Updates

Katie Hokanson, Trauma and Injury Prevention Director
Jessica Schultz, Injury Prevention Epidemiologist Consultant

Email questions to: indianatrauma@isdh.in.gov
2016 EMS Medical Director’s Conference

- Friday, August 26, 9 – 3:30
- Sheraton Indianapolis at Keystone Crossing

Email questions to: indianatrauma@isdh.in.gov
2016 Indiana Latino Expo
Labor of Love Summit 2016
Helping Indiana Reduce Infant Death

- Monday, October 17, 8 – 5
- JW Marriott
- Success Through Partnerships
- *NEW* Training for Emergency Response Professionals
  - Direct On-Scene Education

Email questions to: indianatrauma@isdh.in.gov
Labor of Love Summit 2016
Helping Indiana Reduce Infant Death

Email questions to: indianatrauma@isdh.in.gov
Labor of Love Summit 2016
Helping Indiana Reduce Infant Death
Prescription Drug Overdose Prevention for States Program
Supplement application Update

• Funded!
• Duration: 3 years

• FOA Released 5/26/2016
• Application due 6/27/2016
• Received NOA 9/1/2016

Email questions to: indianatrauma@isdh.in.gov
Prescription Drug Overdose: Prevention for States Grant

Grant Activities:

1. Enhance and maximize prescription drug monitoring program (INSPECT)

2. Implement community interventions in high-need areas

3. Evaluate impact of policy changes in Indiana

Email questions to: indianatrauma@isdh.in.gov
PFS Supplemental: Strategy 2

1) Resources to 18 local health departments to build regional PDO prevention infrastructure

2) Establish a train-the-trainer programs for naloxone & PDO prevention education

3) Resources to coroners to improve toxicology testing and reporting for improve surveillance

Email questions to: indianatrauma@isdh.in.gov
High Burden County Selection

- Rate of opioid deaths.
- Rate of non-fatal opioid Emergency Department visits.
- All drug poisoning death rates.
- Community Need
  - Poverty Rate.
  - Health department capacity.
  - Controlled substance prescriptions filled and entered into INSPECT per person.
  - Inadequate social support.
  - Monthly unemployment rate.

Email questions to: indianatrauma@isdh.in.gov
High Burden Counties

1. Blackford
2. Clark
3. Crawford
4. Delaware
5. Grant
6. Howard
7. Jennings
8. LaPorte
9. Lawrence
10. Marion
11. Montgomery
12. Morgan
13. Pulaski
14. Starke
15. Sullivan
16. Tipton
17. Vanderburgh
18. Washington

Email questions to: indianatrauma@isdh.in.gov
# Prescription Drug Overdose: Prevention for States Grant

**PDO Staff**

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Role</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayley Dotson</td>
<td>PDO Epidemiologist</td>
<td><a href="mailto:kdotson@isdh.in.gov">kdotson@isdh.in.gov</a></td>
<td>317-234-9656</td>
</tr>
<tr>
<td>Bonnie Bernard</td>
<td>PDO Community Outreach Coordinator</td>
<td><a href="mailto:bbernard@isdh.in.gov">bbernard@isdh.in.gov</a></td>
<td>317-234-1304</td>
</tr>
<tr>
<td>Annie Hayden</td>
<td>PDO Records Consultant</td>
<td><a href="mailto:anhayden@isdh.in.gov">anhayden@isdh.in.gov</a></td>
<td>317-234-9729</td>
</tr>
<tr>
<td>Lauren Savitskas</td>
<td>PDO Community Outreach Coordinator</td>
<td><a href="mailto:lsavitskas@isdh.in.gov">lsavitskas@isdh.in.gov</a></td>
<td>317-234-9657</td>
</tr>
</tbody>
</table>

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)
Regional Updates

Email questions to: indianatrauma@isdh.in.gov
Regional updates

- District 1
- District 2
- District 3
- District 5
- District 6
- District 10

Email questions to: indianatrauma@isdh.in.gov
Emergency Department Survey Results

Spencer Grover, Indiana Hospital Association
<table>
<thead>
<tr>
<th>2011 Results</th>
<th>2015 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 79 hospitals</td>
<td>• 93 hospitals</td>
</tr>
<tr>
<td>• All Hospitals</td>
<td>• All hospitals</td>
</tr>
<tr>
<td>• Trauma Centers</td>
<td>• Verified Trauma Centers</td>
</tr>
<tr>
<td>• Non-trauma centers</td>
<td>• In Process and Verified Trauma Centers</td>
</tr>
<tr>
<td></td>
<td>• Non-trauma Centers</td>
</tr>
</tbody>
</table>

Email questions to: indianatrauma@isdh.in.gov
## Calculations

**Physician Requirements to work in the Emergency Department**

<table>
<thead>
<tr>
<th># of Annual ED Visits</th>
<th>BC or BE in Another Speciality (not Emergency Medicine)</th>
<th>Licensed Indiana Physician</th>
<th>Hospitals That Do Not Require BC/BE in Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25,000</td>
<td>23</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>25,000-50,000</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>50,000-100,000</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>&gt;100,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>15</td>
<td>46</td>
</tr>
</tbody>
</table>

Email questions to: indianatrauma@isdh.in.gov
## Calculations

<table>
<thead>
<tr>
<th># of Annual ED Visits</th>
<th>ATLS</th>
<th>ACLS</th>
<th>PALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25,000</td>
<td>15 (65%)</td>
<td>20 (87%)</td>
<td>15 (65%)</td>
</tr>
<tr>
<td>25,000-50,000</td>
<td>2 (29%)</td>
<td>5 (71%)</td>
<td>5 (71%)</td>
</tr>
<tr>
<td>50,000-100,000</td>
<td>1 (100%)</td>
<td>1 (100%)</td>
<td>1 (100%)</td>
</tr>
<tr>
<td>&gt;100,000</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>18 (58%)</td>
<td>26 (84%)</td>
<td>21 (68%)</td>
</tr>
</tbody>
</table>

