Indiana Department of Health

TRAUMA CARE COMMISSION

November 3, 2023

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.

Indiana Department of Health

Welcome and Introduction

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

Indiana Department of Health

Franciscan Health Indianapolis Trauma Program Manager – Christy Claborn

Commission Review

Kendra Harper
IDOH Staff Attorney

SEA 4- Commission Duties

1) Develop and promote, in cooperation with state, regional, and local public and private organizations, a statewide program for the provision of trauma care and a comprehensive state trauma plan.

2) Use trauma data to promote and support state and regional quality improvement initiatives and evaluations.

3) Develop and implement a trauma system performance improvement plan.

4) Support state level multi-disciplined disaster planning.

5) Identify opportunities for, and promote the training of, trauma personnel and programs for the education of the general public in injury prevention and trauma care.

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SEA 4- Commission Duties

(6) Develop, in coordination with the state department, criteria for the awarding of trauma grant funds in the areas of:

      (A) trauma system development;

      (B) quality improvement;

      (C) trauma and non-trauma center engagement; and

      (D) injury prevention programming.

(7) Advise the state department on state trauma center designation.

(8) Not later than November 30 of each year, develop and make written recommendations to the governor and, in an electronic format under IC 5-14-6, to the legislative council concerning the results of the commission's work under this section. The commission shall make the report submitted under this subdivision available to the public.

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Commission Meeting Requirements

- Open Door Law
- Electronic Meeting Policy

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Trauma Summit Summary

Michael Lopez

IDOH Director of Strategy

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Summary: Group Exercise Key Themes

Emerging themes highlight a strong emphasis on **data-driven, coordinated**, and **sustainable** systems with a focus on **improving patient outcomes, access, and quality of care** across Indiana. Additionally, there is a clear call for **collaboration** and **inclusivity among stakeholders** in the trauma care ecosystem.

Group A:
1. Sustainable & Coordinated System
2. Data-Driven Improvement
3. Quality Outcomes
4. Equitable Access
5. Coordinated Care
6. Consumer Orientation
7. Outcome-Based Approach
8. Transparency

Group B:
1. Data-Driven Patient Outcomes
2. Seamless Collaboration
3. Adequate Staffing
4. Equitable Access
5. Low Injury Rates
6. Quality Data Metrics
7. Coordinated System
8. Inclusivity
9. Comprehensive Data Flow
10. Funding

Group C:
1. Sustainable & Supported System
2. Comprehensive Care
3. Timely Access
4. Unified Statewide System
5. Quality Care
6. Prevention Efforts
7. Communication
8. Education
9. Coordination Across Regions
10. Proactive Planning

Group D:
1. Collective Disaster Response
2. Paradigm Shift in Pt. Transfer
3. Efficient Emergency Response
4. Integrated 911 System
5. Increase in Resources and Education
6. Improved Patient Outcomes
7. Transparency
8. Coordinated Disaster Mgy
9. Engaging Military
10. Ensuring 100% Patient Access

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Summary: Trauma Education & Outreach

- **What does success look like?**
  - Clear priorities based on data and top Mechanism of Injury (MOI)
  - Implementable programs with clear metrics for each MOI
  - Increased skills, improved interfacility collaboration, heightened prevention awareness
  - Increased enrollment in EMT and paramedic programs
- **What is in scope?**
  - Stakeholder engagement & communication: public, elected officials, media
  - Military/civilian integration
  - Evidence-based programming for various injury types
- **Near term priorities**
  - Focus on increasing public trauma awareness campaigns, trauma prevention with special attention to child injury prevention, falls, and work safety
  - Training: registry classes, DMEP training, ATLS, ATCN, TCAR
  - Establishment of a leadership team for Emergency Services and Trauma system development

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Summary: Trauma Registry

- **What does success look like?**
  - Reliable, timely, and efficient data flow
  - Comprehensive coverage / involvement of all relevant stakeholders
  - Qualified staff trained and "certified"
  - Actionable insights - utilize the data effectively through dashboards and comparative analysis.
- **What is in scope?**
  - Data Variables Prioritization: Define and focus on the most crucial 250 variables for Trauma (T) vs Non-Trauma (NT) cases.
  - Training Recommendations: Identify suitable training programs for registrars.
  - Motivation Strategies: Consider incentives (carrot) as well as compliance measures (stick).
  - Fact-Finding and Assessment: Evaluate the current status and performance of registrars.
  - Potential Data Publication: Explore the idea of publicly grading the quality of data.
- **Near-term priorities**
  - Training and Education: Consider implementing a trauma registry course.
  - Outcome Improvement: Leverage quality data to enhance patient outcomes.
  - Automated Reporting: Develop systems for generating dashboard reports automatically.

