



Indiana
Department
of
Health

INDIANA TRAUMA CARE COMMISSION

November 7, 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

Rural Health Transformation Program

Rural Health Transformation Program Overview (RHTP)

Context

- As part of the One Big Beautiful Bill Act, \$50B has been appropriated for a five-year “**Rural Health Transformation Program**”
- The program is intended to **improve healthcare outcomes of rural populations** in the US
- This program requires States to develop and submit a **detailed plan for how they will use the funds** to improve rural health, with a focus on structural transformation

Key numbers

\$50B

Allocated for FY2026 to FY2030,
with \$10B released each year

11/5/2025

Application submission deadline

Up to 10%






Of funding received can be used
on administrative services

12/31/2025

Award date

Rural Health Transformation Program

Rural health initiative categories based on NOFO technical criteria

					
	1. Population Health	2. Partnerships	3. Workforce	4. Payment models	5. Tech and Data
	Innovative care delivery approaches that expand access, improve health outcomes, and improve patient experience through face-to-face, virtual, or hybrid models	Collaborations between rural health organizations that lead to improved outcomes for the community and build long-term organizational resilience	Initiatives to reinforce the full spectrum of rural healthcare workforce, helping communities grow and sustain access and quality of care	Alternative payment models that can stabilize rural providers, encourage preventative care, and align incentives within the ecosystem	Tech-based solutions that enhance rural health efforts and improve efficiency by connecting patients and providers, improving care coordination, and unlocking insights
Relevant technical score factors	<i>B.1 Population health clinical infrastructure</i> <i>B.2 Health & lifestyle (nutrition, exercise)</i> <i>C.2 EMS (Emergency Medical Services)</i> <i>E.2 Dual eligibles (Medicare & Medicaid)</i>	<i>C.1 Rural provider strategic partnerships</i>	<i>D.1 Talent recruitment</i>	<i>E.1 Medicaid provider payment incentives</i>	<i>F.1 Remote care services</i> <i>F.2 Data infrastructure</i> <i>F.3 Consumer-facing tech</i>

Rural Health Transformation Program

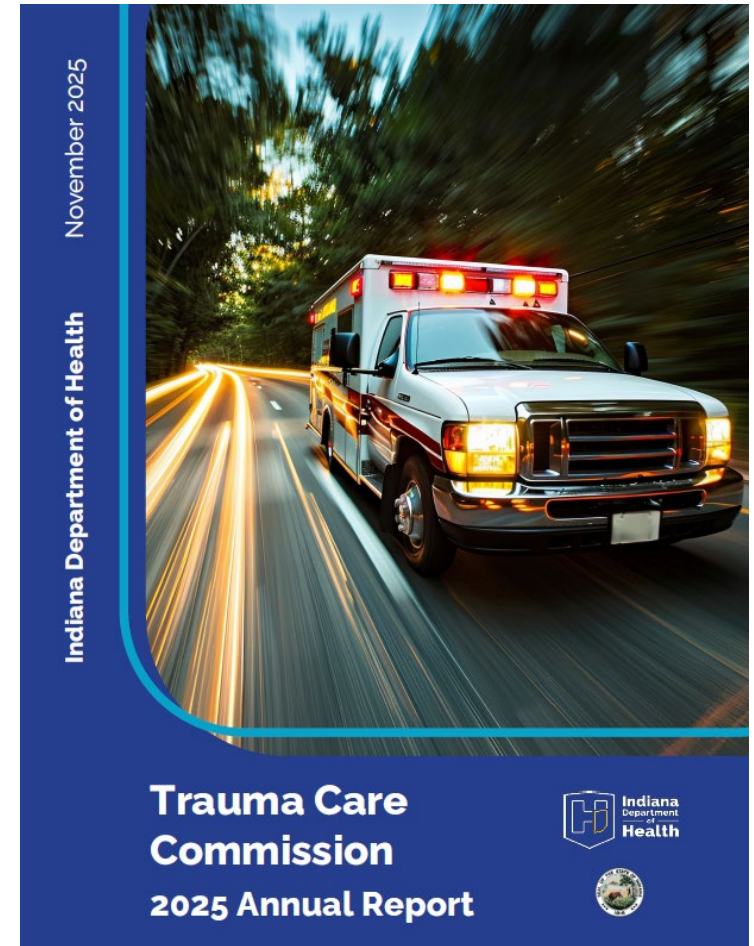
IDOH Proposed Initiatives

- 1) Growing Care Coordination: Medical Operations Coordination Center and Alternate Payment Model Feasibility Study
- 2) Growing Community Connections through Indiana 211
- 3) Growing Patient Outcomes through Enhanced Interoperability and Technology
- 4) Growing Pediatric and Obstetric Readiness in Rural Emergency Departments
- 5) Growing Cardiometabolic Health Standards of Care in Rural Indiana
- 6) Growing Access to Hospital Post-Discharge Medications
- 7) Growing Specialty Provider Access through Expanded Teleconsult Capabilities
- 8) Growing Telehealth Access and Infrastructure
- 9) Growing our Rural Health Paraprofessional Workforce
- 10) Growing Clinical Training and Readiness
- 11) Growing our Rural Behavioral Health Workforce
- 12) Make Rural Indiana Healthy Again Regional Grants

TCC FY2025 Annual Report

Key Highlights:

- Updated comprehensive hospital/TRAC data quality reports (including launch of hospital dashboard) and enhanced trauma registry validation rules
- Implemented formula-based model to fund TRACs including governance and reporting requirements
- Funded a comprehensive list of training and education opportunities
 - >1,600 statewide healthcare professionals accessed training and education
 - >160 rural healthcare professionals received high-fidelity simulation training
- Developed a statewide performance improvement (PI) plan aimed at targeting key performance indicators
- TCC maintained a grant process to support system development projects
 - More than 6,500 prevention services offered including:
 - Screening/assessment
 - Preparedness and response supplies
 - Safety modifications



