



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: February 19, 2016

Attendance: Committee members present: Jerome Adams, MD, MPH (Chair); Jennifer Walthall, MD, MPH; Michael Garvey as proxy for David Kane; Chris Hartman, MD; Gerardo Gomez, MD; Matthew Vassy, MD; Lisa Hollister, RN; Ryan Williams, RN, BSN, EMT-P; Tim Smith; Bekah Dillon, RN, MSN, CEN; Jay Woodland as proxy for Stephen Lanzarotti, MD; Lewis E. Jacobson, MD, FACS; Donald Reed, MD, FACS; David Welsh, MD; Scott Thomas, MD; Mitchell Farber, MD; Thomas Rouse, MD; Jen Mullen as proxy for Michael A. McGee, MD; Spencer Grover (via webcast)

Committee members not present: David Kane (Vice Chair); R. Larry Reed, MD; Michael McGee, MD, MPH; Tony Murray

ISDH Staff Present: Art Logsdon; Katie Hokanson; Murray Lawry; Jessica Schultz (via webcast); Camry Hess; Ramzi Nimry; John O’Boyle; Lauren Savitskas; Rachel Kenny; Ryan Cunningham; Tanya Barrett; Kristin Miller

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
<p>1. Welcome and Introductions – Jerome Adams, MD, MPH, Chair</p>	<p>Jerome Adams, MD, MPH, State Health Commissioner and Chair, opened the meeting at 10:10 am. He welcomed all attending and asked for introductions from the Committee members present. He then asked for introductions from others in attendance.</p> <p>Dr. Adams acknowledged that Dr. Jacobson and St. Vincent Hospital had achieved Level 1 Trauma Center status.</p> <p>He also took the opportunity to report that he will be traveling to Washington, DC to testify before the Senate Committee on Aging on Indiana’s opioid epidemic. He shared this because so many in the meeting play a huge role in our effort to deploy Naloxone. He also asked that the Committee help with stepping up the use of Naloxone, especially by EMS providers.</p>	N/A	N/A



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	<p>Dr. Adams also reported the CDC has urged all to perform more HIV testing in EDs especially hospitals in high risk areas around the state. Universal screenings also need to be stepped up.</p> <p>Mike Garvey, Indiana Department of Homeland Security, reported that police officers do not report the use of Naloxone, nor do non-EMS fire departments and lay persons. None of these entities collect or report this data. He hopes that Senate Bill 187 will tighten up this gap and place the reporting on the EMS transport providers, including Naloxone provided prior to their acquisition of the patient.</p> <p>He then asked Dr. Jennifer Walthall to provide an update on the issues in Fayette County. Dr. Walthall stated the Department currently is working with our rural emergency departments in six (6) counties identified by CDC as vulnerable counties and will work to have them perform more universal screenings in their EDs. These services will be covered by commercial insurance, HIP 2.0 and Medicaid.</p>		
2. Approval of Minutes from the December 11, 2015 ISTCC Meeting	<p>Dr. Adams asked for comments or corrections to the minutes of the December 11, 2015, ISTCC meeting. Hearing none he entertained a motion for approval. Dr. David Welsh made a motion that the minutes be approved as distributed; it was seconded by Dr. Chris Hartman, and passed unanimously.</p>	<p>Minutes Approved as distributed.</p>	<p>N/A</p>



