



**Indiana**  
**Department**  
**of**  
**Health**

# INDIANA TRAUMA CARE COMMISSION

August 2, 2024

Email questions to: [indianatrauma@health.in.gov](mailto:indianatrauma@health.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

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- Please take breaks as needed.
- There will be opportunity for Q & A during the meeting.

This meeting has been public noticed.

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# Welcome and Introduction

Lindsay Weaver, M.D., FACEP  
*State Health Commissioner*



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# IDOH Update

Brian Busching

*Division Director, Trauma and Injury Prevention*

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# Overview of CARES

*(Cardiac Arrest Registry to Enhance Survival)*

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CARES

Cardiac Arrest Registry  
to Enhance Survival

# Program Goals

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The ultimate goals of CARES are to identify:



Who is affected by cardiac arrest



When and where cardiac arrest events occur

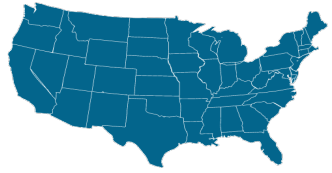


Which elements of the system are functioning well and those that are not



How changes can be made to improve cardiac arrest outcomes

# CDC CARES Expansion & Modernization



## NATIONWIDE EXPANSION

Over a span of five years, CARES aims to expand its reach from its current presence in 33 states to encompass all 50 states, ensuring that comprehensive data on cardiac arrests is captured across the entire nation.



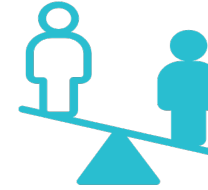
## QUALITY IMPROVEMENT INTEGRATION

CARES will establish a critical linkage between its QI activities and two influential curricula: CPR LifeLinks and the Resuscitation Academy. This integration will elevate the effectiveness of OHCA interventions by promoting evidence-based practices and enhancing T-CPR training protocols.



## MODERNIZED SOFTWARE PLATFORM

CARES will transition to its NextGen Software platform, a technological advancement that will streamline data collection, analysis, and dissemination. This transition promises to expedite the delivery of actionable insights to healthcare professionals, thereby facilitating more informed decision-making and improving outcomes.

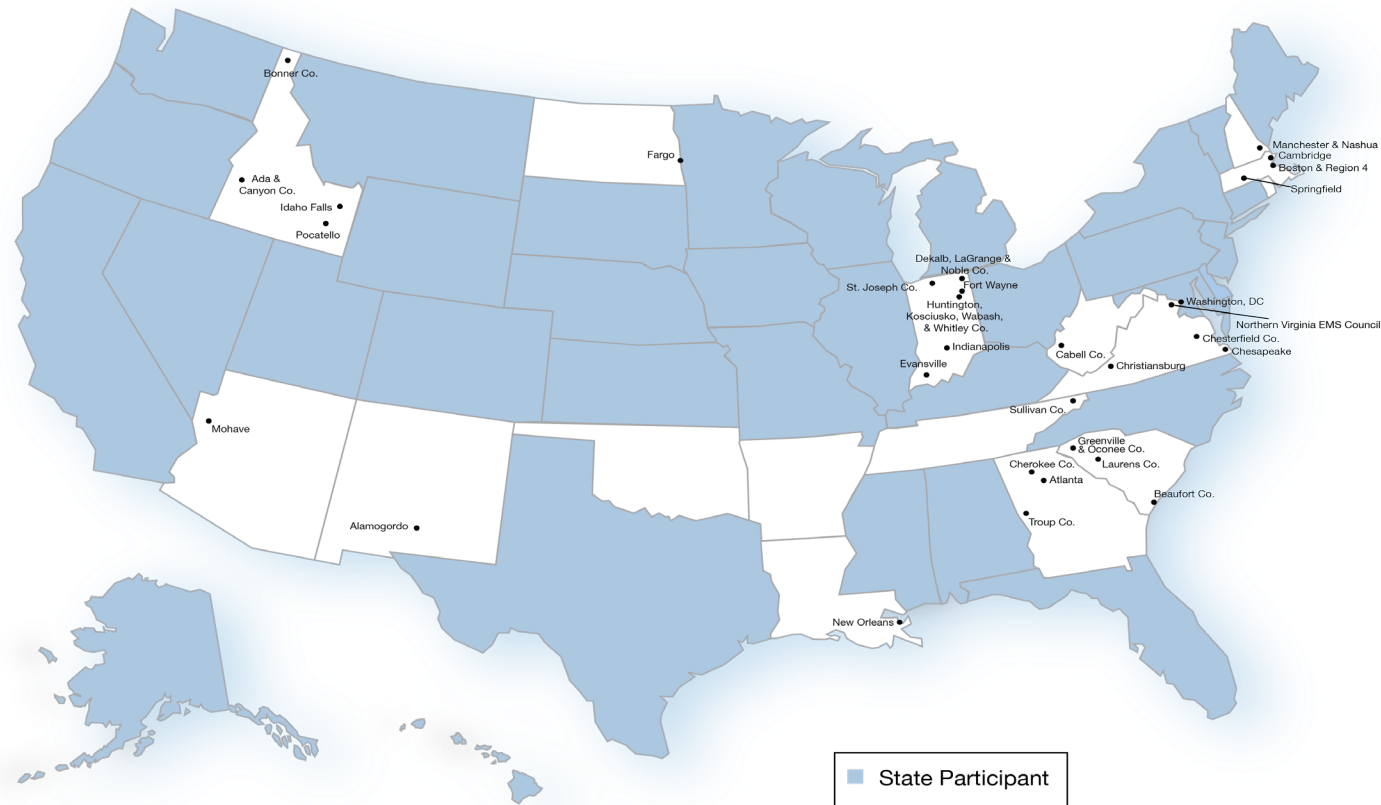


## ADDRESSING HEALTH DISPARITIES

Recognizing the inequalities that exist in OHCA outcomes, CARES commits to tackling health disparities head-on. By dissecting the intricacies of OHCA's impact across different demographic and geographical contexts, CARES will devise targeted strategies to reduce disparities and ensure equitable access to life-saving interventions.

# CARES 2024 Footprint

- **179** million population catchment
- **54%** U.S. population covered
- **34** state-based registries
- More than **2,300** EMS agencies
- More than **2,500** hospitals
- **40** additional communities in **13** states



# Current Indiana Participants

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Indianapolis EMS

GMR Evansville

St. Joseph County EMS Council

- Clay Fire Territory
- Mishawaka Fire & EMS Department
- Penn Fire Department
- South Bend Fire Department

Three Rivers Ambulance Authority

Parkview Health

- Parkview DeKalb EMS
- Parkview Huntington EMS
- Parkview LaGrange EMS
- Parkview Noble EMS
- Parkview Wabash/Kosciusko EMS
- Parkview Whitley EMS

**1.9** million population catchment

**28%** of state population

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# Measure & Improve Cycle

## Measure

EMS Agencies, hospitals, and dispatch centers enter data into CARES, allowing for comprehensive measurement of OHCA patient care.

## Analyze

Using standard CARES reports, communities and states analyze and evaluate their OHCA data.

## Monitor

System performance is tracked and observed post-implementation, comparing longitudinal data with baseline metrics.

## Identify Areas for Improvement

Benchmarking against aggregate data allows EMS agencies and hospitals to identify opportunities for improvement within their system of care.

## Implement Changes

Resuscitation Academy and CPR LifeLinks strategies are implemented locally, regionally, and nationally.



# Benefits of State Participation

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- Helps improve system of care for OHCA by allowing you to more efficiently track your patients and their outcomes
- Ability to aggregate data for the entire state, as well as identify high and low performers to target interventions that help improve outcomes
- Can measure the impact of resources to show benefit for sustained QI
- Leverage statewide data to obtain funding for strategic allocation of resources
- Ability to pull local and national data from current and previous years to educate stakeholders and benchmark performance
- Access to tools and resources for implementing Dispatcher-Assisted CPR and tracking targeted temperature management in the hospital



# Division Staffing

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Sonya Hughes – Central Region Clinical Coordinator  
(starts 8/5/24)

Posted Northern and Southern positions

# Trauma Care Commission - Final Plan

**Trauma System Plan**

**Indiana Department of Health (IDOH)**

**August 2, 2024**

# Trauma System Plan Development

Crowe started working with the Indiana Department of Health (IDOH) in November 2023 to develop the state's first trauma system plan. The plan's development consisted of multiple phases that included engagement from various stakeholder groups. The project phases and key accomplishments are provided below:

## Initiate Project

- Conducted project kickoff meeting.
- Identified stakeholders for engagement across the different project phases.

## Conduct Best Practice Research

- Partnered with IDOH to identify peer states for review.
- Reviewed recent ACS consultation reports, trauma publications, and legislation from identified states.