**Summary**

Hospitals Requirement: BC/BE in Another Specialty
Comparisons: All Hospitals

- Participating Hospitals, 79 to 93
- Physicians staffing the ED to be BC or BE in Emergency Medicine, 42% to 67%
- Lower ATLS, ACLS and PALS
- CEUs increased
Comparisons: Trauma Centers

- BC or BE in Emergency Medicine or another specialty, **57% to 100%**
- Increase in ATCN, TNCC and ENPC
- PALS
- APN and PA requirements
Comparisons: Non-trauma Centers

- BC or BE in Emergency Medicine, 53% to 62%
- Non-physician requirements
- CEU requirements for RNs, APNs and PAs
Subcommittee Update
Designation Subcommittee

Dr. Gerry Gomez, Trauma Medical Director
Eskenazi Health

Email questions to: indianatrauma@isdh.in.gov
Trauma Designation
Subcommittee Update

October 21, 2016
Gerardo Gomez, MD, FACS
Committee Chair

Dr. Lewis Jacobson, Dr. R. Lawrence Reed, Spencer Grover, Wendy St. John, Jennifer Mullen, Lisa Hollister, Amanda Elikofer, Katie Hokanson, Ramzi Nimry, Missy Hockaday, Teri Joy, Art Logsdon, Judy Holsinger, Jennifer Conger, Dr. Emily Fitz, Dr. Matthew Sutter, Dr. Christopher Hartman, Ryan Williams
ISDH Trauma Designation
Subcommittee Meeting Agenda
9/29/2016

1. 1 Year Reviews
   a. Methodist Northlake Hospital; Gary, Indiana– Level III
2. Terre Haute Regional Hospital proposal
3. Eskenazi ACS Trauma Reverification visit (September 8-9, 2016)
1.) Methodist Northlake; Gary, Indiana– Level III

- This is the second 1 year report Methodist Northlake has submitted.
- The application was reviewed and no deficiencies were discovered by the subcommittee.
- The subcommittee proposes to approve the 1 year progress report.
- Verification visit scheduled for February 2017.
2.) Terre Haute Regional Hospital Proposal

- After much discussion, the subcommittee proposes leaving the 2 year language the same at this time.

- The subcommittee will review the status of applicant institutions on a case by case basis.

- Consultation visit September 2016

- Verification visit planned Fall 2017

- One year progress report
### “In the Process” of ACS Verification Trauma Centers

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Level</th>
<th>Adult / Pediatric</th>
<th>“In the Process” Date*</th>
<th>1 Year Review Date**</th>
<th>ACS Consultation Visit Date</th>
<th>ACS Verification Visit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franciscan St. Elizabeth East</td>
<td>Lafayette</td>
<td>III</td>
<td>Adult</td>
<td>12/20/2013</td>
<td>02/20/2015</td>
<td>02/12-02/13, 2015</td>
<td>December 2015 Focus Visit: 11/15/16</td>
</tr>
<tr>
<td>Community Hospital Anderson</td>
<td>Anderson</td>
<td>III</td>
<td>Adult</td>
<td>06/20/2014</td>
<td>08/21/2015</td>
<td>May 2016</td>
<td>July/August 2017</td>
</tr>
<tr>
<td>Methodist Northlake</td>
<td>Gary</td>
<td>III</td>
<td>Adult</td>
<td>08/20/2014</td>
<td>10/30/2015</td>
<td>10/7-10/8, 2015</td>
<td>February 2017</td>
</tr>
<tr>
<td>Reid Health</td>
<td>Richmond</td>
<td>III</td>
<td>Adult</td>
<td>12/18/2015</td>
<td>January/February 2017</td>
<td>02/02-02/03, 2016</td>
<td>June 2017</td>
</tr>
<tr>
<td>Terre Haute Regional Hospital</td>
<td>Terre Haute</td>
<td>II</td>
<td>Adult</td>
<td>12/18/2015</td>
<td>January/February 2017</td>
<td>09/08-09/09, 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>Union Hospital</td>
<td>Terre Haute</td>
<td>III</td>
<td>Adult</td>
<td>02/26/2016</td>
<td>March/April 2017</td>
<td>09/01-09/02, 2016</td>
<td>TBD</td>
</tr>
<tr>
<td>Memorial Hospital &amp; Health Care Center</td>
<td>Jasper</td>
<td>III</td>
<td>Adult</td>
<td>08/24/2016</td>
<td>September/October 2017</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

*Date the EMS Commission granted the facility “In the process” status
**Date the Indiana State Trauma Care Committee (ISTCC) reviewed/reviews the 1 year review documents. This date is based on the first ISTCC meeting after the 1 year date.

Facility is past the two year mark for their “In the Process” status.

Updated on: Wednesday, September 28, 2016
Locations of ACS Verified and "In the Process of ACS Verified" Trauma Centers in Indiana

Level I: 4 Verified Centers / Level II: 5 Verified Centers (1 Center in process) / Level III: 4 Verified Centers (7 Centers in process)
Subcommittee Update
Indiana Trauma Quality Improvement (InTQIP) Subcommittee

Dr. Peter Jenkins, Trauma Surgeon
IU Health Methodist Hospital

Email questions to: indianatrauma@isdh.in.gov
Subcommittee Update
Performance Improvement
Subcommittee

Missy Hockaday, Trauma System Manager
IU Health Methodist Hospital

Email questions to: indianatrauma@isdh.in.gov
ISDH Performance Improvement Subcommittee October 2016 update

