



Trauma Care Commission Meeting Minutes

May 1, 2026 – 10:00 am to 12:00 pm
IDOH – 8th Floor Kris Box Conference Room

Commission members in attendance in-person or virtual for all or part of the meeting: Dr. Lindsay Weaver, Chair; Dr. Eric Yazel (proxy for Jonathan Whitham); Dr. Erik Streib; Andy VanZee; Dr. Elizabeth Weinstein; Kelly Blanton (proxy for Dr. Lewis Jacobson); Dr. Emily Fitz; Lisa Hollister, DNP, RN); Dr. Matthew Landman; Dr. David Welsh; Dr. Scott Thomas; Ann Zerr (Virtual proxy for Mitch Roob) and Dr. Jay Woodland

Commission members not in attendance: Dr. Lewis Jacobson

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome, Introductions & Approval of February 6, 2026, minutes – Dr. Lindsay Weaver)	Dr. Weaver called the Trauma Care Commission (TCC) meeting to order at 10:00 am. A roll call was taken to establish a quorum. She read the open door law statement. Dr. Weaver asked for comments and/or corrections to the minutes of the February 6, 2026 meeting. Hearing none she entertained a motion for approval. Dr. David Welsh made a motion for approval; it was seconded by Dr. Matthew Landman and passed unanimously by roll call vote.	N/A	N/A

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2. IDOH Updates	Rural Health Transformation Program GROW: Cultivating Hoosier Health – Brian Busching, IDOH IDOH & FSSA applied jointly. There are 12 initiatives in the proposal as outlined below. Brian provided updates on Initiatives 1 and 4. 1) Growing Care Coordination: Medical Operations Coordination Center (MOCC) and Alternate Payment Model Feasibility Study to ensure rural communities get timely access to trauma, stroke, psychiatric, and maternal care Streamline referrals, reduce inappropriate ER use, support rural hospital sustainability, and strengthen preparedness for mass casualty events. Budget: \$56.2 million (5-year phased approach) (MOCC RFP will be posted on May 13, 2026, to establish an advisory committee to guide implementation. The Executive Steering Committee will be seeing presentations from Oregon, Alabama and Southwest Texas.) 2) Growing Community Connections through Indiana 211 3) Growing Patient Outcomes through Enhanced Interoperability and Technology 4) Growing Pediatric and Obstetric Readiness in Rural Emergency Departments (Finalizing agreement with Indiana Emergency Medical Services for Children/IU School of	N/A	N/A

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	Medicine for Pediatric/OB hospital activities and finalizing MOU with IDHS for pre-hospital/EMS activities.) 5) Growing Cardiometabolic Health Standards of Care in Rural Indiana 6) Growing Access to Hospital Post-Discharge Medications 7) Growing Specialty Provider Access through Expanded Teleconsult Capabilities 8) Growing Telehealth Access and Infrastructure 9) Growing our Rural Health Paraprofessional Workforce 10) Growing Clinical Training and Readiness 11) Growing our Rural Behavioral Health Workforce 12) Make Rural Indiana Healthy Again Regional Grants: • Engages local stakeholders across 8 regions to identify opportunities for collaboration to improve health outcomes through regional coalitions, advisory councils and committees. • Recognizes that while needs may be similar, solutions must reflect each region's unique challenges and partners. • Creates a more comprehensive and effective approach to problem-solving. • Tailors strategies to the specific context of each community, and • Strengthens collaboration, maximized resources, and supports long-term, sustainable outcomes.		

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	Prehospital Spinal Immobilization – Andrew Bowman Andrew Bowman presented a white paper on Prehospital Trauma Compendium: Prehospital Management of Spinal Cord Injuries - A National Association of EMS Physicians (NAEMSP) Comprehensive Review and Analysis of the Literature for Trauma Care Commission support. There was much discussion about the current standard of care use of cervical collars and spinal immobilization. Dr. Weaver asked if any other states have adopted not using the current standard of care. Dr. Eric Yazel reported no states have adopted it to date. The TCC members agreed that changing the current standard of care needs more study and discussion. <u>Trauma Regional Advisory Council Reports</u> <u>Northern Trauma Regional Advisory Council (NTRAC)</u> Dr. Scott Thomas, NTRAC Chair, provided an update on the NTRAC Strategic Plan progress: • Actively recruiting for the Vice Chair position • Three trauma manikins purchased to support skill development • Survey sent to all hospitals for update on how registry reimbursement funds were used • Save-the-date sent out for Great Lakes Regional Trauma Symposium in October in Michigan City		

