



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

# INDIANA TRAUMA CARE COMMISSION

May 2, 2025

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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# Legislative Update

Rachel Swartwood

*Director, Legislative Affairs*

# 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 Planning (April 16th)

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## State Trauma Plan

- Discussed process for reviewing the Trauma System Plan and begin annual report
  - Commission members and staff provide first round review
  - Explore external entity to assist in plan update and tracking progress

## Legislative Update

- Discussed next biennium grant funding (HEA 1001 - \$5.5M each year)
- Creation of a permanent non-reverting fund
- Explore long term sustainable funding streams for next biennium

## Trauma Regional Advisory Committee Development

- Third round of TRAC meetings are in process with continued expansion
- Discussed initial track funding allocation proposal and oversight structure (future slide)

# Trauma Planning (April 16th)

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## Trauma System Designation

- Continue discussion on Whitespace and Level 3 expansions
  - Seymour (conversations on-going, strong support from administration)
  - New Albany (planning site visit and grant proposal development)
- Reviewed updated Indiana Application for "In Process Designation"

## 2025 Reverifications

- Lutheran Hospital of Indiana- Fort Wayne (Renewal of level 2 adult and Peds- 2/3/2025, ACS approved 4/8/2025)
- Memorial Jasper (L3 reverification- 5/7/2025)
- Parkview Regional Health (L2 adult & L2 pediatric reverification- 6/4/2025)
- Ascension St. Vincent Evansville (Renewal of L2 adult and peds- 6/11/2025)
- Riley Hospital for Children (Renewal of L1 pediatric verification- 8/5/2025)
- Franciscan Health Crown Point (Renewal of L3 adult verification- 9/17/2025)



# TRAC Allocation Model

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**Total \$5,000,000**

**1/3 allocation= \$1,650,000**

**1/2 allocation= \$2,500,000**

## **Formula Used:**

- TRACs percentage of state's total population
- Plus, TRACs percentage of state's total geographic size
- Plus, TRACs percentage of state's total trauma care
- Divided by 3
- Final Percentage multiplied by total allocation

# TRAC Allocation Model

## Funding numbers for TRAC development Population: (2025)

- Northern Region: 2,272,903= **33.6%**
- Central Region: 3,140,422=**46.4%**
- Southern Region: 1,353,202= **20.0%**

**Total= 6,766,527**

## Square miles per region: (2010)

- Northern Region: 9,820.31 miles= **27.4%**
- Central Region: 14,642.78 miles= **40.8%**
- Southern Region: 11,382.99 miles= **31.8%**

**Total= 35,846**

## Trauma Cases by Region:

12 Consecutive Months (Q4 2023- Q1-Q3 2024)

- North 11,994= **28.0%**
- Central 22,188=**51.9%**
- South 8,593= **20.1%**

**Total= 42,775**

1/3 Allocation – year 1	
North	\$489,642
Central	\$765,224
South	\$395,134

1/2 Allocation – year 2	
North	\$741,883
Central	\$1,159,430
South	\$598,687

# TRAC Funding Structure

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## TRAC Funding Guidelines

- Develop Approved Funding Buckets
  - I.e. System Capacity Building, Education, Technology, Equipment, Community Outreach
- Develop Approved Funding Items Within Each Bucket
- Develop Funding Amounts for Pre-approved Items

## TRAC Funding Process

- Develop Fiscal Year Funding Template
- TCC Approval of the Funding Plan
- Develop TRAC Reporting/Feedback

# Trauma System Development – Project Approvals

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Trauma System Development – Indiana Hospital Association: Support Year 1 TRAC funding for Northern, Central, and Southern regions

- Amendment to current contract is to allow additional funding for IHA to help facilitate efficient distribution of funding as prescribed by each of the individual TRAC regions
  - North- ~\$490,000
  - Central- ~\$765,000
  - South- ~\$395,000
- Funding to support overall trauma system development for both trauma centers and non-trauma centers in quality improvement, injury prevention, gaps in trauma education, equipment, registry, disaster preparedness, trauma innovation
- \$1.9m
  - \$1.65m - TRACs
  - \$250k – staff support, operating

# Trauma Education & Outreach Subcommittee

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Jay Woodland, MD, Co-Chair

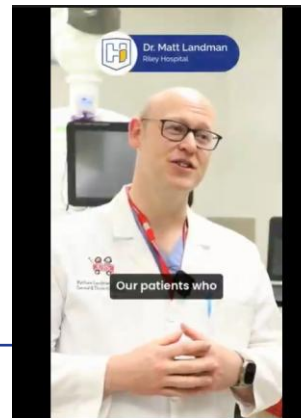
*Trauma Medical Director, Deaconess Hospital*

Matt Landman, MD, Co-Chair

*Trauma Medical Director, IU Riley*

# Trauma Education & Outreach Subcommittee

- April 24, 2025, Meeting
- Discussion about 2025 National Trauma Awareness month toolkit
  - Sharing with health departments, ISMA, all trauma and injury partners
  - “Conversations with Commissioner” videos
    - Blood donation, fall prevention, highlighted trauma commission
  - Child Injuries in Indiana



## 2025 NATIONAL TRAUMA AWARENESS MONTH Partner Toolkit



### INTRODUCTION

National Trauma Awareness Month (NTAM) is observed every May to spotlight the critical issue of trauma and the importance of injury prevention. Established in 1988 through the efforts of the American Trauma Society (ATS), NTAM has been dedicated to raising public awareness about trauma as a major public health concern.

This year's theme is **"Model Safety Every Day: For A Stronger Tomorrow."** NTAM 2025 emphasizes that injury prevention starts with each of us. By making safe choices daily—whether on the road, at home, or in the workplace—we create lasting habits that protect ourselves and influence those around us. Small actions, like wearing a seatbelt, using protective gear or eliminating distractions can inspire others and build a culture of safety. Together, we can create a safer, healthier future for our communities.

NTAM serves as a platform for healthcare professionals, trauma centers and communities to engage in educational initiatives, advocacy and events aimed at preventing injuries and improving trauma care nationwide.

### RESOURCES:

American Trauma Society Website - [LINK](#)

IDOH Division of Trauma & Injury Prevention Website - [LINK](#)

Interactive Indiana Trauma Center Map - [LINK](#)

ATS Safety Pledge Website - [LINK](#)

National Trauma Awareness Month | Partner Toolkit

1

# 2025 National Trauma Awareness Month toolkit

## SOCIAL MEDIA

Copy and paste content in this toolkit directly into social media, emails or on the web. Feel free to edit copy to fit your voice and style and **add your logo** in the space provided alongside the IDOH logo.

### FACEBOOK (4:4)



[Click for graphic](#)

May is #TraumaAwarenessMonth 🚑 Join us in raising awareness about traumatic injuries, injury prevention and the importance of strong trauma systems.

Learn more about Trauma Awareness Month:  
[www.amtrauma.org/page/NTAM2025](http://www.amtrauma.org/page/NTAM2025)



[Click for graphic](#)

Falls remain the leading cause of traumatic injury in Indiana. Simple steps can help prevent serious falls, especially for older adults:

- Do strength and balance exercises
- Have your eyes checked
- Make your home safer by removing trip hazards
- Talk to your doctor for more tips

Learn more about preventing falls at  
[www.cdc.gov/falls/prevention](http://www.cdc.gov/falls/prevention)



[Click for graphic](#)

Trauma centers are a key component to treating seriously injured patients. Currently, there are 21 adult verified trauma centers and five pediatric verified trauma centers in Indiana. Do you know where your nearest trauma center is? 📍 Access to care can save lives in an emergency.

Find your closest center on Indiana's trauma center map: [www.in.gov/health/trauma-system/indianas-trauma-system/trauma-centers/](http://www.in.gov/health/trauma-system/indianas-trauma-system/trauma-centers/)

National Trauma Awareness Month | Partner Toolkit

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## FACEBOOK CONT.



[Click for graphic](#)

Every two seconds, someone in the U.S. needs blood. For trauma patients, that need is often immediate and life-saving.

Make an impact this Trauma Awareness Month. Schedule a time to donate blood today:  
[redcross.org/give-blood](http://redcross.org/give-blood)  
[donateblood.versiti.org/donor/schedules/zjp](http://donateblood.versiti.org/donor/schedules/zjp)

### INSTAGRAM (4:5)

\*Static graphics and reel videos provided, depending on your preference



May is #TraumaAwarenessMonth 🚑 Join us in raising awareness about traumatic injuries, injury prevention and the importance of strong trauma systems.

Learn more about Trauma Awareness Month from @atstrauma

[Click for graphic](#)



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[Click for graphic](#)

[Click for reel](#)

National Trauma Awareness Month | Partner Toolkit

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## INSTAGRAM CONT.



Trauma centers are a key component to treating seriously injured patients. Currently, there are 21 adult verified trauma centers and five pediatric verified trauma centers in Indiana. Do you know where your nearest trauma center is? 📍 Access to care can save lives in an emergency.

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[Click for graphic](#)



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Make an impact this Trauma Awareness Month. schedule a time to donate blood today.

Find a blood center near you:  
@americanredcross  
@versitiblood

[Click for graphic](#)

[Click for reel](#)

National Trauma Awareness Month | Partner Toolkit

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# Child Injuries in Indiana - IDOH Report

## Child Injuries in Indiana



### Injury is the Leading Cause of Death in Children

Unintentional injuries are the leading cause of death for children ages 1 to 17 in the U.S., followed by homicide and suicide. For children under the age of 1 year, unintentional injuries are the fourth leading cause of death.<sup>1</sup>

### Impact and Magnitude of Injuries in Children

In 2023, more than 145,000 injuries were sustained by children in Indiana, including 283 deaths (17.8 per 100,000), 1,453 hospitalizations (91.5 per 100,000), and 143,612 ED visits (9,047.8 per 100,000).<sup>2</sup> Data are not available to calculate how many children with injuries were treated in other settings or went untreated.

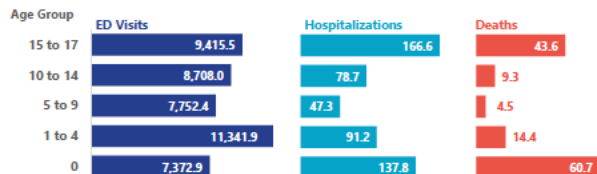


**Child Injuries in Indiana, 2023:**  
283 deaths  
1,453 hospitalizations  
143,612 ED visits

### Injuries by Age Group

Children between the ages of 1 and 4 had the highest rate of ED visits due to injury. In contrast, rates of injury-related hospitalization and death were highest among children under 1 and ages 15-17.

Figure 1. Crude rates per 100,000 of injury ED visits, hospitalizations, and deaths, Indiana, 2023



<sup>1</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited 2025 Feb 11]. Available from: [www.wisqars.cdc.gov](https://www.wisqars.cdc.gov)

<sup>2</sup> Injury deaths are from Indiana vital records. Hospitalization and ED visit data are from Indiana hospital discharge data. Deaths, hospitalizations, and ED visits were calculated based on definitions from the Centers for Disease Control and Prevention available at: <https://stacks.cdc.gov/view/cdc/128417>.

### Child Injuries by Sex, Race, and Ethnicity

In 2023, a higher proportion of pediatric injury deaths, hospitalizations, and ED visits occurred among males than females. Males accounted for more than two-thirds (68%) of pediatric deaths, 57% of hospitalizations, and 56% of ED visits due to injury. Non-Hispanic Black/African-American children had the highest rates of injury deaths. Hispanic children had lower rates of injury ED visits and hospitalizations than non-Hispanic children.