## Develop Recommendations

- Developed recommendations based on the 2022 Indiana ACS Consultation Report and best practice findings.
- Refined and reorganized recommendations based on feedback from stakeholder review sessions.
- Administered survey to stakeholders statewide to capture feedback from a larger audience.
- Conducted prioritization sessions with TCC subcommittees to create virtual Heat Map visualization.

## Develop Plan

- Leveraged finalized recommendations to develop the initial plan.
- Reviewed the plan with IDOH and TCC members after each iteration.
- Compiled all feedback into the Final Trauma System Plan.

# Stakeholder Outreach

State leadership emphasized the importance of comprehensive stakeholder outreach throughout the course of plan development. The following stakeholder groups were consulted.

## Recommendations Validation & Refinement

- Conducted stakeholder review sessions with the following groups:
  - All Trauma Regional Advisory Councils (TRACs)
  - Indiana Trauma Network (ITN)
  - Indiana Hospital Association (IHA)
  - IHA Rehabilitation Taskforce, Indiana Rural Health Association
  - Indiana Department of Homeland Security (IDHS), including the Division of EMS
- Administered survey to stakeholders statewide and received 165 responses

## Recommendations Prioritization

- Conducted prioritization sessions with all TCC subcommittees including:
  - Trauma Education and Outreach
  - Performance Improvement
  - Disaster Preparedness & Military Integration
  - Trauma System Planning
  - Trauma Registry

## Trauma System Plan Review

- Facilitated review sessions for TCC and subcommittee members

# Trauma System Plan Structure

The Trauma System Plan is organized by strategy, priority, and underlying objectives that cover all components of trauma care, including the ACS Essential Trauma System Elements. The plan encompasses the following six strategy areas that organize the priorities of the Plan.



Detailed objectives are listed under most priorities, serving as more actionable items for implementation by the identified stakeholders. Priorities and objectives are sequenced by prioritization based on TCC Subcommittee feedback.

The Trauma System Plan includes additional information including a background narrative and appendix that support the understanding, planning, and implementation of the objectives. ***The Plan is a dynamic document that will be continuously evaluated and updated by the TCC as trauma evolves in Indiana and nationwide.***



# Implementation Timeline Phase 1

During prioritization sessions, TCC subcommittees and stakeholders identified key priorities to implement in the statewide trauma system. Phase 1 includes priorities that are in progress or planned to begin in the next year (July 2024-June 2025).

**July – Sept 2024**

**Oct-Dec 2024**

**Jan - March 2025**

**April – June 2025**

**Restructure, expand, and formalize TRACs.**

**Formalize and expand TCC subcommittees and their membership.**

**Conduct periodic workforce assessments across the full continuum of trauma care.**

**Develop a strategy to engage and maintain stakeholder participation within TCC subcommittees and TRACs.**

**Develop and codify operational guidelines, roles, and responsibilities for TRACs.**

**Engage regional TRAC members and hospitals to expand trauma system access in each region.**

**Complete the on-going EMS workforce assessment and evaluate the findings to determine an action plan for Indiana.**

**Elevate EMS as an essential service.**

**Explore methods to streamline patient triage and trauma care within Indiana and across state lines.**

**Develop a comprehensive approach to data quality to improve the trauma registry.**

**Assess current state of data interoperability to develop a mechanism to facilitate data sharing among agencies.**

**Conduct a statewide assessment for tracking and reporting of injury prevention efforts across Indiana.**

**Engage a variety of stakeholders to develop and evaluate targeted injury prevention programs.**

**Increase education and training for personnel across the full continuum of trauma care.**

**Strategy 1**

**Strategy 2**

**Strategy 3**

**Strategy 4**

**Strategy 5**

**Strategy 6**



# Thank you



**Susannah Heitger**  
Consulting Partner



**Ann Solzak**  
Project Manager



**Liz Schuler**  
Senior Business Analyst



**Olivia Knarr**  
Business Analyst

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# Trauma System Planning Subcommittee

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Andy VanZee, Co-Chair

*Vice President of Regulatory & Hospital Operations, IHA*

Erik Streib, MD, Co-Chair

*Trauma Medical Director, Eskenazi Health*

# Trauma System Planning (June 19<sup>th</sup>)

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## Trauma Regional Advisory Committee Development

- Discuss scope and goal for the initial TRAC meetings planned for Q3/Q4 2024
- Standardization of agenda and focus while allowing regional flexibility
- Opportunity to engage additional stakeholders

## State Trauma Plan

- Continue to reiterate that the plan is a living document that will be updated at least annually or as the environment demands
- Supportive of the work done to this point to create current plan

## Trauma Symposium

- Approved concept of two day event with one day of formal presentations and a second of individual education
- Approved date, venue, and attendance costs
- Will explore options for educational credits

# Trauma System Planning (June 19<sup>th</sup>)

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## Trauma System Designation

- Discuss the need to formalize the process
- Exploring the use of informal operational processes versus formal administrative rules
- Agreement of utilizing the current three level ACS verification standards
- Will hold on any Level 4 or beyond to see outcomes of ACS rural committee

## Future Planning Focus

- System funding and the 2025 legislative session budget
- Year 2 trauma funding allocations
- Reexamine trauma center white space and opportunity to reengage target hospitals with a focus in SE Indiana
- Monitor TRAC activities and participation

Next Meeting: September 18<sup>th</sup>

# RFA Strategies

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## Trauma System Development

Purpose: Increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system

## Quality Improvement

Purpose: Promote effective coordination of care (right person, right place, right time), including appropriate hospital triage (with EMS) and timely transfer of critical patients. Improve the Indiana trauma registry and optimize data collection and quality including accuracy to advance the effective and timely use of data

## Trauma and Non-Trauma Center Engagement

Purpose: Improve hospital reporting across the state to ensure all hospitals are submitting high-quality data. Enhance hospital infrastructure including personnel needs to support ongoing hospital engagement

## Injury Prevention Programming

Purpose: Implement evidence-based programming to address leading causes of trauma and injury within the community and regional environments

# Trauma System Development – Considering Project

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Trauma System Development, Quality Improvement, TC and NTC Engagement – Rural Health Innovation Collaborative (Statewide)

- Project aims to provide simulation-based training with focus on increasing the confidence and competence of healthcare professionals and the quality of care for small rural and critical access hospitals related to adult and pediatric trauma utilizing simulation-based methodologies. The RHIC would develop and provide on-site, regionally-based simulation training events at rural hospitals to increase their readiness and competence in caring for trauma patients.
- Reviewed by Evaluation team members and recommended Education/Outreach Subcommittee determine approval – requesting TCC approval to fund IF Education/Outreach Subcommittee approves

# Trauma System Development – Funding

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	Recommended	Remaining
Total Year 1 Funding (FY24)	\$ 2,499,289.50	\$ 710.50
Total Year 2 Funding (FY25)	\$ 1,533,889.84	\$ 3,466,110.16

# Trauma Education & Outreach Subcommittee

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Jay Woodland, MD, Co-Chair

*Trauma Medical Director, Deaconess Hospital*

Matt Landman, MD, Co-Chair

*Trauma Medical Director, IU Riley*

# Trauma Education & Outreach Subcommittee

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## Scope of work

- Provide education/outreach to key stakeholders
- Coordinate with IDOH to utilize data for injury prevention programming
- Conduct public awareness campaign



# Trauma Education & Outreach Subcommittee

- June 10, 2024 Meeting
  - More specifics on additional ATLS instructor courses
  - **ATLS Instructor** course in each new TRAC
    - TRAC ATLS Instructor course lead
      - Southern region (districts 8-10)- Dara Dilger
      - Central region (districts 4-7)- Catana Phillips
      - Northern region (districts 1-3)- Jen Homan

Role	Fee per	Count	Sub-total
Student	\$85	9	\$765
Session fee	\$100	9	\$900
Course Educator	\$1250	1	\$1250
Course Director	\$1250	1	\$1250
Course Coordinator	\$1250	1	\$1250
Venue/room	\$500 (est)	1	\$500
Food	\$1000 (est)	1	\$1000
<b>Total</b>			<b>\$6915</b>

Total for 3 regions to hold ATLS Instructor course= ~\$21,000

# Trauma Education & Outreach Subcommittee

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- [June 10, 2024 Meeting \(continued\)](#)
- Additional courses - ATLS provider, TNCC, ATCN
  - Focus on new/first time certifications as opposed to renewals
- Other possible courses: DMEP, RTTDC

# Trauma Education & Outreach Subcommittee

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- July 24, 2024
  - Add TCAR, PCAR to certification list
  - Plan to reimburse institutions for participants
    - New certifications, not renewals
    - Credentialed in Indiana facility
  - Subcommittee metrics
    - Which class, where (city and hosting organization), how many students, where are students from (city and organization)

