## Indiana Statewide Trauma System (Regional Development) Road Map

Introduction:

The Indiana State Department of Health (ISDH) Division of Trauma and Injury Prevention recognize that the care of injured patients requires a system approach to ensure optimal care. By focusing on regional trauma system development, we are able to address the allocation of resources at a local level that then feeds into the development of the statewide trauma system. Health care delivery has had and will continue to have a major impact on both the health and the lives of Indiana's residents, more importantly. According to the Resources for Optimal Care of the Injured Patient (2014), to achieve the goal of decreasing the burden of injury in a state or region, a trauma system needs to develop a network of acute facilities, personnel and organizational entities that function in an organized and coordinated manner in the defined geographic area (p. 14). Currently, 11 hospitals in Indiana are American College of Surgeons (ACS) verified trauma centers with eight additional facilities that have been granted provisional status working towards becoming ACS verified within the next 2 years. Trauma centers are necessary for a system-approach, but the entire community must be involved. The Resources for Optimal Care of the Injured Patient (2014), states lead trauma centers (Level I, II or III) in a region, in collaboration with the lead agency, have the additional responsibility of engaging other regional resources (designated trauma centers, acute care facilities and the EMS system) in a system-wide performance improvement process for the inclusive and integrated trauma system (p.14). The **goal** of this road map is to help build and maintain strong regional systems (based on the Indiana's 10 Public Health Preparedness Districts) in an effort to improve the delivery of care for the region's patient population. Currently, District 10 in southwestern Indiana has established their Trauma Regional Advisory Council or TRAC.

### Road Map Structure

**4** Steps to Building a Successful Regional Advisory Council

**Step 1**

The first step of this process should involve both the trauma medical directors and trauma program managers (of ACS verified trauma centers or provisional status facilities) specific to that region with visits to each hospital in the district to discuss the system approach rather than the focus of only trauma centers. The region working together provides a greater good.

**Step 2**

The second step should be to determine who will sit on the Advisory Council:

- Physician(s) (trauma medical directors) to chair or co-chair these meetings (depending on how many Trauma Centers are located in the region/or "in the process" of becoming a trauma center)
- One or two trauma program managers (depending on how many Trauma Centers are located in the region/or "in the process" of becoming a trauma center)
- A representative from each hospital in the district (trauma, non-trauma centers and hospitals "in the process")
    - Could be hospital administrators (possible high-level administrators: CEO, CFO, COO, etc.)
- A representation of EMS providers (a representative of each service in the region) both land and air services
    - Should include:
        - 1 urban EMS provider
        - 1 air medical EMS provider
        - 1 rural EMS provider in a county with a hospital
        - 1 rural EMS provider in a county without a hospital
        - 1 hospital-based EMS provider from a county

        - 1 private-based EMS provider from a county
        - 1 EMS Medical Director from a county
- A representative from each of the Rehabilitation facilities, if present

**Step 3**

The third step once the members of this group have been selected will be to construct the council's **by-laws**:

- **ARTICLE I - Name and Purpose**
    - Name of the council and counties covered
    - Definition/Purpose/Philosophy
- **ARTICLE II - Membership**
    - Eligibility for membership
    - Annual dues (if wanted/needed)
    - Rights of members
    - Resignation and termination
    - Non-voting membership
- **ARTICLE III - Meetings**
    - Meeting days and times (quarterly basis)
    - Locations (hospital or sufficient meeting space in region)
- **ARTICLE IV**
    - Voting Membership of the Council
        - 10-15 members of an Executive Committee
            - (See Second Step)

- **ARTICLE V**
    - Executive Committee
- **ARTICLE VI**
    - Duties of Officers
- **ARTICLE VII**
    - Special Committees
- **ARTICLE VIII**
    - Amendments
- **ARTICLE XI**
    - Development and Distribution of Bylaws
- **ARTICLE XII**
    - Approving Measures

**Step 4**

Once the by-laws have been established for this group, then the fourth step will be to determine the structure and topics of the meeting. The structure and topics will vary from region to region with more focused approached on the region itself.

*Only for the initial meeting*

For the *initial* meeting, inviting trauma medical or program manager staff from another region to share their experiences will help provide valuable information in becoming a success regional system.

Note: If a hospital in the region is looking to become a (insert Level) verified trauma center inviting someone from an established (insert Level) verified trauma center to share their experiences would also be resourceful.

Potential meeting topics can include:

- The creation of the district mission, a logo and a website
- Management structure
- Educational needs in the region (State trauma registry training, Rural Trauma Team Development Course (RTTDC)).
- Case studies
- Emerging trauma topics either National, State or Local

Meeting logistics

- It is recommended that the advisory council rotate their meeting locations for each meeting as this provides an opportunity for EMS facilities, hospitals or a neutral location a chance to host, if able. The rotation of meeting locations provides the opportunity to explore both EMS facilities and hospitals in the region.