



# Indiana State Department of Health

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

**Date:** May 9, 2014 – 10:00 am

**Attendance:** **Committee members present:** William VanNess, MD, Chair; Mike Garvey, Lewis Jacobson, MD; Meredith Addison, RN; Ryan Williams, RN; Lisa Hollister, RN; David Welsh, MD; Chris Hartman, MD; Matthew Vassy, MD; Gerardo Gomez, MD; Donald Reed, MD; Spencer Grover; Tim Smith; and Stephen Lanzarotti, MD

**Committee members via phone:** R. Lawrence Reed, MD and Scott Thomas, MD;

**Committee members not present:** John Hill, Vice Chair; Tony Murray; Thomas Rouse, MD; and Michael McGee, MD

**ISDH Staff Present:** Art Logsdon; Katie Gatz; Jessica Skiba; Murray Lawry; and Ted Danielson, MD

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Dr. VanNess, Chair	A quorum was present for this meeting.  Dr. VanNess opened the meeting at 10:00 am and asked for a moment of silence for the two highway construction worker fatalities that occurred this morning. He then asked the Committee members in the room and on the phone to introduce themselves.	N/A	N/A
2. Approval of Minutes from the February 7, 2014 meeting – Dr. VanNess, Chair	Dr. VanNess asked for corrections to the minutes of the February 7, 2014 Indiana State Trauma Care Committee minutes. Dr. Welsh made a motion that the minutes be accepted at distributed, it was seconded by Dr. Hartman and passed unanimously.	Minutes Approved as distributed.	N/A
3. Trauma Registry/EMS Registry Reports - Katie Gatz and Jessica Skiba	Art Logsdon, Assistant Commissioner for Health and Human Services Commission, announced that Brian Carnes is now the State Registrar with Vital Records. Katie Gatz is the Interim Director for the Trauma and Injury Prevention Program.	N/A	N/A



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	<p><u>Trauma Registry Report</u></p> <p>Katie highlighted the additional hospitals that are now reporting to the Trauma Registry in Quarter 4.</p> <p>District 1 – St. Margaret – Hammond (Total of 6) District 2 – Kosciusko Community &amp; Pulaski Memorial (Total of 5) District 3 – (Total of 9) District 4 – Franciscan St. Elizabeth-Lafayette Central (Total of 4) District 5 – (Total of 12) District 6 – (Total of 7) District 7 – Greene County General (Total of 5) however Sullivan County Community Hospital not reporting District 8 – (Total of 5) District 9 – Floyd Memorial District 10 – Deaconess Gateway (Total of 8)</p> <p>So far this year, there have been 43 hospitals trained on Trauma Registry data submission. In some hospitals multiple staff were trained to report data. If a Committee member is aware of a hospital in their area that is not reporting, please reach out to them.</p> <p>Jessica Skiba reported that during the 4<sup>th</sup> quarter of 2013 including October 1, 2013 through December 31, 2013, 5,839 incidents were reported by 60 hospitals including 9 trauma centers and 51 hospitals.</p> <p>She continued with patient demographics including age, age groupings, gender and race. She also reported Injury Severity Scores (ISS), cause of injury, trauma type and transport mode.</p> <p>Katie provided data on ED disposition by percentage, ED length of stay (LOS) by hours, ED LOS &gt;12 hours, and ED disposition of ED LOS &gt;12 hours.</p>		
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	<p>Jessica reported on new graphs that were developed at the request of the Committee. Caterpillar graphs have now been added. The purpose of the time-to-event analysis is to account for deaths and to see how variables influence ED LOS. The Caterpillar graphs compare trauma centers and non-trauma centers with Indiana’s average ED LOS.</p> <p>Dr. Hartman asked that the Caterpillar graph be just for patients transferred out of the ED to another acute care facility</p> <p>Katie discussed the ED LOS by ISS noting information has been added at the request of the Committee.</p> <p>When discussing “Patient Outcomes” Katie noted an increase in Medicare and a decrease in null value in the Primary Payer graph.</p> <p>Dr. Gomez asked that a Subcommittee be formed to develop a method that everyone can agree on regarding ED LOS statistics.</p> <p>Katie presented the Transfer Cases Cover. She explained staff is now able to probabilistically link cases and have more complete data.</p> <p>At the last meeting it was requested that the staff track “in the process” hospitals. Katie explained that since IU Health - Ball Memorial Hospital was the only “in the process” facility during the timeframe of data being presented, the data would be identifiable. But as more hospitals become “in the process” then this data can be presented.</p> <p>Dr. VanNess expressed his pleasure at how staff is able to probabilistically link patient data and provide feedback. The Committee agreed that great strides have been made in data</p>	<p>This will be modified for the next data report</p>	
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	<p>collection.</p> <p>Katie presented two new slides – Transfer Patient Data with GIS and with mileages, both for linked cases.</p> <p>Katie made reference to rough numbers on the Patient Transfer slides as there are unknowns in this category such as road conditions.</p> <p>When transfer is delayed how do we remedy this? Dr. Hartman asked how education should/could be provided to the initial receiving hospital in order to shorten the patients stay at that facility if that facility is not a trauma center.</p> <p>Does it take the Trauma Manager providing education with staff to decrease ED LOS? It was discussed that radiological exams do take longer but if a patient can be managed at the initial facility, the time is justified. It was also noted that doctors don't listen to staff regarding needed changes – they only listen to other doctors. Dr. Jacobson mentioned that with the trainings already provided by Katie and the Trauma staff; a relationship has been established for ongoing work and training opportunities.</p> <p>Katie reminded the Committee she does produce a hospital-specific report. She also stated she reviews each hospital report submitted and provides feedback to each hospital regarding their average response time versus the state average.</p> <p>An attendee from IU Health - Bloomington stated that after observing “times” in their area – one thing that slows the process is the lack of availability of EMS for various reasons. They may have an ambulance in route to Indianapolis or on a return run – but this adds time to the “stay”. This is recognized by the facilities, but not much</p>		
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	<p>can be done about it.</p> <p>Dr. VanNess noted this is the reason we are working hard to incorporate EMS into this process.</p> <p>Dr. Vassy stated these are the issues we need to discover and address. This is a good first step.</p> <p>Katie asked the Committee to let her know what data they are interested in seeing from this new dataset.</p> <p><u>EMS Registry Report</u></p> <p>The linking of EMS and hospital data was an exciting discussion for the group. Katie stated 1,192 cases could be probabilistically linked in Q4 of 2013 between EMS and the Trauma Registry due in large part to the work of Camry Hess, one of the two epidemiologists in the Division.</p> <p>Katie stated that 28,308 traumatic injuries were reported from January 1, 2013 to April 30, 2014 with a total of 91 providers reporting. As of November 2013 there were 20 providers reporting, and in February 2014 there were 70.</p> <p>Katie was also excited to report that Murray Lawry, EMS Registry Manager, gave her an updated total of 108 providers reporting as of today's meeting.</p>		
4. "In The Process of ACS Verification" Program Applications (2) - Art Logsdon, Dr. Gomez and Katie Gatz	Art gave an overview of the "In The Process of ACS Verification" process noting there are two (2) hospitals seeking approval at this meeting. The "in the process" application is submitted to the ISTCC Subcommittee. The ISTCC Designation Subcommittee recommends action by the ISTCC. Upon approval by the ISTCC, they recommend it	N/A	N/A



