



# Indiana State Department of Health

**Project:** Indiana State Trauma Care Committee (ISTCC)

**Date:** February 20, 2015 – 10:00 am

**Attendance:** **Committee members present:** Jerome M. Adams, MD, Chair; R. Larry Reed, MD; Meredith Addison, RN; David Welsh, MD; Chris Hartman, MD; Gerardo Gomez, MD; Spencer Grover; Matthew Vassy, MD; Thomas Rouse, MD; Mitchell Farber, MD; Scott Thomas, MD; Lisa Hollister, RN; Ryan Williams, RN; and Tim Smith

**Members present via webcast:** Stephen Lanzarotti, MD

**Committee members not present:** David Kane; Mike Garvey; Donald Reed, MD; Lewis Jacobson, MD; Michael McGee, MD; and Tony Murray

**ISDH Staff Present:** Jennifer Walthall, MD; Art Logsdon; Katie Hokanson; Jessica Skiba; Murray Lawry; Camry Hess; and Ramzi Nimry

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Dr. Adams	Dr. Adams opened the meeting at 10:00 am. He asked everyone in the room to introduce themselves. He stated this meeting is being conducted via webcast only, therefore, if there are questions please e-mail them to <a href="mailto:indianatrauma@isdh.in.gov">indianatrauma@isdh.in.gov</a> and they will be addressed.	N/A	N/A
2. Approval of Minutes from the February 20, 2015 ISTCC meeting – Dr. Adams and Legislative Update – Joey Fox – ISDH Office of Legislative Affairs	Dr. Adams asked for corrections to the minutes of the November 14, 2014 ISTCC meeting. Dr. Vassy made a motion that the minutes be approved, it was seconded by Dr. Welsh and passed unanimously.  <u>Legislative Update</u> Dr. Adams stated that the ISDH is a function of the Executive Branch of state government and therefore cannot lobby for specific legislation. He reminded the ISTCC members to voice their opinions to members of the General Assembly.	Minutes approved as distributed	N/A



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	<p>Joey Fox, Director of ISDH Office of Legislative Affairs, shared information with the ISTCC on legislation currently working through the General Assembly.</p> <p>House Bill 1404 which contains some little known details regarding trauma care. This bill deals with the Spinal Cord and Brain Injury Fund with all fines collected from “camera enforcements in school and construction zones” being deposited into the Spinal Cord Fund to be used solely for the development of a statewide trauma system. The fiscal note accompanying this legislation estimates a minimum collected yearly from this effort could be \$360K.</p> <p>Art Logsdon noted that grant funds have been used for several years to fund the work to develop the statewide trauma system but as everyone is aware, these funds are less than reliable. A stream of funding through the state would be tremendous. Conversations have centered on how best to utilize these funds.</p> <p>Joey continued that the Spinal Cord and Brain Injury Research Fund has been a hot topic recently with a bit over \$4M in the fund at this time. The fund was originally established for research grants but a current piece of legislation would change that. During the 2014 legislative session a bill was passed to allow a portion of the funds to be used to develop a statewide trauma system. Two proposals are in the process during the session. One bill allows the ISDH to use the half we already have for research but can also be used for treatment. Art stated that all monies from both bills could be used for trauma system development as well, but if it passes, more money could be used for research and treatment. Joey will continue to monitor the progress and report to the group as necessary.</p> <p>He also briefed the members regarding an “education deregulation” bill which had language added back for teacher training in suicide</p>		
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	<p>prevention and school safety committees after ISDH staff communicated the importance of evidence-based gatekeeper training for teachers.</p> <p>HB 1016, known as the “baby box bill”, is an expansion of the Safe Haven Law. One section of the bill allows for development of a box to be used by fire stations, police stations and hospitals and would allow parents to anonymously leave a child under a month old at a qualified location, without penalty.</p>		
<p>3. Data Requests – Katie Hokanson and Hilari Sautbine, ISDH Office of Legal Affairs</p>	<p>Hilari Sautbine, ISDH Office of Legal Affairs presented information on data requests regarding patient identifiable information under the Trauma Registry Rule. She explained that the ISDH is a hybrid agency – some programs in the agency are HIPAA covered programs and some are not. Trauma is not a covered program.</p> <p>Katie Hokanson and Hilari Sautbine gave a presentation regarding data requests and the Trauma Registry Rule. They discussed the relevant statutes and rules. They also discussed HIPAA, including the ISDH designation as a hybrid entity and that ISDH can collect identifiable data under the public health activities exception of HIPAA. Moreover, they noted that a business associate agreement is not required, nor is a data share agreement, because the ISDH is not a business associate of the entities that submit data to the registry. They also discussed why covered entities may need those types of agreements with other outside entities.</p> <p>They also discussed the confidentiality of records, noting that the ISDH must balance transparency and duties under the Access to Public Records Act with the requirement to safeguard confidential information contained in certain records. They discussed relevant laws that require the disclosure of information, as well as the limitations on such disclosure. They noted that information</p>	<p>N/A</p>	<p>N/A</p>