Figure 2. Child injury deaths, hospitalizations, and ED visits by sex, Indiana, 2023

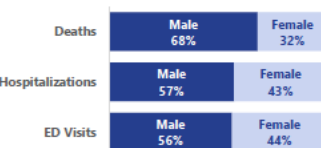
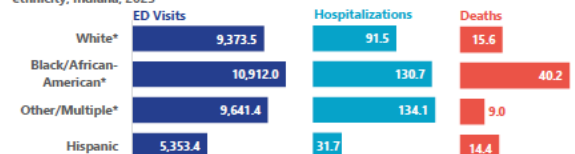


Figure 3. Crude rates per 100,000 of injury ED visits, hospitalizations, and deaths by race and ethnicity, Indiana, 2023

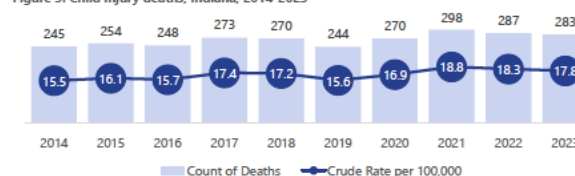


\*Non-Hispanic or unknown ethnicity

### Trends in Child Injury Mortality

The rate of child injury deaths has increased slightly overall between 2014 and 2023, although child injury mortality rates decreased in 2022 and 2023 compared to a high of 298 deaths (18.8 per 100,000) in 2021.

Figure 3. Child injury deaths, Indiana, 2014-2023



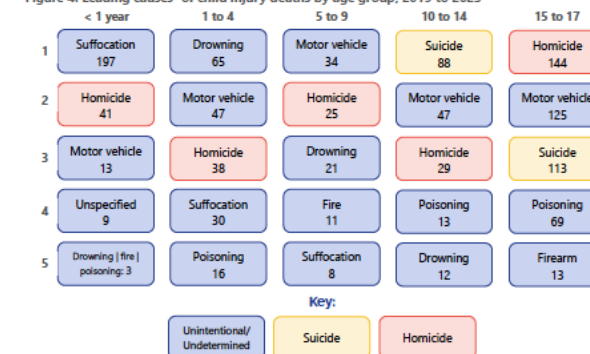
2

Last updated: 3/31/2025

### Leading Causes of Child Injury Deaths

Leading causes of child injury deaths varied by age group. In 2023, unintentional suffocation, drowning, and motor vehicle injuries were the leading cause of injury death for children ages <1 year, 1-4 years, and 5-9 years, respectively. Suicide was the leading cause for 10 to 14-year-olds, and homicide was the leading cause for adolescents ages 15 to 17.

Figure 4. Leading causes<sup>3</sup> of child injury deaths by age group, 2019 to 2023



### Child Injury Prevention Resources

Additional information about injury prevention is available at the links below:

- IDOH injury prevention resources: <https://www.in.gov/health/trauma-system/injury-prevention/>
- CDC: Safety, Health, and Injury Prevention Recommendations: <https://www.cdc.gov/early-care/safety/index.html#cdc-preparedness-how-it-keeping-children-safe-from-injury>
- CDC Young Children: Safety in the Home & Community: <https://www.cdc.gov/parents/children/safety-in-the-home-and-community.html>
- CDC: Youth Violence Prevention resources: <https://www.cdc.gov/youth-violence/prevention/index.html>

<sup>3</sup> Other than suicides and homicides, all causes listed include unintentional injuries and injuries of undetermined intent. Motor vehicle injuries include only motor vehicle – traffic injuries and exclude motor vehicle non-traffic injuries. Poisoning injuries include both drug and non-drug poisoning. When more than one cause is listed, counts represent the deaths for each cause (not the combined total).



3

Last updated: 3/31/2025



# Indiana Hospital Association Trauma & Injury Prevention Grant Update

Madeline Wilson, MSN, RN, CLSSBB

May 2, 2025



# Hospital Participants

North	Central	South
Elkhart	ASV Anderson	ASV Evansville
Franciscan Crown Point	ASV Indianapolis	Baptist Health Floyd
Franciscan Michigan City	ASV Kokomo	Davies
Lutheran	ASV Mercy	Deaconess Gibson
Memorial South Bend	ASV Randolph	Deaconess Midtown
NW Health Porter	Community Anderson	Decatur
NW Health Portage	Community East	Good Samaritan
NW Health Valparaiso	Community Howard	IU Bloomington
Powers St. Mary's	Community North	Memorial Jasper (Deaconess)
Parkview Regional Med Center	Community South	Perry County
PV DeKalb	Eskenazi	So IN Rehab
PV Hunt	Franciscan Indianapolis	
PV Kosci	Franciscan Lafayette	
PV Kosciusko	Greene County	
PV LaGrange	Hancock	
PV Noble	IU Arnett	
PV Rand	IU Ball	
PV Wabash	IU Methodist	
PV Whitley	IU Riley	
	Logansport	
	Peyton Manning	
	Putnam County	
	Reid	
	Rehab Hospital of Indiana	
	Riverview	
	Sullivan	
	Terre Haute Regional	
	Union	
	Witham	

# 2025 Education Program Activities

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ATLS-21

ATCN-24

TNCC-56

ENPC-71

ENPC Instructor-7

TNCC Instructor-10

TCAR Seats-101

PCAR Seats-50

North TRAC-67 Students

Central TRAC- 86  
students

South TRAC-36 students

**Total**= 189 students

**Plus** 502 TCAR/PCAR  
Students

**Total funds used: \$109,236**

# What's on the Schedule

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- 19 TNCC Courses
- 13 ENPC Courses
- 2 ATLS Courses
- 1 ATCN Course
- Statewide Trauma Symposium

## Educational Webinars:

- EMS Transfers
- Mental First Aid for Caregivers
- Pediatric Trauma Readiness

# Save the Date

# 2025 Statewide Trauma and Emergency Medicine Symposium

## October 1 & 2

# Monroe Convention Center, Bloomington Indiana

## Day One: 3 Main Session Speakers

## 8 Breakout Sessions

## Vendors

## Day Two: 3 Educational Activities

## Tiny Trauma with Scott DeBoer-Pedi-Ed-Trics

## Mental First Aid following Mass Casualty-MESH

## Trauma Registry Group Convening



# RHIC

## Rural Trauma Simulation Training Update



# RHIC Trauma Simulation Update

## Training Events To Date:

Date	Hospital	City	Total Attendance
01/29/25	Sullivan County Community	Sullivan	15
02/28/25	Schneck Medical Center	Seymour	19
03/13/25	Decatur County Memorial	Greensburg	11
04/04/25	IU Health Morgan	Martinsville	9
04/22/25	Ascension St. Vincent Williamsport	Williamsport	25
TOTAL			79

# RHIC Trauma Simulation Update

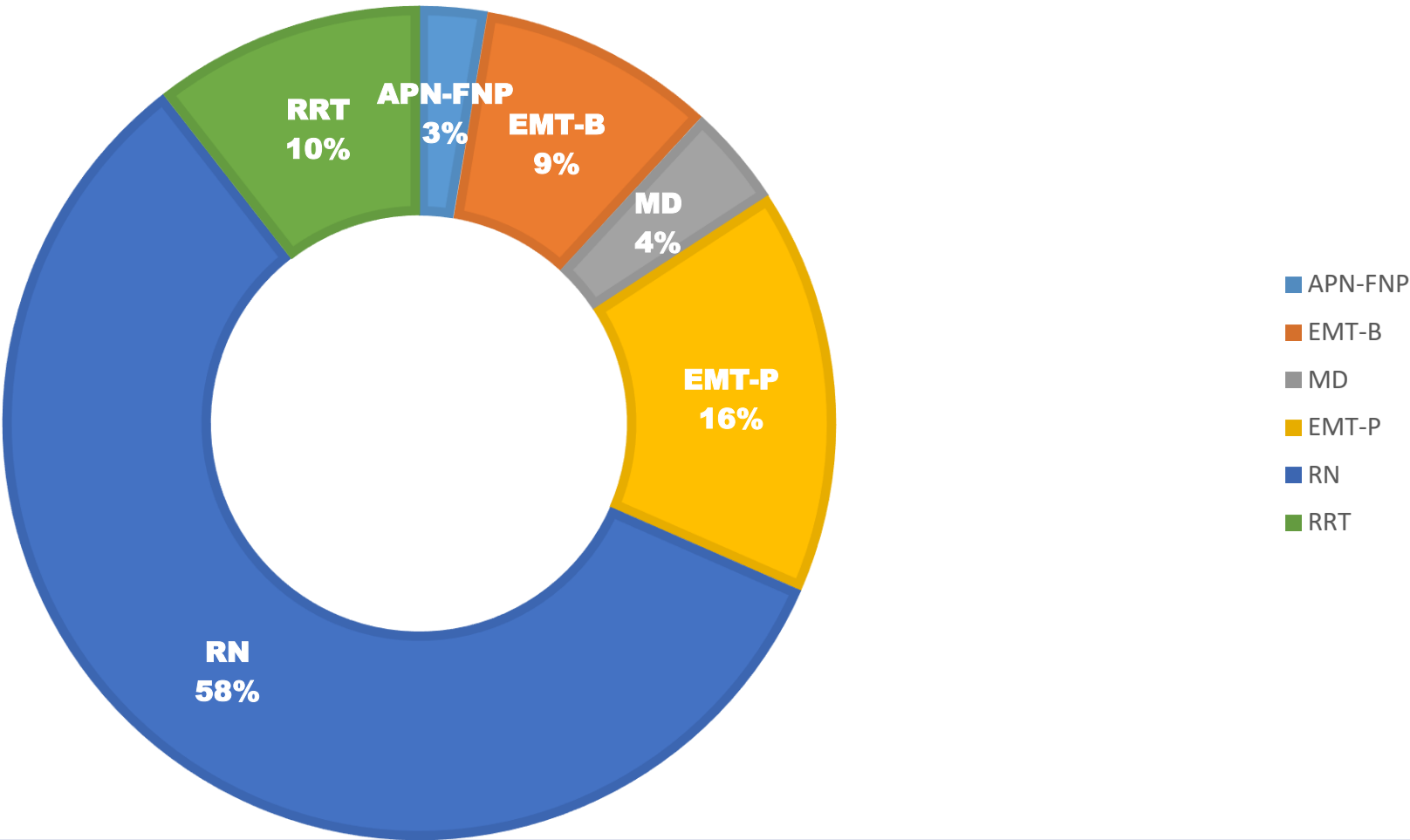
## Upcoming Training Events:

Date	Hospital	City
05/09/25	Adams Memorial	Decatur
05/16/25	Ascension St. Vincent Mercy	Elwood
06/03/25	Deaconess Gibson	Princeton
06/18/25	Ascension St. Vincent Salem	Salem
06/24/25	St. Joseph Health – Mishawaka	Mishawaka
07/09/25	IU Health Bedford	Bedford
07/22/25	Logansport Memorial	Logansport
07/29/25	Cameron Memorial Community	Angola
08/12/25	Northwest Health Starke	Knox
08/19/25	Pulaski Memorial	Winimac
08/27/25	Perry County Memorial	Tell City
Fall	Parkview Wabash	Wabash
Fall	IU Health Jay	Portland
Fall	Woodlawn	Rochester
Fall	Franciscan Health Crawfordsville	Crawfordsville
Winter	Harrison County	Corydon
Winter	Putnam County	Greencastle



# RHIC Trauma Simulation Update

## Health Professions Participant Breakdown



# RHIC Trauma Simulation Update

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## Improvements Made:

- Communication with the Hospital's educators and administrators to increase number of participants attending
- Ensure that EMS and Respiratory Therapy are informed to attend
- Added additional components to the curriculum:
  - Burns
  - GSW
  - Pediatric Trauma (more is potentially necessary)
  - Content on blood transfusions
- Medical Director (Dr. Pohlman) meets with and spends time with the ED medical staff to determine significant local issues that impede the care of trauma patients.
- Updated procedural skills stations based on feedback from participants to include different skills
- Updated high fidelity simulation scenarios based on feedback from participants to be more authentic to rural trauma care and the supplies and equipment that are available in these facilities
- Updated pre and post tests to more accurately test the knowledge of the attending participants and their skill level

# Trauma Education & Outreach Subcommittee

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- Please disseminate Trauma Awareness Month Information
- Continue to highlight trauma education opportunities – particularly for our non-trauma hospitals
- Next meetings
  - June 25, 2025, 12:30-1:30 EST
  - August 27, 2025, 12:30-1:30 EST
  - November 12, 2025, 12:30-1:30 EST

# Trauma Registry Subcommittee

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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

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- 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?

