

## PI Subcommittee Meeting - Agenda

**November 19, 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>	Latasha Taylor- <b>D1</b>	Dr. Peter Jenkins- <b>IUH, D5</b>	
Amelia Shouse- <b>D7</b>	Lesley Myers- <b>D8</b>	Regina Nuseibeh- <b>D4</b>	
Andy VanZee- <b>IHA</b>	LeAnne Young- <b>D2</b>	Rexene Slayton- <b>D8</b>	
Angela Cox-Booe- <b>D5</b>	Lori Gill- <b>D8</b>	Sarah Hoepfner- <b>D3</b>	
Annette Chard- <b>D3</b>	Lisa Hollister- <b>D3</b>	Shayla Karlowsky- <b>D1</b>	
Bekah Dillon- <b>D6</b>	Lynne Bunch- <b>D6</b>	Tammy Robinson- <b>D7</b>	
Brittanie Fell- <b>D7</b>	Maria Thurston- <b>D5</b>	Tara Byrd- <b>D7</b>	
Carrie Malone- <b>D7</b>	Marie Stewart- <b>D10</b>	Tiffany Nudi- <b>D1</b>	
Christy Claborn- <b>D5</b>	Mark Rohlfing- <b>D6</b>	Wendy St. John- <b>D5</b>	
Chuck Stein- <b>D5</b>	Mary Schober- <b>D5</b>		
Dawn Daniels- <b>D5</b>	Dr. Matt Vassy- <b>D10</b>		
Jackie Martin- <b>D7</b>	Melissa Smith- <b>D5</b>		
Jake Keultjes- <b>D2</b>	Merry Addison- <b>D7</b>		
Jennifer Homan- <b>D1</b>	Dr. Michael Kaufmann- <b>IDHS</b>		
Jill Castor- <b>D5</b>	Michele Jolly- <b>D10</b>		
Kelli Vannatter- <b>D6</b>	Michelle Moore- <b>D6</b>		
Kelly Blanton- <b>D5</b>	Michelle Ritchey- <b>D7</b>		
Kelly Mills- <b>D7</b>	Olivia Roloff- <b>D7</b>		
Kristi Croddy- <b>D5</b>	(Chair) Dr. Peter Hammer - <b>IUH, D5</b>		
<b>ISDH STAFF</b>			
Trinh Dinh	Camry Hess	Katie Hokanson	Ramzi Nimry

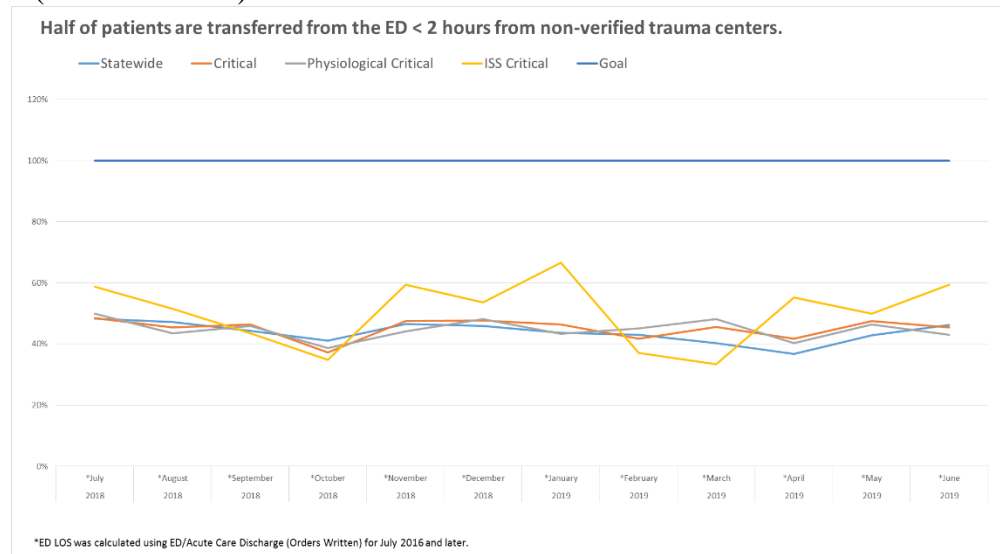
2. 2019 Goals

- a. Decrease ED LOS at non-trauma centers
- b. Increase trauma registry quiz participation
- c. Collect hospital level variables – Dr. Jenkins
- d. Continued EMS run sheet collection
- e. Dr. Hammer – new goals for 2020?