Committee Members: Chair Larry Reed, MD Adam Weddle, Brittanie Fell, Chuck Stein, Gene Reiss, Jennifer Mullen, Kelly Mills, Lindsay Williams, Mary Schober, Tracy Spitzer, Amanda Rardon, Carrie Malone, Dawn Daniels, Jeremy Malloch, Kristi Croddy, Lisa Hollister, Missy Hockaday, Peter Jenkins, MD, Stephanie Savage, MD, Spencer Grover, Wendy St. John, Annette Chard, Chris Wagoner, Dusten Roe, Jodi Hackworth, Latasha Taylor, Merry Addison, Regina Nuseibeh, Tammy Robinson, Bekah Dillion, Christy Claborn, Emily Grooms, Kasey May, Lesley Lopossa, Marie Stewart, Michele Jolly, Sarah Quaglio, Mark Rohfing

ISDH Staff: Katie Hokanson, Ramzi Nimry, Camry Hess
Goals

1. Increase the number of hospitals reporting data to Indiana Trauma Registry
2. Decrease average ED LOS at non-trauma centers
   - Identification of “root cause”
   - “Reason for Transfer Delay”
   - Analysis by shock index, GCS, ISS, age, body region, single vs. multiple system
3. Increase EMS run sheet collection
4. Improve trauma registry data quality
Number of Hospitals Reporting

Trauma Registry, Number of Hospitals Reporting Data by Month

<table>
<thead>
<tr>
<th>Month</th>
<th># of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-13</td>
<td>44</td>
</tr>
<tr>
<td>Mar-13</td>
<td>42</td>
</tr>
<tr>
<td>May-13</td>
<td>48</td>
</tr>
<tr>
<td>Jul-13</td>
<td>50</td>
</tr>
<tr>
<td>Sep-13</td>
<td>52</td>
</tr>
<tr>
<td>Nov-13</td>
<td>56</td>
</tr>
<tr>
<td>Jan-14</td>
<td>84</td>
</tr>
<tr>
<td>Mar-14</td>
<td>84</td>
</tr>
<tr>
<td>May-14</td>
<td>89</td>
</tr>
<tr>
<td>Jul-14</td>
<td>89</td>
</tr>
<tr>
<td>Sep-14</td>
<td>92</td>
</tr>
<tr>
<td>Nov-14</td>
<td>91</td>
</tr>
<tr>
<td>Jan-15</td>
<td>94</td>
</tr>
<tr>
<td>Mar-15</td>
<td>91</td>
</tr>
<tr>
<td>May-15</td>
<td>95</td>
</tr>
<tr>
<td>Jul-15</td>
<td>96</td>
</tr>
<tr>
<td>Sep-15</td>
<td>95</td>
</tr>
<tr>
<td>Nov-15</td>
<td>98</td>
</tr>
<tr>
<td>Jan-16</td>
<td>98</td>
</tr>
<tr>
<td>Mar-16</td>
<td>100</td>
</tr>
</tbody>
</table>
District Success

- District 1 (13/13) 100%
- District 2 (9/10) 90%
- District 3 (13/16) 81%
- District 4 (7/7) 100%
- District 5 (22/25) 88%

- District 6 (15/15) 100%
- District 7 (7/7) 100%
- District 8 (8/9) 89%
- District 9 (7/10) 70%
- District 10 (9/9) 100%

*4 new hospitals added to the list of hospitals submitting data to Trauma Registry*
ED LOS at non-trauma centers

- Effective Feb 2016, ISDH provides follow-up to all facilities with ED LOS >2 hours
  - Q3 2015: 76 letters sent and 28% respondent rate
  - Q4 2015: 68 letters sent and 18% respondent rate
ED LOS/Reason for Transfer Delays

Less than 5 cases: Patient should not have been included in registry, shift change, patient choice to transfer, specialty surgeon availability at referring facility, referring facility issue, new staff in ED, transfer for ETOH withdraw, communication issue, new EMR, Blood bank delay, receiving hospital issue - VA, OR availability at referring facility, weather
Reasons for Delay

Reason for Transfer Delay Q3 and Q4 2015

Count

- Imaging / Radiology Delay: 55
- Receiving Hospital Issue: 40
- ED Delay: 33
- Stable / Non-Critical Patient: 28
- Injuries identified during CT scan: 26
- Delay in accepting Physician: 22
- ED Volume: 16
- Low Reserve for Transfer: 14
- Multiple Consults: 13
- Shift Change: 11
- Patient Choice to Transfer: 11
- Receiving Facility Issue: 6
- Specialty surgeon availability at Referring Facility: 4
- New staff in ED: 3
- New DRG: 2
- Transfer for ETOH Withdraw: 2
- Communication Issue: 2
- Injuries identified during CT scan: 2
- Medics patient in CAH hospital keep same encounter when patient is on the way: 2
- Blood Bank Delay: 1
- Receiving Hospital Issue - VA: 1
- OR availability: 1
- Weather: 1

Quarter 3
Quarter 4
Reasons for Transfer Delay

- Data Q3 vs Q4 2015
  - Hospital Respondents declined 12 (21)
  - Number of delay responses declined 126 (297)

- Identification of barriers
  - Why do we have a decline?
  - How can we improve the submission of information?
  - What are we going to do with the information?