# 1. Data Quality Updates: Lauren

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## Data Quality Reports



- Hospital-level data quality reports developed and piloted with a sample of facilities
- Provide an overview of missingness, errors, and outliers in critical data elements identified by the TCC Registry Subcommittee
- First round of reports will be released the week following the next quarterly submission deadline (5/1)
- Communication/instructions for using the reports will be shared along with the reports



## ImageTrend Validity Rule Updates

- ImageTrend validity rule updates are in progress/testing.
- Implementation expected prior to submission of Q1 2025 data (due June 2025)
- Provides real-time feedback to submitting hospitals.

# Other Data Reports: Lauren

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## **Special Emphasis Reports Now Published to [IDOH Website](#)**

High-level fact sheets on specific injury topics, including:

- Child injuries
- Drowning
- Traumatic brain injury
- Older adult falls



## **Hospital Dashboard**

In final approval and editing stage in partnership with IDOH data visualization team



## **Regional TRAC Reports**

- Presented during April TRAC meetings
- Available via regional TRAC SharePoint sites
- The following slides include a statewide summary of key points for Q1-Q3, 2024.

# Trauma Registry Data

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## Compare North TRAC and State



Trauma volume is increasing, has our state population increased?

## North Region Trauma Report, Q1-Q3, 2024

### Trauma Volume

Figure 1. Trends in Quarterly Trauma Incidents, by Trauma Region

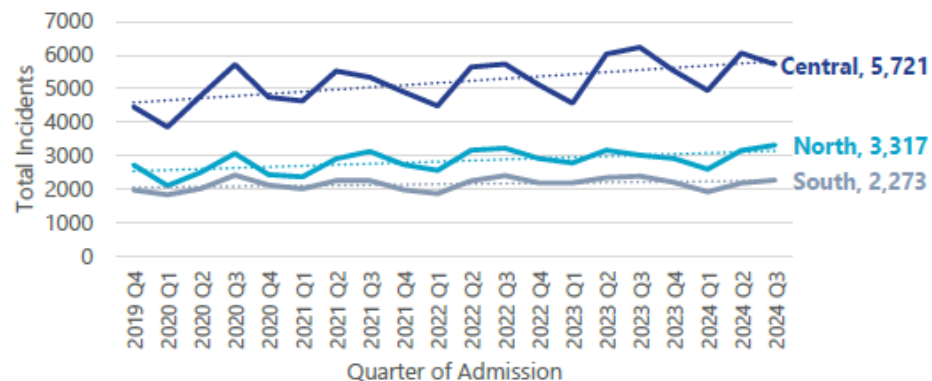
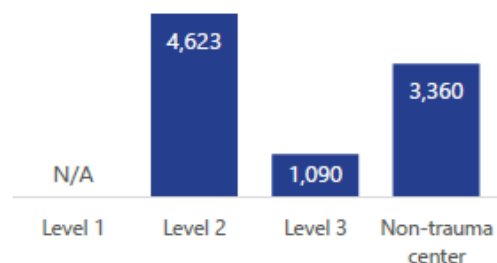


Figure 2. Statewide Reported Trauma Incidents, Q1-Q3 2024

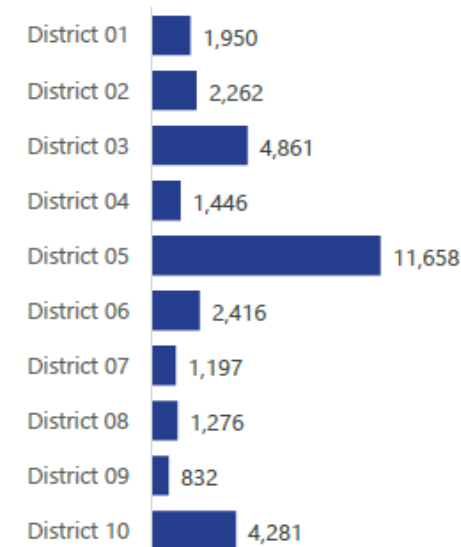
#### Incidents by Region

Region	Number of Incidents	Percent of Incidents
North	9,073	28.2%
Central	16,717	52.0%
South	6,389	19.9%
Statewide	32,179	100.0%

#### Northern Region Incidents by Trauma Level Q1-Q3 2024



#### Incidents by District

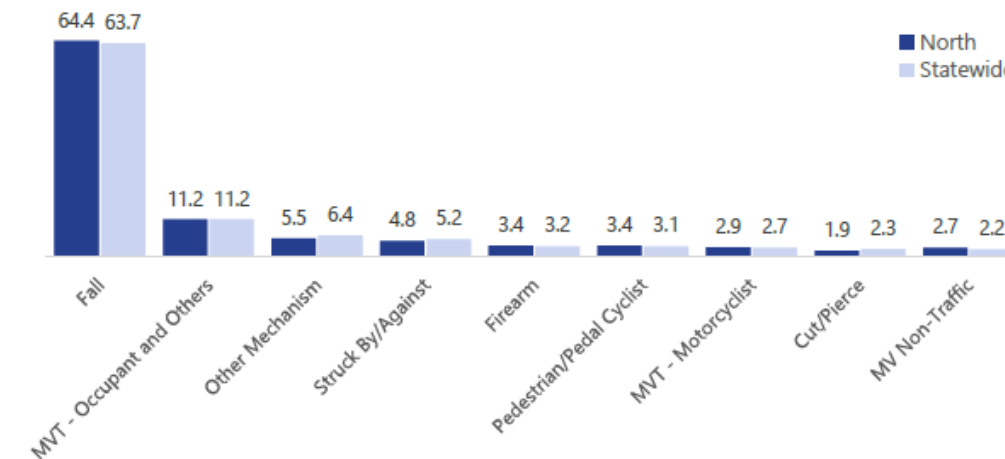


Falls are everyone's #1 mechanism, but...

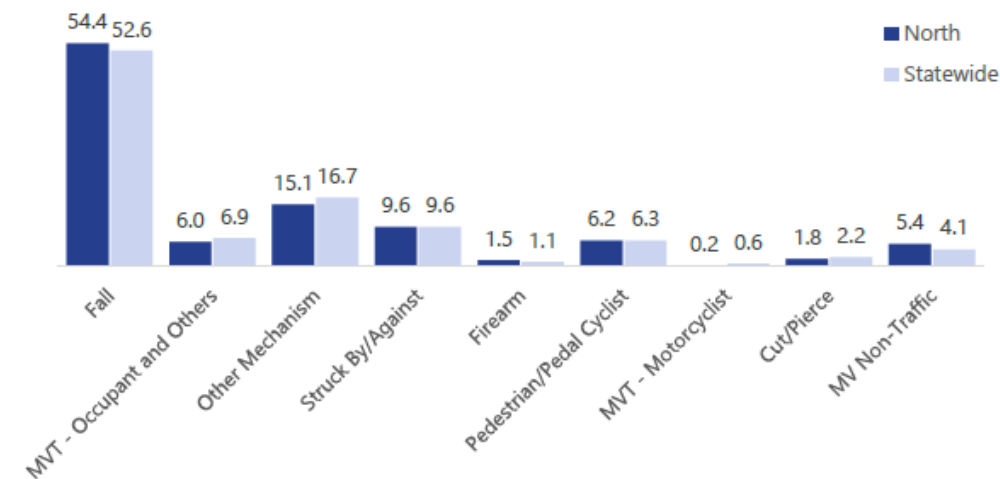
## North Region Trauma Report, Q1-Q3, 2024

### Injury

**Figure 7. Mechanism of Injury, All Incidents**  
(Percent of All Incidents)



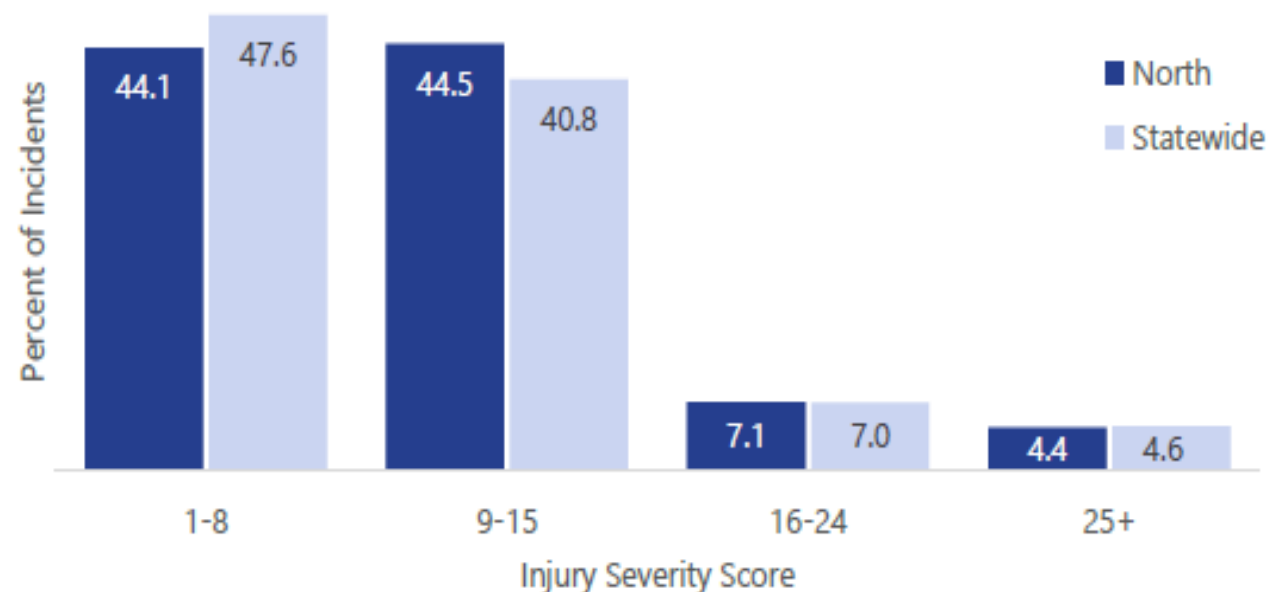
**Figure 8. Mechanism of Injury, Pediatric (<15 Years)**  
(Percent of pediatric incidents)



We've always said that roughly 10% of trauma patients are the reason for trauma centers.

