

## PI Subcommittee Meeting - Notes

**May 14, 2019 – 10am EST to 11am EST**

*Call-in number: 1-240-454-0887, attendee code is 11096126# (music will be heard until the moderator joins the call)*

1. Welcome and Introductions

a.

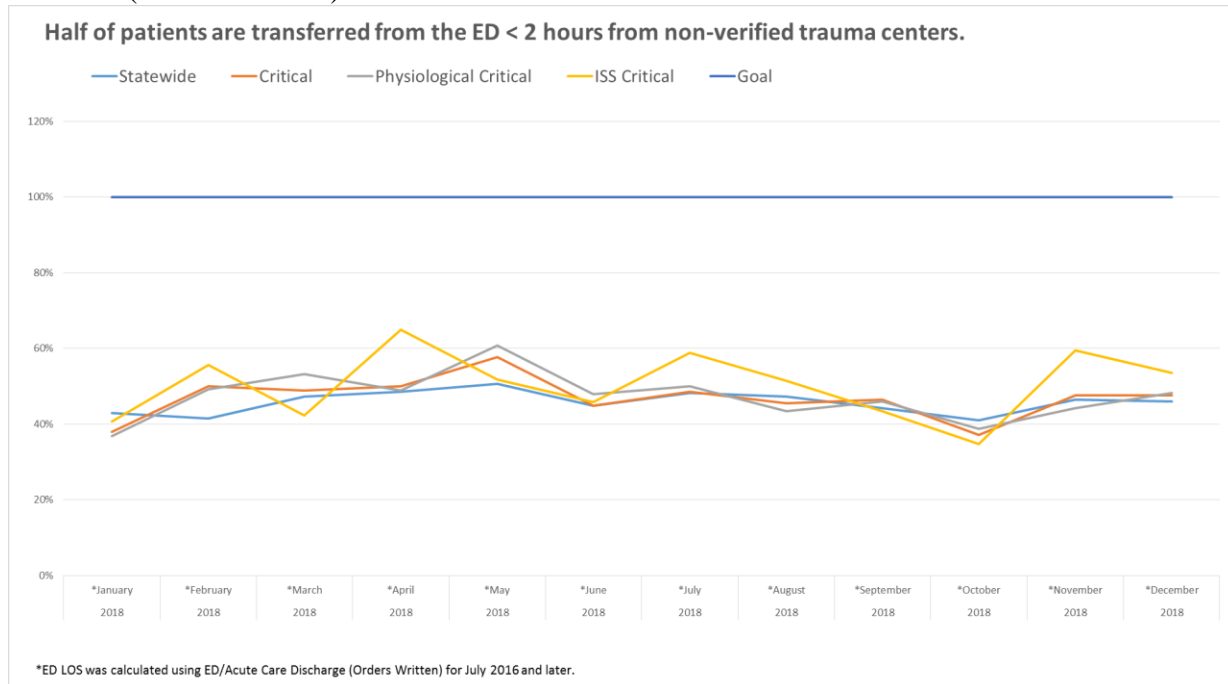
<b>Meeting Attendees</b>			
Amanda Rardon- <b>D4</b>	Kelly Mills- <b>D7</b>	Michelle Ritchey- <b>D7</b>	
Amelia Shouse- <b>D7</b>	Kristi Croddy- <b>D5</b>	Olivia Roloff- <b>D7</b>	
Andy VanZee- <b>IHA</b>	Latasha Taylor- <b>D1</b>	(Chair) Dr. Peter Hammer - <b>IUH, D5</b>	
Angela Cox-Booe- <b>D5</b>	Lesley Myers- <b>D8</b>	Dr. Peter Jenkins- <b>IUH, D5</b>	
Annette Chard- <b>D3</b>	Lindsey Hill-	Regina Nuseibeh- <b>D4</b>	
Bekah Dillon- <b>D6</b>	Lindsey Williams- <b>D8</b>	Rexene Slayton- <b>D8</b>	
Brittanie Fell- <b>D7</b>	Lisa Hollister- <b>D3</b>	Sarah Hoepfner- <b>D3</b>	
Carrie Malone- <b>D7</b>	Lynne Bunch- <b>D6</b>	Shayla Karlowsky- <b>D1</b>	
Christy Claborn- <b>D5</b>	Maria Thurston- <b>D5</b>	Tammy Robinson- <b>D7</b>	
Chuck Stein- <b>D5</b>	Marie Stewart- <b>D10</b>	Tara Byrd- <b>D7</b>	
Dawn Daniels- <b>D5</b>	Mark Rohlfing- <b>D6</b>	Wendy St. John- <b>D5</b>	
Jackie Martin- <b>D7</b>	Mary Schober- <b>D5</b>		
Jennifer Homan- <b>D1</b>	Dr. Matt Vassy- <b>D10</b>		
Jennifer Mullen- <b>D1</b>	Melissa Smith- <b>D5</b>		
Jill Castor- <b>D5</b>	Merry Addison- <b>D7</b>		
Jodi Hackworth- <b>D5</b>	Dr. Michael Kaufmann- <b>IDHS</b>		
Kelli Vannatter- <b>D6</b>	Michele Jolly- <b>D10</b>		
Kelly Blanton- <b>D5</b>	Michelle Moore- <b>D6</b>		
<b>ISDH STAFF</b>			
Trinh Dinh	Camry Hess	Katie Hokanson	Ramzi Nimry

