Indiana Department of Health

INDIANA TRAUMA CARE COMMISSION

November 22, 2024

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

IDOH Update

Brian Busching
Division Director, Trauma and Injury Prevention

Lauren Milroy
Director, Surveillance and Evaluation

Trauma Care Commission – 2024 Report

- Due annually 11/30

Highlights of the TCC

- Trauma System Plan
- Infrastructure – Subcommittees
- System Development Projects
- Regionalization and TRACs

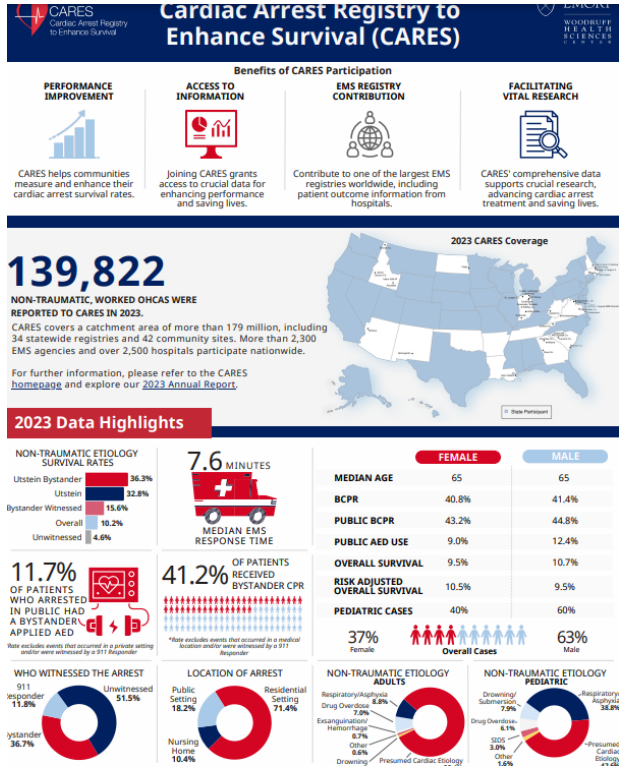
Plans for Future

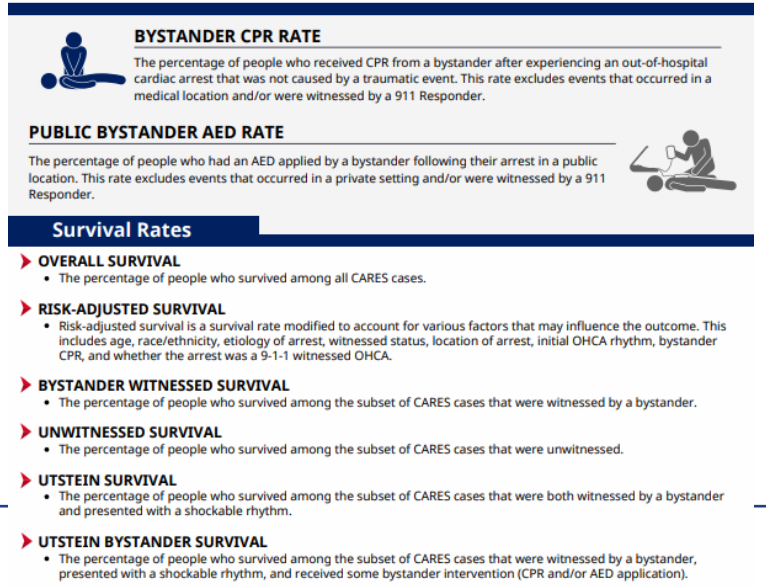
- TSP implementation
- Hospital capacity for data submission
- Improve surveillance and visualization
- PI plan development
- Support trauma readiness – verification and training/education

CARES (Cardiac Arrest Registry to Enhance Survival)

- State Coordinator – Moses Baryoh
  - Completed onboarding trainings with CARES team
  - Customizing dashboard and familiarizing self with Indiana data
  - Auditing data entries
  - Monthly touchpoints with CARES team and participants
  - Started outreach to existing participants

- Next Steps
  - Develop materials to market program (slides, handouts)
  - Continue outreach to existing participants
  - Begin recruitment of new participants Q1 2025





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TIP Staffing

Kimberly Huber – Southern Region Clinical Coordinator
(started 10/28/24)

Moses Baryoh – State CARES Coordinator
(started 9/3/24)

Yuva Ranjith Kumar Edara- Trauma Data Analyst
(anticipated start 11/25/24)

Finalizing start date with Northern Region Clinical Coordinator – anticipated January 2025

Trauma Systems Epidemiology Team Update

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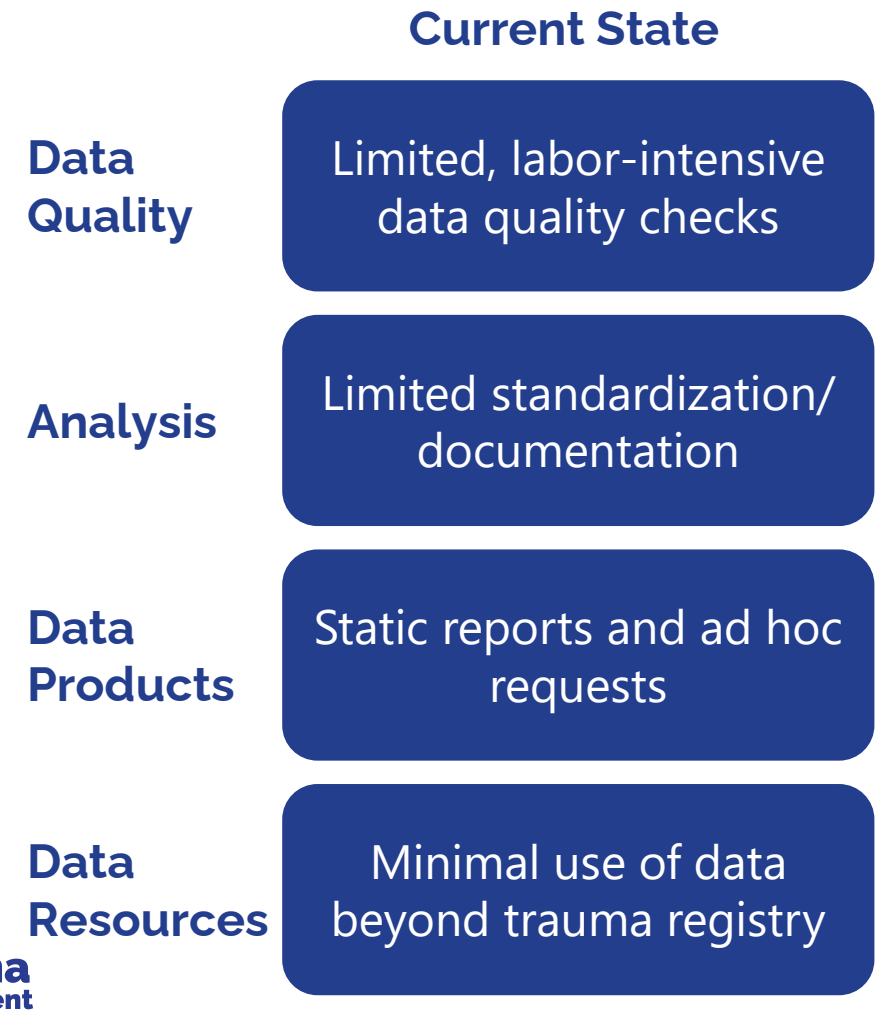
Trauma Data Team Vision