North Trauma Regional Advisory Council Update

DR. SCOTT THOMAS

TRAUMA MEDICAL DIRECTOR, MEMORIAL SOUTH BEND

NTRAC Strategic Plan Progress

- Advisory Committee established
 - including meeting cadence
- Regional calendar of trauma related events has been developed on SharePoint page, including EMS events
- Skill development across the regions support with acquiring a surgical trauma manikin
- Incentivized quality trauma data input with support to trauma & non-trauma hospitals
- The first Great Lakes Regional Trauma Symposium was held in August
 - plans to continue for year two
- Virtual AIS15 course scheduled for December 2025
- Virtual ICD-10 scheduled for January 2026
- Regional trauma center survey to address gaps in ATLS certifications
 - met with poor response rate
- NTRAC trauma data reports reviewed quarterly
- Exploring partnerships between LHDs and hospitals in five pilot counties for Injury Prevention initiatives
- Investigating a regional consortium with NTRAC leadership and HCCs for MCI/disaster planning and RMOCs

NTRAC Quarterly Report

October NTRAC meeting participation

15 of 43 non-trauma hospitals

5 of 5 trauma hospitals

HCC representation (2 of 3)

EMS district manager representation

Budget spenddown

Initial budget: \$489,642

Amount spent: \$337,763

Amount remaining: \$151,879

Questions?

Dr. Scott Thomas

NTRAC Chair

sthomas@beaconhealthsystem.org



Central Trauma Regional Advisory Council Update

KAITLYN SHERIDAN

TRAUMA PROGRAM MANAGER, IU METHODIST

CTRAC Strategic Plan Progress

- Advisory Committee established
 - including meeting cadence
- Supported EMS trauma specific educational opportunities
- Targeted simulation and rural response training where gaps were identified
 - Funded RTTDC courses
- Incentivized quality trauma data input with support to non-trauma hospitals
- Encouraging trauma mentorship between NTCs, trauma centers, EMS, and rehab with a shared contact list on SharePoint of folks willing to participate
- Various Injury Prevention activities
 - Supported Mental Health First Aid course for anyone in trauma care space
 - Stop the Bleed kits
- Collaborating with HCCs on planning and exercises in regions to maximize federal disaster preparedness funds

CTRAC Quarterly Report

October STRAC meeting participation

12 of 44 non-trauma hospitals
13 of 13 trauma hospitals
EMS managers from all districts
Various EMS/FDs throughout region represented
HCC representatives from all districts
Rehabilitation hospital representation (2 of 4)

Budget spenddown

Initial budget: \$765,224
Amount spent: \$303,898
Amount remaining: \$461,326

Questions?

Kaitlyn Sheridan

CTRAC Chair

ksheridan@IUHealth.org



South Trauma Regional Advisory Council Update

DR. DAVID WELSH

SURGEON, MARGARET MARY HEALTH

STRAC Strategic Plan Progress

- Advisory Committee established
 - including meeting cadence
- First Quarterly SharePoint News developed
- Virtual AIS15 course scheduled- once completed only 5 hospital in region will not have formal registrar training
- Virtual ICD-10 scheduled for January 2026
- Held 1st STRAC registrar meeting to increase engagement and support
- Created STRAC SharePoint calendar to organize all educational offerings throughout region
- Various trauma educational reimbursements
 - TCRN course scheduled for February 2026
- Forming STRAC Injury Prevention Coalition with subgroup of interested members to further IP work in region
 - Reviewed top 5 mechanisms of traumatic injury/mortality
- LHD informational resources added to SharePoint
- Debriefed recent tabletop exercise held at IDOH Statewide Trauma Symposium- "How would your TRAC handle a mass casualty"

STRAC Quarterly Report

October STRAC meeting participation

14 of 20 non-trauma hospitals joined

5 of 5 trauma hospitals joined

EMS managers for all districts

~9 EMS/FDs throughout region, including Air Evac

D8 & D9 HCC represented

Budget spenddown

Initial budget: \$395,134

Amount spent: \$187,786.84

Amount remaining: \$207,947.16

Questions?

David Welsh

STRAC Co-Chair

djwelsh_1980@yahoo.com



Trauma System Planning Subcommittee Update

Andy VanZee, Co-Chair

Vice President of Regulatory & Hospital Operations, IHA

Erik Streib, MD, Co-Chair

Trauma Medical Director, Eskenazi Health

Trauma System Planning (Sept 17th)

State Trauma Plan

- Continued review of the Trauma System Plan annual report
 - IDOH finalizing 2025 Report with distribution to TCC for review

Trauma System Financing

- Creation of Non-reverting Fund
 - Sustainable
 - Defined use
 - Controlled spending by the TCC
- RFA Process
 - Wind down current RFA process
 - Create innovation concept capture solution

Trauma System Planning (Sept 17th)

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)
 - Hancock (initial discussion started)

State and Regional Coordination (Focus for 2026)

- Medical Operation Coordination Centers
- Disaster Preparedness
- Military Integration

Trauma System Planning (Sept 17th)

2025 Verification Activity

- Riley Hospital for Children - Renewal of L1 pediatric verification- 8/5/2025
- Franciscan Health Crown Point - Renewal of L3 adult verification- 9/17/2025
- Franciscan Health Lafayette - Renewal L3 adult verification- 10/21/2025
- Ascension St. Vincent Anderson - Renewal L3 adult verification - 10/28/2025
- Ascension St. Vincent Indianapolis/Peyton Manning Children's - Renewal L1 adult/pediatric - 11/4/2025
- Baptist Health Floyd - Working towards initial Level 3 trauma center verification
- Parkview Regional Health - L2->L1 verification scheduled for 12/2/2026 (building of last L2 reverification 6/4/2025)
- Lutheran Hospital of Indiana- Fort Wayne - Renewal of level 2 adult and Peds through 3/3/2026 (site visit was 2/3/2025), Corrective action must be submitted by 2/4/2026
- Union Hospital- Terre Haute - Corrective action visit completed successfully- verified through 6/30/2027
- Memorial Hospital and Health Care Center- Jasper - L3 reverification- 5/7/2025, Has been reverified through 5/16/2028
- Parkview Regional Health - L2 adult & L2 pediatric reverification- 6/4/2025; verified through 6/12/2028
- Ascension St. Vincent Evansville - Renewal of L2 adult and peds- 6/11/2025, L2 peds extended one year through 8/24/2026