2. 2019 Goals

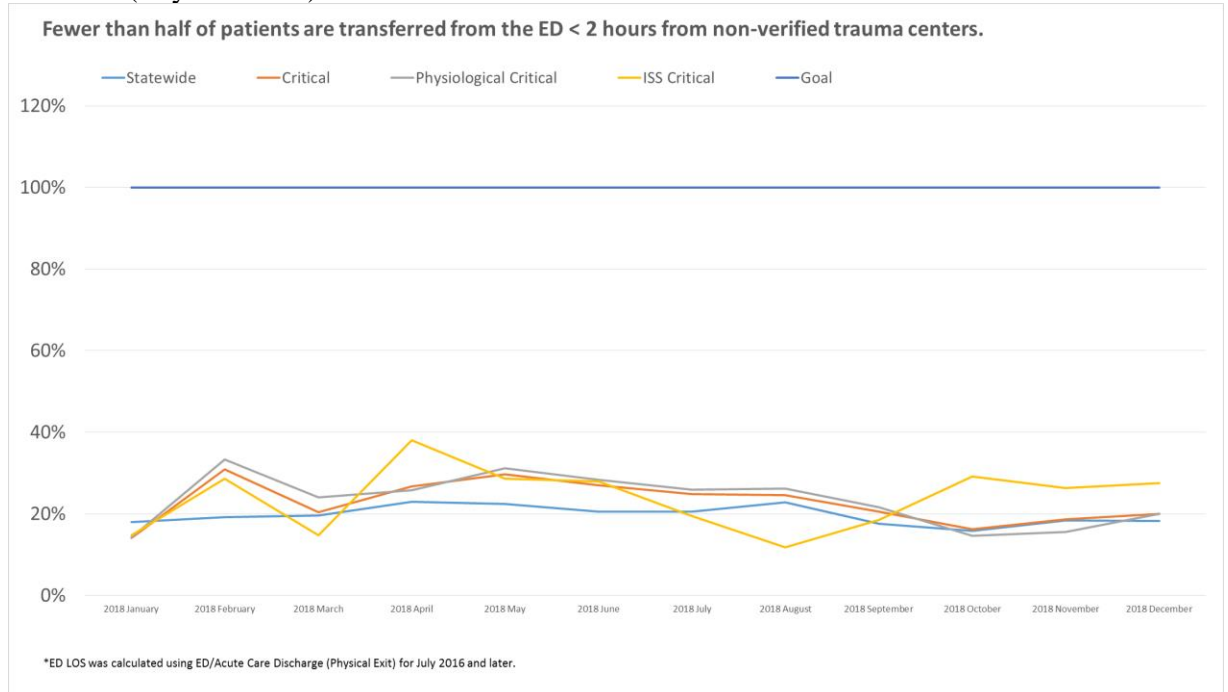
- a. Decrease ED LOS at non-trauma centers
- b. Increase trauma registry quiz participation
- c. Collect hospital level variables – Dr. Jenkins
  - i. 103/108 hospital responded to the survey
  - ii. New proposal for the project- add another variable that collected participation/membership healthcare system.
- d. Continued EMS run sheet collection

3. Decrease ED LOS at non-trauma centers

- a. Transfer delay reporting – this will be tracked for one year, begins in 2019
- b. Letters to hospitals about ED discharge date/time – will send out after Q1 2019 submission
- c. ED LOS (Orders Written)

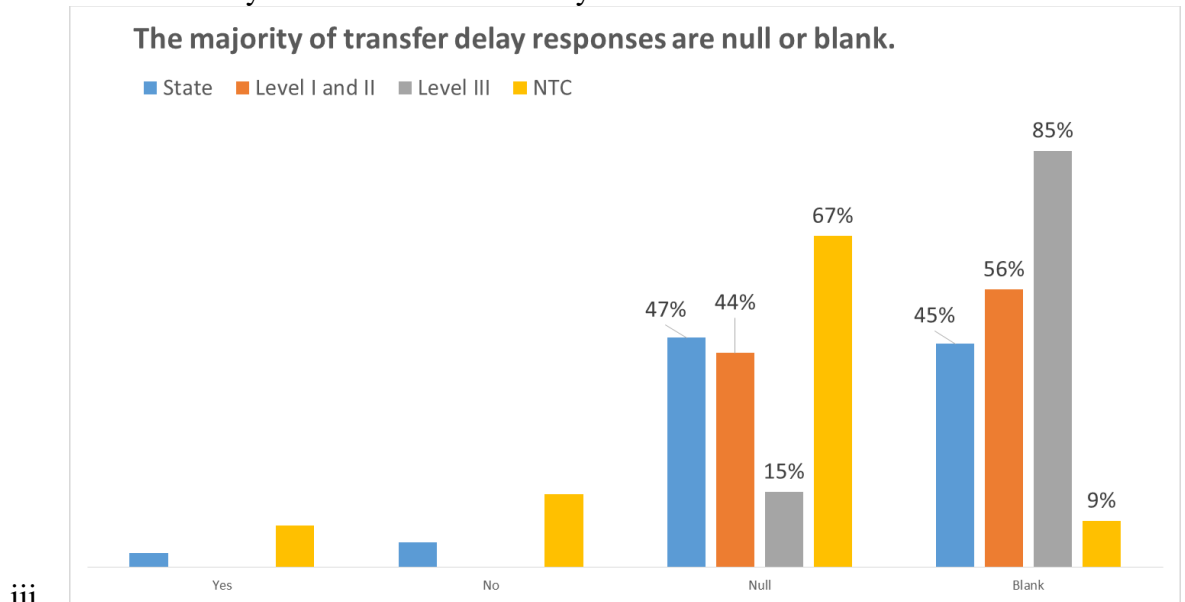


- d.
- e. ED LOS (Physical Exit)

