

# Indiana Trauma System Plan

Indiana State  
Trauma Care Committee  
May 9, 2014



# Indiana's journey to date

## Trauma System Evolution:

- 2004 - Trauma System Advisory Task Force formed
- 2006 - IC 16-19-3-28 named the ISDH lead agency for trauma system



# Our 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.

# Back to the journey

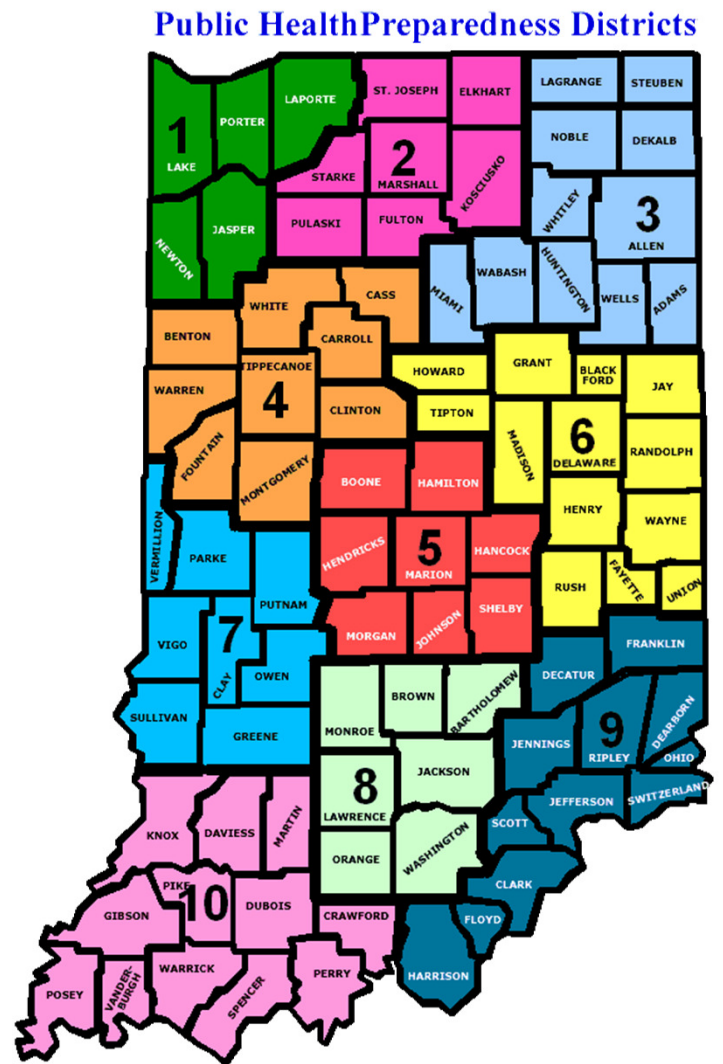
- 2008 - American College of Surgeons conducted an evaluation of Indiana's trauma system
  - Trauma Registry began operations
- 2009 - American College of Surgeons provided a set of recommendations for further development of Indiana's trauma system
- 2010 - Gov. Daniels created by executive order the Indiana State Trauma Care Committee; renewed by Gov. Pence in 2013

# Executive order

- Relevant portions:
  - Shall include the following members . . . .
  - Advise the Governor and State Health Commissioner re: development/implementation of a statewide trauma system
  - Establishes a State Trauma Care fund
    - Administered by ISDH
    - May accept gifts, grants and donations
    - \$\$ do not revert to state general fund at end of year

