IDOH Trauma System Plan Recommendations

Draft as of March 26, 2024

Trauma System Plan- Draft Recommendations

Introduction:

The State of Indiana is in the process of developing a comprehensive Trauma System Plan. This document contains draft recommendations, based on best practice research, that directly align with the intended strategies of the Trauma System Plan. The purpose of this document is to collect feedback that will be utilized to refine the recommendations. In the following pages, recommendations are grouped by the strategies listed below. Within these strategies, there are goals as well as targeted objectives beneath them.

Comprehensive Engagement	**Accountability**	**Trauma Care Access**
Emergency Medical Services	**Data & Perfomance Improvement**	**Prevention, Education, & Outreach**

Note: The Indiana Department of Health acknowledges the importance of funding for implementation and sustainability of trauma system development efforts and will continue to explore viable solutions.

Strategy One: Comprehensive Engagement

Maintain and develop broad representation across the TCC, subcommittees, TRACs, and coalitions.

Number	Goals & Objectives	Stakeholder Responsible
Strategy One: Comprehensive Engagement		
Goal 1	**Expand TCC membership so the full continuum of care and all ten regions, including specialties, populations, and geography, of Indiana are represented. [1-2]**	
1.2	Take legislative action to expand the TCC membership to include a military representative. [1]	IDOH
1.3	Strive for diversity and inclusion across the TCC positions by strategically appointing members. [1]	IDOH
1.4	Conduct routine audits to verify TCC appointments are inclusive	IDOH
Goal 2	**Formalize and expand TCC subcommittees and their membership.**	
2.1	Audit and review subcommittee membership to confirm there is diverse representation respective to specialties, demographics, and the full continuum of care.	IDOH
2.2	Target additional stakeholders to expand TCC subcommittees based on gaps identified in the audit and review process.	IDOH
2.2.1	Engage additional stakeholders from Family and Social Services Administration (FSSA) Division of Aging.	TCC
2.2.2	Engage stakeholders from the Indiana Department of Child Services (DCS).	TCC
2.3	Validate EMS representation of the various delivery models across the TCC subcommittees.	TCC
Goal 3	**Restructure, expand, and formalize TRACS. [3]**	
3.1	Consult TRACs on methods to increase communication and collaboration statewide.	System Planning Subcommittee
Goal 4	**Continually update and improve the distribution and stakeholder list to develop a comprehensive trauma care network.**	
4.1	Develop and implement a strategy for engaging new stakeholders and leverage	IDOH

DRAFT- For Review and Discussion Only

Strategy One: Comprehensive Engagement		
Number	**Goals & Objectives**	**Stakeholder Responsible**
	subcommittee structure.	
4.2	Establish regular communication, through meetings and email, with stakeholders to keep them informed and promote collaboration.	IDOH
4.3	Strategically engage stakeholders to advocate for legislation that promotes an inclusive trauma system plan.	IDOH
Goal 5	**Conduct periodic workforce assessments across the full continuum of trauma care.**	
5.1	Collect data through surveys, interviews, and workforce and performance reviews.	Performance Improvement Subcommittee
5.2	Engage community leaders and vulnerable populations to understand their workforce and education needs.	Performance Improvement Subcommittee
Goal 6	**Formally engage the state, regional trauma leadership, and physiatrists to promote engagement from the rehabilitation workforce.**	
6.1	Collaborate with the Indiana Rehab Task Force for trauma system development activities.	IDOH

DRAFT- For Review and Discussion Only

Strategy Two: Accountability

Establish guidelines and procedures to validate compliance with statewide trauma system.

