



# Trauma Care Commission Meeting Minutes

February 2, 2024 – 10:00 am to 12:00 pm  
 IDOH – Adams Auditorium

**Commission members in attendance in-person or virtual for all or part of the meeting:** Dr. Lindsay Weaver, Kraig Kinney (proxy for Joel Thacker), Dr. Dan Rusyniak, Dr. Erik Streib, Andy VanZee, Dr. Elizabeth Weinstein, Dr. Lewis Jacobson, Dr. Emily Fitz, Lisa Hollister, Dr. Matthew Landman (virtual), Dr. David Welsh, Dr. Scott Thomas, and Dr. Jay Woodland (virtual)

**Commission members not in attendance:** Joel Thacker

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Call to Order, Welcome and Introductions, and approve January 4, 2024, minutes Dr. Lindsay Weaver Chair	<p>Dr. Weaver called the meeting to order at 10:05 am. A roll call was taken to establish a quorum. She then asked Commission members attending in-person and virtually to introduce themselves.</p> <p>Dr. Weaver asked for comments and/or changes to the minutes from the January 4, 2024, meeting. Hearing none she entertained a motion for approval. Dr. Welsh made a motion for approval, it was seconded by Dr. Weinstein and passed unanimously by roll call vote.</p>	N/A	N/A
2. Legislative Update Jake Torrie, Deputy Director of Legislative and External Affairs	<p>Jake provided an update on the Indiana Department of Health Agency Bill that covered the following:</p> <ul style="list-style-type: none"> <li>• Regulation of home health agencies</li> <li>• Involuntary transfer authority</li> <li>• Time/temperature control for safe food</li> </ul>	N/A	N/A

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	<ul style="list-style-type: none"> <li>• Data sharing between the IDOH and FSSA for fatality review teams</li> <li>• Statewide Child Fatality Review Team (CFRT)</li> <li>• IDOH lab fees</li> <li>• WIC vendor agreements</li> <li>• Maternal Mortality Review Committee (MMRC) statutory sunset date</li> </ul> <p>He also provided an update on other bills that could affect trauma care in Indiana.</p> <p>SB 45: Trauma Informed Care</p> <ul style="list-style-type: none"> <li>• Indiana State Board of Nursing must study whether trauma informed care should be included as part of the required curriculum for nursing education programs</li> <li>• Nurses with direct patient contact must complete a trauma informed care training program</li> <li>• The training can also occur as part of a nursing education program</li> <li>• Employers must maintain a record of the completion of the training in the employee’s employment records</li> </ul> <p>SB 139: Psilocybin Treatment Program</p> <ul style="list-style-type: none"> <li>• Establishes research fund for use of psilocybin to treat mental health and other medical conditions</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Research may be conducted by qualifying Indiana research institution</li> <li>• Research fund administered by IDOH</li> <li>• Research institution that receives a grant must prepare and submit a report to the IGA, IDOH, and other state agencies.</li> </ul> <p>SB 142: Coverage for Mobile Integrated Healthcare Services</p> <ul style="list-style-type: none"> <li>• Requires reimbursement for emergency medical services that are provided in specified counties by a motile integrated healthcare program</li> <li>• Entities that must provide reimbursement include:               <ul style="list-style-type: none"> <li>○ A state employee health plan</li> <li>○ A policy of accident and sickness policy</li> <li>○ An individual or group contact</li> </ul> </li> <li>• The pilot program is effective July 1, 2024, and ends June 30, 2027, and is being piloted in Delaware, Montgomery and White Counties.</li> </ul> <p>All bills passed through the House and are now in the Senate.</p>		

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<p>3. Trauma System Development RFA Andy VanZee, Indiana Hospital Association</p>	<p>Andy VanZee provided an overview of the trauma system development Request for Application (RFA) focus areas:</p> <p><u>Trauma System Development</u> Purpose: Increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system.</p> <ul style="list-style-type: none"> <li>• <b>Four</b> applications received; <b>three</b> recommended to fund:</li> <li>• <b>Level 2 ACS Verification – Franciscan Health Crown Point (District 1)</b> – Project aims to elevate facility from Level 3 to Level 2. Funding to allow for the personnel needed to complete this elevation, with two years needed to absorb the staffing in the annual budget. 2025 is target for Level 2 verification cycle. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Rusyniak and passed unanimously by roll call vote.</li> <li>• <b>Level 1 ACS Verification – Parkview Regional Medical Center (District 3)</b> – Project aims to elevate facility from Level 2 to Level 1. Funding to support process by providing trauma research coordination and scholarly conference participation as a path to upgrade. 2026 is target for Level 1 verification cycle. Dr. Weaver</li> </ul>	N/A	N/A