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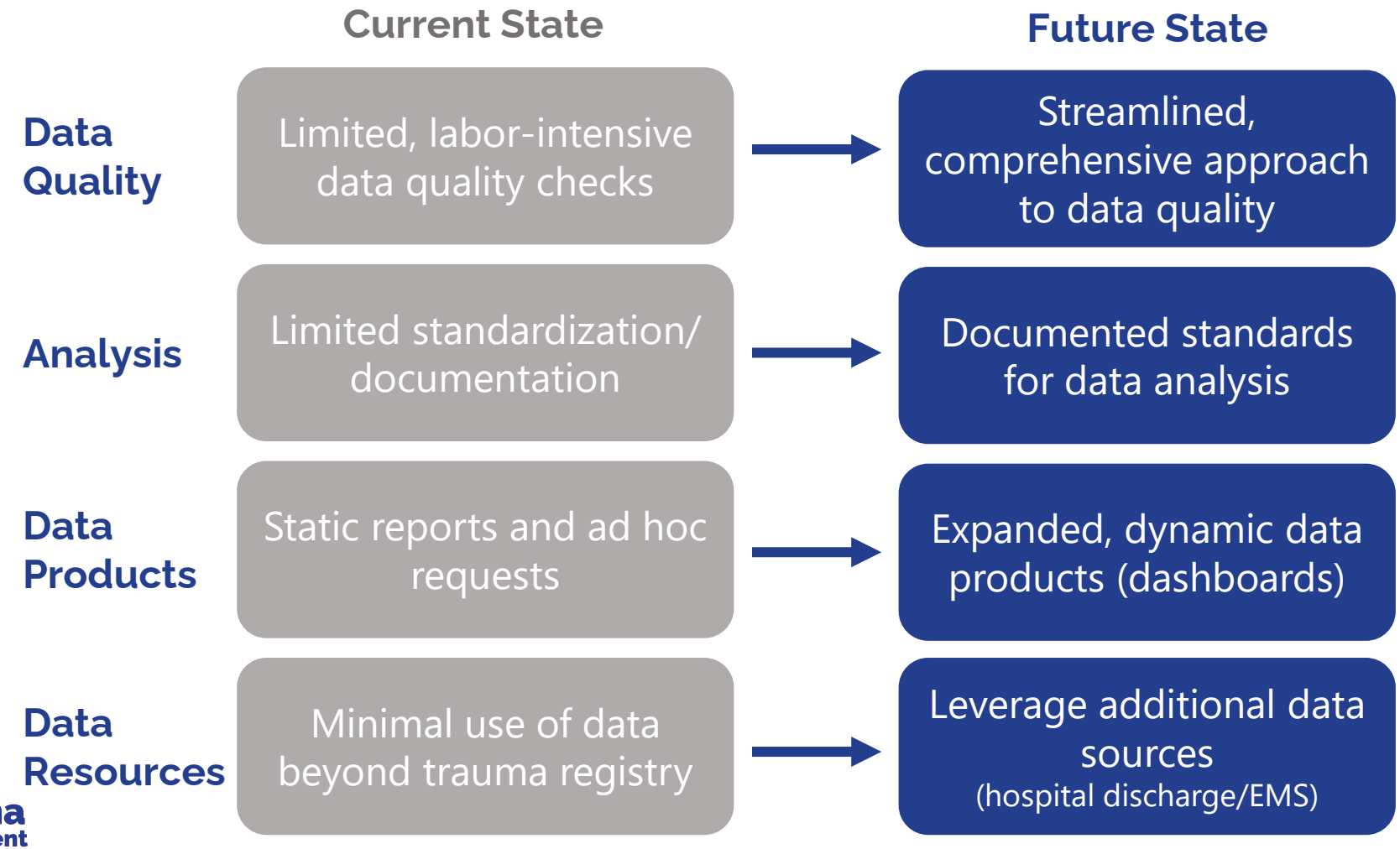
Trauma Data Team Vision



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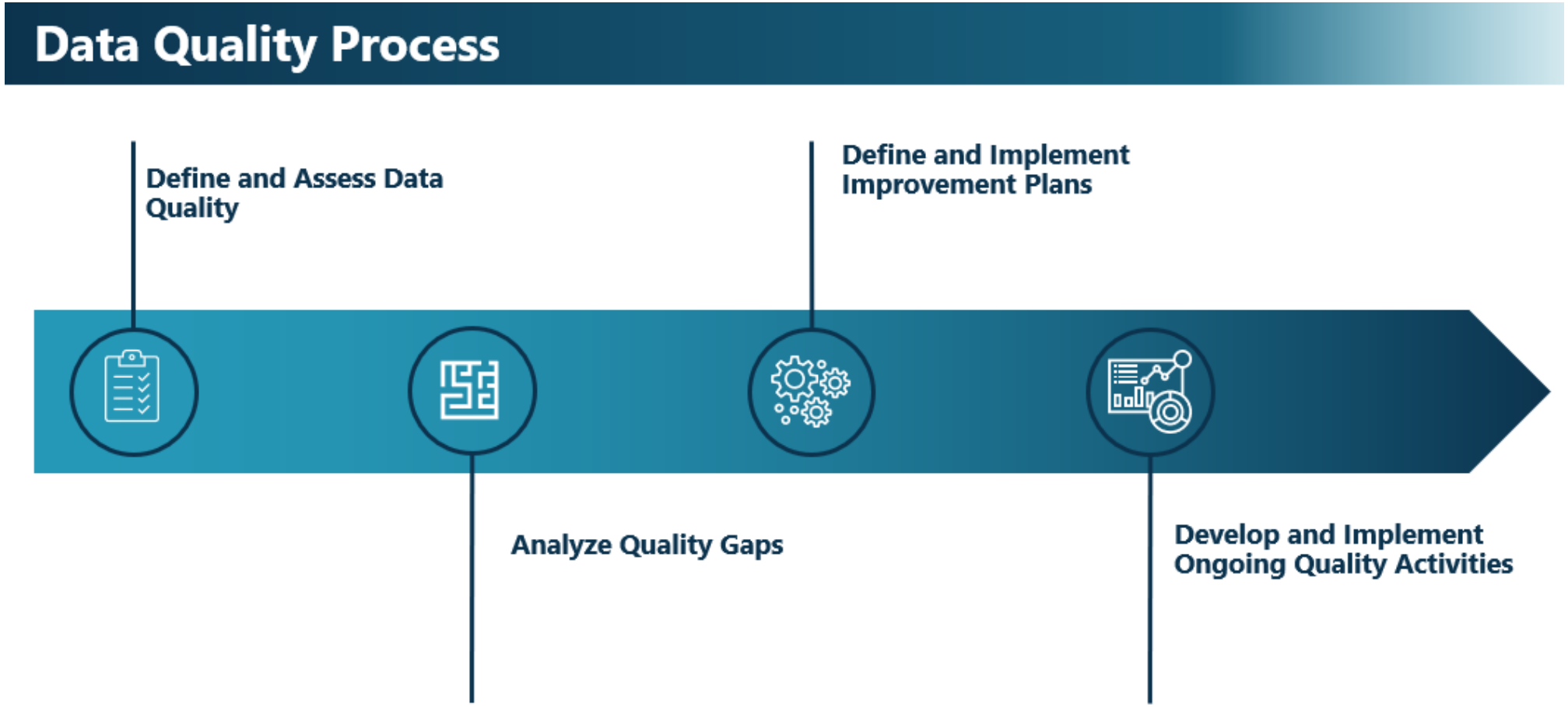
IDOH Trauma Data Quality and Standardization



