Indiana Department of Health

INDIANA TRAUMA CARE COMMISSION

August 1, 2025

Email questions to: 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

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

This meeting has been public noticed.

Welcome and Introduction

Lindsay Weaver, M.D., FACEP

State Health Commissioner

Indiana Department of Health

TRAC DEVELOPMENT DOCUMENTS

VINCE BENCHINO
IDOH – TRAUMA AND INJURY PREVENTION

August 1, 2025

TRAC Bylaws

Amended to meet needs with funding responsibilities

- Advisory Committee
  - Representation from verified and non-verified trauma centers, EMS, and rehabilitation centers
  - Includes current leadership positions
- Treasurer position
- Timelines for roles- defined terms based on position

Indiana Department of Health

TRAC - Request for Funding

Two pathways depending on request

- Pre-approved
  - Currently using what has been vetted by Education and Outreach subcommittee
- "Other" – special case not already pre-approved
  - Will be voted on by the Advisory Committee of the TRAC
- Scoring tool

Indiana Department of Health

TRAC Operating Guidelines

Roadmap for TRACs to utilize as they create their strategic plans.

- Areas outlined include (not inclusive)
  - Education
  - Trainings
  - Registry
  - Injury prevention
  - EMS

Indiana Department of Health

TRAC Strategic Planning

- Use op guidelines to help drive direction
- Areas of interest
- Metrics (accountability report)

Indiana Department of Health

TRAC Accountability Reports

Metrics based on strategic plan

Financials – preapproved and “other” requests

Participation – hospitals, EMS, rehab, etc

Discussion points:

- Timeline - how frequently?
- Who receives- IDOH/TIP or TCC or both?

Indiana Department of Health

Trauma System Planning Subcommittee

Andy VanZee, Co-Chair

Vice President of Regulatory & Hospital Operations, IHA

Erik Streib, MD, Co-Chair

Trauma Medical Director, Eskenazi Health

Indiana Department of Health

Trauma Planning (June 18th)

State Trauma Plan

- Continued review of the Trauma System Plan annual report
  - TSP Progress Worksheet with Progress and Phasing
  - Revised TSP

Trauma Regional Advisory Committee Development

- Reviewed TRAC documents
  - TRAC By-laws
  - TRAC Operational Guidelines
  - Request for TRAC Funding
  - TRAC Quarterly Report Template
- Recommend submission of comments to IDOH staff and full Commission consideration

Trauma Planning (June 18th)

Trauma System Designation

- Continue discussion on Whitespace and Level 3 expansions
  - Seymour (conversations on-going, strong support from administration)
  - New Albany (site visit completed and grant proposal development)
  - Columbus (initial discussion started)

2025 Reverifications

- Scheduled
  - Riley Hospital for Children (L1 pediatric verification- 8/5/2025)
  - Franciscan Health Crown Point (L3 adult verification- 9/17/2025)
  - Ascension St. Vincent Anderson (L3 adult verification- 10/28/2025)
- Completed since last meeting
  - Lutheran Hospital of Indiana- Fort Wayne (renewal of level 2 adult and Peds through 3/3/2026 (site visit was 2/3/2025))
  - Union Hospital- Terre Haute (L3 adult verified through 6/30/2027)
  - Memorial Hospital and Health Care Center- Jasper (L3 adult verified through 5/16/2028 (site visit was 5/7/2025))
  - Parkview Regional Health (L2 adult & L2 pediatric reverification- 6/4/2025, await official report)
  - Ascension St. Vincent Evansville (Renewal of L2 adult and peds- 6/11/2025, await official report)

Indiana Department of Health

TRAC STRATEGIC PLANS

Northern Region TRAC Trauma System Development Strategic Plan (2025–2027)

Lisa Hollister, DNP, MSN, RN
Director, Parkview Trauma System
Co-Chair North TRAC
Trauma Commissioner, Registry Subcommittee Chair

Vision: 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.

*Aligned with Indiana Department of Health Trauma System Plan and TRAC Operational Guideline draft

PARKVIEW TRAUMA CENTER

Strategic Goals & Funded Initiatives

Regional Integration & Operational Support

- **Maintain a digital platform for basic communications**, agendas, bylaws, and regional planning documentation.
- Coordinate **quarterly meetings and officer support** within a lean operational structure.

Strategic Goals & Funded Initiatives

EMS & Interfacility Transport Enhancements

- **Collaborate with the Indiana EMS Commission** to align trauma-related EMS education.
- Support **targeted simulation and rural response training where EMS gaps** are identified.

Strategic Goals & Funded Initiatives

Regional Data Infrastructure, Reporting & Performance Improvement

- **Establish a robust regional trauma data** and analytics platform to **support registry submissions and PI projects.**
- **Consolidate all reporting functions** here, including dashboard development, quarterly summary reports, and case-based PI collaboration.
- Assist in formal trauma **registry training** (AAAM AIS15, CAISS, ICD-10, Trauma Registry Course)
- **Monitor 2–3 regional PI initiatives** annually; share lessons learned with the state PI subcommittee.

Strategic Goals & Funded Initiatives

Clinical Readiness & Standardization

- Support CME and skill-building **trauma education** events for all provider levels.
- Assist the expansion of trauma-related **certification** opportunities (ATLS, TCAR, RTTDC, etc.).
- Encourage the strengthening of **trauma mentorship** between high-level centers and rural/non-designated hospitals.

Strategic Goals & Funded Initiatives

Injury Prevention & Community Outreach

- Reinforce **targeted prevention** campaigns based on injury epidemiology (e.g., falls, pediatric trauma, violence).
- Sustain **community partnerships** with local health departments and schools.
- **Monitor impact annually** and adjust messaging using local and national trends.

Strategic Goals & Funded Initiatives

Disaster Preparedness & Coordination

- Support planning and exercises with the Healthcare Coalition, maximizing use of federal disaster preparedness funds.
- Focus local funds on gap analysis, simulation support, pediatric preparedness and regional needs.
- Integrate trauma assets and communications into multi-agency response plans.

Strategic Goals & Funded Initiatives

Evaluation & Sustainability

- Validate loop closure of this plan via formal evaluation, success story documentation, and strategic next-phase recommendations.
- Promote shared learning and regional collaboration to ensure post-funding continuity.

Strategic Goals & Funded Initiatives

Year 1 Budget Allocation (Total: $489,642)

Strategic Priority Area	Year 1 Allocation
Regional Integration & Digital Platform	$10,000
EMS & Interfacility Transport Enhancements	$25,000
Data Infrastructure, Reporting & PI	$212,642 (12,140)
Clinical Readiness, Education & Mentorship	$80,000
Injury Prevention & Community Outreach	$47,000
Disaster Preparedness Initiatives	$25,000
Evaluation & Sustainability	$10,000

Strategic Goals & Funded Initiatives

Year 2 Budget Allocation (Total: $741,883)

Strategic Priority Area	Year 2 Allocation
Regional Integration & Digital Platform	$18,111
EMS & Interfacility Transport Enhancements	$45,276
Data Infrastructure, Reporting & PI	$385,106
Clinical Readiness, Education & Mentorship	$144,884
Injury Prevention & Community Outreach	$85,119
Disaster Preparedness Initiatives	$45,276
Evaluation & Sustainability	$18,111

QUESTIONS?

Indiana Department of Health

CENTRAL TRAC STRATEGIC PLAN

Kaitlyn Sheridan- Chair
Tracy Spitzer- Co-chair
Kelly Belcher- Secretary

08/01/2025

Central Region TRAC Trauma System Development Strategic Plan (2025-2027)

Aligned with Indiana Department of Health Trauma System Plan and TRAC Operational Guideline draft

Vision

Build an integrated, high-functioning trauma system across Central Indiana to deliver timely, equitable, and evidence-based trauma care while working to ensure regional engagement, quality improvement, and sustainable resource management.

Strategic Goals & Funded Initiatives

1. Regional Integration & Operational Support

a. Maintain a digital platform for basic communications, agendas, bylaws, and regional planning documentation.

b. Coordinate quarterly meetings and officer support within a lean operational structure.

2. EMS & Interfacility Transport Enhancements

a. Collaborate with the Indiana EMS Commission to align trauma-related EMS education.

Indiana Department of Health

b. Support targeted simulation and rural response training where EMS gaps are identified.

c. Approved resources as requested

3. Regional Data Infrastructure, Reporting & Performance Improvement

b. Consolidate all reporting functions here, including dashboard development, quarterly summary reports, and case-based PI collaboration.

c. Assist in formal trauma registry training (AAAM AIS15, CAISS, ICD-10, Trauma Registry Course).

d. Monitor 2–3 regional PI initiatives annually; share lessons learned with the state PI subcommittee.

4. Clinical Readiness, Standardization, & Resources

a. Support CME and skill-building trauma education events for all provider levels

b. Assist the expansion of trauma-related certification opportunities (ATLS, TCAR, RTTDC, etc.).

c. Encourage the strengthening of trauma mentorship between high-level centers and rural/non-designated hospitals.

d. Approved resources as requested.