Discussion: TRAC Fiscal Oversight & Operations

Considerations

- Should Trauma Care Commission/IDOH explore:
 - Establish a single not-for-profit entity to oversee the fiscal oversight and daily operations of the three regional TRACs (ie: *Indiana Trauma and Disaster Foundation*)
 - Establish governance model of potential new entity
 - Staff - Statewide Trauma Executive Director?
 - Allocate funds to support operations and staff member

Benefits of Establishing a NFP Entity

- Reduced administrative costs versus each TRAC having an entity
- State only has to contract with one entity
- Ability for TRACs to pool resources to hire staff
- Provides daily operational support
- Provides starting point for MOCC development
- Ability to apply for grants and funding streams outside State funds



Trauma Education & Outreach Subcommittee Update

Jay Woodland, MD, Co-Chair
Deaconess Hospital

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

Trauma Education & Outreach Subcommittee

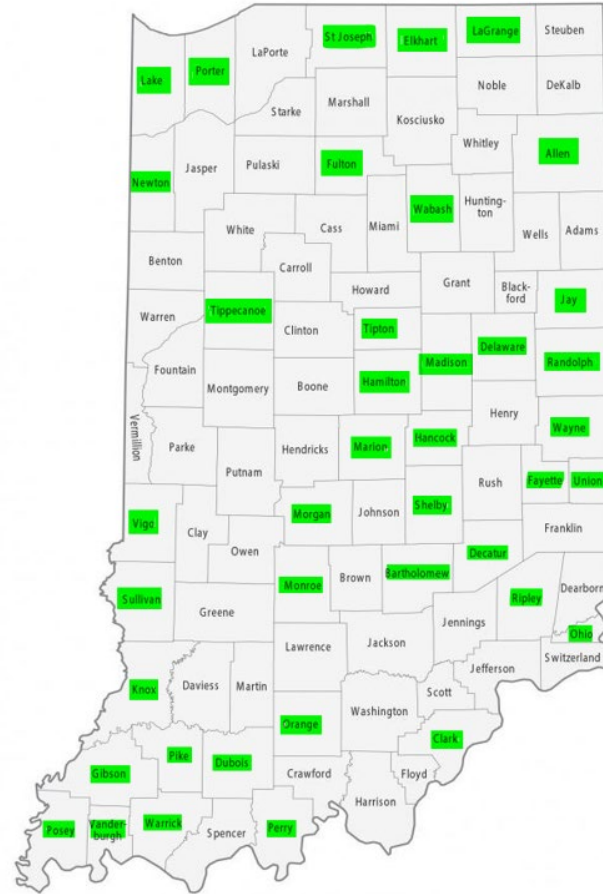
- August 27, 2025

Injury Prevention Mapping

- Visual for Legislation/public awareness
- Data from LHD annual report and hospital reporting
- Health First IN similar map concept that is interactive but not trauma/IP specific
- HFI county scorecards
- Logistics - accuracy/upkeep/apply interactive links for resources...

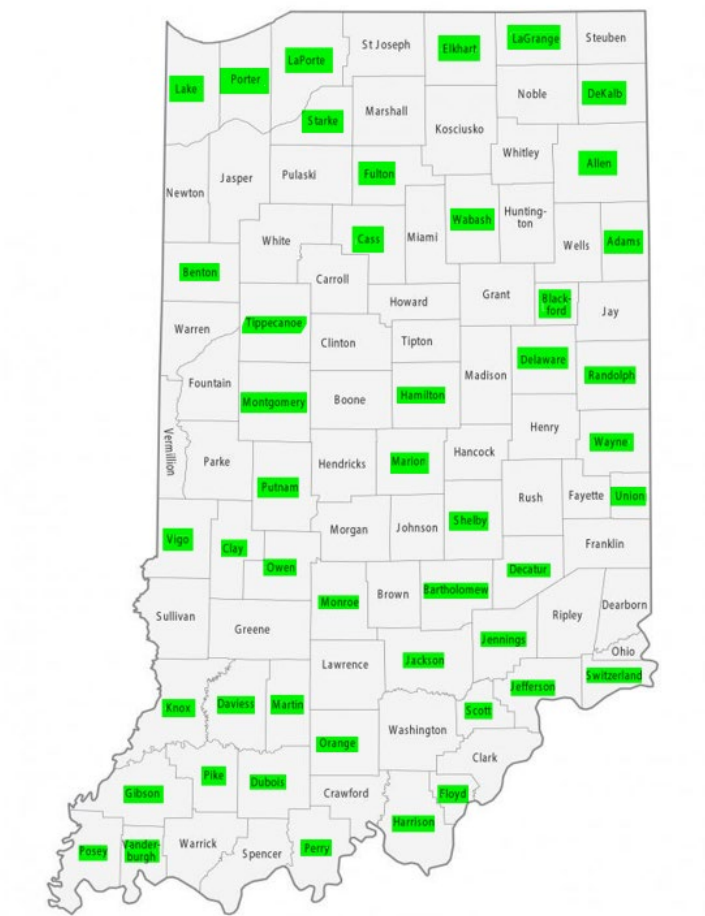
Trauma Education & Outreach Subcommittee

Map reflects available self-reported information from Hospitals and Local Health Departments
Fall Prevention Efforts Documented by County



