

ISTCC - Trauma System Planning Subcommittee – Meeting Notes

Time: Friday, February 16, 9am EST

Location: Indiana Government Center – South, Conference Room 3

Called by: Dr. Matt Vassy, Co-Chair

I. Attendees

ISTCC Trauma System Planning Subcommittee Members	
ISTCC Members	
Dr. Scott Thomas – Co-Chair	Dr. David Welsh
Dr. Matt Vassy – Co-Chair	Lisa Hollister
Bekah Dillon	Ryan Williams
Dr. Chris Hartman	Tim Smith
Subcommittee Participants	
Andy VanZee	Jill Swearer
Annette Chard	Judi Holsinger
Carrie Malone	Dr. Kevin McConnell
Dusten Roe	Lindsey Williams
Erik Stribe	Lisa Gray
Jason Kennard	Missy Hoekaday
Jennifer Homan	Merry Addison
Jennifer Konger	Roberto Iglesias
Jennifer Mullen	
ISDH Staff	
Art Logsdon	Murray Lawry
Camry Hess	Pravy Nijjar
Katie Hokanson	Ramzi Nimry

II. Agenda Topics

1. ISTCC meeting attendance requirements
 - a. See attached documents.
 - b. From the Tennessee document, discussed including the “approved absences” section: FMLA, military leave, death in the family, sickness.
 - c. Discussed that it did not need to be the same proxy at every meeting.
 - d. Discussed that the proxy does not need to be someone that reflects the Executive Order. It just needs to be someone that best represents the interest of trauma.
 - e. Establish a formal proxy process: trauma care committee member must notify ISDH in writing 24 hours prior to the meeting if a proxy is going to be attending in their place.
 - f. Proxy can “vote” on behalf of the ISTCC member.

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- g. 75% meeting attendance requirements: 50% in person by ISTCC member; 25% proxy or webcast.
 - h. How often can we modify the executive order that establishes the makeup of the ISTCC?
What is that process?
 - i. Discussion of establishing a ratio for representation on committee.
 - j. Do we have terms? 2 years?
 - k. Discussion of regional system representation.
 - l. Discussion of levels of trauma centers representation.
 - m. Discussion of managing what hospital networks are represented.
- 2. NBATS tool
 - 3. Additional Discussion
 - a. Priorities:
 - i. Finalized attendance policy.
 - ii. ISTCC membership structure.

III. Goals

- 1. Finalize attendance policy.
- 2. ISTCC membership structure.

IV. Assignments

- 1. Draft attendance policy.
- 2. Katie will find out how often the Executive Order can be updated and what the process looks like.

Indiana State Department of Health Executive Board Electronic Communications Meeting Policy

Purpose:

Indiana Code 5-14-1.5-3.6 authorizes members of the governing body of a state agency who are not physically present at the meeting of the governing body to participate by electronic communications. Pursuant to this statute, governing boards are required to adopt policies authorizing the electronic participation.

This Indiana State Department of Health Executive (ISDH) Board Electronic Communications Meeting Policy is intended to comply with the requirements of Indiana Code 5-14-1.5-3.6 and authorizes members to participate in meetings by electronic communications when the member is not physically present in accordance with the framework set forth below.

Policy:

- A. ISDH Executive Board Members (Members) are encouraged to attend all meetings in person.
- B. A Member may participate by electronic communications, including telephone, computer, or video conferencing, so long as the electronic communications allows for simultaneous communications with other Members participating electronically, the Members physically present at the meeting and the public physically present at the meeting.
- C. At least four (4) Members must be physically present at ISDH Executive Board (Board) meetings.
- D. All Members must physically attend at least one (1) Board meeting a year.
- E. Members who participate in a meeting of the Board by permitted electronic communications and in accordance with this policy:
 - a. Shall be counted as present at the meeting;
 - b. Is counted for quorum purposes; and
 - c. May vote at the meeting.
- F. Members will notify the State Health Commissioner's Administrative Assistant (Administrative Assistant) that the Member wants to participate electronically at least seven days before the meeting. The Administrative Assistant will consider requests to participate electronically made less than seven (7) days in advance of a meeting in cases of emergencies. The Administrative Assistant may reject a Member's request for electronic participation if four (4) Members have not confirmed physical attendance.
- G. Votes of the ISDH Executive Board shall be taken through roll call when a Member or Members are participating by electronic communications.

References: IC 16-19-2

IC 16-19-3

IC 5-14-1.5-3.6

Approval: May 10, 2017

Effective Date: May 10, 2017

The Minnesota State Trauma Advisory Council adopted 'operating procedures' to govern expectations for meeting attendance. They didn't want to be so formal as to call them by-laws; and there are no statutes or rules governing their attendance. The operating procedures state...

"A STAC member who misses two consecutive meetings or whose attendance falls below 50% in a one year period will be contacted by MDH staff and the STAC Chair to evaluate the members' ability to fulfill their obligation to the STAC. Excused vs. unexcused absences will be considered in this evaluation."

