Indiana State Department of Health

Project: **Indiana State Trauma Care Committee (ISTCC)** **Date:** **May 22, 2015 – 10:00 am**

Attendance: **Committee members present**: David Kane, Vice Chair; Mike Garvey; R. Lawrence Reed, MD; Meredith Addison, RN; Bill Millikan for Stephen Lanzarotti, MD; David Welsh, MD; Chris Hartman, MD; Gerardo Gomez, MD; Spencer Grover; Thomas Rouse, MD; Jennifer Conger for Mitchell Farber, MD; Scott Thomas, MD; Lisa Hollister, RN; Ryan Williams, RN; Lewis Jacobson, MD; and Tim Smith

Members present via webcast: Michael A. McGee, MD

Committee members not present: Jerome M. Adams, MD, Chair; Matthew Vassy, MD; Donald Reed, MD; and Tony Murray

ISDH Staff Present: Jennifer Walthall, MD; Art Logsdon; Katie Hokanson; Jessica Skiba; Murray Lawry; Camry Hess, Ramzi Nimry, Rachel Kenny, Desmyn Bryant and John O'Boyle

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Dr. Adams/Art Logsdon	Director David Kane, Vice Chair opened the meeting at 10:00 am. He asked for Committee member introductions to be made around the table and on the webcast.	N/A	N/A
2. Approval of Minutes from the February 20, 2015 ISTCC meeting	Director Kane asked for comments or corrections to the minutes of the February 20, 2015 ISTCC meeting. Hearing none he noted the minutes are accepted as presented.	Minutes accepted as presented.	N/A
3. Legislative Wrap – Up Art Logsdon	**HEA 1016 –** the Baby Box bill passed. This legislation supplements the Safe Haven Program and has been referred to a summer study committee. The ISDH and the other children's programs will submit reports to this Committee by January 1, 2016.	N/A	N/A

Indiana State
Department of Health

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<td>HEA 1145 – The Health Shield Bill passed as well. This bill makes it legal to voluntarily provide healthcare services, and more importantly free from liability, if you are licensed as a physician, physician’s assistant, and dentist, nurse, advanced practice nurse, optometrist or podiatrist. The Indiana Professional Licensing Agency (PLA) will implement this new law. Included in the services that can be provided are routine dental services, injections, and suturing of minor lacerations. Not included are abortions or prescribing of controlled substances and scheduled drugs.

SEA 406 – The Naloxone Bill allows for broader distribution of Naloxone. It can now be prescribed directly to someone at risk of an opioid overdose. Dispensing of Naloxone must be registered with the State Trauma Registry and the ISDH will develop protocols for this registration process.

SEA 166 – Spinal Cord/Brain Injury Fund Bill – A year ago the Trauma Registry was given funds for research and treatment of spinal cord injuries and brain injuries. The law has been amended a couple of times to add ISDH to the mix and again this year the General Assembly amended the statute while allows funds for post acute extended treatment and services for individuals with spinal cord and brain injuries and facilities that offer such services. The fund receives approximately $1.5 million per year. Art explained the ways these funds can be used stating the main focus is research.

SEA 461 – The Agency Bill

Child Fatality Review Teams – makes more specific in the law that the Child Fatality Team in the county where the injury occurred is the team with the responsibility for conducting the review.</td>
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Indiana State
Department of Health

	Emergency Medical Technicians – Emergency med techs can now check blood glucose levels with a finger stick. *Needle Exchange* – The needle exchange program is part of this bill. Art explained that on May 21, 2015, the State Health Commissioner announced that Scott County would be allowed to do the needle exchange program as a result of this legislation.		
4. American College of Surgeons (ACS) Needs Assessment Tool – Katie Hokanson & Camry Hess	The ACS developed a tool last fall to select an initial set of system metrics. The tool covers items such as training, air medical, and triage and transport. ISDH will take feedback from the PI and the Trauma System Planning Subcommittees to the ACS. Camry and Katie discussed Table 4 during the meeting, the percent of injured patients with ISS > 15 treated without transfer at facilities other than designated Levels I, II, and III trauma centers. Conclusion from this table is 68.57% of patients with ISS>15 are treated at non-trauma centers and are not transferred, while the recommended suggestion is <5%. Table 6 looks at having each level I see a sufficient volume of injured patients to support continued competence of trauma staff and the training mission of the center. Two Level I trauma centers meet either parameter 1 and/or parameter 2. Table 10 looks at use of air medical resources to reduce initial transport time by a certain amount of minutes for patients meeting step one or step two field triage criteria beyond a certain time-based transport radius. Average run time for the air runs was higher than the ground runs, but this data is selected out of the long runs and does not take short distances into consideration. The data analysis is biased against air transport - the ACS will be notified of this issue.	N/A	N/A