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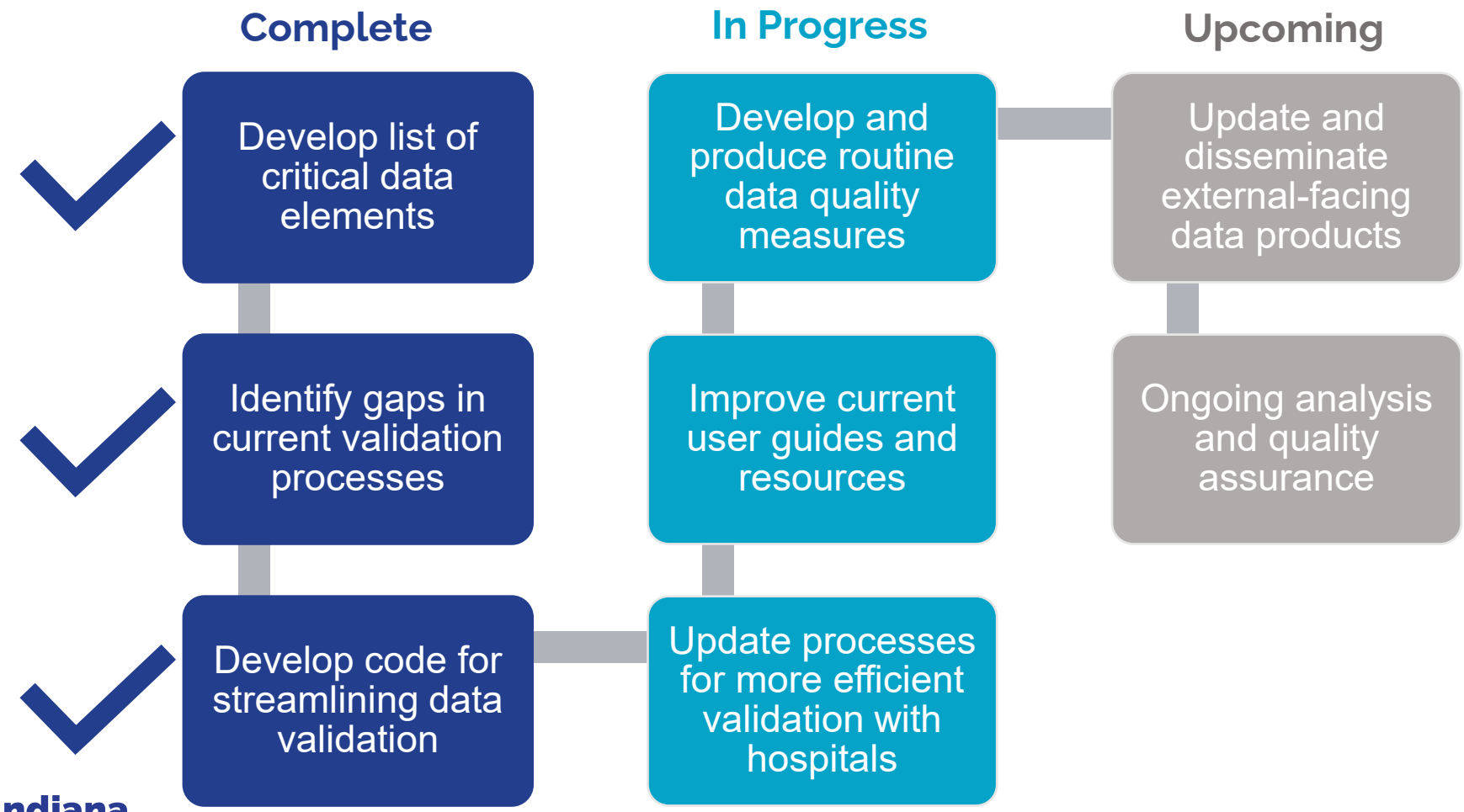
IDOH Registry Data Quality – Where are we?



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Trauma Data Governance and Management

Flat file extracts from web-based registry platform

Trauma DataMart accessible in Analytics Cloud Environment

Facilitates:

- More efficient data access
- Development of curated datasets
- Streamlined and/or automated analysis and visualization

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Trauma and Injury Data Products

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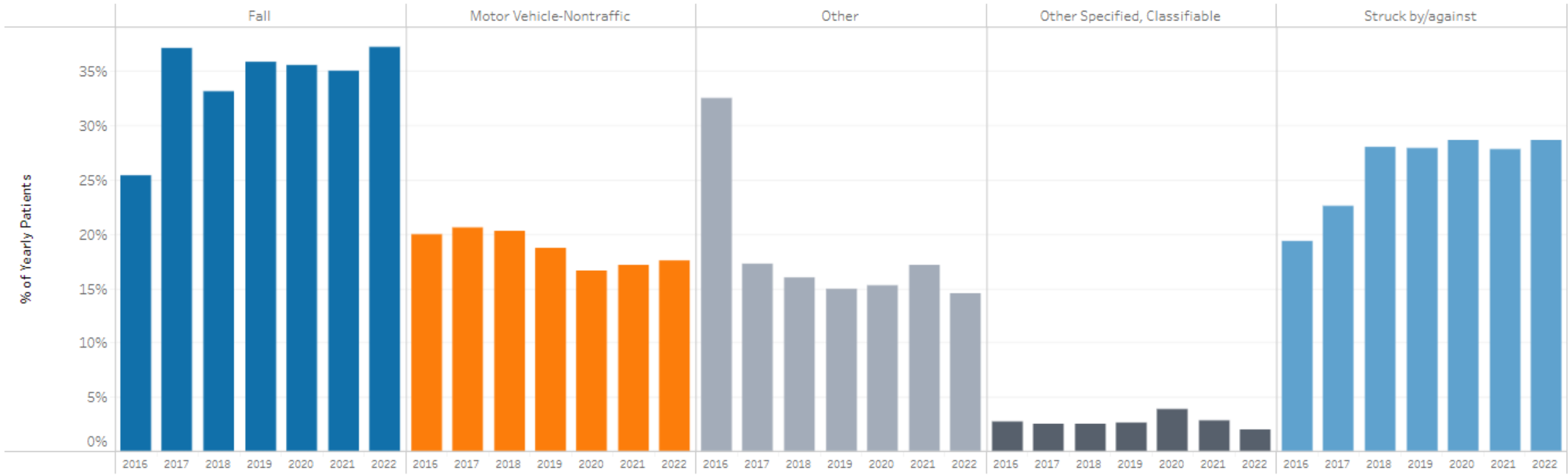
Trauma Hospital Dashboard

Incident Date
1/1/2016 — 12/31/2022

Data for Chart
Mechanism Of Injury

Chart Time Period
Year

Your Facility Patient Count: 16,483



Injury_HR

0	0.31%
1-40	0.08%
41-80	38.25%
81-120	51.77%
121-160	5.55%
161-200	0.49%
201-250	0.02%
Blank	3.54%
Total	100.00%

SBP

0	0.27%
1-40	0.01%
41-80	1.24%
81-120	21.27%
121-160	56.43%
161-200	13.64%
201-250	1.07%
251-350	0.01%
Blank	6.07%
Total	100.00%

Mechanism of Injury

Other	17.94%
Fall	34.39%
Motor Vehicle-Nontraffic	18.60%
Other Specified, Classifiable	2.72%
Struck by/against	26.35%
Total	100.00%

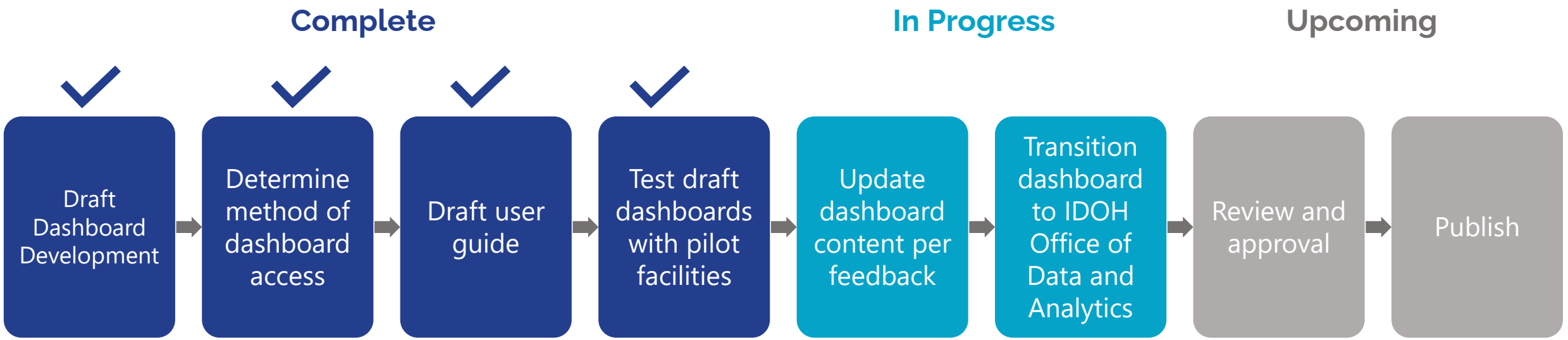
GCS

3	3.29%
4	0.12%
5	0.16%
6	0.36%
7	0.32%
8	0.32%
9	0.27%
10	0.47%
11	0.48%
12	0.69%
13	1.35%
14	8.91%
15	75.78%
Blank	7.49%
Total	100.00%

ISS

0	1.72%
1-3	7.47%
4-6	29.90%
7-9	21.90%
10-12	16.31%
13-18	12.19%
19-40	9.71%
41-74	0.73%
75	0.08%
Total	100.00%

Hospital Trauma Dashboard - Progress



Additional Injury Surveillance Projects

- **Health First Indiana**
  - Injury reports for all 92 counties (mortality, hospitalization, and ED visits)
  - Interactive tools for injury indicator development
- **In Progress:**
  - Injury surveillance dashboard
  - Violent death surveillance dashboard (suicides, homicides, unintentional firearm deaths)

Questions?