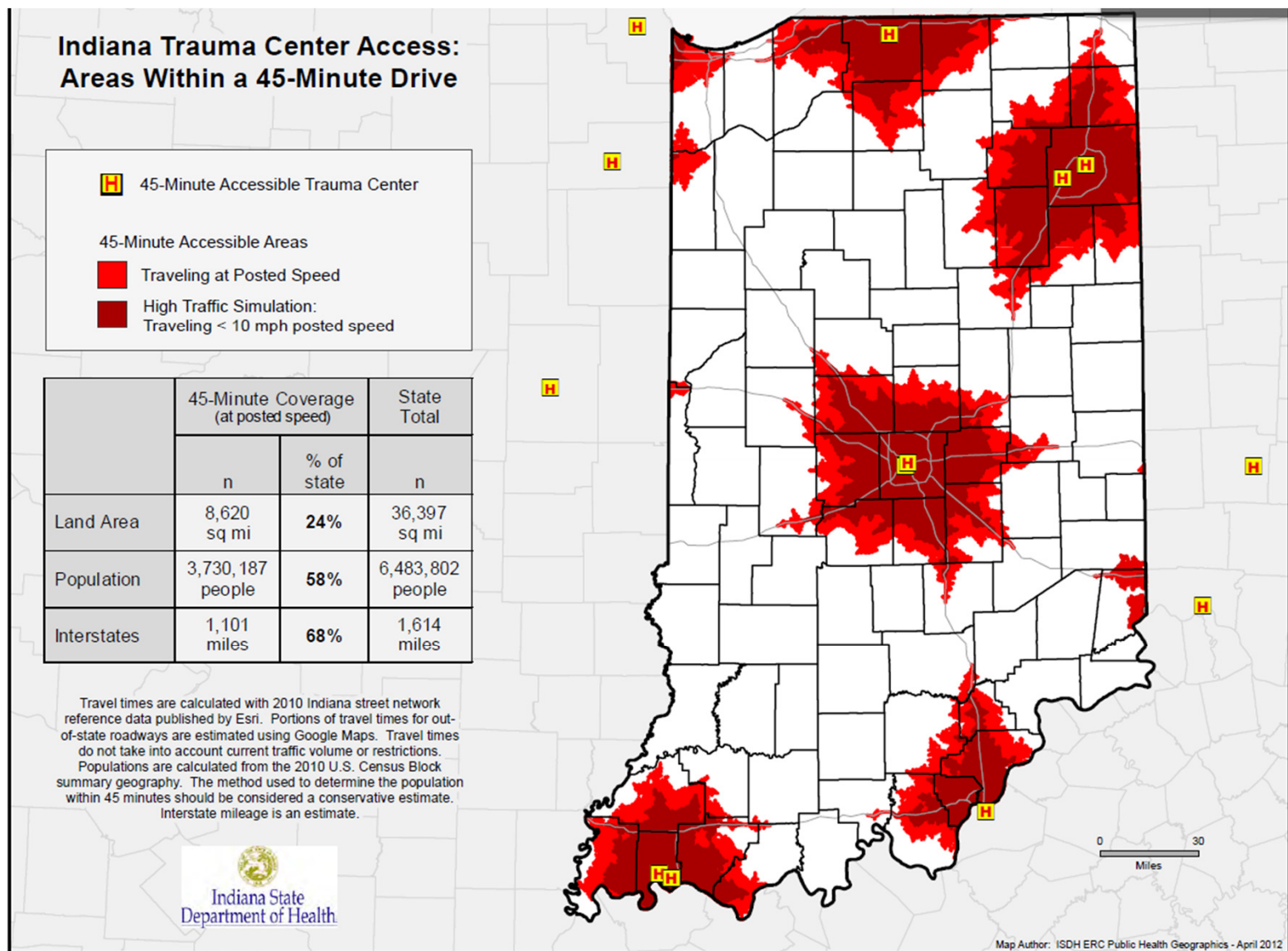
# Once more: The journey

- 2011 - ISDH created Trauma and Injury Prevention Division
- 2012 – EMS Commission adopted the Triage and Transport Rule
- 2013 – Governor signs Trauma Registry Rule






