



# Trauma Care Commission Meeting Minutes

**August 1, 2025 – 10:00 am to 12:00 pm**  
**IDOH – 8<sup>th</sup> Floor Kris Box Conference Room**

**Commission members in attendance in-person or virtual for all or part of the meeting:** Dr. Lindsay Weaver, Chair; Jonathan Whitham (proxy for Jennifer-Ruth Green); Dr. Ann Zerr (proxy for Mitch Roob (virtual); Dr. Erik Streib (virtual); Andy VanZee, Dr. Elizabeth Weinstein; Dr. Lewis Jacobson; Dr. Emily Fitz; Lisa Hollister (virtual); Dr. Matthew Landman; Dr. David Welsh; and Dr. Scott Thomas

**Commission member not in attendance:** Dr. Jay Woodland

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome, Introductions & Approval of May 2, 2025, minutes - Dr. Lindsay Weaver	<p>Dr. Lindsay Weaver called the Trauma Care Commission (TCC) meeting to order at 10:05 am. A roll call was taken to establish a quorum. She read the open door law statement.</p> <p>She asked for comments and/or corrections to the minutes of the May 2, 2025 meeting. Hearing none she entertained a motion for approval. Dr. David Welsh made a motion for approval; it was seconded by Dr. Emily Fitz and passed unanimously by roll call vote.</p> <p>Dr. Andrew Bowman submitted a position statement and resolution from the Indiana Chapter of the National Association of EMS Physicians (IN-NAEMSP) on the Use of EMS Diversion. IN-NAEMSP opposes the use of EMS diversion due to hospital patient volume. Diversion</p>	N/A	N/A

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	<p>policies based on volume compromise patient care, delay definitive treatment, increase EMS system strain, and fail to address the systemic causes of hospital crowding. There was much discussion. Dr. Weaver entertained a motion for the TCC to support this position statement and resolution. Dr. Scott Thomas made the motion; it was seconded by Dr. Elizabeth Weinstein and passed unanimously by roll call vote. Andy VanZee abstained from this vote.</p>		
<p>2. IDOH Updates – Vince Benchino</p>	<p>Vince Benchino presented the Trauma Regional Advisory Council (TRAC) By-laws for review and comment. The only suggested change was to Article 7 – Amendments as such: “These bylaws may be amended at <del>any executive meeting by a 2/3 vote of Advisory Committee members</del> <b>(the Trauma Care Committee)</b>, provided the proposed amendments have been made available to all members at least ten (10) days prior to the meeting.”</p> <p>These bylaws will help to meet needs of the TRACs as follows:</p> <ol style="list-style-type: none"> <li>1) Advisory Committee – representation from verified and non-verified TCs, EMS and Rehab Centers</li> <li>2) Treasurer Position</li> <li>3) Timelines for roles / defined terms based on position</li> </ol>	N/A	N/A

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	<ul style="list-style-type: none"> <li>4) Funding Requests:               <ul style="list-style-type: none"> <li>a) Currently use what has been pre-approved and vetted by Education and Outreach Subcommittee; or</li> <li>b) Submit special case not already pre-approved</li> <li>c) Establish a scoring tool</li> </ul> </li> <li>5) Established a road map (not inclusive) to utilize as they create their strategic plans               <ul style="list-style-type: none"> <li>a) Education</li> <li>b) Trainings</li> <li>c) Registry</li> <li>d) Injury Prevention</li> <li>e) EMS</li> </ul> </li> <li>6) TRACs to report to the TCC at every meeting.</li> </ul>		
3. Subcommittee Updates	<p><b><u>Trauma System Planning Subcommittee</u></b>            Andy VanZee and Dr. Erik Streib, Co-Chairs, reported the Subcommittee met on June 18, 2025.</p> <p><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.</p> <p><b>State Trauma Plan</b> – Continued review of the Trauma System Plan annual report.</p>	N/A	N/A