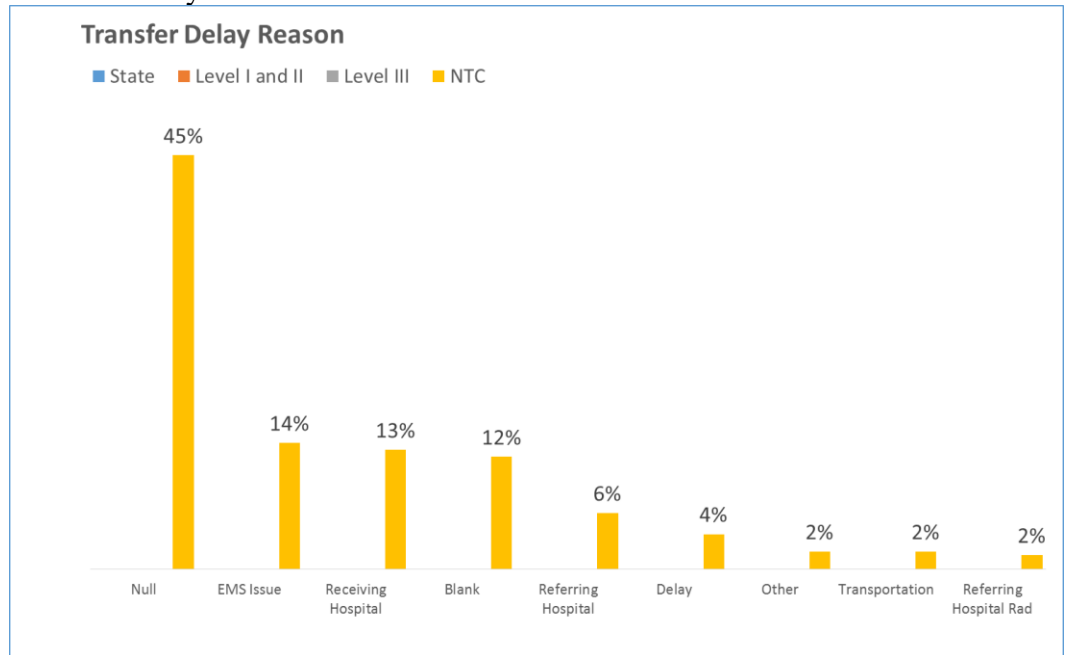


- f.
- g. Dr.Jenkins: are we still looking at the ED LOS of patient with hypotensive less than 90?

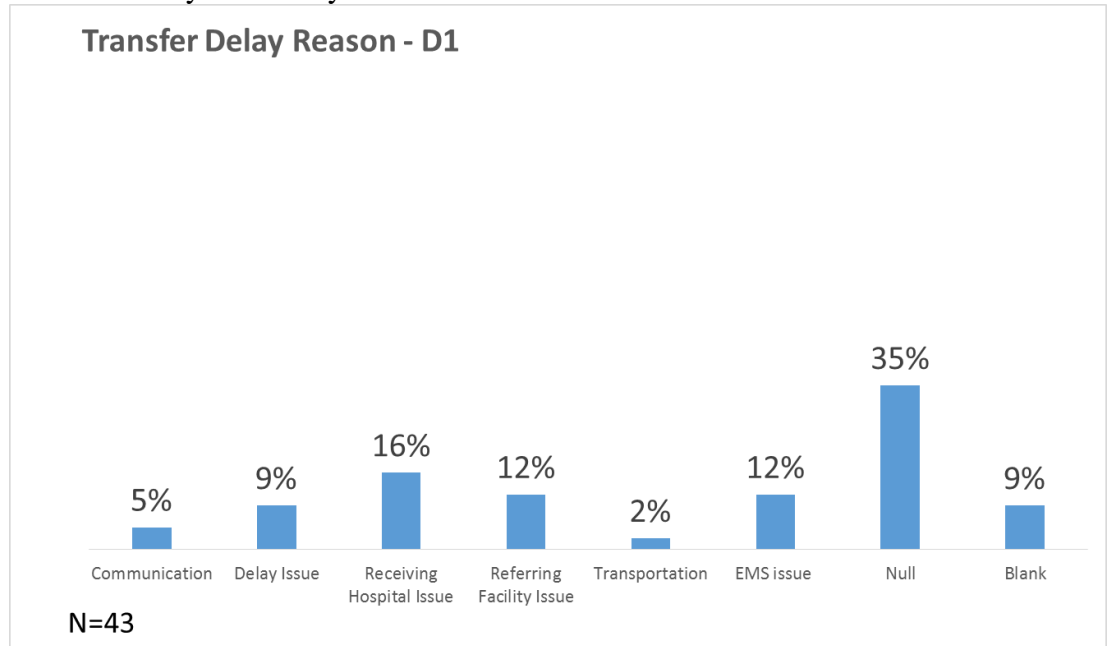
- 4. Increase trauma registry quiz participation
  - a. Looked at all April 2018 to April 2019 quizzes
  - b. 40 people took the quiz at least 5 times (the quiz goes to 53 people)
    - i. Result (for April 2019 quiz): 53% (was 66% last meeting)
    - ii. Fluctuation in numbers due to access to quiz, staff changes
- 5. Collect hospital level variables
  - a. This request was approved at the February ISTCC meeting
- 6. Continued EMS run sheet collection
  - a. Please send Murray Lawry ([mlawry@isdh.in.gov](mailto:mlawry@isdh.in.gov)) a list of EMS providers not leaving run sheets.
- 7. Quarterly updates
  - a. List of hospitals not reporting
    - i. Adams Memorial
    - ii. Decatur County Memorial - **Reported last quarter**
    - iii. DeKalb Health - **Reported last quarter**
    - iv. Fayette Regional Health
    - v. Greene County General - **Reported last quarter**
    - vi. Major Hospital - **Reported last quarter**
    - vii. Reid Health - **Reported last quarter**
    - viii. Riverview Health
    - ix. St. Mary Medical Center (Hobart)
    - x. St. Joseph Hospital (Fort Wayne) - **Reported last quarter**
    - xi. St. Vincent Randolph - **Reported last quarter**
    - xii. Union Hospital-Clinton - **Reported last quarter**
      - 1. Who can reach out to non-reporting hospitals by district? What are the hospital's barriers to reporting?
  - b. Transfer delay project
    - i. This was done through Q4 2018 data. Beginning in Q1 2019 the new options will be required for non-trauma centers.
    - ii. Transfer Delay – 265 out of 9196 said ‘yes’