Indiana State
Department of Health

	Common themes throughout analysis: -Triage & Transport rule does not specify highest level of care. -EMS registry needs to be on NEMSIS V3. -Defining terms in documents, such as catchment area, geographical boundaries vs. time boundaries, and E911, etc. Dr. Gomez proposed an amendment to add Step 1 and Step 2 to the rule. Art mentioned that revising rules is a long and challenging process. Dr. Gomez proposed changing "high level care" to be limited to Levels I and II. Dr. Jacobson proposed a holistic approach to reviewing the rule. Dr. Thomas and the Trauma System Planning will review. Dr. Hartman suggested the Committee review the data and report their findings to the group at a later meeting.		
5. Injury Prevention Resource Guide – Jessica Skiba	Jessica came before the Committee to discuss the Indiana Injury Prevention Resource Guide. This resource guide will include 10 injury topics in the first edition, but will be expanded to 21 topics. Jessica worked with Maria Brann, PhD, MPH and her Health Communication Dissemination graduate students from Indiana University-Purdue University to develop a strategic communication plan to disseminate the guide. Target groups include Department of Child Services, ED staff, and the Indiana Injury Prevention Advisory Council (IPAC). Next IPAC meetings are: • Thursday, June 18, 2015: 1 p.m.-3 p.m. EST • Thursday, September 17, 2015: 1 p.m.-3 p.m. EST • Thursday, December 10, 2015: 1 p.m.-3 p.m. EST	N/A	N/A

Indiana State Department of Health

6. ED Education Requirements Survey Results – Spencer Grover	Spencer Grover, Indiana Hospital Association reported on the ED Education Requirements Survey. He thanked everyone who responded to the survey noting 90 out of 109 surveys sent were returned completed. The results were up in each category except one. He made the comment that what gets measured gets improved. Spencer summarized other survey results.	N/A	N/A
7. Updates – Katie Hokanson	Katie reported that the 2015 Statewide Trauma Tour which will take place in June, July and August and will focus on the development of the statewide trauma system in Indiana. Ramzi Nimry will be leading trauma registry refresher sessions before the trauma tour starts. Katie highlighted the registration pages on the website. Desmyn Bryant is the Division's intern for the summer. Katie introduced the Collecting Violent Death Information Using the National Violent Death Reporting System funding opportunity from the CDC. Indiana is one of 32 states funded for this project. Each participating state has its own state-level Violent Death Reporting System database, which we call the Indiana Violent Death Reporting System II (INVDRS). This project builds upon previous and current work to conduct surveillance of violent deaths, which include suicides, homicides, undetermined intent, legal interventions, and unintentional injury with firearm. The project has four main activities: 1. Create and update a plan to implement INVDRS in Indiana 2. Collect and abstract comprehensive data on violent deaths from Death Certificates, Coroner Reports, and Law Enforcement Records 3. Disseminate aggregate INVDRS data to stakeholders, the public, and CDC's multi-state database 4. Explore innovative methods of collecting, reporting, and sharing data	N/A	N/A