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	<p><b>Trauma Regional Advisory Committee (TRAC) Development</b> – TRAC documents were reviewed. Recommendations sent to IDOH staff and TCC for consideration.</p> <p><b>Trauma System Designation</b> – Continue discussion on Whitespace and Level 3 expansions (Seymour, New Albany &amp; Columbus). Review updated Indiana Application for “In the Process Designation”.</p> <p><b>Trauma Center Reverifications in 2025:</b></p> <p><b><u>Completed:</u></b></p> <p>Lutheran Hospital of Indiana-Fort Wayne – Level 2 Adult and Peds (Renewal through March 3, 2026 - site visit was February 23, 2025)</p> <p>Union Hospital–Terre Haute – Level 3 Adult (Verified through June 30, 2027)</p> <p>Memorial Hospital and Health Care Center-Jasper – Level 3 Adult (Verified through May 16, 2028 – site visit was May 7, 2025)</p> <p>Parkview Regional Health – Level 2 Adult and Peds (Reverification on June 4, 2025 – waiting on official report)</p> <p>Ascension St. Vincent-Evansville – Level 2 Adult and Peds (Reverification on June 11, 2025 – waiting on official report)</p>		

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	<p><b><u>Scheduled:</u></b>  Riley Hospital for Children – Level 1 Peds (Reverification scheduled for August 5, 2025)  Franciscan Health Crown Point – Level 3 Adult (Reverification scheduled for September 17, 2025)  Ascension St. Vincent–Anderson – L3 Adult (Reverification scheduled for October 28, 2025)</p> <p><b><u>TRAC Strategic Plans (2025 – 2027)</u></b></p> <p><b><u>Northern TRAC (NTRAC)</u></b> – Lisa Hollister, DNP, MSN, RN, Co-Chair  <u>Vision:</u> Build an integrated, high-functioning trauma system across northern Indiana to deliver timely, equitable, and evidence-based trauma care and ensure regional engagement, quality improvement, and sustainable resource management.</p> <p><u>Strategic Goals &amp; Funded Initiatives</u></p> <p>Regional Integration &amp; Operational Support</p> <ul style="list-style-type: none"> <li>• Maintain a digital platform for basic communications</li> <li>• Coordinate quarterly meetings and officer support</li> </ul>		

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	<p>EMS &amp; Interfacility Transport Enhancements</p> <ul style="list-style-type: none"> <li>• Collaborate with the Indiana EMS Commission</li> <li>• Support targeted simulation and rural response training where EMS gaps are identified</li> </ul> <p>Regional Data Infrastructure, Reporting &amp; Performance Improvement</p> <ul style="list-style-type: none"> <li>• Establish robust regional trauma data to support registry submissions and PI projects</li> <li>• Consolidate all reporting functions</li> <li>• Assist in formal trauma registry training</li> <li>• Monitor 2 to 3 regional PI initiatives</li> </ul> <p>Clinical Readiness &amp; Standardization</p> <ul style="list-style-type: none"> <li>• Support CME and skill-building trauma education events</li> <li>• Assist the expansion of trauma-related certification opportunities</li> <li>• Encourage the strengthening of trauma mentorship between high-level centers and rural/non-designated hospitals</li> </ul> <p>Injury Prevention &amp; Community Outreach</p> <ul style="list-style-type: none"> <li>• Reinforce targeted prevention campaigns</li> <li>• Sustain community partnerships with local health departments and schools</li> <li>• Monitor impact annually</li> </ul>		

