



Trauma Care Commission Meeting Minutes

February 7, 2025 – 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; Jonathan Whitham (proxy for Jennifer-Ruth Green); Dr. Erik Streib; Andy VanZee; Dr. Elizabeth Weinstein; Dr. Lewis Jacobson; Lisa Hollister (virtual); Dr. Matthew Landman (virtual); Dr. David Welsh (virtual); Dr. Scott Thomas; and Dr. Jay Woodland

Commission members not in attendance: Dr. Jeremy “Ty” Sullivan (proxy for Mitch Roob); and Dr. Emily Fitz

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome, Introductions & Approval of November 22, 2024, minutes - Dr. Lindsay Weaver	<p>On behalf of Dr. Lindsay Weaver, Brian Busching called the Trauma Care Commission (TCC) meeting to order at 10:00 am. A roll call was taken to establish a quorum.</p> <p>He asked for comments and/or corrections to the minutes of the November 22, 2024, meeting. Hearing none he entertained a motion for approval. Dr. Lewis Jacobson made a motion for approval, it was seconded by Dr. Jay Woodland and passed unanimously by roll call vote.</p>	N/A	N/A
2. IDOH Legislative Update – Rachel Swartwood, Director, Legislative and External Affairs	<p>Ms. Swartwood provided an update on several bills in the current legislative session affecting trauma care in Indiana.</p> <p>HB 1454 – Emergency Ambulance Services – Authored by Rep. Timothy O’Brien and Co-authored by Reps. Brad</p>	N/A	N/A

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	<p>Barrett, Doug Miller and Steve Bartels. This bill specifies that emergency medical services, including emergency ambulance services, are essential services in Indiana. Specifies that the provision of emergency medical services is an essential purpose of political subdivisions. Requires the county commissioners of each county to: (1) identify areas that are unserved by emergency ambulance services; and (2) provide emergency ambulance services to the areas by establishing a county emergency ambulance service, contracting with a public, private, or nonprofit provider of emergency ambulance services, or by any other available means.</p> <p>HB 1051 – Mobile Integrated Healthcare Grants – Authored by Rep. Jim Pressel and Co-authored by Rep. Steve Bartels. This bill provides that the following are eligible for a mobile integration healthcare grant: (1) an emergency medical services provider agency that is operated by a county; (2) an emergency medical services provider organization; and (3) a hospital; if certain conditions are met.</p> <p>HB 1003 - Health Matters – Authored by Rep. Brad Barrett and Co-authored by Reps. Matt Lehman and Tony Isa. This bill requires the Indiana Department of Health, in consultation with the office of technology, to study the feasibility of developing certain standards regarding medical records and data.</p>		

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	<p>HB 1587 – Insurance Matters – Authored by Rep. Martin Carbaugh and Co-authored by Reps. Beau Baird, Brad Barrett & Robin Shackelford. This bill provides that the director of the state personnel department may make a determination to provide coverage under the state employee health plan for emergency medical services as part of a mobile integrated healthcare program.</p> <p>SB 505 - Emergency transport to appropriate facility. Authored by Sens. Spencer Deery, Ed Charbonneau & Tyler Johnson and Co-authored by Sens. Michael Crider, J.D. Ford, La Keisha Jackson, David Niezgodski & Lonnie Randolph. This bill allows, subject to a written agreement concerning the transport of individuals, an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, or a paramedic (emergency medical services personnel) to transport an individual to: (1) a health care facility; (2) a mental health facility; or (3) an urgent care facility; that can provide the individual with appropriate and necessary treatment. Specifies information that must be included in a written agreement. Allows reimbursement for transporting the individual to the facility.</p>		
3. Trauma System Development Grant Highlight:	<p>Extending Trauma Quality Improvement Beyond Trauma Centers: A Pilot Program Dr. Peter Jenkins, Trauma Surgeon, IU Health Methodist provided an update. This pilot program applies the</p>	NA	N/A