Lauren Milroy
Surveillance and Evaluation Director
lmilroy@health.in.gov

FY26 – FY27 Plans

Lindsay Weaver, M.D., FACEP

State Health Commissioner

Trauma System Planning Subcommittee

Andy VanZee, Co-Chair

Vice President of Regulatory & Hospital Operations, IHA

Erik Streib, MD, Co-Chair

Trauma Medical Director, Eskenazi Health

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Trauma Planning (Sept 18th)

Trauma Regional Advisory Committee Development

- Discussed agenda and focus of initial TRAC meetings
- Reviewed the creation of TRAC bylaws
- Kickoff meetings of the three TRAC meetings were held on 10/9, 10/16, 10/23 with good representation and attendance
- Discussed peer protection and case review

State Trauma Plan

- Reviewed the draft of the TCC annual report and provided feedback
- Next steps need to include maintaining/updating State Trauma Plan

Trauma Symposium

- Two day event with one day of formal presentations and a second of individual education (Dec 4 &5)
- Currently at 266 registrations with a max of 300
- Inviting legislators and transition team members

RFA Strategies

Trauma System Development

Purpose: Increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system

Quality Improvement

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

Trauma and Non-Trauma Center Engagement

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

Injury Prevention Programming

Purpose: Implement evidence-based programming to address leading causes of trauma and injury within the community and regional environments

Trauma System Development – Project Approvals

Injury Prevention, Quality Improvement – IU Riley: Store it Safe, Firearm Safety (Statewide)

- Program aims to provide clinicians with the education and training on how to talk to patients about the importance of safe firearm storage, as well as providing resources such as firearm lock boxes that can be used to keep families safe. The program improves quality of care by enhancing pediatric clinician intervention with families about safe firearm storage.

Injury Prevention - Parkview Hospital: Better Future Clinic, Child Abuse/Maltreatment (Northern Region)

- Project aims to provide services and personnel for a child maltreatment medical follow-up visit by a healthcare professional to provide a foster care medical bridge for children suspected of child abuse or neglect.

- Reviewed by Evaluation team members and Subcommittees – requesting TCC approval to fund

Trauma System Development – Funding

	Recommended	Remaining
Total Year 1 Funding (FY24)	$ 2,499,289.50	$ 710.50
Total Year 2 Funding (FY25)	$ 2,760,389.84	$ 2,239,610.16

Trauma Planning Considerations

Trauma System Verification

- Discuss Whitespace and Level 3 expansions
  - Kokomo
  - Seymour
  - New Albany
- Would request TCC approval for $750K in funding for future Whitespace/Level 3 expansions

Future Planning Focus

- System funding and the 2025 legislative session budget
- Year 2 trauma funding allocations
- Monitor TRAC activities and participation

Trauma Education & Outreach Subcommittee

Jay Woodland, MD, Co-Chair

Trauma Medical Director, Deaconess Hospital

Matt Landman, MD, Co-Chair

Trauma Medical Director, Riley Children's Health

Trauma Education & Outreach Subcommittee

Scope of work

- Provide education/outreach to key stakeholders
- Coordinate with IDOH to utilize data for injury prevention programming
- Conduct public awareness campaign

Trauma Education & Outreach Subcommittee

Reimbursements: We have had 172 student trainings representing 18 hospitals for courses including:

ATCN, ATLS, TNCC, RTTDC, ATLS Recert, TNCC Instructor, ENPC.

Total Spent: $40,673.87

TCAR/PCAR: 151 seats purchased. Total spent currently: $43,790.00

REGION	Assigned	Waitlist	Remaining
Northern TRAC	22	6	31
Central TRAC	66	107	0
Southern TRAC	32	0	0
Total	120	113	31

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Trauma Education & Outreach Subcommittee

Cadaver Training: Awaiting a cost scenario from the requester. Potential cost is quoted approximately $16,000

Symposium Educational Offerings:

- Full class of 18 for GEMS
- 67 students for PEDS Trauma
- 31 students for Trauma Registry

Trauma Education & Outreach Subcommittee

- Have been in contact with the majority of Trauma Program Managers regarding courses and reimbursement opportunities
- Encourage more engagement with rural hospitals and their local trauma centers with training opportunities
- Awaiting ATLS instructor course instructor availability
  - Hold regional (North, Central, South) ATLS instructor courses in 2025
- Rural trauma mobile simulation training- RHIC
  - Curriculum in development, trainings to start early 2025

Trauma Education & Outreach Subcommittee

- Plan to purchase more TCAR / PCAR seats
  - Will work with those on hold in their hospitals to obtain a seat.
  - Will encourage engagement with non-trauma centers

- Planning next subcommittee meeting
  - All are welcome

Trauma Registry Subcommittee

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

Co-Chairs (NEW):

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

Reminder: Registry Subcommittee: Scope of Work

1. **Review and maintain data elements of the Indiana trauma registry**
2. **Oversee registry outreach and training for data optimization**
3. Assure data is valid, accurate and reliable: Quality data

Trauma Registry Subcommittee Meetings

2024 meetings:

- March 6th
  - Reviewed state trauma system background; where we are today
  - Reason for a registry subcommittee and scope of work
  - Objectives/priorities/success
- May 8th
  - Hospital trauma dashboard discussed
  - Data quality process reviewed; identify key trauma indicators
  - Reviewed data framework (integrity, completeness, consistency, accuracy)
- June 26th
  - Survey was sent to hospitals to determine education needs in coordination with ITN; what types of resources are needed
  - Reviewed critical data variables, one by one
  - Reviewed how data is received at IDOH

Trauma Registry Subcommittee Meetings

2024 meetings:

- ❑ September 4
  - Reviewed critical data elements
  - Discussed training – ITN grant providing education in registry and AIS
    - Indiana Trauma Registry Course under development
    - December full course: AIS Course
  - Several Trauma Centers getting new registry platforms
  - EMS run sheet issue (Yazel aware)
  - Trauma dashboards were piloted
- ❑ November 20
  - Long discussion on data quality, inclusion, missing, etc.
  - Quarterly reports will be sent to each hospital before the end of 2024
  - Routine educational webinars

2006

ORIGINAL ARTICLES

Trauma Registry Data Validation: Essential for Quality Trauma Care

Hlaing, Thein MBBS, FRCP, FACE; Hollister, Lisa RN; Aaland, Mary MD, FACS

Author Information

The Journal of Trauma: Injury, Infection, and Critical Care 61(6):p 1400-1407, December 2006. | ***DOI:*** 10.1097/01.ta.0000195732.64475.87

Metrics

Abstract

Background:

The main function of a trauma registry is to assess quality assurance and performance improvement (QA/PI) in an individual institution. Nonvalidated registry data may produce unreliable reports and QA/PI information. This study examines the types of data entry errors in a trauma registry database; the effect of errors on time variable estimates, case ascertainment and statistical measurement; dynamics of error occurrence; and data validation (DV) scheme for a trauma registry.

Methods:

Query and cross-tabulation techniques were used to expose a variety of data entry errors.

Trauma Registry Subcommittee

Next Steps:

- **Next Meeting: January 2025**
  - **Review Strategy 5 of State Trauma System Plan**
  - **Discuss rehab data opportunities**

Questions?