# Trauma Education & Outreach Subcommittee

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- Plan to start funding classes/certifications now
  - Will work with IDOH to get the word out
- Contacting ATLS course directors and educators to get instructor classes set
- Planning next subcommittee meeting
  - All are welcome

# Trauma Registry Subcommittee

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Lisa Hollister, Chair

*Admin. Director, Parkview Health Trauma System*

# Registry Subcommittee: Scope of Work

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1. Review and maintain data elements of the Indiana trauma registry
2. Oversee registry outreach and training for data optimization
3. Assure data is valid, accurate and reliable: Quality data

# Objectives → Priorities → Success

## Objectives:

- Fact-Finding and Assessment (where do we stand today/Gaps): Evaluate our current registry status and performance of registrars
- Data Variable Prioritization: Define and focus on the most crucial 250 variables for Trauma Center (T) vs Non-Trauma Center (NT) cases
- Training Recommendations: Identify suitable training programs for registrars
- Motivation Strategies: Consider incentives (carrot) as well as compliance measures (stick). Potential Data Publication: Explore the idea of publicly grading the quality of data
- Potential Data Publication: Explore the idea of publicly grading the quality of data

## Determine Priorities:

- Understand **current gaps**?
- Training and Education: Consider implementing a trauma registry course?
- Automation and AI?
- Outcome Improvement: Leverage quality data to enhance patient outcomes?

## What is Success:

**Accurate, reliable, valid, timely, and efficient data flow**

- Comprehensive coverage / involvement of all relevant **data and stakeholders**
- Qualified staff trained and "certified"
- Actionable insights - utilize the data effectively through dashboards and comparative analysis

# Trauma Registry Subcommittee Meetings

## 2024 meetings:

- **March 6<sup>th</sup>**
  - Reviewed state trauma system **background**; where we are today
  - Reason for a registry subcommittee and **scope of work**
  - **Objectives/priorities/success**
- **May 8<sup>th</sup>**
  - Hospital **trauma dashboard** discussed
  - Data quality process reviewed; identify **key trauma indicators**
  - Reviewed **data framework** (integrity, completeness, consistency, accuracy)
- **June 26<sup>th</sup>**
  - Survey was sent to hospitals to **determine education** needs in coordination with ITN; what types of resources are needed
  - Reviewed **critical data variables, one by one**
  - Reviewed how **data is received** at IDOH



# Critical Data Elements: IDOH

## Indiana Trauma Registry - List of Critical Data Elements

Note: Calculated or system-generated data elements (e.g., length of stay or injury severity score) are not included in the table below. However, variables required to calculate critical system-generated or calculated data elements are listed below.

Domain	Variable	Notes or common data quality concerns:	Used for?	Current IDOH quality checks:
Patient Demographics (Basic surveillance data, outcomes) HIPAA?	Patient first name (not uploaded today)	ROI first - Commission agenda?  Collected on hospital level	Tie transfers, EMS data eventually	
	Patient last name (not uploaded today)	ROI first - Commission agenda?  Collected on hospital level	Tie transfers, EMS data eventually	
	Patient DOB		Tie transfers together (with incident date, and ED admission)	Flag missing values for follow-up. A lot of missing values today.
	Patient age			Flag missing values for follow-up.
	Patient gender			Flag missing values for follow-up.
	Patient race			
	Patient ethnicity			

We are reviewing these one-by-one.

For Trauma Centers – many are required.

But what is critical for non-trauma centers?

# How Does IDOH Receive Registry Data?

Trauma Level	Manual		Total
	Entry	Import	
Trauma Level I	0	5	5
Trauma Level II	0	5	5
Trauma Level III	0	13	13
Non-trauma Center	81	18	99

- Most Trauma Centers upload from their trauma registry
- Most Non-Trauma Centers use Image Trend provided by the state
- **Why does this matter?** This requires different training and resources

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## Non-Trauma Centers:

- Generally, don't take the registry course
- No AIS training → Injury Severity Scoring
- May or may not have ICD-10 training

**For a consistent, valid, and reliable registry – more training is required**

# Trauma Registry Subcommittee

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- Next Steps:
  - **Next Meeting: September 4, 1:00PM**
    - Continue discussion on critical data variables
    - Review hospital education survey results
    - Review hospital trauma dashboards
    - Explore potential for automation/AI
    - Explore gaps/missing data and why: **Triage from scene UT/OT**
      - **Would require ADDING a data point**
    - Coordinate with PI Subcommittee on PI goals/necessary data

**Let us know if you would like to participate!**

# Performance Improvement (PI) Subcommittee

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Eric Yazel, MD, Co-Chair  
*DHS EMS Medical Director*

Scott Thomas, MD, Co-Chair  
*Trauma Medical Director, Beacon Health*

# Performance Improvement Subcommittee

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**Scope of Work:** In coordination with other subcommittees

- Identify quality measures
- Disseminate best practices
- Provide hospital and systemwide reports of quality measures
- Develop a statewide PI plan

# Performance Improvement Subcommittee

## July 11<sup>th</sup> Meeting

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New data points from the EMS side

- Interfacility transfer pilot
- National EMS Quality Alliance

# Performance Improvement Subcommittee

## July 11<sup>th</sup> Meeting

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### IDOH Data Quality Project

- Identify key trauma system indicators (volume, demographics, diagnoses, cause, severity)
- Trauma system performance (over and under triage, transfer rate, transfer time, mortality)
- Define critical data elements
- Assess data quality
- Develop and implement quality improvement efforts



# Performance Improvement Subcommittee

## July 11<sup>th</sup> Meeting

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### Barriers discussed

- EMS field triage data points are not collected in a way to determine appropriate destination decision
- Air medical usage indications
- Missing EMS data
- Timeliness/completeness of EMS run sheets
- EMS presence on the Registry Subcommittee?

# Performance Improvement Subcommittee

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## Goals moving forward

- Mock dashboard of PI data
- Data points needed to populate that dashboard
- Evaluate EMS run sheets and ability to obtain that data

# Performance Improvement Subcommittee

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- No items for vote at this time
- Next meeting September 12 at 1pm
- Questions?

# Disaster Preparedness and Military Integration Subcommittee

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Joel Thacker, Co-Chair

*Executive Director, Indiana Department of Homeland Security*

Dr. David Welsh, Co-Chair

*General Surgeon, Margaret Mary Health, Batesville, IN*

# Disaster Preparedness and Military Integration

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## Scope of Work:

- Assess capabilities to partner and coordinate with military and disaster preparedness stakeholders;
- Plan and implement opportunities associated with preparedness and disaster planning including coordination of response.

## Objectives:

- Assessing current trauma capacity and coordination for emergency response
- Identifying gaps in coordination and engagement for preparedness
- Ensuring an established community of preparedness and response stakeholders

# Disaster Preparedness and Military Integration

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- Subcommittee met on July 26
- LTC Hoover and LTC Stilianos provided overview of INNG Mission Readiness Packages
  - Additional discussion on moving patients for smaller incidents
- Dr. Koenig and Dr. Thomas discussed concept of “right sizing care” and “load leveling”.
- Subcommittee members plan to attend exercise on August 1 at Camp Atterbury

# Disaster Preparedness and Military Integration

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## Next Steps

- Continue to build out solutions to fill gaps identified by subcommittee

## Next Meeting

- September 13 – 1100

# Trauma System Development – Parkview LI to LI Verification

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Lisa Hollister, DNP, MSN, RN

*Admin. Director, Parkview Trauma System*





# Upgrade: Level 2 to Level 1 Trauma Center

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- **Key Objective:**
  - Increase Trauma Research Resources/Personnel



# Upgrade: Level 2 to Level 1 Trauma Center

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- **Achieved:**
  - Approval from Parkview Health Administration for:
    - Trauma Surgeon Research Medical Director: Begins Mid-August
    - Two Trauma Research Positions



# Upgrade: Level 2 to Level 1 Trauma Center

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- **Next Steps:**
  - Post/recruit: Trauma research positions X2 after the Medical Director begins
  - Trauma Research Committee development



# Trauma System Development – Indiana Trauma Network (ITN) Registry Training and Education

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Jennifer Konger, MHA, BSN

*Trauma Pediatric and Community Manager, Parkview Trauma System*

# ITN Registry Training and Education

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- Registry Education
  - AIS-15 coding
  - ICD-10 coding
  - Registry course development

# ITN Registry Training and Education

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- Course fees drill down
  - Online vs onsite
  - Indiana only
- Survey to Trauma & non-Trauma centers
  - Education needed and how many?
  - Role in developing the Indiana registry course

