



Indiana
Department
of
Health

INDIANA STATE TRAUMA CARE COMMITTEE

August 20, 2021

Email questions to: indianatrauma@isdh.in.gov

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Housekeeping

- This meeting was public noticed – anyone can attend.
- Submit questions in the chat box or you can unmute your computer.
- Please make sure you are on mute if you are not speaking.

Introduction and approval of meeting minutes



Trauma Summer Study Committee Update

Andy VanZee

Division Updates

Brian Busching, MPH

Interim Director Trauma and Injury Prevention

**This
meeting
has been
public
noticed**

Division Staff Updates

Vacancy – Injury Prevention Program Coordinator

New CDC Public Health Associate Program Match (PHAP)

- Emily Pham – joins Division 10/12/2021
 - Recent graduate of UCLA – Psychobiology and Asian American Studies
 - Division Focus Area – Opioid/Prescription Drug Overdose

Grants

- Overdose Data to Action (OD2A)
 - Year 3 extension begins 9/1/2021
 - \$7.1 million/year (2 years remaining)
 - Drug Overdose - Surveillance and Prevention Programming
- Administration for Community Living – Traumatic Brain Injury (ACL-TBI)
 - Awarded \$200,000/year (5 years) began 8/1/2021
 - Partnership with Rehabilitation Hospital of Indiana (RHI)

Grants

Awaiting Notice of Award for Naloxone programming

- First Responder Comprehensive Addiction Recovery Act (FR CARA)
 - \$800,000/year (4 years)
- Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
 - \$600,000/year (5 years)

ISTCC 2021 and 2022 meetings

- Final 2021 meeting is November 19 - virtual or in-person?
- 2022 meetings
 - February 18
 - May 20
 - August 19
 - November 18

State Health Assessment & State Health Improvement Plan

Nicole Morley, *Director, Office of Public Health Performance Management*

May 2018 – December 2021

State Health Assessment & State Health Improvement Plan



Flagship Priorities:

- Improve Birth Outcomes and Reduce Infant Mortality
- Address the Opioid Epidemic
- Reduce Rates of Chronic Disease
- Improve the Public Health Infrastructure

Strategic Alignment



State Health Assessment & Improvement Plan

- State Health Assessment (SHA): detailed report outlining Indiana's state health needs. This report is developed through a comprehensive data collection and analysis process. This report results in the identification key health factors, outcomes, and social determinants affecting the health of Indiana.
- State Health Improvement Plan (SHIP): identifies priorities derived from the qualitative data from the State Health Assessment. Through the creation of flagship priorities, the SHIP is qualified down to performance measures that are intended to address a specific priority area. The intended result of this plan is to create positive change on factors and outcomes related to the health of Indiana.
- Those interested in participating in the development of the next SHA/SHIP and/or serving on the committee should reach out to the Office of Public Health Performance Management for additional information and details.



Questions and Answers

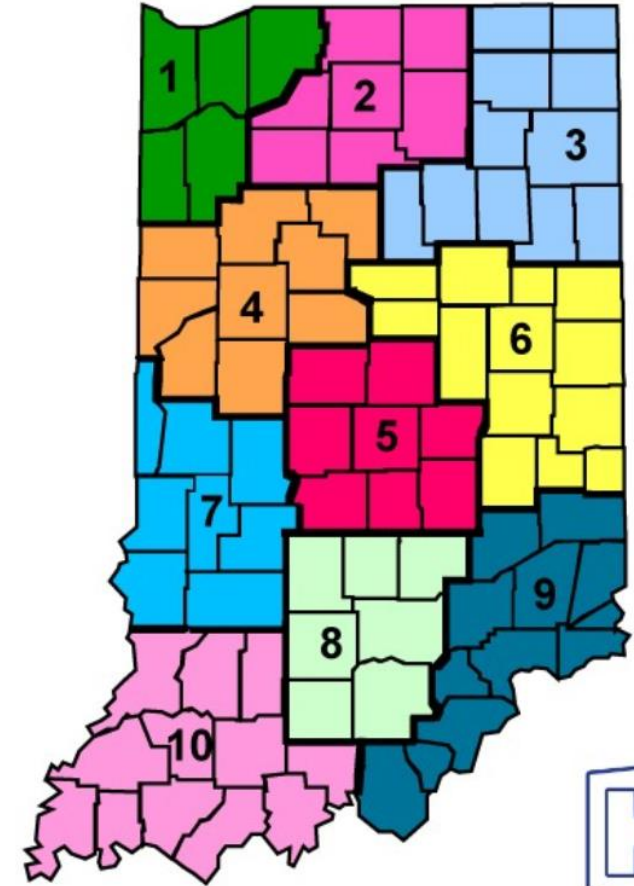


Indiana
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Regional Updates

Regional updates

- District 1
- District 2
- District 3
- District 4
- District 5
- District 6
- District 7
- District 8
- District 9
- District 10



District 1

- PI
 - Several hospitals not reporting
 - Discussed transfer times
 - Issues with transport
- Case Review
 - Reviewing opportunities for improvement in transfer/mortality
- Data request
 - Transfer
 - Mortality ED/ Inpatient
 - Ped/adult
 - LOS
 - Triage
- Stop the Bleed Regional Initiative
 - School trainings and kit distribution

District 2

- District 2 TRAC met virtually on 08/03/21 for our 3rd quarter meeting. We had five hospitals, four EMS agencies, and IDOH staff present.
- Several education courses and injury prevention and outreach activities have been completed so far this year. We will continue to monitor the COVID trends and adjust our processes accordingly as needed.
- Elkhart General received official confirmation of successful verification from the ACS as a Level III trauma center on 06/30/21. The next reverification visit will be in the Spring of 2023.
- Memorial Hospital of South Bend successfully implemented the use of whole blood for trauma resuscitation. Memorial is the first hospital in the state to use whole blood for trauma.
- Memorial Hospital of South Bend's Trauma Program Director position is vacant (as of 08/18/21). LeAnne Young (former director) is relocating to Houston.

District 4

- Work being done between both trauma centers to manage diversion.
- Working on using language regarding overcrowded status and communication pathways.
- Goal is to do what's best for patients during patient surges and low staffing.
- District 4 also completed a burn surge annex.
 - The Burn surge annex was eye opening for our trauma centers. For the ACS requirements our protocols are to transfer them to a burn center. If we ever have a burn surge, we will most likely need to keep some of the burn patients for 24-48hours. One idea we are considering is the use of tele health with a burn center and our trauma surgeons to assist in care of the burn patient. We have protocols for burn patients in the ED, but not for inpatient care. Telehealth would allow us to speak with the specialist who is current on burn care.

