memorial Hospital

Trauma Tour Stops (Continued)

- 5th Stop: Fort Wayne

- Tuesday, July 21st
- Public Safety Academy



- 6th Stop: Scottsburg

- Tuesday, July 28th
- Mid America Science Park



MID-AMERICA
science park

Trauma Tour Stops (Continued)

- 7th Stop: Lafayette
 - Thursday, July 30th
 - YWCA

- 8th Stop: South Bend
 - Tuesday, August 4th
 - EMS Education Building



Trauma Tour Stops (Continued)

- 9th Stop: Columbus
 - Tuesday, August 11th
 - Columbus Learning Center
- 10th Stop: Indianapolis
 - Thursday, August 13th
 - Eskenazi Health – Outpatient Care Center



Greater Columbus Learning Center
Freedom through literacy
Since 1988

ESKENAZI
HEALTH



Injury Prevention 101 Conference

Jessica Skiba, *Injury Prevention Epidemiologist*



Indiana State
Department of Health

2015

Injury Prevention 101 conference

Date: Friday, March 13, 2015

Location: Indiana Government Center South- Room 22
402 W. Washington St, Indianapolis, IN 46204

Time: Registration begins at 7:30 a.m.
Event starts at 8:00 a.m.



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Email questions to: indianatrauma@isdh.in.gov

Conference Agenda

Time	Session	Description
7:30– 8:00 a.m.	Registration & Networking Breakfast	
8:00 – 8:30 a.m.	Welcome & Opening Remarks	
8:30– 9:15 a.m.	Session 1	ACS IP program requirements
9:15– 10:15 a.m.	Session 2	What are & where to find evidence-based programs
10:15– 10:30 a.m.	Break & Networking	
10:30 – 11:30 a.m.	Session 3	Using data to form and inform your program
11:30 a.m. – 12 p.m.	Panel Discussion	Data Use and Open Q & A
12:00 – 1:00 p.m.	Lunch & Networking	
1:00– 1:45 p.m.	Session 4	Literature Evaluations & Evaluation of IP programs
1:45– 2:30 p.m.	Session 5	How to fund IP program
2:30– 2:45 p.m.	Break & Networking	
2:45– 3:45 p.m.	Session 6	Community buy-in strategies
3:45 – 4:00 p.m.	Break & Networking	
4:00 – 4:30 p.m.	Closing Remarks	

Registration & More Information

Injury Prevention 101 Conference Registration:
<https://www.eventbrite.com/e/injury-prevention-conference-tickets-14963874351>

IPAC Website:

<http://www.in.gov/isdh/25395.htm>

2015 Meeting dates:

3/12/2015

6/18/2015

9/17/2015

12/10/2015



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Department of Health

Email questions to: indianatrauma@isdh.in.gov

Contact Information

Jessica Skiba, MPH

Injury Prevention Epidemiologist
Division of Trauma and Injury Prevention

317-233-7716

JSkiba@ISDH.in.gov

Email questions to: indianatrauma@isdh.in.gov



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Department of Health



PI Subcommittee Update

Katie Hokanson, *Director, Trauma and Injury
Prevention*



Indiana State
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Performance Improvement (PI) Subcommittee

- Quarterly meetings
 - Started in January 2013
- 3 Goals:
 1. Increase the number of hospitals reporting to the trauma registry
 2. Reduce the average ED LOS at the initial hospital for transfer patients
 3. Increase the percentage of run sheets collected at the hospital