5. Injury Prevention & Community Outreach

a. Reinforce targeted prevention campaigns based on injury epidemiology (e.g., falls, pediatric trauma, violence).

b. Sustain community partnerships with local health departments and schools.

c. Monitor impact annually and adjust messaging using local and national trends.

d. Support planning and exercises with the Healthcare Coalition, maximizing use of federal disaster preparedness funds.
e. Focus local funds on gap analysis, simulation support, pediatric preparedness and regional needs.
f. Integrate trauma assets and communications into multi-agency response plans.

6. Evaluation & Sustainability

a. Research and distribution of evidence-based practice
b. Hospital Performance Index development

Year 1 Budget Allocation (Total: $765,224)

Strategic Priority Area	% of Total	Year 1 Allocation
1. Regional Integration & Digital Platform	2	$15,304.48
2. EMS & Interfacility Transport Enhancements	5	$38,261.2
3. Data Infrastructure, Reporting & PI	46	$352,003.04
4. Clinical Readiness, Standardization & Resources	30	$229,567.20
5. Injury Prevention & Community Outreach	10	$76,522.40
6. Disaster Preparedness Initiatives	5	$38,261.20
7. Evaluation & Sustainability	2	$15,304.48

Year 2 Budget Allocation (Total: $1,159,430)

Strategic Priority Area	% of Total	Year 2 Allocation
1. Regional Integration & Digital Platform	2	$23,188.60
2. EMS & Interfacility Transport Enhancements	5	$57,971.50
3. Data Infrastructure, Reporting & PI	46	$533,337.80
4. Clinical Readiness, Standardization & Resources	30	$347,829.00
5. Injury Prevention & Community Outreach	10	$115,943.00
6. Disaster Preparedness Initiatives	5	$57,971.50
7. Evaluation & Sustainability	2	$23,188.60

Indiana Department of Health

SOUTHERN TRAC STRATEGIC PLAN

Kim Huber – Regional Clinical Coordinator, South

08/01/2025

Southern TRAC

Drafted Strategic Plan- FY26

- Intended to be used as a guideline during the first fiscal year of funding allocated to the Southern Trauma Regional Advisory Council.
- It is a living document and will be updated as regional trauma needs and changes arise.
- Year 2 funding allocations will be developed with input from all S-TRAC members and based upon an updated regional needs assessment conducted during FY 26.

S-TRAC Strategic Areas	Year 1 Allocation
Quality Improvement	$142,200
Regional Data Capacity & Support	$43,450
Education Across Full Continuum of Trauma Care	$98,750
Injury Prevention & Outreach	$79,000
Disaster Preparedness	$19,750
S-TRAC Sustainability	$11,850

Southern TRAC

Quality Improvement Efforts

- Maximize engagement and participation in the S-TRAC
- Utilize data to evaluate and improve regional trauma care
- Advance clinical readiness with shared regional trauma training equipment

Regional Data Capacity & Support

- Ensure quality and reliable data is collected (AIS-15, Trauma ICD-10 & Trauma Registry Courses)
- Collaborate and engage with all S-TRAC registry users

Trauma Focused Education Across Continuum

- Assess the availability and access to trauma specific education courses
- Support regional trauma related professional development courses

Southern TRAC

Injury Prevention & Community Outreach

- Collaborate with stakeholders to assess & create targeted injury prevention programs
- Support injury prevention efforts to reduce the incidence and severity of traumatic injuries

Disaster Preparedness

- Explore developing a regional disaster preparedness plan
- Increase mass casualty training exercises across the region for increased preparedness

S-TRAC Sustainability

- Review operational improvements within the S-TRAC
- Proactively strategize for future S-TRAC resource allocation

Southern TRAC

Injury Prevention & Community Outreach

- Collaborate with stakeholders to assess & create targeted injury prevention programs
- Support injury prevention efforts to reduce the incidence and severity of traumatic injuries

Disaster Preparedness

- Explore developing a regional disaster preparedness plan
- Increase mass casualty training exercises across the region for increased preparedness

S-TRAC Sustainability

- Review operational improvements within the S-TRAC
- Proactively strategize for future S-TRAC resource allocation

Trauma Education & Outreach Subcommittee

Jay Woodland, MD, Co-Chair
Trauma Medical Director, Deaconess Hospital

Matt Landman, MD, Co-Chair
Trauma Medical Director, IU Riley

Trauma Education & Outreach Subcommittee

- June 25, 2025 Meeting

  - TRAC-based injury prevention
    - Discussion about possible dashboard

  - Approved/recommended funding for:
    - Decatur Co Memorial Hospital – EMS ventilator training
    - IU Health Methodist Hospital – Mental Health First Aid Course
    - Eskenazi Hospital – Advanced Burn Life Support Courses

    - Tabled 2 proposals – purchase of simulation equipment
      - More appropriate for TRAC-level review and possible funding

Indiana Department of Health

INDIANA HOSPITAL ASSOCIATION TRAUMA & INJURY PREVENTION GRANT UPDATE

Indiana Hospital Association

Madeline Wilson, MSN, RN, CLSSBB

August 1, 2025

Hospital Education Participants

- All Trauma Hospitals Participating
- 15 Critical Access Hospitals
- 2 Rehab Hospitals

North (21/40)	**Central** (38/52)		**South** (14/26)
Dukes Memorial*	ASV Anderson	IU Academic Center*	ASV Evansville
Elkhart	ASV Indianapolis	IU Arnett	Baptist Health Floyd
Franciscan Crown Point	ASV Kokomo	IU Ball	Columbus Regional*
Franciscan Michigan City	ASV Mercy	IU Frankfort*	Davies
Goshen*	ASV Randolph	IU Methodist	Deaconess Gibson
Lutheran Kosciusko*	Community Anderson	IU Morgan*	Deaconess Midtown
Lutheran	Community East	IU Riley	Decatur
Memorial South Bend	Community Heart and Vascular*	IU West *	Good Samaritan
NW Health Portage	Community Howard	IU White*	IU Bedford*
NW Health Porter	Community North	Logansport	IU Bloomington
NW Health Valparaiso	Community South	Peyton Manning	IU Paoli*
Parkview Regional Med Center	Eskenazi	Putnam County	Memorial Jasper (Deaconess)
Powers St. Mary's	Franciscan Indianapolis	Rehab Hospital of Indiana	Perry County
PV DeKalb	Franciscan Lafayette	Reid	So IN Rehab
PV Huntington	Franciscan Moorseville*	Riverview	
PV Kosciusko	Greene County	Sullivan	
PV LaGrange	Hancock	Terre Haute Regional	
PV Noble	Hendricks*	Union	
PV Randallia	Henry*	Witham	
PV Wabash	Rehab Of IN		
PV Whitley			

Indiana Department of Health

* = New hospitals since last TCC meeting (15)

Trauma Center

2025 Education Program Activities

ATLS-44
ATCN-25
TNCC-264
ENPC-178
ENPC Instructor-7
TNCC Instructor-10
TCAR Seats-395
PCAR Seats-104
Cadaver Lab-163~
Vent Training-9

North TRAC- 461 Students
Central TRAC- 525 students
South TRAC-213 students
Total= 1199 students~

Total funds used: $326,556
Through 7/15/25

Indiana Department of Health

Course Reimbursement-2024 & 2025

2024 North Students	2025 North Students	2024 Central Students	2025 Central Students	2024 South Students	2025 South Students
TNCC 48	TCAR 91	TNCC 99	TCAR 226	TNCC 14	TCAR 78
ENPC 77	PCAR 32	ENPC 53	PCAR 51	ENPC 0	PCAR 21
ATLS 0	TNCC 88	ATLS 53	TNCC 128	ATLS 17	TNCC 58
ATCN 24	ENPC 85	ATCN 4	ENPC 74	ATCN 13	ENPC 26
Cadaver ~150	ATLS 2	RTTDC 32	ATLS 33		ATLS 9
Total=299	ATCN 13	BDLS 25	ATCN 0	Total= 44	ATCN 12
Cost=$52,192.25	Cadaver ~150	Total= 266	Cadaver 13	Cost=$16,617.41	Vent 9
	Total=461	Cost=$62,869.26	Total= 525		Total= 213
	Cost=$96,100		Cost=$165,067		Cost=$65,389

*2024 reimbursements began June 2024

Total= $458,234.92

Indiana Department of Health

What's on the Schedule

- 10 TNCC Courses
- 6 ENPC Courses
- 2 ATLS Courses
- 1 ATCN Course
- Great Lakes Trauma Symposium
- Statewide Trauma Symposium

Educational Webinars:

- EMS Rural Transport 7/30
- Traumatic Brain Injury 8/14
- Mental First Aid for Caregivers
- Unseen Trauma

Register Now

2025 Statewide Trauma and Emergency Medicine Symposium

October 1 & 2

Monroe Convention Center, Bloomington Indiana

Day One: 3 Main Session Speakers
8 Breakout Sessions
Exhibitors

Day Two: 3 Educational Activities:
Tiny Trauma with Scott DeBoer-Pedi-Ed-Trics
Mental First Aide following Mass Casualty-MESH
Trauma Registry Group Convening

Agenda Register

Trauma Education & Outreach Subcommittee

Next meetings

- August 27, 2025, 12:30-1:30 EST
- November 12, 2025, 12:30-1:30 EST

Trauma Registry Subcommittee

Chair:
Lisa Hollister, DNP, MSN, RN, LSSBB
Director, Parkview Health Trauma System and Better Future Clinic

Co-Chairs:

- *Summer Blakemore, CSTR, MA*
  Trauma Data Quality Coordinator, Elkhart General
- *Missy Smith, BNS, RN, TCRN*
  Trauma PI Coordinator, St. Vincent

2025 REGISTRY GOALS

- **Trauma Data Registry quality/completeness/accuracy/validity: Surveillance program (explore with PI committee as well)**
- Rehab Data availability in registry from all inpatient rehab programs
- Trauma Registry education
- Understanding:
  - A day in the life of a trauma data point from scene through rehab, from hospital to state, and back
  - A day in the life of an EMS run sheet. Where does it begin and end? And how? To who? When?