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	<p>to the State Health Commissioner who, in turn, will refer it to the EMS Commission for approval.</p> <p>Dr. Gomez noted the Committee met regarding the applications from Good Samaritan Hospital, Vincennes, Knox County and Community Hospital of Anderson, Anderson, Madison County.</p> <p><u>Good Samaritan Hospital</u></p> <p>Dr. Gomez summarized the application for the Committee. The following are some of the outstanding issues:</p> <ol style="list-style-type: none"><li>(1) The requirement for the Trauma Medical Director is that he must be a surgeon who has completed ACS courses and not just registered for the courses. NOTE: The hospital representative at the meeting stated they are having difficulties getting him into training as all of them are filled.</li><li>(2) There were 12 items that needed additional documentation. NOTE: The hospital representative stated they have received the request for additional documentation and are working on them.</li><li>(3) Location to get additional blood platelets was 1½ hours from the hospital.</li></ol> <p>The Subcommittee's recommendation is to hold approval at this time based on the issues outlined above.</p> <p>Dr. Jacobson noted the application was excellent except for a few missing components.</p> <p><u>Community Hospital of Anderson</u></p> <p>Dr. Gomez summarized the application for the Committee. The</p>		
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	<p>Hospital was asked for additional documentation on 7 issues and successfully provided that documentation.</p> <p>The Subcommittee's recommendation is to approve this application for "In the Process of ACS Verification". Dr. Hartman 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 Community Hospital of Anderson. The motion was seconded by Dr. Jacobson and approved unanimously.</p>		
5. Trauma System Plan - Art Logsdon	<p>Art reviewed Indiana's Trauma System flow chart. He reviewed the history of the ISTCC from the formation of the Trauma System Advisory Task Force in 2004 to the 2006 legislation (IC 16-19-3-28) that identified the Indiana State Department of Health as the lead agency for statewide trauma system development.</p> <p>In 2010 Governor Mitch Daniels issued an Executive Order that created the ISTCC. The Executive Order was renewed by Governor Mike Pence in 2013.</p> <p>In 2011 the Trauma and Injury Prevention Division was created by the ISDH. In 2012 the EMS Commission adopted the "Triage and Transport" rule. This rule was signed by Governor Pence in 2013.</p> <p>Art presented a set of very colorful maps showing the progress made in expanding trauma care in Indiana to more residents within a 45 minute radius. These maps showcased the areas served in 2012 and the areas served at the present in 2014. Coverage is much improved and more residents of the state have more rapid access to trauma centers around the state.</p> <p>Four main categories for the future:</p> <ol style="list-style-type: none"><li>1. Trauma Registry</li></ol>	N/A	N/A