Number	Goals & Objectives	Stakeholder Responsible
Strategy Two: Accountability		
Goal 1	**Maintain and consider updating the TCC's operational guidelines outlined in legislation on an established basis.[1]**	
Goal 2	**Develop and implement comprehensive by-laws for the TCC.**	
2.1	Establish governance rules for the TCC.	IDOH
2.2	Evaluate the TCC's performance, structure, governance, and reporting on an established basis.	IDOH
Goal 3	**Develop and codify operational guidelines, roles, and responsibilities for TRACs.**	
3.1	Consider the implementation of contractual agreements with TRACS that establish structure and include all trauma system elements.[3] Reference appendix for recommended rules.	System Planning Subcommittee
3.2	Monitor TRACs operational guidelines to validate compliance.	System Planning Subcommittee
3.3	Develop a position within IDOH that focuses exclusively on organizing, supporting, and expanding TRACs.	IDOH
3.4	Hold an annual TRAC retrospective meeting.	System Planning Subcommittee
Goal 4	**Develop formal documents between agencies that clearly define the roles and responsibilities of each stakeholder for trauma system coordination.**	
Goal 5	**Explore developing and implementing regional trauma system plans to improve quality and coordination of statewide care. Implement if feasible. [4]**	
Goal 6	**Consider utilizing the authority to designate trauma centers in conjunction with the American College of Surgeons (ACS) designation process. Implement administrative rules that outline the designation process for each designation level.**	

	Strategy Two: Accountability	
Number	**Goals & Objectives**	**Stakeholder Responsible**
6.1	Establish clear and specific criteria by level that a facility must meet for designation as a trauma center. [5-6]	System Planning Subcommittee
6.2	Consider designating rehabilitation facilities. Define compliance criteria and establish program oversight to evaluate designated rehab facilities.	System Planning Subcommittee
6.3	Define a formal application process that facilities must follow for designation. Regularly review and update the process to confirm it remains effective and reflects current best practices in trauma care. [5-6]	IDOH
6.4	Develop a review and evaluation process to assess each application for trauma center designation.	System Planning Subcommittee
6.5	Develop a clear process for removing a facility's designation if they fail to meet the required standards or breach the terms of their contract. [7]	IDOH
Goal 7	**Formulate and implement legislation that outlines trauma service standards by designation level including level IV.**	
7.1	Require facilities to enter into contractual agreements that outline their responsibilities and obligations as a designated trauma center.[6]	IDOH
7.2	Require a minimum number of staff at designated facilities to participate in TRACS and healthcare coalitions.	IDOH
7.3	Require level I/II facilities to develop partnerships with level III/IV facilities.	IDOH
7.4	Update data sharing software to allow for appropriate patient destination decision making.	IDOH
7.5	Conduct random audits on facilities' performance improvement data to certify compliance with continuous improvement.	IDOH
7.6	Implement and enforce data submission policies for designated facilities to improve the quality of data.	IDOH
7.7	Develop criteria and coordinate continued trauma education courses for hospital and EMS personnel.	IDOH
7.8	Require designated facilities to develop public injury prevention education programs.	IDOH
7.9	Require designated facilities to develop a trauma care outreach program.	IDOH

DRAFT- For Review and Discussion Only

	Strategy Two: Accountability	
Number	**Goals & Objectives**	**Stakeholder Responsible**
7.10	Require mentorship and support from designated urban facilities to rural trauma program managers in process improvement training.	IDOH
Goal 8	**Maintain and evolve the TCC Disaster Preparedness & Military Integration subcommittee to assess the current state and identify gaps within disaster planning.**	
8.1	Partner with the IDOH Planning and Preparedness section to develop and coordinate military and disaster preparedness exercises.	Disaster Preparedness & Military Integration Subcommittee
8.1.1	Connect military and trauma personnel to improve statewide integration. Develop and coordinate military and disaster preparedness exercises.	Disaster Preparedness & Military Integration Subcommittee
8.2	Meet with TRACs to assess current state of each region's disaster planning.	Disaster Preparedness & Military Integration Subcommittee
8.3	Encourage EMS participation in disaster preparedness activities at regional level.	Disaster Preparedness & Military Integration Subcommittee
8.4	Encourage healthcare coalition participation in disaster preparedness activities at regional level.	Disaster Preparedness & Military Integration Subcommittee
8.5	Encourage county health department participation in disaster preparedness activities at a local and regional level.	Disaster Preparedness & Military Integration Subcommittee
Goal 9	**Review, leverage, and update the Indiana State Trauma System Plan developed by IDOH on an established basis.**	**IDOH**
Goal 10	**Assess the need, role, and function to establish a State Trauma Medical Director at IDOH. Consider the capabilities of this role regarding the EMS State Medical Director.**	**IDOH**
Goal 11	**Formalize continued coordination and efficiency of the division of EMS within IDHS regarding stakeholder interaction and healthcare partnerships.**	**IDOH**