- National Search for QA tracking for delays (Kansas, Minnesota, Nebraska)
Inter-facility Transfer Protocols

- No delays for CT scans, X-rays, or labs
- Physiologic criteria and anatomic criteria
  - Respiratory distress, shock, infusing blood
  - CNS, chest, pelvis/abdomen, major extremity injury, multi-system injury, co-morbid factors, secondary deterioration
- Procedure prior to patient arrival
- Procedure after patient arrival
EMS Run sheet collection

Number of EMS Providers Not Leaving Run Sheets based on Number of Hospitals Reporting

- 02/16: Started sharing hospital's name with IDHS
- 04/16: Started requesting admission date & cause of injury

Timeframe Reported Run Sheet Missing

- 08/15-10/15: 18
- 10/15-12/15: 15
- 12/15-02/16: 18
- 02/16-04/16: 7
- 04/16-06/16: 4
- 06/16-08/16: 4

Number of Hospitals Reporting

Number of EMS Providers Not leaving Run Sheets
Improve Trauma Registry Data Quality

- Frequency Reports
  - **Shared Best Practice** What do hospitals do with the data?
  - **Creation of hospital-specific frequency reports** Validity reports for all hospitals submitting data to state
Future Goals

- Regional Data Request
- Interfacility transfer protocols
- Analysis of Triage and Transport rule
- Linkage software for double transfers
- State TQIP risk adjusted benchmarking system
Next Meeting

November 15, 2016

10:00-11:00am EST Larkin Conference Room
Camry Hess, Database Analyst
Indiana State Department of Health

Email questions to: indianatrauma@isdh.in.gov
How to Make Elements Less Identifiable:

• Calculate the time between two dates and times.
  • Ex. Emergency department length of stay
• Give the month and year instead of a specific date
•Collapse categories with counts
  • Ex. Collapse categories with small counts into an ‘Other’ category
• Collapse categories geographically
  • Ex. Collapse counties into public health preparedness districts
Demographic and Injury Information

Demographic Information
- Injury Incident Date
- Injury Incident Time
- Date of Birth
- Age
- Age Units
- Race
- Ethnicity
- Gender
- Patient’s Home Country
- Patient’s Home Zip Code
- Patient’s Home City
- Patient’s Home County
- Patient’s Home State
- Alternate Home Residence
- Primary Method of Payment
- Work-Related
- Patient’s Occupational Industry
- Patient’s Occupation

Injury Information
- Location E-Code
- Incident Location Zip Code
- Incident Country
- Incident City
- Incident County
- Incident State
- Primary E-Code
- Additional E-Code
- Report of Physical Abuse
- Investigation of Physical Abuse
- Caregiver at Discharge
- Protective Devices
- Child Specific Restraint
- Airbag Deployment

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### Pre-Hospital Information
- Vehicular, Pedestrian, Other Risk Injury
- EMS Dispatch Date
- EMS Dispatch Time
- EMS Unit arrival Date at Scene or Transferring Facility
- EMS Unit arrival Time at Scene or Transferring Facility
- EMS Unit Departure Date from Scene or Transferring Facility
- EMS Unit Departure Time from Scene or Transferring Facility
- Transport Mode
- Other Transport Mode
- Initial Field Systolic Blood Pressure
- Initial Field Pulse Rate
- Initial Field Respiratory Rate
- Initial Field Oxygen Saturation
- Initial Field GCS – Eye
- Initial Field GCS – Verbal
- Initial Field GCS – Motor
- Initial Field GCS – Total
- Inter-Facility Transfer
- Trauma Center Criteria
- Pre-Hospital Cardiac Arrest

### ED/Acute Care Information
- ED/Hospital Arrival Date
- ED/Hospital Arrival Time
- ED Discharge Date
- ED Discharge Time
- ED Discharge Disposition
- Signs of Life

Email questions to: indianatrauma@isdh.in.gov
Initial Assessment and Diagnosis Information

**Initial Assessment Information**
- Height
- Weight
- Initial ED/Hospital Temperature
- Initial ED/Hospital Systolic Blood Pressure
- Initial ED/Hospital Pulse Rate
- Initial ED/Hospital Respiratory Rate
- Initial ED/Hospital Respiratory Assistance
- Initial ED/Hospital Oxygen Saturation
- Initial ED/Hospital GCS – Eye
- Initial ED/Hospital GCS – Verbal
- Initial ED/Hospital – Motor
- Initial ED/Hospital – Total
- Initial ED/Hospital GCS Initial ED/Hospital Supplemental Oxygen
- Assessment Qualifiers
- Initial ED/Hospital – Height
- Initial ED/Hospital – Weight
- Alcohol Use Indicator
- Drug Use Indicator

**Diagnosis Information**
- Injury Diagnoses
- AIS Predot Code
- AIS Severity
- ISS Body Region
- AIS Version
- Locally Calculated ISS

Email questions to: indianatrauma@isdh.in.gov
## Co-Morbidity Information
- Co-Morbid Conditions

## Procedures Information
- Hospital Procedures
- Hospital Procedure Start Date
- Hospital Procedure Start Time

## Complications / PI Information
- Hospital Complications

## Outcome Information
- Hospital Discharge Date
- Hospital Discharge Time
- Total ICU Length of Stay
- Total Ventilator Days
- Hospital Discharge Disposition

Email questions to: indianatrauma@isdh.in.gov
Data Request from District 1

• Transfer cases.
• Hospital throughput.
• Prolonged scene times.
• Top 3 mechanisms of injury.

Email questions to: indianatrauma@isdh.in.gov
<table>
<thead>
<tr>
<th>ED LOS (Minutes)</th>
<th>COI</th>
<th>Trauma Type</th>
<th>Pt. Age</th>
<th>Pt. Age Units</th>
<th>Transport Mode</th>
<th>Hospital Transferred To</th>
<th>Transfer Delay</th>
<th>Delay Reason</th>
<th>Critical</th>
<th>Inter-Facility Transfer</th>
<th>Double Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td></td>
<td>Assault Firearm Penetrating</td>
<td>25 Years</td>
<td>Ambulance</td>
<td>Memorial South Bend</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>MVA</td>
<td>Passeng.</td>
<td>54 Years</td>
<td>Ambulance</td>
<td></td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>MVA</td>
<td>Driver</td>
<td>62 Years</td>
<td>Ambulance</td>
<td>Methodist Northlake</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>MVA</td>
<td>Passeng.</td>
<td>19 Years</td>
<td>Ambulance</td>
<td>Methodist Southlake</td>
<td>Yes</td>
<td>Referring Phys. Decision</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Hospital Throughput