### North Region Trauma Report, Q1-Q3, 2024

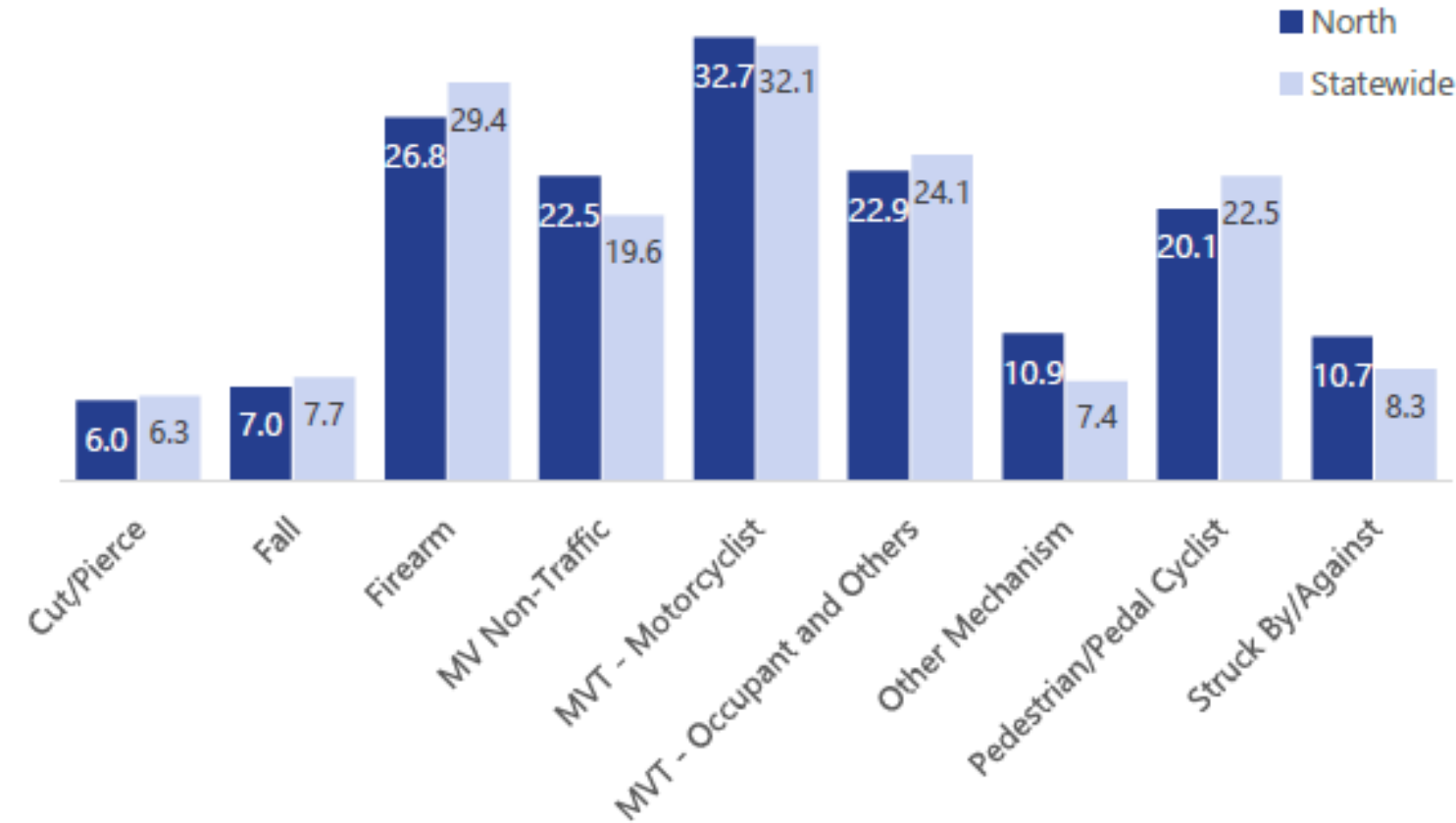
**Figure 11. Injury Severity Score (ISS), All Incidents**



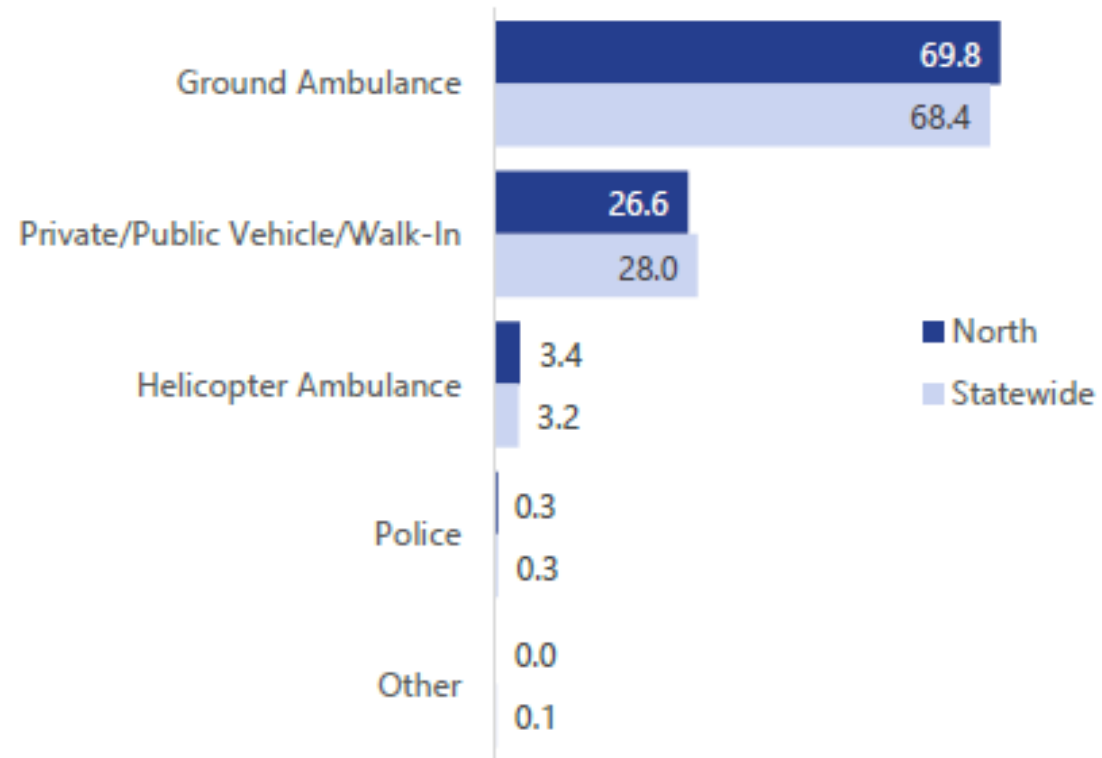
But...

Roadway injuries  
are the highest  
volume of severe  
trauma patients.

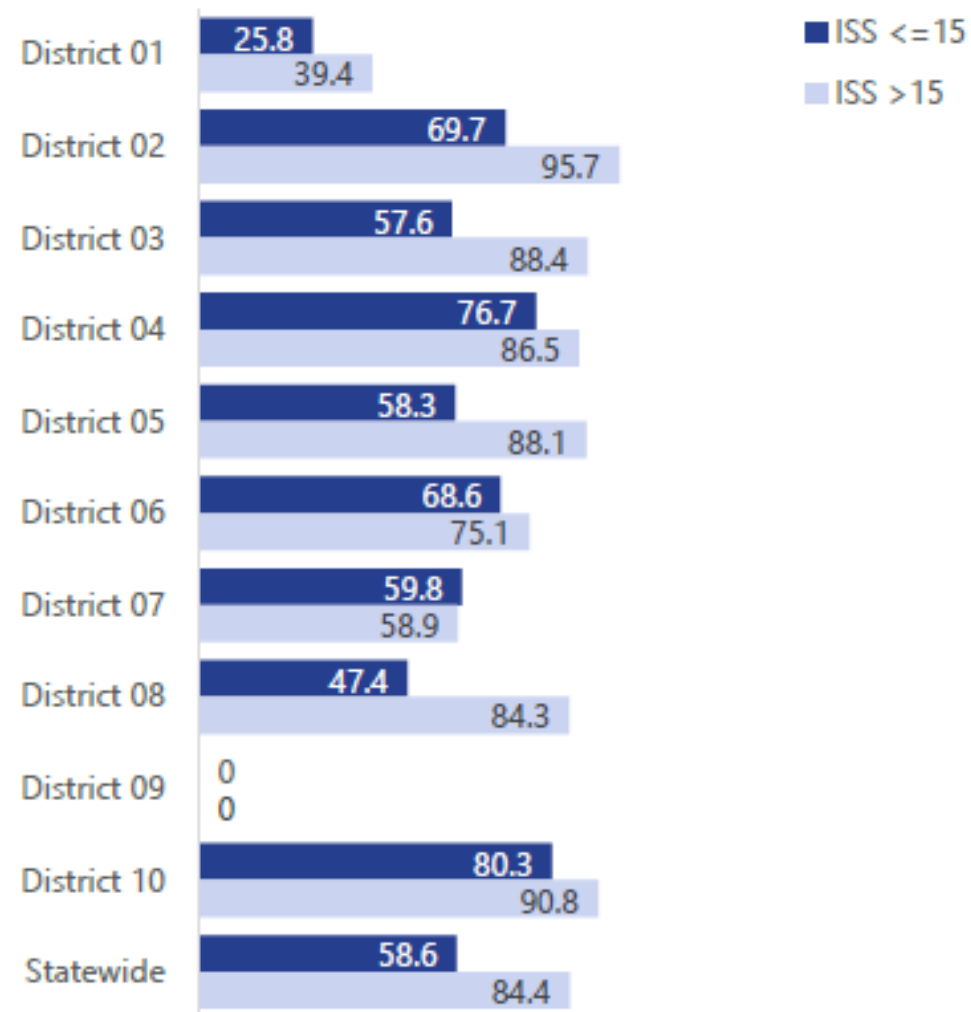
Figure 12. Percentage of Incidents with ISS > 15, by Mechanism of Injury



**Figure 15. Transport Mode to Initial Facility (Excluding Interfacility Transfers)**



**Figure 16. Percent of Patients whose Initial Facility is Trauma Center, by District and ISS  
By District**

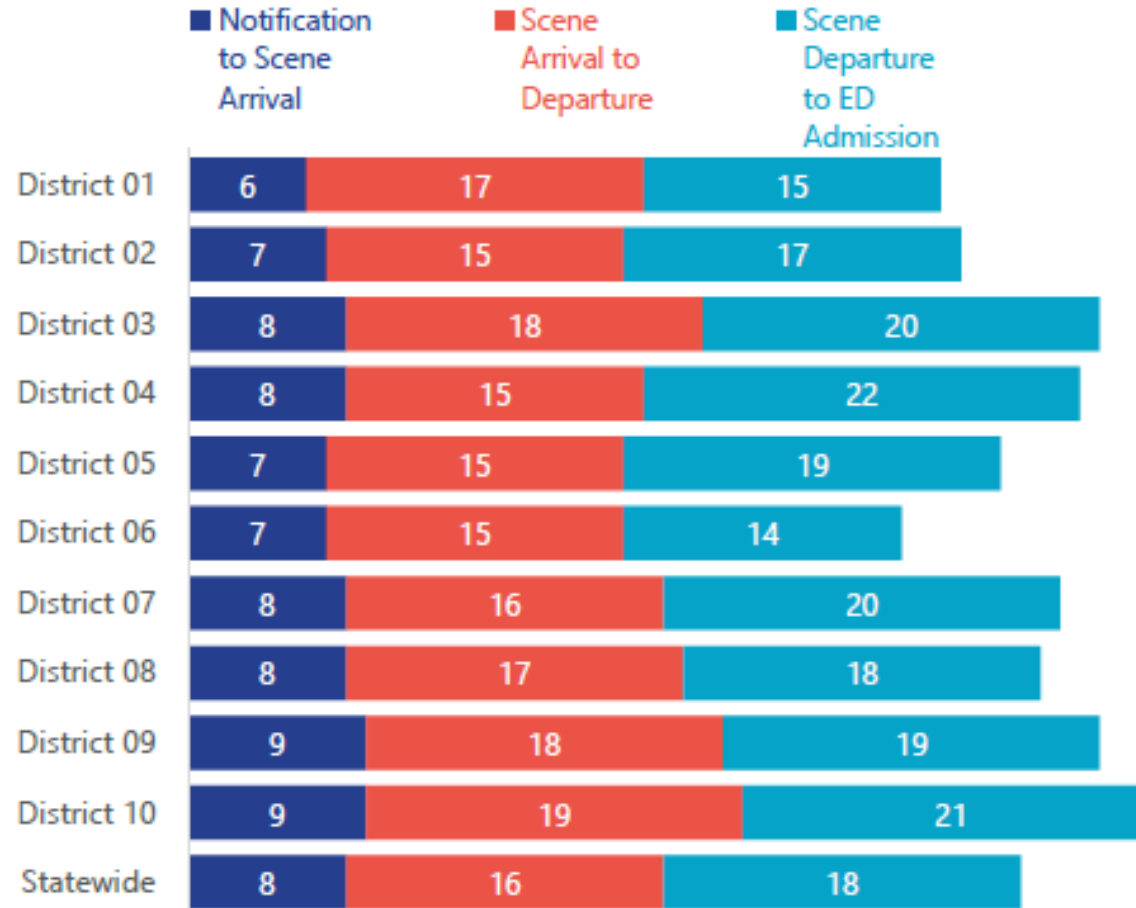


## EMS Timing

- To the scene
- At the scene
- Depart scene to ED

### North Region Trauma Report, Q1-Q3, 2024

**Figure 19. Median EMS Response Times (Component Times), in Minutes By District**



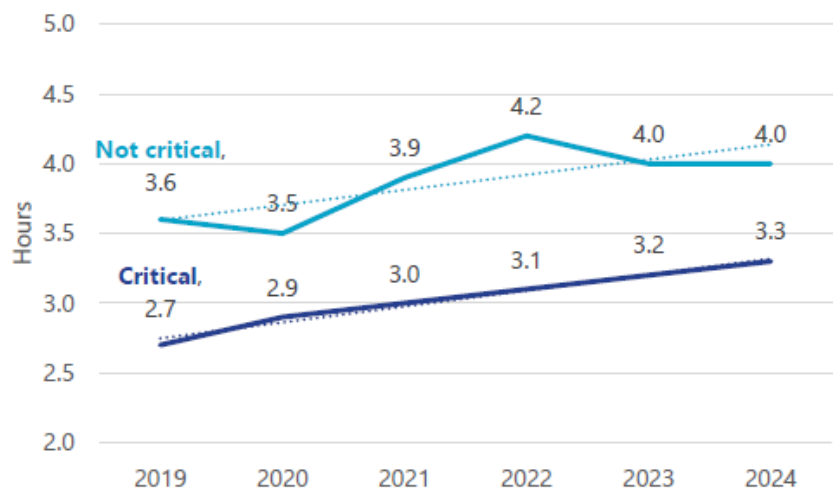
ED LOS is mostly consistent.

