Housekeeping

- Please take breaks as needed.
- There will be opportunity for Q & A during the meeting.

This meeting has been public noticed.

Indiana Department of Health

Welcome and Introduction

Lindsay Weaver, M.D., FACEP
State Health Commissioner

Indiana Department of Health

Trauma System Development RFA Scoring Rubric

Indiana Department of Health

Trauma System Development – RFA Scoring Rubric

Considerations	*Reminder: Here are the questions asked on each application.*
	1. Program Description: Please provide an overall description of the project/initiative and how it intends to help achieve the goals of the selected trauma system development strategy?
	2. Need: What trauma system need does the project/initiative address and how specifically does it address this need? In the response, did they address how the need was identified, who was involved in the identification process, and sources of information that support the identified need.
	3. Intended Benefit: How does the project/initiative benefit trauma system development based on what they identified in the project/initiative description? What data or measures will define success and are they appropriate benefit based on the proposed program/initiative?
	4. Sustainability: In what ways does the project/initiative address sustainability? Is the sustainability plan logical and appropriate?
Scoring Rubric	*Please use the following guidance when assigning points for each application below. (Total Points Available = 12)*
	0: Does Not Meet Expectations The applicant does not describe the project/initiative and how it intends to achieve the goals of the selected trauma system development strategy.
	1: Partially Meets Expectations The applicant describes the project/initiative but does not fully describe how it intends to achieve the goals of the selected trauma system development strategy.
	2: Meets Expectations The applicant describes their project/initiative and clearly describes how it intends to achieve the goals of the selected trauma system development strategy.
	3: Exceeds Expectations The applicant in some ways goes above and beyond expectations in describing their project/initiative and how it intends to achieve the goals of the selected trauma system development strategy.

Indiana Department of Health

Trauma System Development – RFA Scoring Rubric

Reviewer Name:			Applicant Name:			
2024-2025 Trauma System Development RFA Scoring Sheet						
QUESTION	1: Program Description	2: Need	3: Intended Benefit	4: Sustainability	Total Points	Overall Notes
Program Description	0	0	0	0	0	
Need					0	
Intended Benefit					0	
Sustainability					0	
					0	

Subcommittee Update

Trauma Education & Outreach

- Scope: Provide outreach to key stakeholders; coordinate with regional and national professional organizations; coordinate with IDOH regulatory and legislative bodies to advance the effective and timely use of data including injury prevention programming and epidemiology; conduct public awareness campaign.

- Chairs: Jay Woodland, Matthew Landman

Indiana Department of Health

Trauma Registry

- Scope: Review and maintain data elements of the Indiana trauma registry and oversee registry outreach and training to optimize data collection and quality.

- Chair: Lisa Hollister

Indiana Department of Health

Trauma Performance Improvement

- Scope: Identify quality measures; disseminate best practices; and provide hospital and systemwide reports of quality measures; develop a statewide PI plan.

- Chairs: Eric Yazel

Indiana Department of Health

Trauma System Planning

- Scope: Promote effective coordination of care (right time/right place), including appropriate hospital triage (with EMS) and timely transfer of critical patients; maintain trauma center designations. Ensure commission reporting is completed and funding is allocated.

- Chairs: Andy VanZee

Trauma Disaster Preparedness and Military Integration

Scope: Assess capabilities to partner and coordinate with military and disaster preparedness stakeholders; plan and implement opportunities associated with preparedness and disaster planning including coordination of response.