District 5

Discussion items:

- Franciscan Health-
 - Christy Claborn gave a presentation on PI initiative surrounding Palliative Care consults in patients ages 65 and older.
- Marion County Coroner-
 - Chief Deputy Coroner provided a list of common questions that the Coroner might ask nursing staff. D5 Hospitals to share with nursing so that staff can be aware of what to expect when discussing a case with the Coroner.
- Whole Blood Discussion
 - None of the D5 Hospitals currently stock whole blood products.
- Nomination for D5 Secretary-
 - Sherri Marley nominated for Secretary position in 2022.

Action items from August 18th D5 TAC meeting:

Prehospital antibiotic administration for open fractures

- District 5 would like to recommend that prehospital antibiotics be given by all Marion County EMS agencies. Dr. Kaufmann will take this recommendation to the upcoming Marion County EMS protocol meeting.

Hospital Diversion

- District 5 would like to recommend hospital diversion being looked at under the State Trauma systems' purview. How can the State Trauma System assist hospitals in addressing diversion practices?

Next D5 TAC meeting is November 17th, 2021

District 6

- D6 had their annual trauma center lunch meeting in July. Trauma staff from all four centers got together to discuss recent verification visits and compare TQIP reports.
- D6 TRAC meeting August 4th discussions surrounded state data related to ED LOS, Critical Patient Transfers, Data Quality around delays and behavioral health patient populations.
- Challenges with COVID and EMS transport availability.
- Injury prevention efforts during COVID.

District 7

- Terre Haute Regional had a successful re-verification visit as a Level III trauma back in June.

District 8

- Annual district conference was held on Tuesday and Wednesday.

District 10

- Reviewed trauma data and drilling down into delays in transfer.
- Focusing on the challenges that ambulance services have and how it affects transfers.

Performance Improvement Subcommittee Update August 2021

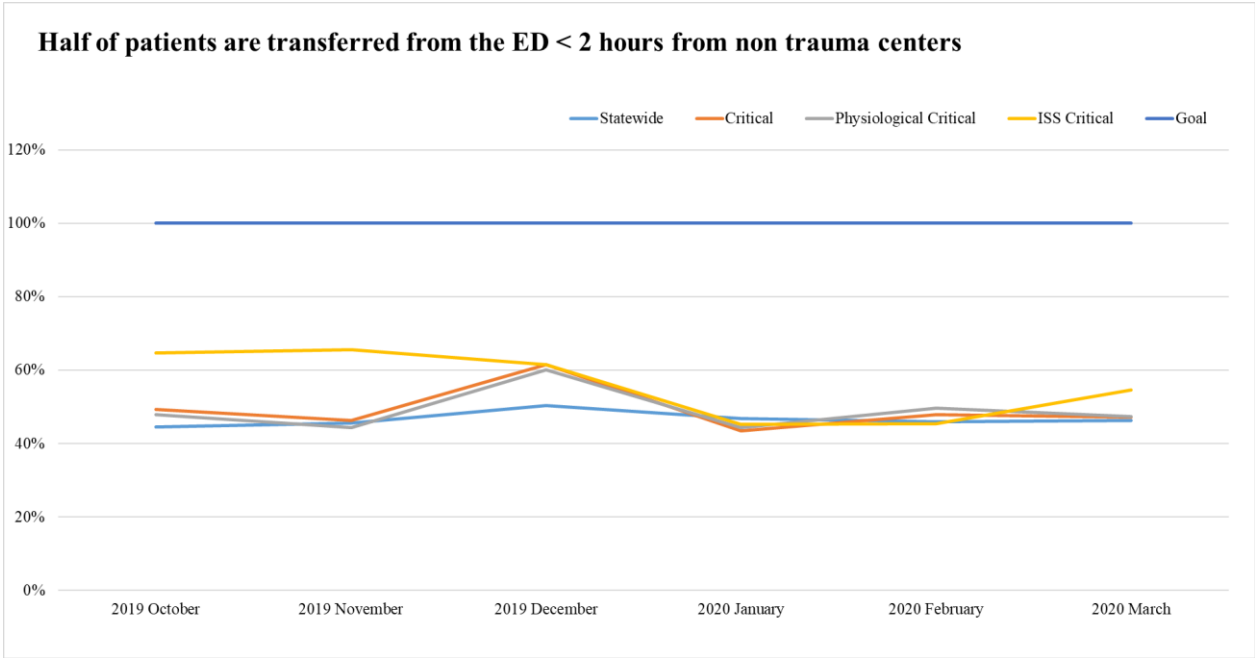
Peter M. Hammer, M.D.
Trauma Medical Director
IU Health Methodist Hospital

2021 Goals Refresher

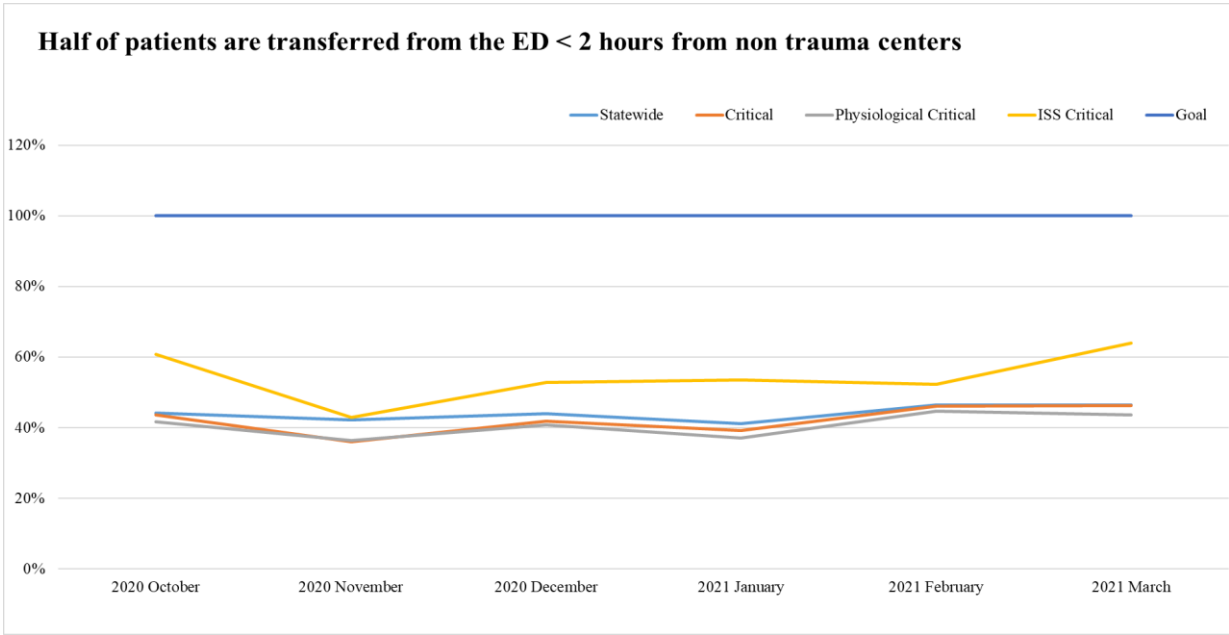
- Decrease ED LOS (critical) at non-trauma centers.
 - Increase trauma registry quiz participation.
 - Collect hospital level variables.
 - Continued EMS run sheet collection.
-
- **2022 Goals**
 - We will start reviewing during our final two meetings.