DRAFT- For Review and Discussion Only

Strategy Two: Accountability		
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 12	**Implement a system for monitoring and evaluating EMS compliance with the triage and transport protocols.**	
Goal 13	**Develop and release a Request for Proposal (RFP) seeking Project Management professional services to oversee the implementation of Trauma System Plan Recommendations.**	

DRAFT- For Review and Discussion Only

Strategy Three: Trauma System Access

Provide and cultivate trauma care access to the entire state of Indiana.

Number	Goals & Objectives	Stakeholder Responsible
	**Strategy Three: Trauma System Access**	
Goal 1	**Identify opportunities to expand rehabilitative care in Indiana.**	
1.1	Meet with relevant rehabilitation representatives to assess the current state of rehabilitation services in Indiana.	IDOH
1.2	Collaborate with the Indiana Rehab Task force to conduct a need and capabilities assessment for rehab services at the state and regional level.	IDOH
1.3	Host a summit to discuss Medicare Advantage eligibility.	IDOH
1.4	Identify and develop an action plan to implement resources to expand the rehab capacity to in-eligible individuals.	System Planning Subcommittee
1.5	Consider utilizing swing beds in rural facilities to improve patient outcomes.	IDOH
1.6	Create a database of rehabilitation facilities according to the capabilities for treating patients with various conditions and acuity.	IDOH
1.7	Engage Family and Social Services Administration (FSSA) Division of Aging and Division of Disability and Rehabilitative Services to evaluate the effectiveness of waivers for the rehabilitative needs of trauma patients.	IDOH
1.8	Implement a program to track the number of eligible people who have a traumatic brain injury (TBI) or spinal cord injury (SCI), the types and costs of services they receive, and their functional outcomes.[8]	IDOH
1.9	Collaborate with the IDOH, TCC, and Indiana Rehab Task Force to brainstorm incentives to encourage rehabilitation facility participation in the trauma system.	IDOH
1.10	Explore implementing designation process, service standards, and funding to rehab facilities.[5-6]	IDOH
Goal 2	**Develop and implement a statewide Disaster Preparedness plan.**	

DRAFT- For Review and Discussion Only

Strategy Three: Trauma System Access		
Number	**Goals & Objectives**	**Stakeholder Responsible**
2.1	Conduct a hazard vulnerability analysis to identify the potential threats and risks to the state trauma system and prioritize the most likely and impactful scenarios. [9]	IDOH & IDHS
2.2	Develop a statewide and regional disaster plan that considers all disaster types, including cyberattacks.	Disaster Preparedness & Military Integration Subcommittee
2.3	Conduct regular training and simulation exercises to test the disaster plan, identify gaps and weaknesses, and enhance the readiness and competency of the state trauma system partners.[10]	Disaster Preparedness & Military Integration Subcommittee
2.4	Develop a statewide and regional disaster plan that coordinates with hospitals and call centers to address the immediate social and mental health needs of the population.	Disaster Preparedness & Military Integration Subcommittee
2.5	Develop a statewide and regional disaster plan that considers post-disaster resource allocation and service delivery.	Disaster Preparedness & Military Integration Subcommittee
2.6	Implement a statewide resource management dashboard for hospitals, EMS, and local health departments.	IDHS & IDOH
2.7	Engage the Indiana Statewide 911 Board to enhance dispatch efficiency and effectiveness.	IDHS
Goal 3	**Engage regional TRACs to expand trauma system access in each region.**	
3.1	Establish criteria for requirements needed in TRAC participation.	IDOH & System Planning Subcommittee
Goal 4	**Consider the development of comprehensive, well-defined agreements between IDOH, TCC, IDHS, designated trauma facilities, and non-designated acute care facilities for coordinated triage and transfer of injured patients.**	

DRAFT- For Review and Discussion Only

Strategy Four: Emergency Medical Services

Collaborate with all stakeholders and regions to create robust Emergency Medical Services (EMS).