Chairs: Joel Thacker, David Welsh

Indiana Department of Health

Chair Responsibilities

- Assists and supports IDOH with leadership of the subcommittee

- Ensures subcommittee regularly meets

- Assists with planning and deployment of activities to reach subcommittee goals

- Reports updates and activities to TCC at quarterly meetings

- Next Steps – work with IDOH to schedule first meetings

DTIP Staffing Updates

Trinh Dinh, Trauma System Epidemiologist – last day 12/27/2023

Lauren Milroy, Surveillance and Evaluation Director – started 1/2/2024

Clinical Director – selected candidate

Trauma System Plan Update

Ann Solzak

Crowe, LLP

Agenda

Project Status Update

Best Practice Report Overview

Group Discussion

Next Steps

Project Status Update

Project Status Update

- **Accomplishments to date:**
  - Reviewed guidance documents and state level Trauma System Plans
  - Identify and provide findings from five state's Trauma System Plans
  - Develop an executive Summary of Best Practices of Trauma System Plans

- **Next steps:**
  - Finalize Best Practice Report and Executive Summary
  - Begin to compile initial recommendations, aligned with identified ACS gaps and best practices
  - Conduct meetings with stakeholder groups to review, validate, and prioritize recommendations

Phase	October	November	December	January	February	March	April
1. Initiate Project	▓	▓					
2. Best Practice Research		▓	▓				
3. Develop Recommendations				▓	▓		
4. Develop Plan						▓	▓

Completed Phase
Current Phase
Future Phase

Stakeholder Outreach

The following stakeholder groups have been identified for involvement throughout recommendation development and prioritization. This includes a one-hour session to review, refine, and prioritize an initial list of internally developed recommendations.

- TCC
- IDOH Key Stakeholders
- IDHS Key Stakeholders
- Each TRAC
- IHA

Additionally, an electronic survey will be sent to additional stakeholders to further review and prioritize recommendations.

- Trauma Center Representatives
- Specialty Teams
  - Rural
  - Preventive
  - Pediatric

Best Practice Report Overview

Crowe

ACS Essential Trauma System Elements

Crowe reviewed the Essential Trauma System Elements (ETSE) guidance outlined by the American College of Surgeons (ACS) to understand the necessary components for developing a comprehensive, inclusive Trauma System Plan for Indiana. The ETSEs served as the definition of "best practice" throughout analysis and Report development.

1. Statutory Authority	2. Funding	3. Multidisciplinary Advisory Group	4. Trauma System Plan
5. Continuum of Care	6. Needs Based Designation	7. Trauma System Registry	8. Injury Epidemiology
9. System-Wide Performance Improvement	10. Confidentiality and Discoverability	11. Disaster Preparedness	12. Military Integration

Best Practice Report Overview

Crowe delivered a Trauma System Best Practice Research Report in December 2023 which provided insights on successful implementations, effective strategies, and lessons learned from peer states' Trauma System plans, reports, legislation, and publications. This Executive Summary provides an overview and key takeaways detailed in that Report, which will be leveraged as we begin to develop recommendations for Indiana's Trauma System Plan.

Best Practice Research Approach

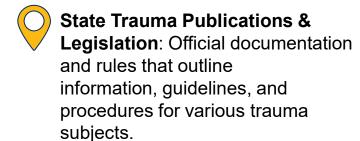|				
Identified a definition of "best practice" based on values and standards provided by the American College of Surgeons (ACS).	Selected five peer states for review based off recency, population demographics, and geographical similarities.	Evaluated potentially effective methods for each Essential Trauma System Element (ETSE) provided by the ACS Consultative Reports for five peer states.	Assessed implementation strategies outlined in various State Trauma Plan Publications.	Analyzed recommendations and methodologies included in accredited Industry Publications.
01	**02**	**03**	**04**	**05**

Best Practice Peer States

Based on recommendations from key stakeholders, five states were included in the best practice analysis, based off recency, population demographics, and geographical similarities. Each states' ACS Consultation Report, State Trauma Publications, and Legislation were reviewed to develop the Best Practices Report.

State Trauma Publications & Legislation: Official documentation and rules that outline information, guidelines, and procedures for various trauma subjects.

ACS State Consultation Report: Extensive evaluation of a state's trauma system that outlines current state and recommendations for improvement by ETSE.

