



Trauma Care Commission Meeting Minutes

May 2, 2025 – 10:00 am to 12:00 pm
IDOH – 8th Floor Kris Box Conference Room

Commission members in attendance in-person or virtual for all or part of the meeting: Dr. Lindsay Weaver, Chair; Jonathan Whitham, proxy for Jennifer-Ruth Green); Dr. Jeremy “Ty” Sullivan, proxy for Mitch Roob (virtual); Dr. Erik Streib; Andy VanZee, Dr. Elizabeth Weinstein (virtual); Dr. Lewis Jacobson; Dr. Emily Fitz; Lisa Hollister; Dr. Matthew Landman; Dr. David Welsh (virtual); Dr. Scott Thomas (virtual); and Dr. Jay Woodland

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome, Introductions & Approval of February 7, 2025, minutes - Dr. Lindsay Weaver	<p>Dr. Lindsay Weaver called the Trauma Care Commission (TCC) meeting to order at 10:02 am. A roll call was taken to establish a quorum.</p> <p>She asked for comments and/or corrections to the minutes of the February 7, 2025 meeting. Hearing none she entertained a motion for approval. Dr. David Welsh made a motion for approval; it was seconded by Dr. Matthew Landman and passed unanimously by roll call vote.</p>	N/A	N/A
2. IDOH Legislative Update – Rachel Swartwood, Director, Legislative and External Affairs	<p>Ms. Swartwood provided an update on several bills affecting trauma care in Indiana.</p> <p>HEA 1001 – State Budget – Trauma Care Commission took a 5% reduction. Each fiscal year TCC will receive \$5,503,594.00.</p>	N/A	N/A

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	<p>HEA 1051 – Mobile Integrated Healthcare (MIH) Grants – This bill provides that the following are eligible for a mobile integration healthcare grant: (1) an emergency medical services provider agency that is operated by a county; (2) an emergency medical services provider organization; and (3) a hospital if certain conditions are met. Adds counties to the list of eligible entities to apply for MIH grants.</p> <p>HEA 1003 - Health Matters – This bill requires the Indiana Department of Health, in consultation with the Indiana Office of Technology, to study standards for medical records and data interoperability, setting the stage for future electronic health information exchange.</p> <p>HEA 1587 – Insurance Matters – This bill directly impacts pre-hospital trauma care delivery, especially in cases where transport is not necessary or not immediately possible.</p> <ul style="list-style-type: none"> • Recognizes MIH models as reimbursable service platforms under qualifying plan. • Requires reimbursement for emergency medical services (EMS), including advanced life support provided by a certified EMS provider, even if no transport occurs. 		

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	<ul style="list-style-type: none"> • Clarifies that EMS services provided through 911 response or MIH programs are covered. • Ensures only one EMS provider is reimbursed per encounter, based on who provided the majority of ALS services. <p>SB 505 - Emergency transport to appropriate facility - This bill allows, subject to a written agreement concerning the transport of individuals, an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, or a paramedic (EMS personnel) to transport an individual to: (1) a health care facility; (2) a mental health facility; or (3) an urgent care facility; that can provide the individual with appropriate and necessary treatment. Specifies information that must be included in a written agreement. Allows reimbursement for transporting the individual to the facility.</p>		

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3. Subcommittee Updates	<p><u>Trauma System Planning Subcommittee</u> Andy VanZee and Dr. Erik Streib, Co-Chairs, reported the Subcommittee met on April 16, 2025.</p> <p><u>Subcommittee Scope of Work:</u> To promote effective coordination of care (right time/right place), including appropriate hospital triage (with EMS) and timely transfer of critical patients, maintain trauma center designations. Ensure commission reporting is completed, and funding is allocated.</p> <p>State Trauma Plan – Discussed process for reviewing the Trauma System Plan and begin annual report.</p> <ul style="list-style-type: none"> Commission members and staff provide first round review. Explore external entity to assist in plan update and tracking progress. <p>Legislative Update – Discussed next biennium grant funding (HEA 1001 - \$5.5 million each year). Creation of permanent non-reverting fund. Explore long term sustainable funding streams for next biennium.</p> <p>Trauma Regional Advisory Committee (TRAC) Development – 3rd round of TRAC meetings are in process with continued expansion. Discussed initial TRAC funding allocation proposal and oversight structure. There was discussion about the TRAC allocation model, i.e. formula used, funding guidelines and funding process. After much discussion, Dr. Weaver</p>	N/A	N/A