Trauma Education & Outreach Subcommittee

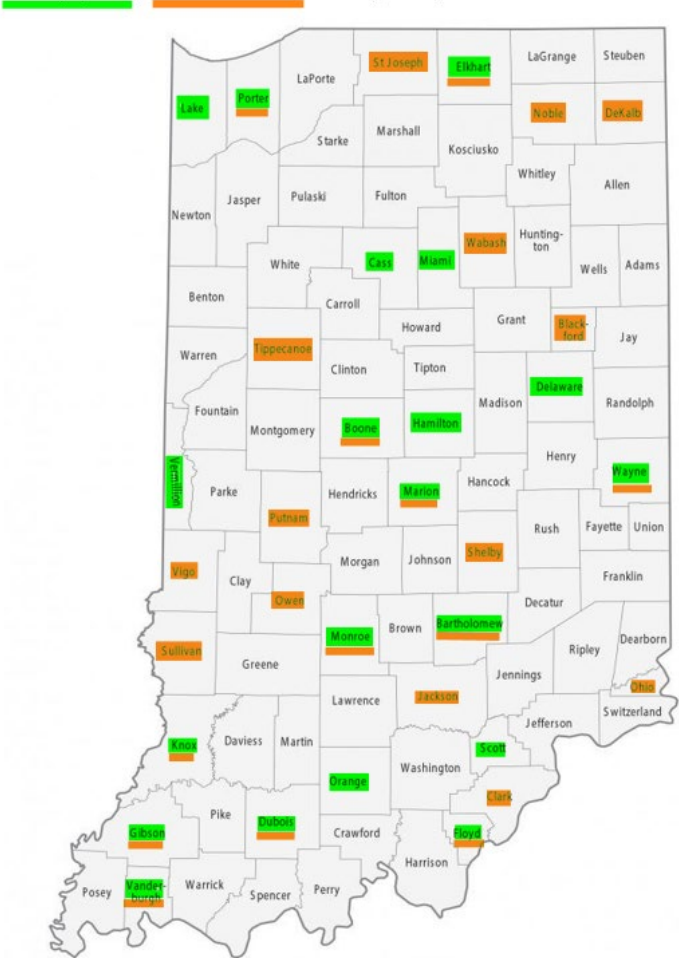
Map reflects available self-reported information from Hospitals and Local Health Departments
Motor Vehicle Safety IP Efforts by County



*Vehicle Passenger/Seat Belt Safety, Car Seat Distribution, Distracted Driving Safety

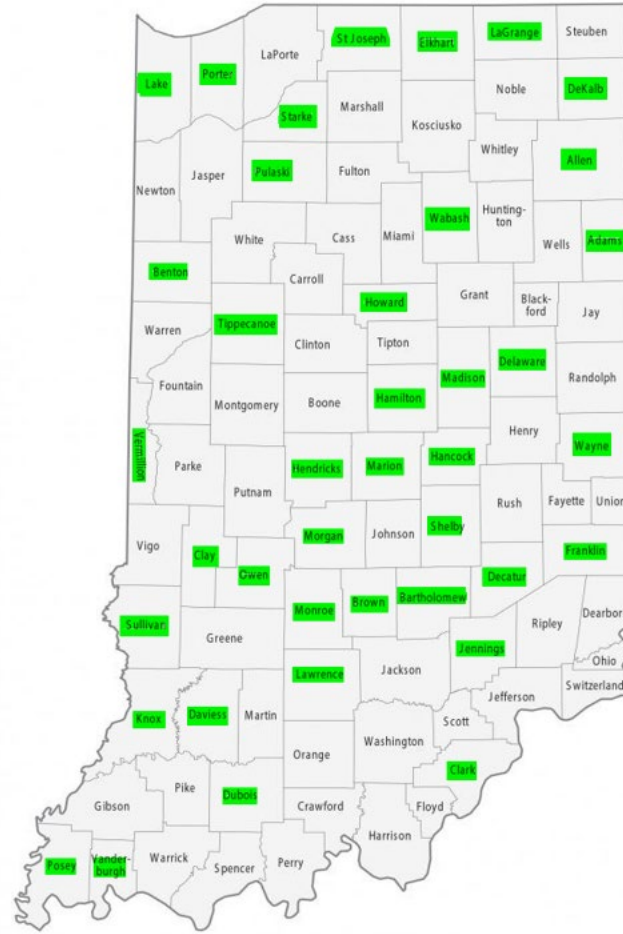
Trauma Education & Outreach Subcommittee

Map reflects available self-reported information from Hospitals and Local Health Departments
Brain Injury Safety/Helmet Distribution Efforts by County



Trauma Education & Outreach Subcommittee

Map reflects available self-reported information from Hospitals and Local Health Departments
Stop the Bleed Training Documented by County



Trauma Education & Outreach Subcommittee

- KPI Discussion
 - Increase # of ATLS/ATCN instructors by ____?
 - Create IP interactive map
 - Create 2 Social media campaigns for IP

IHA Trauma Grant Update November TCC Meeting

Madeline Wilson, MSN, RN, CLSSBB

Trauma System Development Manager

IHA Update-Trauma Symposium

Day One- Total Attendance: 204/226					
	North	Central	South	Multiple	Other
MD/DO	4	6	1	2	1
PA/NP	0	2	0	1	0
RN	16	47	32	0	4
Paramedic	1	10	5	0	0
EMT	1	1	4	1	0
Fire Chief	1	1	1	0	1
Registrar	2	6	7	0	0
Other	0	7	11	14	14
Total	25	80	61	18	20

Day Two- Total Attendance: 103/147			
	North	Central	South
MD/DO	0	0	1
PA/NP	0	0	0
RN	9	29	22
Paramedic	0	6	4
EMT	1	0	6
Fire Chief	1	1	0
Registrar	1	3	5
Other	0	5	5
Total	12	44	43

Day Two Classes	
Tiny Trauma	43
Shift Happens	22
Trauma Registrar	34
Staff	4
Total	103



Donation Winners	
MESH Kits	IU Health Bedford, Ascension St. Vincent Fishers, Pulaski Memorial
Peds Kits	IU Health Morgan, Goshen Health
Stop the Bleed Kits	Goshen Health, Eskenazi Health