# ITN Registry Training and Education

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- AIS-15 coding online course possible for Indiana only still in November or December 2024
- ICD-10 coding online, Indiana only? Or on own?
- Volunteers to take on a registry course chapter; develop objectives and present in November

# Trauma System Development – Indiana Hospital Association Regional Capacity Improvement

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Madeline Wilson, MSN, RN, CLSSBB

*Trauma System Development Manager, Indiana Hospital Assn.*



# IHA Trauma and Injury Prevention Grant

Four primary areas of the IHA lead efforts include:



# IHA Trauma and Injury Prevention Grant

- IHA/IDOH team meeting regularly
- Reviewing other states TRAC meeting structures
- Reviewing current Indiana trauma districts and best practices
- Building partnership list to include hospitals, rehab facilities, EMS, and homeland security and others as guests
- Establishing meeting format/content for TRACs
- Established future meeting dates of **Oct. 9, 16, 23** for kick-off meetings for 3 state TRACs



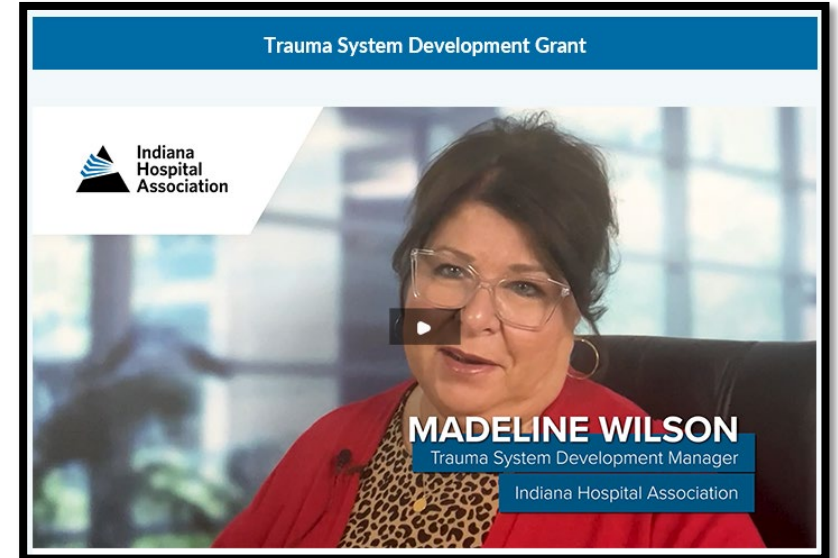
Designation and Development of Trauma Regional Advisory Committees (TRACs)

# IHA Trauma and Injury Prevention Grant



Education  
and Outreach

- Kicked off the introduction of grant to all Indiana hospitals via IHA news
- Video created describing grant work and sent to all trauma contacts and leadership at hospitals (distribution list over 600 people)



[View the video to learn more.](#)

# IHA Trauma and Injury Prevention Grant

- Survey in process gathering information for scheduled programming through the end of year.
  - 48 hospital responses to date (14 CAHs)
  - 19 interested in instructor class
  - 3 currently scheduled classes for ATLS and ATCN-working with facilities to fund with grant dollars
  - Over 300 interested in training
  - Use QR code if you have not completed the survey



Education  
and Outreach



# IHA Trauma and Injury Prevention Grant



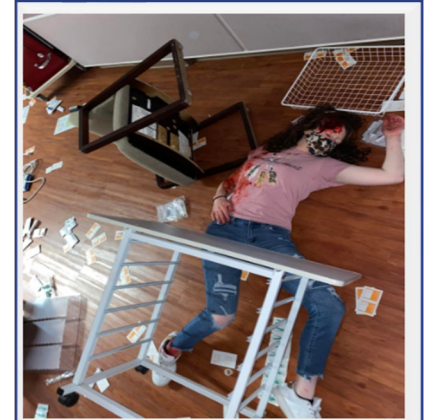
Education  
and Outreach



- Discussions with Rural Health Innovation Collaborative (RHIC) for simulation training



Sullivan County Paramedic Refresher Course 2022



Disaster day 2022



Trauma Day 2018



Mass Casualty

# IHA Trauma and Injury Prevention Grant

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- Working to establish calendar and online educational offerings on IDOH website
- Collecting data to assess current number ATCN trained nurses in Indiana
- Review of current publicly posted trauma training events and outreach made to those who have scheduled trainings
- Review of costs associated with trainings



Education  
and Outreach

# IHA Trauma and Injury Prevention Grant

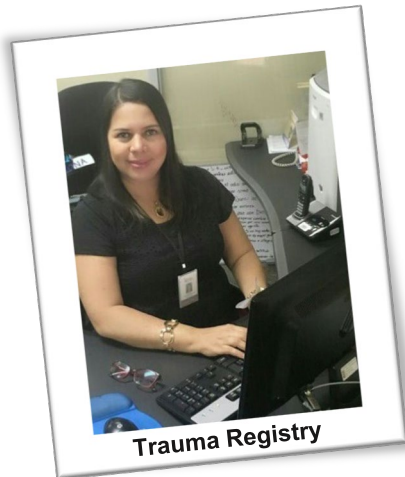
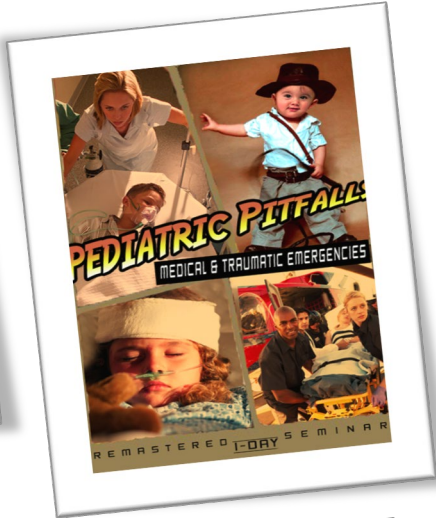
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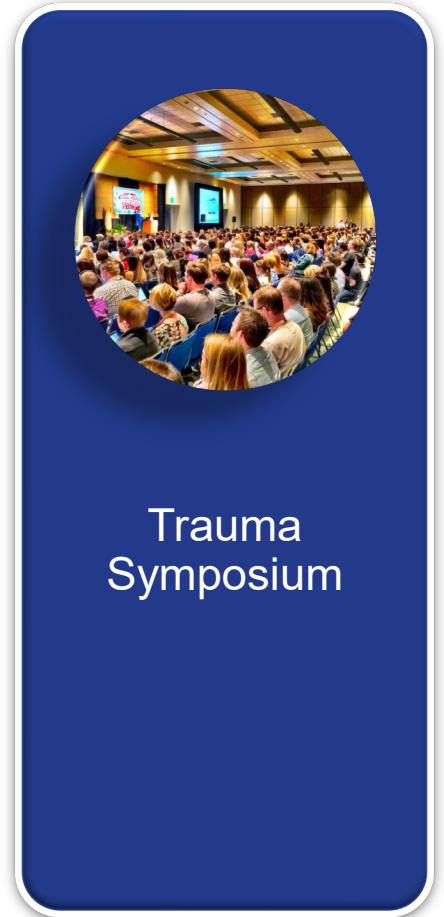
Exploration of  
Registry and  
Data

- Collaboration with Trauma Registry SMEs for state of the state and needs
- Hosting training on registry and data at the Symposium

# IHA Trauma and Injury Prevention Grant



- **Day 1:** National and State speakers featuring IDOH, EMS, Homeland Security, Trauma Survivors Network
- **Day 2 trainings (Full day):** Trauma Registry, Pediatrics Pitfalls, GEMS – TBD (working on more instructors from Indiana)
- Vendors
- CEs offered
- Simulation training teams/vehicles available to tour
- Registration to go out as soon as last speaker and GEMS instructors confirmed



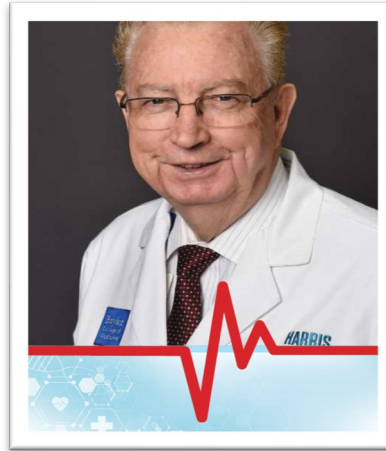


# IHA Trauma and Injury Prevention Grant



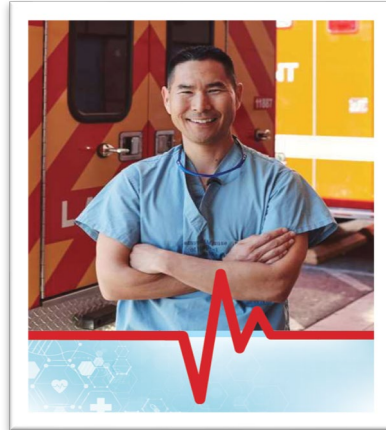
Trauma  
Symposium

Keynote Speaker: Dr. Ken Mattox



One of the most recognized surgeons in America, Dr. Mattox's reputation as an innovator in trauma care is worldwide. He has made original and significant contributions in trauma resuscitation, trauma systems, thoracic trauma, vascular injury, auto transfusion, complex abdominal trauma, and multi-system trauma. The "Mattox Maneuver" for abdominal aortic injury was used internationally in years past, and Dr. Mattox performed groundbreaking research in the area of preoperative fluid restriction for penetrating trauma.

