



Trauma Care Commission Meeting Minutes

May 3, 2024 – 10:00 am to 12:00 pm
IDOH – Adams Auditorium

Commission members in attendance in-person or virtual for all or part of the meeting: Dr. Guy Crowder (proxy for Dr. Lindsay Weaver, Kraig Kinney (proxy for Joel Thacker), Ty Sullivan (virtual - proxy for Dr. Dan Rusyniak), Dr. Erik Streib, Andy VanZee, Dr. Lewis Jacobson, Dr. Emily Fitz, Lisa Hollister (virtual), Dr. Matthew Landman, Dr. David Welsh, Dr. Scott Thomas, and Dr. Jay Woodland

Commission members not in attendance: Dr. Lindsay Weaver, Joel Thacker, Dr. Dan Rusyniak, and Dr. Elizabeth Weinstein

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome and Introductions Approval of February 2, 2024, minutes Kraig Kinney	Kraig Kinney, proxy for Joel Thacker, called the Trauma Care Commission (TCC) meeting to order at 10:00 am. A roll call was taken to establish a quorum. Mr. Kinney asked for comments and/or changes to the minutes of the February 2, 2024, meeting. Hearing none he entertained a motion for approval. Dr. David Welsh made a motion for approval, it was seconded by Dr. Emily Fritz and passed unanimously by roll call vote.	N/A	N/A
2. Legislative Update Rachel Swartwood, Deputy Director of Legislative and External Affairs, IDOH	Ms. Swartwood provided an update on several trauma related bills that passed during the legislative session: <u>House Enrolled Act (HEA)1021</u> Green alert for missing at-risk veterans. Defines "veteran at risk". Creates the green alert program to provide for public notification regarding missing veterans at risk.	N/A	N/A

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	<p>Changes the name of the Indiana clearinghouse for information on missing children and missing endangered adults to the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults (clearinghouse). Makes conforming changes to the duties of the clearinghouse. Creates certain duties and reporting requirements for law enforcement agencies concerning missing veterans at risk. Provides immunity for a broadcaster who broadcasts, or an electronic billboard operator who displays, a green alert notification and a person who establishes or maintains a green alert website under an agreement with the state police department. Makes technical corrections.</p> <p><u>HEA 1104</u></p> <p>School safety. Provides that a school safety plan developed by a school corporation or charter school must establish an armed intruder drill protocol. Requires safe school committees to develop a policy that considers the effect of armed intruder drills on the safety and mental health of students, faculty, and staff. Prohibits an armed intruder drill that includes sensory components or activities from: (1) requiring student participation; or (2) taking place during regular school hours if a majority of the student body is present on school property. Allows a school corporation or charter school that: (1) employs a school resource officer; or (2) enters into a contract or a memorandum of</p>		

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	<p>understanding with a local law enforcement agency, private entity, or nonprofit corporation to employ a school resource officer; to participate in the 1977 fund. Provides that a school resource officer hired or rehired after June 30, 2024, who is a member of the 1977 fund shall remain in the 1977 fund. Provides that a school resource officer may become a member of the 1977 fund by meeting certain age and training requirements. Makes corresponding changes.</p> <p><u>HEA 1203</u> Xylazine. Makes possession of xylazine a Class A misdemeanor and increases the penalty to a Level 6 felony if the person has a prior xylazine related conviction. Makes dealing in xylazine a Level 5 felony and increases the penalty to a Level 4 felony if the person has a prior xylazine related conviction. Exempts certain persons using, distributing, or manufacturing xylazine for veterinary purposes.</p> <p><u>HEA 1302</u> Emergency medical services. Provides that not later than July 15, 2024, the county executive shall provide the department of homeland security (department) certain information relating to each emergency medical services (EMS) provider in the county. Provides that not later than August 15, 2024, the department, in consultation with the Indiana emergency medical services commission, shall prepare and submit a report to the general</p>		

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	<p>assembly relating to the provision of EMS. Urges the legislative council to assign to the appropriate study committee the topic of improving the provision of EMS throughout Indiana.</p> <p><u>Senate Enrolled Act (SEA) 232</u> Statewide 911 system. Removes references to "enhanced 911 service". Increases the penalty for false informing if the false report is that a person is dangerous and certain other circumstances exist. Changes references from the "enhanced prepaid wireless charge" to the "911 service prepaid wireless charge". Provides that information relating to security measures or precautions used to secure the statewide 911 system may be excepted from public disclosure at the discretion of the statewide 911 board. Makes changes to or repeals certain definitions relating to the state 911 system. Provides that all originating service providers that provide 911 service for their customers: (1) shall connect to the state 911 system using an industry standard or functional equivalent; and (2) must establish and maintain the connection in accordance with all applicable regulatory requirements requiring service continuity and ensure access to public safety assistance. Provides that an emergency communications center included in the definition of PSAP may not be construed to create an additional PSAP. Makes a technical correction. Makes conforming amendments.</p>		