1. Increase the Number of Hospitals Reporting to the Trauma Registry

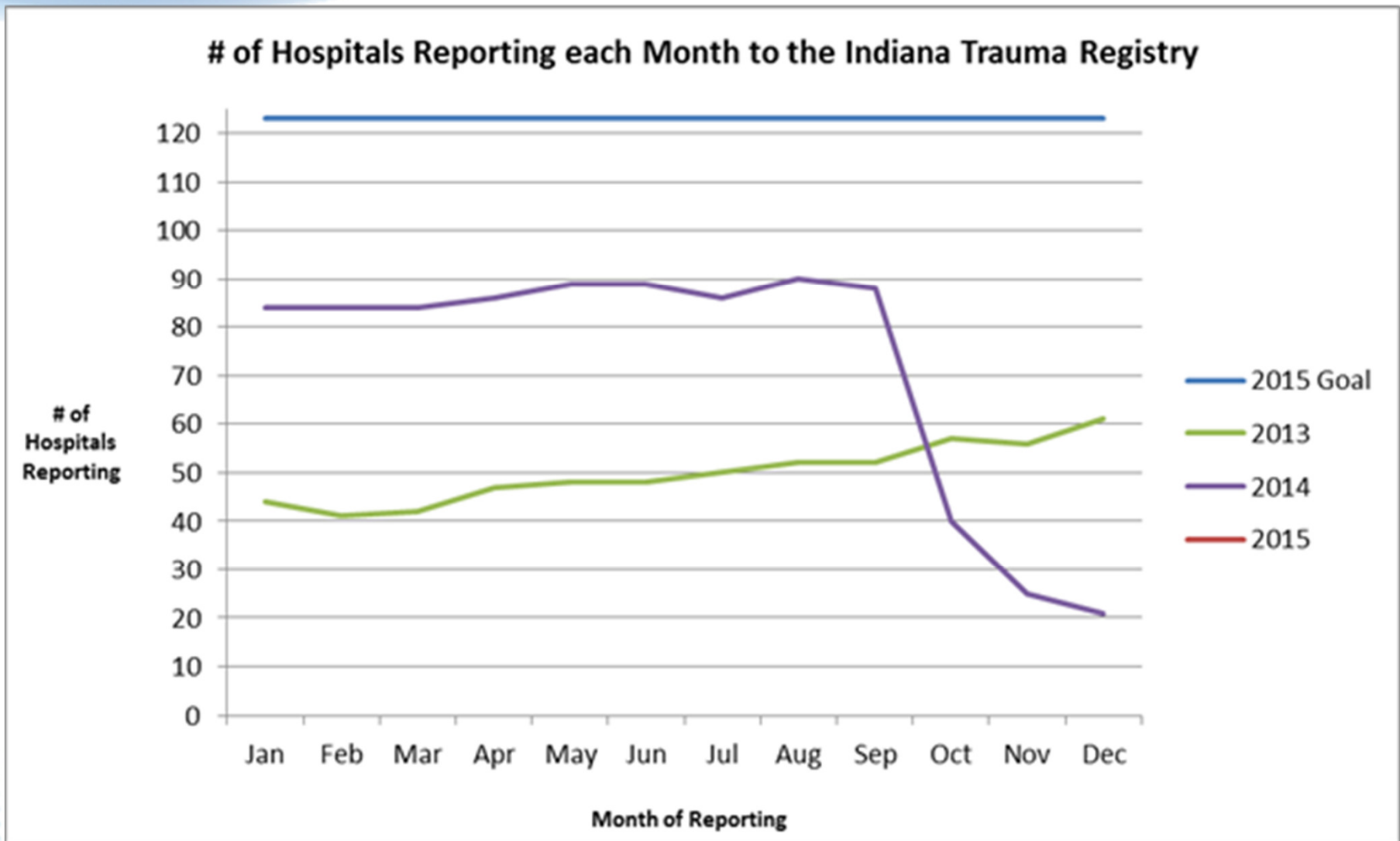
- Actions
 - Scheduling Refresher Trauma Registry Training events around the state
 - Summer 2015
 - Mentorship program between trauma centers and non-reporting hospitals

Email questions to: indianatrauma@isdh.in.gov



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1. Increase # of Hospitals Reporting to the Trauma Registry