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	<ol style="list-style-type: none"><li>2. Injury Prevention</li><li>3. System-wide issues</li><li>4. Miscellaneous</li></ol> <p>A Trauma System Plan Subcommittee has been formed and the members are Dr. Matt Vassy, Dr. Scott Thomas, Spencer Grover, Dr. David Welsh, Annette Chard, Ryan Williams and Carrie Malone. They will work with staff on the forward direction of the Division.</p> <p>In the future for the Trauma Registry, the plan is:</p> <ul style="list-style-type: none"><li>• Collecting more and better data from:<ul style="list-style-type: none"><li>Hospitals</li><li>EMS providers</li><li>Rehab hospitals</li></ul></li><li>• To integrate trauma, EMS and rehab data</li><li>• Pursue easier/ less costly methods of data transmission<ul style="list-style-type: none"><li>Blue Sky Project</li><li>Columbus Regional Hospital</li></ul></li></ul> <p>Other goals call for improvement of Indiana Criminal Justice Institute (ICJI) grant standards, increase interstate data exchange, and continue the inter-rater reliability project.</p> <p>Issues and goals on the Injury Prevention (IP) side are developing injury prevention plans as part of the Division and apply for national grants to grow the IP Program.</p> <p>Other plans for the IP Program are:</p> <ul style="list-style-type: none"><li>• Plan and hold a statewide IP-specific conference</li><li>• PTSD/TBI study mandated by the General Assembly (SEA 180)</li><li>• Require hospitals to use e-codes as Indiana law requires (was effective 10-1-13)</li></ul>		
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	<p>Trauma system issues include:</p> <ul style="list-style-type: none"> <li>• Designation rule that includes “in the process” and adds the ability to review “in the process” hospitals during the two year process.</li> <li>• Update written materials, website, social media</li> <li>• EMS Assessment fee</li> <li>• Education</li> <li>• Trauma system awards program</li> <li>• Role of burn centers in trauma care</li> <li>• Rural Trauma Team Development course</li> <li>• Inter-facility transfer criteria (ACS)</li> <li>• Statewide disaster plan initiatives</li> <li>• Standardize a subset of trauma performance improvement activities for each trauma center and hospital</li> <li>• Implement regional PI processes that feed into the statewide trauma PI</li> <li>• Create/implement Trauma System Information Management Plan</li> <li>• Develop regional systems of trauma care</li> <li>• When do we advocate for stroke/STEMI systems of care?</li> </ul>		
6. Updates	<p><u>Performance Improvement (PI) Subcommittee</u> – Katie Gatz</p> <p>Katie reported the PI Subcommittee is focusing on 3 main goals:</p> <ul style="list-style-type: none"> <li>• Increase the number of hospitals reporting to the trauma registry</li> <li>• Reduce the average ED LOS at the initial hospital for transfer patients</li> <li>• Increase the percentage of run sheets collected at hospitals</li> </ul> <p>She reviewed with the full Committee the methods the group has discussed to achieve these goals.</p>	N/A	N/A



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	<p><u>Trauma Registry Rule Training Events</u> – Katie Gatz</p> <p>Katie reported on the upcoming Trauma Registry training events both around the state in the 10 Preparedness Districts as well as at the ISDH.</p> <p><u>Indiana Injury Prevention Advisory Council (IPAC)</u> – Jessica Skiba</p> <p>Jessica briefly discussed the Injury Prevention Advisory Council noting the goal is to reduce injury-related morbidity and mortality in the state. She also reviewed some activities of the group as well as data collected by the Program.</p> <p><u>Indiana Emergency Response Conference</u> – Katie Gatz</p> <p>Katie reported that the Trauma and Injury Prevention Division will be presenting at the Indiana Emergency Response Conference. She shared that all topics proposed by the Committee and staff were accepted for presentation.</p> <p>Dr. VanNess shared his excitement, along with Katie, for all the hard work done by the staff. The ISTCC unanimously agreed.</p>		
7. Other Business	<p>Dr. Welsh reported that the Indiana Chapter of American College of Surgeons is willing to propose a resolution thru the Indiana State Medical Association in September that, if approved by ISMA, will be forwarded to the legislature on funding for some of the future ISTCC projects. Please send ideas to Dr. Welsh.</p> <p>Hearing no other business, Dr. VanNess adjourned the meeting at 11:50 am.</p>	N/A	N/A



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8. Remaining Committee Meeting Dates	Remaining meeting dates: August 8 November 14  All meetings are at the ISDH, 2 North Meridian Street in Rice Auditorium in the Lower Level from 10:00 am to 12:00 pm (Indianapolis time)	N/A	N/A
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