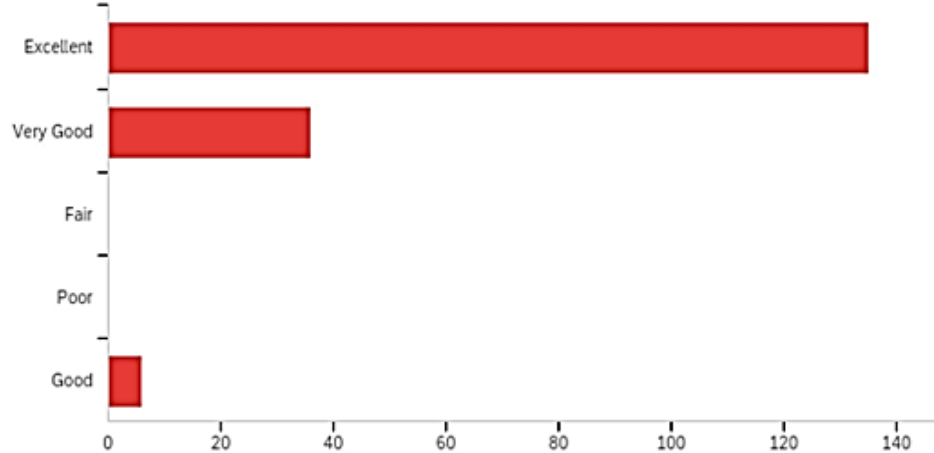
IHA Update-Trauma Symposium

Hospitals Represented			
North	Central	South	
Elkhart Memorial	ASV Indianapolis	ASV Evansville	
Goshen	ASV Fishers	Baptist Health Floyd	
Lutheran Hospital	Community North	Columbus Regional	
Memorial South Bend	Eskenazi Health	Deaconess Gibson	
Pulski Memorial	Franciscan Indianapolis	Deaconess Midtown	
	Greene County	Decatur Memorial	
	Hancock County	Good Samaritan	
	Hendricks County	IUH Bedford	
	IUH Arnett	IUH Bloomington	
	IUH Ball Memorial	Monroe Hospital	
	IUH Methodist	Norton King's Daughter's	
	IUH Morgan	Schneck	
	IUH Riley		
	IUH White		
	Peyton Manning's Childrens		
	Putnam County		
	Reid Health		
	Riverview		
	Sullivan		
	Union Health		
*RED denotes Trauma Center			

- 37 hospitals
- 11 Fire Departments
- District Representatives

Feedback From Attendees

Overall, how would you rate the activity?



87%
Response
rate!!!

#	Answer	%	Count
1	Excellent	76.27%	135
2	Very Good	20.34%	36
3	Fair	0.00%	0
4	Poor	0.00%	0
5	Good	3.39%	6
	Total	100%	177

Topic Suggestions

- More pediatrics
- Wound & blunt trauma care
- ICU/Floor care
- Indiana Trauma data
- Triage
- Hazmat emergencies
- More MCI

Suggestions to improve this
course.....

67 responses-47 responded
“None”

Comments

Successes

- *Mainly the connections that were made and the processes for a mass casualty. We will be doing more drills to be prepared as a CAH.*
- *I plan on implementing SFA techniques into my daily interactions with team members within my department. I also am encouraging our departmental and system leadership to implement a more rigorous MCI drill schedule.*
- *From my perspective, the work I do should improve outcomes and safety. I have decided to look into my hospital's disaster plan and focus on what we can do for improvement.*
- *Loved the breakout session where the districts were able to have some focus time together. Great networking opportunity and talking through resources as a community versus just a hospital system. Would love to see that on an even larger scale in the future.*

Opportunities

- *Good information provided. Very heavy on mass casualty information. Since it is listed as an EM and trauma conference, it would be nice to have more general EM information provided. It felt like all of the conference was dedicated to trauma.*
- *Practical education for issues effecting our ED- provide best care while boarding, triage prioritizing in overcrowded waiting room, deal with verbally combative patients, etc .*
- *Continue to have these opportunities with hospitals, EMS, and other community stakeholders can come together and learn from one another.*
- *Get funds for ATLS for our hospital and area to improve education.*
- *Serve dessert*

IHA Update-Education

Reporting period: 1/1/25-10/13/25	North	Central	South	Total
Total Spent (Non-allocated funds)	\$78,244	\$180,379	\$53,934	\$312,557
ATCN	12	1	24	37
ATLS	2	100	20	122
Cadaver Lab	1 group	23	1 group	23+
ENPC	103	124	36	263
ENPC Instructor	2	8	0	10
TNCC	123	240	69	432
TNCC Instructor	4	9	0	13
Vent Training	0	0	9	9
Trauma Registry	0	0	2	2
TCAR	91	224	78	393
PCAR	33	51	21	105
Completed TCAR/PCAR	24	100	32	156
0% Completions TCAR/PCAR	41	50	18	109
RTIDC	0	13	0	13
Mental Health	0	8	0	8
Thermoreflective Caps	1 bulk	0	0	1 bulk

Trauma Education & Outreach Subcommittee

Consideration:

- Future Symposium

Next meeting November 12, 2025

Trauma Registry Subcommittee Update

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

Trauma Registry Subcommittee

Recent Actions:

1. REGISTRY EDUCATION

- AIS, ICD10, Non-trauma center TQIP attendance this weekend
- **INDIANA TRAUMA REGISTRY COURSE COORDINATION: OVER 50% DONE**
 - Will be housed on IDOH website;
 - Certificate of completion will be issued

2. Requested **TCC subcommittee chair** meetings

3. Summary of trauma vs. non-trauma data quality report

4. IDOH is hosting registry office hours

5. 2026 Indiana Trauma Data Dictionary is almost complete (IDOH)

Indiana Statewide Trauma System Registry Summary

Trauma Volume Overview

- 2024 Total Incidents: 43,360 (N 28% | C 52% | S 20%)
 - Q1 2025: 9,860 incidents; stable distribution
- Facility type: L1 2,195 | L2 2,336 | L3 2,159 | Non-trauma 3,170

Key Point:

Statewide trauma volume stable year-to-year.

Demographics

- 51% male | 49% female
- 77% adults (25–84 yrs), 9% pediatric (<15)
- 86% White | 8% Black/African American
- Payor: Medicare 47%, Private 28%, Medicaid 14%

Observation:

Aging population drives trauma incidence.