Strategy Four: Emergency Medical Services		
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 1	**Complete the on-going EMS workforce assessment and evaluate the findings to determine an action plan for Indiana.**	
Goal 2	**Elevate EMS as an essential service to decrease triage and transport times and improve the quality of care statewide.**	
2.1	Engage the EMS 2025 Workgroup to explore recommendations for elevating EMS as an essential service.	IDHS
2.2	Consider policy, compensation, and workforce assessments to evaluate EMS as an essential service including the Indiana Home Rule Code. [11]	IDHS
Goal 3	**Explore methods to streamline patient triage and care within Indiana and across state lines.**	
3.1	Assess the current landscape of EMS transport.	IDHS
3.2	Develop memorandums of understanding for neighboring states to guide the triage and transfer of injured patients.	IDHS
3.3	Identify agency overlap and potential synergy to foster collaboration and increase efficiency.	IDHS & IDOH
3.4	Evaluate the compliance of the triage and transport rule statewide.	IDOH
3.5	Engage stakeholders and host an IDOH & IDHS summit to address inter-facility transfer issues.	IDOH
3.6	Encourage neighboring states to become part of the EMS Compact so the *Privilege to Practice* can be granted across states.[12]	IDHS
3.7	Oversee TRACS to validate each region has established interstate agreements to reduce the triage and transfer time of trauma patients.	IDOH
3.8	Collaborate with the Indiana Statewide 911 Board to extend the IN911 network to Illinois.	IDHS

DRAFT- For Review and Discussion Only

Strategy Four: Emergency Medical Services		
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 4	**Accentuate the American Society for Testing and Materials (ASTM) standard for the use of emergency medical dispatcher (EMD). [13]**	

DRAFT- For Review and Discussion Only

Strategy Five: Data & Performance Improvement

Expand and enhance data quality to provide comprehensive, data-driven care.

	Strategy Five: Data & Performance Improvement	
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 1	**Propose an amendment to 410 IAC 34-9-1 that secures confidentiality of peer review activities and protects activities from discoverability.** [14]	
Goal 2	**Partner with the Indiana EMS 2025 Vision Workgroup to develop actionable recommendations that establish an RMOCC (Regional Medical Operations Coordination Center) structure statewide for resource monitoring, patient transport, transfers, load balancing, and data oversight.**	
Goal 3	**Evaluate the EMS registry and consider strategies to improve the data quality.**	
3.1	Evaluate the EMS registry to validate that it is compliant with national NEMSIS standards and includes comprehensive prehospital data repository.	IDHS
3.2	Consider transitioning from EMResource to a different data software for destination decision making.	IDHS
3.3	Consult other states who utilize EMResource to gain insights on potential improvements and best practices for its optimal use.	IDHS
3.4	Expand the existing infrastructure with IDHS and regional managers to establish regional administrators who serve as experts and confirm their region complies with updating the software to promote patient flow. [15-16]	IDHS
Goal 4	**Assess current state of data interoperability to develop a mechanism to facilitate data sharing between agencies.**	
4.1	Implement Health Data Exchange Interoperability to facilitate streamlined care coordination. [17]	IDOH
4.2	Review and prioritize findings in the IDHS 9-1-1 Interoperability & Regionalized Trauma System Recommendations report. Formulate an action plan based off prioritized findings.	EMS Commission
4.3	Continue to encourage data reporting among facilities and implement data reporting	IDOH