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Summary: Trauma Performance Improvement

- **What does success look like?**
  - Defining deficiencies and implementing improvements in patient care.
  - Identifying measurable outcomes and providing feedback throughout the care process.
  - Enhancing the value of care provided.
- **What is in scope?**
  - Encompasses the entire patient care pathway, from prevention to treatment and recovery.
  - Requires broad engagement across various stakeholders, including the community, EMS, providers, hospitals, regions, and commissions.
  - Data submission & "bundling" of time sensitive care data
- **Near term priorities**
  - Establishing specific and measurable metrics, along with establishing baseline data to track progress.
  - Focusing on improving communication and connections between EMS, trauma centers, non-trauma facilities, and post-acute care providers.
  - Developing level-appropriate report cards to assess hospital performance.

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Summary: Trauma System Planning

- **What does success look like?**
  - Regional approach to trauma care; minimize the gaps in coverage
  - Unified access and care system for all injured patients.
  - Coordinated care between facilities: communication, transfers
  - Universal disaster planning
  - Financial sustainability for EMS organizations
- **What is in scope?**
  - Facilitating/expanding trauma hospital coverage in appropriate locations to fill coverage gaps
  - Regional coordination centers for effective response
  - Coordinated, interoperable 911 services on a statewide level.
  - Strategically placed EMS units in each county.
- **Near term priorities**
  - Encouraging hospitals to commit to ACS process
  - Ensuring transparency in patient flow
  - Filling gaps in specialty care areas, particularly pediatrics
  - Assessing and addressing appropriate trauma center levels and locations
  - Defining and developing regional coordination centers.

Trauma Care Commission - Subcommittees

Proposed:

- Trauma Education and Outreach
- Trauma Registry
- Trauma Performance Improvement
- Trauma System Planning
- Disaster Preparedness and Military Integration

Next Steps: Subcommittee Chair Assignments

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

- *If you are interested in being a subcommittee chair – please send an email to Brian Busching (bbusching@health.in.gov)*

Trauma System Funding

Brian Busching

IDOH, Trauma and Injury Prevention Division Director

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Trauma System Quality Improvement Funding

- Request for Application
  - Worked with Implementation Task Force to develop
  - Outlines the intent for funding and associated strategies (per SEA 4)

- Next Steps:
  - Partnering with Indiana Clinical and Translational Sciences Institute (CTSI) to centralize RFA release, submissions, and reporting
  - TCC and subcommittee SMEs will assist with review of applications
  - Approved awards are anticipated Q1 of 2024
  - Awardees will be required to submit quarterly progress reports with a final report due at the end of FY25

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RFA Outline

- Background/Need – the why

- Project Description – the what

- Eligibility and Funding – the who

- Grantee Guidance – the how/where

- Budget, Submission Requirements, Timeline, Reporting Requirements

Application Form

- Primary Contacts
- Overview of Project, Anticipated Cost, Reach of Project
- Project Description – the what
- Project Need – the why
- Intended Benefit – the how/where
- Sustainability

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Priorities for the next 2 years?

(6) Develop, in coordination with the state department, criteria for the awarding of trauma grant funds in the areas of:

      (A) trauma system development;

      (B) quality improvement;

      (C) trauma and non-trauma center engagement; and

      (D) injury prevention programming.