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	• One RHIC event held in Bremen and two more scheduled in May (Knox and Wabash) • PI subcommittee formed with initial kick-off meeting held • Engaging with third party companies to coordinate and plan a regional disaster drill • Working on building an NTRAC website NTRAC participation: • 22 of 45 hospitals • 5 of 5 trauma hospitals • 2 of 3 health care coalitions • EMS district managers • Rehabilitation represented <u>Budget:</u> Initial budget: \$489,642 + \$104,737.11 (additional funds from IHA = \$594,379.11) Amount spent: \$478,900 Amount remaining: \$115,442.50 <u>Central Trauma Regional Advisory Council (CTRAC)</u> Kaitlyn Sheridan, CTRAC Chair, provided an update on the CTRAC Strategic Plan progress: • Increase participation at the Q2 meeting • Increased participation from Advisory Committee members		

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	• Spending down the budget for FY26 • Funding impact highlights continued to be integrated into quarterly meetings • Strengthened review process of data quarterly reports • Recent funded initiatives include: 1) Prehospital Blood Program; 2) EMS Cadaver Labs, Training Equipment and Symposium support; 3) Stop the Bleed Kits, Barrier Busters for HVIP Program and Car Seat Resources; and 4) MCI Equipment and MRSE funding CTRAC participation: • 13 or 43 non-trauma hospitals • 11 of 13 trauma hospitals • Various EMS/FDs throughout the region • Health care coalitions from all districts • Behavior health represented <u>Budget:</u> Initial budget: \$765,224 + \$161,155 (additional) Amount spent: \$876,087 Amount remaining: \$50,291		

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	<u>Southern Trauma Regional Advisory Council (STRAC)</u> Kimberly Huber, Regional Clinical Coordinator, IDOH, provided an update on the STRAC Strategic Plan progress: • Spent down funding based on regional needs • Trauma high-fidelity simulator to be delivered in May • Developing regional PI indicators • Successful virtual TCRN course • Various injury prevention community outreach events planned for Trauma Awareness Month • Strong regional interest to plan a regional mass casualty functional exercise Recent funded initiatives include: 1) Quality Improvement; 2) Increase educational trainings; and 3) Injury prevention & community outreach. Budget: Initial budget: \$395,134 + \$84,003 Amount spent: \$451,423 Amount remaining: \$27,714		
3. IDHS Update – Dr. Eric Yazel for Kraig Kinney, IDHS, EMS	Dr. Yazel gave an update on EMS and GROW Initiatives: #3 – Growing Improved Patient Outcomes Through Enhanced Interoperability • Could include EMS care report integration into EHR		

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	- Includes MIH incorporation into data including a data platform for MIH and MIH liaisons #4 – Pediatric and Obstetric Readiness in Rural Emergency Departments - IDHS to conduct a needs assessment of EMS prehospital pediatric readiness project - IDHS to conduct a needs assessment for training and equipment for EMS agencies related to OB care #12 – Make Rural Indiana Healthy Again Regional Grants - Mirrored after the Federal RHTP concept with sending funding to regions for one single, unified regional application - The grants will require collaboration across hospitals, federally qualified health centers (FQHCs), and mental health providers He reported that the 2025 EMS Annual Report is now available online and will be distributed to all EMS clinicians. The EMS Readiness Funding was provided by Health First Indiana. There was discussion about the number of EMS providers. Dr. Yazel did state that the run volume increases every year. The goal is to see the workforce growth outnumber the volume rate. In the data for the annual number of incidents from 2019 to 2025, Dr. Weaver asked if more specific data on what the incident runs were for (i.e. falls) could be extrapolated.		

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4. Subcommittee Updates	<u>Trauma System Planning Subcommittee</u> Andy VanZee and Dr. Erik Streib, Co-Chairs, reported the subcommittee will meet again on August 5, 2026. <u>Subcommittee Scope of Work:</u> To promote effective coordination of care (right time/right place), including appropriate hospital triage (with EMS) and timely transfer of critical patients, maintain trauma center designations. Ensure commission reporting is completed, and funding is allocated. Andy and Dr. Streib reported that going forward funding for the TRACs will not be managed by IHA. Each TRAC will be managing their own funds. Dr. Weaver entertained a motion to approve all the Year 2 budget allocations for the TRACs. Andy VanZee made a motion for approval; it was seconded by Dr. David Welsh and passed unanimously by roll call vote. Verifications since the last TCC meeting: • Lutheran Hospital of Indiana-Fort Wayne – renewed level 2 adult & peds through March 3, 2028. • Eskenazi Health-Indianapolis – renewal visit level 1 adult August 24, 2026. • Memorial Hospital-South Bend – renewal visit level 2 adult September 23, 2026.	N/A	N/A