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	<p>Trauma Quality Improvement Program (TQIP) model of collaborative quality improvement (CQI) to non-trauma hospitals. Participating hospitals include Columbus Regional, Johnson Memorial, Major Hospital, IUH Morgan Hospital, IUH Saxony Hospital, and IUH White Hospital.</p> <p>Goals are: Increased engagement, improved data quality, improved outcomes for mortality, transfer rates and ED length of stay.</p> <p>Deliverables (Instruments and Protocols): Hospital performance index (report card), data validation protocol, hospital rankings by risk-adjusted outcomes, supplemental support activities, hospital performance report, and CQI toolkit. This data will be provided to all hospitals.</p> <p>Deliverables (Activities): Two annual site visits conducted by data specialist, education specialist and program director; quarterly meetings (3 virtual and 1 in-person); and supplemental support activities.</p> <p>Lessons from facility tours: All facilities have at least one resuscitation bay; most have an "everyone pitches in" approach to trauma; strong interest in educational material; high variation in resources and staffing; and elicited great discussions regarding needs and opportunities.</p>		

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	<p>Preliminary Findings:</p> <ol style="list-style-type: none"> 1) Increased Engagement 2) Participation (all have MD & RN participation, trauma champions, etc.) 3) Data (all hospitals have data issues, 100% transfer rates, missing critical info but 100% compliance) 4) Registrars (need additional support, regionalized IDOH registrars through TRACs, partnerships with nearby trauma centers, funding for training, and challenges with grant funded registrar support) 5) QI Initiatives (TNCC and ATLS are most popular, open fracture protocol, share ambulance with local fire department, and EMS outreach) 6) Pediatric Readiness (only one hospital has completed a current assessment) 7) Trauma Activation Protocol (geriatric and other populations) <p>Next Steps and Future Directions</p> <ol style="list-style-type: none"> 1) Collaborative Quality Improvement Meetings 2) Sustainability 3) Scalability 4) Potential Funding Sources <p>Dr. Weaver thanked Dr. Jenkins for his update. She also noted that evaluation data will be needed to help with continued funding.</p>		

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4. Subcommittee Updates	<p><u>Trauma System Planning Subcommittee</u></p> <p>Andy VanZee and Dr. Erik Streib, Co-Chairs, reported the subcommittee will meet on April 16, 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>The Subcommittee meeting agenda will include:</p> <ul style="list-style-type: none"> • TRAC Development (explore TRAC fund allocation models) • State Trauma Plan (explore strategies for future funding and begin updating State Trauma Plan) • Trauma Symposium (planning for year 2 event to expand attendance) • Trauma System Designation (continue discussion on whitespace and level 3 expansions) • Future Planning Focus (system funding and 2025 legislative session budget, year 2 trauma funding allocations to TRACs, and monitor TRAC activities and participation) • RFA Strategies (Trauma System Development, Quality Improvement, Trauma & Non-Trauma Center Engagement and Injury Prevention Programming) 	N/A	N/A

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	<p>Trauma System Development Project Approvals:</p> <p>Injury Prevention & Quality Improvement Project – Deaconess Health System: District 10 EMS Partnership (Southern Region) - \$53,000</p> <p>This partnership includes a documented mortality difference in Level 1 (highest acuity activation) trauma patients arriving with hypothermia compared to no hypothermia. Level 2 trauma center is a high-volume center with a large catchment area and many patients arrive via ground transport with prolonged transport times. Issue has been discussed collaboratively with District 10 trauma partners. The goal is to provide “soft blanket warmer” for all active EMS trucks in District 10. EMS teams will re-stock their warmer from the hospital blankets as they leave so there are no additional costs. Consideration was given to individual one-time use foil blankets, but do not feel this is the best economic decision. System issue is being championed at the District level that benefits every agency in the District. Dr. Weaver entertained a motion to approve this project. Dr. Elizabeth Weinstein moved that this project be approved, it was seconded by Dr. David Welsh and passed by a majority roll call vote. Dr. Jay Woodland abstained from this vote. Dr. Welsh stated that local health departments may be able to help with funding. Dr. Lewis Jacobson stated that evaluation data would help drive future funding for this type of project.</p>		