      Fiscal Year 2024 - $2.5 million; Fiscal Year 2025 - $5 million

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RFA Timeline

- Upon approval of the RFA by TCC, release electronically via CTSI

- 1st round of applications submitted by January 12th with goal of proposals to TCC during February 2024 meeting

- Targeting initial contract execution during Quarter 1 of 2024

- RFA will stay open - rolling timeline through the initial year
  - Provides flexibility to fund projects as they are submitted
  - Provides flexibility to fund targeted projects identified by TCC

Trauma System Plan Update

Ann Solzak
Crowe, LLP

Indiana Department of Health

Agenda

Project Overview

Project Team Members

Crowe

Susannah Heitger
Consulting Partner

Ann Solzak
Project Manager

Liz Schuler
Senior Business Analyst
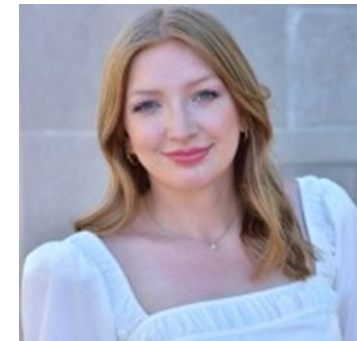
Olivia Knarr
Business Analyst

Indiana Department of Health (IDOH)

Brian Busching	Project Manager, Director
Ramzi Nimry	Project Lead, Director of Trauma & Injury Prevention Division

Project Objectives

The Indiana Department of Health (IDOH) currently does not have a trauma system plan for the State of Indiana. The goal of this project is to research trauma system plan best practices, provide recommendations to address Indiana's trauma system needs, and develop a trauma plan for the State to address identified needs and promote a successful, comprehensive trauma system for the State.

Key project activities include:

- Review guidance documents and state level Trauma System Plans

- Identify and provide findings from 5 state's Trauma System Plans

- Develop an Executive Summary of Best Practices of Trauma System Plans

- Clarify and document recommendations to address the State's gaps in their Trauma System Planning

- Establish prioritization criteria from recommendations

- Incorporate prioritized recommendations into a virtual Heat Map

- Integrate industry practices and recommendations by Essential Trauma System Elements (ETSE) into Final Plan

- Conduct stakeholder review and feedback of Final Trauma System Plan

Essential Trauma System Elements (ETSE) by the American College of Surgeons (ACS)

The American College of Surgeons (ACS) is the nationally recognized standard for Trauma System Planning. Their purpose is to provide guidance for Trauma System Plan development and assess current plans. To have a successful Trauma System Plan and implementation, the ACS guidelines suggest including each of these elements:

Statutory Authority	Funding	Multidisciplinary Advisory Group	Trauma System Plan
Continuum of Care	Needs Based Designation	Trauma System Registry	Injury Epidemiology
System-Wide Performance Improvement	Confidentiality and Discoverability	Disaster Preparedness	Military Integration

Project Activities

Project Phases

Phase 1: Initiate Project

Phase 2: Best Practice Research

Phase 3: Develop Recommendations

Phase 4: Develop Plan

Project Management and Stakeholder Engagement

Phase 1 Summary

Phase 1: Initiate Project

Key Activities:

- Document project deadlines and milestones to establish planning and reporting standards and set team member expectations.
- Identify Stakeholders to include as part of the project team, noting their level of engagement at different phases of the project.
- Host a project kickoff with key stakeholders to review the kickoff presentation and project timeline.
- Develop tools for tracking project status and managing risks and issues.
- Establish a standing project status meeting.

Key Deliverables:

- Stakeholder Registry (Microsoft Excel)
- Project Milestone Tracker (Microsoft Excel)
- Project Kickoff Meeting (Microsoft PowerPoint)

Phase 2 Summary

Phase 2: Best Practice Research

Key Activities:

- Research national best practices and guidance documents from national organizations to identify best practices to develop a Trauma System Plan.

- Research up to 5 health agency Trauma System Plans to determine how other agencies have approached these plans, identifying common themes and structures.

- Create and share Best Practice Report, based on research.

- Review key findings with stakeholders to begin to identify gaps and key recommendations for next Phase.

Key Deliverables:

- Best Practice Report (Microsoft PowerPoint)
- Best Practice Executive Summary (Microsoft PowerPoint)

Phase 3 Summary

Phase 3:
Develop Recommendations

Key Activities:

- Compile Best Practice Research Findings, along with the findings from 2022 Indiana Trauma System Consultation Final Report (Final Report), to identify and propose recommendations for the development of an Indiana Trauma System Plan.

- Prioritize recommendations that align with ACS Essential Trauma System Elements.

- Conduct stakeholder meetings and surveys to build the Virtual Heat Map to begin to visualize and prioritize recommendations given a set of guiding principles.