SURVEILLANCE AND QUALITY

1 - Overall Summary						
	Number of incidents with any error/warning			Number of likely duplicates		
District	Total Incidents	Number with Errors	Error %	Total Incidents	Number with Errors	Error %
District 01	2615	592	22.6%	2615	18	0.7%
District 02	3166	2032	64.2%	3166	18	0.6%
District 03	6549	1369	20.9%	6549	8	0.1%
District 04	2079	469	22.6%	2079	2	0.1%
District 05	16528	3362	20.3%	16528	8	0.0%
District 06	3526	909	25.8%	3526	2	0.1%
District 07	1701	449	26.4%	1701	8	0.5%
District 08	1866	1569	84.1%	1866	8	0.4%
District 09	1144	729	63.7%	1144	6	0.5%
District 10	5784	597	10.3%	5784	0	0.0%
Statewide	44958	12077	26.9%	44958	78	0.2%

DISTRICT 2, 8, AND 9 ARE OUTLIERS

SURVEILLANCE AND QUALITY

3 - Injury/incident information						
	AIS/Injury Severity Score (ISS)			External cause of injury (ICD-10-CM code)		
District	Total Incidents	Number with Errors	Error %	Total Incidents	Number with Errors	Error %
District 01	2615	6	0.2%	2615	13	0.5%
District 02	3166	23	0.7%	3166	27	0.9%
District 03	6549	257	3.9%	6549	25	0.4%
District 04	2079	6	0.3%	2079	6	0.3%
District 05	16528	56	0.3%	16528	133	0.8%
District 06	3526	11	0.3%	3526	15	0.4%
District 07	1701	12	0.7%	1701	11	0.6%
District 08	1866	111	5.9%	1866	10	0.5%
District 09	1144	12	1.0%	1144	20	1.7%
District 10	5784	5	0.1%	5784	21	0.4%
Statewide	44958	499	1.1%	44958	281	0.6%

AIS: DISTRICT 3 AND 8

DATA QUALITY REPORTS: SENT QTR 4, 2024 TO HOSPITALS

Error/Warning Description	
No AIS codes were entered for the patient.	45
EMS notified time is the same as EMS arrived on scene time.	26
EMS time from scene departure to ED admission is >2 hours	9
Time from EMS notification to ED admission is >4 hours (for interfacility transfers)	7
ED discharge date/time (orders written or physical exit) is >24 hours after ED admission date/time.	7
Time from EMS notification to ED admission is >2 hours (for transport to initial facility)	5
EMS time from scene arrival to departure is >1 hour	4
Facility discharge (orders written) date is missing.	4
EMS time from notification to arrival at scene is >2 hours (for interfacility transfers)	4
External cause of injury ICD-10-CM code is missing.	4
ED discharge physical exit time is earlier than ED discharge orders written time	3
SBP is >220. Please verify the accuracy of the data.	3
Facility admission is earlier than ED admission.	2
SBP is missing	2
Pulse rate is missing	2
Respiratory rate is missing	2
Missing GCS or GCS-40. Either GCS or GCS-40 should be reported. If GCS or GCS-40 are not known or not recorded, the null value "Not Known/Not Recorded" should be reported for each component.	2
Age is greater than expected for the Age Units specified. Age should not exceed 60 minutes, 24 hours, 30 days, 24 months, or 120 years. Please verify this is correct.	2
Incident date/time cannot be later than ED admission date/time.	2
Facility length of stay is >365 days.	2
Invalid cause of injury ICD-10-CM code.	2
ED discharge orders written date is missing.	2
ED discharge (physical exit) date is missing.	2

Indiana Department of Health

DATA QUALITY REPORTS: SENT QTR 4, 2024 TO HOSPITALS

10/09/2024	Error	Facility admission date is earlier than ED/acute care admission date.
10/09/2024	Error	Facility admission is earlier than ED admission.
10/08/2024	Error	No AIS codes were entered for the patient.
10/09/2024	Warning	ED discharge date/time (orders written or physical exit) is >24 hours after ED admission date/time.
10/09/2024	Warning	EMS notified time is the same as EMS arrived on scene time.
10/09/2024	Error	No AIS codes were entered for the patient.

ACTUAL HOSPITAL **DATA QUALITY REPORT**:

YOU SEE MISSING AIS CODES

Indiana Department of Health

2025 REGISTRY GOALS

- Trauma Data Registry quality/completeness/accuracy/validity: Surveillance program (explore with PI committee as well)
- **Rehab Data availability in registry from all inpatient rehab programs**
- Trauma Registry education
- Understanding:
  - A day in the life of a trauma data point from scene through rehab, from hospital to state, and back
  - A day in the life of an EMS run sheet. Where does it begin and end? And how? To who? When?

REHAB DATA

- Rehab representatives now attend the registry subcommittee
- Invited to the Rehab Meetings (next in September) to begin the discussion

2025 REGISTRY GOALS

- Trauma Data Registry quality/completeness/accuracy/validity: Surveillance program (explore with PI committee as well)
- Rehab Data availability in registry from all inpatient rehab programs
- **Trauma Registry education**
- Understanding:
  - A day in the life of a trauma data point from scene through rehab, from hospital to state, and back
  - A day in the life of an EMS run sheet. Where does it begin and end? And how? To who? When?