Closing Speaker: Dr. Kenji Inaba



Kenji Inaba, MD, FACS, FRCSC, brings his expertise in trauma, emergency surgery and surgical critical care to the treatment of patients in crisis and the education of future trauma surgeons. Dr. Inaba's research interests include the resuscitation of critically injured patients, novel methods for emergent bleeding control and prehospital lifesaving interventions. He has been the principal or coinvestigator on 22 grants in excess of \$7 million. In addition, he has authored more than 660 peer-reviewed articles and 60 book chapters and is the editor of nine textbooks.

# IHA Trauma and Injury Prevention Grant



- Invite to go out for First State TRAC meetings
- Continue with best-practice research on TRACs
- Meet with teams who have already scheduled ATLS/ATCN trainings for remainder of year
- Discuss next steps for additional trainings with Education Committee
- Wrap up last speaker and training-send registration link out for Symposium

# Future: FY26 – FY27 Funding Plans

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Lindsay Weaver, M.D., FACEP  
*State Health Commissioner*

# Indiana EMS for Children Update

Lindsey Haut, MD iEMSC Program Director

Margo Knefelkamp, MBA iEMSC Program  
Manager

Erin Montgomery, RN, BSN, CCRN-IMPACTS



*Indiana – Emergency Medical Services for Children*



**Lindsey  
Haut-MD**



**Margo  
Knefelkamp-MBA**



**Erin  
Montgomery-RN**



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# OBJECTIVES

- Indiana EMSC
- ED PECC Role
- National Pediatric Readiness Project
- Indiana ED Pediatric Facility Recognition
- ACS COT Pediatric Standards
- IMPACTS Mentor Model, SIM
- NETWORK of ED PECCs, ED Pediatric FR Collaborative
- Upcoming Educational Opportunities



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# EMSC

Federal Program to *reduce pediatric morbidity and mortality as a result of serious injury and illness.*



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# ED PECC Role

PECCs make a  
difference for  
kids



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**EMSC**  
Emergency Medical  
Services for Children



*National  
Pediatric Readiness Project*  
Ensuring Emergency Care for All Children

## Emergency Departments that Participate in a Pediatric Readiness Recognition Program Score Significantly Higher on the National Pediatric Readiness Project (NPRP) Assessment\*

### Median Pediatric Readiness Scores, 2021 NPRP Assessment

Yes, Recognition Program

91/100

No, Recognition Program

67/100



**24pts  
Higher**

P = <.001



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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



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# PECC Role NPRP 2013 vs 2021



2013

2021

88%

Response Rate 99%

## Guidelines for Administration and Coordination of the ED for the Care of Children (19 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Physician Coordinator		<b>26/132</b> (Missing = 0)	<b>19.7%</b>	34.9%	-15.2% ▼
Nurse Coordinator		<b>26/132</b> (Missing = 0)	<b>19.7%</b>	54.7%	-35.0% ▼



# Facility Recognition Indiana

- 2-Tiered Process\*
  - Pediatric Ready
    - Minimal preparedness to treat, stabilize, and transfer as needed
  - Pediatric Advanced
    - Pediatric Ready with additional resources to care for children
- \* Development of 3<sup>rd</sup> Tier under consideration



# Indiana ED Pediatric Facility Recognition

- *Pediatric Advanced* -Peyton Manning Children's Hospital at Ascension St. Vincent, & Riley Hospital for Children at IU Health (reverification in October)
- *Pediatric Ready* -Hendricks Regional Health-June 5<sup>th</sup>, 2024



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# Indiana ED Pediatric Facility Recognition 'In Process'

- *Pediatric Ready* –Reid Health in person scheduled for September 30th
- *Pediatric Advanced* –Deaconess Gateway, Deaconess Midtown, & Ascension St. Vincent Evansville to occur in November



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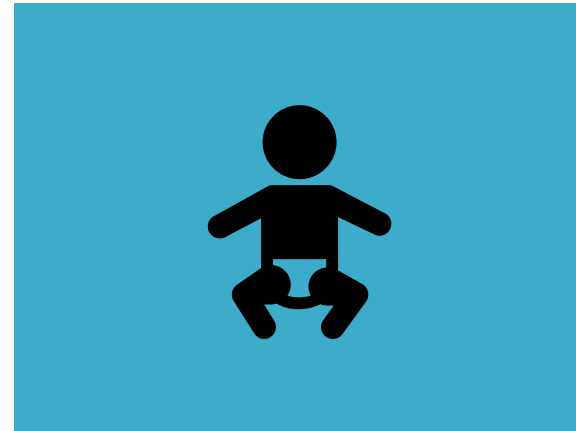
**Pediatric  
Readiness: Now  
part of trauma  
center  
verification**



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# ImPACTS

IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION



**Improving care and reducing disparities in outcomes for critically injured children in underserved communities across the US through a scalable, pragmatic, collaborative, simulation-based Intervention**

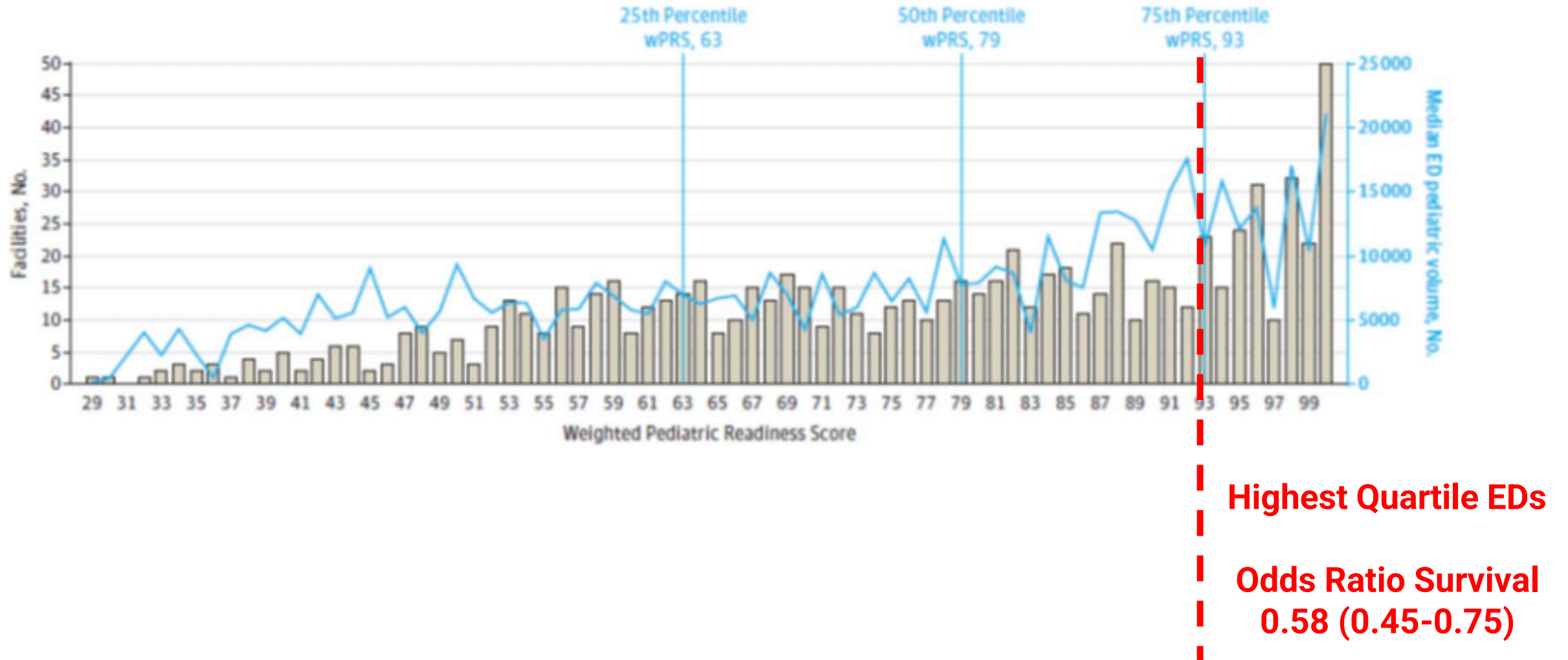


# Disparities in Outcomes

	Pediatric Readiness Scores by Quartile			
	30-59	60-74	75-87	88-100
Adjusted Relationship PRS and in-hospital mortality	<b>Ref</b>	0.52 (0.3-0.90) p = 0.018	0.36 (0.22-0.58) p<0.001	<b>0.25 (0.18-0.37)</b> p<0.001
Unadjusted Mortality	<b>11.1%</b>	5.4%	4.9%	<b>3.4%</b>