Key Deliverables:

- Preliminary Recommendations (Microsoft PowerPoint)
- Heat Map (Microsoft Excel)

Phase 4 Summary

Phase 4: Develop Plan

Key Activities

- Summarize findings and develop draft of Indiana Trauma System Plan.
- Conduct an initial review of Plan with IDOH and other key stakeholders. Crowe will host a virtual or onsite draft plan review and tabletop discussion with all relevant partners to collect feedback and suggestions.
- Crowe will work with IDOH Project Manager to compile all feedback to incorporate into the Final Trauma System Plan.

Key Deliverables:

- Draft Trauma System Plan (Microsoft PowerPoint)
- Final Trauma System Plan (Microsoft PowerPoint)

Project Management

Project Timeline

The table below is a high-level project timeline for project activities from October 2023 through April 2024.

Blue lines indicate planned project milestones, where Crowe delivers a work product to IDOH. These are phase gates requiring IDOH review and acceptance of the deliverable.

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

Discussion: IDOH holidays, Crowe holidays, other timeline considerations

Project Communications

Crowe will provide a weekly status report to the Project Team, communicating progress to key milestones, accomplishments, next steps and any issues, risks and concerns.

Crowe will conduct a weekly or bi-weekly status meeting with the Project Team to review and discuss project status and open questions.

Project Stakeholders and Key Responsibilities

IDOH Executive Sponsor
- Risk and issue resolution
- Contract management
- Review and accept deliverables
- Support inter-agency communication

IDOH Project Manager
- Point of contact for Crowe
- Assist with scheduling meetings
- Review deliverables
- Provide input into all deliverables
- Risk and issue escalation

Project Team
- Participate in status meetings, and other meetings as needed
- Review deliverables

Trauma Care Commission
- Participate in Advisory Team meetings, and other meetings as needed
- Provide guidance and feedback to project team
- Support stakeholder coordination activities, as needed, for respective agencies

Other Key Stakeholders & Subject Matter Experts
- Participate in project meetings
- Provide input into all deliverables
- Review deliverables

Group Discussion: Review and modify stakeholder list (provided as separate Excel document)

Best Practice Research
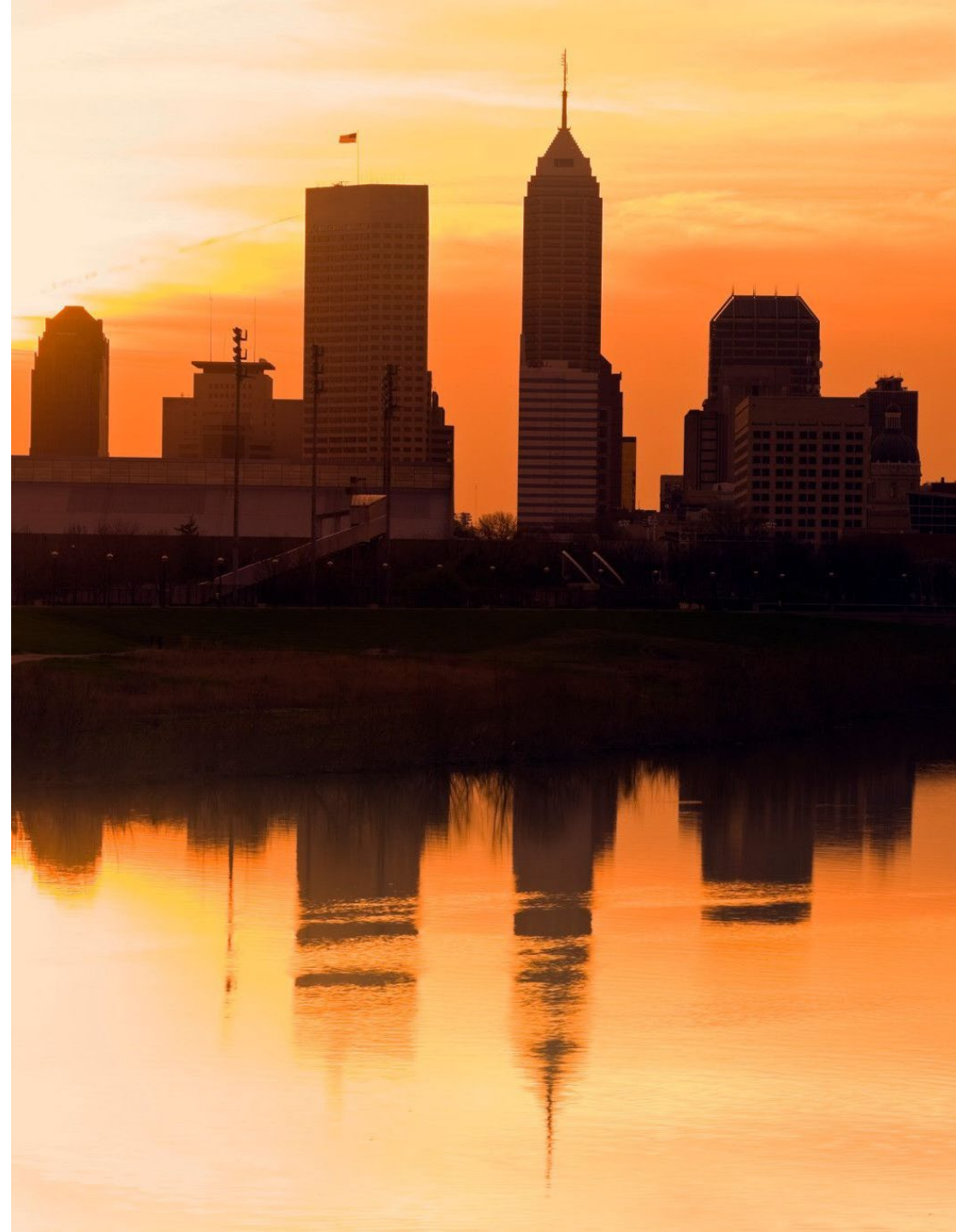
Best Practice Overview

