

**BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH  
AN ADMINISTRATIVE RULES HEARING  
LSA DOCUMENT #12-617**

**HEARING OFFICER REPORT**

This matter came before the duly appointed Hearing Officer, Manda Clevenger, on the 29<sup>th</sup> day of July, 2013, at 10:00 a.m., at the Indiana State Department of Health (ISDH), Yoho Board Room, 2 North Meridian Street, Indianapolis, Indiana.

Notice of time and place of the hearing was given as provided by law by publishing on July 3, 2013, in the *Indianapolis Star* and in the *Indiana Register*. Proof of publication of this notice has been received by the ISDH and the notice and proof are hereby incorporated into the record of this cause by reference and placed in the official files of the ISDH.

**ORAL STATEMENT**

Jessica Lawley  
EMS Educator  
St. Mary Medical Center

Ms. Lawley testified at the hearing. She asked if the ImageTrend software was going to remain free of charge for EMS providers and others 3, 5, 10 years down the road.

**WRITTEN STATEMENT SUBMITTED AT THE HEARING**

Spencer Grover  
Vice President  
Indiana Hospital Association

Mr. Spencer's comments that he submitted at the public hearing are attached and incorporated by reference as **Exhibit 1**.

The record was left open until Friday, August 16, 2013. The following three comments were received by August 16, 2013.

**WRITTEN STATEMENTS SUBMITTED DURING PUBLIC COMMENT PERIOD**

Terry Rake, Executive Director and Chief  
Jeff Fox, President  
Indiana Fire Chiefs Association

Ms. Rake and Mr. Fox's comments are attached and incorporated by reference as **Exhibit 2**.

Michael Lockard  
EMR & Reporting Developer  
Talley Medical – Surgical Eye Care Associates

Mr. Lockard's comments are attached and incorporated by reference as **Exhibit 3**.

Spencer Grover  
Vice President  
Indiana Hospital Association

Mr. Spencer submitted additional comments via email during the comment period. Mr. Spencer's comments are attached and incorporated by reference as **Exhibit 4**.

The following comment was received after the closure of the public comment period:

**WRITTEN STATEMENT SUBMITTED AFTER THE END OF THE PUBLIC COMMENT PERIOD**

Chris Karam  
Chief Operating Officer  
Saint Joseph Regional Medical Center – Mishawaka

Mr. Karam's comment was received after the end of the public comment period, but is attached and included in this report for full disclosure as **Exhibit 5**.

Dated at Indianapolis, Indiana this 4<sup>th</sup> day of September, 2013.

A handwritten signature in cursive script, appearing to read "Manda Clevenger", is written above a horizontal line.

Manda Clevenger

Hearing Officer



July 28, 2013

James Huston  
Chief of Staff  
Indiana State Department of Health  
2 North Meridian Street  
Indianapolis, IN 46204

Comments re: LSA Document #12-617 to establish a state trauma registry.

On behalf of the membership of the Indiana Hospital Association, we are supportive of the establishment of a state trauma registry for the collection of information regarding the delivery of traumatic injury care services in Indiana for purposes of improving the statewide trauma system. However, because this is an unfunded mandate with costs to all reporting hospitals, we ask that we "walk, not run" into collecting and making the data analysis useful to those reporting data.

We have consistently suggested that the definition of a hospital for registry purposes should be those hospitals designated by the state as trauma centers. Most states do not mandate all hospitals report to the trauma registry because of the costs of abstracting the data and the lack of funding. They use a similar definition.

By analyzing discharge data for 2012, half of the Indiana hospitals had fewer than 100 patients that had a trauma code and many of those were transported to trauma centers, where they would be included in the trauma registry. Of the trauma centers and other hospitals voluntarily reporting, well over 60 percent of the trauma cases are in the registry without duplications. As noted in the Economic Impact Statement, "the proposed rule will not impose any significant additional expense to...hospitals that already report trauma data to the Trauma Registry." However it does not note the significant additional expense of data abstraction of hospitals that are not already reporting.

We are aware that the penalties for non-reporting seem minimal, but would advocate that incentives for voluntary participation will be more effective to encourage hospitals to provide their communities the public health benefits of a trauma system.

Spencer L. Grover  
Vice President

Exhibit  
1

## Clevenger, Manda

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**From:** Terry Rake [rake@indfirechiefs.org]  
**Sent:** Monday, August 12, 2013 9:36 PM  
**To:** Clevenger, Manda  
**Cc:** gene.konzen@waynetwp.org; Tim Smith; Fox, Jeff W.  
**Subject:** FW: Trauma Rule 2013.docx  
**Attachments:** to the Indiana State Department of Health's (ISDH) proposed administrative rule, 410 IAC 34.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Ms. Clevenger,

On behalf of the Indiana Fire Chiefs Association, please accept our position statement on the proposed administrative rule, 410 IAC 34. Please let us know if you have any questions.