ED LOS Orders Written

Oct. 2019 – March 2020



Oct. 2020 – March 2021



Increase Trauma Registry Quiz Participation

- April 2021 – 69%
 - May 2021 – 73%
 - June 2021 – 80%
-
- Discussions continue at ITN meetings to improve quality.

Non-Reporting Hospitals Q1 2021

- Ascension St. Vincent - Kokomo
- Deaconess Gibson Hospital
- Franciscan Health Crawfordsville
- Franciscan Health Hammond
- Franciscan Health Munster
- Greene County General Hospital
- Goshen Hospital
- Harrison County
- Northwest Health La Porte
- St. Mary Medical Center-Hobart
- Union Hospital Clinton

Transfer Delays

- i. Q4 2020 analysis
 - a) Delay = yes (N=371)
 - b) Main categories
 - a. Null (N=167)**
 - b. EMS (N=58)**
 - c. Receiving facility issue (N=41)**
 - d. Other (N=29)**
 - e. Referring physician decision making (N=19)**

Transfer Delays

- i. Q1 2021 analysis
 - a) Delay = yes (N=394)
 - b) Main categories
 - a. Null (N=190)**
 - b. EMS (N=75)**
 - c. Receiving facility issue (N=35)**
 - d. Other (N=28)**
 - e. Referring physician decision making (N=19)**

PI Subcommittee Schedule

- Next meeting is September 14th at 10a on Microsoft Teams.
- Last 2021 meeting date
 - November 16
- 2022 meeting dates
 - January 18
 - March 15
 - May 17
 - July 12
 - September 13
 - November 15

Designation Subcommittee

- 1 Year Review - Franciscan Health – Indianapolis
- Level I Pediatric Trauma Center – Peyton Manning Children's Hospital at Ascension St. Vincent

American College of Surgeons-COT updates

Scott Thomas, *MD, FACS*

UPDATE: National Pediatric Readiness Project 2021

Elizabeth Weinstein, MD

Program Director

Indiana Emergency Medical Services for Children



Indiana – Emergency Medical Services for Children

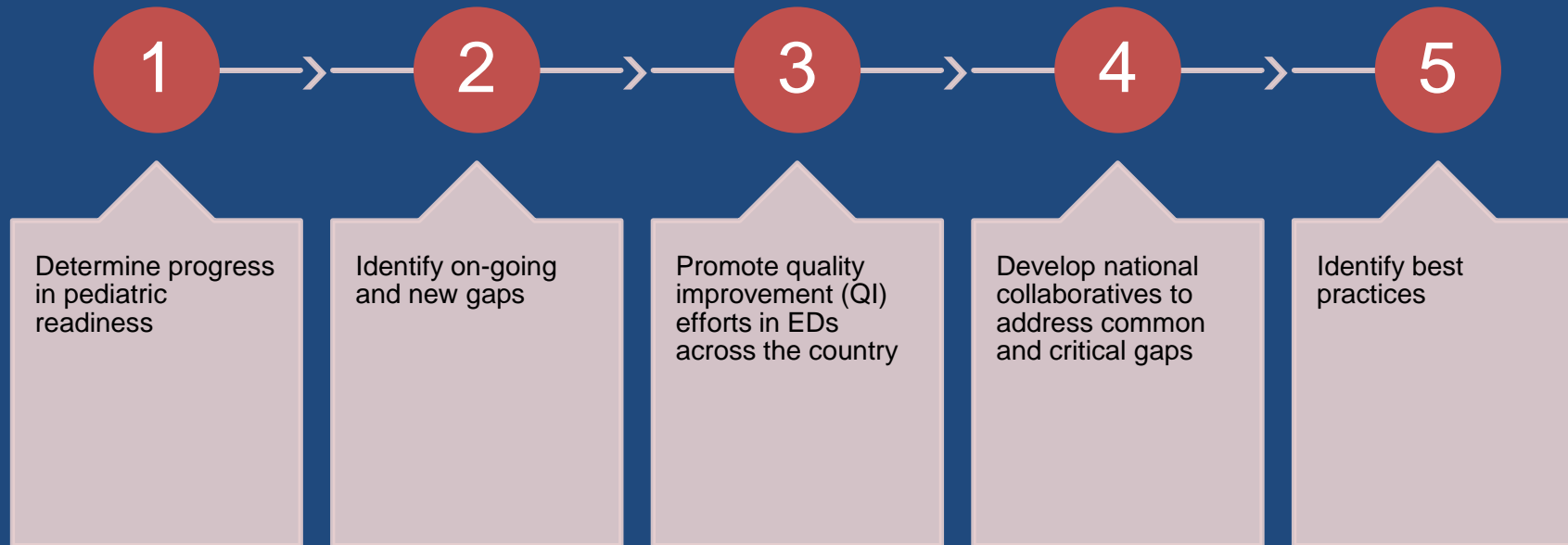
The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children.

THE PROJECT IS SUPPORTED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, THE EMERGENCY NURSES ASSOCIATION, THE AMERICAN ACADEMY OF PEDIATRICS, AND THE FEDERAL EMERGENCY MEDICAL SERVICES (EMS) FOR CHILDREN PROGRAM



Indiana – Emergency Medical Services for Children

Goals of 2021 survey:



Why is participation important?

Hospitals with high ED readiness scores demonstrate a 4-fold lower rate of mortality for children with critical illness than those with lower readiness scores; thus, improving pediatric readiness improves outcomes for children and their families.