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	<p>entertained a motion for the TRAC funding to be distributed by the Indiana Hospital Association to the TRACs based on the formula discussed with the funding amounts to be reviewed every biennium. Dr. Emily Fitz so moved, it was seconded by Dr. Lewis Jacobson and approved unanimously by roll call vote. Andy VanZee abstained from this vote.</p> <p>Trauma System Designation – Continue discussion on Whitespace and Level 3 expansions (Seymour and New Albany). Review updated Indiana Application for “In the Process Designation”.</p> <p>Trauma Center Reverifications in 2025: Lutheran Hospital of Indiana-Fort Wayne – Level 2 Adult and Peds (Reverification April 8, 2025) Memorial Jasper – Level 3 (Reverification scheduled for May 7, 2025) Parkview Regional Health – Level 2 Adult and Peds (Reverification scheduled for June 4, 2025) Ascension St. Vincent Evansville – Level 2 Adult and Peds (Reverification scheduled for June 11, 2025) Riley Hospital for Children – Level 1 Peds (Reverification scheduled for August 5, 2025) Franciscan Health Crown Point – Level 3 Adult (Reverification scheduled for September 17, 2025)</p>		

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	<p><u>Education & Outreach Subcommittee</u></p> <p>Dr. Jay Woodland and Dr. Matthew Landman, Co-Chairs, reported the Subcommittee met on April 24, 2025.</p> <p><u>Subcommittee Scope of Work:</u> Provide education & outreach to key stakeholders, coordinate with IDOH to utilize data for injury prevention programming and conduct public awareness campaign.</p> <p>Dr. Matthew Landman reported on the 2025 National Trauma Awareness Month Toolkit and Child Injuries in Indiana Report. Both are being shared with local health departments, Indiana State Medical Association members, and all trauma and injury prevention partners in the state. Dr. Landman and Dr. Erik Streib also joined Dr. Lindsay Weaver in a Conversation with Commissioner video focusing on blood donations and fall preventions. This video is on the IDOH website. The link will be distributed to the TCC members as well.</p> <p>Madeline Wilson, MSN, RN, Trauma System Development Manager, Indiana Hospital Association, provided updates on trainings:</p> <ul style="list-style-type: none"> • The Statewide Trauma Symposium is scheduled for October 1 & 2, 2025 at the Monroe County Convention Center which will allow for more event space for breakout sessions, vendors, etc. 		

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	<p>She also provided an update on educational reimbursements. 189 students participated in various educational program activities at a total cost of \$109,236. There are several trainings and educational webinars scheduled through the end of the year.</p> <p>Dr. Matthew Landman provided an update on the Rural Health Innovation Collaborative (RHIC) Trauma Simulation Training. Dates and locations are set through the end of the year. Many improvements have been made to the training since January:</p> <ul style="list-style-type: none"> • Communication with hospital educators and administrators to increase the number of participants attending. • Ensure that EMS and Respiratory Therapists are invited to attend. • Added additional components to the curriculum: <ul style="list-style-type: none"> ○ Burns ○ GSW ○ Pediatric Trauma ○ Blood Transfusions • Dr. Pohlman, Medical Director, meets with the ED medical staff to determine significant needs that impede the care of trauma patients. • Updated procedural skills stations based on feedback. • Updated high fidelity simulation scenarios based on feedback. 		

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	<ul style="list-style-type: none"> Updated pre- and post-tests to more accurately test the knowledge of the participants and their skill level. <p><u>Registry Subcommittee</u> Lisa Hollister, DNP, MSN, RN, LSSBB; Summer Blakemore, CSTR, MA; and Missy Smith, BNS, RN, TCRN, Co-Chairs reported the Subcommittee met in January 2025.</p> <p><u>Subcommittee Scope of Work:</u> Review and maintain data elements of the Indiana Trauma Registry, oversee registry outreach and training for data optimization, and ensure data is valid, accurate and reliable (quality data).</p> <p>Lisa reported on the Subcommittee's goals for 2025:</p> <ul style="list-style-type: none"> Trauma Data Registry quality, completeness, accuracy, and validity (working with the PI Subcommittee). Rehab data availability in the registry from all inpatient rehab programs. Trauma registry education. Understanding: <ul style="list-style-type: none"> Day in the life of a trauma data point from scene through rehab, from hospital to state, and back. Day in the life of an EMS run sheet – where does it begin and end? And how? To who? When? 		