iv. Transfer Delay Reason

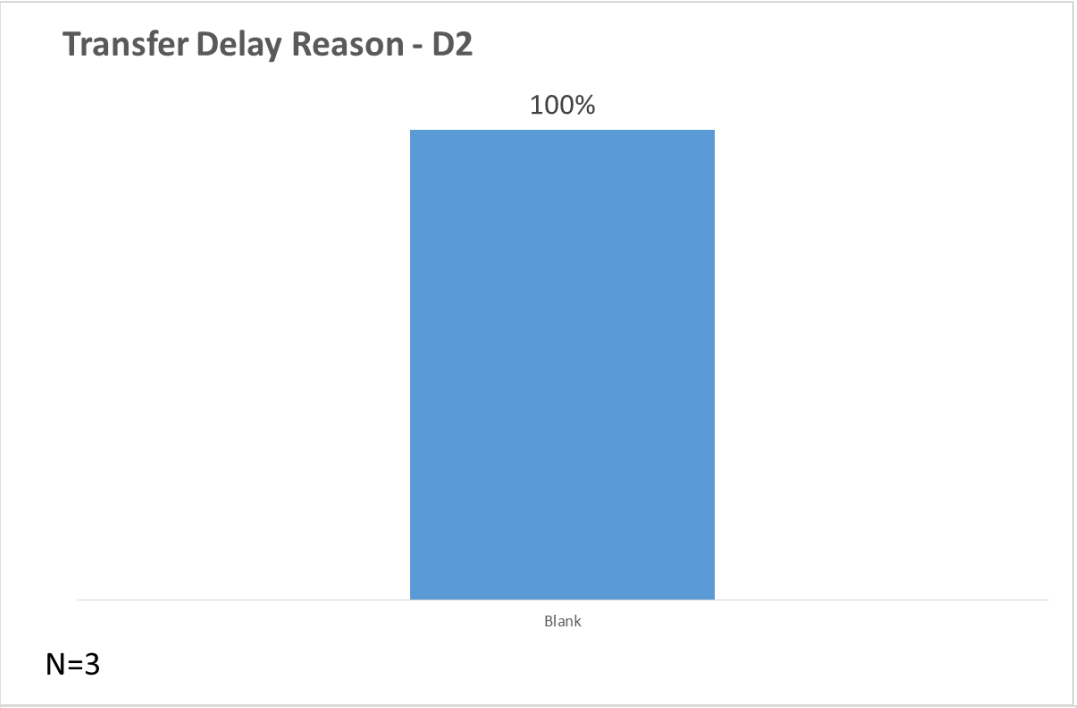


v. Transfer Delay Reason by District

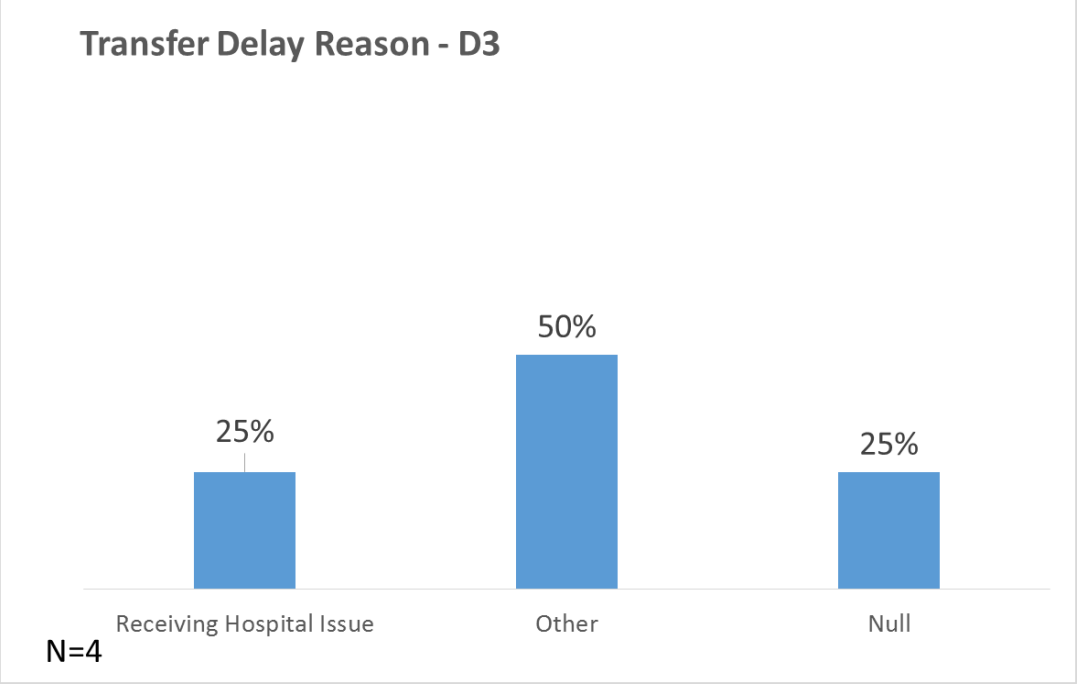


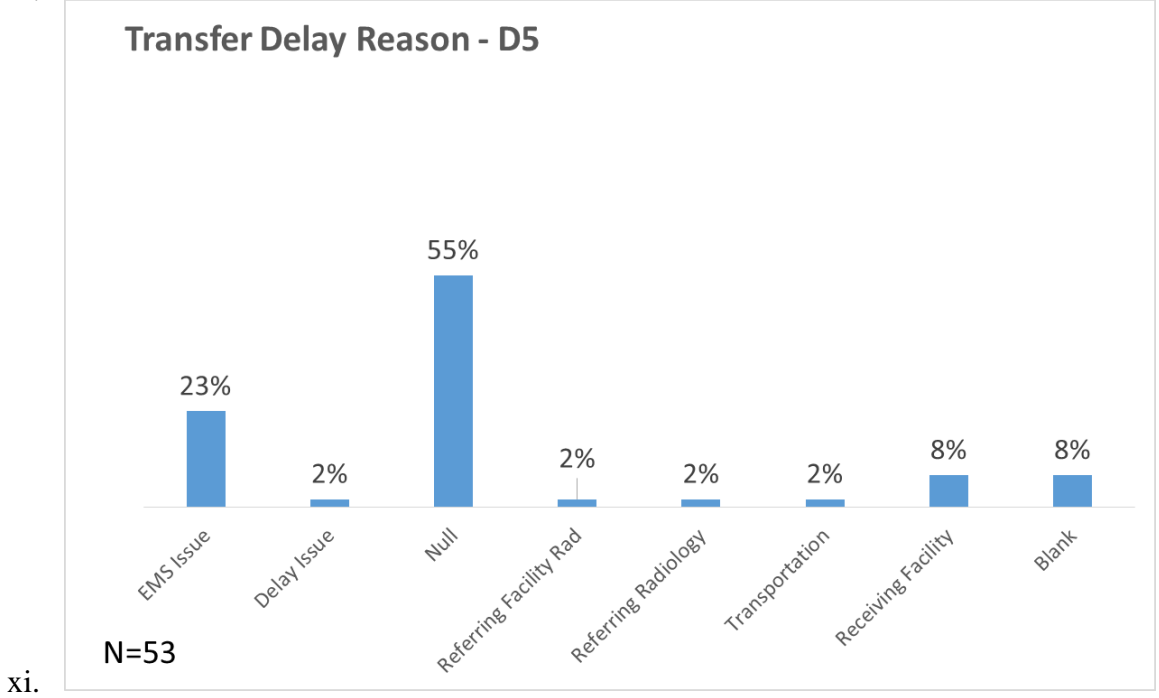
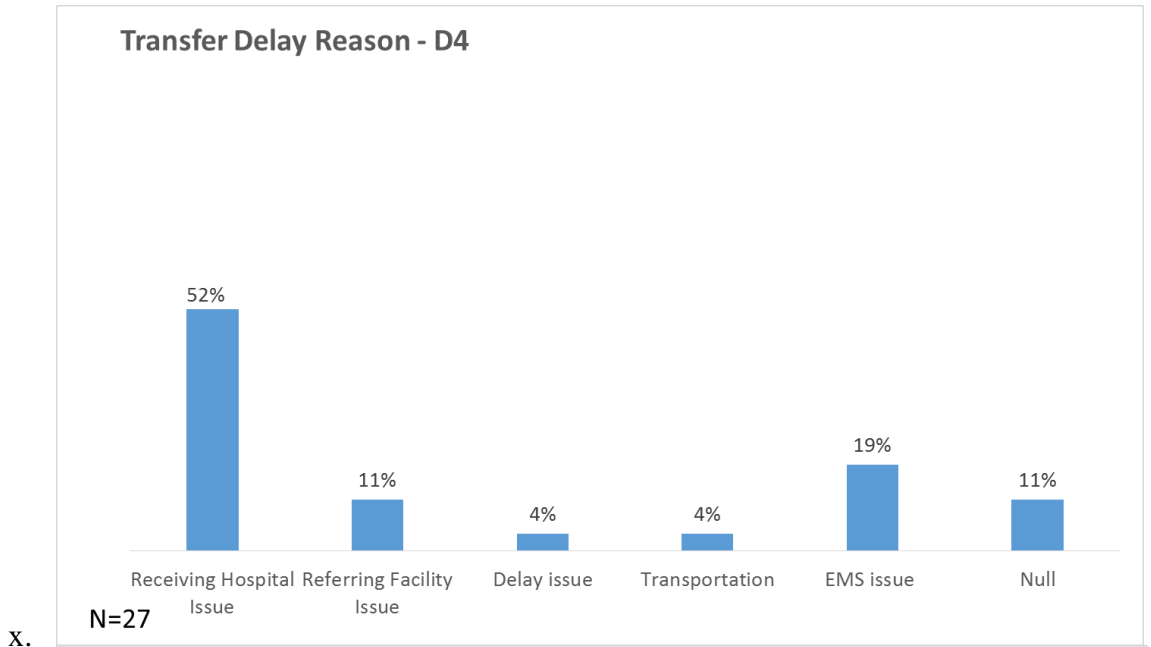
vii.

viii.