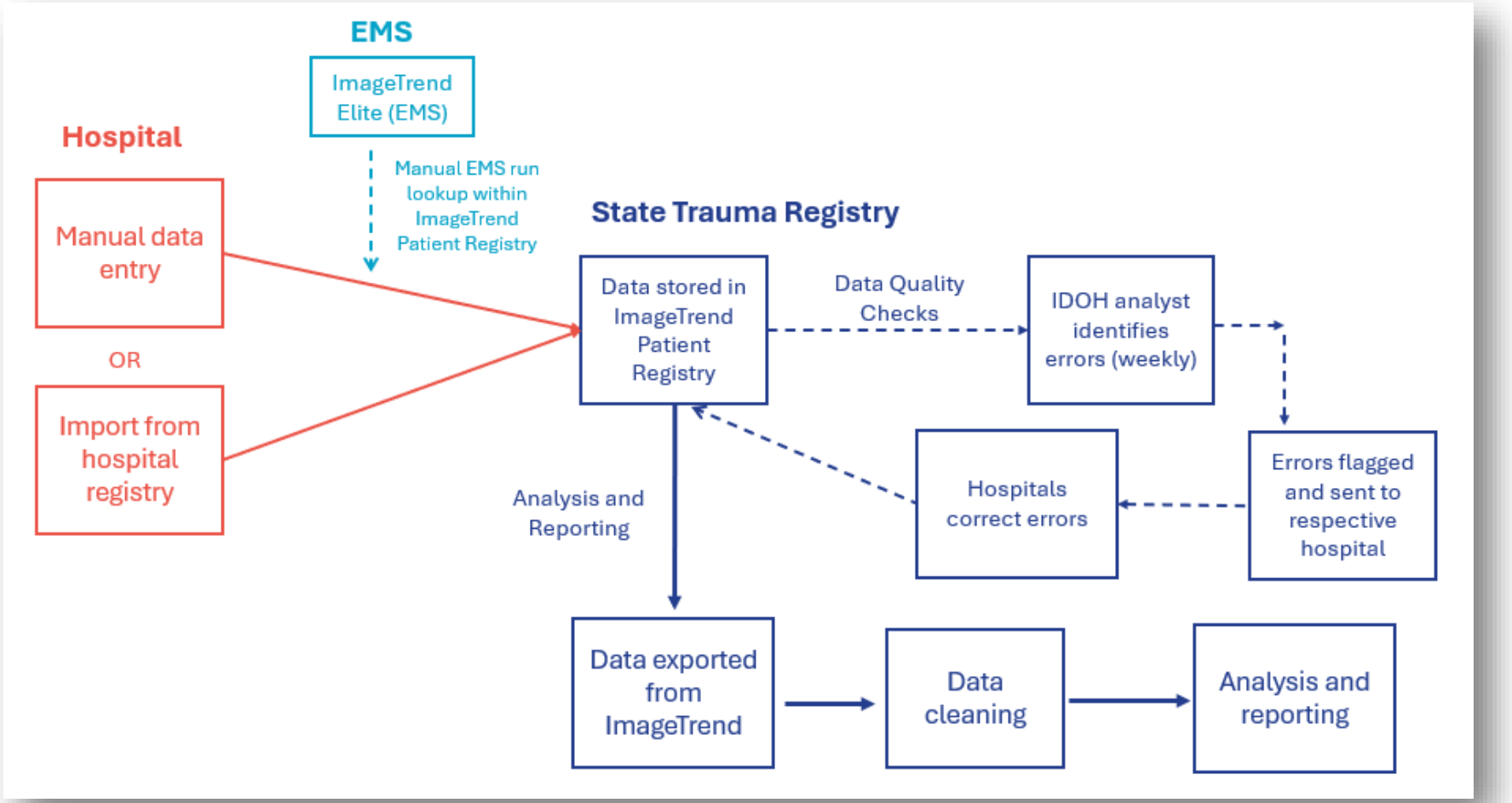
TRAUMA REGISTRY EDUCATION

- AIS courses and ICD10 courses have been provided through ITN free of charge through grant funding
- State registry online video course in well underway in production

2025 REGISTRY GOALS

- Trauma Data Registry quality/completeness/accuracy/validity: Surveillance program (explore with PI committee as well)
- Rehab Data availability in registry from all inpatient rehab programs
- Trauma Registry education
- **Understanding:**
  - **A day in the life of a trauma data point from scene through rehab, from hospital to state, and back**
  - A day in the life of an EMS run sheet. Where does it begin and end? And how? To who? When?

A data point…


EMS
ImageTrend Elite (EMS)
Hospital
Manual EMS run lookup within ImageTrend Patient Registry
Manual data entry
OR
Import from hospital registry
State Trauma Registry
Data stored in ImageTrend Patient Registry
Data Quality Checks
IDOH analyst identifies errors (weekly)
Errors flagged and sent to respective hospital
Hospitals correct errors
Analysis and Reporting
Data exported from ImageTrend
Data cleaning
Analysis and reporting

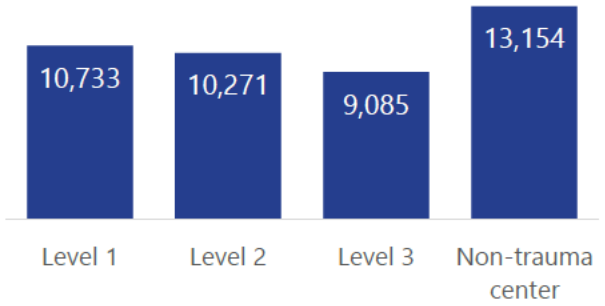
STATE DATA ANNUAL REPORT: 2024, PG 6

Figure 2. Statewide Reported Trauma Incidents, 2024

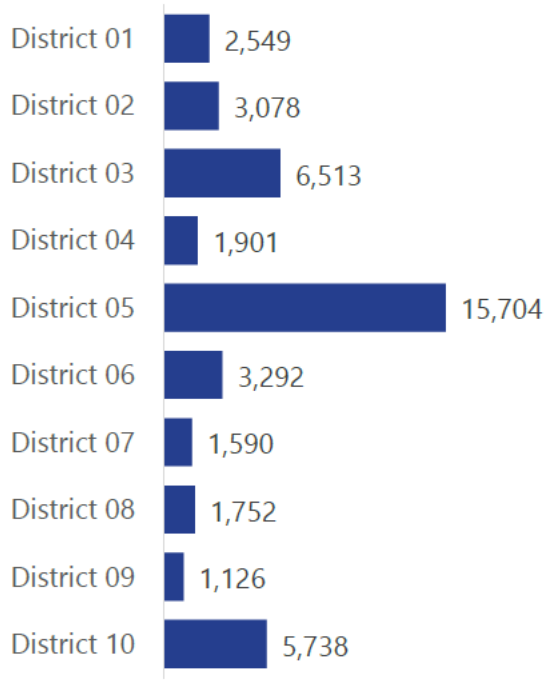
Incidents by Region

Region	Number of Incidents	Percent of Incidents
North	12,140	28.1%
Central	22,487	52.0%
South	8,616	19.9%
Statewide	43,243	100.0%

Statewide Incidents by Trauma Level



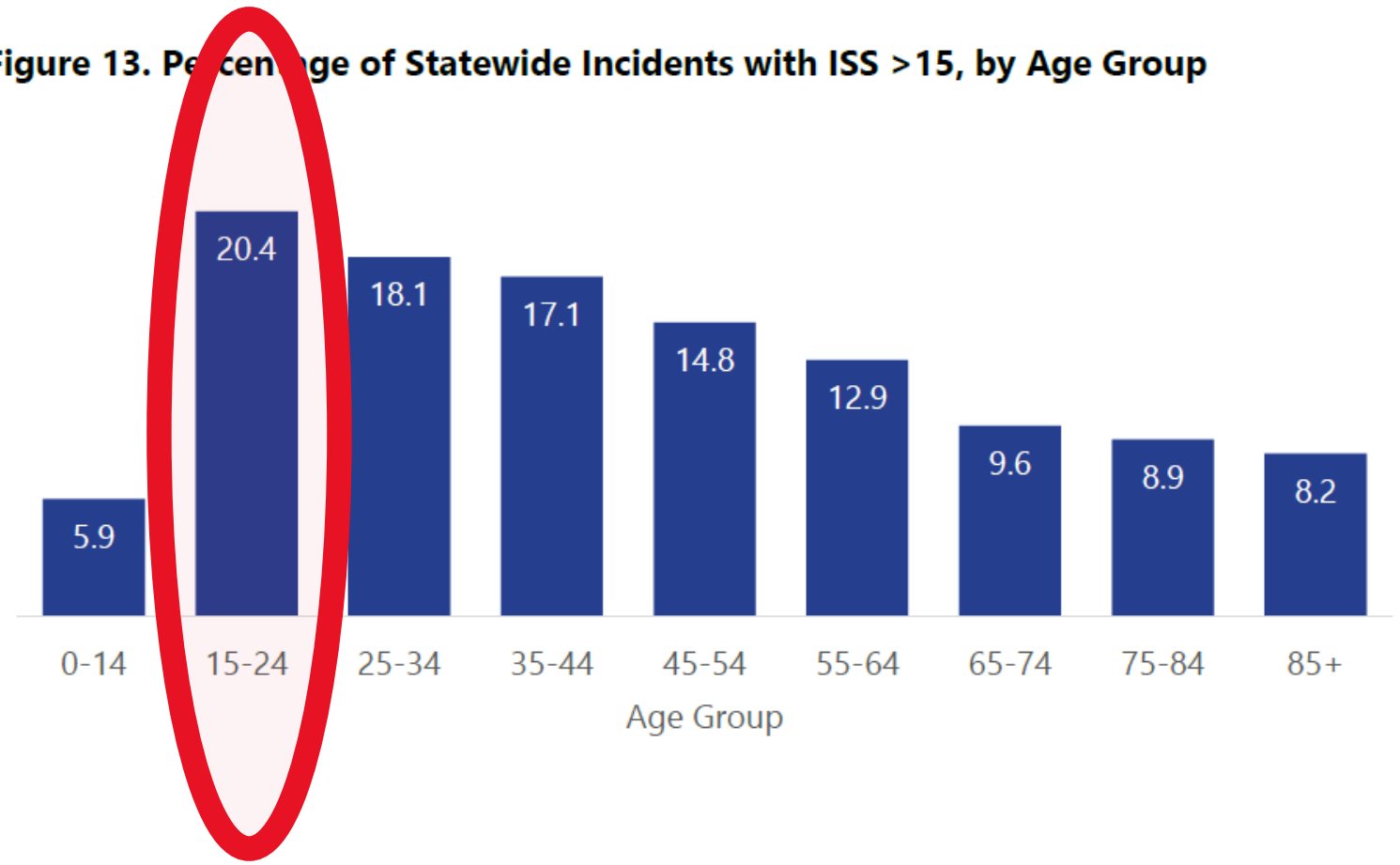
Incidents by District



Indiana Department of Health

STATE DATA ANNUAL REPORT: 2024, PG 11

Figure 13. Percentage of Statewide Incidents with ISS >15, by Age Group



Indiana Department of Health

STATE DATA ANNUAL REPORT: 2024, PG 15

Figure 19. Trauma Designation Level of Destination Facility Among EMS-transported Patients Meeting Field Triage Guidelines Red (High-risk) Criteria for Mental Status and Vital Signs (Excludes Interfacility Transfers), Statewide