<table>
<thead>
<tr>
<th>ED/Acute Care Disposition</th>
<th>ED/Acute Care LOS (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>100</td>
</tr>
<tr>
<td>Transferred</td>
<td>120</td>
</tr>
<tr>
<td>Floor Bed</td>
<td>180</td>
</tr>
<tr>
<td>Floor Bed</td>
<td>201</td>
</tr>
<tr>
<td>ICU</td>
<td>240</td>
</tr>
<tr>
<td>OR</td>
<td>150</td>
</tr>
<tr>
<td>Transferred</td>
<td>60</td>
</tr>
</tbody>
</table>
# Prolonged Scene Times

<table>
<thead>
<tr>
<th>EMS Response Time (Minutes)</th>
<th>EMS Scene Time (Minutes)</th>
<th>EMS Transport Time (Minutes)</th>
<th>EMS Service Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>6</td>
<td>12</td>
<td>Prompt</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>10</td>
<td>South Haven FD</td>
</tr>
<tr>
<td>25</td>
<td>20</td>
<td>15</td>
<td>Keener Township EMS</td>
</tr>
<tr>
<td>18</td>
<td>30</td>
<td>24</td>
<td>Porter FD</td>
</tr>
</tbody>
</table>

Email questions to: indanatrauma@isdh.in.gov
Questions?
Recommendations?

Email questions to: indianatrauma@isdh.in.gov
Quarter 1 Trauma Registry Data Report

Camry Hess, Database Analyst
Indiana State Department of Health

Email questions to: indianatrauma@isdh.in.gov
District 1
Community Hospital – Munster
Franciscan Health – Crown Point
Franciscan Health – Dyer
Franciscan Health- Hammond
Franciscan Health – Michigan City
Franciscan Health - Rensselaer
IU Health – La Porte
Methodist Hospital Northlake
Methodist Hospital Southlake
Portage Hospital

Porter Regional Hospital (Valparaiso)
St Catherine Hospital (East Chicago)
St. Mary Medical Center (Hobart)
Valparaiso Medical Center

Email questions to: indianatrauma@isdh.in.gov
District 2
Community Hospital of Bremen
Elkhart General Hospital
IU Health – Goshen
IU Health – Starke Hospital
Kosciusko Community Hospital
Memorial Hospital South Bend
Pulaski Memorial Hospital
St. Joseph Regional Medical Center (Mishawaka)
St. Joseph Regional Medical Center (Plymouth)

Email questions to: indianatrauma@isdh.in.gov
<table>
<thead>
<tr>
<th>District 3</th>
<th>District 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluffton Regional Medical Center</td>
<td>Franciscan Health - Crawfordsville</td>
</tr>
<tr>
<td>Cameron Memorial Community Hospital</td>
<td>Franciscan Health – Lafayette East</td>
</tr>
<tr>
<td>DeKalb Health</td>
<td>IU Health – Arnett Hospital</td>
</tr>
<tr>
<td><strong>Dukes Memorial Hospital</strong></td>
<td>IU Health – White Memorial</td>
</tr>
<tr>
<td><strong>Dupont Hospital</strong></td>
<td>Memorial Hospital (Logansport)</td>
</tr>
<tr>
<td>Lutheran Hospital of Indiana</td>
<td>St. Vincent Frankfort</td>
</tr>
<tr>
<td>Parkview Huntington Hospital</td>
<td>St. Vincent Williamsport Hospital</td>
</tr>
<tr>
<td>Parkview LaGrange Hospital</td>
<td></td>
</tr>
<tr>
<td>Parkview Noble Hospital</td>
<td></td>
</tr>
<tr>
<td>Parkview Randallia</td>
<td></td>
</tr>
<tr>
<td>Parkview Regional Medical Center</td>
<td></td>
</tr>
<tr>
<td>Parkview Wabash Hospital</td>
<td></td>
</tr>
<tr>
<td>Parkview Whitley Hospital</td>
<td></td>
</tr>
</tbody>
</table>

*Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)*
Hospitals reporting to the Indiana Trauma Registry - Quarter 1 2016

**District 5**
- Community East Health Network
  - Community Hospital
- Community North Health Network
  - Community Hospital
- Community South Health Network
  - Community Hospital
- Community Westview Hospital
- Eskenazi Health
- Franciscan Health – Indianapolis
- Franciscan Health – Mooresville
- Hancock Regional Hospital
- Hendricks Regional Health
- IU Health – Methodist Hospital
- IU Health – Morgan Hospital
- IU Health – North Hospital
- IU Health – Riley for Children
- IU Health - Saxony Hospital
- IU Health – West Hospital
- Johnson Memorial Hospital
  - Major Hospital
- Riverview Hospital
- St. Vincent Hospital and Health Services
  - Indianapolis
- Witham Health Services
- Witham Health Services at Anson

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 1 2016

**District 6**

Community Hospital of Anderson & Madison Co.
Community Howard Regional Health
Fayette Regional Hospital
Henry County Memorial Hospital
IU Health – Ball Memorial Hospital
IU Health – Blackford Hospital
IU Health – Tipton Hospital
Jay County Hospital

Marion General Hospital
Reid Hospital and Health Care Services
Rush Memorial Hospital
St. Vincent Anderson Regional Hospital
St. Vincent Kokomo
St. Vincent Mercy Hospital
St. Vincent Randolph Hospital

Email questions to: indianatrauma@isdh.in.gov
District 7
Greene County General Hospital
Putnam County Hospital
St. Vincent Clay Hospital
Sullivan County Community Hospital
Terre Haute Regional Hospital
Union Hospital (Terre Haute)
Union Hospital Clinton