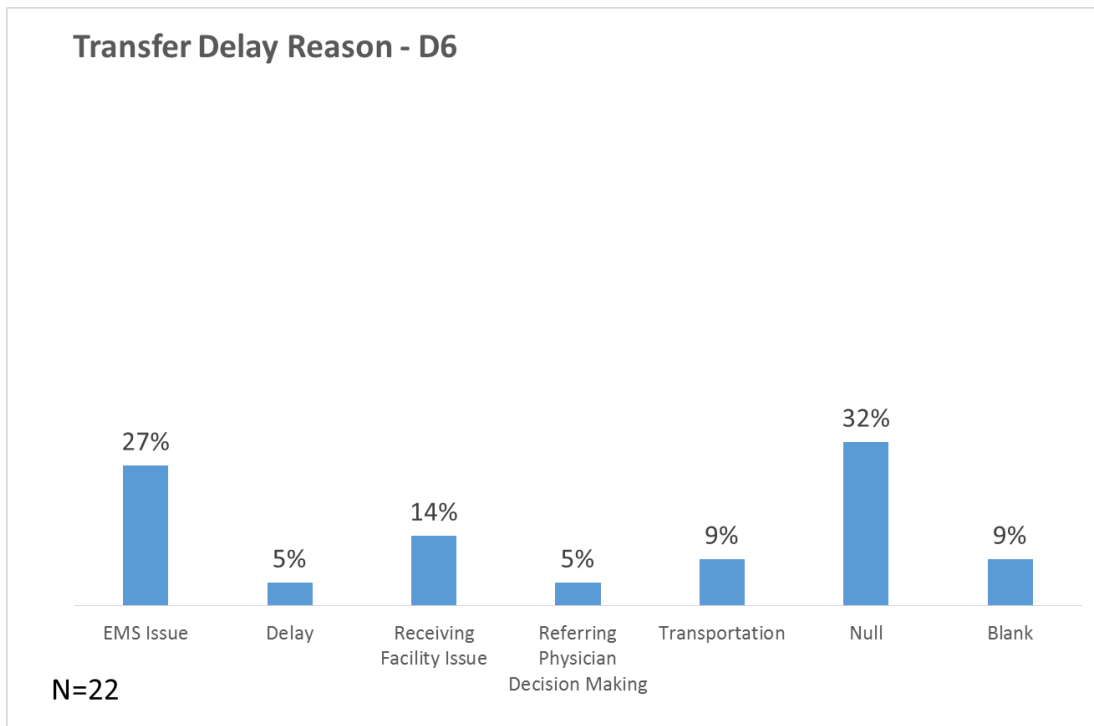


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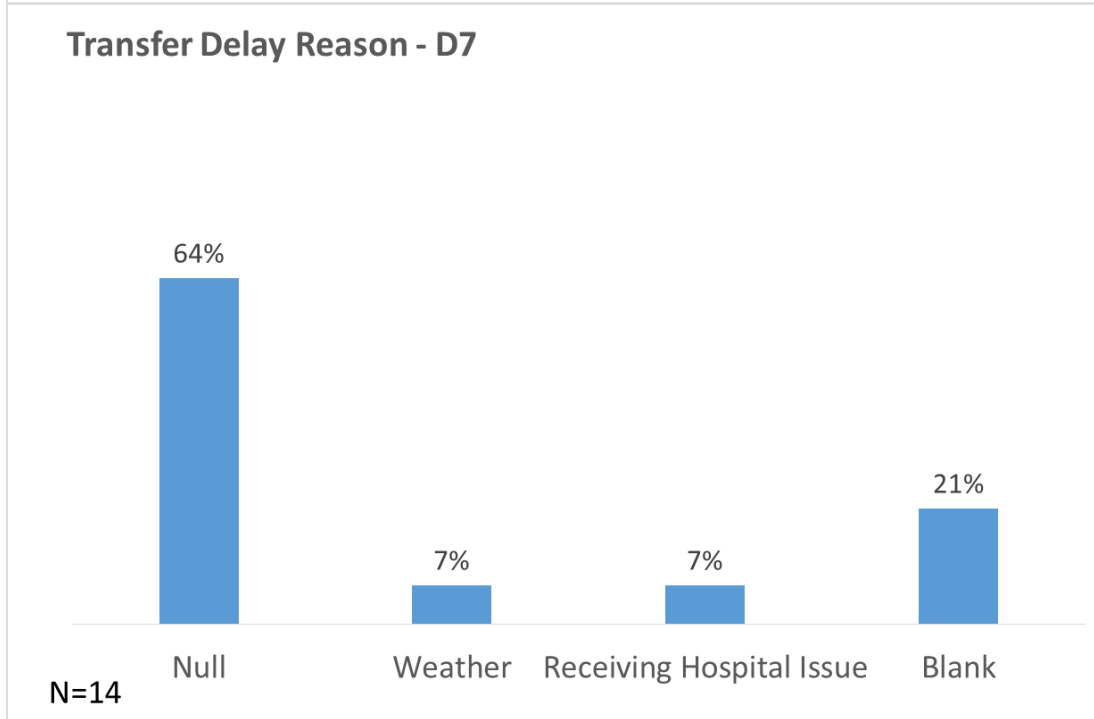