# Disparities in Outcomes: Trauma

Figure 1. Emergency Department (ED) Pediatric Readiness and Annual ED Pediatric Volume In 832 Trauma Center EDs



# Readiness factors associated with survival

1. Pediatric resuscitation equipment/supplies
2. Education/training
3. Presence of **Pediatric Emergency Care Coordinators**

# ImPACTS

IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION

We are aiming to create a relationship between the regional Hub (mentor) and Spoke (PECC) with support from a core team by providing education and resources to improve pediatric readiness in Emergency Departments.

**Core:** Led by ImPACTS team with support and resources from EMSC, NPRP, ENA, ACEP, PPN and regional AMC partners. Will house centralized resources, education and simulation through SimBox.

**Mentor:** Mentor (RN and/or MD) to provide guidance, resources and support to local PECCs. Will consist of at least one in person visit per year with in situ simulation and PRS, report out and monthly touch points with each site.

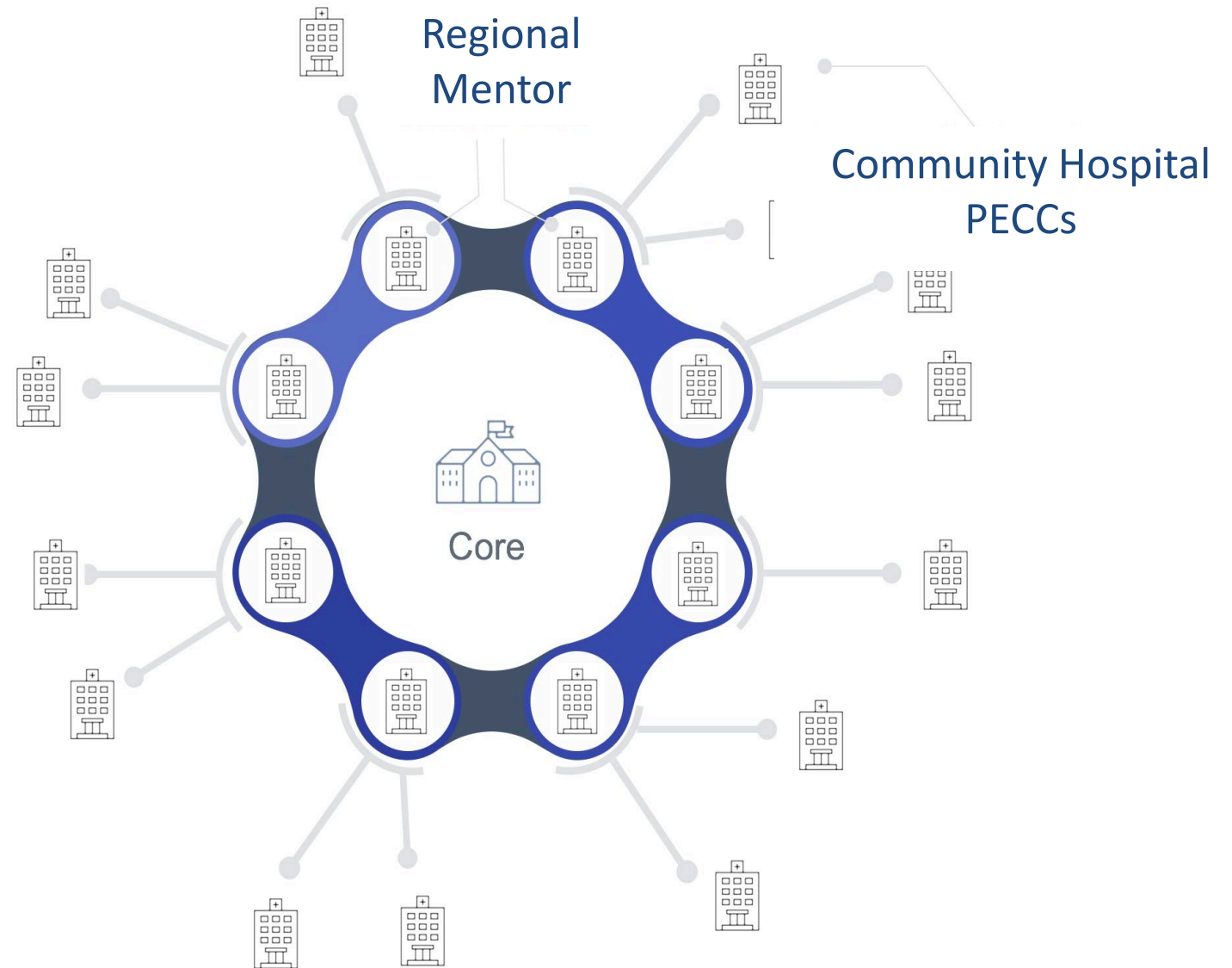
**PECC:** Community ED PECC (RN and MD) which will serve as the pediatric champion in the ED providing pediatric resources and education for ED staff.

# Preposed Model

**Shared interest in improving the emergency care of children**

**Interactions facilitate learning to do things better**

**Providing community ED PECCs with tools, resources and support in their role**



# Mentor Model



## Supporting PECCs in EDs

Co-facilitation of pediatric simulations between the Mentor and PECC in the ED

Shared resources for improving all domains of pediatric readiness in the ED in milestone, stepwise approach

Goal is that PECC would need less and less support from their mentor



## Texas Pilot

Mentors in every Regional Advisory Council (RAC) engaging with EDs to establish PECCs

130 community hospital EDs participating

Texas Trauma Rules propose that all trauma centers complete pediatric simulations twice a year in addition to completing PRS and working to address gaps

# SimBox

SimBox

SimBox EMS

SimBox Team

Education & Outreach

More



SimBox+  
+ Tele SimBox



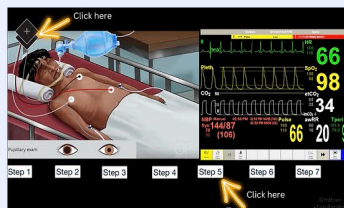
Help us to improve SimBox:

Leveraging technology for learning anywhere

[www.acepsim.com](http://www.acepsim.com) #FOAMED #SimBox #TeleSimBox

Facilitator Feedback

Participant Feedback



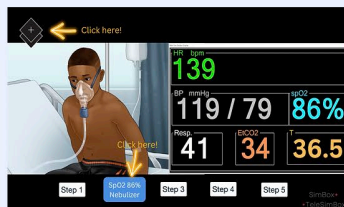
## Severe Head Injury

View this Case

Booklet

Interactive Video

Video



## A Child with Wheeze

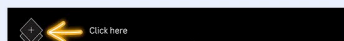
View this Case

Booklet

NEW: Interactive Video

Video

<https://www.emergencysimbox.com/severe-head-injury>




## Respiratory Distress







# National Pediatric Quality Improvement Collaborative (NPRQI)



**MEASURE**  
Assess Pediatric Emergency Care in Your ED  
Track Progress Using Pediatric-Specific Quality Measures

**REFLECT**  
Share experiences with similar EDs

**IMPROVE**  
Demonstrate Improved Pediatric Care  
Become Pediatric Ready

**How Your ED Can  
Make a Difference in  
Pediatric Emergency  
Care**

# NPRQI

## The Emergency Department

- Assessment of current pediatric emergency care delivery and tracking performance over time
- Ability to assess performance across 28 standardized pediatric quality measures (system and clinical conditions)
- Benchmark performance with similar hospitals
- Optimize care based on current available resources
- Annual reports to share with hospital/ED leadership regarding quality, patient safety, and risk mitigation
- May fulfill requirements for Pediatric Medical Recognition in your state/territory
- Poised for accreditation by state/regulatory agencies
- Poised for value-based care reimbursement and reporting

## The Care Team

- Ability to ensure high quality pediatric emergency care for patients and families
- Real-time feedback on performance (for group of providers not as single individual)
- Resources and guidance for starting a quality improvement program will be available
- May be used to fulfill MOC part IV requirements for board-certified physicians