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TRAUMA PERFORMANCE IMPROVEMENT SUBCOMMITTEE UPDATE

INDIANA STATE TRAUMA COMMISSION MEETING

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

11/22/24

Performance Improvement Subcommittee

Scope of Work: In coordination with other subcommittees

- Identify quality measures
- Disseminate best practices
- Provide hospital and systemwide reports of quality measures
- Develop a statewide PI plan

Performance Improvement Subcommittee

- Last meeting 9/12
- RAPID Pilot Update – Structure, Coverage Area, etc.
- Hospital Dashboard – Able to pilot with a few facilities, awaiting feedback
- Georgia TQIP Collaborative discussion
- Communication between EMS, Trauma Centers, Non-trauma Centers, and Post Acute Care
- Data Elements Sheet

Performance Improvement Subcommittee

Trauma PI
Data Elements

EMS
Average response time for ACS Field Triage Guidelines responses (Imagetrend)

Average transport time to non-trauma center (Imagetrend)

Average transport time to trauma center (Imagetrend)

Non-Trauma Hospitals
Breakdown of number of trauma transfers and destinations

Outcome data for trauma-related admissions - mortality, length of stay, discharge destination

Trauma Centers
Outcome data for trauma-related admissions - mortality, length of stay, discharge destination

Admissions that have an intervention within 6 hours of arrival

Admissions that have an intervention during their hospital length of stay (after 6 hour mark)

Admissions that have other trauma support services during admission

Admissions that receive no trauma related services aside from routine care

Post Acute Care Facilities

Performance Improvement Subcommittee

Action Items

- EMS Run Sheets
- Review PI Data Elements
- Post Acute Care Data Points

Performance Improvement Subcommittee

Next meeting Thursday 1/9 at 1pm

Performance Improvement Subcommittee

No items to vote on at this time

Any questions, comments, feedback from the commission?

Disaster Preparedness & Military Integration

David Welsh, MD, MBA, FACS

Surgeon, Margaret Mary Health, Batesville, IN

Disaster Preparedness & Military Integration

- Resources:
  - MRP Force Packages
  - MHS_Strategic Plan

- Disaster Preparedness Meeting in December

Disaster Preparedness & Military Integration

- Action Items
- Report back on night-time mass casualty event
- Each member to bring two goals to next subcommittee meeting
- Derek Sebold to provide level of engagement for HCCs at health system/hospital level.
- No items the TCC needs to vote on at this time

Trauma System Development Grant

“Preventing Older Adult Falls in Indiana – IU Health”

Teresa Williams (IU Health Arnett)

Lindsay Hill (IU Health Bloomington)

Injury Prevention Coordinators

Preventing Older Adult Falls in Indiana – IU Health

Tiffany Davis, MPH

IUH Methodist

Erin Jenkins, RN, BSN

IUH Ball Memorial

Teresa Williams, RN, BSN

IUH Arnett

Lindsay Hill, RN

IUH Bloomington

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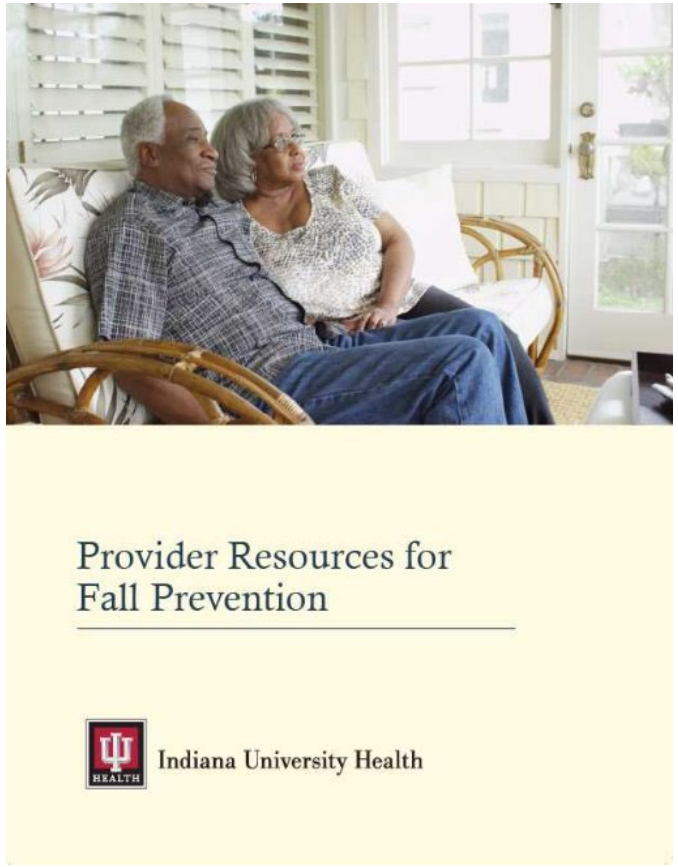
Preventing Older Adult Falls in Indiana – IU Health

Primary Goal: Reduce older adult falls in Indiana by becoming more connected to community resources, providing meaningful training to providers, and decreasing costs to the community.

1. Improve Outreach
2. Provide Resources
3. Break Down Barriers

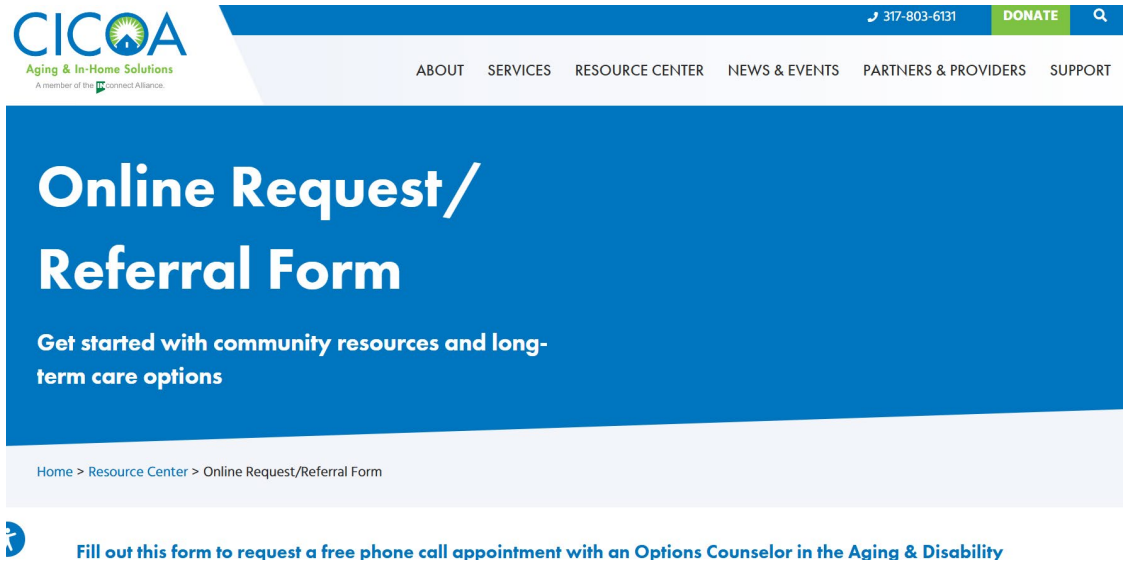
Preventing Older Adult Falls in Indiana – IU Health

1. Improve Outreach: Provider Toolkit and Fall Prevention Brochure



Preventing Older Adult Falls in Indiana – IU Health

2. Provide Resources: Tai Chi classes and Area Agency on Aging Referrals



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Preventing Older Adult Falls in Indiana – IU Health

3. Break Down Barriers: Financial assistance for home equipment

Preventing Older Adult Falls in Indiana – IU Health

- Continuation of programming
- Data tracking – program evaluation

Trauma System Development Grant

Rural Trauma Simulation Program - RHIC

Dr. Tim Pohlman
Brandi Sharp, RN, BSN

Rural Trauma Simulation Program - Goals

- Competence, Confidence, and Process Improvement
  - Changes in P&P
  - Coordination with service lines (blood bank, EMS, ED, and trauma centers)
- Anticipating first scheduled event to be last week of January
- Offering 14 events throughout the state
- Beginning to coordinate training events with hospitals throughout the state
  - Have ten potential hospitals in process
  - Would like input on four additional hospitals

Rural Trauma Simulation Program – In Process

- Curriculum has been developed by Dr. Pohlman
- Subject Matter Experts have been employed and met to plan potential events
- Simulation scenarios are in process of planning
- Simulation team met for gap analysis for trauma care in rural hospitals
- Simulation team has met for designing the flow of the events

Rural Trauma Simulation Program – In Process

Objectives of Curriculum

- Provide a set of clinical tools for rapid stabilization of a trauma victim with life-threatening injuries who suddenly arrives in your Emergency Department.
- Delineate the preparations needed for transfer of the trauma victim to a higher level of care.