**Figure 26. Median ED Length of Stay (Hours), by District**

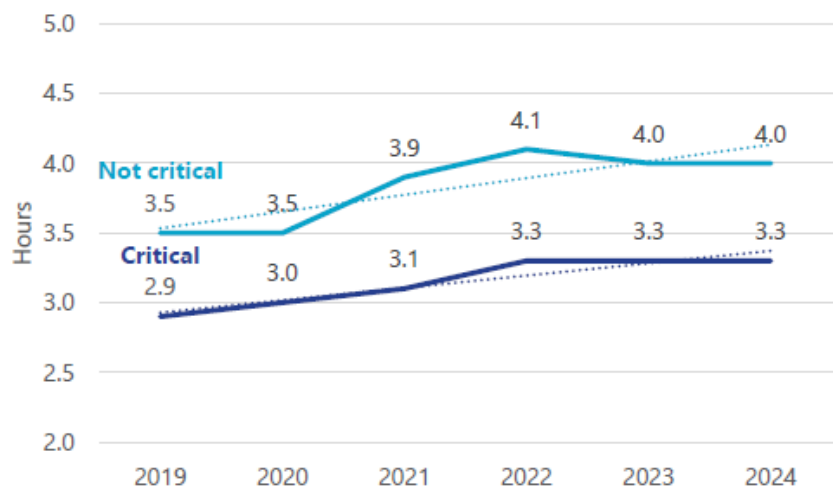




**Figure 30. Trends in Median ED Length of Stay (Hours) until Physical Exit, by Critical Status**  
**North Region**



**Statewide**

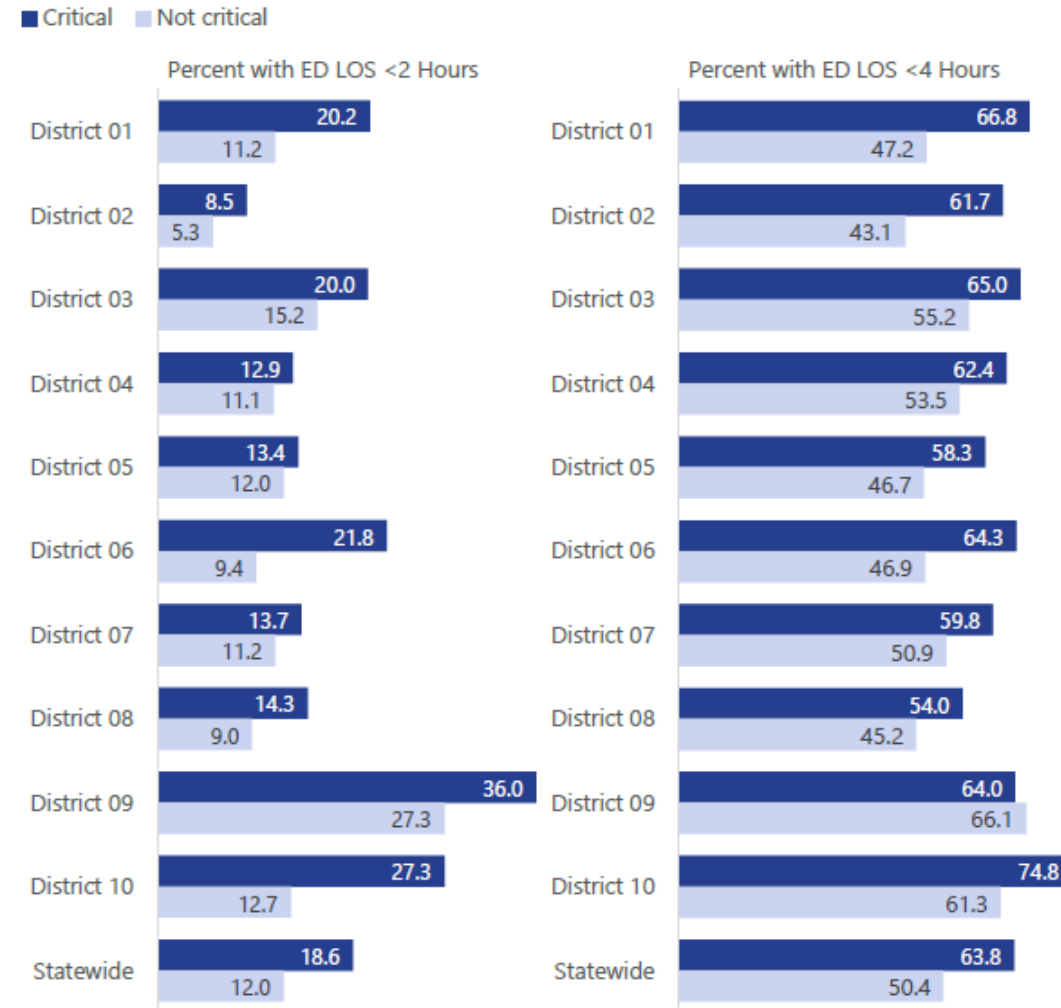


ED LOS has been creeping up!

Critical patients transferred out in less than 2 hours isn't so great!

#### North Region Trauma Report, Q1-Q3, 2024

**Figure 31. Percentage of Transferred Patients with ED LOS (Physical Exit) <2 Hours and <4 Hours, by Critical Status and District**



Complications!

We have never  
reviewed this!

## North Region Trauma Report, Q1-Q3, 2024

### Hospital Events\*

\*Excludes patients transferred from the hospital ED and cases missing data on all hospital event data elements.

Figure 36. Percentage of Incidents with Any Hospital Event, by Region

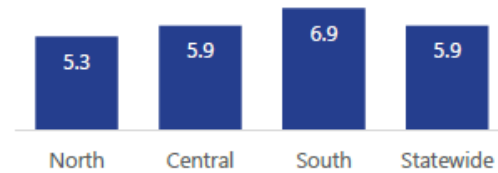
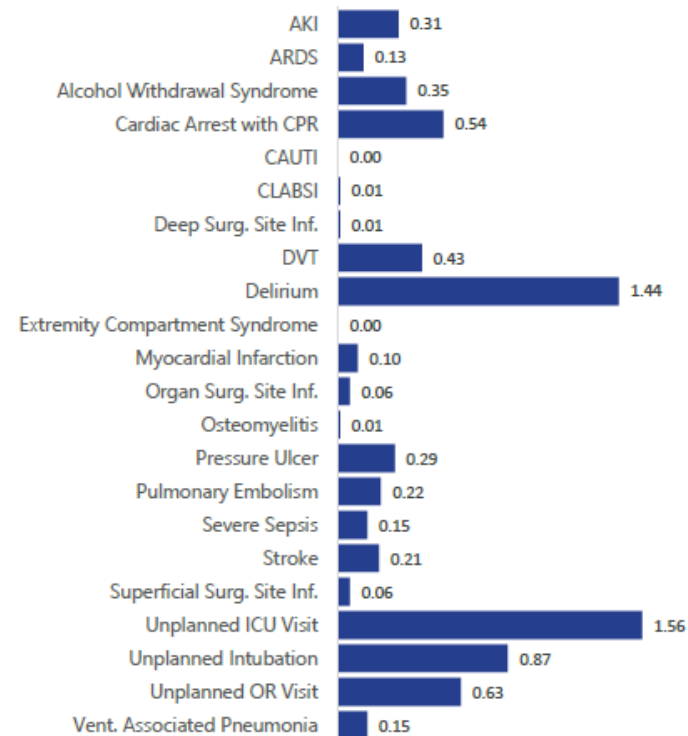
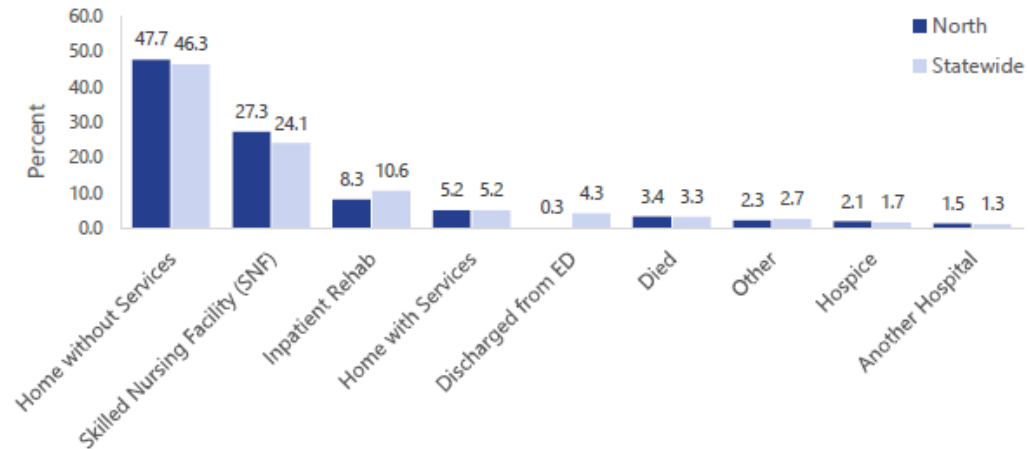