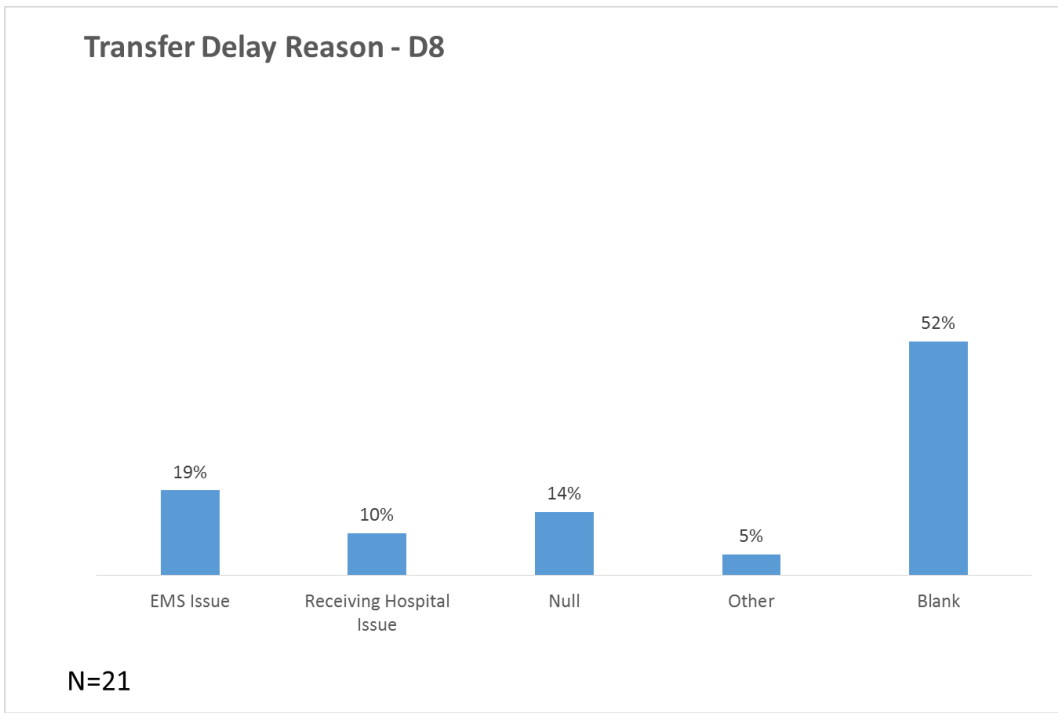
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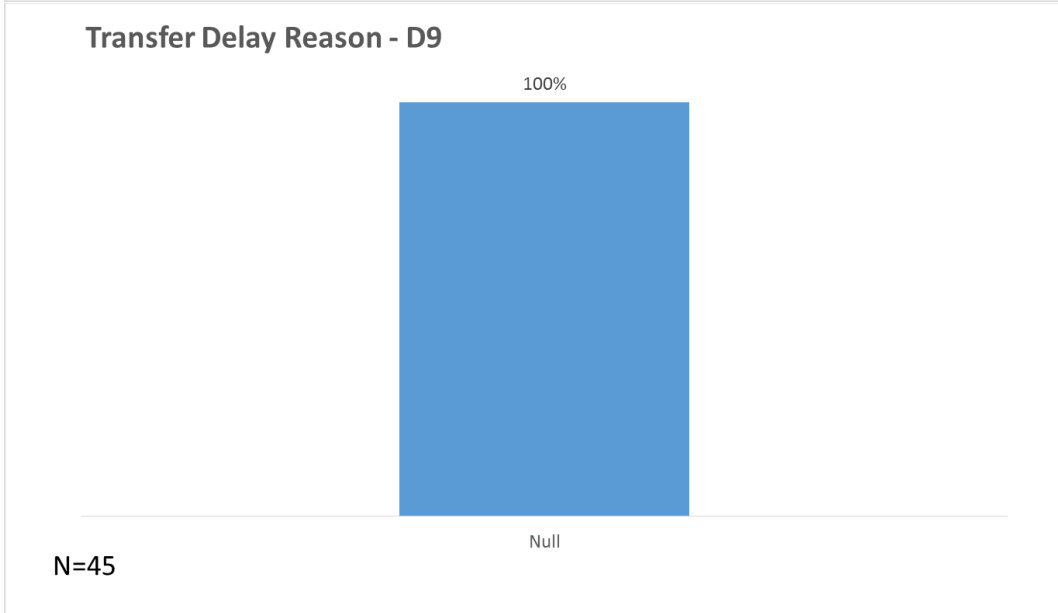
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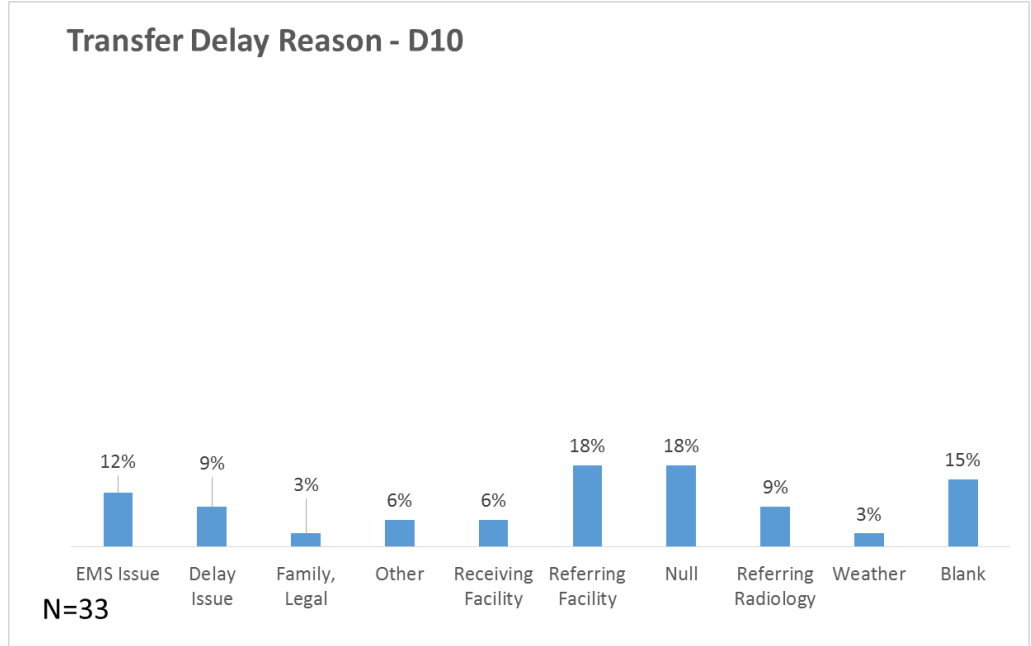