- Best Practice Research aims to gather insights on successful implementations and strategies that work for peer states' Trauma System plans, as well as lessons learned.

- The Crowe team has begun our best practice research by:

  - Identifying a definition of "best" based on values and standards provided by the American College of Surgeons (ACS).

  - Evaluating potentially effective methods for each Essential Trauma System Element provided by the ACS Consultative Reports for five peer states.

- The consultation reports published by the ACS provide thorough information on states' current advantages and provide recommendations for improvement within their Trauma System Plans by essential element.

- This is work in progress – not yet complete

Best Practices Overview Cont.

- States were selected based on:
  - Geographical relevancy
  - Population demographic similarities
  - Time period of Trauma System Plan and ACS Consultation Report

- Crowe worked with IDOH to identify the following states to include in our best practice research:
  - Georgia
  - Iowa
  - Michigan
  - Texas
  - Washington

Best Practice Sources (work in progress)

Indiana Trauma & Injury Prevention Strategic Plan

- Provides valuable information including:
  - Current state
  - Burden of Injury
  - Objectives
  - Quality Improvement
  - System history

- *Note, this is not the Trauma System Plan*

ACS Consultation State Reports

- Reviews & Assesses a State's Trauma Plan
- Includes historical and current state information
- Presents recommendations for future system development by ACS Essential Elements

ACS Essential Trauma System Elements

- Serves as backbone for trauma system development
- Defines the 12 Essential Elements, and its unique criteria

HRSA Model Trauma System

- Serves as a guide to statewide trauma system development
- Outlines core functions and essential services including:
  - Injury Prevention
  - Legislation
  - System Finance
  - Mass Casualty Incidents

Observations to date (work in progress)

- The team has not identified any state that is completely successful at all 12 ACS Essential Trauma System Elements. Through research we have found:

  - Outdated ACS consultation reports

  - Failure to meet all criteria outlined in a single ACS essential element

  - States' have the structure of ACS essential elements, but are not successful at implementing their strategy

  - States are effective in a specific essential element, but not others

  - States are missing the centralized Trauma System Plan

- We propose a *combination of the most-effective methods* across our research*:*

| Identify the top states with exceptional success in **each** Essential Trauma System Element | Provide challenges and gaps found through the states' ACS Consultation Reports | Create and implement a best practice Trauma System Plan for the State of Indiana that combines all effective methods |

Next Steps

Next Steps

- Confirm Stakeholder List

- Begin Weekly Status Meetings

- Continue Best Practice Research and provide draft deliverable for review. Target complete, early December