Mechanism of Injury

- All ages: Falls 64%→71%
- Adults: Falls 35%, MVC 20%, Firearm ~10%
- Older Adults (65+): Falls 88–90%
- Pediatric: Falls 52%, MVC 17%, Struck 13%

Key Trend:

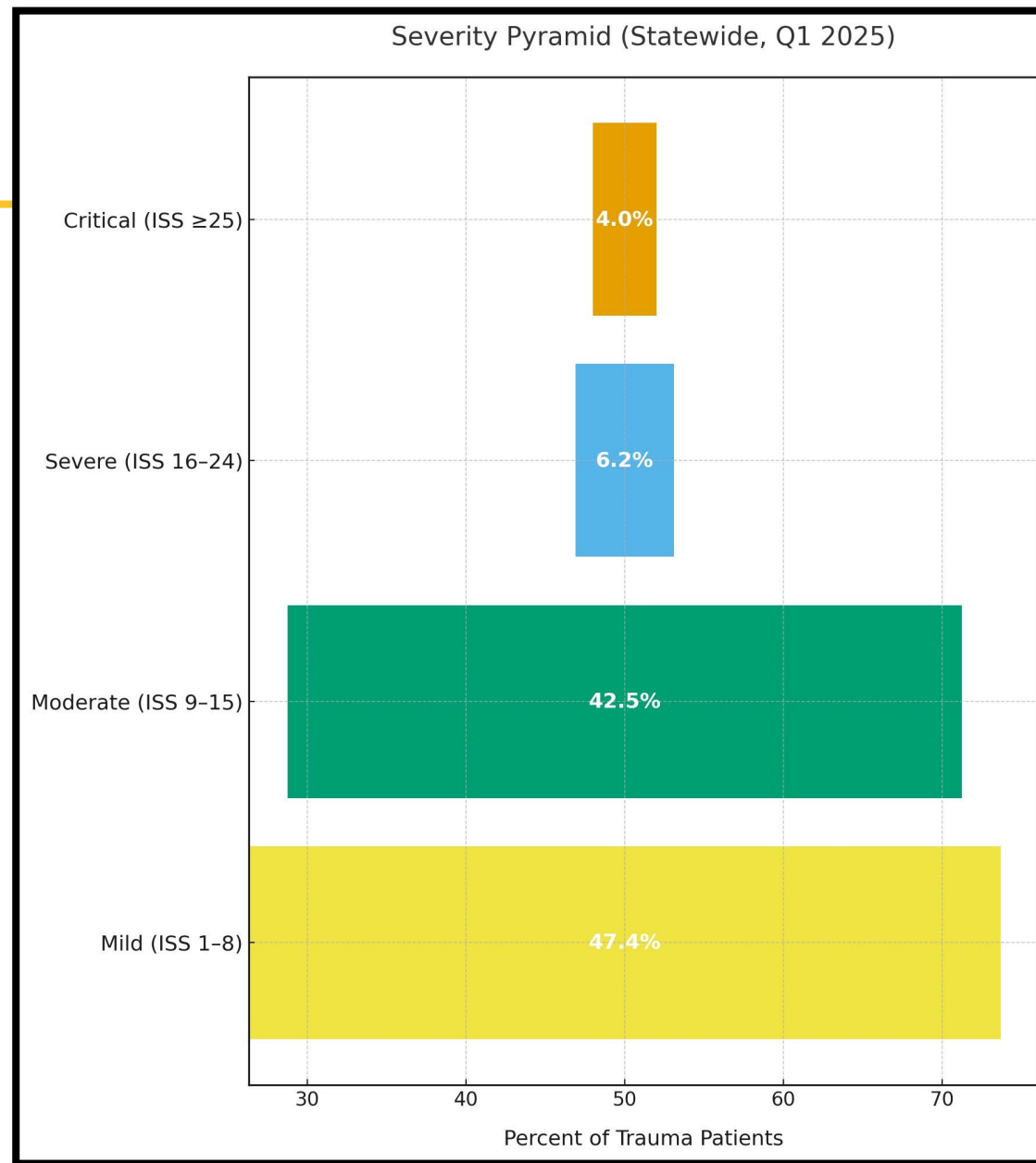
Falls remain leading cause statewide.

Injury Severity

- ISS Distribution: 1–8 47%, 9–15 42%, 16–24 6%, 25+ 4%
- Severe Injury (ISS>15): ~11% of cases
- Highest Severity in Ages 15–44: 17–20%

Key Insight:

Severity stable; young adults most severe trauma.



Prehospital & Transfers

- Transferred to Level 1: ~51%
- Transport: Ground 70%, Private 27%, Helicopter 2–3%
- Under-triage: 17.9% (2024) → 18.8% (2025)
- Median EMS Time: 44–45 min (notify to ED arrival)

Opportunity:

Refine field triage and routing protocols.

ED Throughput

- Median ED LOS: 2.2h orders | 3.9h exit
- <4h goal met: ~62%
- <2h transfers (critical patients): ~20%

Challenge:

Critical transfers take >2 hours in ~80% of cases.

Due to multi-step delays:

Imaging → bed availability → Transport activation and transport availability

This is one of the highest-impact improvement areas in the statewide trauma system →

Reducing time to definitive care has a direct connection to survival for ISS > 25

(ACS TQIP; EAST; Sampalis et al.; Nathens)

Hospital Events / Complications

- Any **Event**: 6.0% → 6.2%
- Delirium 2.15%, Unplanned ICU 2.05%, DVT 0.46%

Focus:

Geri-trauma performance improvement.

LOS & Disposition

- Median LOS: 4→5 days | Mean 5.8 days
- By Severity (ISS 25+): Mean 11.2 days
- Disposition: Floor 46%, ICU 24%, OR 11%, Mortality 2.5%

Observation:

Slight LOS increase due to acuity.

Mortality Summary

- CFR (Case Fatality Ratio): 2.5% (Stable)
- Firearm mortality: 17.1%→19.2%
- ISS \geq 25: CFR ~23% (Ohio 26.4%, Georgia 28.4)

Takeaway:

Mortality stable; firearm lethality rising slightly.

Indiana Statewide Trauma System Registry Summary

System Highlights for TCC:

1. Volume stable statewide
2. Falls dominate all ages
3. Under-triage ~18%
4. ED delays persist & delay in transfer
5. Delirium & ICU readmissions rising
6. Mortality stable

Focus 2026:

Triage efficiency & geriatric trauma outcomes.

PI Plan Targets/Recommendations:

Triage to trauma centers



Timely transfer to trauma centers



Prevention of complication in older adults



Registry Funding

Indiana North TRAC: Yes

Indiana Central TRAC: Yes

Indiana South TRAC: No

Funding will be provided per case received **meeting the inclusion criteria** by the state registry for data year 2024.