Indiana – Emergency Medical Services for Children

ACS-COT Pediatric Readiness

- Verified Trauma Studies DO NOT have higher pediatric readiness scores
- Trauma centers with high readiness scores have decreased mortality compared with those with lower scores.
- ACS-COT will be incorporating Peds ready into their certification process



Indiana – Emergency Medical Services for Children

Current Response Rate (08.17.2021)

INDIANA

Response Rate:

88.1%

(118/134)

NATIONAL

Response Rate:

62.2%

(3,230/5,190)

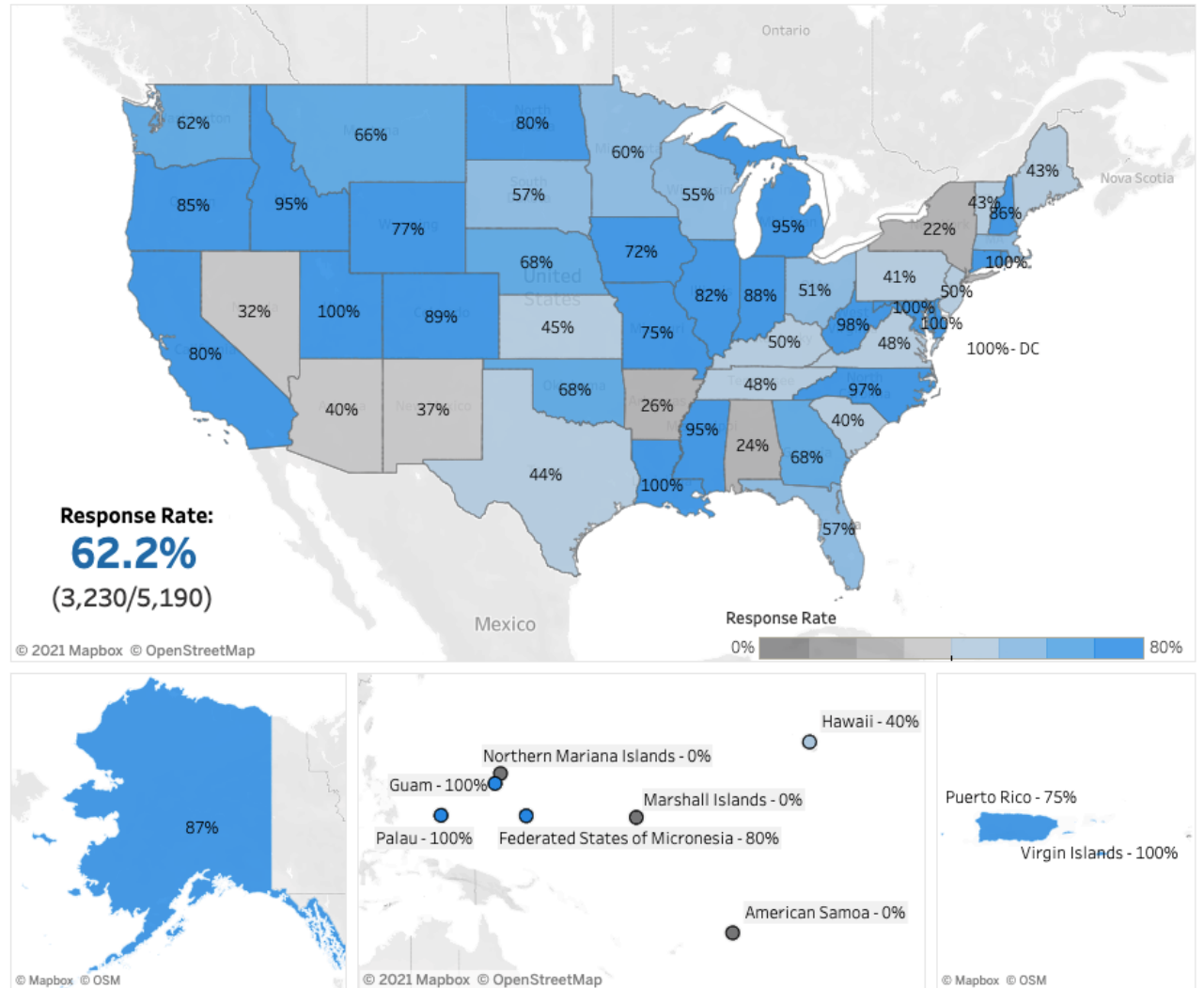


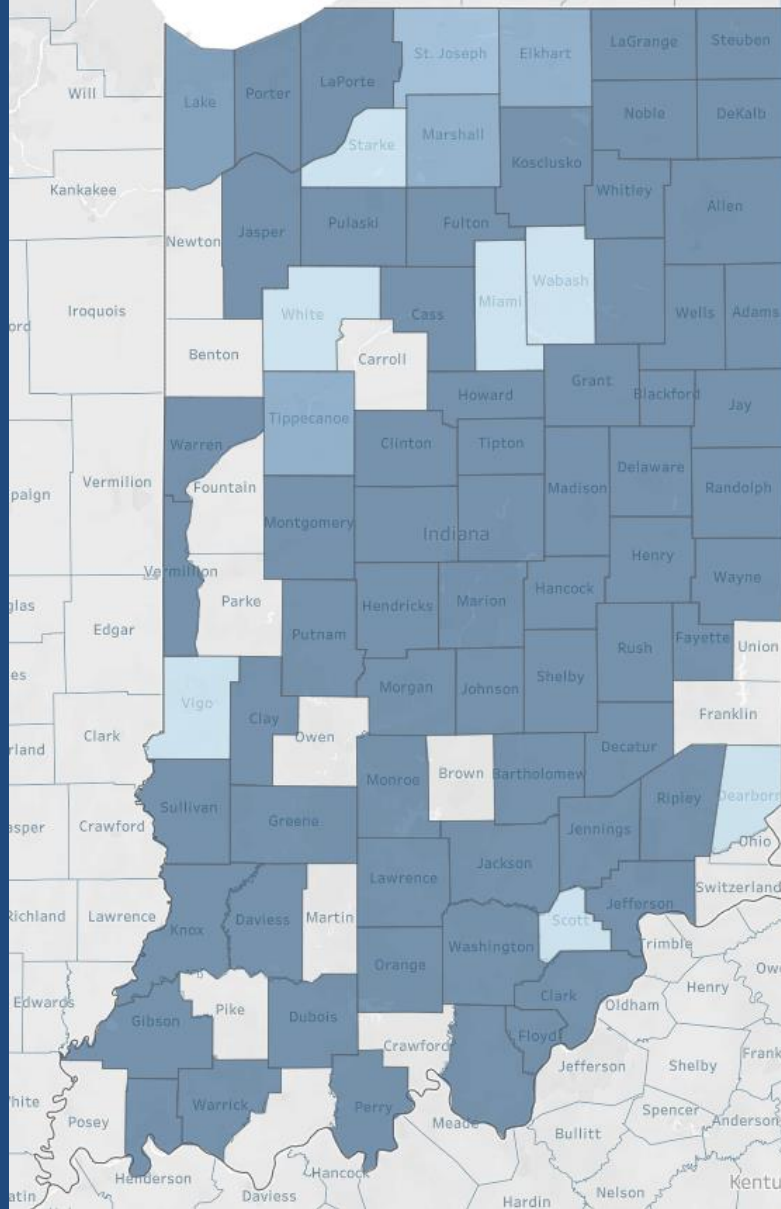
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2021 National Pediatric Readiness Assessment Response Rates