Discussion

Thank You

IDHS/EMS Updates

Kraig Kinney
State Director and Counsel of EMS

Eric Yazel
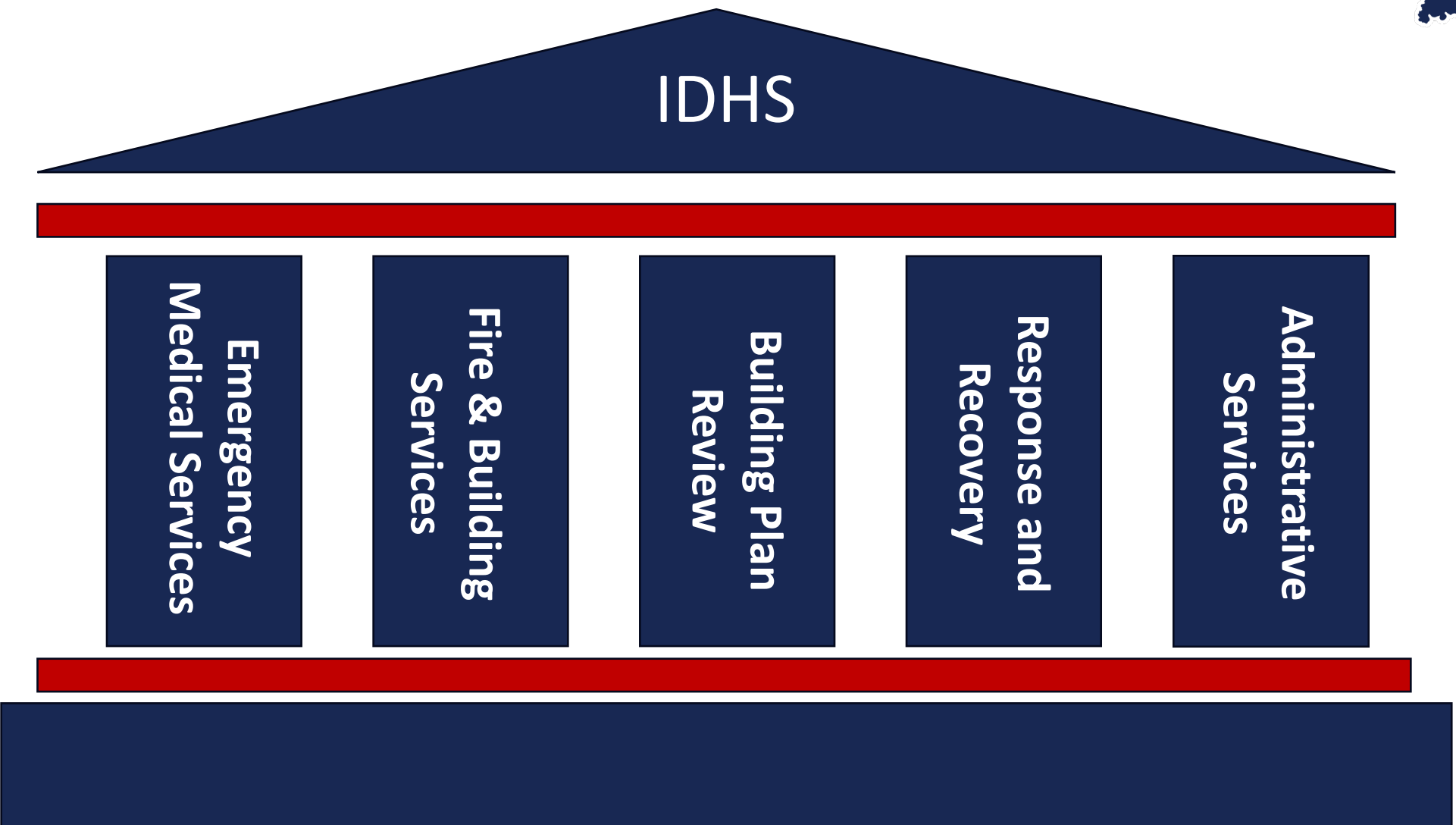*EMS Medical Director*

Division of EMS

IDHS Pillars

Indiana EMS 2025

- Concept:
  - Bring together a workgroup of EMS stakeholders that will foster an assessment and dialogue of EMS in Indiana and formulate recommendations for where EMS should be.
  - Public meetings for those interested in participating.
  - Designees from stakeholder groups will be core workgroup.