Registry Funding

Trauma Registrar Staffing

- Detail of job description, and hours

Registry System Infrastructure

- Software licensing/renewal
- Data warehousing or platforms
- Laptop/workstation upgrades
- Data storage and backup programs
- Interface development (between EMR and registry)
- Automated extraction tools (reduce manual entry)

Data Quality and Validation

- External data audits
- Chart abstraction validation tools
- Cross-database integration projects (EMS→Hospital→Rehab)
- Case review process support (ensure accuracy)
- Contracted clinic support (coder or Nurse abstractor validation)

Registry Funding

Performance Improvement (PI) & Outcomes Reporting

- Development of PI dashboards and outcome summaries
- Support for Trauma Performance Improvement Committees
- Development of mortality and risk-adjusted benchmarking reports
- Support for OPTIMAL review preparation or Level upgrade planning
- Support for TQIP report interpretation sessions and training

Education, Training & Workforce Development

- TQIP training, NTDS training, and data dictionary courses
- Conference attendance (TQIP Annual Meeting, ATS, STN, AAAM)
- ACS or STN Trauma Registrar Course tuition
- New staff onboarding curriculum development
- Travel expenses for collaborative TRAC-wide data meetings

Registry Funding

Research & Publication Support

- Data analytics personnel time for statistical analysis
- IRB submission and regulatory compliance support
- Academic writing/editing support
- Poster printing costs for state, regional, or national presentations
- Software licenses (e.g., SPSS, SAS, RStudio, NVivo)

Regional Coordination & System Development

- Shared TRAC-wide data dashboards
- Regional injury pattern surveillance reports
- Support for regional trauma registry education symposiums
- EMS data sharing and trauma triage feedback loops
- Support for rural hospital outreach & performance feedback
- Facilitation of TRAC Data Workgroups

Registry Funding

Prevention & Outreach (Only When Data-Linked)

(This is allowed when clearly justified using registry-derived injury trends.)

- Targeted injury prevention campaigns driven by local injury data
- Community education materials tied to demonstrated injury mechanisms
- Support for Stop the Bleed linked to trauma patterns & regional need
- Printed reports for community stakeholders and legislators

The key is the activity must be *data-driven* and documented as improving trauma system performance; AND directly meets ACS and state trauma system intent.

Questions



Performance Improvement Subcommittee Update

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

Scott Thomas, MD, Co-Chair
Trauma Medical Director, Memorial Hospital South Bend

Performance Improvement Subcommittee

- Last meeting 9/11
- PI indicator review and finalization
- Last call this past week
- Final review and approval of the Trauma Performance Improvement Plan
- Discussion of Phase 2 objectives

Performance Improvement Subcommittee

- Review of Plan
- Indicator Discussion
- PI targets – local, regional, state

Performance Improvement Subcommittee

Action Items

- Approval of Performance Improvement Plan
- Performance Indicator Approval/Discussion
- Continue to look at means of data quality improvement- timeliness, completeness, etc.

Performance Improvement Subcommittee

Questions?

Next meeting Thursday 1/22 at 1pm

Disaster Preparedness and Military Integration Subcommittee Update

David Welsh, MD, Co-Chair
Surgeon, Margaret Mary Health

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

Disaster Preparedness and Military Integration Subcommittee

- We are 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
- ***If the Indiana Army National Guard or Air National Guard could be involved in any of these trainings, this is also of particular interest***
- Email markliao@iu.edu and david.welsh@mmhealth.org

Line of Effort #1

- Statewide model **Training Affiliation Agreement** being designed for interested hospitals/EMS agencies to partner with Indiana Army National Guard and Indiana Air National Guard
- Concept is to have Army and Air Force Medics in hospitals and EMS systems to sustain their combat medical skills (e.g. hemorrhage control, airway management, tactical combat casualty care)
- Status:
 - Preliminary concept being championed within IDOH and Indiana National Guard on both Air Force and Army side
 - Subcommittee members worked with ISMA to pass Resolution 25-34A, encouraging legislation to support integration of medics into Emergency Departments and EMS agencies

Line of Effort #2

Subcommittee strongly supports a comprehensive, trauma-focused Statewide exercise to evaluate disaster preparedness

Subcommittee providing technical guidance to IDOH and IDHS on a recommended scenario that would involve:

- Mass casualty operations
- Patient Tracking and Patient Distribution
- Ambulance Strike Teams
- Military Support/ Defense Support of Civil Authorities
- Patient Evacuation (possibly requiring Federal Coordination Centers)

Line of Effort #2

Ideally, if Regional Medical Operations Concept (RMOC) operational, this would also be tested in the exercise (RMOC strongly recommended as part of ACS report on Indiana Trauma System)

Status

- Subcommittee meeting with IDHS, IDOH and IHEPS
- Likely planning for exercise in 2026
- Actual exercise in 2027, starting with tabletop, later functional exercise

Disaster Preparedness and Military Integration Subcommittee

- No items require voting from TCC



INDIANA EMS State Update

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



2024 Pediatric Incident Data Report



- Detailed report includes:
 - Total pediatric incidents
 - Number of incidents by age
 - Number of incidents by county (top 20)
 - Incidents by month



2024 Pediatric Incident Data Report

TOP 20: PRIMARY SYMPTOMS

TOP 20: INCIDENT COMPLAINTS BY DISPATCH

1	Transfer/Interfacility/ Palliative Care	11,148	11	Overdose/Poisoning/Ingestion	1,667
2	Traffic/Transportation Incident	9,025	12	Assault	1,140
3	Sick Person	6,564	13	Abdominal Pain/Problems	1,026
4	Breathing Problem	6,520	14	Allergic Reaction/Stings	980
5	Convulsions/Seizure	5,828	15	Choking	947
6	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	4,879	16	Hemorrhage/Laceration	819
7	Traumatic Injury	3,998	17	Unknown Problem/Person Down	733
8	Unconscious/Fainting/ Near-Fainting	2,061	18	Cardiac Arrest/Death	565
9	No Other Appropriate Choice	1,913	19	Chest Pain (Non-Traumatic)	460
10	Falls	1,881	20	Animal Bite	358