DRAFT- For Review and Discussion Only

	Strategy Five: Data & Performance Improvement	
Number	**Goals & Objectives**	**Stakeholder Responsible**
	standards for designated facilities receiving state funding.	
4.4	Encourage bi-directional data sharing between EMS and hospitals through data sharing agreements.	IDHS
Goal 5	**Assess trauma registry vendor and service provision needs to adequately support trauma data system needs.**	
5.1	Implement electronic patient care record (ePCR) that allows the automatic submission of injury data from electronic health records (EHR) at clinical sites to state and local health departments. ePCR should begin with the EMS response and include inter-facility transfers.	IDOH & IDHS
Goal 6	**Partner with the Indiana EMS 2025 Vision Workgroup to develop actionable recommendations that standardize regional destination protocols, including appropriate patient transport to level III/IV centers and streamlined inter-facility transfers to level I/II facilities.**	
Goal 7	**Develop and implement rehabilitative data collection, submission, and reporting policies for all facility types.**	
Goal 8	**Collaborate with the Performance Improvement (PI) subcommittee to include the rehabilitation phase of care.**	
Goal 9	**Develop a comprehensive approach to data quality.**	
9.1	Develop a formalized feedback process that includes a variety of feedback methods to determine challenges and barriers.	IDOH
9.2	Develop a process to resolve issues shared by hospitals and EMS to mitigate identified challenges.	Registry Subcommittee
9.3	Offer trainings, software guides, and resources to promote quality data collection and submission.	Registry Subcommittee
9.4	Implement audit filters and identify indicators to monitor and benchmark long-term and short-term post-acute care.	IDOH
9.5	Evaluate data concerning long term functional and financial outcomes to identify gaps.	Performance Improvement Subcommittee
9.6	Educate IDOH staff conducting the data quality and validation process.	IDOH
9.7	Consider implementing a grant program that provides registrar funding to lower level and rural facilities to improve the statewide trauma system registry.	IDOH

DRAFT- For Review and Discussion Only

**Strategy Five: Data & Performance Improvement**
Number	**Goals & Objectives**	**Stakeholder Responsible**
9.8	Conduct audits on trauma registry data.	IDOH
9.9	Develop performance indicators that include: [18] • Triage accuracy • Response time • Patient outcome • Interfacility transfer	Performance Improvement & Registry Subcommittee
9.10	Develop a surveillance process that includes: [17] • Regular audits • Real-time monitoring feedback mechanism • Data analysis	Registry Subcommittee
Goal 10	**Engage stakeholders in the data quality process and development of performance improvement initiatives.**	
10.1	Schedule quarterly meetings between TRACs and the PI subcommittee to maintain and promote interactive dialogue on priority areas related to quality improvement.	Performance Improvement Subcommittee
10.2	Provide feedback to regions based on data analysis so regions can identify areas of improvement and track their progress.	IDOH
10.3	Collaborate with the IDOH Division of Trauma and Injury Prevention (DTIP), registry subcommittee, and the PI subcommittee to evaluate and strategically address issues to align with a PI plan.	IDOH
10.4	Facilitate quality initiative discussions between the registry, planning, and PI subcommittees and stakeholders.	IDOH
10.5	Consult subject matter experts and research institutions to identify gaps within the data quality process.	IDOH
10.6	Engage local providers, agencies, and health departments to develop a statewide and regional quality improvement plan.	IDOH
10.7	Utilize the PI subcommittee and leverage data to devise state and regional quality improvement programs. [19]	Performance Improvement

Strategy Five: Data & Performance Improvement

Number	Goals & Objectives	Stakeholder Responsible
		Subcommittee
10.8	Develop a formalized process with levels of review to identify PI opportunities through data analysis and develop an action plan. [20]	Performance Improvement Subcommittee
Goal 11	**Maximize the American College of Surgeons (ACS) Trauma Quality Improvement Program (TQIP) events, collaborative, and best practice guidelines.**[21]	
11.1	Engage the TQIP Collaborative regularly to identify PI opportunities through surveillance, data collection, and data analysis. [19]	Performance Improvement Subcommittee
11.2	Attend TQIP Annual Conference.	Performance Improvement Subcommittee
11.3	Leverage the Collaborative Toolkit and Trauma Quality Programs (TQP) Best Practice Guidelines.	Performance Improvement Subcommittee
Goal 12	**Create a Public Health Information Portal (PHIP) for data request submissions. Hire a dedicated analyst or utilize analysts within IDOH for the approval, payment, and assignment of these requests.** [22]	

© 2024 Crowe LLP

DRAFT- For Review and Discussion Only

Strategy Six: Prevention, Education, & Outreach

Leverage data and maximize partnerships to deliver quality prevention, outreach, and education initiatives.