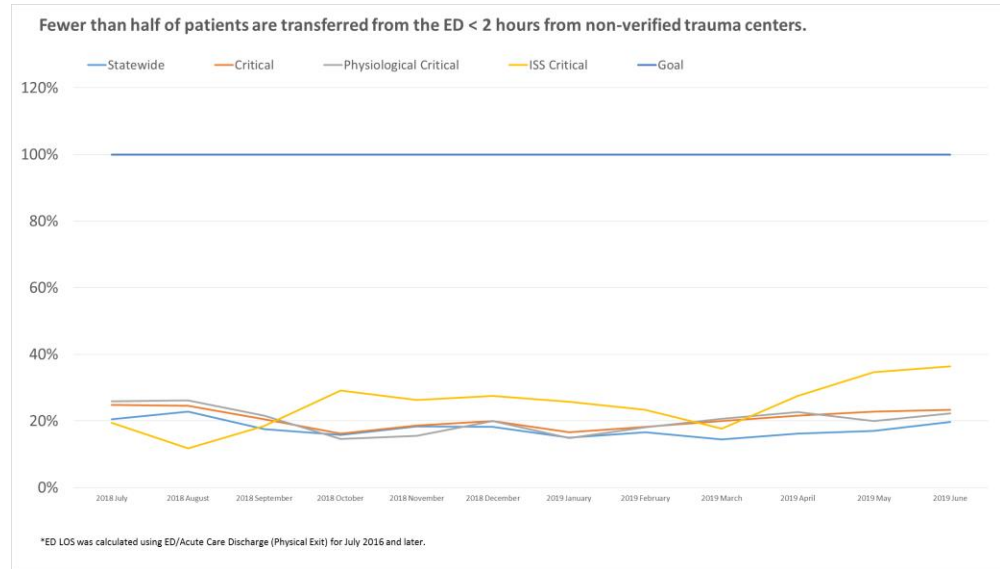
- i. Dr. Hammer We can continue looking at ED LOS. Increase data accuracy for the ED LOS. If you don't have all the data points then ED LOS cannot be calculated. How can we improve this?
  - 1. Jenkins discussed the data quality around hospital admission date and time. ISDH shared that this is not required by the NTDB.
  - 2. Discussion around if the state should require Hospital Admission Date and Time data fields.
  - 3. **ACTION: ISDH will work with Dr. Jenkins and run a report (taking out transfers) to see what the missingness is.**

3. Decrease ED LOS at non-trauma centers

- a. Transfer delay reporting – started requiring for Quarter 1 2019 admissions.
- b. Letters to hospitals about ED discharge date/time
  - i. Quarter 2 2019: 2 letters were sent and 2 received by 11/9
    - 1. There are 9 hospitals with ED LOS > 12 hours. However, 7 hospitals are already provided the reason for prolonged ED LOS in ImageTrend.
  - ii. Quarter 3 2019: the letters are going out (next meeting)
- c. ED LOS (Orders Written)