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<p>3. Trauma & Injury Prevention Strategic Plan – Katie Hokanson</p>	<p>Katie shared the Trauma & Injury Prevention Division’s strategic plan, which is part of the orientation packet. She noted that Art initially brought a draft of this plan to the Committee two years ago and staff have worked hard to get it updated.</p> <p>She stated the Injury Prevention Advisory Council (IPAC) is a subcommittee of this plan. Jessica Skiba Schultz, Injury Prevention Epidemiologist is now on staff as a consultant will continue her work with the Division.</p> <p>Katie reported that the Division is applying for the “Core Violence Injury Prevention Plan” or CORE-State VIP and one requirement of this grant application is to have a strategic plan included. She stated the plan was been sent to the Trauma System Planning Subcommittee. They felt the plan was very comprehensive but offered some suggested changes, i.e., meeting attendance, focus on pediatrics, et. The plan will also be shared with IPAC for their review and comments. Katie would like the ISTCC members to review and comment to her by Friday, March 4, 2016. The grant application is due April 8, 2016.</p> <p>This grant is a five-year, \$200,000 per year grant which focuses on four priority areas (1) child abuse and neglect (2) intimate partner/sexual violence (3) motor vehicle collision injury and death and (4) traumatic brain injury (TBI). She commented this is very comprehensive and Jessica is currently working on the final draft of the application.</p>	<p>ISTCC members to review plan and respond with comments to Katie by 3/4/2016.</p>	
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4. Regional Updates	<p>Region I - Jen Mullen stated representatives from Methodist – St. Anthony’s Crown Point and Porter Memorial Hospital met to outline their district plan and who their initial community stakeholders would be, stating their district is so large and diverse. She stated the group wants to be productive so they are starting small and setting clear goals for their working committee.</p> <p>The Committee is reviewing what district data to request which will guide their injury prevention and PI initiatives. The group will meet again soon and hopes to pull the draft together and to extend invitations to the stakeholders who will participate. She stated there will be challenges and fences must be mended to work for the common good.</p> <p>Dr. Adams encouraged Jen and her group to look to what other districts have done in their areas thus far, and learn from their successes and to share information.</p> <p>Dr. Adams discussed the issue of some EMS providers bypassing lower level trauma centers or going to the facilities they always go to. He believes this is something that should be addressed at the regional or local level. IDHS is in charge of EMS, so contact IDHS to report inappropriate transport.</p> <p>Region 8 – Lindsay Williams from IU Health – Bloomington stated two regional meetings have focused on “stemi and stroke”. The group has done EMS outreach both in and outside of their district as they often get referrals from outside of their district. There have been issues but she reported they</p>	<p>Establish a log of successes as a result of regional meetings.</p> <p>Peer review at regional meetings.</p> <p>District 8 suggested utilizing existing stroke and stemi groups in the area.</p>	<p>Ramzi will send an email to all regions and ask for their successes thus far.</p> <p>Katie will submit a request for legal advice to determine what data can be provided to the districts for regional reviews.</p> <p>Katie will add this to the list of items to discuss at the next PI Subcommittee meeting to identify</p>
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	<p>are making their way through the challenges. IU Health Bloomington has applied for a verification visit in January 2017.</p> <p>Region 10 – Matthew Vassy, MD was eager to share that Region 10 had a really great meeting this past quarter. Their meetings have become agenda focused and they continue to enjoy the participation of a member from the ISDH attending their meetings and providing regional trauma data to the group. Dr. Vassy noted a meeting at a non-trauma center and a case was presented regarding ED LOS. A great discussion evolved from this case study which provided further team building within the group.</p> <p>Dr. Adams expressed the willingness of the ISDH Trauma team to attend meetings with any district anytime and to provide data to the districts as needed or requested.</p>		<p>potential PI Audit Filters (e.g., Probability of Survival >50%, but expired in the ED). Ramzi will add this as a suggestion to the roadmap.</p>
<p>5. Subcommittee Updates PI – Katie Hokanson, ISDH</p>	<p><u>PI Subcommittee Update:</u></p> <p>In the absence of Dr. Lawrence Reed, Katie provided the PI Subcommittee update. She asked if any ISTCC member would like to become the vice chair of this subcommittee. Please contact Katie or Dr. Reed if you are interested.</p> <p>At the last subcommittee meeting, they noted the National Trauma Data bank has kept “ED Discharge Date” and “ED Discharge Time” and added “ED Discharge Orders Written Date” and “ED Discharge Orders Written Time”. The Registry has both data elements. Katie also stated Dr. Lawrence Reed,</p>	<p>Percent of patients transferred from ED at non-verified trauma center hospitals in <2 hours. Discussion of breaking this data out by severity.</p>	<p>Camry will separate the data by severity in several different ways by month for CY2015 data to be presented to the April ISTCC meeting.</p>