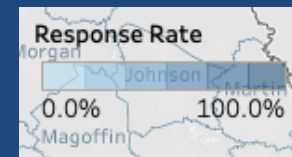
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State Name	Numerator	Denominator	Response Ra..
Alabama	23	95	24.2%
Alaska	20	23	87.0%
American Samoa	0	1	0.0%
Arizona	34	86	39.5%
Arkansas	19	73	26.0%
California	264	332	79.5%
Colorado	78	88	88.6%
Connecticut	32	36	88.9%
Delaware	10	10	100.0%
District of Columbia	7	7	100.0%
Federated States of Mic..	4	5	80.0%
Florida	167	294	56.8%
Georgia	93	136	68.4%
Guam	2	2	100.0%
Hawaii	10	25	40.0%
Idaho	38	40	95.0%
Illinois	150	184	81.5%
Indiana	118	134	88.1%
Iowa	85	118	72.0%
Kansas	63	140	45.0%
Kentucky	50	100	50.0%
Louisiana	109	109	100.0%
Maine	15	35	42.9%
Marshall Islands	0	2	0.0%
Maryland	49	49	100.0%
Massachusetts	34	66	51.5%
Michigan	121	128	94.5%





RESPONSE RATE BY COUNTY



Indiana – Emergency Medical Services for Children

Non-Respondents

Hospital Name	District
Community Hospital - Munster	1
St. Catherine Hospital	1
Community Hospital of Bremen	2
Elkhart General Hospital	2
Northwest Health-Starke	2
Saint Joseph Regional MC -Mishawaka	2
Beacon Granger Hospital	2
Dukes Memorial Hospital	3
Parkview Wabash Hospital	3



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Non-Respondents

Hospital Name	District
IU Health - Arnett Hospital	4
IU Health - White Memorial Hospital	4
Community Heart and Vascular Hospital	5
Terre Haute Regional Hospital	7
Union Hospital - Terre Haute	7
St. Elizabeth Dearborn Hospital	9
Scott Memorial Hospital	9



Indiana – Emergency Medical Services for Children

How does my ED participate?

- Please complete the assessment using the editable PDF found via website pedsready.org and return your results directly by **first** downloading the PDF to your desktop (from within your browser) and/or opening it in **Adobe Acrobat**.

Then choose one of the options below:

- Save a copy of the completed PDF to your computer and email it to pedsready@hsc.utah.edu
- Print the completed PDF and fax it to (801) 581-8686.



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How does my ED participate?

Since only one NPRP assessment per ED can be completed, we encourage you s to collaborate with your ED leadership to participate in the NPRP assessment.



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ED Nurse Managers who complete the NPRP assessment will immediately receive:

- A pediatric readiness score from 0 – 100
- The avg pediatric readiness score of EDs of similar pediatric volume
- The avg pediatric readiness score of all participating EDs to use as a benchmark
- An ED Gap Report to target efforts for improvement in pediatric readiness



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Have your results and want to discuss them?

- Let us know! We can set up time to review connect you with resources and help you prioritize action items.



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Questions?

Contact Indiana EMSC Program Manager,
Margo Knefelkamp,
Margo.Knefelkamp@indianapolisems.org

pedsready.org



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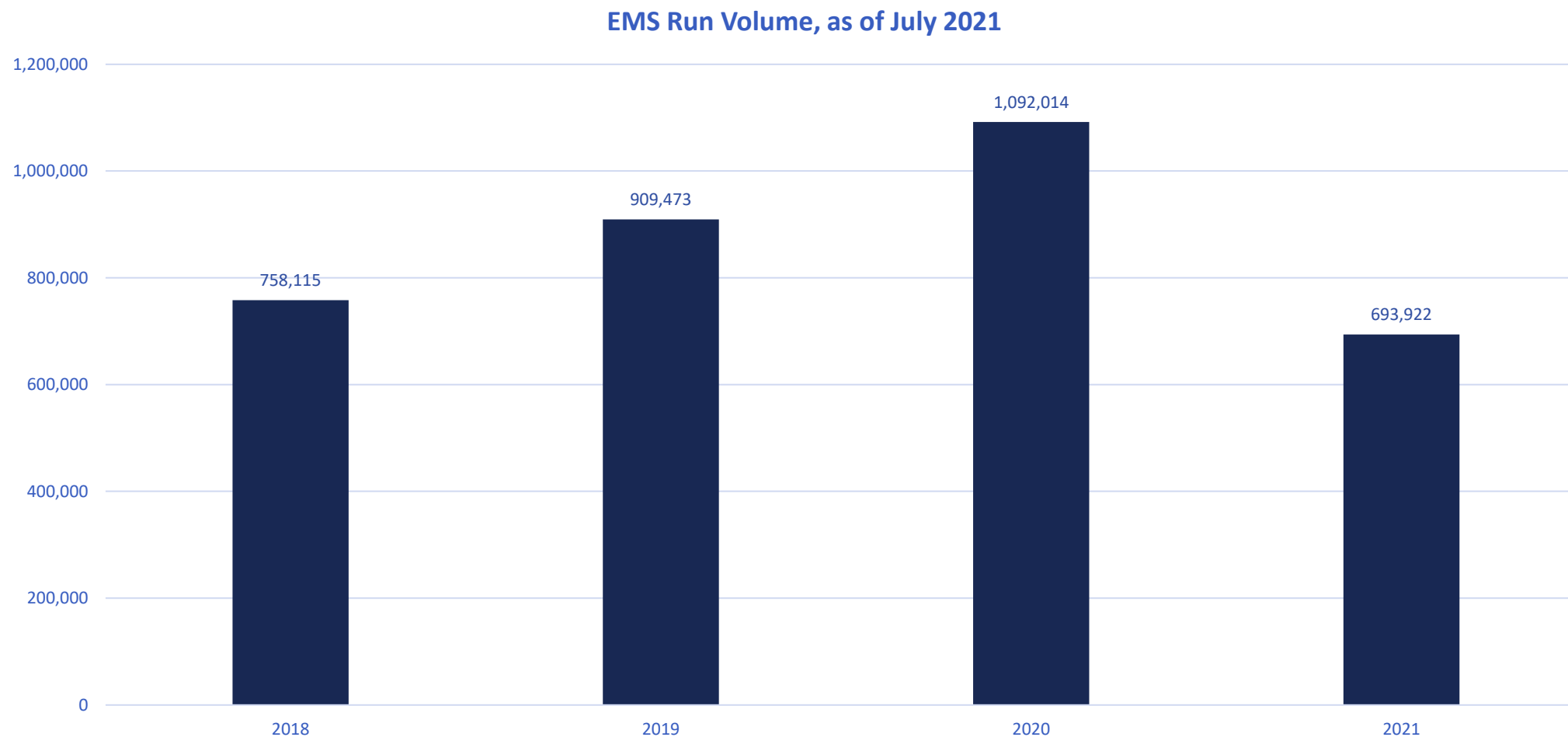