# Trauma centers—2012







# Trauma centers—2014

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

 45-Minute Accessible Trauma Center

 "In the Process" Facilities

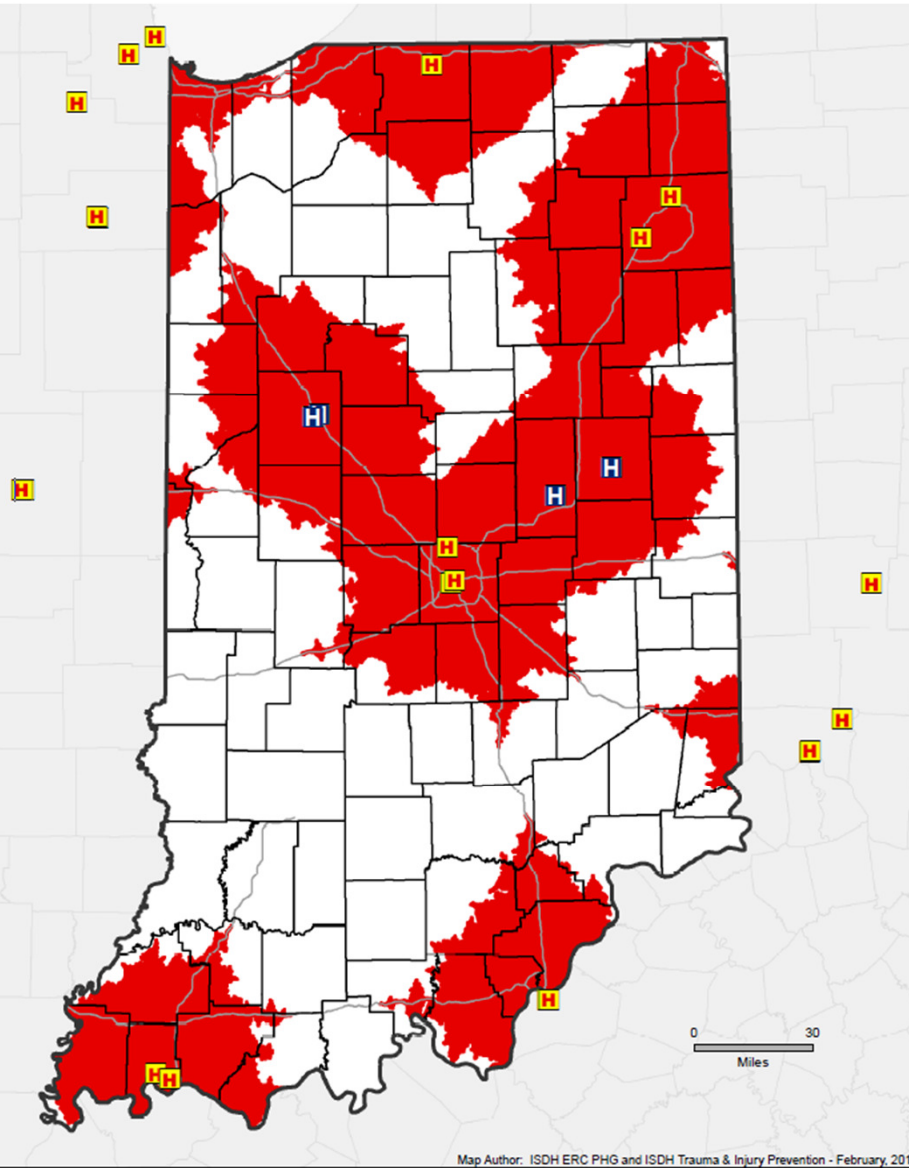
45-Minute Accessible Areas

 Average Travel Time  
*based on posted and historical speeds*

	45-Minute Coverage (at average speed)		State Total
	n	% of state	n
Land Area	15,586 sq mi	44%	35,826 sq mi
Population	4,616,073 people	71%	6,483,802 people
Interstates	1,025 miles	83%	1,239 miles