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	<p>Disaster Preparedness &amp; Coordination</p> <ul style="list-style-type: none"> <li>• Support planning and exercises with Healthcare Coalition</li> <li>• Focus local funds on gap analysis, simulation support, pediatric preparedness and regional needs</li> <li>• Integrate trauma assets and communications</li> </ul> <p>Evaluation &amp; Sustainability</p> <ul style="list-style-type: none"> <li>• Validate loop closures via formal evaluation</li> <li>• Promote shared learning and regional collaboration</li> </ul> <p>Year 1 Budget Allocation: \$489,642 Year 2 Budget Allocation: \$741,883</p> <p><b><u>Central TRAC (CTRAC)</u></b> – Kaitlyn Sheridan, Chair <u>Vision:</u> Build an integrated, high-functioning trauma system across Central Indiana to deliver timely, equitable, and evidence-based trauma care and ensure regional engagement, quality improvement, and sustainable resource management.</p> <p><u>Strategic Goals &amp; Funded Initiatives</u></p> <p>Regional Integration &amp; Operational Support</p> <ul style="list-style-type: none"> <li>• Maintain a digital platform for basic communications</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Coordinate quarterly meetings and officer support</li> </ul> <p>EMS &amp; Interfacility Transport Enhancements</p> <ul style="list-style-type: none"> <li>• Collaborate with the Indiana EMS Commission</li> <li>• Support targeted simulation and rural response training where EMS gaps are identified</li> <li>• Approved resources as requested</li> </ul> <p>Regional Data Infrastructure, Reporting &amp; Performance Improvement</p> <ul style="list-style-type: none"> <li>• Establish robust regional trauma data to support registry submissions and PI projects</li> <li>• Consolidate all reporting functions</li> <li>• Assist in formal trauma registry training</li> <li>• Monitor 2 to 3 regional PI initiatives</li> </ul> <p>Clinical Readiness &amp; Standardization</p> <ul style="list-style-type: none"> <li>• Support CME and skill-building trauma education events</li> <li>• Assist the expansion of trauma-related certification opportunities</li> <li>• Encourage the strengthening of trauma mentorship between high-level centers and rural/non-designated hospitals</li> <li>• Approved resources as requested</li> </ul>		



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	<p>Injury Prevention &amp; Community Outreach</p> <ul style="list-style-type: none"> <li>• Reinforce targeted prevention campaigns</li> <li>• Sustain community partnerships with local health departments and schools</li> <li>• Monitor impact annually</li> </ul> <p>Disaster Preparedness &amp; Coordination</p> <ul style="list-style-type: none"> <li>• Support planning and exercises with Healthcare Coalition</li> <li>• Focus local funds on gap analysis, simulation support, pediatric preparedness and regional needs</li> <li>• Integrate trauma assets and communications</li> </ul> <p>Evaluation &amp; Sustainability</p> <ul style="list-style-type: none"> <li>• Research and distribution of evidence-based practice</li> <li>• Hospital performance index development</li> </ul> <p>Year 1 Budget Allocation: \$765,224 Year 2 Budget Allocation: \$1,159,430</p> <p><b><u>Southern TRAC (STRAC)</u></b> – Kim Huber, Chair <b><u>Vision:</u></b> Build an integrated, high-functioning trauma system across Southern Indiana to deliver timely, equitable, and evidence-based trauma care and ensure regional engagement, quality improvement, and sustainable resource management.</p>		

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	<p><u>Strategic Goals &amp; Funded Initiatives</u></p> <p>Quality Improvements Efforts</p> <ul style="list-style-type: none"> <li>• Maximize engagement and participation in STRAC</li> <li>• Utilize data for evaluation and improvement</li> <li>• Advance clinical readiness with shared regional training equipment</li> </ul> <p>Regional Data Capacity &amp; Support</p> <ul style="list-style-type: none"> <li>• Ensure quality and reliable data is collected</li> <li>• Collaborate and engage with all STRAC registry users</li> </ul> <p>Trauma Focused Education Across Continuum</p> <ul style="list-style-type: none"> <li>• Assess availability and access to trauma specific education courses</li> <li>• Support regional trauma related professional development courses</li> </ul> <p>Injury Prevention &amp; Community Outreach</p> <ul style="list-style-type: none"> <li>• Collaborate with stakeholders to assess &amp; create targeted injury prevention programs</li> <li>• Support injury prevention efforts to reduce incidence and severity of traumatic injuries</li> </ul> <p>Disaster Preparedness &amp; Coordination</p> <ul style="list-style-type: none"> <li>• Explore developing a regional disaster preparedness plan</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Increase mass casualty training exercises across the region</li> </ul> <p>STRAC Sustainability</p> <ul style="list-style-type: none"> <li>• Review operational improvements within the STRAC</li> <li>• Proactively strategize for future S-TRAC resource allocation</li> </ul> <p>Year 1 Budget Allocation: \$395,134</p> <p><b><u>Education &amp; Outreach Subcommittee</u></b></p> <p>Dr. Matthew Landman, Co-Chair, reported the Subcommittee met on June 25, 2025. Dr. Jay Woodland, Co-Chair was not able to attend.</p> <p><u>Subcommittee Scope of Work:</u> Provide education &amp; outreach to key stakeholders, coordinate with IDOH to utilize data for injury prevention programming and conduct public awareness campaign.</p> <p>Dr. Matthew Landman reported the Subcommittee is working on a TRAC-based injury prevention dashboard. Dr. Weaver asked that metrics be used for evaluation purposes. Dr. Landman reported on the education proposals that were approved:</p> <ul style="list-style-type: none"> <li>• Decatur County Memorial Hospital – EMS ventilator training</li> </ul>		