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	<p>submitted to the registry is confidential per rule, and most of the information is also protected by state law as part of a medical record.</p> <p>They presented on the Data Release Committee (DRC). They discussed the function of the DRC and the process by which data requests are submitted. They also noted the membership of the DRC and how it addresses concerns with data requests.</p> <p>Dr. Adams stated his pleasure with the way this group handles data requests for the ISDH noting that he wants to ensure the ISDH provides what is requested and that the agency doesn't counter state statute or put patients at risk by sharing data.</p>		
4. Trauma Registry Implementation Research Collaborative – Dr. Walthall	<p>Dr. Walthall reported that this conceptual process is going quite well at this time. This foundational research collaborative will be the model for how we will collaborate with our future partners.</p> <p>A small team has been assembled. This group consists of Katie Hokanson, Jessica Skiba, Art Logsdon, Camry Hess, Teresa Bell, PhD, Dr. Peter Jenkins, and Dr. Walthall. Data from the Trauma Registry will be analyzed. An implementation research scientist will also be part of this project to take a look at all data sources together and answer questions posed in a rapid improvement process from the Committee. Dr. Adams shared his excitement for this process.</p> <p>Dr. Adams also paused the agenda at this time to introduce and recognize the two newly appointed physicians to the Committee, Dr. Farber and Dr. Rouse. They were welcomed by the Committee members as well.</p>	N/A	N/A



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<p>5. Trauma Registry/EMS Registry Reports, Jessica Skiba and Camry Hess, Division of Trauma and Injury Prevention</p>	<p>Jessica Skiba, Injury Prevention Epidemiologist, and Camry Hess, Database Analyst for the Division of Trauma and Injury Prevention, presented the statewide trauma registry report for Quarter 3 2014.</p> <p>There were 95 hospitals, including 11 trauma centers that reported incidents to the trauma registry. Districts 7 and 10 had 100% hospitals participating for the third quarter in a row.</p> <p>There were four hospitals In the Process during Q4 2014.</p> <p>Highlights of the report include a decrease in transfer times by about 3-minutes and no patients expiring in the emergency department for stays longer than 12 hours.</p> <p>Dr. Gomez requested an additional table for patients with Hospital Disposition of expired for probability of survival greater than or equal to 50%. It was requested more information be added to the ED Disposition of expired for probability of survival greater than or equal to 50%, including region in state and respiratory assistance.</p> <p>Dr. Adams led a discussion about creating a potential standard form or summary form for EMS due to the issue of EMS not leaving run sheets at the hospital. Dr. Michael Olinger, Medical Director IDHS, stated that in May software will be available for Fire and EMS through ImageTrend.</p> <p>Jessica presented a poster that Camry Hess will present at the Council for State and Territorial Epidemiologist Conference for Risk Factors Associated with Death in the Emergency Department in Indiana, 2013-2014. As Indiana continues to build its trauma system, reviewing, measuring, and analyzing registry data and outcomes will be instrumental to improve patient care.</p>	<p>N/A</p>	<p>N/A</p>
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<p>6. "In-The-Process" of ACS Verification" Program – Art Logsdon, Katie Hokanson and Dr. Gomez</p>	<p>(a) Application for "in the process" Level III Trauma Care updates</p> <p>Art Logsdon, Assistant Commissioner for the Health and Human Services Commission, complimented Camry Hess and the Trauma and Injury Prevention staff for their hard work and noted that we do not always think about data.</p> <p>Art reviewed the process and the history of the process and stated this all began with the EMS Commission Triage and Transport Rule. Our goal is to increase the number of trauma centers in Indiana.</p> <p>Art reviewed the "In the Process" process and then walked through the one-year reviews that were completed by two "in the process" hospitals: Franciscan Alliance St. Elizabeth – East in Lafayette and St. Vincent Anderson.</p> <p>Franciscan Alliance St. Elizabeth – East received a 100% in the 1 year review and had their consultation visit February 12 &amp; 13, 2015. Their verification visit is scheduled for September, 2015.</p> <p>St. Vincent Anderson received a 100% in the 1 year review, and had their consultation visit November 12 &amp; 13, with their verification visit scheduled tentatively for November, 2015.</p> <p>Dr. Adams encouraged everyone to take the survey that will be sent out for feedback in terms of the quality, number, and duration of ISTCC meetings.</p> <p>A question was posed regarding attendance at the subcommittee meetings. Dr. Gomez stated he would welcome anyone wishing to attend.</p>	<p>N/A</p>	<p>N/A</p>
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7. Updates –Katie Hokanson and Jessica Skiba	<p>Katie Hokanson reported on a variety of updates including: the announcement of the 2015 Trauma Tour, subcommittee updates (Performance Improvement and Trauma System Planning), request for proposals for the 2015 Indiana Emergency Response Conference, and the first Injury Prevention 101 Conference, which will be held on March 13th at the Indiana Government Center-South in Indianapolis.</p> <p>The Orientation packet was discussed and it was suggested that ISTCC subcommittee members and chair information be added.</p>	N/A	N/A
8. Legislative Updates	The Legislative updates were provided at the beginning of the meeting.	N/A	N/A
9. Other Business	No ne	N/A	N/A
10. 2015 Meeting Dates	2015 Meeting Dates: (a) May 22, 2015 (b) August 21, 2015 (c) November 20, 2015	N/A	N/A
11. Adjournment	Hearing no further comments or business to come before the Committee, Dr. Adams adjourned the meeting at 12:15 pm and thanked everyone for their attendance and participation.	N/A	N/A