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 1 2016

**District 8**
- Columbus Regional Hospital
- IU Health – Bedford Hospital
- IU Health – Bloomington Hospital
- IU Health – Paoli Hospital
- Monroe Hospital
- Schneck Medical Center
- St. Vincent Salem Hospital

**District 9**
- Clark Memorial Hospital
- Dearborn County Hospital
- Decatur County Memorial Hospital
- Floyd Memorial Hospital and Health Services
- Harrison County Hospital
- King’s Daughters’ Health
- Margaret Mary Community Hospital
- Scott County Memorial Hospital

Email questions to: indianatrauma@isdh.in.gov
District 10
Daviess Community Hospital
Deaconess Hospital
Deaconess Gateway Hospital
Gibson General
Good Samaritan Hospital
Memorial Hospital & Health Care Center
Perry County Memorial Hospital
St. Mary’s Medical Center of Evansville
St. Mary’s Warrick Hospital

Email questions to: indianatrauma@isdh.in.gov
Summary of Hospitals Reporting Status - Q1 2016

New to Reporting / Started Reporting Again

- Community Howard Regional Health
- Decatur County Memorial Hospital
- Hendricks Regional Health
- St. Vincent Dunn Hospital
- St. Vincent Frankfort Hospital
- Sullivan County Community Hospital

Dropped off

- Franciscan Health – Mooresville
- Gibson General Hospital
- IU Health – Bedford Hospital
- St. Catherine Hospital (East Chicago)
- St. Mary’s Warrick Hospital
- St. Vincent Randolph Hospital

Email questions to: indianatrauma@isdh.in.gov
Quarter 1 2016 Statewide Report

- 8,077 incidents
- January 1, 2016 – March 31, 2016
- 95 total hospitals reporting
  - 10 Level I and II Trauma Centers
  - 9 Level III Trauma Centers
  - 76 Non-Trauma Hospitals

Email questions to: indianatrauma@isdh.in.gov
General Notes

• No trauma type (no probability of survival)
• Change in Cause of Injury categories
ED Disposition for ED LOS >12 Hours

N=121

*One cases expired at 15 hours

Email questions to: indianatrauma@isdh.in.gov
## ED LOS > 12 Hours, N=121

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 Level I and II</td>
<td>42 North; 41 Central; 18 South; 20 Unknown</td>
</tr>
<tr>
<td>11 Level III</td>
<td></td>
</tr>
<tr>
<td>58 Non-trauma Centers</td>
<td></td>
</tr>
<tr>
<td>Average Distance from Scene to Facility</td>
<td>ISS</td>
</tr>
<tr>
<td>21.2 Miles</td>
<td>67 (1-8 cat); 40 (9-15 cat); 4 (16-24); 2 (25-44); 1 (45-74); 7 (No ISS)</td>
</tr>
<tr>
<td>Transport Type</td>
<td>GCS Motor</td>
</tr>
<tr>
<td>77 Ambulance; 4 Helicopter, 31 Private Vehicle/Walk-In; 89 Unknown</td>
<td>2 (1 cat); 2 (4 cat); 1 (5 cat); 88 (6 cat); 28 (unknown)</td>
</tr>
<tr>
<td>Cause of Injury</td>
<td>RTS—Systolic</td>
</tr>
<tr>
<td>12 Transport; 53 Falls; 8 Inanimate Mech. Forces, 1 Animate Mech. Forces; 47 Not Identified</td>
<td>4 (2-4)</td>
</tr>
<tr>
<td>Signs of Life</td>
<td>RTS—Resp. Scale</td>
</tr>
<tr>
<td>94 Yes; 27 Not Applicable</td>
<td>3 (3-4)</td>
</tr>
<tr>
<td>Age</td>
<td>Resp. Assistance</td>
</tr>
<tr>
<td>57.5 Years (0.3-98 Years)</td>
<td>2 Yes; 83 No; 36 Unknown</td>
</tr>
<tr>
<td>Gender</td>
<td>ED LOS</td>
</tr>
<tr>
<td>61 Female; 60 Male</td>
<td>19.5 (12-38)</td>
</tr>
<tr>
<td>Interfacility Transfer</td>
<td>ED Disposition</td>
</tr>
<tr>
<td>20 Yes; 101 No</td>
<td>2 Cath lab; 1 Died; 70 Floor; 6 ICU; 3 Observation; 30 OR; 6 Step-down; 13 Transferred</td>
</tr>
</tbody>
</table>

-Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.
-Numbers represent counts per category or mean with minimum and maximum in parentheses.
-No signs of life is defined as having none of the following: organized EKG activity, papillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress (2015 Trauma Registry Data Dictionary, page 185).
A table with all the values for ED LOS is found on page 49.

Note for EDLOS by ISS, there were 4 cases with ISS of 75; one was at a non-trauma center.

A table with values for ED LOS by ISS may be found on page 50.
### ICD-9-CM Categories
* Transportation
* Falls
* MVC
* Struck by, Against
* Machinery
* Firearm
* Cut/Pierce
* Bicyclist
* Fire/Burn
* Bites/Stings
* Natural/Environment
* Overexertion
* Not Categorized
* Pedestrian

### ICD-10-CM Categories
* Transport
* Falls
* Inanimate Mechanical Forces
* Animate Mechanical Forces
* Drowning
* Breathing
* Electricity/Radiation
* Smoke
* Heat
* Venom
* Forces of Nature
* Overexertion and Travel
* Unspecified
* Poisoning
* Not Identified

Email questions to: indianatrauma@isdh.in.gov
For Quarter 1 2016, of the 8,077 incidents reported to the Indiana Trauma Registry, 1,336 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 702 cases were probabilistically matched. The linked cases make up 25% of the Q1 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

The initial facility in which transfers come from may be considered Critical Access Hospitals (CAHs). All Indiana CAHs are considered Rural, and must meet additional requirements to have a CAH designation, such as having no more than 25 inpatient beds and being located in a rural area. Facilities that are highlighted indicate that these facilities reported data for Quarter 4, 2015.