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	<ul style="list-style-type: none"> <li>• IU Health Methodist Hospital – Mental Health First Aid Course</li> <li>• Eskenazi Hospital – Advanced burn life support courses</li> </ul> <p>There were 2 proposals for the purchase of simulation equipment that were tabled.</p> <p>Madeline Wilson, MSN, RN, Trauma System Development Manager, Indiana Hospital Association, reported that all trauma hospitals are participating in hospital education opportunities, 15 critical access hospitals and 2 rehab hospitals are also participating. There was discussion on the barriers for non-trauma hospitals.</p> <p>The Indiana Statewide Trauma and Emergency Medicine Symposium is scheduled for October 1 &amp; 2 at the Monroe Convention Center in Bloomington.</p> <p>The Subcommittee's next meetings are scheduled for August 27 and November 12, 2025.</p> <p><b><u>Registry Subcommittee</u></b>  Lisa Hollister, DNP, MSN, RN, LSSBB; Summer Blakemore, CSTR, MA; and Missy Smith, BNS, RN, TCRN, Co-Chairs reported the Subcommittee met on July 9, 2025.</p>		

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	<p><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).</p> <p>Lisa reported on the Subcommittee's goals for 2025:</p> <ol style="list-style-type: none"> <li>1) Trauma Data Registry quality, completeness, accuracy, and validity (working with the PI Subcommittee). <ul style="list-style-type: none"> <li>• Lisa reported on districts with registry data point errors and duplicates</li> <li>• The 4<sup>th</sup> quarter (2024) data quality report was sent to the hospitals</li> </ul> </li> <li>2) Rehab data availability in the registry from all inpatient rehab programs <ul style="list-style-type: none"> <li>• Rehab representatives now attend the registry subcommittee</li> <li>• The subcommittee has been invited to the Rehab meetings to begin discussions</li> </ul> </li> <li>3) Trauma registry education <ul style="list-style-type: none"> <li>• AIS courses and ICD 10 courses have been provided through ITN free of charge using grant funding</li> <li>• State registry on-line video course is well underway</li> </ul> </li> </ol>		

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	<p>4) Understanding: Day in the life of a trauma data point from scene through rehab, from hospital to state, and back and Day in the life of an EMS run sheet – where does it begin and end? And how? To whom? When? Lisa presented graphs outlining the following data points:</p> <ul style="list-style-type: none"> <li>• Length of time at scene is averaging 16 minutes</li> <li>• ED length of stay is trending up</li> <li>• Trend of critical patients being transferred in less than 2 hours is going down</li> <li>• Trends for older adults in hospitals is trending up</li> <li>• Hospital length of stay is trending up</li> <li>• The young are dying, and most common reason is firearms</li> </ul> <p><b><u>Performance Improvement (PI) Subcommittee</u></b>  Dr. Eric Yazel and Dr. Scott Thomas, Co-Chairs, reported the Subcommittee met on July 25, 2025.</p> <p><b><u>Subcommittee Scope of Work:</u></b>  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.</p>		