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	<p>Camry and Ramzi have put together clarification documents outlining the changes. Instructions will be sent to all registry users and clarifications will be added to the 2016 Indiana Trauma Registry Data Dictionary.</p> <p>Katie reported the number of hospitals reporting data to the registry for Quarter 3 was 99 hospitals – the highest number to date. She also shared a “district” slide showing hospitals in each district not reporting data. She encouraged all in the meeting to reach out to these facilities to encourage them to report their data.</p> <p>Katie presented a draft letter to go out to hospital administrators and ED managers on the topic of timely ED transfer. The letter will come from Dr. Adams and Director Kane and will be sent to non-trauma centers.</p> <p>There was discussion on how this would influence the transfer of patients; would this create overtriage? Dr. Gomez stated that the CDC guidelines for transfer are not perfect but they prevent patients from dying. Dr. Donald Reed was concerned about a rebound effect from the letter and unintended consequences. Drs. Thomas and Hartman stated that the ED physicians would be interested in seeing this letter.</p> <p>Katie presented the current reasons for transfer delay and the proposed reasons for transfer delay. The goal is to have meaningful choices and to be specific enough to have feedback on how to avoid transfer delay.</p>	<p>No comments on the letter.</p>	<p>Katie, Camry and Ramzi will meet to discuss pulling the data by hospital for the ED Managers letters for Quarter 3 2015.</p> <p>ISDH will send the letter to the Trauma Program Managers if applicable.</p> <p>Camry will analyze the data for discussion at the next PI meeting to</p>
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	<p>There was discussion regarding the increase in collection of EMS run sheets from hospitals. Katie asked that hospitals please continue to let her know which EMS providers are not leaving the run sheets as she was asked by IDHS for a list of hospitals who report EMS providers who do not leave run sheets with them. She stated the Department would like to open a dialogue with hospitals and EMS providers to find the disconnect and begin ways to address this issue.</p> <p><u>Data Quality</u></p> <p>What should we be doing with all of this data? Best practices have been collected from all the trauma centers and all “in the process” centers and all involved with the PI subcommittee as well as non-trauma centers to see how they analyze their data. This will be shared with facilities who currently report data to the state.</p> <p>Katie explained the data report as well as the plan to improve the quality of the data reported.</p> <p>She quickly reviewed the current data reports. She stated each hospital that reports data will receive a report showing its data and methods to improve the quality of that data.</p> <p>Katie’s final discussion point was “Reason for Transfer Delay”. She highlighted the reasons with the old list of possibilities as well as the new and condensed list.</p>		<p>determine if the information is accurate based on the model used for calculation.</p> <p>Will present data at the April ISTCC meeting. Ramzi will work with ImageTrend to update the values available to the end user in the registry.</p> <p>Ramzi will work with ImageTrend to see if the addition of a text box can be added to this data element regardless of the reason for the transfer delay to obtain additional</p>
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	<p>“Reason for Transfer Delay” needs ‘comments’ section added because specifics need to be included. Meaningful data is needed to be effective.</p> <p>Dr. Gomez asked if research had been accomplished by the Trauma staff to see what other states are doing with these issues. Katie will have staff research what other states are doing.</p> <p>Dr. Adams agreed with Dr. Gomez, we should see what/how other states are handling trauma issues.</p> <p><u>Designation Subcommittee Update:</u></p> <p><u>Triage & Transport Rule</u> The Triage and Transport Rule changes were highlighted in the PowerPoint presentation. Suggested adding significant verbiage to the current rule.