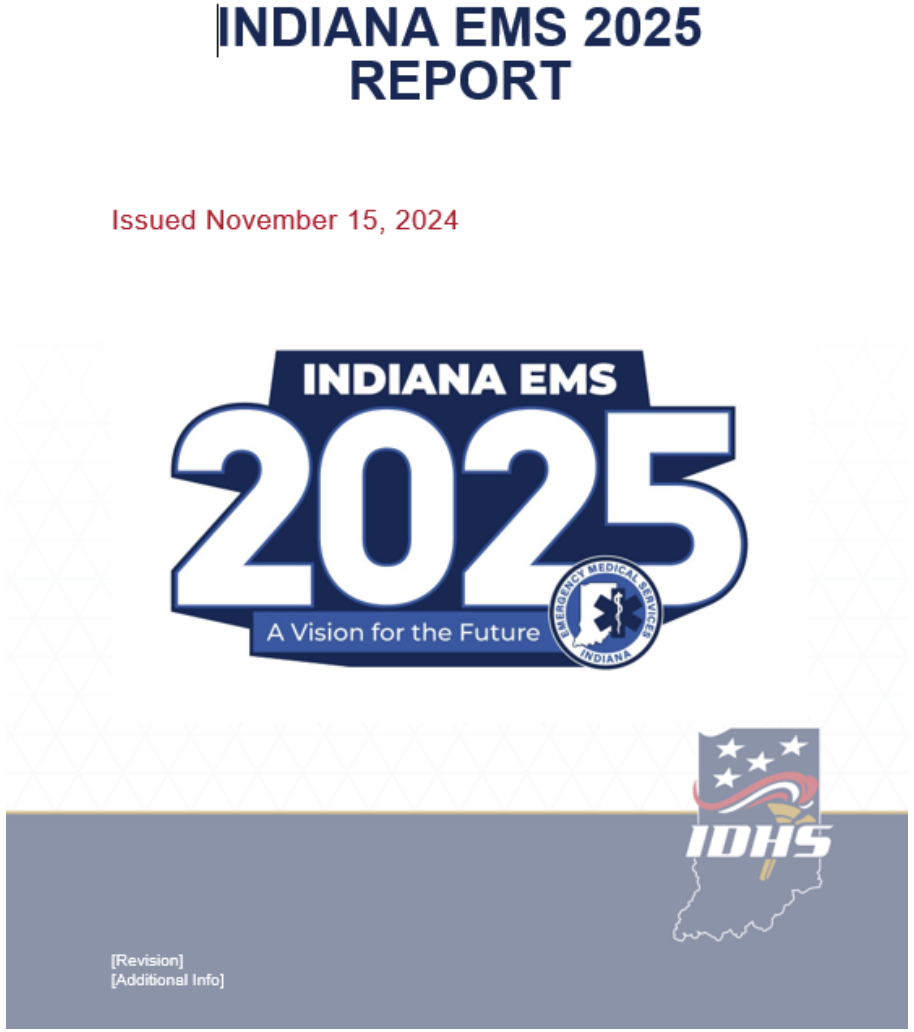
Rural Trauma Simulation Program – To Do

- Finalization of schedule for the trauma events
- Final review of the evaluation metrics
  - Pre-test
  - Post-test
  - Post-event Survey

INDIANA EMS State Update

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

November 2024



Final Report Issued!

Background

Concept

- Developed as an initial priority project for the newly elevated EMS Division at IDHS as announced in September of 2023.
- The concept was to bring together a workgroup of EMS stakeholders that would foster an assessment and dialogue of EMS in Indiana working towards recommendations for where EMS should be.
- Designees from EMS stakeholder groups formed the core workgroup.

Goal

- Creation of a “white paper” with findings and recommendations to stabilize and improve EMS that can be used by IDHS, the EMS Commission, the Governor’s office, and the Indiana legislature.

STAKEHOLDER REPRESENTATION OF THE WORKGROUP

State EMS Director	**Kraig Kinney**
State EMS Director Emeritus	Michael Garvey
State EMS Medical Director	Dr. Eric Yazel, M.D.
State EMS Medical Director (Prior)	Dr. Michael Kaufmann, M.D.
Indiana Department of Homeland Security	Director Joel Thacker
Indiana EMS Commission	Lee Turpen, Chairperson Darin Hoggatt, Vice-Chairperson Andrew Bowman, Member
Indiana State Fire Marshal	Steve Jones
Governor's Staff Liaison	Rachel Ehlich
Indiana Department of Health	Dr. Lindsay Weaver, M.D. Alt. Dr. Guy Crowder Alt. Brian Busching
Indiana Family & Social Services Administration (FSSA)	Dr. Dan Rusyniak, M.D.
Indiana Statewide 911 Board	Jeff Schemmer
Ivy Tech Community College	Dr. Matt Connell, Ed.D. Alt, Matt Shady
Indiana Emergency Services for Children	Dr. Lindsay Haut
Indiana Hospital Association	Andy Van Zee

Indiana Rural Health Administration	**Cara Veale**
Indiana EMS Association	Nate Metz Alt. Gary Miller
Indiana Fire Chief's Association	Jarrod Sights Alt. Danny Sink
Indiana Volunteer Firefighters Association	Tom Fentress
Indiana Professional Firefighters Union	Tony Murray, President Alt. Patrick Hutchison
National Association of EMS Physicians	Dr. Stephanie Gardner, Indiana Chapter President
National Association of EMTS (NAEMT)	Jason Scheiderer, Indiana Chapter representative
Indiana Insurance Representative	Keith Mason
National Association of State EMS Officials (ex-officio / advisory capacity)	Dia Gainor, Executive Director

Focus Areas of the Workgroup

EMS Funding

EMS Workforce

EMS Education & Training

EMS Safety

EMS Operations

EMS Essential Function

SUMMARY OF FINDINGS AND RECOMMENDATIONS

19 Findings!

28
Recommendations!!

EMS EDUCATION & TRAINING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Education & Training Finding #1	
Modern EMS has evolved beyond just patient transportation, however, there is a lag in the culture of EMS to embrace non-traditional functions, such as mobile integrated healthcare and interfacility transfers.	**Recommendation 1A - IDHS and the EMS Commission should review and modify, as appropriate, the curricula for EMS courses to ensure that the introductory culture for students emphasizes a broader understanding of EMS.**
EMS Education & Training Finding #2	
Poor EMS leadership is often cited as a problem with EMS retention and the EMS system does not have any formal recognized means of EMS leadership training.	**Recommendation 2A - IDHS and the EMS Commission should develop new statewide EMS leadership educational opportunities.**
	Recommendation 2B - IDHS should review EMS recruitment processes and identify areas of improvement. Such a review should include the extent to which current practices showcase the diverse career opportunities within EMS.

EMS EDUCATION & TRAINING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Education & Training Finding #3	
One of the key challenges for EMS workforce retention has been the lack of career pathway to continue to work EMS while also practicing skills above the paramedic level.	**Recommendation 3A - IDHS and the EMS Commission should identify opportunities for EMS career advancement that allows for broader scope of practice privileges with increased education and compensation.**
EMS Education & Training Finding #4	
Indiana's initial EMS education is improving but the state remains at the lower end of NREMT test performance for the nation.	**Recommendation 4A - IDHS should return to posting information regarding NREMT pass rate data for every certified training institution in Indiana to increase transparency for perspective students.**
	Recommendation 4B - IDHS should identify the high performing training institutions and find a means to highlight that performance and demonstrate methods that are being used to produce positive results.