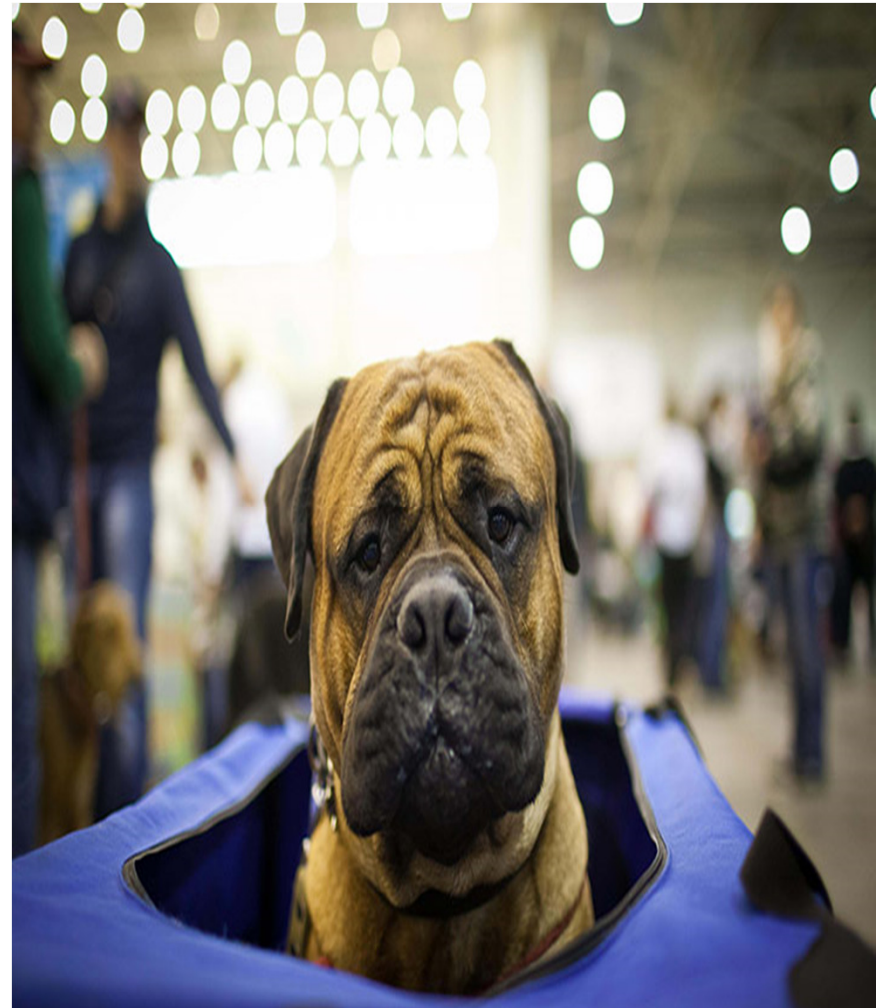
\* Considered a trauma center for purposes of the triage and transport rule.

Travel times are calculated with 2013 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.



# Where do we go from here?

- Four main categories of “the future”
  - Trauma Registry
  - Injury Prevention
  - System-wide issues
  - Miscellaneous



# Trauma system plan subcommittee

- Matt Vassy Deaconess Hospital
- Scott Thomas Memorial Hospital, South Bend
- Spencer Grover Indiana Hospital Association
- Dr. David Welsh St. Margaret Mary Hospital
- Annette Chard Lutheran Hospital, Ft. Wayne
- Ryan Williams Reid Memorial Hospital,  
Richmond
- Carrie Malone Terre Haute Regional Hospital



# Trauma Registry

- More and better data from:
  - Hospitals
  - EMS
  - Rehabilitation hospitals
- Integrate trauma, EMS and rehab data
- Pursue easier/less costly methods of data transmission
  - Blue Sky project
  - Columbus Regional Hospital