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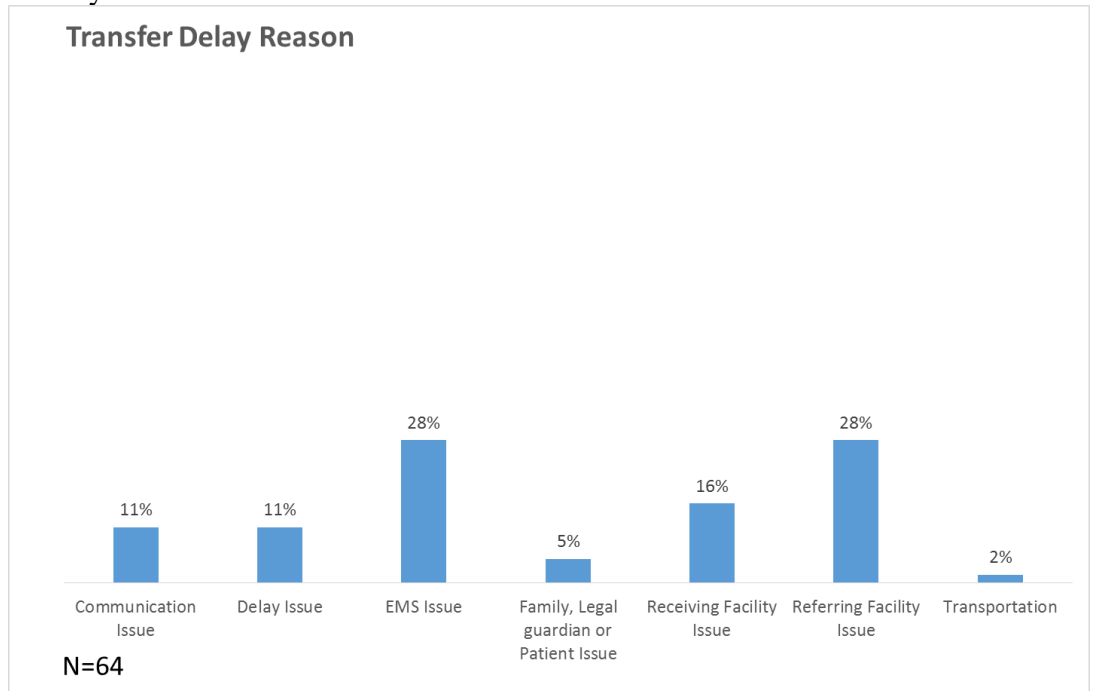
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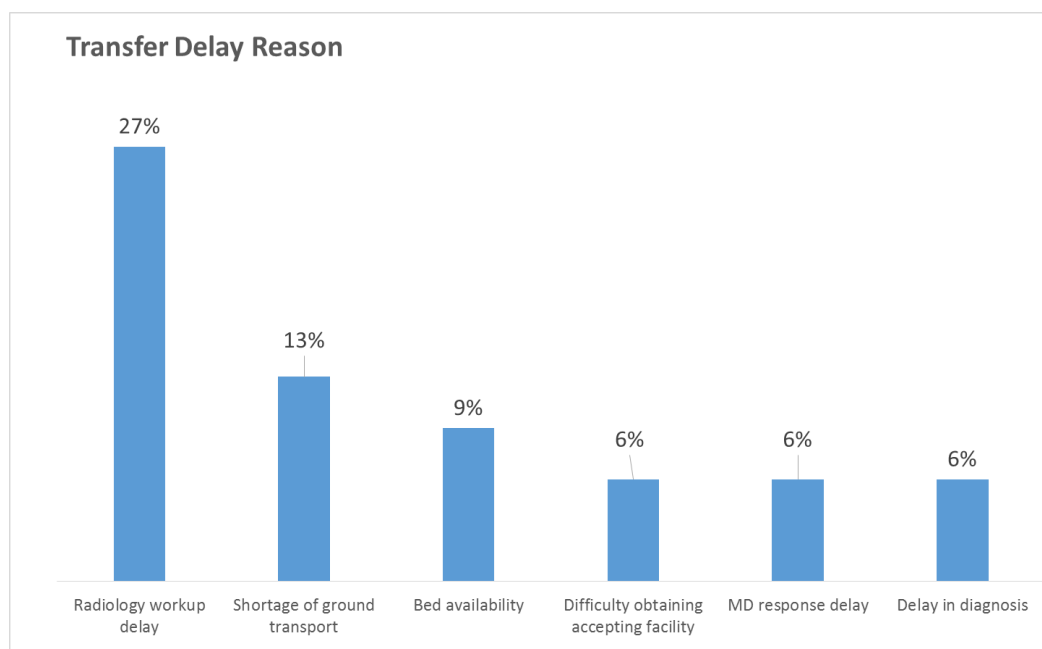