EMS EDUCATION & TRAINING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Education & Training Finding #4	
	Recommendation 4C - IDHS should prioritize working with the Department of Education (DOE) on improving the high school vocational system and improving performance outcomes in the high school vocational programs. This discussion could explore whether EMS certifications can be used as pathway for any elective graduation requirements such as career class applied skills.

EMS ESSENTIAL FUNCTION FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Essential Function Finding #1	
Emergency medical services is a vital component of public safety and the public health system. IC 16-31-1-2 states, "The provision of emergency medical service is an essential purpose of the political subdivisions of the state." However, there is not an agreed upon understanding of the impact of IC 16-31-1-2 regarding if it mandates political subdivisions to provide EMS and if so, to what extent.	**Recommendation 1A - Create a clear understanding of IC 16-31-1-2 via statutory modification or EMS Commission action to clarify what is the responsibility of a political subdivision regarding EMS**
EMS Essential Function Finding #2	
Jurisdictional boundaries can impede a timely EMS response.	**Recommendation 2A: Political subdivisions should implement policies and mutual aid agreements that ensure the closest, most appropriate EMS response is utilized in critical acuity responses, regardless of the jurisdictional boundaries of an EMS provider organization.**

EMS ESSENTIAL FUNCTION FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Essential Function Finding #3	
Data regarding EMS operations at the local level is not readily available.	**Recommendation 3A: The EMS Commission/IDHS should update the data it requires EMS provider organizations submit every year to gain better insight into EMS operations across the Indiana.**

EMS FUNDING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Funding Finding #1	
A hindrance to discussion and review of EMS funding is the disparities and lack of transparency in EMS billing practices.	**Recommendation 1A: IDHS and the EMS Commission should create a workgroup to gather and analyze EMS billing data to better understand billing practices and costs associated with EMS.**
EMS Funding Finding #2	
The insurance reimbursement rate does not cover the cost of providing EMS. While insurance reimbursement is an important part of the EMS funding model, it alone is not sufficient to fully fund EMS operations.	**Recommendation 2A: Stakeholders should continue to explore methods currently available to provide funding for EMS in addition to insurance reimbursement.**
	Recommendation 2B: EMS provider organizations should seek opportunities to harness their collective buying power to reduce expenses.

EMS FUNDING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Funding Finding #3	
Indiana should continue to invest state dollars in initiatives that support EMS training and operations.	**Recommendation 3A: Encourage the Indiana General Assembly to continue funding the EMS Readiness program.**
	Recommendation 3B: The EMS Commission should weigh the merits of implementing certification/licensure fees to collect revenue that would benefit the EMS industry.

EMS OPERATIONS FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Operations Finding #1	
Opportunity exists to increase utilization of emergency medical dispatch (EMD) protocols in Indiana.	**Recommendation 1A: IDHS, the EMS Commission, and the Indiana 911 Board should explore to what extent EMD is being effectively used in Indiana by the 911 call centers or PSAPs (public safety answering points) and EMS organizations.**
EMS Operations Finding #2	
Public safety answering points (PSAPs) are essential to EMS and opportunities exist to improve PSAP protocols and structure.	**Recommendation 2A: IDHS, the EMS Commission, and the Indiana 911 Board should explore to what extent EMD can be enhanced to address challenges such as appropriate call type dispatch and interfacility transfer**
	Recommendation 2B: PSAPs should be trained to identify when a 911 caller may be best served by mobile integrate healthcare (MIH), if available, instead of a traditional EMS response.

EMS OPERATIONS FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Operations Finding #3	
The statewide hospital interfacility transfer system is not functioning effectively. There is great disparity across the state regarding how interfacility transfers between hospitals are requested and dispatched. Moreover, there is a larger debate regarding if hospitals or EMS providers are responsible for ensuring a timely transfer.	**Recommendation 3A: The EMS Commission should consider adopting a policy that clarifies certain patients in a hospital setting who require transportation to a higher level of care should be viewed as the same level of acuity as certain 911 dispatch protocols. Additionally, the EMS Commission and IDHS should continue to review innovative ways to facilitate hospital interfacility transfers and resources available to perform the transfers.**
	Recommendation 3B: IDHS and the Indiana Department of Health should host meetings with hospitals, EMS provider organizations, and other stakeholders to facilitate a better understanding of the challenges of hospital interfacility transfers and work on improving the system.

EMS OPERATIONS FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Operations Finding #3	
	Recommendation 3C: To improve the interfacility transfer system, better data collection and analysis is needed to understand the operational needs and health outcomes of such transfers.
	Recommendation 3D: IDHS in consultation with the EMS Commission should review the staffing levels required for interfacility transfers and propose changes to improve the interfacility transfer system.

EMS OPERATIONS FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Operations Finding #4	
There is currently no Indiana EMS code of ethics adopted by the EMS Commission.	**Recommendation 4A: The EMS Commission should adopt a code of ethics to which each provider must adhere.**
EMS Operations Finding #5	
As a healthcare profession, EMS intersects with other aspects of healthcare including hospitals and the nursing profession. While there is some connectivity, there is room for strengthening these relationships.	**Recommendation 5A: IDHS in conjunction with the Indiana Department of Health should convene regular meetings for EMS and healthcare stakeholders to collaborate on issues impacting both hospitals and EMS providers.**

EMS WORKFORCE FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Workforce Finding #1	
Cost of EMS training courses may be a barrier to entry for individuals interested in the profession.	**Recommendation 1A: IDHS should work with the Department of Workforce Development to increase awareness of DWD programs that help students pay for the cost of EMS training.**
EMS Workforce Finding #2	
Opportunity exists to gain better insights into the EMS workforce and training institutions in Indiana.	**Recommendation 2A: IDHS, in cooperation with the EMS Commission, should continue to explore ways to obtain EMS workforce and EMS training intuition data to understand the current state of EMS.**

EMS WORKFORCE FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Workforce Finding #3	
There is a need for quality EMS training in many areas of the state.	**Recommendation 3A: IDHS should continue initiatives such as the EMS Readiness funding opportunities that support EMS training institutions in areas that are underserved or have a high demand for EMS training opportunities.**
EMS Workforce Finding #4	
Two key factors in EMS workforce retention are well-being and workforce burnout.	**Recommendation 4A: IDHS, in conjunction with the EMS Commission, should highlight training and resources that focus on EMS workforce resiliency and retention with a focus on workforce wellness and burnout.**

INDIANA EMS 2025

A Vision for the Future

How to use the report?

- The EMS Division would like to begin planning for the following:
  - Leadership training and EMS leadership academy planning.
  - Collaboration with both Department of Workforce Development (DWD) and Department of Education (DOE).
  - EMS / Hospital Summit where IDHS would partner with IRHA and IHA and IDOH to gather partners to discuss cooperation and address challenges between hospital and EMS.

INDIANA HANDTEVY REPORT

Indiana Department of Homeland Security

November 2024

Handtevy Pediatric Resuscitation System

Already Using Handtevy System

- IDHS Share: 25%
- EMS Organization Share 75%
- EMS Organization will receive a Handtevy account credit for any payments already made that cover periods within the State contract period.
- System will be Handtevy Mobile with protocol integration.

New Enrollee

- IDHS Share: 50%
- EMS Organization Share 50%
- System will be Handtevy Mobile with protocol integration.

HANDTEVY™
Pediatric Emergency Standards

Handtevy Pediatric Resuscitation System

REGISTER BY SEPT. 27

08 OCT

Instructor Course
Valparaiso, IN
8:00 AM - 5:00 PM (CST)

REQUEST ACCESS

REGISTER BY NOV. 8

20 NOV

Instructor Course
French Lick, IN
8:30 AM - 4:30 PM (EST)

REQUEST ACCESS

Eligibility: You must be a current Handtevy Mobile client or currently registered to receive Handtevy Mobile through State funding.