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	<p>Injury Prevention Project – IU Health Methodist Hospital: Indy Peace/Violence Intervention Program (Central Region) - \$100,480</p> <p>IU Health Methodist Hospital trauma center has partnered with the Indy Public Safety Foundation and Indianapolis Office of Public Health and Safety to provide intervention services for individuals injured by firearm violence. This project will provide intervention services for individuals injured by firearm violence with an aim to continue the intervention support services of mental health care, barrier buster patient assistance funds, and professional development of frontline staff. Dr. Weaver entertained a motion to approve this project. Jonathan Witham moved that this project be approved, with the clarification as discussed that the submitter is to revise the proposal to align with injury prevention more clearly, it was seconded by Dr. Jay Woodland and passed by a majority roll call vote. Dr. Lindsay Weaver, Dr. Erik Streib, Dr. Elizabeth Weinstein, and Dr. Matthew Landman abstained from this vote.</p> <p>Trauma System Development – Community Health Anderson: Personnel, Technology, Resources (Central Region) - \$190,000</p> <p>Community Hospital Anderson (CHA) Trauma System improvement project aims to maintain and expand efforts in trauma care and injury prevention for the Madison County Health system by 1) ensuring appropriate personnel to meet expanding patient needs;</p>		

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	<p>2) ensuring Community trauma center and non-trauma center personnel have appropriate education, supplies, and training needed; 3) ensuring CHA has software needed for full, best functioning as a Level III Trauma Center and to maintain prompt, accurate communication with EMS partners; and 4) ensuring CHA has supplies and materials needed to facilitate injury prevention and outreach collaboration between Madison County organizations. After much discussion, this project was tabled for a future meeting.</p> <p>Andy VanZee also reported on a couple of projects that are still under review:</p> <ul style="list-style-type: none"> 1) Purdue University Health Technical Assistance Program (Health TAP) – Advancing statewide rural Level III trauma centers and trauma data and registry engagement; and 2) Indiana University School of Medicine – Indiana’s monitoring and prevention of pregnancy adverse conditions due to trauma (IMPACT). <p><u>Education & Outreach Subcommittee</u></p> <p>Dr. Jay Woodland and Dr. Matthew Landman, Co-Chairs, reported on the subcommittee’s work to date.</p> <p><u>Subcommittee Scope of Work:</u> Provide education & outreach to key stakeholders, coordinate with IDOH to</p>		

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	<p>utilize data for injury prevention programming and conduct public awareness campaign.</p> <p>Dr. Jay Woodland reported there are two new members of this subcommittee: Miranda Newberry, Trauma Program Manager at Good Samaritan and Lindsay Hill, Injury Prevention Coordinator at IU Bloomington.</p> <p>Dr. Jay Woodland stated that the RHIC's first rural trauma simulation training was held on January 29, 2025. EMTs RTs, medical students, and nursing all worked together during skills sessions practicing hands-on techniques utilized in the care of the trauma patient.</p> <p>Subcommittee next steps in 2025:</p> <ul style="list-style-type: none"> • Focus on formalizing training/education guidance for TRACs; • Develop guidelines to standardize TRAC resources requests, and • Continued TRAC development via education/data. <p>The 2025 meeting dates are: February 26, April 23, June 25, August 27, and November 12.</p> <p>Madeline Wilson, MSN, RN, Trauma System Development Manager, Indiana Hospital Association, provided updates on trainings:</p>		

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	<ul style="list-style-type: none"> Indiana Statewide Trauma & Emergency Medicine Symposium, December 4 & 5, 2024 - 251 attendees that included 15 GEMS students; 30 trauma registry students, and 71 peds trauma students. The Statewide Trauma Symposium is scheduled for October 1 & 2, 2025 at the Monroe County Convention Center which will allow for more event space for breakout sessions, vendors, etc. <p>She also provided an update on educational reimbursements:</p> <ol style="list-style-type: none"> 1) Various courses - \$135,219.50 (over 461) 2) PCAR & TCAR - \$101,790 (over 351) 3) Trauma Symposium - \$62,885 (over 251) <p>Next steps:</p> <ul style="list-style-type: none"> Bringing ATLS/ATCN Instructor training to Indiana Discussion on additional education funding requests Discussion on EMS/Community Education reimbursements Starting educational webinars on specific topics, i.e. peds trauma readiness, etc. Starting search for Symposium Speakers Continuing work with TRACS on plan of needs and collaboration between facilities 		