Year	Total Patients Meeting High-risk Criteria	Transported to a Trauma Center		Transported to a Non-trauma Center (Undertriage)	
	N	N	%	N	%
2019	3,725	3,065	82.3	660	17.7
2020	3,853	3,175	82.4	678	17.6
2021	3,989	3,354	84.1	635	15.9
2022	4,108	3,430	83.5	678	16.5
2023	4,155	3,491	84.0	664	16.0
2024	4,274	3,509	82.1	765	17.9

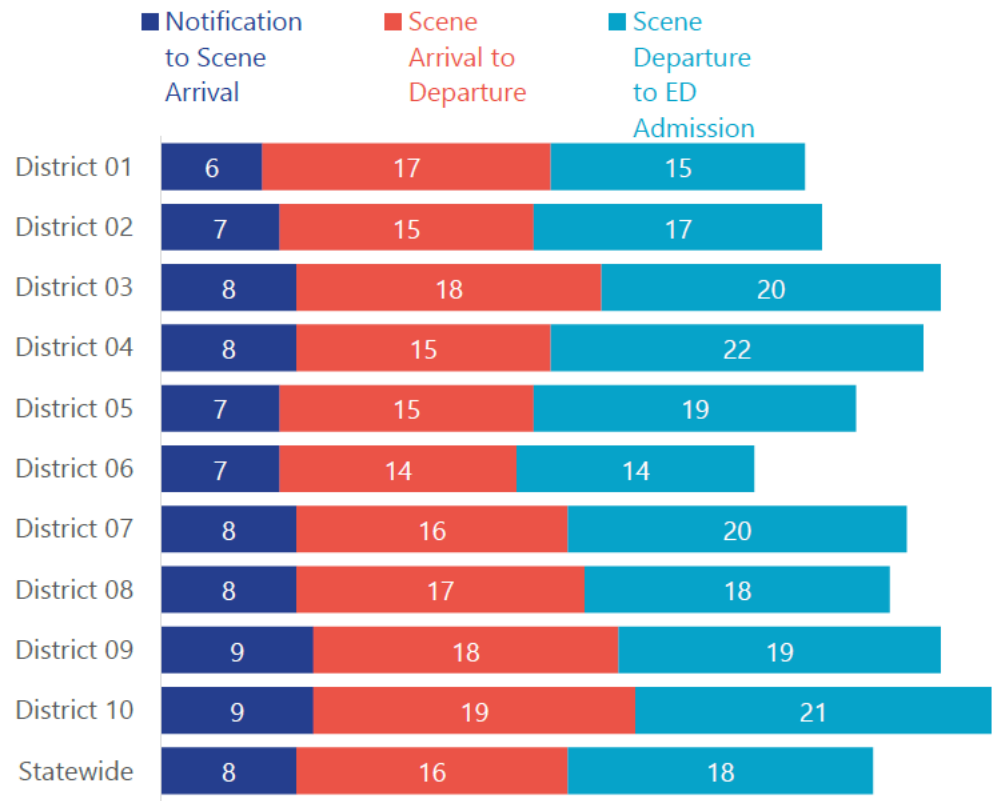
82.1%

What is the goal?

Indiana Department of Health

STATE DATA ANNUAL REPORT: 2024, PG 17

Figure 21. Median EMS Response Times (Component Times), in Minutes By District



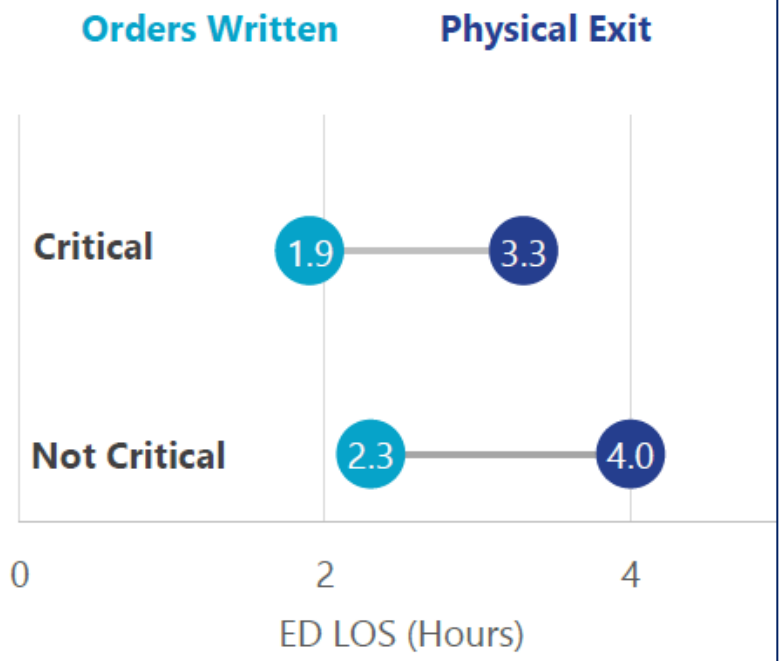
Scene average: 16 minutes.

What is the goal?

Indiana Department of Health

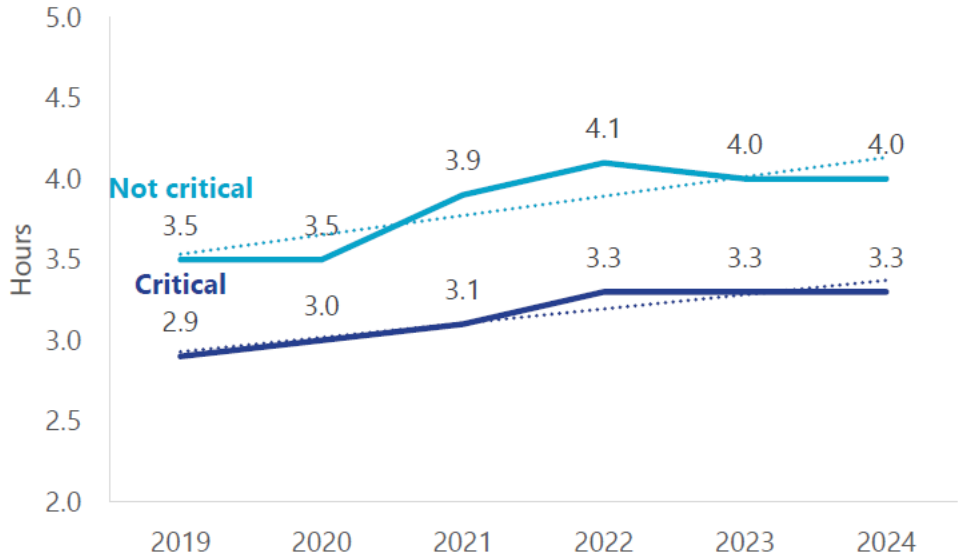
STATE DATA ANNUAL REPORT: 2024, PG 21

Figure 30. Median ED Length of Stay by Critical Status, Statewide



ED LOS is trending up.

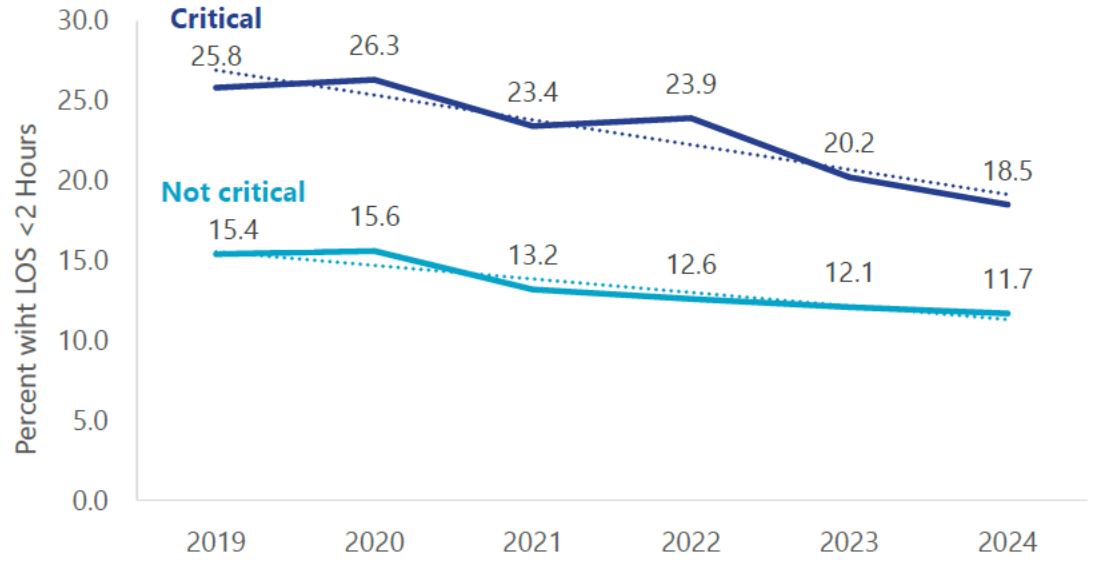
Figure 32. Trends in Median ED Length of Stay (Hours) until Physical Exit, by Critical Status, Statewide