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	<p>entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Rusyniak and passed unanimously by roll call vote. Lisa Hollister abstained from the vote.</p> <ul style="list-style-type: none"> <li> <b>Rural Delivery of Whole Blood – Montgomery County (District 4)</b> – Project aims to pilot and support the development of a collaborative quality improvement (CQI) program that includes six non-trauma hospitals and IU Health-Methodist Hospital, a Level 1 trauma center. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Weinstein and passed unanimously by roll call vote.           </li> </ul> <p><u>Quality Improvement</u>            Purpose: Promote effective coordination of care (right person, right place, right time), including appropriate hospital triage (with EMS) and timely transfer of critical patients. Improve the Indiana trauma registry and optimize data collection and quality including accuracy to advance the effective and timely use of data.</p> <ul style="list-style-type: none"> <li> <b>One</b> application received; <b>one</b> recommended to fund           </li> <li> <b>Coordination of Care Improvements – Indiana University Health (District 5)</b> – Project aims to pilot and support the development of a CQI program that includes 6 non-trauma hospitals           </li> </ul>		

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	<p>and IU Health-Methodist Hospital, a Level 1 trauma center. The project focuses on 1) creating the instruments and protocols necessary to conduct CQI with non-trauma hospitals; 2) conducting CQI activities and creating a dissemination and implementation toolkit to assist other trauma centers as they engage non-trauma hospitals in CQI; 3) increasing engagement with non-trauma hospitals, and 4) promoting quality improvement. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Weinstein and passed unanimously by roll call vote. Dr. Weinstein abstained from the vote.</p> <p><u>Trauma and Non-Trauma Center Engagement</u>  Purpose: Improve hospital reporting across the state to ensure all hospitals are submitting high-quality data. Enhance hospital infrastructure including personnel needs to support ongoing hospital engagement.</p> <ul style="list-style-type: none"> <li>• <b>Two</b> applications received; <b>one</b> recommended to fund</li> <li>• <b>Registry Education, Training, Improvements – Indiana Trauma Network (Statewide)</b> – Project aims to pilot the support of ITN for improvements in the accountability, accuracy, validity, and reliability of state trauma registry and to ensure high-quality trauma data is abstracted and submitted uniformly throughout</li> </ul>		

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	<p>the state; this will allow for district and statewide training and education with a focus on improving patient outcomes, patient triage to the right place at the right time, and resource availability. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Rusyniak and passed unanimously by roll call vote.</p> <p><u>Injury Prevention Programming</u>            Purpose: Implement evidence-based programming to address leading causes of trauma and injury within the community and regional environments.</p> <ul style="list-style-type: none"> <li>• <b>Seven</b> applications received; <b>two</b> recommended to fund</li> <li>• <b>Prescription for Hope – Eskenazi Health (District 5)</b> – Project aims to address the impact of community interpersonal violence on youth. RxHope will provide strategic social interventions at the individual/family level and work with trauma centers and associated school districts across the state to model and support training and resource development/implementation. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Rusyniak and passed unanimously by roll call vote. Dr. Weinstein abstained from the vote.</li> </ul>		