Ohio has a policy of holding our committees to the same attendance standard as our Board. Ohio Revised Code § 3.17 states: "Any member of a board, commission, council, board of trustees of an institution of higher education, or other public body of the state, except a member of the general assembly or a judge of any court in the state, who fails to attend at least three-fifths of the regular and special meetings held by that board, commission, council, board of trustees, or public body during any two-year period forfeits the member's position on that board, commission, council, board of trustees, or public body."

Our open meeting law does not allow for attending by webcast.

The trauma committee membership is specifically noted in Ohio Revised Code § 4765.04.

The voting members of the Tennessee Trauma Care Advisory Council shall consist of:

1. One Trauma Medical Director or their physician designee from each of the 6 state designated Level I Trauma Centers. If the number of state designated Level I Trauma Centers exceeds 6, then the following applies:
 - a. One Trauma Medical Director or their physician designee from a state designated level I trauma center from each Grand Division (East, Middle, and West).
 - b. The 3 remaining Level I representatives shall be chosen from among the Trauma Medical Directors or their physician designees from the unrepresented state designated Level 1 Trauma Centers
 - c. No state designated Level I Trauma Center should go unrepresented on the Trauma Care Advisory Council for more than 3 years.
2. One Trauma Medical Director or their physician designee from each of the state designated Level II Trauma Centers. If the number of state designated Level II Trauma Centers exceeds 4, then the following applies:
 - a. The four Trauma Medical Directors shall choose the four representatives from among the state designated level II Trauma Centers
 - b. No state designated Level II Trauma Center should go unrepresented on the Trauma Care Advisory Council for more than 3 years.
3. One Trauma Medical Director or their physician designee from each state designated Level III Trauma Center. If the number of state designated Level III Trauma Centers exceeds 2, then the following applies:
 - a. The two Trauma Medical Directors shall be chosen by majority vote from among the state designated level III Trauma Centers (on a 3 year rotating basis).
4. One Trauma Medical Director or their physician designees from a state designated Level IV Trauma Center. If the number of state designated Level IV Trauma Centers exceeds 1, then the following applies:
 - a. The one Trauma Medical Director shall be chosen by majority vote from among the state designated level IV Trauma Centers (on a 3 year rotating basis).
5. One representative from the State EMS Board chosen by the EMS Board.
6. One representative from the Board for Licensing Healthcare Facilities chosen by the Board for Licensing Healthcare Facilities.
7. One Trauma Nurse Program Manager chosen from the Trauma Nurse Program Managers from state designated Trauma Centers or Comprehensive Regional Pediatric Centers.
8. One representative from CoPEC chosen by CoPEC.
9. One representative from each Comprehensive Regional Pediatric Center in the state. If the number of Comprehensive Regional Pediatric Centers exceeds 4, then the following applies:

- a. The four representatives shall choose the four representatives from among the state Comprehensive Regional Pediatric Centers.
 - b. No Comprehensive Regional Pediatric Center should go unrepresented on the Trauma Care Advisory Council for more than 3 years.
10. One Hospital Administrator chosen by the Tennessee Hospital Association
 11. One Consumer of trauma care chosen by the Trauma Care Advisory Council
 12. One representative from among the trauma registrars from state designated trauma centers or Comprehensive Regional Pediatric Center's in the state chosen by the trauma registrars in the state
 13. The chair of the Tennessee Trauma Care Advisory Council shall be the American College of Surgeons-Committee on Trauma Tennessee State Chair. The chair of the Trauma Care Advisory Council will only vote in the case of a tie vote of the voting members of the Trauma Care Advisory Council.

Voting members of the Trauma Care Advisory Council shall be appointed for a term of 3 years. To be eligible for re-appointment, voting members must attend at least two-thirds of the yearly Trauma Care Advisory Council meetings in the previous 2 years or will be placed on probation and will lose voting privileges for 3 years.

25 MEMBERS TOTAL

ATTENDANCE

Voting members must have attended two-thirds of the TCAC meetings in the previous 2 years or will be placed on probation and will lose voting privileges for 3 years.

APPROVED ABSENCES

FMLA, military leave, death in the family, sickness.

PROXY VOTING

There shall be no proxy voting. The person assigned to represent the state on behalf of their organization shall be the same individual in attendance.

QUORUM

For the purposes of conducting the business of the Trauma Care Advisory Council, a majority number of voting members must be present to conduct business. A quorum is defined as 50% plus one voting members in attendance.

TCAC Membership breakdown:

- Chair - 1
- Level I – 6
- Level II – 4
- Level III – 2
- Level IV – 1
- CRPC – 4
- CoPEC – 1
- EMS Board Member – 1
- HCF Board Member – 1
- Trauma Program Manager – 1
- Hospital Administrator – 1
- Registrar – 1
- Consumer of trauma care – 1

25 total