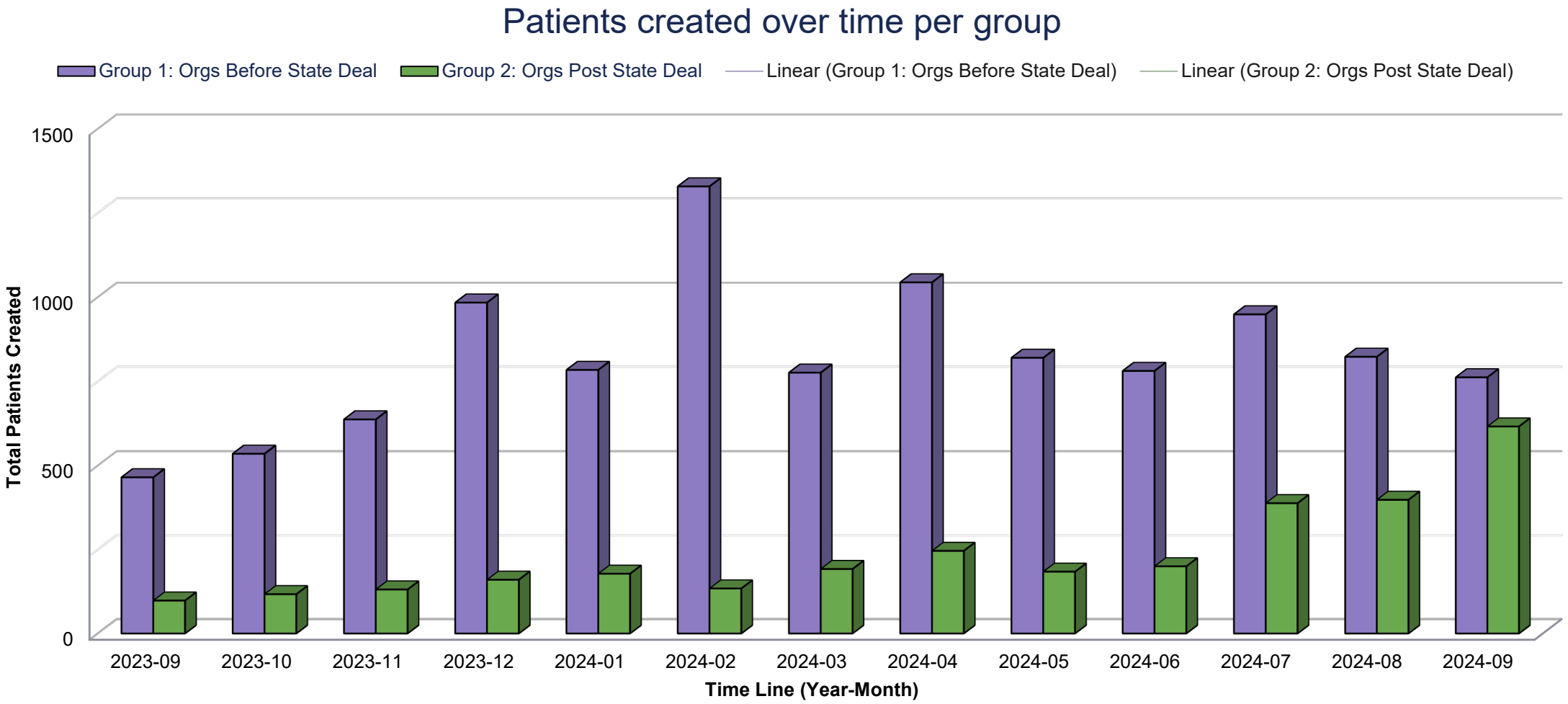
Limit: Only one student per department. If you're not the lead trainer, confirm with your department before registering.

HANDTEVY™
Pediatric Emergency Standards

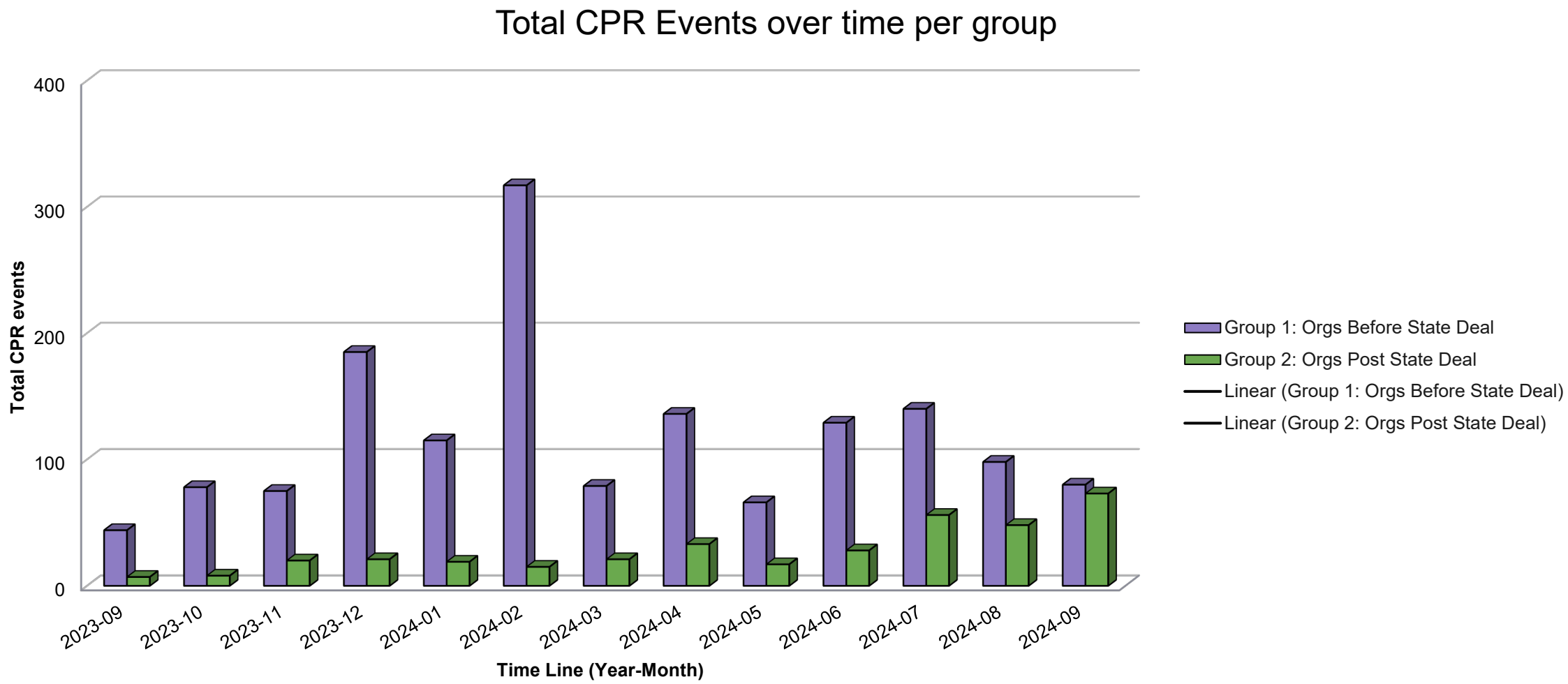
Handtevy Pediatric Resuscitation System

- Enrolled and operational under the State program (through September 30, 2024): 57 EMS organizations.
- Enrollment in progress with set-up being processed: 16 EMS organizations.
- There is a wait list for enrollment for Year 2 of the program.

Handtevy Pediatric Resuscitation System



Handtevy Pediatric Resuscitation System



Handtevy Pediatric Resuscitation System

CPR Events per Patient Age

Organizations Before State Deal (Group 1)

Patient Age	Total CPR Started
ADULT	715
2YR	99
6MO	92
4MO	88
1YR	87
4YR	76
3YR	64
6YR	55
7YR	49
NB	46
5YR	43
9YR	29
PREEMIE	25
13YR	19
11YR	19
8YR	16
10YR	12
12YR	8
	1,542

Organizations Post State Deal (Group 2)

Patient Age	Total CPR Started
ADULT	161
3YR	32
6MO	30
1YR	24
2YR	22
4YR	20
8YR	15
6YR	13
PREEMIE	9
9YR	9
4MO	8
5YR	7
NB	6
10YR	4
13YR	2
11YR	2
7YR	2
	366

HAVE FEEDBACK?

We want to hear from you!

Kraig Kinney kkinney@dhs.in.gov

Final Business

Next Meeting:

February 7, 2024

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

2025 TCC Meeting Dates

May 2, 2025

August 1, 2025

November 7, 2025