# Indiana

- Implement this mentor model in Indiana
  - Pilot with 10-12 EDs on establishing PECC to work towards improved pediatric readiness and facility recognition
  - Create a community of practice for all Indiana PECCs
  - Indiana ENA, EMSC, and Riley PCOME Outreach collaborating

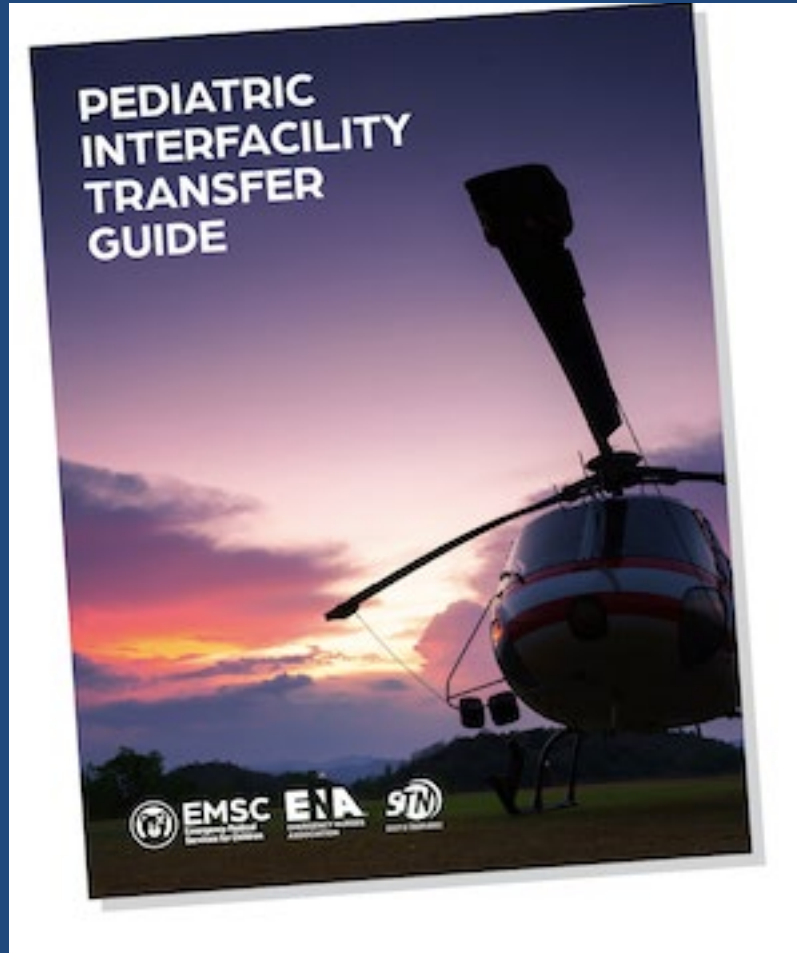
# Education Opportunities

- *Crossroads Emergency Conference-Nov. 21-22, French Lick*
- *Indiana Statewide Trauma and Emergency Medicine Symposium-Dec. 4-5*
- *MIDWEST EMSC EMS PECC Symposium*
- *MIDWEST EMSC ED PECC Symposium-Dec date TBD*



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# Pediatric Interfacility Transfer Guide



[https://media.emscimprovement.com/documents/EMSC\\_Pediatric\\_Interfacility\\_Transfer\\_Guide.pdf](https://media.emscimprovement.com/documents/EMSC_Pediatric_Interfacility_Transfer_Guide.pdf)



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# Best Practice Education Resources



<https://emscimprovement.center/education-and-resources/peak/>



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# EVERYDAY READINESS



Be ready next  
time a child  
comes through  
your ED's doors.



*Indiana – Emergency Medical Services for Children*

Margo Knefelkamp, MBA  
Program Manager

[Margo.Knefelkamp@indianapolisems.org](mailto:Margo.Knefelkamp@indianapolisems.org)



***Indiana – Emergency Medical Services for Children***





# INDIANA EMS State Update

Kraig Kinney, State EMS Director / Dr. Eric Yazel, State EMS Medical Director  
August 2024





# HEA 1302 County EMS Survey

- 89 counties have completed the survey!!
  - Deadline by statute for IDHS to submit a report to the legislative council is August 15, 2024.



## Public Law 67-2024 Data Reporting

Public Law 67-2024 is aimed at enhancing the provision of emergency medical services (EMS) in Indiana. The Law mandates the collection, analysis, and reporting of various data related to EMS provider organizations operating within the state. Under Public Law 67-2024, each county will report data to the Indiana Department of Homeland Security (IDHS), including the following:

- Identification of each EMS provider organization within the county and those providing services to adjacent counties
- The funding source for each EMS provider organization
- The level of care provided, distinguishing between basic life support (BLS) and advanced life support (ALS) services
- The average response time for EMS units, separated into non-transport and transport units
- Factors contributing to longer average response times in specific jurisdictions within the county, again separated into non-transport and transport units
- Additional data deemed necessary or useful by the IDHS in consultation with the Indiana EMS Commission

IDHS, in consultation with the Indiana EMS Commission, is tasked with preparing a report for the General Assembly. This report will include a summary of the data collected and recommendations for improving EMS across Indiana. This report will also be shared with each county participating in data collection. Data supporting this report will originate from a combination of primary data collection through this survey and secondary data use from the IDHS ImageTrend Data Reporting System.



**HEALTH FIRST**  
EMS READINESS

A red graphic element on the left side of the text, consisting of a white ECG (heart rate) line that starts within a red square and continues as a horizontal line with a red dot at its end. Below the ECG line is a red outline of the state of Indiana.



# Training Institution Equipment Grants

- Eligibility:
  1. Certified EMS training institution
  2. Equipment related to the initial certification education of EMRs, EMTs, AEMTs, and paramedics.
- Applications
  - 53 applications for a total requested amount of funding for \$1,824,919.98.
- Awarded
  - ALS awarded Total \$1,145,265.79 for 28 total ALS Training Institutions covering all IDHS Districts within the state.
  - BLS awarded Total \$194,497.28 for 13 total BLS Training Institutions covering all but two IHDS Districts.

Review Committee:  
EMS division staff, the  
Indiana EMS Commission,  
the Indiana Department of  
Health, the Indiana EMS  
Association, the Indiana Fire  
Chief's Association, and the  
Professional Firefighters  
Union of Indiana.

**TOTAL  
AWARDED:  
\$1,339,763.04**



# Upcoming EMS Funding Projects

- EMS on-line education courses
  - Bid process resulted in a negotiated bid with School of EMS.
  - Contract in progress for multi-year offerings.
- 2024 planning includes:
  - An on-line paramedic course with focus in enrollment and on-site skills in east central Indiana along I-70.
  - On-line EMT courses include one with a northwest focus (Newton, Jasper, Pulaski and White) and one with a south focus (Martin County, Davies County, Lawrence County or Orange County).





# EMS Readiness School of EMS EMT Class Offerings



In Conjunction  
with Jasper  
County EMS



Upcoming  
**STATE FUNDED**  
EMT Course!



Use This QR Code To  
Apply Now!

Start EMS School with 100% tuition covered!

**New & Upcoming  
STATE FUNDED  
EMT Course!**

West Baden Springs  
EMT Online 07/29/24  
(In conjunction with Springs Valley FD)



Use This QR Code To  
Apply Now!

**SCHOOL OF  
EMS**

Ready to get started with  
100% tuition covered?  
Apply Now!







# EMS Readiness School of EMS Paramedic Class Offerings

No later than October 1, 2024, School of EMS will begin one (1) online paramedic class for the East side of Indiana consisting of twenty (20) students. The skills portion of the class shall be conducted in either Hancock County, Henry County, Randolph County or Wayne County.

Host Site will likely be Winchester Fire Department subject to CoAEMSP accreditation approval.





# On-Going EMS Funding Projects

- Bowen Center continued funding for workforce initiatives, 2024
  - Contract in place. Services including additional reporting and a workforce dashboard are in progress and due by June 30, 2025.
- EMT student electronic testing preparation package for all EMS students
  - Bid process initiated.
  - Jones & Bartlett was the awarded the bid. Information on two test preparation packages will be issued by IDHS soon.

**BOWEN  
CENTER**  
FOR HEALTH WORKFORCE  
RESEARCH & POLICY



The logo for Public Safety Group features a stylized blue Star of Life with a white flame-like shape integrated into its center.