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	<p><u>SEA 234</u> Disaster emergency. Provides that a state of disaster emergency declared by the governor: (1) that applies to the entire state may not continue for more than 60 days unless a renewal is authorized by the general assembly; and (2) that only applies to part of the state may not continue for more than 30 days unless renewed by the governor. Provides that the renewal of a statewide disaster emergency authorized by the general assembly may continue for not more than 60 days. Specifies that if a state of disaster emergency that applies to the entire state has ended, the governor may not call a new state of disaster emergency that applies to the entire state unless the new disaster is wholly unrelated to the earlier disaster. Defines "wholly unrelated".</p>		
<p>3. IDOH & Trauma System Plan Brian Busching, Director, Trauma & Injury Prevention and Ann Solzak and Olivia Knarr Crowe, LLP</p>	<p>Brian reported on the Trauma System Plan projects and <u>total recommended</u> funding for the two-year period (2024 & 2025):</p> <ul style="list-style-type: none"> • Trauma System Development - \$2,696,735.70 • Quality Improvement - \$626,880.00 • T & NT Center Engagement - \$79,000.00 • Injury Prevention Programming - \$630,563.64 <p>Brian introduced Trauma and Injury Prevention staff member Vincente Benchino, Clinical Director. Interviews are in process for a Central Region Clinical Coordinator and positions will be posted for the Northern and Southern Regional positions. These regional positions</p>	N/A	N/A

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	<p>will provide more regional/local support for the Trauma Regional Advisory Councils (TRAC).</p> <p>Ann Solzak and Olivia Knarr, Crowe, LLP provided an overview of the Trauma System Plan project status.</p> <p>A statewide trauma system plan survey was distributed to stakeholders via e-mail and posted to the IDOH website. It was opened on March 27, 2024, and closed on April 19, 2024. 165 responses were received. The majority of the responses agreed with recommendations as written.</p> <p>Survey response takeaways:</p> <ul style="list-style-type: none"> • Representation across TCC subcommittee and TRAC membership is important, including an emphasis on quality of appointments and ability to maintain operational effectiveness. • Integrate additional, targeted stakeholders into trauma system activities for a holistic approach, such as nursing, behavioral health, crisis response, and EMA. • Improvement to data quality statewide and interoperability of data throughout districts is key to the continual performance improvement of the Indiana trauma system. • Continuous training for trauma system personnel to reflect the most updated training protocols. 		

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	<p>Recommendation feedback key takeaways:</p> <ul style="list-style-type: none"> • Stakeholder review sessions highlighted a need for further refinement and reorganization, which has been accounted for in more recent versions of documents. • Although the majority of respondents agreed with the recommendations, the following items sparked wider discussion with leadership: <ul style="list-style-type: none"> ➤ Emphasis on supporting and standardizing TRACs, and if expansion of TRAC membership would be burdensome to action items. ➤ Consideration of Regional Medical Operations Coordination Center (RMOCC) to become a statewide structure rather than regional. ➤ Reassessed and adjusted recommendations language. <p>Subcommittee meeting recommendations:</p> <ul style="list-style-type: none"> • Disaster Preparedness & Military Integration Subcommittee session provided feedback to further refine recommendations related to disaster planning. • System Planning Subcommittee session sparked discussion on whether recommendations related to TCC legislation should be removed. 		

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	<p>Next Steps:</p> <ul style="list-style-type: none"> • Conduct meeting with Project Team to review and provide feedback on initial Plan Draft. Target to complete is May 29, 2024. • Conduct review and feedback sessions with TCC Members. Target to complete is early- to mid-June, 2024. • Finalize Trauma System Plan. Target to complete is June 28, 2024. • Adopt final Trauma System Plan at the August 2, 2024, TCC meeting. All TCC members will be able to review and provide comments prior to the August 2, 2024, TCC meeting. 		
4. Subcommittee Updates	<p><u>Trauma System Planning Subcommittee</u> Andy VanZee, and Dr. Erik Streib, Co-Chairs, reported the subcommittee met on February 28, 2024, and April 17, 2024, to set priorities, review recommendations, establish TRAC map regions, discuss trauma summit planning. The next meeting is in May, 2024.</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>	N/A	N/A