xvi.  
c. Transfer Delay Pilot



- i.
- ii. Communication issue, Delay Issue, EMS Issue, Family/Legal guardian, Receiving Facility Issue, Referring Facility Issue, and Transportation.



- iii.
  - iv. Radiology, Shortage of ground transport, bed availability, difficulty obtaining accepting facility, MD response delay, and delay in diagnosis.
  - v. <5% include: Delay in ED disposition, air transport ETA > ground transport ETA, No ALS available, Out of county, Air transport not available due to weather, Change in patient condition, Transportation issue, Physician decision making, Nursing delay in calling for/arranging transport, Nursing delay in contacting EMS, Family requested transfer, Patient requested transfer, and miscommunication.
- What are the considerations as delays and transfer for non-trauma centers to capture? Is there anything that non-trauma centers should be looking into further as they begin to capture transfer delays?
- Dr. Jenkins – suggested that we make it into a project to look to see the amount of time is associated with an increase in mortality
- d. Non-transferred patients with high injury severity score (ISS>15) – Dr. Jenkins
- i. Top 5 causes of injury
  - ii. Counts
    1. Levels I and II
    2. Level III
    3. Non-trauma centers
8. Regional TRACs working to establish PI groups
- a. Update by district
    - i. District 1: Their district met and had bylaws approved. They looked at PI filter and have several educational events to teach calculated ISS and how to enter the procedure for antibiotic time to non-trauma centers.
    - ii. District 4: they had emergency district dispatcher drill. They will start looking at different ways to improve communication between hospital systems within the district.

- iii. District 5: They will meet on June 19<sup>th</sup>. They had been reach out to non-trauma centers to get more participation. They will look into membership issue, PI data, Stop the Bleed and injury prevention in next meeting.
- iv. District 6: They will meet on May 30<sup>th</sup>. They will try to meet with non-trauma centers and other small hospitals and see if they need assistance or what can they do to support them. They will work on Stop the Bleed education and bring kits to school initiative.
- v. District 7: Union hospital had an active shooter disaster drill last week. They still try to meeting with non-trauma centers to identify any gaps and see if they can support them on anything. They will have the Trauma symposium on May 22th.
- vi. District 8: They struggle with to have district date meeting up and running. The new trauma manager proposed emergency preparedness, invited everyone in district to May 29th meeting. They still need to figure out with transfer time and meeting participation/involve in the district.
  - Ramzi – suggest help with us sending out letters (from ISDH) to district to help increase or have people involve in district meeting.

### **2019 Meeting Dates and Location**

#### **Larkin Conference Room or by phone**

*Call-in number: 1-877-422-1931, participant code is 2271383428# (music will be heard until the moderator joins the call)*

~~January 15~~

~~March 12~~

~~May 14~~

July 16

September 10

November 19