An Overview of our State EMS System with a focus on Trauma

Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Indiana Department of Homeland Security



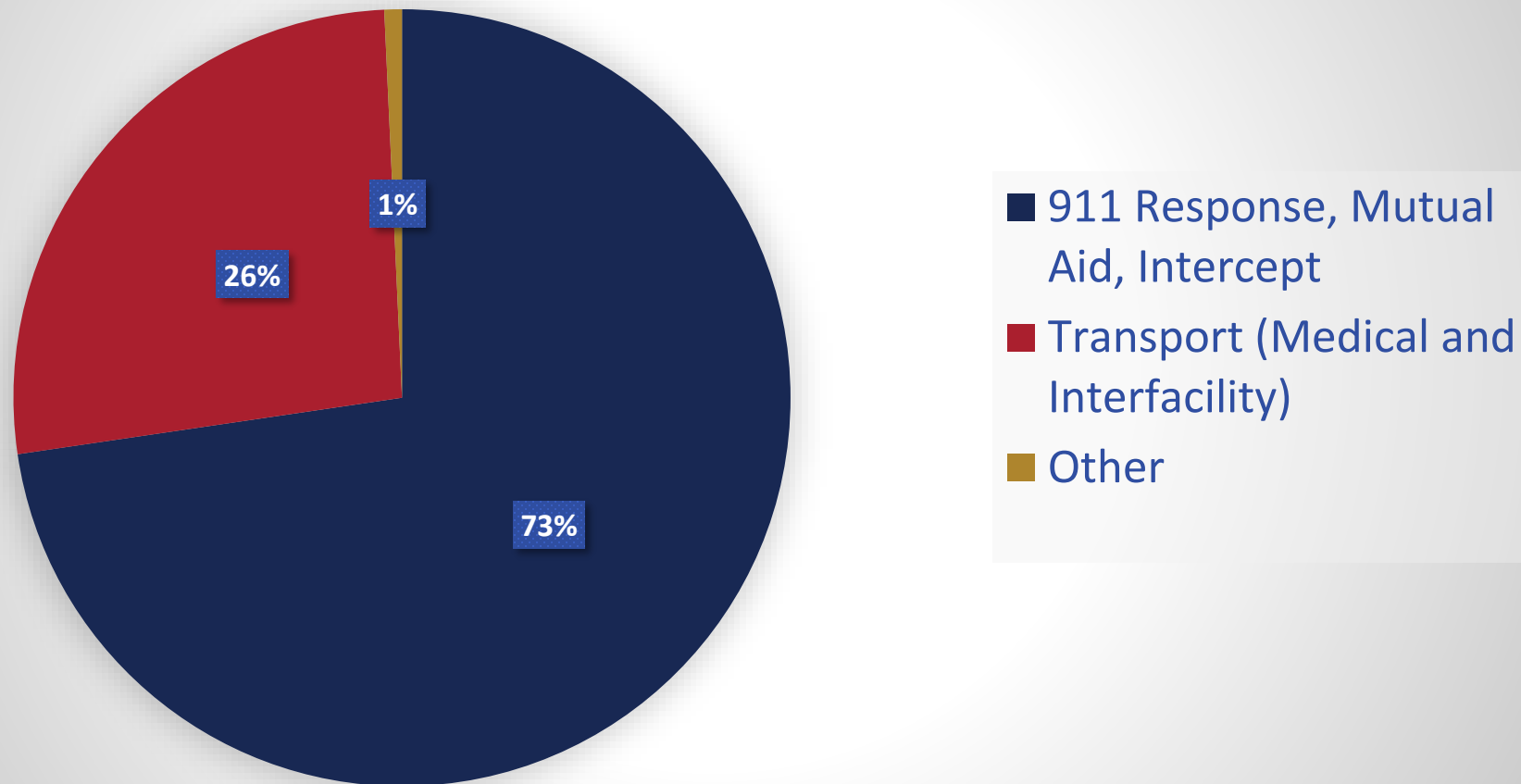
Indiana EMS Run Volume (Calendar Year)