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	<p><u>Registry Subcommittee</u></p> <p>Lisa Hollister, DNP, MSN, RN, LSSBB; Summer Blakemore, CSTR, MA; and Missy Smith, BNS, RN, TCRN, Co-Chairs reported the subcommittee met in January 2025.</p> <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>The January Subcommittee meeting agenda included a review of 2024 achievements:</p> <ul style="list-style-type: none"> • Reviewed critical trauma data elements • Championed registry education • Discussion on data validation and next steps • Indiana Registry Course • 2025 Goals: Trauma data registry quality/completeness/accuracy & validity; Trauma registry education; Rehab data availability in registry from all in-patient rehab programs. Also continuing to work on A Day in the Life of a Trauma Data Point from Scene through Rehab; and A day in the Life of an EMS Run Sheet. <p><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Meet in March 2025 		

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	<ul style="list-style-type: none"> • Continue with data discovery – who has what data? • Education development <p><u>Performance Improvement (PI) Subcommittee</u> Dr. Eric Yazel and Dr. Scott Thomas, Co-Chairs, reported the Subcommittee met on January 9, 2025.</p> <p><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.</p> <p>The Subcommittee meeting agenda included: Data Elements Sheet – Resource for Post Acute Care; EMS Run Sheets; and Goals for 2025.</p> <p><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Develop and finalize State Performance Improvement Plan • Review PI plans from other states • Develop first initiative on Injury Severity Score (ISS) • Hospitals that achieve Pediatric Readiness Facility Recognition Program • Number of pre-hospital whole blood programs, with overall data-sharing • EMS Run Sheet Improvement meeting 		

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	<p>The next Subcommittee meeting is scheduled for March 6, 2025.</p> <p><u>Disaster Preparedness & Military Integration Subcommittee</u></p> <p>Dr. David Welsh and Major Mark Liao, MD Co-Chairs, reported the Subcommittee met on January 10, 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>The Subcommittee meeting agenda included:</p> <ul style="list-style-type: none"> • Discussion on need for regular info sharing throughout the State's hospitals and trauma centers, to include disaster communication, training opportunities, and sharing of best practices. • Discussion on need for regular multi-agency exercises to facilitate a statewide coordinated response to a major disaster. • Ideas on how to integrate military personnel into existing civilian trauma systems to sustain their clinical acumen, while also providing 		

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	<p>opportunities for civilian clinicians to learn about the State's current military medicine capabilities.</p> <p><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> Discuss what a Statewide exercise may look like and evaluate the current Statewide Disaster Plan to better understand gaps and develop needs assessments. 		
<p>5. IDHS Update - Kraig Kinney, State EMS Director & Dr. Eric Yazel, State EMS Medical Director</p>	<p>Dr. Eric Yazel provided information on the Indiana EMS 2025 Division Plans:</p> <ul style="list-style-type: none"> Leadership training and EMS leadership academy planning. Collaboration with both Department of Workforce Development and Department of Education. EMS / Hospital Summit where IDHS would partner with IRHA, IHA and IDOH to gather partners to discuss cooperation and address challenges between hospitals and EMS. Continue to expand Handtevy Pediatric Readiness System to EMS providers. <p>Dr. Eric Yazel provided an update on the Rural Access Paramedicine Interfacility Transfer Didactic (RAPID)</p>	N/A	N/A

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	<p>Interfacility Transfer Pilot in Regions 1 and 2. This is a three-month pilot program using two trucks in the north central and southeast regions.</p> <p>RAPID Analysis:</p> <ul style="list-style-type: none"> • Many hospitals have a primary system but little redundancy or alternative pathways; • Minimal surge capacity; • Consistent need is sporadic; • Sustainability is challenging but attainable; and • Recency/attribution and other forms of bias may be contributors. <p>RAPID Future Direction: Safety Net – Broader range; potential regional coordinating center model; strike team model; and leveling transfers.</p>		
6. Final Business, Open Floor & Adjournment	<p>Brian Busching, Director, Trauma and Injury Prevention, reported there has been progress in building out the regional teams.</p> <p>Dr. Lindsay Weaver asked for any further business to come before the Commission. Hearing none, she adjourned the meeting at 12:20 pm.</p> <p>The next TCC meeting is scheduled for May 2, 2025. The remaining TCC dates in 2025 are:</p> <ul style="list-style-type: none"> • August 1 • November 7 	N/A	N/A