Figure 37. Percentage of Patients with Specific Hospital Events, North Region



## Hospital Disposition and Length of Stay

**Figure 38. Hospital Disposition – North Region and Statewide (Excluding Patients Transferred from the ED)**



**Figure 39. Hospital Disposition by Trauma Level, North Region (Excluding Patients Transferred from the ED)**

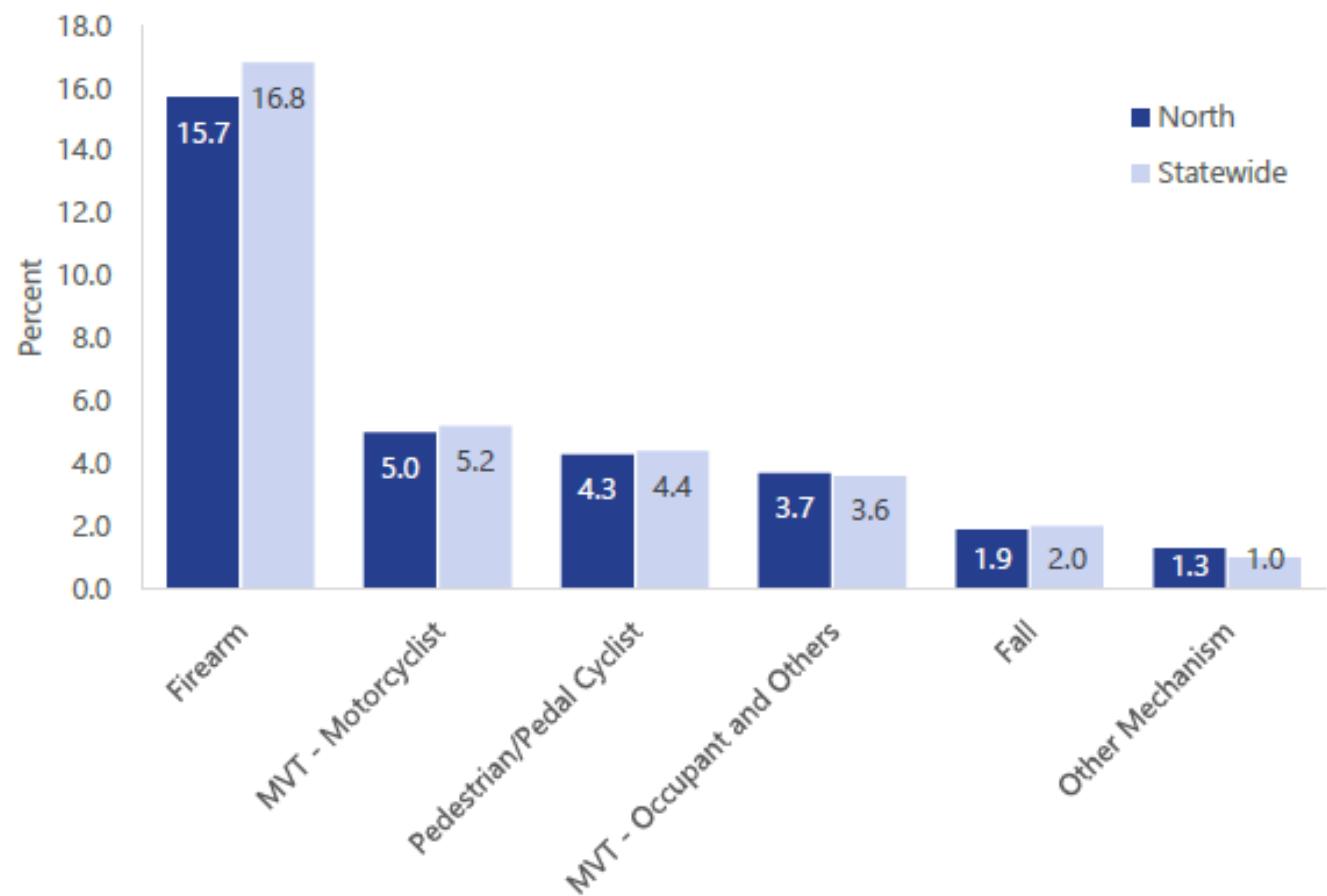


## Disposition

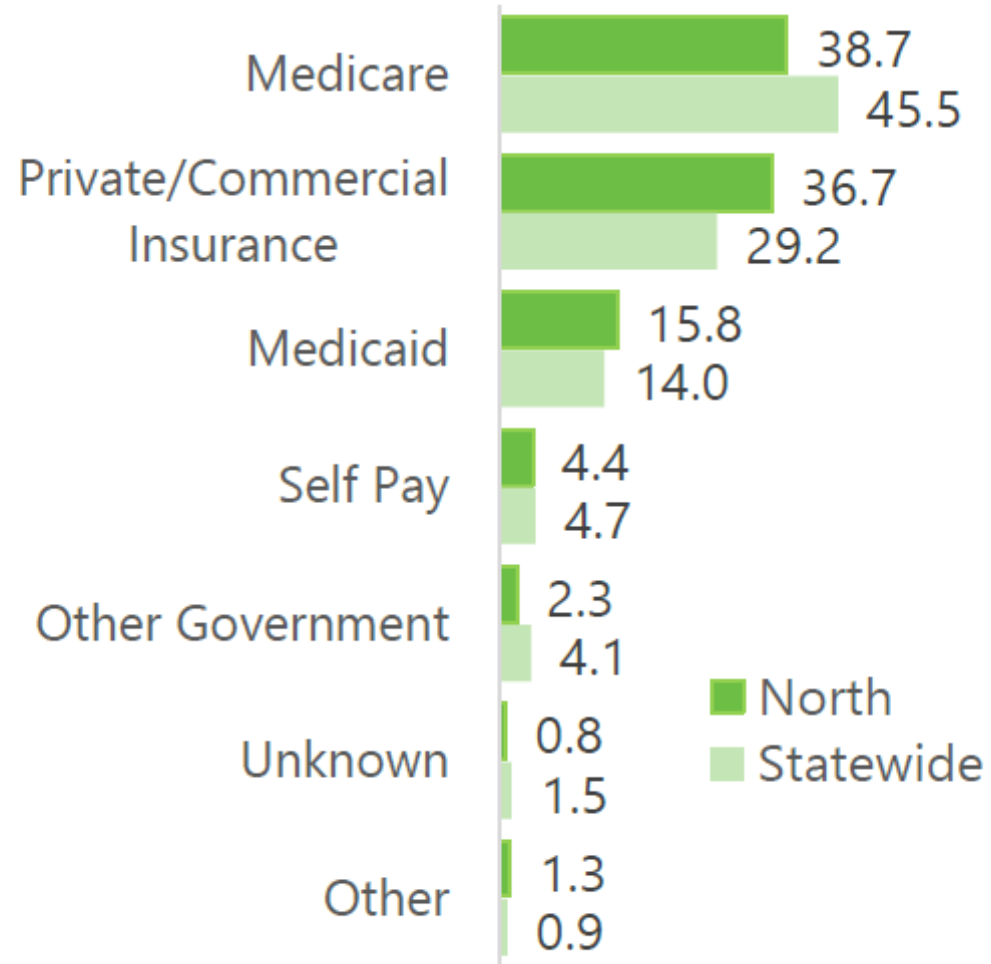
In the north, we have a bit less rehab and more nursing home.

GSW are the most fatal.

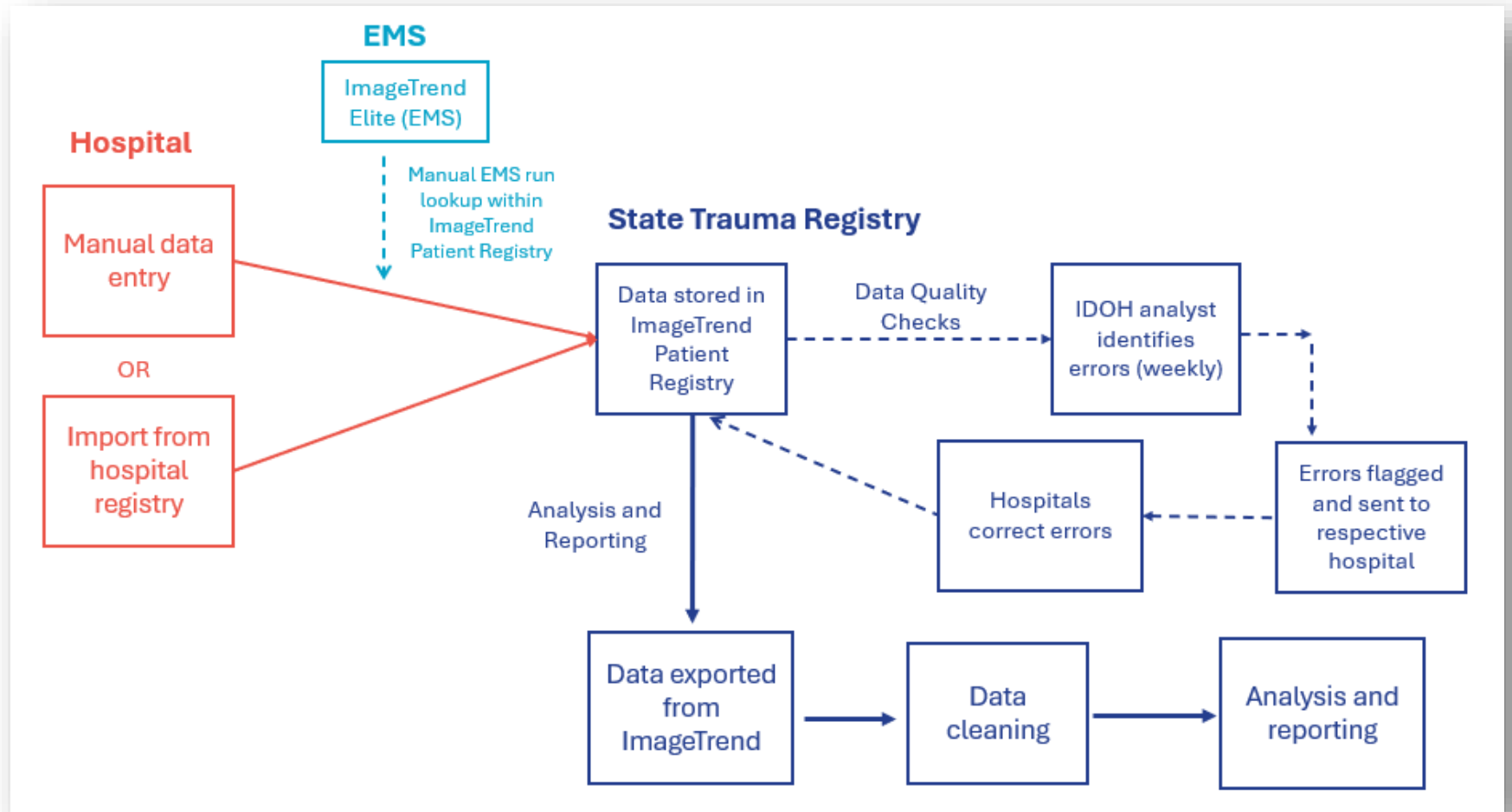
Figure 48. Case Fatality Rate, by Mechanism of Injury



**Figure 6. Percent of Trauma Incidents by primary payor**



A data point...



# Registry Education Update

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- Indiana On-Demand Trauma Registry Course still moving forward!
- Another FREE AIS injury scoring course planned this year: June by ITN!
- Webinars and trauma registrar sprint education will be planned!



# Questions?

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# Trauma Performance Improvement Subcommittee

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Dr. Eric Yazel, Co-Chair  
*State Medical Director, EMS*

Dr. Scott Thomas, Co-Chair  
*Trauma Medical Director, Memorial Hospital South Bend*

# Performance Improvement Subcommittee

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- Last meeting 3/6/25
- Rough draft of Trauma Performance Improvement Plan
- Structure taking shape
- Coordination with Registry
- Utilization/Trauma Center (Data point on 45 min to trauma center- why?)
- Challenges of reporting from non-trauma hospitals
- Review of other state plans- divide among regional TRAC's
- EMS Run Sheets – resource drain. Focus group with Image Trend.
- Biospatial

# Performance Improvement Subcommittee



Mike Braun  
Governor  
Lindsay M. Weaver, MD, FACEP  
State Health Commissioner

## Indiana Trauma System Performance Improvement Plan

### Goal

The goals of the Indiana Trauma System Performance Improvement Plan are to identify quality measures, disseminate best practices and provide hospital and systemwide reports of quality measures to improve outcomes throughout all phases of trauma care, as determined by the Indiana Trauma System Plan.

### Mission and Vision

The Indiana Statewide Performance Improvement plan ties to the mission and vision of the Indiana Department of Health.

#### Our Mission:

To promote, protect, and improve the health and safety of all Hoosiers.

#### Our Vision:

Every Hoosier reaches their optimal health regardless of where they live, learn, work, or play.