Types of EMS Runs in 2020



Types of EMS Run in Calendar Year 2020



EMS Personnel and Levels of Care

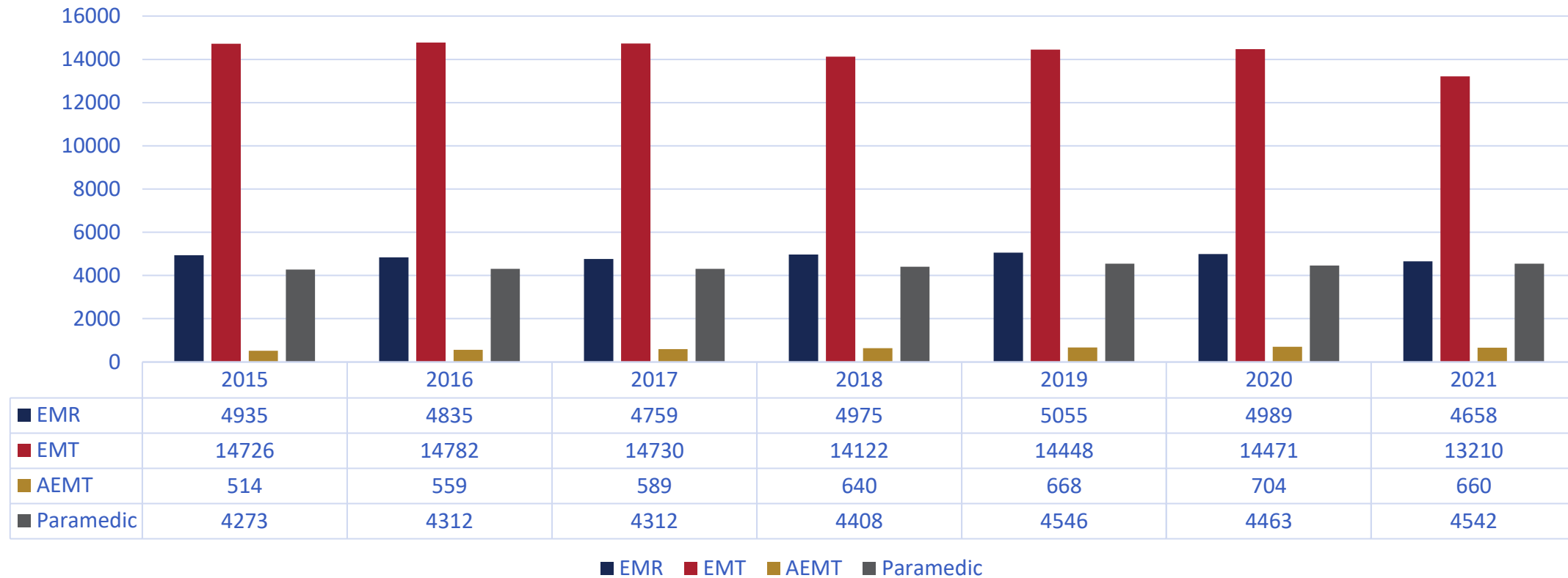


EMS Personnel	Level of Care Authorized to Provide
Emergency Medical Technician (EMT)	Basic Life Support (BLS)
Advanced Emergency Medical Technician (AEMT)	Limited Advanced Life Support (ALS)
Paramedic	Advanced Life Support (ALS)

State of Indiana EMS Personnel



EMS Personnel Certifications by Group 2005-2021

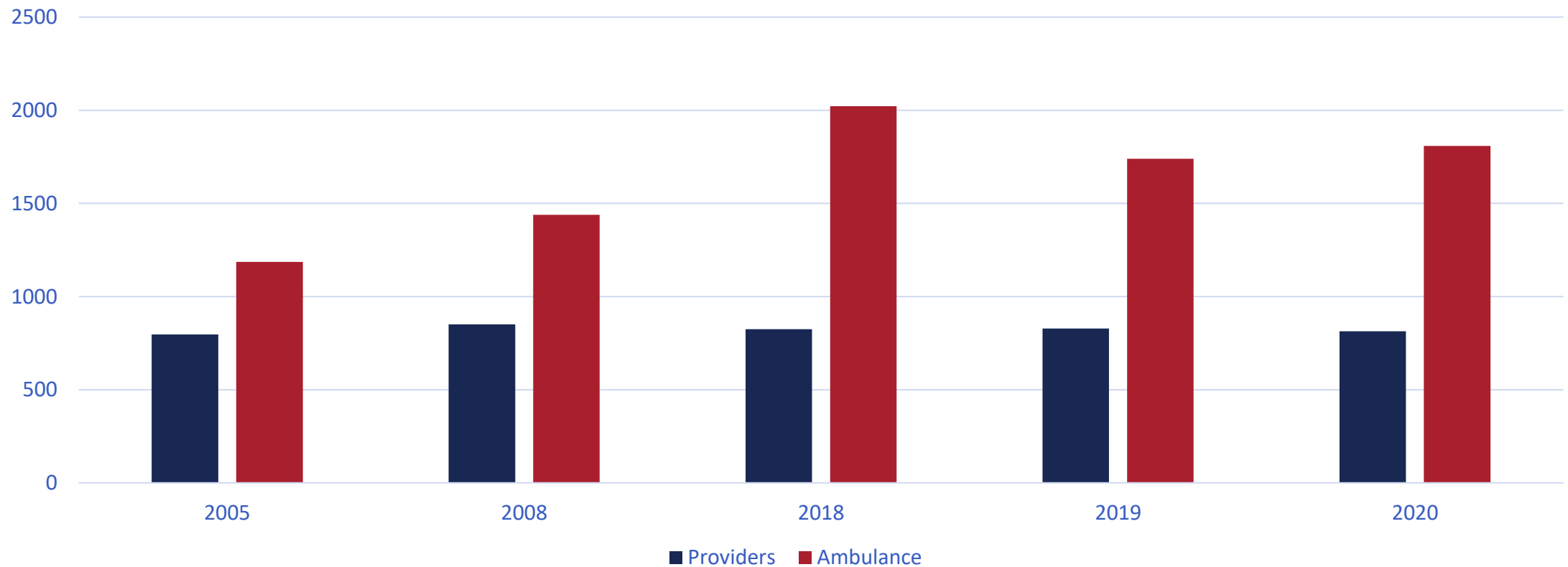


Source: Indiana Department of Homeland Security ACADIS Certifications Database Records

Status of Indiana Ambulances



EMS Provider Organizations and Ambulances



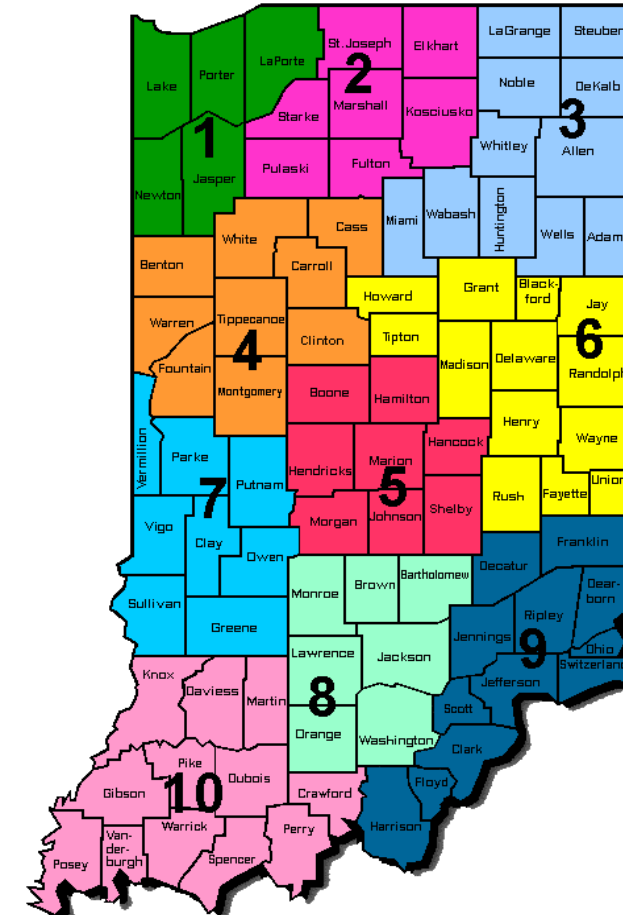
Source: Indiana Department of Homeland Security ACADIS Certifications Database Records