Number	Goals & Objectives	Stakeholder Responsible
Strategy Six: Prevention, Education, & Outreach		
Goal 1	**Leverage injury epidemiology data and conduct surveys among hospital based clinical staff and key constituents to implement targeted injury prevention efforts.** [23]	
Goal 2	**Engage a variety of stakeholders to develop and evaluate targeted injury prevention programs.**	
2.1	Engage local health departments to understand the injury prevention efforts across the state.	Education & Outreach Subcommittee
2.2	Maximize partnerships with local health departments to implement targeted injury prevention efforts.	Education & Outreach Subcommittee
2.3	Develop a process for regularly evaluating the effectiveness of injury prevention efforts and initiatives that have been implemented.	Education & Outreach Subcommittee
2.4	Consider implementing a reporting mechanism for local injury prevention initiatives.	IDOH
2.5	Engage mobile integrated healthcare (MIH) programs and all aspects of EMS to guide injury prevention and education activities.	Education & Outreach Subcommittee
2.6	Partner with mobile integrated healthcare (MIH) to assist in outreach, in-home assessments, and injury prevention programs.	Education & Outreach Subcommittee
2.7	Utilize resources within the Fatality Review and Prevention Division of IDOH. Maximize partnership with local health departments to conduct the following fatality reviews. [24] • Children Fatality Review • Fetal-Infant Mortality Review • Maternal Mortality Review • Suicide & Overdose Fatality Review	IDOH
Goal 3	**Identify and consult key stakeholders to explore the development of an injury surveillance and injury control data consortium.**	

DRAFT- For Review and Discussion Only

Strategy Six: Prevention, Education, & Outreach		
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 4	**Conduct a statewide assessment for tracking and reporting of injury prevention efforts across Indiana.**	
4.1	Develop reporting process that engages local agencies to maximize partnerships.	IDOH
4.2	Create and analyze an injury prevention dashboard to develop a statewide community engagement and public outreach plan.	Education & Outreach Subcommittee
Goal 5	**Increase education and training for personnel across the full continuum of trauma care.**	
5.1	Offer professional education courses and validate appropriate training and certifications for all workforce members that have regular contact with injured patients.	IDOH
5.1.1	Develop partnership with the Indiana Medical Licensing Board (MLB) to promote trauma training certifications such as Advanced Trauma Life Support (ATLS).	IDOH
5.1.2	Partner with level I facilities and the ACS to offer yearly Advanced Trauma Life Support (ATLS) to physicians.	IDOH
5.1.3	Require facilities seeking designation to provide data on the number of Trauma Certified Registered Nurses (TCRN) and physicians with trauma training certifications.	IDOH
5.1.4	Continue to partner with Indiana Certified EMS Training Institutions to address the educational needs for EMS.	IDHS
5.2	Offer trauma registry education training programs for healthcare personnel.	IDOH
5.2.1	Host yearly, mandatory training session for designated hospital registrars.	IDOH

5.2.2	Provide training and troubleshooting resources to hospital registrars. [25] Examples include:
	   o Software training manual
	   o Online references
	   o Helpline or Helpdesk
		IDOH

5.2.3	Utilize training and resources offered by TQIP for National Trauma Data Standards (NTDS) data elements.[19]	IDOH
5.2.4	Assist rural facilities in submitting trauma system registry data and provide increased training resources.	Registry Subcommittee
5.2.5	Standardize rural trauma educational programs to provide the capability to manage traumatically injured patients across the continuum of care.	Education & Outreach Subcommittee