### Authority/Scope

The Indiana Department of Health (IDOH) is designated as the lead agency of a statewide trauma care system with rule making authority for the development, implementation and oversight of a statewide comprehensive trauma care system to prevent injuries, save lives and improve the care and outcome of individuals injured in Indiana. ([IC 16-19-3-28](#)) In 2023, Senate Bill 4 established the Indiana Trauma Care Commission (TCC). The TCC serves as an advisory body to IDOH, focused on Indiana's statewide trauma system, which hospitalizes more than 40,000 Hoosiers, annually. In August 2024, the TCC adopted the state's first Trauma System Plan which provides a framework for the continued coordination and sustainment of the trauma system to reduce the burden of injury. The TCC includes five subcommittees that work to develop, implement and improve the statewide trauma system. The Performance Improvement subcommittee is a group of multidisciplinary members who represent hospitals, EMS and

CC Trauma System Plan Accessibility: Incomplete



## State Performance Improvement Indicators Indiana State Trauma System Plan

### Pre-Hospital

EMS Transport Time: Trauma Center	
<b>Definition</b>	The average time calculated from when the unit transporting the trauma patient left the scene and arrived at a trauma center.
<b>Exceptions</b>	"Not Applicable" is used for patients who were not transported by EMS
<b>Data Source Guide</b>	ImageTrend EMS Run Report
EMS Transport Time: Non-Trauma Center	
<b>Definition</b>	The average time calculated from when the unit transporting the trauma patient left the scene and arrived at a non-trauma center
<b>Exceptions</b>	"Not Applicable" is used for patients who were not transported by EMS
<b>Data Source Guide</b>	ImageTrend EMS Run Report

### Non-Trauma Hospitals

Transport to Definitive Care Within 2 hours with an ISS $\geq$ 15	
<b>Definition</b>	Percentage of trauma patients reaching definitive care within 2 hours of arrival to a non-trauma center with an ISS equal to or greater than 15.
<b>Exceptions</b>	None
<b>Data Source Guide</b>	EMS Run Report ED/Trauma Triage Flow Sheet Nursing notes History and Physical
Outcome of Trauma-Related Admissions: Length of Stay	
<b>Definition</b>	The average length of stay for patient's admitted to the non-trauma center, meeting the Indiana/NTDS Inclusion/Exclusion Criteria.
<b>Exceptions</b>	None
<b>Data Source Guide</b>	Physician notes Nursing notes Case management notes Discharge Disposition
Outcome of Trauma-Related Admissions: Mortality Rate	
<b>Definition</b>	The calculated mortality rate of patient's admitted to the non-trauma center, meeting the Indiana/NTDS Inclusion/Exclusion Criteria.
<b>Exceptions</b>	None
<b>Data Source Guide</b>	Physician notes Nursing notes Case management notes

# Performance Improvement Subcommittee

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## Action Items

- Finalize initial plan
- Summarize and implement items from other state review
- Continue to improve data points
- Run sheet improvement initiative

# Performance Improvement Subcommittee

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Next meeting Thursday 5/15 at 1pm

No items to vote on at this time

Any questions, comments, feedback from the commission?

# Disaster Preparedness & Military Integration Subcommittee

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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

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- Last Meeting 3/7/25
- Continue quarterly meetings, more as needed
- Members of the subcommittee will observe military training with regards to disaster response. Next opportunity in June at Camp Atterberry.
- Deep dive into mass casualty incidents in areas with large influx of people (sports, concerts)
- No items requiring TCC vote.



# Disaster Preparedness & Military Integration

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- 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
- Some important recent trainings that have been made available, with links provided in the next slides

# Disaster Preparedness & Military Integration

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

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



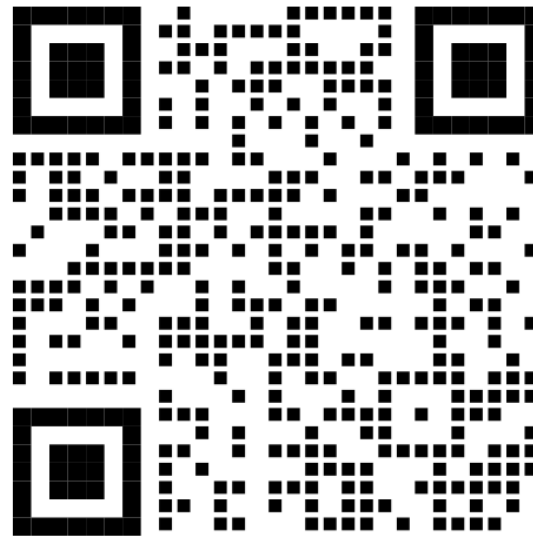
# Disaster Preparedness & Military Integration

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

Burbon Street Hospital Response (New Orleans Jan 1<sup>st</sup> 2025)

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



# Disaster Preparedness & Military Integration

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Any suggestions are appreciated.

David Welsh, MD

[Djwelsh\\_1980@yahoo.com](mailto:Djwelsh_1980@yahoo.com)

Cell: 812-212-1205

# Regional Medical Operations Coordinating Centers (RMOCC)

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Erik Streib, MD, Co-Chair

*Trauma Medical Director, Eskenazi Health*



# INDIANA EMS State Update

Kraig Kinney, State EMS Director / Dr. Eric Yazel, State EMS Medical Director  
May 2025



# 2024 Annual Report Highlights



- View the report at the IDHS website.

## A MESSAGE FROM DIRECTOR KRAIG KINNEY



The EMS Division at IDHS finished its first full year as one of the primary pillars of the agency! The year saw many challenges but also many promising projects.

In the 2023 General Assembly, legislators provided \$6.4 million per year (for two years) for IDHS EMS Readiness funding. Across the past year, the EMS Division has processed the first fiscal year (FY2024) with grants for new education, EMS equipment and other projects as reflected in this report. This was a learning curve for the EMS staff but a valuable contribution to EMS within Indiana. The initial year also empowered our division for planning for the FY2025 allocations with experience gained from the first round of allocations.



Contemporaneously with our 2023 EMS Division announcement, our office announced the formation of the Indiana EMS Vision 2025 workgroup, consisting of EMS stakeholders from various state agencies and EMS advocacy groups. This project took an entire year, but a [report](#) was issued in November with 19 findings and 28 recommendations.

A total solar eclipse occurred on April 8, 2024, that impacted much of the state, and EMS was engaged in planning and the handling of thousands of visitors to our state. We successfully executed this large-scale event.

The Indiana EMS office saw some personnel changes in 2024. A gradual restructure allowed for the clear delineation of three section heads who are managers for their section. Some highlights on staffing:

- Don Watson retired as the northwest district manager (districts 3, 6) after nearly 14 years of state service and four decades in EMS.
- Corey Wells was hired in the newly created EMS Certifications Systems Section Chief position.
- Jennifer Schurman was hired in the Certification Specialist position.

The EMS Division was presented with the opportunity to provide updates and interact with local EMS providers at the EMS Provider Forums. These were held as follows: Districts 1 & 2 at the Health Foundation of La Porte; Districts 3 & 6 in Huntington; District 4 at Franciscan Lafayette; District 5 at MADE@Plainfield; Districts 7 & 10 at Vincennes University (Gibson County); and Districts 8 & 9 in Seymour.

# 2024 Annual Report Highlights

## CURRENT INITIATIVES



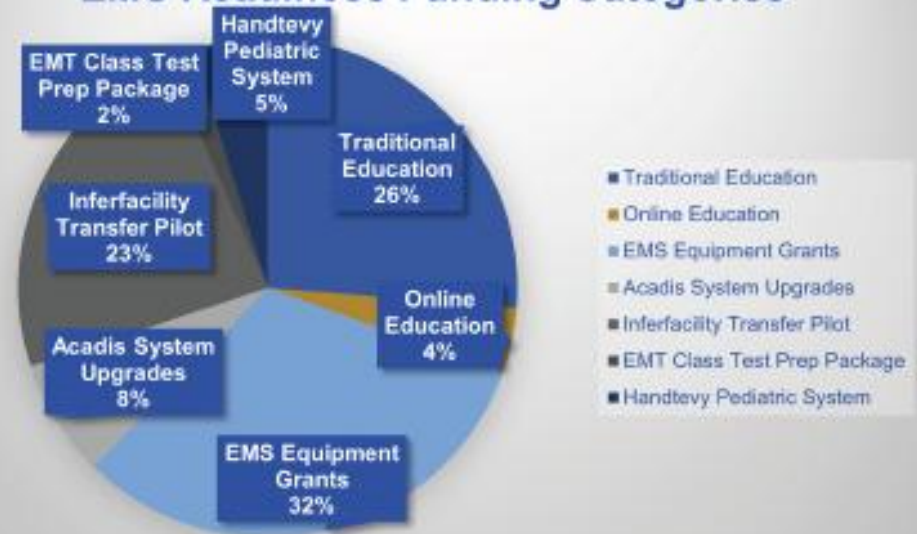
## EMS READINESS FUNDING

For the initial year of EMS Readiness Funding, the following highlights were achieved:

- On Dec. 1, 2023, 44 traditional classroom programs for 36 training institutions were approved for a total of \$1.4 million in funding (both EMT and paramedic).
- On Feb. 16, 2024, EMS Education grants totaling \$1.7 million in funding were awarded. These were available to BLS and ALS training institutions for equipment for initial EMS education programs.
- State bid processes resulted in agreements for the following:
  - Online Initial EMS education programs: two EMT and one paramedic program for 2024.
  - New IDHS EMS Simulation Laboratory used for training and education across the state.
  - Electronic test preparation packages for training institutions for both EMT and paramedic programs.
  - RAPID Interfacility transfer pilot program to put resources in regions farther away from Level 1/2 Trauma Centers.
- Acadis, the state EMS certifications platform, received additional contract funding to develop an enhanced search feature and develop a continuing education tracking requirements module for certified people.
- Funding allowed for a second-year agreement with the Indiana University Bowen Center for Healthcare Workforce Research & Policy for continued workforce reporting and the development of a workforce dashboard similar to other healthcare professions in Indiana.