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



- i.
4. Increase trauma registry quiz participation
  - a. Looked at all October 2018 to October 2019 quizzes
  - b. 38 to 43 people took the quiz at least 5 times (the quiz goes to 50 people)
    - i. Result (for October 2019 quiz): 56% (was 69% last meeting)
    - ii. ISDH shared that the format of the quiz changed and there are now two open-ended questions. Also, some people do not have AIS and/or ICD-10 training.
    - iii. ISDH discussed the issues with accessibility to the quiz. INTRAIN solved that problem. ISDH includes a paper copy of the quiz and if people have technical difficulties they can do the paper quiz and send ISDH their answers to be included.
5. Collect hospital level variables
  - a. This request was approved at the February ISTCC meeting.
  - b. Jenkins shared a summary of the 2019 survey and ISDH shared that no additional variables will be collected in the 2020 survey. Discussion around changing the survey platform to RedCap so that facilities can review and update their previous answers versus redoing the quiz every year.
6. Continued EMS run sheet collection
  - a. Please send **Randall Eimerman** with Dept. of Homeland Security at [REimerman@dhs.IN.gov](mailto:REimerman@dhs.IN.gov) with a list of EMS providers not leaving run sheets.
  - b. **UPDATE: When hospitals email Randall, please CC Ramzi.**
  - c. **ACTION: ISDH will add this clarifying language to the next agenda.**
7. Quarterly updates
  - a. List of hospitals not reporting for Q2 2019
    - i. Adams Memorial
    - ii. Decatur County Memorial
    - iii. Fayette Regional Health
    - iv. Goshen Hospital
      1. Discussed the transitions going on at the hospital and their inability to report at this time.
    - v. Harrison County Hospital

- vi. IU Health Tipton
- vii. Portage Hospital
- viii. Pulaski Memorial
- ix. St. Mary Medical Center (Hobart)
- x. St. Vincent Kokomo
- xi. St. Vincent Randolph
- xii. Valparaiso Medical Center
- b. Who can reach out to non-reporting hospitals by district? What are the hospital's barriers to reporting?
- c. Transfer delay
  - i. Quarter 1 2019 analysis
    - 1. Delay = yes (N=366)
    - 2. Main categories (**bold is for top 5**)
      - a. **Null (N=185)**
      - b. **EMS (N=50)**
      - c. **Referring facility (N=29)**
      - d. **Referring physician decision making (N=28)**
      - e. **Delay issue (N=24)**
      - f. **Receiving facility issue (N=24)**
      - g. Other (N=10)
      - h. Communication (N=5)
      - i. Family, legal guardian, or patient issue (N=4)
      - j. Transportation issue (N=4)
      - k. Weather or natural factors (N=3)
  - ii. Quarter 2 2019 analysis
    - 1. Delay = yes (N=464)
    - 2. Main categories
      - a. **Null (N=214)**
      - b. **EMS (N=65)**
      - c. **Referring facility issue (N=40)**
      - d. **Receiving facility issue (N=33)**
      - e. **Other (N=33)**
      - f. **Referring physician decision making (N=26)**
      - g. Communication (N=12)
      - h. Transportation (N=11)
      - i. Delay issue (N=10)
      - j. Referring hospital issue radiology (N=10)
      - k. Family, legal guardian, or patient issue (N=9)
      - l. Weather or natural factors (N=1)
  - iii. Comments/feedback
    - 1. Jenkins discussed his research plans to dig into this data further and will discuss the possibility of partnering on this initiative with ISDH.
- d. Non-transferred patients with high injury severity score (ISS>15) – Dr. Jenkins.
  - ACTION: Remove from agenda.**
  - i. Top 5 causes of injury

- ii. Counts
  - 1. Levels I and II
  - 2. Level III
  - 3. Non-trauma centers
- e. Other businesses
  - i. **ACTION: ISDH is going to put together a 1-page on why it is important to capture transfer delay information. This can be an agenda item at the TRACs and will be sent out by ISDH to all facilities.**
  - ii. New Mexico (Dr. Hammer). They have a strong TCC and PI subcommittee. Their structure and function is the same as IN. Their EMS representation is strong. Dr. Hammer is looking for a direct connection to their state department of health.
  - iii. Dr. Jenkins – Project update: Finished doing an analysis of mortality at III vs I and II. The mortality risk adjusted is significantly higher at IIIs. Most importantly mortality is driven by elderly patients who were admitted to level IIIs. He will present this more thoroughly at a future ISTCC meeting.

### **2020 Meeting Dates and Location**

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

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January 14  
March 17  
May 12  
July 14  
September 15  
November 17