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	<p>Dr. Eric Yazel reported there was discussion on Performance Improvement (PI) indicators. The subcommittee reviewed and approved the Trauma PI Plan.</p> <p>There was discussion on Phase 2 objectives.</p> <ol style="list-style-type: none"> <li>1) Development performance indicators that include triage accuracy, response time, patient outcomes, interfacility transfer</li> <li>2) Schedule quarterly meetings between the TRACs and the PI Subcommittee to maintain and promote interactive dialogue</li> <li>3) Consult Subject Matter Experts (SME) and research institutions to identify gaps within the data quality process</li> <li>4) Leverage data and engage local providers, local health departments, etc. to develop a statewide and regional quality improvement plan</li> <li>5) Develop a formalized process with levels of review to identify PI opportunities through a data analysis action plan</li> <li>6) Evaluate data concerning long-term functional and financial outcomes to identify gaps</li> <li>7) Engage TQIP collaborative regularly to identify PI opportunities through surveillance, data collection and data analysis and attend TQIP Annual Conference</li> <li>8) Leverage ACS TQIP training and education resources to improve PI process and activities</li> </ol>		

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	<p>9) Leverage collaborative toolkit and trauma quality programs best practice guidelines</p> <p>Action items:</p> <ul style="list-style-type: none"> <li>• Final approval of PI Plan</li> <li>• Performance Indicator review for next meeting</li> <li>• Continue momentum on run sheet improvement – biospatial, image trend and outreach</li> </ul> <p>The next PI Subcommittee meeting is scheduled for September 11, 2025.</p> <p><b><u>Disaster Preparedness &amp; Military Integration Subcommittee</u></b></p> <p>Dr. David Welsh and Major Mark Liao, MD, Co-Chairs, reported the Subcommittee met on May 16 and July 25, 2025.</p> <p><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.</p> <p>Dr. Welsh reported the Subcommittee members are particularly interested in any major disaster training or courses.</p>		



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	<p>Dr. Welsh provided a link to the 13<sup>th</sup> National Town Hall: Overview of the Three Centers Often Created in the Aftermath of Mass Violence Incidents and the link to the HHS ASPR Project ECHO Clinical Readiness Rounds.</p> <p>Upcoming action items:</p> <ul style="list-style-type: none"> <li>• Observe military training with regard to disaster response, urban search and rescue training</li> <li>• Deep dive into mass casualty incidents in areas with large influx of people (sports, concerts)</li> <li>• Site visit to the State Emergency Operation Center being planned</li> </ul>		
<p>4. IDHS Update - Kraig Kinney, State EMS Director &amp; Dr. Eric Yazel, State EMS Medical Director</p>	<p>Kraig Kinney reported the EMS Commission met on July 18, 2025. They reviewed a draft position statement on hospital general diversion from the IN-NAEMSP. They made two scope of practice changes:</p> <ol style="list-style-type: none"> <li>1) EMR: may administer aspirin for chest pain suspected of an ischemic nature</li> <li>2) AEMT: may administer IV acetaminophen for pain management</li> </ol> <p>The EMS Hospital Summit was held on May 29, 2025. There were 47 attendees with EMS and Hospital representation. Take-aways from the Summit:</p> <ol style="list-style-type: none"> <li>1) A standardized, interoperable data-sharing infrastructure is needed</li> <li>2) A statewide diversion standard with enforceable protocols is essential</li> </ol>	N/A	N/A

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	<p>3) A coordinated statewide IFT dispatch/network system is needed</p> <p>4) Reform education pathways and expand scope flexibility to support staffing needs</p> <p>5) Explore Indiana-specific regional coordination hubs with shared tracking system.</p> <p>Kraig reported that ImageTrend is working on a bi-directional data sharing component</p>		
5. Final Business, Open Floor & Adjournment	<p>Dr. Lindsay Weaver asked for any further business to come before the Commission. Hearing none, she entertained a motion to adjourn the meeting at 11:55 am. Dr. Matthew Landman made the motion; it was seconded by Dr. Welsh and passed by unanimous consensus.</p> <p>The last Trauma Care Committee meeting in 2025 is scheduled for November 7.</p>	N/A	N/A