Key Takeaways

The following key takeaways are based on the Best Practice Report and are highlighted below as they specifically address gaps identified in Indiana's ACS Consultant Report. *More details on the elements mentioned below, and the remaining twelve elements, are contained in the full Report.*

Element	ACS Priority Recommendations for Indiana	Best Practice State	Takeaway
2. Funding	Secure defined, sustainable trauma system funding through legislative action.	Texas	Developed legislation containing a funding distribution formula and established six main funding sources.
5.2. Emergency Medical Services	Complete a statewide EMS assessment to identify the agency and workforce needs for the entire state. Clarify the entity responsible for insuring EMS as an essential service.	Virginia	Authorized regional councils to control EMS in respective region and raise local funds in addition to codified state funding.
5.4. Definitive Care Facilities	Develop clear, well-defined agreements between the lead agency, designated facilities, and undesignated facilities regarding the triage, transfer, and care of injured patients.	Washington	Implemented legislation that designates the number and level of trauma facilities by region and sets trauma facility service standards. Designated a single Level I facility that is centrally located in the state.
7. Trauma System Registry	Develop a comprehensive approach to data quality that involves systematic identification of issues through analytics and audits, strategic problem solving, and evaluation to resolve issues.	Michigan	Improved data accuracy and reliability through data validation and audit filters. Enforced data submission policy for designated facilities that allows designation to be suspended or revoked.
10. Confidentiality & Discoverability	Amend or create a statute with specific language to ensure confidentiality and protect from discoverability of the trauma registry, trauma system performance improvement, and peer review activities.	Georgia	Enacted legislation providing protection for medical peer review activities and ensuring confidentiality of registry data. Created trauma best practice subcommittee to maintain protections for trauma system activities.

Summary

The Best Practice Report aims to establish a foundation for developing Indiana's Trauma System Plan.

- **From our analysis, Crowe identified key areas of focus.**
    - Implement fair processes across all elements.
    - Reduce injury related morbidity and mortality.
    - Address vulnerable populations including elderly, children, and rural areas.
    - Include all major components of trauma care, such as Prehospital, Acute Care, Post-Acute, and Injury Prevention.

Group Discussion

Discussion Topics

- **Do you have any top-of-mind recommendations that should be included in our initial recommendations list?**

1. Statutory Authority	2. Funding	3. Multidisciplinary Advisory Group	4. Trauma System Plan	5. Continuum of Care	6. Needs Based Designation
7. Trauma System Registry	8. Injury Epidemiology	9. System-Wide Performance Improvement	10. Confidentiality and Discoverability	11. Disaster Preparedness	12. Military Integration

- **What guiding principles should we use for facilitating recommendations prioritization? Here are some examples to get us started:**
  - ❑ Supports a statewide / regional approach
  - ❑ Has a high return on investment
  - ❑ Addresses more than one ACS recommendation
  - ❑ Incentivizes participation in Statewide Trauma System
  - ❑ Supports further development of the Statewide Trauma System

Next Steps

Next Steps

- Crowe will utilize the Best Practice Report during the development, validation, and prioritization of recommendations.

- Remaining key project activities include:
  - Clarify and document recommendations to address the State's gaps in their Trauma System Planning
  - Validate and establish prioritization criteria from recommendations
  - Incorporate prioritized recommendations into a virtual Heat Map

Thank you

Ann Solzak
Project Manager

Liz Schuler
Senior Business Analyst

Olivia Knarr
Business Analyst

Susannah Heitger
Consulting Partner

Discussion Topics

EMS Funding

EMS Workforce

EMS Education & Careers

EMS Safety ☑

EMS Operations ☑

EMS Essential Function

Future Meeting Dates

- **Thursday, January 18, 9 a.m. to Noon.**
    - Indiana Hospital Association, 500 N. Meridian St., Ste. E250, Indianapolis

- **Wednesday, February 14, 10 a.m. to 4 p.m.**
    - Indiana Hospital Association, 500 N. Meridian St., Ste. E250, Indianapolis

- **Tuesday, March 5, 9 a.m. to Noon.**
    - MADE, 1610 Reeves Road, Plainfield

EMS Education Grants

- Grant period was in October for EMS training institutions and EMS provider organizations.

- 120 applications were received for a total request of $8,177,184.63.
  - Created VERY competitive process to remain within budget.