Indiana State
Department of Health

	INVDRS has an Advisory Board that meets quarterly. Katie introduced Rachel Kenny, INVDRS Epidemiologist and John O'Boyle, Law Enforcement Records Coordinator. Murray Lawry is moving into Coroner Records Coordinator position. Katie was excited to report the Division now has rehab data. The data includes 921 incidents from December 2013 to December 2014 with five rehab facilities reporting data. Functional Independence Measure (FIM™) Instrument is a basic indicator of severity of disability that can be measured during rehabilitation to track changes and analyze outcomes.		
8. PI Subcommittee Updates – Dr. Lawrence Reed	Dr. Reed reported the committee met on May 12, 2015 to review the goals for 2015. One goal is to increase the number of hospitals reporting to the Registry. He stated they will work with EMS providers to ensure run sheets are left with the hospitals. They will study this and learn which providers are falling short on this task and bring them on board. The progression of data is crucial. Tim Smith noted that work is being done to ensure these documents are completed and submitted. Another issue the PI Committee is reviewing is the ED/LOS, especially for those stays longer than 120 minutes. The group wants to study this more to learn if one body part demands more work over others, or are some more problematic than others. Another topic is whether the hospital has had the Rural Trauma Team Development. This has helped hospitals handle trauma care and move patients more rapidly and the committee would like to look at this again.	N/A	N/A

Indiana State
Department of Health

	The Committee is also reviewing how ED LOS impacts the other entities like ICU LOS and whether one affects the other. Dr. Reed also noted they are looking at the "linking" issue again to review the 45-minute rule. He stated lots of brainstorming is happening regarding the concept of "Regional PI".		
9. Designation Subcommittee Updates - Dr. Gerardo Gomez	Dr. Gomez presented updates from the Trauma Center Designation Subcommittee. Wendy St. John discussed two new resources for Optimal Care for injured patients: Interim PRQ and a clarification document. Subcommittee met: January 28, 2015 and April 20, 2015. Meeting minutes at: http://www.state.in.us/isdh/25400.htm The Designation Subcommittee developed One Year Progress Reports for in-process trauma centers (Levels I, II, III); revised Level III application and One Year Progress Report for in-process level III trauma centers; and drafted Level II revised application and One Year Progress Report for in-process level II trauma centers. A handout in the materials lists out the In-process Level III Trauma Centers. A discussion was held regarding review of Level II requirements. Draft revisions of the Application for "in the process" Level II Trauma Center status and One year progress report for "in the process" Level II Trauma Center were emailed to Indiana State Trauma Care Committee on May 12, 2015. The documents are posted online: http://www.state.in.us/isdh/25400.htm. Dr. Gomez discussed the application revisions. Next steps include reviewing Pediatric Trauma Center Requirements and development of one year progress reports. Discussion included fulfilling ACS requirements, specifically about PI review meetings. Dr. Gomez asked for documents to be approved. The Committee agreed to move forward with the documents as presented.	N/A	N/A

Indiana State Department of Health

10. Level III "In the Process" application – Dr. Chris Hartman	Dr. Hartman shared a recommendation that the Rural Trauma Team Development Course requirement be dropped for Level III trauma centers. A lengthy discussion evolved from Dr. Hartman's comments and Director Kane asked if the Committee could review this recommendation and report to the full group. It was also suggested the delaying new applications for Level III trauma centers until this data can be reviewed. After discussion, applications will not be delayed and level III applications will be accepted per existing requirements.		
11. Trauma Registry Report – Camry Hess and Ramzi Nimry	The August meeting will include: • Trauma Registry implementation research collaborative presentation • District 10 Trauma Regional Advisory Council update • Rural Trauma Team Development Course Data Presentation Katie briefly discussed the data report as time was running short. She complimented her staff for reviewing and compiling the data. Questions about the report can be directed to Camry Hess.		
12. Other Business	Discussion around the purpose of Level III was brought up. Dr. Reed indicated that Level IIIs are sending more critical patients to his facility, but are taking care of injuries not requiring excessive care. Level IIIs are identifying that they cannot take care of serious patients and are transporting them. Dr. Millikan suggested that Levels I & II ensure that Level III have clear cut understanding of what patients they can handle.		

Indiana State
Department of Health

13. 2015 Meeting Dates	The ISTCC will now meet every other month. The November meeting has been cancelled. The new meeting dates are: (a) August 21, 2015 (b) October 30, 2015 (c) December 11, 2015		
14. Adjournment	Hearing no further comments or business to come before the Committee, Director Kane adjourned the meeting at 12:15 pm and thanked everyone for their attendance and participation.		