Within this transfer data section, the purple columns represent the transfer cases and the single percentages represent the percent for the transfer cases. For two demographic variables, patient age groupings and gender, the Indiana average is included to provide more insight to this transfer population.

Email questions to: indianatrauma@isdh.in.gov
Historical Links

For Quarter 2, 2015, of the 8,605 incidents reported to the Indiana Trauma Registry, 1,627 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 724 cases were probabilistically matched. The linked cases make up 22% of the Q2 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

For Quarter 3, 2015, of the 9,555 incidents reported to the Indiana Trauma Registry, 1,824 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 819 cases were probabilistically matched. The linked cases make up 22% of the Q4 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

For Quarter 4, 2015, of the 8,728 incidents reported to the Indiana Trauma Registry, 1,425 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 767 cases were probabilistically matched. The linked cases make up 25% of the Q4 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.
## Facility to Facility Transfers

<table>
<thead>
<tr>
<th>Initial Hospital Type</th>
<th>Final Hospital Type</th>
<th>Incident Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Center</td>
<td>Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Hospital</td>
<td>8</td>
</tr>
<tr>
<td>Hospital</td>
<td>Hospital</td>
<td>12</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Trauma Center</td>
<td>81</td>
</tr>
<tr>
<td>Trauma Center</td>
<td>Trauma Center</td>
<td>99</td>
</tr>
<tr>
<td>Rural Hospital</td>
<td>Trauma Center</td>
<td>128</td>
</tr>
<tr>
<td>Hospital</td>
<td>Trauma Center</td>
<td>370</td>
</tr>
</tbody>
</table>

### Facility Transfer Type

- **Rural** = Rural Hospital; **TC** = ACS Verified or In Process Trauma Center;
- **CAH** = Critical Access Hospital; **Hospital** = does not fall into above categories

Email questions to: indianatrauma@isdh.in.gov
For Linked Transfer Patients:

<table>
<thead>
<tr>
<th>For Transfer Patients:</th>
<th>All Transfer Patients</th>
<th>Critical*</th>
<th>Physiological Critical**</th>
<th>ISS Critical***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>702</td>
<td>325</td>
<td>298</td>
<td>57</td>
</tr>
<tr>
<td>EMS Notified to Scene</td>
<td>8.1 minutes</td>
<td>8.2 minutes</td>
<td>7.9 minutes</td>
<td>10.4 minutes</td>
</tr>
<tr>
<td>EMS Scene Arrival to Departure</td>
<td>18 minutes</td>
<td>17.7 minutes</td>
<td>17.3 minutes</td>
<td>16.5 minutes</td>
</tr>
<tr>
<td>EMS Scene Departure to Initial Hospital ED Arrival</td>
<td>18.8 minutes</td>
<td>17.6 minutes</td>
<td>16.8 minutes</td>
<td>21.7 minutes</td>
</tr>
<tr>
<td>Initial Hospital ED Arrival to Departure</td>
<td>3 hours 9 minutes</td>
<td>3 hours 5.9 minutes</td>
<td>3 hours 9.6 minutes</td>
<td>2 hours 9.7 minutes</td>
</tr>
<tr>
<td>Initial Hospital ED Departure to Final Hospital ED Arrival</td>
<td>1 hour 7.3 minutes</td>
<td>1 hour 6.9 minutes</td>
<td>1 hour 9.5 minutes</td>
<td>1 hour 17.2 minutes</td>
</tr>
<tr>
<td>TOTAL TIME</td>
<td>5 hours 1.2 minutes</td>
<td>4 hours 58.3 minutes</td>
<td>5 hours 1.1 minutes</td>
<td>4 hours 15.5 minutes</td>
</tr>
</tbody>
</table>

*Critical patient is defined as having a GCS ≤ 12, OR Shock Index > 0.9 OR ISS >15 at the initial hospital.

**Physiological Critical Transfer patient is defined as having a Shock Index > 0.9 OR GCS ≤ 12 at the initial hospital.

***ISS Critical Transfer patient is defined as having an ISS > 15 at the initial hospital.

Email questions to: indianatrauma@isdh.in.gov
### For Transfer Patients:

<table>
<thead>
<tr>
<th>Public Health Preparedness District Initial Hospital</th>
<th>Public Health Preparedness District Final Hospital</th>
<th>Incident Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>16</td>
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<td>10</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>95</td>
</tr>
</tbody>
</table>

*The thickness of the line indicates the frequency of transfers out of or within the public health preparedness district. The circles represent transfers from a specific PHPD, not of a specific hospital or county.*
## Transfer Patient Data

### For Transfer Patients:

<table>
<thead>
<tr>
<th></th>
<th>All Transfer Patients</th>
<th>Critical*</th>
<th>Physiological Critical**</th>
<th>ISS Critical***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>702</td>
<td>325</td>
<td>298</td>
<td>57</td>
</tr>
<tr>
<td>Total Time</td>
<td>5 hours 1.2 minutes</td>
<td>4 hours 58.3 minutes</td>
<td>5 hours 1.1 minutes</td>
<td>4 hours 15.5 minutes</td>
</tr>
<tr>
<td>Total Mileage</td>
<td>48.6</td>
<td>53.1</td>
<td>53.0</td>
<td>54.4</td>
</tr>
<tr>
<td>Injury Scene to Initial Hospital Mileage***</td>
<td>7.6</td>
<td>7.6</td>
<td>7.7</td>
<td>7.6</td>
</tr>
<tr>
<td>Initial Facility to Final Facility Mileage</td>
<td>41</td>
<td>45.5</td>
<td>45.4</td>
<td>46.9</td>
</tr>
</tbody>
</table>