Indiana Department of Health

STATE DATA ANNUAL REPORT: 2024, PG 25

Figure 35. Trends in Percentage of Transferred Patients with ED Discharge (Physical Exit) in <2 Hours, by Critical Status, Statewide



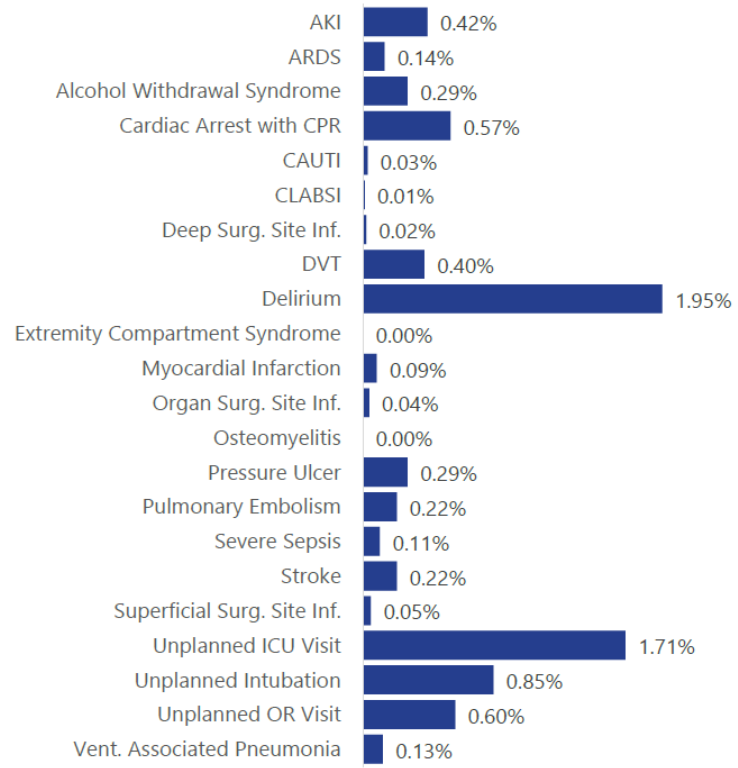
Trend of critical patients being transferred in <2 hours is going down!

What do we do about this?

Indiana Department of Health

STATE DATA ANNUAL REPORT: 2024, PG 25/29

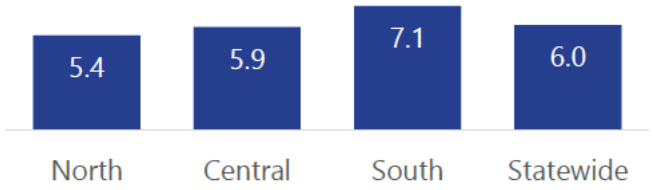
Figure 39. Percentage of Incidents with Specific Hospital Events, Statewide



Hospital events: Delirium and Unplanned ICU visit

More events in south.

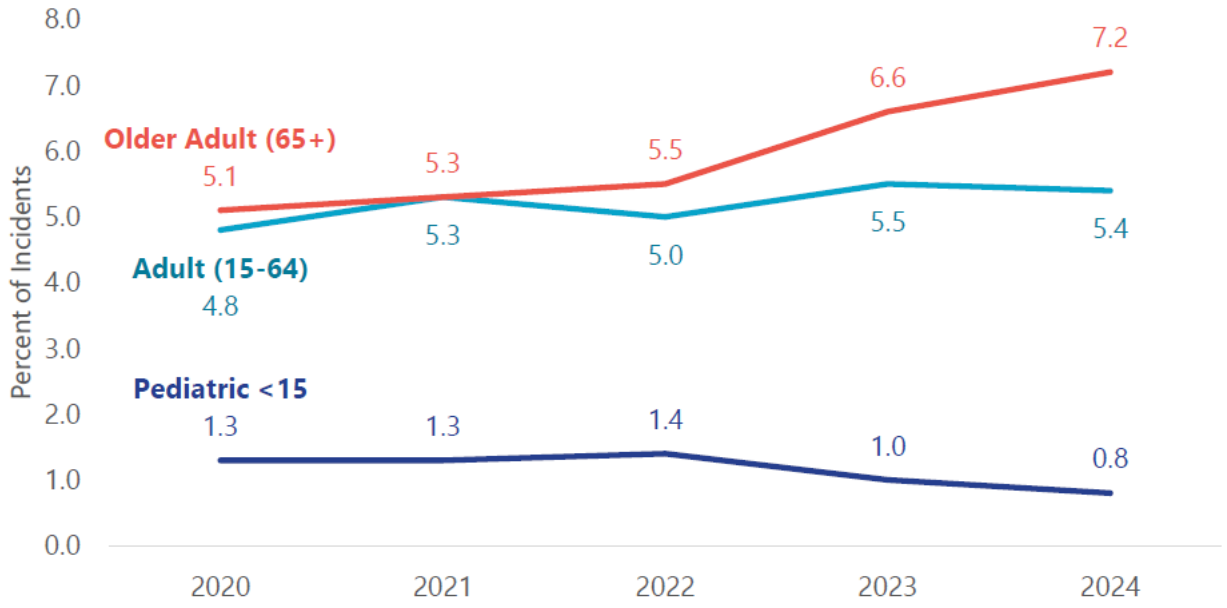
Figure 38. Percentage of Incidents with Any Hospital Event, by Region



Indiana Department of Health

Figure 41. Trends in Any Hospital Event, by Age Group, Statewide

*Excludes cases not admitted to the hospital and cases missing data on all hospital event data elements.

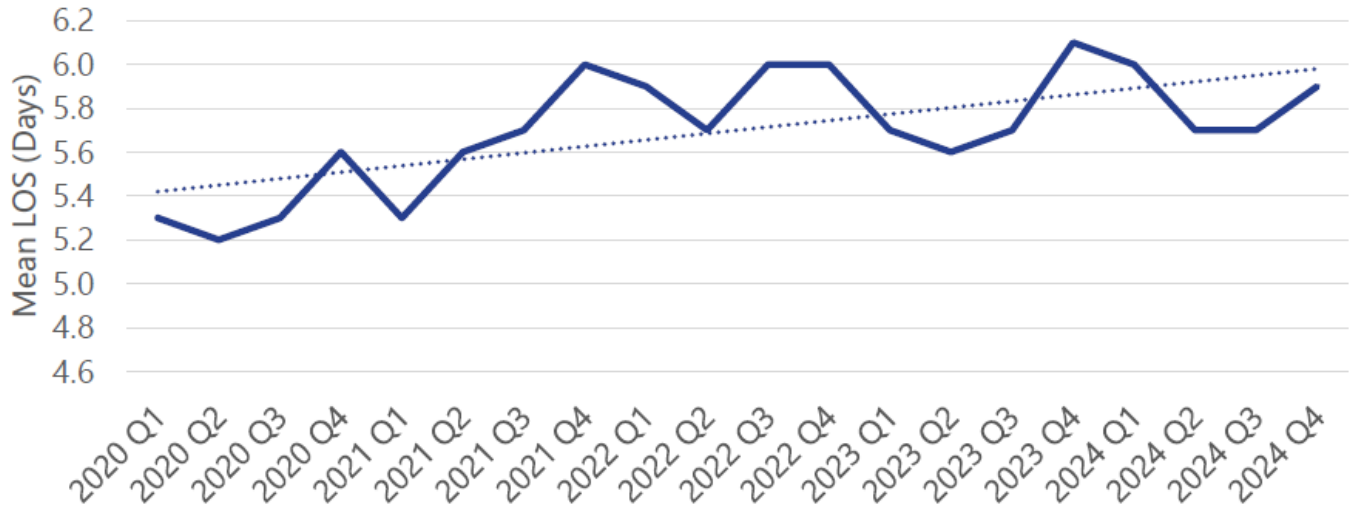


Event trend line is going up with older adults.