</p> <p>This ISTCC recommends the language changes to the EMS Commission and if/when approved by that body the year-long promulgation process would begin including a public hearing, review by the Attorney General, etc., and then final adoption.</p> <p>Dr. Gomez reiterated we are constantly evolving this system. These protocols will not work for all districts. Dr. Gomez made a motion to send the proposed language changes back to the PI Subcommittee for subsequent changes, it was seconded by Dr. Vassy and passed unanimously.</p>	<p>Check with other states to learn their trauma and injury procedures.</p> <p>Send proposed language changes back to the Designation Subcommittee for rework and approval.</p>	<p>information about the delay.</p> <p>Ramzi will research what other states are collecting regarding “Reason for Transfer Delay” by reviewing their data dictionaries.</p>
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	<p>There was discussion on the 30-minute coverage map in the Strategic Plan.</p> <p><u>Union Hospital – Level III application</u></p> <p>Dr. Gomez noted that some clarifications were needed during the review process. The Committee reached out to Union Hospital – Terre Haute and the needed clarifications were received.</p> <p>Dr. Jacobson made a motion that the ISTCC recommend to the State Health Commissioner that he recommend to the IDHS/EMS Commission approval of the “in the process” application from Union Hospital – Terre Haute as a Level III Trauma Center. The motion was seconded by Dr. Vassy approved unanimously.</p> <p>Dr. Gomez reviewed the definition of trauma center with “in the ACS verification process.”</p> <p>Dr. Jacobson discussed a head injury taken to a level III that may not have a neurosurgeon, so there needs to be some change.</p> <p>Dr. Hartman asked for clarification for processes of changing the rules. Mike Garvey discussed the process, which could be about a year long. Dr. Jacobson discussed how air transfer was not included in the discussion and Dr. Hartman said that was on purpose.</p>		<p>Jessica will work with Chris Waldron to provide a draft map to share at the April ISTCC meeting.</p>
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6. Injury Prevention Update – Lauren Savitskas	<p>Lauren Savitskas, Injury Prevention Program Coordinator, stated she and Katie have been traveling the state meeting with trauma centers to learn their injury prevention program and ideas. Two main areas they have discovered are child passenger safety and older adult falls. These are leading reasons for injuries – older adult falls, motor vehicle related injuries as well as penetrating trauma, ATV injuries, pedestrian and bicycle injuries and TBIs. To that end more violence focused programs will be developed. The Division will also be developing a statewide “falls” initiative.</p> <p>Lauren also highlighted several other areas of opportunity the Division will begin work on in the near future. These areas are:</p> <ol style="list-style-type: none">(1) Child passenger safety inspection stations(2) Violence prevention programming(3) Trauma services network growth(4) Highlight trauma centers in Trauma Times	N/A	N/A
7. Child Safety – ColIN – Update – Katie Hokanson	<p>Katie stated recruitment and development of strategy teams is underway at this time for Collaborative Improvement & Innovation Network (ColIN) Child Safety initiative. The data thus far has highlighted three (3) areas of focus for these teams:</p> <ol style="list-style-type: none">(1) Teen driver safety(2) Child passenger safety(3) Interpersonal violence prevention<ul style="list-style-type: none">• Child abuse and neglect• Sexual violence <p>If any members of the Committee would like to participate with one of these teams please contact Katie.</p>		



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8. Trauma Registry Report – Camry Hess	Camry quickly reported on the statewide statistics from the trauma registry covering Quarter 3 2015. 9,555 incidents were reported with 99 hospitals reporting. ED LOS was discussed and her PowerPoint focused on more of the specific details.		
9. Committee Meeting Dates for 2016	April 15, 2016 June 17, 2016 August 19, 2016 October 21, 2016 December 16, 2016		
10. Adjournment – Dr. Adams	Hearing no further comments or business to come before the ISTCC, Dr. Adams thanked everyone for their attendance and suggested carpooling for added networking. He adjourned the meeting at 11:58 am.		