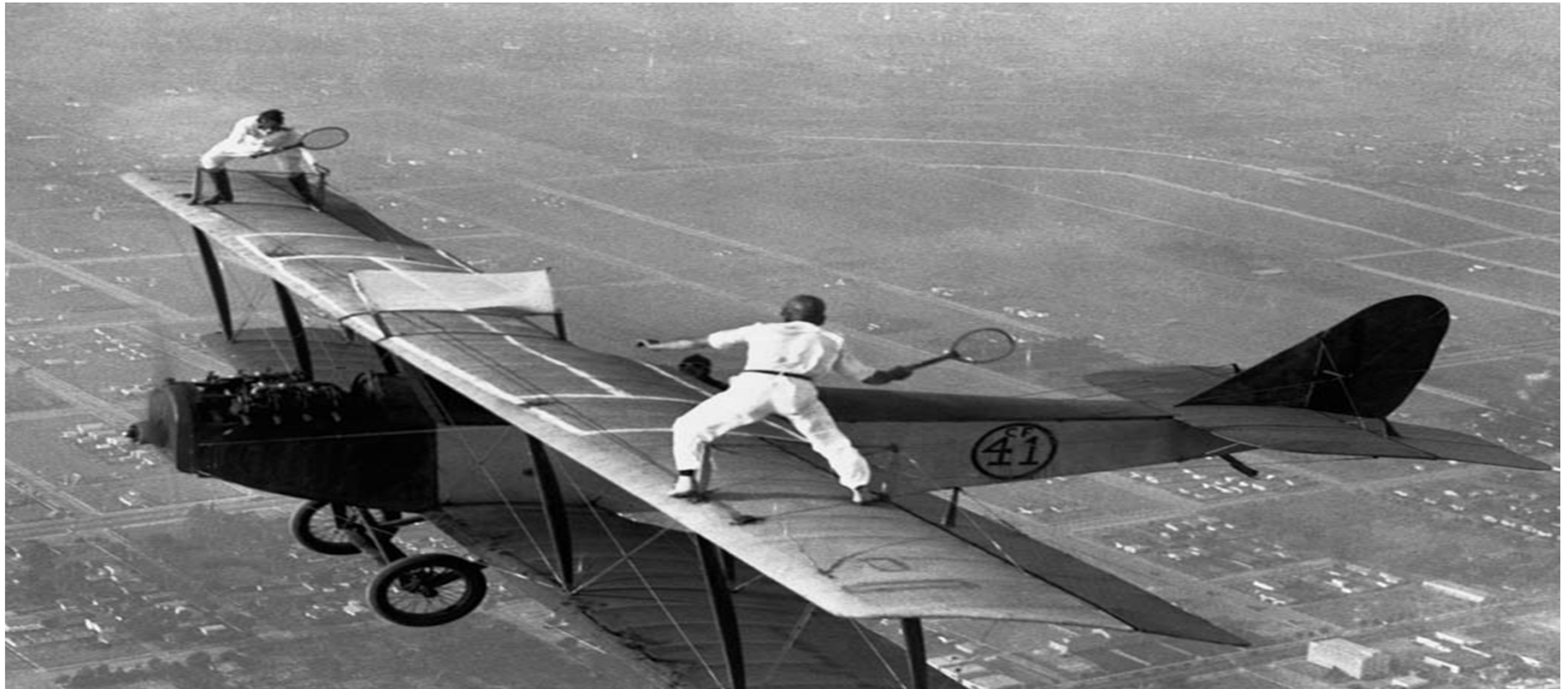
# Trauma Registry

- Improve ICJI grant standards
- Increase interstate data exchange
- Continue the inter-rater reliability project



# Injury Prevention

- Develop an injury prevention plan as part of the Division of Trauma and Injury Prevention
- Apply for national grants to “grow” injury prevention program





# Injury prevention

- Plan and hold a statewide injury prevention-specific conference
- PTSD/TBI study—mandated by the Indiana General Assembly (SEA 180)
- Indiana law requires hospitals to use e-codes (as of 10.1.13)

# Trauma System issues

- Designation rule that includes “in the process” and adds the ability to review “in the process” hospitals during the two-year process
- Update written materials, website, social media
- EMS assessment fee
- Education

# Trauma System issues

- Trauma system awards program
- Role of burn centers in trauma system
- Rural Trauma Team Development Course
- Inter-facility transfer criteria (ACS)

A close-up photograph of a brown dog, possibly a Mastiff or similar breed, with a grumpy and somewhat sad expression. The dog's eyes are slightly squinted, and its mouth is slightly open, showing its teeth. The background is a brick wall.

**HE CALLED ME UGLY!**

**I called him an  
ambulance.**

# Trauma System issues

- Statewide disaster plan initiatives
- Standardize a subset of trauma performance improvement activities for each trauma center and hospital
- Implement regional PI processes that feed into the statewide trauma PI
- Create/implement Trauma System Information Management Plan
- Develop regional systems of trauma care
- When do we advocate for stroke/STEMI systems of care?

# Miscellaneous issues

- Detailed budget proposal—how should we spend our money?
- How does Trauma program more effectively reach out to:
  - Rural Health
  - Preparedness
  - Women’s Health (injury prevention)
  - Maternal and Child Health/Child Fatality Review (injury prevention/EMS)
  - Chronic Disease

# Miscellaneous issues

- Trauma and Injury Prevention staffing—what skill sets are we missing?
- Composition and nature of State Trauma Care Committee
- Community paramedicine
- Role of Spinal Cord and Brain Injury Board



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

*- Douglas Adams*