Regards,

Terry Rake  
Executive Director of the Indiana Fire Chiefs Association  
317-733-1850  
PO Box 364  
Zionsville, IN 46077  
[www.indianafirechiefs.org](http://www.indianafirechiefs.org)

Exhibit  
2



# INDIANA FIRE CHIEFS ASSOCIATION

July, 25, 2013

*With respect to the Indiana State Department of Health's (ISDH) proposed administrative rule, 410 IAC 34, requiring Emergency Medical Services (EMS) providers to report information to the ISDH trauma registry, the Indiana Fire Chiefs Association feels this is a duplication of reporting requirements and data elements already required of EMS providers by the Indiana Emergency Medical Services Commission (EMSC) in 836 IAC 1-1-5.*

*The Indiana Fire Chiefs Association acknowledges the importance of this data to the EMSC and to the ISDH mission, however it is our position that EMS providers should only report to one state agency and that those agencies share the data.*

*Chief Jeff Fox, President of the Indiana Fire Chiefs Association*

**Clevenger, Manda**

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**From:** Michael Lockard [mlockard@talleyeyecare.com]  
**Sent:** Wednesday, August 14, 2013 9:54 AM  
**To:** Clevenger, Manda  
**Subject:** ISDH Trauma Registry Rule Making Support  
**Attachments:** ISDH Trauma Registry Support.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Attached please find a letter of support for the rule change for using the NEMESIS system in the collection of data for the ISDH Trauma Registry.

Your assistance in this will be greatly appreciated. Please contact me via email or at one of the numbers below if you have any questions or wish to discuss this further.

**Michael Lockard**  
***EMR & Reporting Developer***

Talley Medical-Surgical Eye Care Associates  
201 West Iowa Street  
Evansville IN 47710

(812) 424-2020                      Main Office  
(812) 426-6322, Extension 324    Server Room Office, Direct Line  
(812) 204-2936                      Cell Phone/Text Messages

Exhibit  
3

To whom it may concern,

With respect to the Indiana State Department of Health's (ISDH) proposed administrative rule, 410 IAC 34, we believe that the most current version of NEMSIS should be used to ensure accurate and consistent data collection.

To that end, we suggest that Rule 5, Section 1(d) which currently reads:

**"(d) EMS providers will submit data to the registry using the National EMS Information System (NEMSIS) data elements specified at 836 IAC 1-1-5 and the criteria in the Indiana EMS Data Dictionary."**

be changed to read:

**"(d) EMS providers will submit data to the registry using the most current version of the National EMS Information System (NEMSIS) data elements and the criteria in the Indiana EMS Data Dictionary."**

This change will ensure that the rule will continue to be effective when new versions of NEMSIS data sets are released.

Sincerely,

A handwritten signature in black ink that reads "Michael Lockard". The signature is written in a cursive style with a large initial "M" and "L".

## Clevenger, Manda

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**From:** Spencer Grover [sgrover@ihaconnect.org]  
**Sent:** Friday, August 16, 2013 4:50 PM  
**To:** Clevenger, Manda; Logsdon, Art  
**Subject:** trauma Registry Rule Testimony

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

### TRUAMA REGISTRY RULE TESTIMONY

Thank you for holding the testimony open until today.

As stated in our previous testimony, the Indiana Hospital Association is supportive of development of a trauma system and funding for the system to the extent that the costs of readiness and mandatory data trauma registry reporting are recognized.

There are 117 data elements in the long form and 85 data elements in the short transfer form proposed in the 2011 Appendix 5 of the Indiana Trauma Registry Data Elements. "The Washington State Department of Health showed that the average time to abstract and enter one registry chart was between 30 and 90 minutes. Two thirds of the time was spent abstracting and one third was in data entry. This time estimate did not include case finding efforts, which can be substantial, data quality evaluation and intervention, quality screens, or reporting." Source: Washington State Trauma Registry Users Guide, September 2011

Indiana hospitals that do not currently abstract and report data do not see the value nor do they want to absorb the costs of education, abstraction, and reporting. Those that do report do so because they are required to by being designated trauma centers or because they have voluntarily allocated resources and have found value in the benchmarking and working with their trauma hospitals in quality reviews and injury prevention efforts.

We would suggest that the definition of hospital at 410 IAC 34-1-6 be defined as a trauma center and that only trauma centers be required to report to the trauma registry.



## Clevenger, Manda

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**From:** Christopher J. Karam [karamc@sjrmc.com]  
**Sent:** Tuesday, August 20, 2013 3:08 PM  
**To:** Clevenger, Manda  
**Cc:** sgrover@IHAconnect.org  
**Subject:** Trauma abstracting costs

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Amanda. I was given your name by Spencer Grover to respond to the potential of non-Trauma designated hospitals being required to manage patient data.

Assuming about an hour for each patient chart for abstraction and submission to a state-wide registry, I project close to \$40,000 in labor costs for the 825 patient charts at SJRMC (Mishawaka and Plymouth campuses). I also included a .10 FTE for oversight of the process both from a management perspective and IT-wise. I used \$26/hr nurse + 30% benefits x 832 hours (.40 FTE) + 208 hours (.10 FTE) x \$30/hr + 30% or \$36,000 total. If faced with recruitment difficulty we may have to consider offering more hours up to full-time in order to meet the requirement. This could double the hospital's cost.

As our reimbursements continue to be reduced we need to put our investment in quality initiatives that can provide strong patient outcomes *and* returns, such as re-admission projects, falls and sepsis management. I think the legislation should focus on those ACOS-designated trauma centers submitting to registries instead of mandates for all hospitals. In St. Joseph County, we worked through our jointly-managed EMS Committee with Memorial Hospital, a local competitor and Level 2 trauma center. We supported EMS transfer protocols that directed transport of patients to a designated trauma center based on the acuity of the patient and mechanism of injury. I believe this should be the model for other counties.

Thanks for the consideration.

Chris Karam  
Chief Operating Officer  
Saint Joseph Regional Medical Center-Mishawaka  
574-335-1035 Phone  
574-335-1001 Fax  
[karamc@sjrmc.com](mailto:karamc@sjrmc.com)

Exhibit  
5  
(Received after  
end of public  
comment period)