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	<p>Lauren Milroy, Epidemiologist, IDOH TIP, provided updates on:</p> <ul style="list-style-type: none"> • Data quality reports • ImageTrend validity rule • Reports now published on the IDOH website • Hospital dashboard • Regional TRAC reports <p>Dr. David Welsh stated that it is difficult to get experienced support personnel in rural hospitals.</p> <p>Dr. Matthew Landman asked how many non-trauma centers submit data to the registry. Ramzi Nimry stated that out of the 126 hospitals in the state, 108 to 110 submit data to the registry.</p> <p><u>Performance Improvement (PI) Subcommittee</u></p> <p>Dr. Eric Yazel and Dr. Scott Thomas, Co-Chairs, reported the Subcommittee met on March 6, 2025.</p> <p><u>Subcommittee Scope of Work:</u></p> <p>In coordination with other subcommittees to identify quality measures, disseminate best practices, provide hospital and system-wide reports of quality measures, and develop a statewide PI plan.</p> <p>A rough draft of the Trauma PI Plan was distributed for review and comment. Agenda items included discussion of challenges of reporting from non-trauma hospitals,</p>		

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	<p>review of other state plans, EMS run sheets and coordination with the Trauma Registry Subcommittee.</p> <p>Action items:</p> <ul style="list-style-type: none"> • Finalize initial plan • Summarize and implement items from other states • Continue to improve data points • Run sheet improvement initiative <p>Dr. Erik Streib noted that in rural areas using volunteers, it is difficult to track down the run sheets. Dr. Weaver said it might be helpful to look at other states' run sheet initiatives.</p> <p>The next PI Subcommittee meeting is scheduled for May 15, 2025.</p> <p><u>Disaster Preparedness & Military Integration Subcommittee</u></p> <p>Dr. David Welsh and Major Mark Liao, MD, Co-Chairs, reported the Subcommittee met on March 7, 2025.</p> <p><u>Subcommittee Scope of Work:</u> Assess capabilities to partner and coordinate with military and disaster preparedness stakeholders statewide, and plan and implement opportunities associated with preparedness and disaster planning including coordination of response with TRACs.</p>		

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	<p>Dr. Welsh reported the Subcommittee members will observe military training in regard to disaster response in June at Camp Atterbury.</p> <p>They are particularly interested in any major disaster training or courses.</p> <p>He provided the link to a National Mass Violence Center Town Hall and an HHS ASPR Project Echo Clinical Readiness Rounds video.</p>		
<p>4. Regional Medical Operations Coordinating Centers (RMOCC) – Dr. Erik Streib</p>	<p>Dr. Erik Streib provided an update on the Regional Medical Operations Coordinating Center (RMOCC). It is a key component of a comprehensive disaster preparedness plan, particularly within trauma systems. RMOCCs serve as a central hub for coordinating healthcare resources and activities during disasters or major emergencies. RMOCCs facilitate communication and coordination between various healthcare entities, including hospitals, EMS, public health agencies, and other relevant partners. They play a crucial role in managing the healthcare response during large-scale incidents, ensuring efficient resource allocation and patient care. RMOCCs are often integrated into regional trauma systems, working to improve both daily trauma care and response to mass casualty events.</p>	N/A	N/A

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5. IDHS Update - Kraig Kinney, State EMS Director & Dr. Eric Yazel, State EMS Medical Director	Kraig Kinney provided highlights from the IDHS EMS 2024 Annual Report. He reported that HB 1381 (2023) added mental health training to EMS certifications. The EMS Commission approved several trainings: Suicide Awareness, Psychological Health Toolkit, and Resilience & the Mind-Body Connection. On March 10, 2025, the new Mobile Simulation Lab was deployed to Posey County EMS. The EMS Hospital Summit is scheduled for May 29, 2025. This Summit is by invitation only to bridge EMS & hospital interactions. He also reminded everyone that May 18 to 24, 2025 is EMS Week. The next EMS Commission meeting is scheduled for May 9, 2025, at MADE in Plainfield.	N/A	N/A
6. Final Business, Open Floor & Adjournment	<p>Dr. Lindsay Weaver asked for any further business to come before the Commission. Hearing none, she adjourned the meeting at 12:07 pm.</p> <p>The last two TCC meetings for 2025 are scheduled for August 1 and November 7.</p>	N/A	N/A