EMS System Metrics – as of January 2021



- Year 2021, (2020), (2019)
- Total Ambulances in state 1789, (1809) (2022)

Location	Amb.	NT	Air
District 1	269	52	5
District 2	153	67	3
District 3	108	45	9
District 4	103	18	3
District 5	441	235	7
District 6	317	39	16
District 7	73	9	1
District 8	40	18	1
District 9	184	22	12
District 10	101	9	4
Totals	1789	514	61

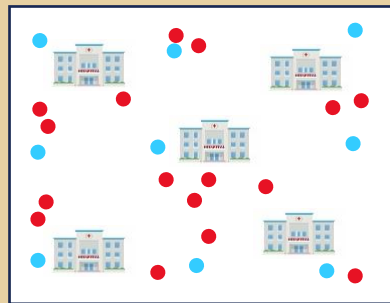



EMS Dispatch 101



Tale of Two EMS Responses to Trauma

Urban/Suburban County Indiana

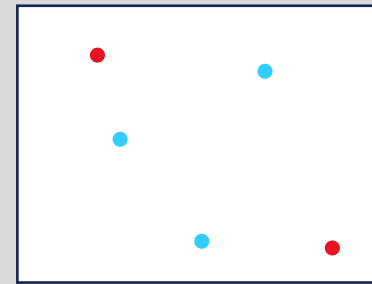


- Ambulance
- Other ALS First Responder
-  Destination Facility

- Population 338,000
- **16 ambulances available 24/7**
- 45 ALS capable apparatus available
- Average response time – **3 minutes**
- Average transport time – **5 minutes**
- Destination Facilities in county
 - Level 1 Trauma Centers: 2
 - Pediatric Trauma Centers: 2
 - Burn Center: 1

Time to definitive care = minutes

Rural County Indiana

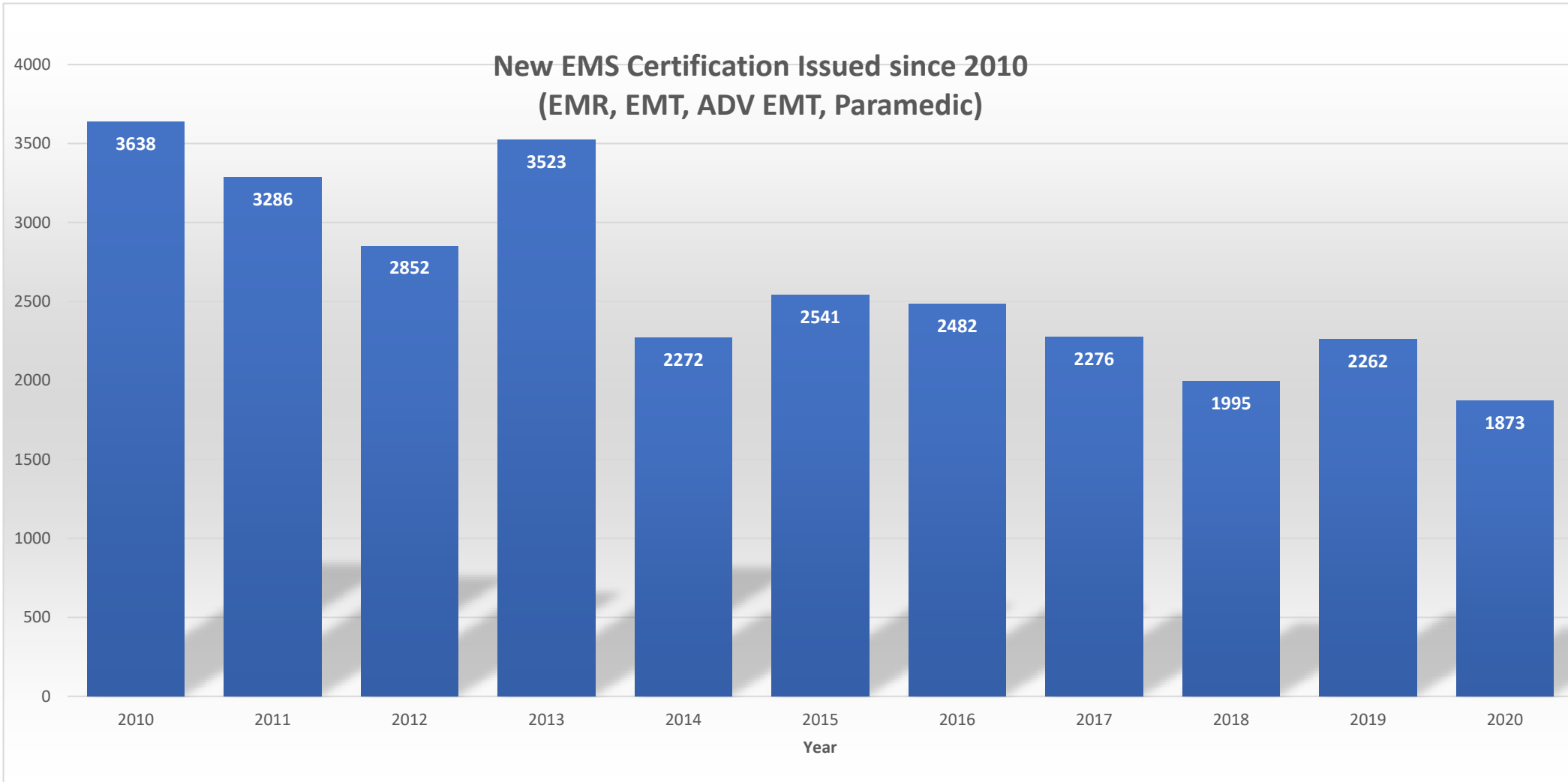


- Ambulance
- Other BLS First Responders

- Population 15,498
- **2 ambulances available 24/7**
- 8 BLS non-transport apparatus available
- Average response time – **17 minutes**
- Average transport time – **30 minutes**
- Destination Facilities in county – None
- Aircraft available outside county
- **Transport time to Trauma Center is 5 hours roundtrip**

Time to definitive care = HOURS!

New Certifications Issued



Essential Purpose of Political Subdivisions



IC 16-31-1-2 Essential purpose of political subdivisions

"Sec. 2. The provision of emergency medical service is an essential purpose of the political subdivisions of the state."





**QUESTIONS?
COMMENTS?
FEEDBACK?**





THANK YOU!

Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director, IDHS
Mkaufmann@dhs.in.gov
317-514-6985

Trauma Registry

Trinh Dinh, *Trauma System Epidemiologist*

Other Business