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	<ul style="list-style-type: none"> <li> <b>Falls Prevention – Indiana University Health-Methodist (Statewide)</b> – Project aims to prevent and reduce older adult falls through collaboration to increase fall prevention outreach and create tangible connections to needed resources for the purpose of breaking down barriers for individuals at-risk. The collaborative will create and disseminate a provider statewide toolkit for fall prevention, create and disseminate a fall prevention brochure for older adults in each community, create a direct referral system between each hospital and their local community resources, refer into free Tai Chi classes, and provide one-time financial assistance for the fall prevention needs. Dr. Weaver entertained a motion to fund this project. Dr. Welsh made the motion, it was seconded by Dr. Rusyniak and passed unanimously by roll call vote. Dr. Weinstein abstained from the vote. </li> </ul> <p>Andy VanZee explained that proposals not recommended for funding did not meet the intent of the RFA or align with the current scope of trauma system development.</p> <p>Andy VanZee also presented the Trauma System Development Funding for approval. There was discussion to confirm that funding was also being used for subcommittees. Dr. Weaver entertained a motion to</p>		



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	<p>approve the funding proposal (Year 1). Andy VanZee made the motion, it was seconded by Kraig Kinney (proxy for Director Joel Thacker) and passed unanimously.</p>		
<p>4. Trauma System Plan Update Ann Solzak and Olivia Knarr Crowe, LLP</p>	<p>Ann Solzak, Crowe, LLP provided an overview of the Trauma System Plan project status update.</p> <p>Accomplishments to date:</p> <ul style="list-style-type: none"> <li>• Finalized Best Practice Report and Executive Summary</li> <li>• Compiled initial recommendations, aligned with identified ACS gaps and best practices. Reach out to stakeholders to get feedback on recommendations in 2022.</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Conduct meetings with stakeholder groups throughout March and April to review and refine recommendations.</li> <li>• Develop and administer a survey to prioritize recommendations.</li> <li>• Validate and establish prioritization criteria from the recommendations.</li> <li>• Develop prioritization criteria to build a virtual Heat Map.</li> <li>• Review Heat Map and finalize recommendations</li> </ul>	N/A	N/A

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	<p>Trauma Care Committee members suggested:</p> <ul style="list-style-type: none"> <li>• Alignment with local health departments on injury prevention.</li> <li>• Local fatality review teams and local health departments added under Continuum of Care – Prevention and Outreach.</li> <li>• Inter-facility transfer needs to be considered under Continuum of Care – System Triage &amp; Patient Flow.</li> <li>• Data-sharing across the state needs to be considered under Continuum of Care – System Integration.</li> <li>• National Guard and Healthcare Coalitions need to be considered under Disaster Preparedness.</li> </ul>		
<p>5. Department of Homeland Security-EMS Update Kraig Kinney, State EMS Director and Dr. Eric Yazel, State EMS Medical Director</p>	<p>Mr. Kinney provided an overview of the EMS Commission discussion topics and dates/locations of future meetings.</p> <p>Mr. Kinney and Dr. Yazel provided updates on EMS Readiness Grants for Education and Equipment. Upcoming funding projects include EMS on-line education courses, Bowen Center continued funding for workforce initiatives, RAPID interfacility transfer pilot, and EMT student electronic testing preparation package</p>	N/A	N/A

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	<p>for all EMS students, ACADIS and instructor development.</p> <p>Dr. Hannah Maxey, PhD, MPH, Director, Bowen Center for Health Workforce Research and Policy reported on why EMS workforce may be declining:</p> <ul style="list-style-type: none"> <li>• Pay, or lack of pay</li> <li>• Quality of agency leadership</li> <li>• Lack of or quality of retirement/pension benefits</li> <li>• Burnout/mental health</li> <li>• Educational requirements</li> </ul> <p>Mr. Kinney and Dr. Yazel also provided an update on the total solar eclipse that will take place on April 8 from 1:45 to 4:30 pm. This event will draw huge crowds therefore medical transport to facilities and access to care will be impacted because of the traffic congestion. Dr. Weaver stated that the IDOH is working with LHDs on plans for this day.</p>		
6. Final Business – Open Floor Discussion	Dr. Weaver invited all TCC members to attend the Public Health Day at the State House on February 22 from 11:00 am to 2:00 pm. The theme is Celebrating an Investment in Prevention.	NA	NA
7. Adjournment	Dr. Weaver asked for any further business to come before the Commission. Hearing none, she entertained a motion to adjourn. Dr. Welsh made a motion to adjourn it was seconded by Dr. Rusyniak and passed unanimously. The meeting was adjourned at 12:00 noon.	N/A	N/A