## EMS Readiness Funding Categories

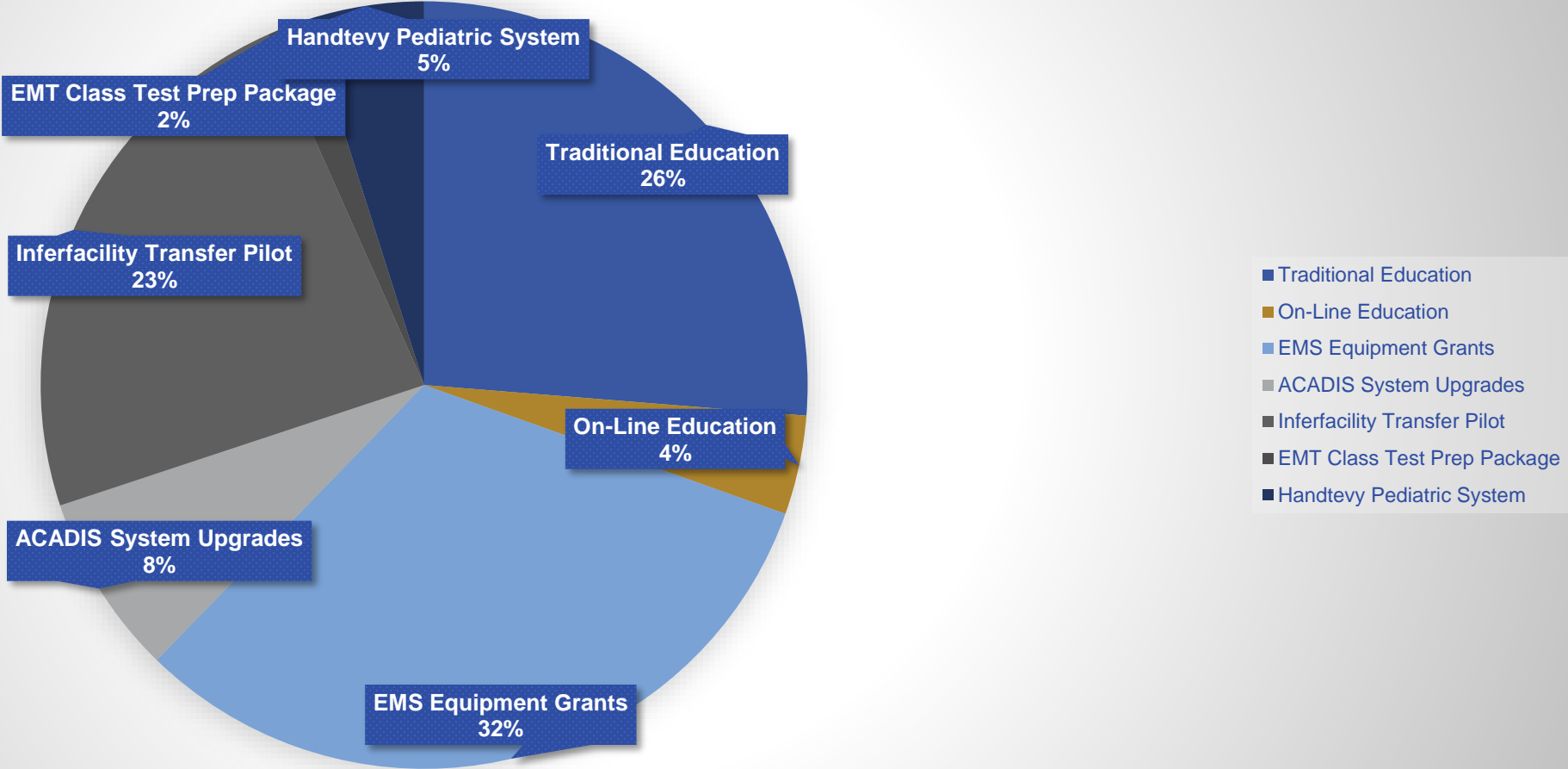






# Annual Report – EMS Readiness FY2024

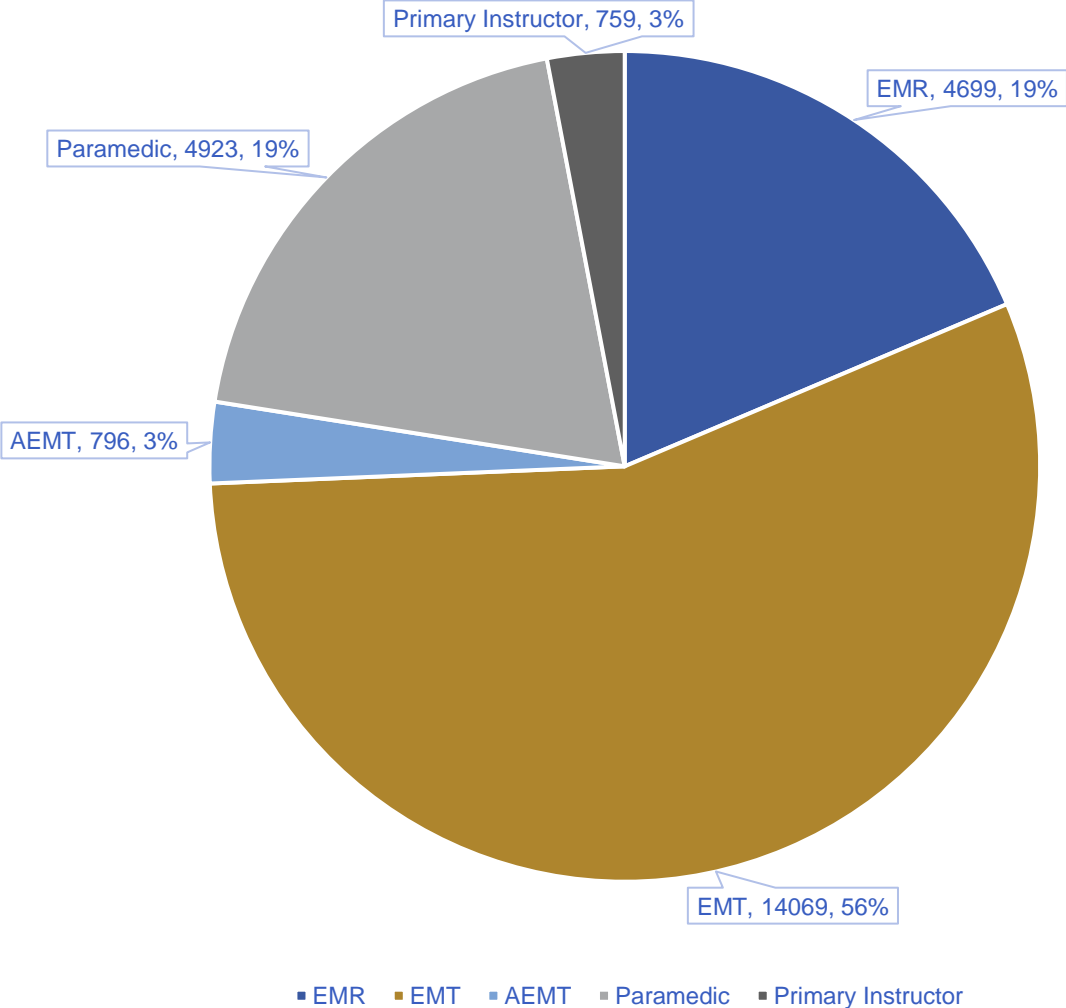
EMS Readiness Funding Categories





# Annual Report – 2024 Total Providers

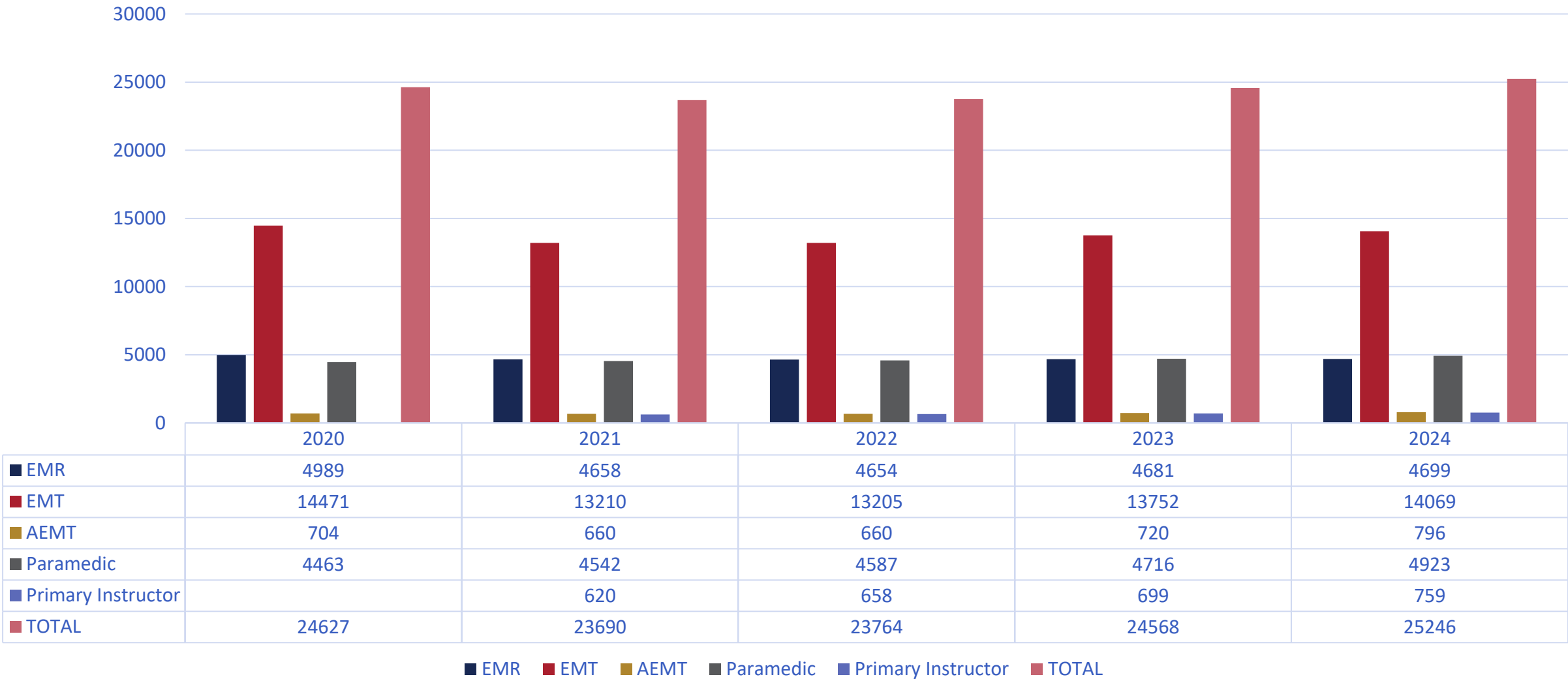
Total Number of EMS Providers By Level - 2024  
Total 25,246 as of December 31, 2024



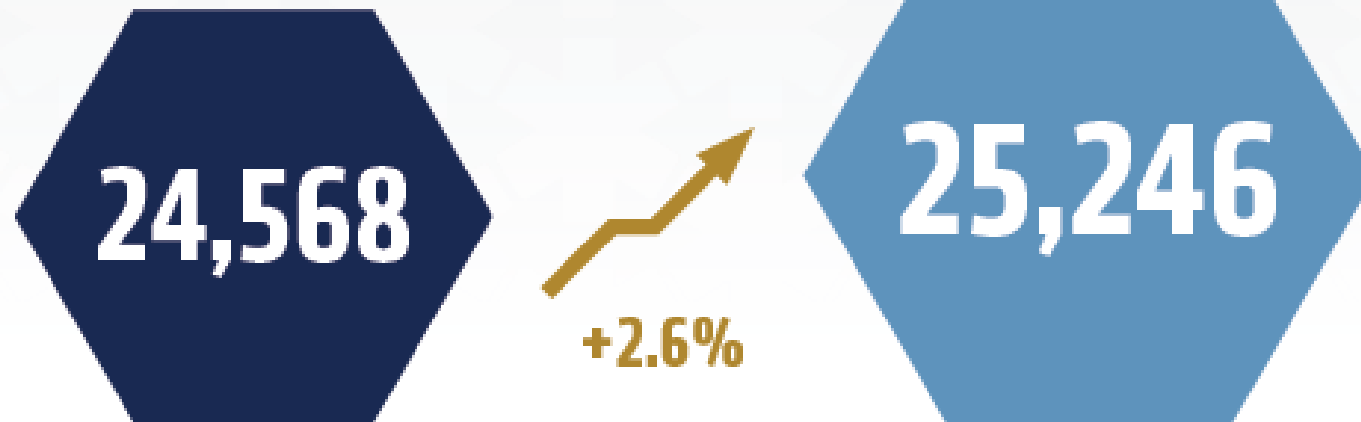


# Total Certifications Trending

EMS Personnel Certifications History 2020-2024



# 2024 Total Certifications Trend



Total EMS certifications at the end of **2023**

Total EMS certifications at the end of **2024**

**First time there are over 25,000 EMS certifications since 2012**



# EMS Responder Mental Health Mandatory Training

- HB 1381 (2023) added mental health training to EMS certifications under IC 16-31-3-2
- The EMS Commission approved the following ACADIS learning management system (LMS) learning:
  1. Suicide Awareness \*\*New version
  2. Psychological Health Toolkit
  3. Resilience & the Mind-Body Connection
- For the following groups:
  - All initial EMS candidates for EMR, EMT, AEMT, and paramedic must complete training in ACADIS before being eligible to be certified.
  - All continuing education for EMR, EMT, AEMT, and paramedic, must complete training In ACADIS before renewing their certification and will be included in rulemaking for Article IV for the impacted certifications.



# New Sim Lab Trailer has been deployed!

- On Monday, March 10, 2025, the new Sim Lab was deployed to Posey County EMS!





# EMS Hospital Summit 2025



## INDIANA EMS & HOSPITAL SUMMIT

**“Strengthening Healthcare Resilience & Emergency Preparedness”**



**Date:** May 29<sup>th</sup>, 2025 (Thursday)

- Invitation only event.
- Intent is to bridge EMS-Hospital interactions.

### Key Topics Include:

- Hospital Diversions
- Interfacility Transfers
- EMS Charting
- Regional Medical Control – Texas Model Specifically
- Alternative Destination – Legislative Bill
- Other Legislative Updates

EMS Week



# **EMS WEEK**

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**May 18-24, 2025**

**We Care. For Everyone.**





## **Next EMS Commission Meeting:**

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**MADE in Plainfield  
Friday, May 9, 2025, at 10 am**





# HAVE FEEDBACK?

We want to hear from you!

Kraig Kinney [kkinney@dhs.in.gov](mailto:kkinney@dhs.in.gov)

Dr. Eric Yazel [eyazel@dhs.in.gov](mailto:eyazel@dhs.in.gov)

# Final Business

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## Next Meeting:

August 1, 2025

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

# 2025 TCC Meeting Dates

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November 7, 2025