**PUBLIC  
SAFETY  
GROUP**  
A JONES & BARTLETT LEARNING BRAND



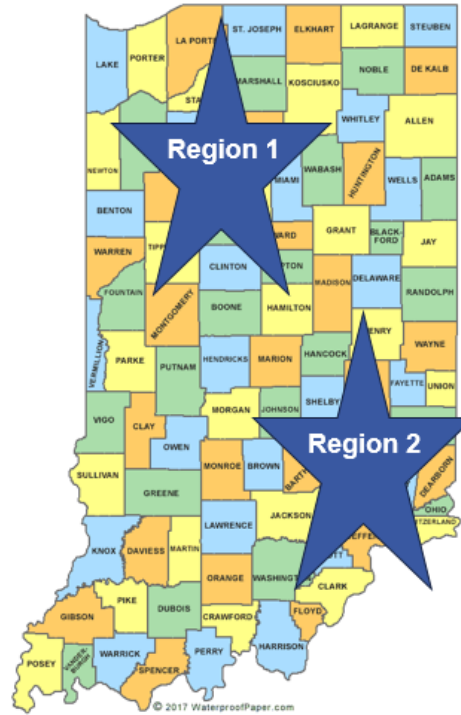


# Upcoming EMS Funding Projects

- ACADIS funding
  - Would add additional module for continuing education tracking through portal accounts.
  - Also a public search feature that makes it easier to verify certified/licensed EMS clinicians.
- Instructor development
  - NAEMSE instructor course on-line course scholarships and then an in-person course in Spring of 2024.
  - Specialty continuing education professional development for existing primary instructors

## RAPID Interfacility Transfer Pilot

- Region 1:
  - Counties: Cass, Fulton, Howard, Jasper, Miami, Pulaski, Starke, and White.
  - Critical Access Hospitals: Dukes Memorial (Peru), Franciscan Health Rensselaer, IU Health White Memorial Hospital (Monticello), Pulaski Memorial (Winamac), Woodlawn Hospital (Rochester)
- Region 2:
  - Counties: Dearborn, Decatur, Franklin, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Switzerland, Washington
  - Critical Access Hospitals: Ascension St. Vincent Jennings (North Vernon), Ascension St. Vincent Salem, Decatur County Memorial (Greensburg), Margaret Mary Health (Batesville)



Improved Outcomes

Rural EMS Relief

Data Collection

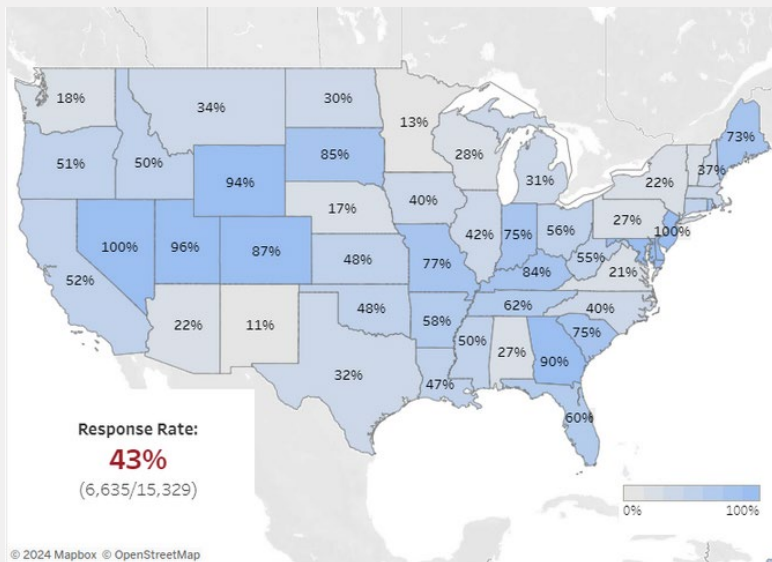
R - Rural

A - Access

P - Paramedicine

I - Interfacility Transfer

D - Didactic



Indiana:  
672 organizations listed  
as eligible to report

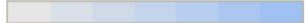
549 organizations  
responded

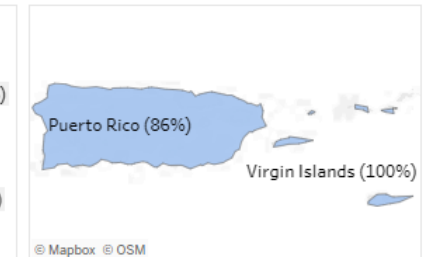
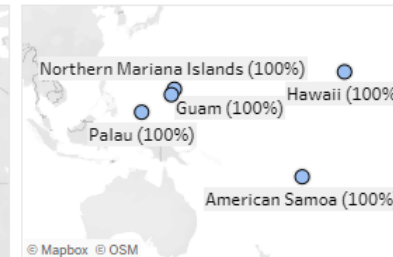
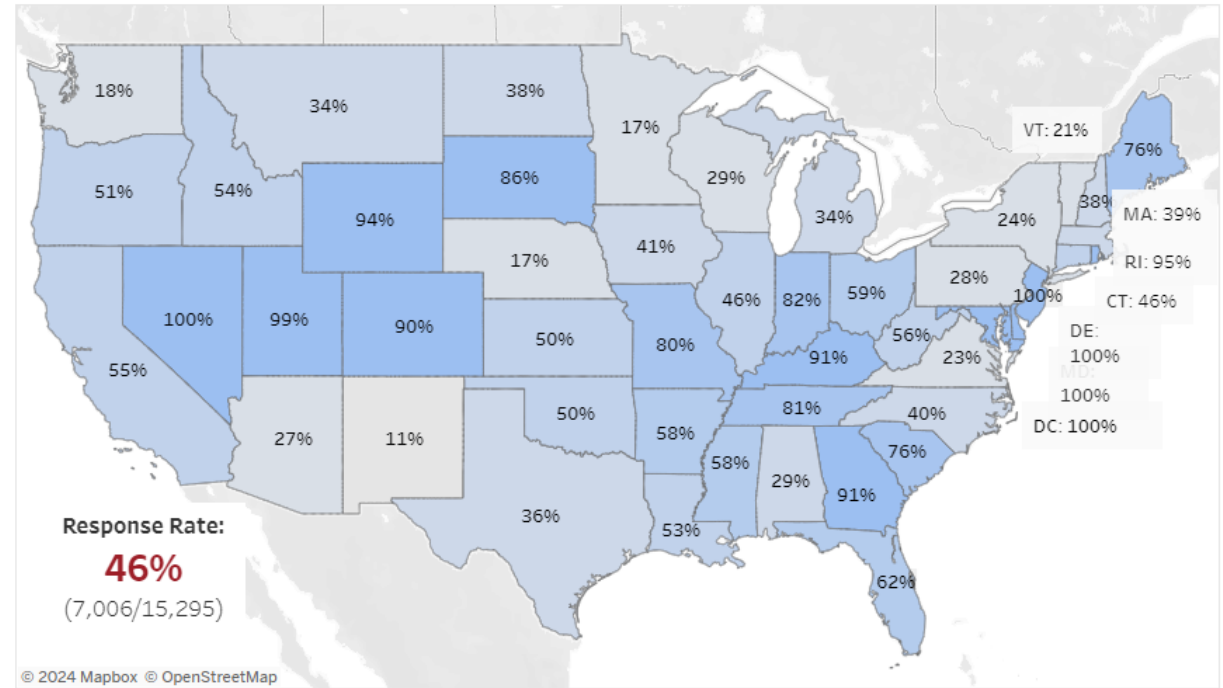
State Rate = 82%!!  
National Rate = 46%

### Map View:

- Response Rate
- Number of Responses

Response to the PRRP assessment varies by state due to factors such as size, resource availability, and regulatory structure. You may view the map and color shading by response rate or number of responses by selecting the "Map View" on the left.

Response Legend: 





# Indiana EMS 2025 Update

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# THE END



# Final Business

**Mark Your Calendar 2024**  
**INDIANA STATEWIDE TRAUMA AND EMERGENCY MEDICINE SYMPOSIUM**



**Wednesday, Dec. 4**  
Full-day trauma and emergency medicine symposium

**and Thursday, Dec. 5**  
Optional educational offerings on Thursday

Forum Events Center  
11313 USA Parkway  
Fishers, Indiana

The 2024 Indiana Statewide Trauma and Emergency Medicine Symposium is an educational event providing the latest information on innovative approaches to trauma and emergency care. Regional and national speakers will address topics to enhance the quality of care for adult and pediatric trauma patients.

Please contact Madeline Wilson, IHA's Trauma System Development Manager at [mwilson@ihaconnect.org](mailto:mwilson@ihaconnect.org) for more information.



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# Next Meeting:

November 22, 2024

10:00am to 12:00pm (Eastern Time)



# 2025 TCC Meeting Dates

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February 7, 2025

May 2, 2025

August 1, 2025

November 7, 2025