DRAFT- For Review and Discussion Only

	Strategy Six: Prevention, Education, & Outreach	
Number	**Goals & Objectives**	**Stakeholder Responsible**
Goal 6	**Create and implement a plan to routinely educate and inform the public and legislators of the status of injury prevention activities. [26]**	
6.1	Utilize contemporary media messaging processes and protocols for public outreach related to the status of injury prevention activities.	Education & Outreach Subcommittee
6.2	Create and share public information through visualizations and dashboards.	IDOH
6.3	Integrate injury prevention and outreach activities into the annual trauma system report.	IDOH
Goal 7	**Leverage ACS TQIP training and education resources to improve PI process and activities. [19]**	

DRAFT- For Review and Discussion Only

Appendix

TRAC Rules [3]	• Injury and Disease Epidemiology • Regional Self-Assessment • Regional Requirements • Regional System Leadership • Regional Coalition Building and Community Partnerships • Human Resources within the TRAC • Regional Trauma and Emergency Healthcare System Plan • Regional System Integration • Business / Financial Planning • Regional Prevention and Outreach • Prehospital Services • Definitive Care Facilities • Regional System Coordination and Patient Flow • Regional Rehabilitation • Regional Disaster Preparedness • System-Wide Performance Improvement • Data Management and Information Systems • Regional Research
Level IV Elements [27]	• Basic emergency departments with 24-h laboratory and advanced trauma life support (ATLS) protocols. • Option to provide surgery and critical-care services if available. • Established transfer agreements to Level I/II facilities. • Incorporates comprehensive quality assessment program. • Engage in prevention efforts.
Possible Measures for Needs Assessment [28]	• Number of Level I and Level II centers per 1,000,000 population • Percentage of population within 60 minutes of a Level I/Level II center • EMS transport times • Percentage of severely injured patients seen at a trauma center • Trauma-related mortality • Frequency and nature of interhospital transfers • Percentage of time trauma hospitals are on diversion status

DRAFT- For Review and Discussion Only

Citations

[1] Senate Enrolled Act 4, Public health commission (2023).

[2] Establishment of commission; appointments; terms; meetings; staffing, Ind. Code § 16-31-2.5-1 (2023).

[3] Texas Department of Health and Human Services, *RAC Operation Guidelines*. Published June 2008. Accessed January 18, 2024. https://www.dshs.texas.gov/sites/default/files/emstraumasystems/RegionalAdvisoryCouncilBylaws06_2008.pdf.

[4] Georgia Trauma Commission, *Fiscal Year 2023 Annual Report*. Madison, GA, 2023.

[5] Trauma Designation Process, WA. Code § 246-976-580 (2009).

[6] Trauma Service Standards, WA. Code § 246-976-700 (2009).

[7] Designation of Specialty Care Centers, GA. Rule § 511-9-2-.05 (2012).

[8] Comprehensive Rehabilitation Services (CRS). Texas Health and Human Services. Accessed January 23, 2024. https://www.hhs.texas.gov/services/disability/comprehensive-rehabilitation-services-crs.

[9] Cryer HG, Hiatt JR. Trauma System: The Backbone of Disaster Preparedness. November 7, 2008. Accessed January 17, 2024. https://em.umaryland.edu/files/uploads/ems/cryer2009-traumasystem.pdf. 1. National Trauma and Emergency Preparedness System (NTEPS). November 8, 2022. Accessed January 23, 2024. https://www.facs.org/media/peifwj3o/2022_nteps-blueprint.pdf.

[10] National Trauma and Emergency Preparedness System (NTEPS). November 8, 2022. Accessed January 23, 2024. https://www.facs.org/media/peifwj3o/2022_nteps-blueprint.pdf.

[11] Home Rule, Indiana Code § 36-1-3 (2019).

[12] What is the Ems Compact? The EMS Compact. Accessed January 23, 2024. https://emscompact.gov/the-compact/what-is-the-ems-compact.