Indiana Department of Health

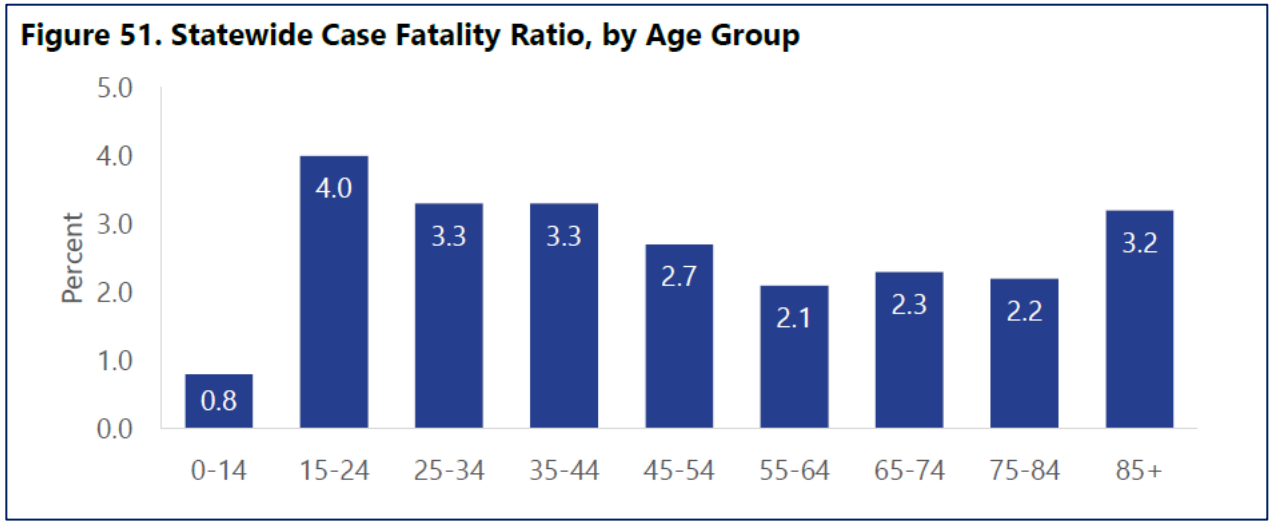
STATE DATA ANNUAL REPORT: 2024, PG 31

Figure 48. Statewide Trends in Mean Facility LOS (Calendar Days) until Physical Exit, by Quarter

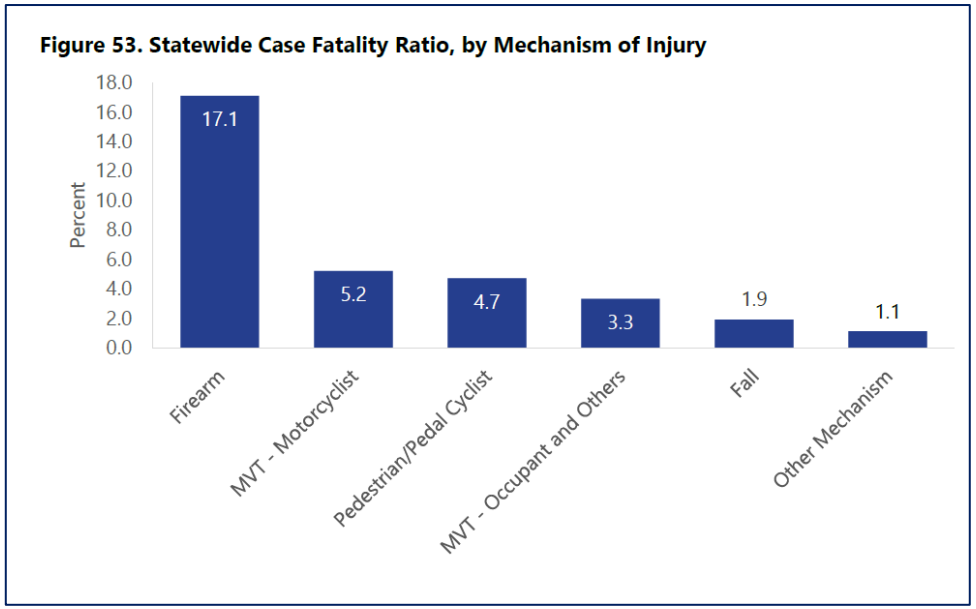


Hospital LOS is trending up!

STATE DATA ANNUAL REPORT: 2024, PG 32/33



Our young are dying, and most common reason is firearms!



Indiana Department of Health

Questions?

Indiana Department of Health

TRAUMA PERFORMANCE IMPROVEMENT SUBCOMMITTEE UPDATE

INDIANA STATE TRAUMA COMMISSION MEETING

DR. ERIC YAZEL AND DR. SCOTT THOMAS, CO-CHAIRS

August 1st, 2025

Performance Improvement Subcommittee

- Last meeting 7/25/25
- PI indicator discussion
- Final review and approval of the Trauma Performance Improvement Plan
- Discussion of Phase 2 objectives
- Biospatial Update

Performance Improvement Subcommittee

Phase 2 Objectives: July 2025-June 2027

Develop performance indicators that include triage accuracy, response time, patient outcome, interfacility transfer

Schedule quarterly meetings between the TRACs and the PI subcommittee to maintain and promote interactive dialogue on priority areas related to quality improvement

Consult subject matter experts and research institutions to identify gaps within the data quality process

Leverage data and engage local providers, agencies and health departments to develop a statewide and regional quality improvement plan

Develop a formalized process with levels of review to identify PI opportunities through data analysis and develop an action plan

Evaluate data concerning long-term functional and financial outcomes to identify gaps

Engage the TQIP Collaborative regularly to identify PI opportunities through surveillance, data collection, and data analysis.

Attend TQIP Annual Conference.

Leverage ACS TQIP training and education resources to improve PI process and activities.

Leverage the Collaborative Toolkit and Trauma Quality Programs (TQP) Best Practice Guidelines.

Performance Improvement Subcommittee

Action Items

- Final approval of Performance Improvement Plan
- Performance indicator review for next meeting
- Continue momentum on run sheet improvement- Biospatial, Image Trend, outreach

Performance Improvement Subcommittee

Request vote on finalized Trauma Performance Improvement Plan

Next meeting Thursday 9/11 at 1pm

Any questions, comments, feedback from the commission?

TCC Meeting 8/1/25

Disaster Preparedness & Military Integration Update

Co-Chair: David Welsh, MD, MBA FACS
Surgeon, Margaret Mary Health

Co-Chair: Mark Liao, MD, Co-Chair
Medical Director, Indianapolis EMS

Disaster Preparedness & Military Integration

- Particularly interested in any major disaster training or courses that you or your agency may be offering within the State, with the goal to share this with others
- Plans for 2026

- Some important recent trainings that have been made available, with links provided in the next slides
- RMOC discussed
- Burn Training exercise

Disaster Preparedness & Military Integration

13th National Town Hall: Overview of the Three Centers Often Created in the Aftermath of Mass Violence Incidents

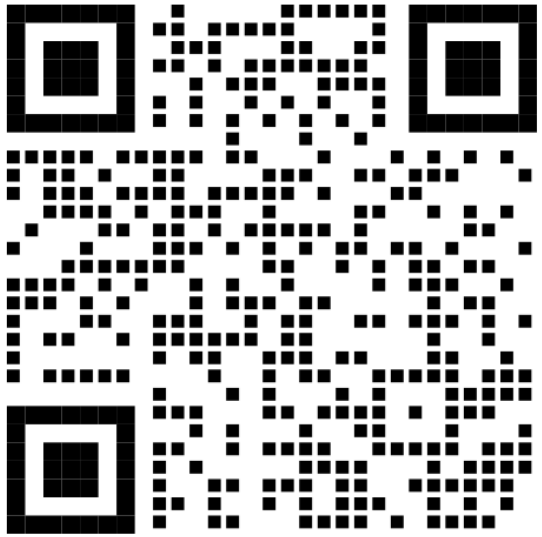
https://nmvvrc.org/learn/national-town-halls/13th-national-town-hall-overview-of-the-three-centers-often-created-in-the-aftermath-of-mass-violence-incidents/

Disaster Preparedness & Military Integration

HHS ASPR Project ECHO Clinical Readiness Rounds 2025-02-25

Burbon Street Hospital Response (New Orleans Jan 1st 2025)

https://www.youtube.com/watch?v=XrN4Fz7tkTE



Indiana Department of Health

Disaster Preparedness & Military Integration

- Last Meetings 7/25/25 and 5/16/25
- Continue quarterly meetings, more as needed
- Members of the subcommittee will observe military training with regards to disaster response. Urban Search and Rescue Training.
- Deep dive into mass casualty incidents in areas with large influx of people (sports, concerts)
- Site visit at SEOC being planned
- No items requiring TCC vote.

Disaster Preparedness & Military Integration

Any suggestions are appreciated.

David Welsh, MD

Djwelsh_1980@yahoo.com

Cell: 812-212-1205

INDIANA EMS State Update

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

August 2025

EMS Division newsletter

- THE EMS Dispatch was introduced in April Emailed to all EMS certified persons. Plans are for monthly issues.

- It includes:
  - Section Updates (Ops, Training, and Certifications)
  - Special announcements
  - Calendar items such as upcoming EMS Commission meetings, etc.

Here is the link to register for newsletter sent out by IDHS PIO.

https://cloud.subscription.in.gov/signup?depid=546006749

EMS DISPATCH

July 2025

Quick Links

IDHS EMS Division

Acadis Training Portal

Hoosier Responder

IDHS Calendar of Events

Legislative Updates

Effective July 1, 2025

HEA 1001 State Budget
Adds new EMS readiness funding for the next two fiscal years.

HEA 1051 Mobile Integrated Healthcare Grants

Message from State EMS Director Kraig Kinney

We are mid-way through 2025! July brings Independence Day, when we celebrate the birth of our great nation, as well as many vacations that allow us to rejuvenate with our families.