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	<p><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Establishment of 3 regional TRACS (central, south & north) • Trauma Center Designation Process • Funding for 2025 Legislative Cycle • Needs Assessments – neighboring states & allocation of current centers • State Trauma Plan <p><u>Trauma Education & Outreach Subcommittee</u> Dr. Jay Woodland and Dr. Matt Landman, Co-Chairs, reported the subcommittee met on February 26, 2024, and April 4, 2024, to discuss the overall trauma education needs in Indiana, local health department survey to stimulate injury prevention planning, discuss short questionnaire for all IN verified centers to determine courses currently offered, costs associated/willingness to share, and benefit from more educational offerings. The next meeting is April 4, 2024.</p> <p><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.</p> <p><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Three Advanced Trauma Life Support (ATLS) instructor courses over the next year. 		

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	<ul style="list-style-type: none"> • Establish standard reimbursement model for all centers for anyone working in an Indiana facility: <ul style="list-style-type: none"> ○ ATLS ○ Advanced Trauma Care for Nurses (ATCN) ○ Trauma Nursing Core Course (TNCC) ○ Disaster Management & Emergency Preparedness (DMEP), etc. <p><u>Trauma Registry Subcommittee</u> Lisa Hollister, DNP, Chair, reported the subcommittee met on March 6, 2024, and May 1, 2024, to review state trauma system background (where we are today), reason for a registry subcommittee, establish scope of work, determine objectives and priorities. The next meeting is May 8, 2024.</p> <p><u>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><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Gap Analysis of registry needs • Training • Current Validity • Potential for automation 		

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	<p><u>Performance Improvement (PI) Subcommittee</u> Dr. Eric Yazel and Dr. Scott Thomas, Co-Chairs, reported the subcommittee met March 7, 2024, and May 1, 2024, to discuss scope of work, evaluate near term priorities, determine what success will look like.</p> <p><u>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><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Establish specific and measurable metrics • Establish baseline data to track progress • Focus on communication and connections between EMS, trauma centers, non-trauma facilities, and post-acute care providers • Develop level-appropriate report cards to assess hospital performance <p><u>Disaster Preparedness & Military Integration Subcommittee</u> Joel Thacker and Dr. David Welsh, Co-Chairs, reported the subcommittee met March 1, 2024, to review scope of work, discuss process for requesting National Guard assistance for state active duty and the different units in the National Guard, discuss statewide patient tracking system, and how to engage combat medics with local</p>		

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	<p>public safety agencies. The next meeting is May 17, 2024.</p> <p><u>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><u>Subcommittee Next Steps:</u></p> <ul style="list-style-type: none"> • Adding additional subcommittee members • Attend upcoming National Guard trainings 		
<p>5. Trauma System Development Grantee Highlight Jen Homan, RN Franciscan Crown Point</p>	<p>Ms. Homan outlined the current and next steps that Franciscan Health Crown Point is taking to become a Level 2 Trauma Center. The goal is to obtain ACS verification in 2027.</p>	N/A	N/A
<p>6. IDHS Update Kraig Kinney, State EMS Director</p>	<p>Mr. Kinney reported that EMS transferability is being discussed. He provided an update on the EMS Education and Training Institution Equipment Grants that have been awarded. EMS is launching a RAPID Interfacility Transfer Pilot in the southeast and northwest regions where there are gaps in the trauma system. IDHS in partnership with IDOH is bringing the Handtevy Pediatric Resuscitation System, a proven resuscitation tool to assist with pediatric emergency response, to</p>	N/A	N/A

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	Indiana. Currently, 46 Indiana EMS provider organizations utilize the Handtevy system.		
7. Final Business – Open Floor Discussion	Mr. Kinney announced the 50 th Anniversary of National EMS week is May 19 to 25, 2024, and the theme is Honoring our Past and Forging our Future. Dr. David Welsh made a motion that TCC honor this anniversary, it was seconded by Dr. Erik Streib and passed unanimously by roll call vote. Mr. Kinney abstained from this vote.	NA	NA
8. Adjournment	Mr. Kinney asked for any further business to come before the Commission. Hearing none, he entertained a motion to adjourn. Dr. David Welsh made a motion to adjourn, it was seconded by Dr. Emily Fitz and passed unanimously. The meeting was adjourned at 11:50 am.	N/A	N/A