[13] APCO Institute. *EMD Standards: What Do They Mean?* Published January 2020. Accessed February 13, 2024. https://www.apcointl.org/~documents/article/cde-54560emsstandards#:~:text=ASTM%20Standard%20F1560%20%E2%80%93%20Management%3A&text=The%20EMD%20manager%20will%20also,entire%20spectrum%20of%20call%20types.

[14] State Trauma Registry, Indiana State Department of Health Title 410 IAC 34.

[15] Stewart RM, Bulger EM, Epley E, Mitchell SH. *How to Set Up a Regional Medical Operations Center to Manage the COVID-19 Pandemic*. Accessed January 23, 2024. https://www.facs.org/media/h1ok1dkz/how_to_set_up_a_regional_medical_operations_center.pdf.

[16] Pre-Disaster Recovery Planning Guide for Local Governments. February 2017. Accessed January 23, 2024. https://www.fema.gov/sites/default/files/2020-07/pre-disaster-recovery-planning-guide-local-governments.pdf.

[17] Nelson H. State EMS adopts Health Data Exchange Interoperability Tool. EHRIntelligence. September 1, 2021. Accessed January 18, 2024. https://ehrintelligence.com/news/state-ems-adopts-health-data-exchange-interoperability-tool.

[18] North Central Texas Trauma Regional Advisory Council. *Trauma Triage & Transport Guidelines 2021*. Published June 8, 2021. Accessed January 23, 2024. https://ncttrac.org/wp-content/uploads/files/public-files/trauma/buttons/FINAL%20COMBINED%20-%20Annex%20D%20-%20Appendix%20D%201%20%20Trauma%20Triage%20&%20Transport%20Guidelines%20and%20At.pdf.

[19] TQIP Collaboratives. American College of Surgeons. Accessed January 16, 2024. https://www.facs.org/quality-programs/trauma/quality/trauma-quality-improvement-program/tqip-collaboratives/.

[20] American College of Surgeons Committee on Trauma, Trauma Systems Evaluation and Planning Committee. *EMS and Trauma System Consultation: State of Washington.* Published July 15, 2019. Accessed January 17, 2024. *https://doh.wa.gov/sites/default/files/legacy/Documents/2900/346-NonDOH-ACS-Recommendations.pdf.*

[21] Trauma Quality Improvement Program. American College of Surgeons. Accessed March 13, 2024. https://www.facs.org/quality-programs/trauma/quality/trauma-quality-improvement-program/

[22] American College of Surgeons. Trauma System Consultation Georgia Pre-Review Questionnaire.

[23] State of Iowa Department of Health and Human Services, Division of Public Health, Bureau of Emergency Medical and Trauma Services. *Iowa Plan for Trauma System Development 2022-2027.* Des Moines, IA. Published July 2022. Accessed January 16, 2024. https://publications.iowa.gov/47059/1/Final_State%20of%20Iowa%20Trauma%20System%20Plan%202022-2027.pdf.

[24] Fatality Review and Prevention. Indiana Department of Health. Accessed February 12, 2024. https://www.in.gov/health/frp/.

[25] Trauma Registry. Michigan Department of Health and Human Services. Accessed January 18, 2024. https://www.michigan.gov/mdhhs/doing-business/trauma/registry.

[26] American College of Surgeons Committee on Trauma, Trauma Systems Evaluation and Planning Committee. *EMS and Trauma System Consultation: State of Washington.* Published July 15, 2019. Accessed January 17, 2024. *https://doh.wa.gov/sites/default/files/legacy/Documents/2900/346-NonDOH-ACS-Recommendations.pdf.*

[27] Resources for Optimal Care of the Injured Patient. American College of Surgeons. Accessed January 17, 2024. https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/.

[28] Revised Statement on Trauma Center Designation Based upon System Need and the Economic Drivers Impacting Trauma Systems. American College of Surgeons. October 1, 2021. Accessed January 23, 2024.

DRAFT- For Review and Discussion Only