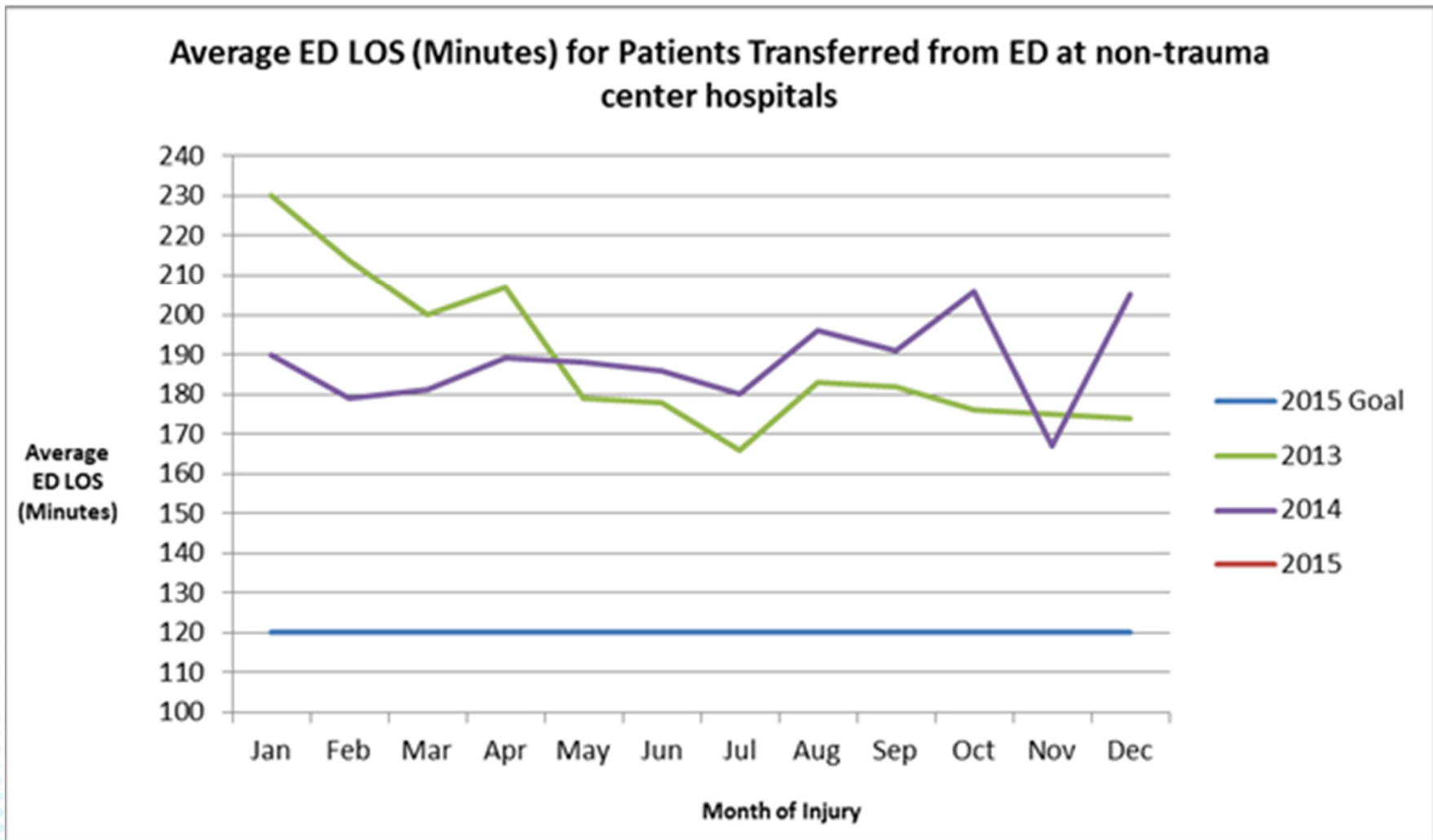


2. Reduce Average ED LOS at Initial Hospital for Transfers

- Actions
 - Evaluate critical patients & provide feedback to hospitals (state-level and from trauma centers)
 - Hospital-specific reports from ISDH
 - Discussion of developing educational material for non-trauma centers regarding timely transfers



2. Reduce Average ED LOS at Initial Hospital for Transfers



3. Increase Run Sheet Collection at the Hospital

- Actions
 - Implementation of ISDH EMS Registry
 - Trauma Registry Rule
 - Has helped with electronic collection/access, but still need hand off in Emergency Department



Potential New Metrics

- Evaluation of Triage & Transport Rule
- Identifying double transfers
- ACS Orange Book metrics
- Data quality dashboard for linking cases
- Overall ED LOS
- ED LOS impact on ICU LOS
- Mortality

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2015 Meeting Dates

- May 12th
- August 11th
- November 10th

- ISDH, Conference Call Line, 10-11 EST

Email questions to: indianatrauma@isdh.in.gov



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Department of Health



Trauma System Planning Subcommittee Update

Katie Hokanson, *Director, Trauma and Injury
Prevention*



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Trauma System Planning Subcommittee

- As needed meetings
 - Started Summer 2014
- Goal:
 - Help ISDH identify priorities in trauma system development

Email questions to: indianatrauma@isdh.in.gov



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Trauma System Planning Subcommittee

- Focus Areas:
 - Orientation Packet
 - ACS Advocacy visit to ISTCC meeting
 - Trauma System Plan
 - “Like” comparisons – ACS Orange book criteria
 - Trauma Education
 - Regional Trauma System Development



Orientation Packet

Katie Hokanson, *Director, Trauma and Injury
Prevention*



Indiana State
Department of Health



2015 Indiana Emergency Response Conference

Katie Hokanson, *Director, Trauma and Injury
Prevention*



Indiana State
Department of Health

2014 IERC

- Thank you!
 - Thanks to your presentations, last year's IERC was a HUGE success!
- Feedback from last year's conference:
 - “Continue with the trauma track”
 - “It was nice to see so many doctors teach!”
 - “GREAT speakers!”
 - “All my speakers were excellent!”

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

2015 IERC

- Dates: August 20th-22nd
- Location: Sheraton, Keystone at the Crossing
- Link for RFP found at: www.indianaerc.com
 - Indicate that your presentation is for the “Trauma Track”
 - Email me, khokanson@isdh.in.gov, once you have submitted your proposal
 - I will notify Jennifer Knapp, Trauma Track Ambassador.
- We need 12-15 presenters for a dedicated trauma track
- **SUBMIT BY: April 1st** (No joke)

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