- Approved were 44 grant awards (36 organizations) for $1,402,753.65.

- Represented in grantees are:
  - Training Institutions
  - Career Departments
  - Combination Departments
  - Volunteer Departments

EMS Education Equipment Grants

- EMS Training Institutions may apply to add enhanced EMS education equipment for their programs. Funding for $1 million in equipment grants to be awarded.

- Applications are due by January 5, 2024.

- Performance period is February 1, 2024, through June 30, 2024.

Upcoming EMS Funding Projects

- EMS on-line education courses
  - Bid process has been submitted and is being developed.
- Bowen Center continued funding for workforce initiatives, 2024
- RAPID Interfacility Transfer Pilot
  - $1.2 million for both a southeast region and then a northwest region where there are gaps in the trauma system.
  - Bid process initiated.
- EMT student electronic testing preparation package for all EMS students
  - Bid process being developed.

Upcoming EMS Funding Projects

- ACADIS funding
  - Would add additional module for continuing education tracking through portal accounts.
- Instructor development
  - NAEMSE instructor course on-line course scholarships and then an in-person course in Spring of 2024.
  - Specialty continuing education professional development for existing primary instructors

Project Activities

Sustainable EMS Workforce Tracking

County-level Needs Assessment

Pipeline Assessment

Retention Assessment
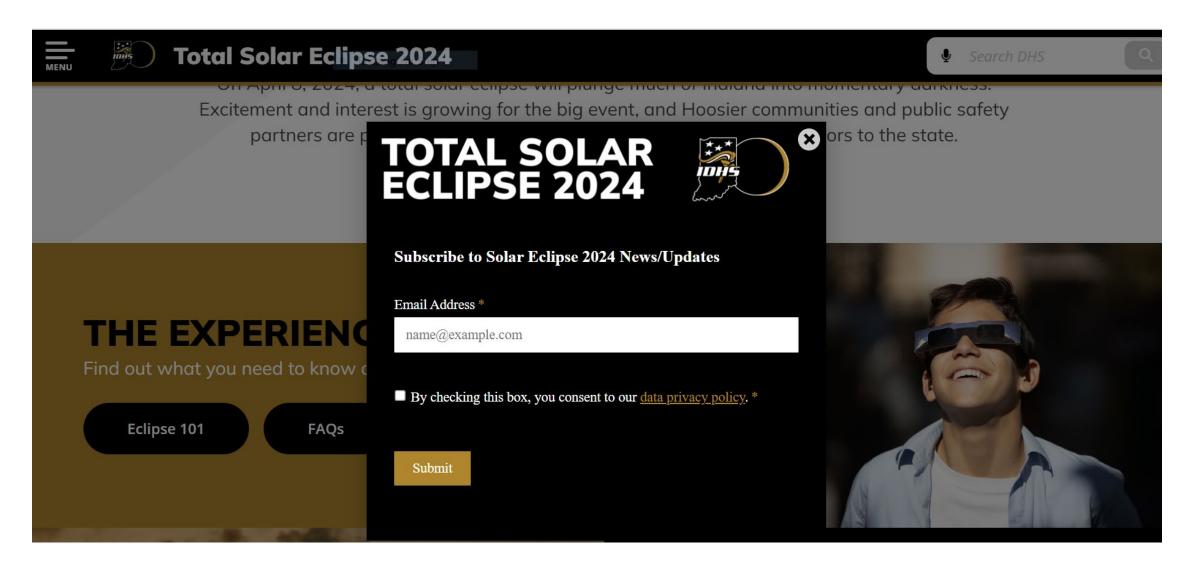
April 2024 Total Eclipse

April 8, 2024 1:45 to 4:30 p.m.

https://www.in.gov/dhs/solar-eclipse-2024/

THE END

Final Business?

2024 TCC Meeting Dates

REMINDER:

February 2nd

April 25th

July 24th

November 22nd

Indiana
Department
of
Health

Next Meeting:

February 2, 2024

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

Indiana Department of Health