### Estimated Average Distance (miles) by Region (region of final hospital):

<table>
<thead>
<tr>
<th>Region</th>
<th>Injury Scene to Initial Facility Mileage*</th>
<th>Initial Facility to Final Facility Mileage</th>
<th>Total Mileage</th>
<th>Drive Count</th>
<th>Air Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Average</td>
<td>7.6</td>
<td>41</td>
<td>48.6</td>
<td>617</td>
<td>85</td>
</tr>
<tr>
<td>North Region</td>
<td>5.3</td>
<td>28.5</td>
<td>33.7</td>
<td>198</td>
<td>13</td>
</tr>
<tr>
<td>Central Region</td>
<td>8.1</td>
<td>49.3</td>
<td>57.3</td>
<td>330</td>
<td>61</td>
</tr>
<tr>
<td>South Region</td>
<td>10.6</td>
<td>35.1</td>
<td>45.7</td>
<td>89</td>
<td>11</td>
</tr>
</tbody>
</table>

*Critical patient is defined as having a GCS $\leq 12$, OR Shock Index > 0.9 OR ISS > 15 at the initial hospital.

**Physiological Critical Transfer patient is defined as having a Shock Index > 0.9 OR GCS $\leq 12$ at the initial hospital.

***ISS Critical Transfer patient is defined as ISS > 15 at the initial hospital.

*Injury Scene to Initial Facility Mileage location estimated by zip code centroid

Statistics for Estimated Average Distance by Region calculated by Public Health Geographics, Epidemiology Resource Center, ISDH.
Transfer Patient Population - Page 13

Patient Age Groupings

Patient Gender

Injury Severity Score (ISS)

Email questions to: indianatrauma@isdh.in.gov
Transfer Patient Population - Page 14

**Transport Mode – Final Hospital**

- **Ground Ambulance**: 63.6% (Indiana), 68% (Transfer)
- **Helicopter**: 4.4% (Indiana), 1.1% (Transfer)
- **Private**: 23.4% (Indiana), 8.4% (Transfer)
- **NR/NR/NA**: 10% (Indiana), 0.3% (Transfer)
- **Police**: 0.3% (Indiana), 0% (Transfer)

**ED Disposition by Percentage - Final Hospital**

- **Dead**: 33.8%
- **ICU**: 18.8%
- **Transferred**: 10.8%
- **Observation**: 7.0%
- **Stabilized**: 8.1%
- **Expired**: 0.1%
- **AMA**: 0.1%
- **NR/NR/NA**: 0.1%

*Indicates Private/Public Vehicle, Walk-in

**ED Length of Stay (hours) - Final Hospital**

- **Direct Admit**: 76%
- **<1**: 0%
- **1-2**: 4%
- **3-5**: 3%
- **6-11**: 1%
- **12+**: 1%
- **Null**: 15%

**ICU Length of Stay (days) - Final Hospital**

- **No ICU Stay**: 74.6%
- **1-2**: 10.1%
- **3-7**: 10.8%
- **8-14**: 3.0%
- **15-30**: 1.3%
- **31+**: 0.1%

Email questions to: indianatrauma@isdh.in.gov
### Higher than Average ED LOS for Transferred Patients

<table>
<thead>
<tr>
<th>Hospital ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ID 6</td>
<td></td>
</tr>
<tr>
<td>ID 10</td>
<td></td>
</tr>
<tr>
<td>ID 18</td>
<td></td>
</tr>
<tr>
<td>ID 26</td>
<td></td>
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<tr>
<td>ID 33</td>
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</tr>
<tr>
<td>ID 38</td>
<td></td>
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<tr>
<td>ID 46</td>
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<td>ID 63</td>
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<tr>
<td>ID 70</td>
<td></td>
</tr>
<tr>
<td>ID 98</td>
<td></td>
</tr>
<tr>
<td>ID 102</td>
<td></td>
</tr>
</tbody>
</table>

Email questions to: indianatrauma@isdh.in.gov
Indiana State Department of Health
Indiana Trauma Registry

Hospitals Reporting Trauma Data Quarter 1
January 1, 2016 - March 31, 2016

**Level I and II Trauma Centers**
- Deaconess Hospital
- Eskenazi Health
- IU Health - Methodist Hospital
- Lutheran Hospital of Indiana
- Memorial Hospital of South Bend
- Parkview Regional Medical Center
- Riley Hospital for Children at IU Health
- St Mary's Medical Center of Evansville
- St Vincent Indianapolis Hospital & Health Services
- Terre Haute Regional Hospital

**Level III Trauma Centers**
- Community Hospital of Anderson & Madison Co.
  - Franciscan Health - Crown Point
  - Franciscan Health - Lafayette East
  - Good Samaritan Hospital
  - IU Health - Arnett Hospital
  - IU Health - Ball Memorial Hospital
  - Methodist Hospitals - Northlake Campus
  - Reid Hospital & Health Care Services

**Non-Trauma Hospitals**
- 77 Non-Trauma Hospitals

Hospital categories include Verified and "In the Process" Trauma Centers as of December 31, 2015.
Questions?
American College of Surgeons - Committee on Trauma Update

Dr. Scott Thomas, *Trauma Medical Director*
Memorial Hospital of South Bend

Email questions to: indianatrauma@isdh.in.gov
Other Business

Email questions to: indianatrauma@isdh.in.gov
Committee Meeting
Dates for 2016

• December 16
Committee Meeting

Dates for 2017

- February 17
- April 21
- June 16
- August 18
- October 20
- December 15

Email questions to: indianatrauma@isdh.in.gov