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	Facilities interested in Trauma System Designation: • Lutheran Kosciusko • Northwest Health Porter RFA Proposal from Dr. Peter Jenkins, IU School of Medicine for a trauma quality improvement program to be funded at \$329,697. Dr. Weaver entertained a motion for approval. Dr. Emily Fitz made a motion for approval; it was seconded by Dr. David Welsh and passed by roll call vote of 7 in favor and 6 abstaining from the vote. <u>Trauma Education & Outreach Subcommittee</u> Dr. Matthew Landman and Dr. Jay Woodland, Co-Chairs, reported the Subcommittee met on March 18, 2026. The next meeting is scheduled for June 3, 2026. <u>Subcommittee Scope of Work:</u> Provide education & outreach to key stakeholders, coordinate with IDOH to utilize data for injury prevention programming and conduct public awareness campaign. Dr. Landman & Dr. Woodland reported work continues on injury prevention mapping by county for fall prevention efforts, project child safe and social media. They need more live volunteers for 1:1 personal videos for their social media campaigns on injury prevention. Dr. Weaver said the IDOH will distribute info for volunteers.		

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	There was discussion on funding the Hoosier Burn Camp. Dr. Woodland presented the Rural Health Innovation Collaborative (RHIC) proposal for continued simulation-based trainings for \$518,000 for review and approval. Dr. Weaver entertained a motion for approval. Dr. Emily Fitz made a motion for approval; it was seconded by Dr. Scott Thomas and passed unanimously by roll call vote. <u>IHA Trauma & Injury Prevention Grant Update</u> Madeline Wilson, MSN, RN, Trauma System Development Manager, Indiana Hospital Association, gave an update the educational trainings provided since 2024. <u>Trauma Registry Subcommittee</u> Lisa Hollister, DNP, MSN, RN, LSSBB, Chair; and Summer Blakemore, CSTR, MA; and Missy Smith, BNS, RN, TCRN, Co-Chairs reported highlights from the Trauma Care Commission Quarterly Report. <u>Subcommittee Scope of Work:</u> Review and maintain data elements of the Indiana Trauma Registry, oversee registry outreach and training for data optimization, and ensure data is valid, accurate and reliable (quality data). Lisa reported that trauma volume continues to increase. Over 50 percent of patients are 65 years and older.		

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	Under-triage still exists with a substantial proportion of high-risk patients being transported to non-trauma centers. Geriatric patients, 75 years and older, have less obvious injury patterns and more co-morbidities so it's more difficult to recognize severity. In conclusion, demand is increasing, the population is aging, and patterns are stable. Lisa reported that Parkview received a grant for trauma research. Parkview's Level 1 ACS site visit is scheduled for December 2 & 3, 2026. The next meeting is scheduled for July 1, 2026. <u>Performance Improvement (PI) Subcommittee</u> Dr. Eric Yazel and Dr. Scott Thomas, Co-Chairs, reported the next meeting is scheduled for July 16, 2026. <u>Subcommittee Scope of Work:</u> In coordination with other subcommittees to identify quality measures, disseminate best practices, provide hospital and system-wide reports of quality measures, and develop a statewide PI plan. Dr. Yazel and Dr. Thomas reported the subcommittee continues finalizing overall KPIs with a focus on scene times (minus extrication time), over and under triage of patients, and the outcomes for pediatric ready facilities.		

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	Dr. Thomas stated that NTRAC has a PI subcommittee and suggested that STRAC & CTRAC should have PI subcommittees as well. <u>Disaster Preparedness & Military Integration Subcommittee</u> Dr. David Welsh and Dr. Major Mark Liao, Co-Chairs, reported the subcommittee met on April 10, 2026. <u>Subcommittee Scope of Work:</u> Assess capabilities to partner and coordinate with military and disaster preparedness stakeholders statewide, and plan and implement opportunities associated with preparedness and disaster planning including coordination of response with TRACs. The subcommittee is working on statewide TAA plans, disaster privileges, burn injury tabletop plans, RMOCCs, increased military connections, and urban search and rescue plans. Dr. Welsh distributed a presentation by Chris Heck, FCC Operations Lead, HHS ASPR National Disaster Medical System (NDMS). There was discussion about having him present at a future TCC meeting. The next meeting is scheduled for August 28, 2026.		

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5. Final Business, Open Floor & Adjournment	Dr. Weaver reminded the TCC members that we will have to show how all the HFI dollars have been spent in the upcoming Legislative session. She reminded everyone to encourage hospitals to complete the 2026 National Pediatric Readiness Assessment. She asked Andy VanZee if he would mention this on any upcoming calls with hospitals. Dr. Weaver reiterated that this will be Lisa Hollister's last meeting as she is retiring. She thanked Lisa for all her efforts to further the trauma system in Indiana and specifically in the northeast region of the state. Dr. Weaver presented Lisa with a State Health Commissioner's Award for her efforts in advancing the state-wide trauma system. 	N/A	N/A

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	Dr. Weaver then asked for any further business to come before the Commission. Hearing none, she adjourned the meeting at 12:00 pm. NOTE: The remaining 2026 TCC meetings are scheduled for: ➤ August 7, 2026 ➤ November 6, 2026		