It also brings new changes.

The State operates on a fiscal yea that is July 1 through June 30 of the following year. This means we will have another funding cycle for EMS Readiness. The EMS divisior is ready to implement several new programs, including AED readiness for BLS non-transport organizations and coverage of the first two certification examination attempts for EMTs, advanced EMTs and paramedics.

There is new legislation, as highlighted in this newsletter. And with new rejuvenation, we also need to continue to improve ourselves as clinicians, which includes new opportunities such as:

- Traffic Incident Management (TIM) training, a type of highway safety training, was approved by the EMS Commission.
- EMS well-being education with three modules in compliance with a legislative statute.
- Primary Instructors key forums in which all aspects of the current Indiana EMS education model will be covered.

While the new requirements always bring new challenges, I hope that we remember why we do EMS and approach the training in the spirit that it is offered to improve ourselves.

EMS Commission Updates

- Met on Friday, July 18, 2025
  - Reviewed and gave feedback on a draft of a position statement on hospital general diversion from the IN-NAEMSP.
  - Made two scope of practice changes:
    - EMR: may administer aspirin for chest pain suspected of an ischemic nature.
    - AEMT: may administer IV acetaminophen for pain management
- EMS data reporting is currently at 94% from organizations.

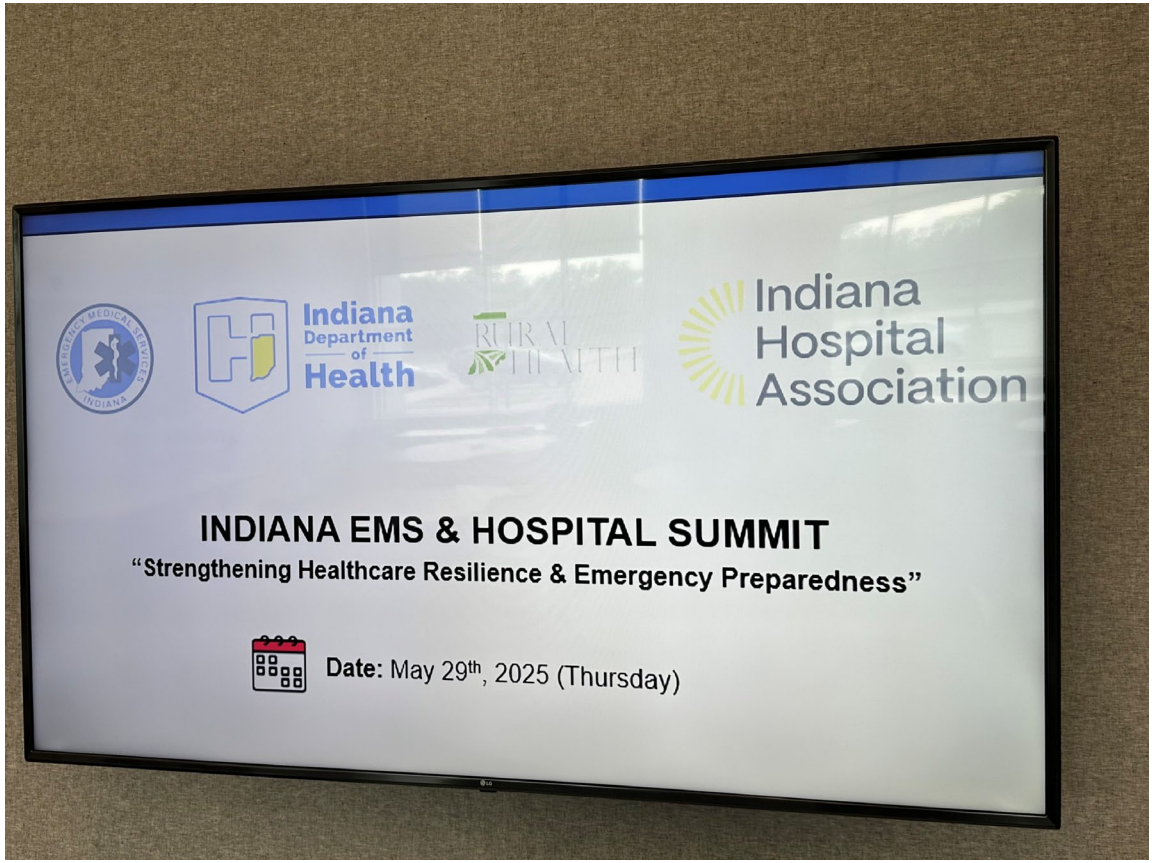
TOTAL Indiana EMS Certifications as of June 30, 2025:

25,524 clinicians!

(⬆ 162 from 1st quarter of 2025)

EMS & Hospital Summit 2025

- Around 47 attendees with EMS and Hospital representation by IDHS districts.
- Coordinated by IDHS EMS division with co-sponsors of Indiana Department of Health, Indiana Hospital Association and Indiana Rural Health Association.



EMS Hospital Summit 2025

EMS — 25 attendees

Hospital — 21 attendees

EMS and Hospital Summit Analysis

EMS Data Sharing & Documentation

- Inconsistent receipt and access to ePCR by hospitals.
- EMS providers often lack access to hospital outcome data (e.g., EPIC).
- AI suggested to streamline documentation and free medics from time-consuming charting.

Take-away:

- A standardized, interoperable data-sharing infrastructure is needed.

EMS and Hospital Summit Analysis

Diversion Practices and Coordination Failures

- Diversion protocols vary greatly and are inconsistently communicated.
- EMResource is underused or not updated by hospitals.
- Decisions often made without documentation, leaving EMS uninformed.

Take-away:

- A statewide diversion standard with enforceable protocols is essential.

EMS and Hospital Summit Analysis

Transfer & IFT (Interfacility Transfer) Challenges

- IFT providers decline long trips due to cost, time, and staff constraints.
- Local EMS often avoids IFTs, increasing system burden.
- Behavioral health transport responsibilities questioned.

Take-away:

- A coordinated statewide IFT dispatch/network system is needed.

EMS and Hospital Summit Analysis

Staffing and Certification Concerns

- Underutilization and low pass rates for Advanced EMT.
- Burnout and competition from fire services affect retention.
- Scope of practice issues create inefficiencies.

Take-away:

- Reform education pathways and expand scope flexibility to support staffing needs.

EMS and Hospital Summit Analysis

Regional Coordination and Technology

- Texas model with regional coordination, unified patient tracking (e.g., Pulsara), and hospital agreements noted as a best practice.
- Lack of unified software systems hinders interoperability.

Take-away:

- Explore Indiana-specific regional coordination hubs with shared tracking systems.

EMS and Hospital Summit Analysis

Lack of Standardized Diversion Protocols – Hospitals often bypass documentation, creating confusion for EMS. A state-level standard is needed.

Data Sharing Deficiencies Between EMS and Hospitals – Limits EMS performance evaluation and continuity of care.

IFT Inefficiencies and Burnout Risk – System strain due to poor coordination, long transports, and lack of reimbursement.

Staffing and Scope-of-Practice Mismatches – Need for more Advanced EMTs and flexible staffing solutions.

Inspiration from Other States' Models (Texas Example) – Regional coordination and real-time tech integration improve emergency response.

New Opportunity?

- **ImageTrend Hospital Hub™**
- Connecting EMS and the Emergency Department
- Streamline communication between medical personnel working in ambulances and hospitals. Hospitals prepare for incoming patients, while EMS services receive outcome data.
- **Bidirectional Data Sharing**

New Opportunity?

How HIH Improves Hospital Workflows

Emergency departments are always ready with the Health Information Hub. Hospitals receive patient data directly in their electronic medical record (EMR) or electronic health record (EHR) from EMS, enabling a smoother hand-off and more efficient care delivery.

Designed to streamline communication between EMS and hospitals, HIH's interoperability extends to post-discharge healthcare providers, including physicians, home care, and more—enhancing continuity of care across the community.

Get Real-Time Insights

Be prepared for incoming patients with real-time EMS data integrated into your EMR/EHR, reducing errors and improving patient outcomes.

Save Time & Reduce Errors

Eliminate manual entry and reduce the time spent correcting mistakes. Automatically bring over EMS data and say goodbye to hunting down forms.

Improve Trauma Data Workflows

Quickly access, view, and print EMS run reports for efficient trauma data abstraction and seamless EMR data management.

Automatically Exchange Data

Close the learning loop by sharing patient outcomes with EMS automatically. Drive performance improvement and training while enhancing community and patient health.

Next Meeting:

Embassy Suites Noblesville
13700 Conference Ctr Dr S, Noblesville, IN 46060
Wednesday, September 17, 2025, at 1 pm

HAVE FEEDBACK?

We want to hear from you!

Kraig Kinney kkinney@dhs.in.gov
Dr. Eric Yazel eyazel@dhs.in.gov

Final Business

Next Meeting:

November 7, 2025

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