1	General examination without complaint, suspected or reported diagnosis	4,100
2	Suicidal ideations	3,385
3	Not applicable	1,748
4	Shortness of breath	1,697
5	Fever	1,627
6	Seizure:absence, partial, grandmal (tonic/clonic)	1,612
7	Pain, unspecified	1,603
8	Weakness	1,411
9	Altered mental status	1,408
10	Unspecified injury of head	1,294
11	Dyspnea	1,270
12	Other general symptoms and signs	1,123
13	Seizure, febrile	1,120
14	Nausea with vomiting, unspecified	1,078
15	Cough	1,003
16	Other seizures	984
17	Seizure (convulsive)	976
18	Pain, headache	939
19	Syncope and collapse	934
20	Hemorrhage or bleeding	842



2024 Pediatric Incident Data Report

- Top 20 medications administered
- Top 10 procedures performed
- Top 20 causes of injury
- Transport methods
- Top 20 hospital destinations
- Top 20 reasons for destination choice
- Cardiac arrest statistics (472 cardiac arrest for peds in 2024)
 - Cardiac arrests by age
 - Cardiac arrest etiology
 - ROSC
 - Resuscitation attempts and AED usage





2024 Pediatric Incident Data Report

- <https://www.in.gov/dhs/ems/ems-data/>
- **Pediatric Incident Data Report**
- [2024 Indiana Pediatric Incident Data Report](#)

The screenshot shows the Indiana Department of Homeland Security (IDHS) EMS Data website. The browser address bar displays [in.gov/dhs/ems/ems-data/](https://www.in.gov/dhs/ems/ems-data/). The website features a dark blue sidebar with a navigation menu including sections like Newsroom, Administrative Review, Boards and Commissions, Building Plan Review, Emergency Management, Emergency Medical Services, Grants, Hazmat and Radiation Programs, School Safety, State Fire Marshal, Training and Certifications, Resources, Applications, Forms and Permits, Burn Ban Map, Business EOC, and Calendar. The main content area is titled "EMS Data" and includes a search bar, a "Submit an EMS Support Ticket" button, a phone number (317-234-7322), and an email address (ems certifications@dhs.in.gov). Below this, there are four buttons: "ImageTrend Login", "ImageTrend Support", "EMS Vehicle Crash Form", and "Naloxone Use Map". The "Data Sources and Reports" section is visible, with tabs for IDHS EMS Division, Governor's Public Health Commission, Indiana EMS Quality Improvement Reports, Local EMS Data, Data Collection and Statistics, and Crash and Data Facts. The "IDHS EMS Division" tab is active, showing links to the "Indiana EMS 2025 Report" and "IDHS EMS Division Annual Reports" for the years 2024, 2023, 2022, and 2021. A link to the "2024 Indiana Pediatric Incident Data Report" is also present under the "Pediatric Incident Data Report" section.



HEALTH FIRST

EMS READINESS



Mobile Integrated Healthcare - IDHS EMS Companion Grant

- The Mobile Integrated Healthcare (MIH) Grant Program provides support for communities to develop and implement a mobile integrated healthcare program consistent with IC 16-31-12-4. The grant in statute was not funded for FY2026 or FY2027.

In its place, the IDHS EMS Division created a companion grant structured after the MIH Grant Program in statute but is funded by EMS Readiness funding. This grant will support the development of new or expansion of existing mobile integrated healthcare programs.

Application period: Sept. 1 – Sept. 30, 2025

The [MIH Grant Notice of Funding Opportunity](#) (NOFO) on the IDHS MIH webpage contains additional information on the grant.

Eligible applicants

Basic eligibility requirements:

Must be a currently-certified EMS provider organization (BLS non-transport, BLS transport, ALS non-transport and ALS transport—including Advanced EMT).

Programs not currently certified as an EMS provider organization must apply for provider organization status prior to applying for the grant.

Must be an approved MIH program (may be approved concurrently with approval of the grant).

Other eligibility requirements include:

Supplier/vendor registration with the state of Indiana.

Bidder registration with the state of Indiana.

For more information, contact mih@dhs.in.gov or

MIH Coordinator Emily Castor at

ecastor@dhs.in.gov.



IDHS AED Grant

- This is a request for funding proposal issued by the Indiana Department of Homeland Security to support the development and operational support of EMS across Indiana to respond to cardiac arrest emergencies.

BLS non-transport organizations are being prioritized given that these are generally the first on scene and can make a difference with a timely response with the appropriate equipment including an automated external defibrillator (AED) and supplies.

The state vendor has a variety of models that should allow most organizations to purchase a product that is compatible with their transporting EMS.

The application period: Sept. 1 – Sept. 30, 2025

The [AED Grant Notice of Funding Opportunity](#) (NOFO) on the EMS Grants webpage contains additional information on the grant as well as the AED Grant Application.

Eligible applicants

All applicants shall be a current state-certified BLS non-transport provider or be in process of becoming a state-certified BLS non-transport service. All awardees must currently report fire/EMS reports to the state ImageTrend program. The provider must be current as of time of application.

For more information, contact Education Coordinator Zach Westfall at zwestfall@dhs.in.gov.





2026 Legislative Update

Kraig Kinney



Crossroads Conference, French Lick in November



IDHS is partnering with the IEMSA/ENA on the following:

- MIH pre-conference
- NREMT preconference for educators
- Handtevy pre-conference
- IDHS is also a main conference sponsor and will be in the Exhibit Hall for networking and collaboration. IDHS will also have the new EMS driving simulator present.



2026 Meeting Dates

EMS Commission

Meetings at MADE @ Plainfield (10 a.m. EST)

- January 9th, 2026
- March 13th, 2026
- May 8th, 2026
- July 10th, 2026

Indiana Fire & EMS Leadership Conference

- September 9th, 2026 (1 p.m. EST)

IEMSA/ENS Crossroads Conference

- November 18th, 2026** (1 p.m. EST)

MIH Committee

*Meetings at MADE @ Plainfield
(Classroom 142) (10 a.m. EST)*

- February 13th, 2026
- April 10th, 2026
- June 12th, 2026
- August 14th, 2026
- October 9th, 2026
- December 11th, 2026



HAVE FEEDBACK?

We want to hear from you!

Kraig Kinney kkinney@dhs.in.gov

Dr. Eric Yazel eyazel@dhs.in.gov

Final Business

2026 Meetings:

February 6, 2026

May 1, 2026

August 7, 2026

November 6, 2026

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