- Goal:
  - Creation of a "white paper" with recommendations to stabilize and improve EMS that can be used by IDHS, the EMS Commission, the Governor's office, and the Indiana legislature.

HEA 1001 State Budget

- MOBILE INTEGRATION HEALTHCARE GRANTS

- 27 Total Operating Expense   FY2023-2024 $500,000

                                                   FY2024-2025 $500,000

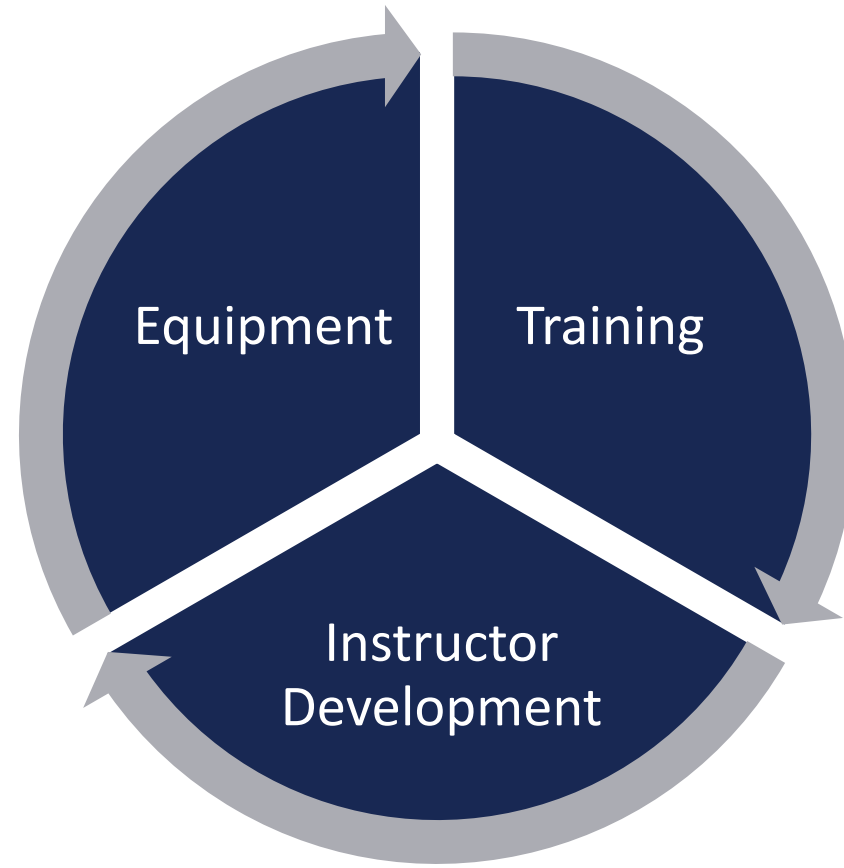**EMERGENCY MEDICAL SERVICES (EMS) READINESS**
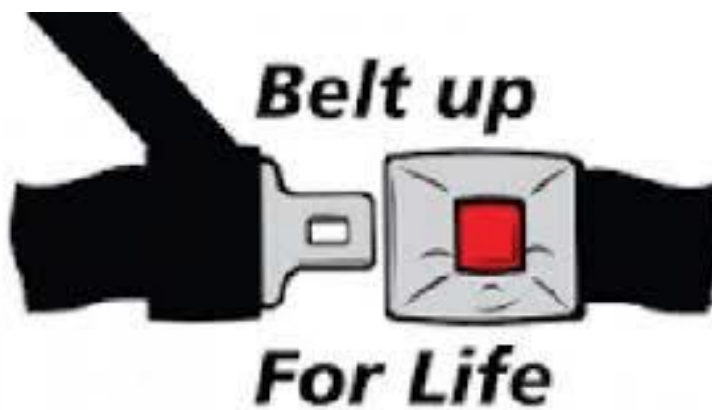Total Operating Expense
           FY 2023-2024 $6,450,000
           FY 2024-20258 $8,200,000

This is the first direct funding of EMS in the state budget that we are aware of!!

EMS Readiness / Workforce Development Plan

Belt up For Life

Final Business?

2024 TCC Meeting Dates

REMINDER:

February 2nd

April 25th

July 24th

November 22nd

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Next Meeting:

February 2, 2024
10:00am to 12:00pm (Eastern Time)

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