

PI Subcommittee Meeting - Notes

March 12, 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)

a) Welcome & Introductions

Meeting Attendees			
Amanda Rardon-D4	Kelli Vannatter-D6	Dr. Michael Kaufmann- IDHS	
Amelia Shouse-D7	Kelly Blanton-D5	Michele Jolly-D10	
Andy VanZee-IHA	Kelly Mills-D7	Michelle Moore-D6	
Angela Cox-Booe-D5	Kristi Croddy-D5	Michelle Ritchey-D7	
Annette Chard-D3	Latasha Taylor-D1	Olivia Roloff-D7	
Bekah Dillon-D6	Lesley Myers-D8	(Chair) Dr. Peter Hammer - IUH, D5	
Brittanie Fell-D7	Lindsey Hill-	Dr. Peter Jenkins-IUH, D5	
Carrie Malone-D7	Lindsey Williams-D8	Regina Nuseibeh-D4	
Christy Claborn-D5	Lisa Hollister-D3	Rexene Slayton-D8	
Chuck Stein-D5	Lynne Bunch-D6	Sarah Hoepfner-D3	
Dawn Daniels-D5	Maria Thurston-D5	Shayla Karlowsky-D1	
Dusten Roe-D2	Marie Stewart-D10	Tammy Robinson-D7	
Emily Grooms-D2	Mark Rohlfing-D6	Tara Byrd-D7	
Jennifer Homan-D1	Mary Schober-D5	Wendy St. John-D5	
Jennifer Mullen-D1	Dr. Matt Vassy-D10		
Jill Castor-D5	Melissa Smith-D5		
Jodi Hackworth-D5	Merry Addison-D7		
ISDH STAFF			
Trinh Dinh	Camry Hess	Katie Hokanson	Ramzi Nimry

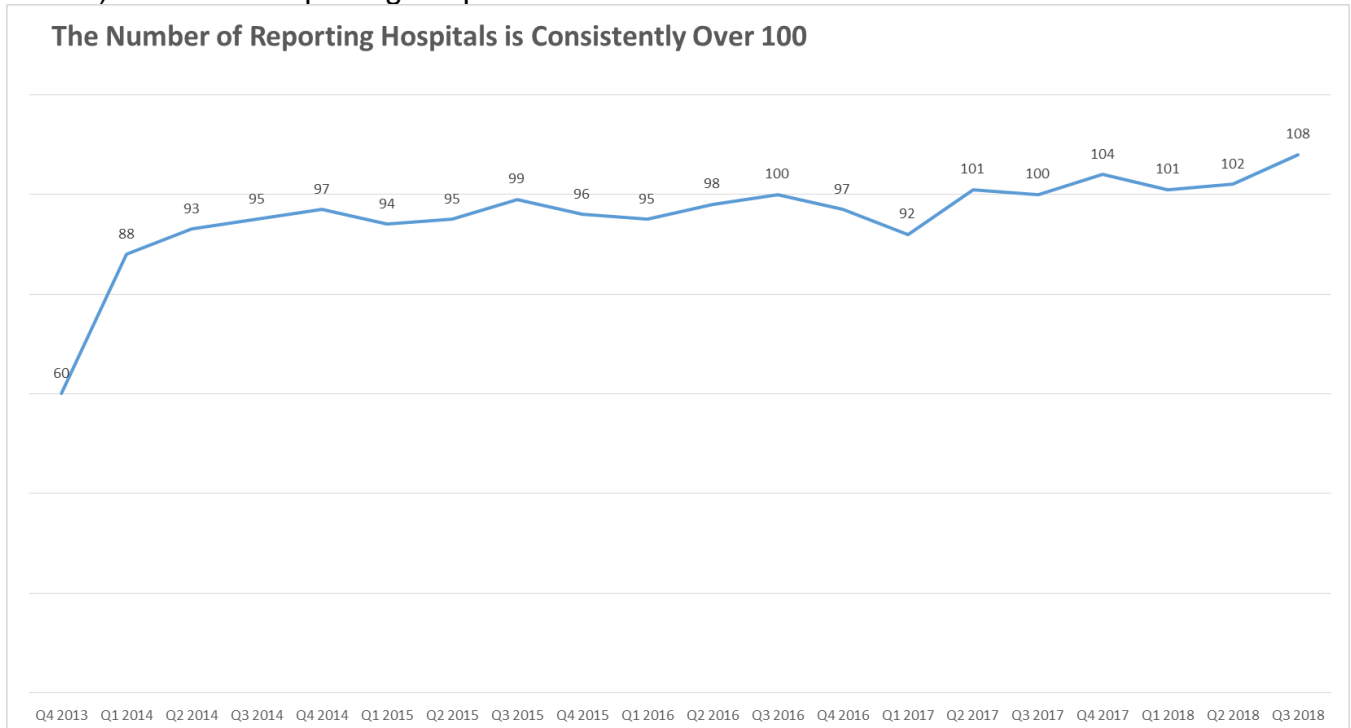
b) 2019 Goals

1. Decrease Average ED LOS.
 - i. Transfer Delay
 - This will be a requirement in 2019
 - This will be tracked for one year
 - ii. Letter to hospitals about ED discharge date/time
2. Increasing Trauma Registry quiz participation.
3. Collect hospital level variables
 - i. Dr. Jenkins
4. Continued EMS run sheet collection.
5. ~~Regional TRACs working to establish PI groups.~~
6. ~~Increase the number of hospitals reporting to the Indiana trauma registry.~~

c) Statewide Trauma Report

1. Increase the number of hospitals reporting to the Indiana trauma registry

A) Number of reporting hospitals



B) Hospitals that did not report for Quarter 3 2018:

- Adams Memorial Hospital
- Decatur County Memorial
- Fayette Regional Health
- Goshen Hospital
- Harrison County
- IU Health – Jay
- Pulaski Memorial
- Riverview Health
- St. Mary Medical Center – Hobart

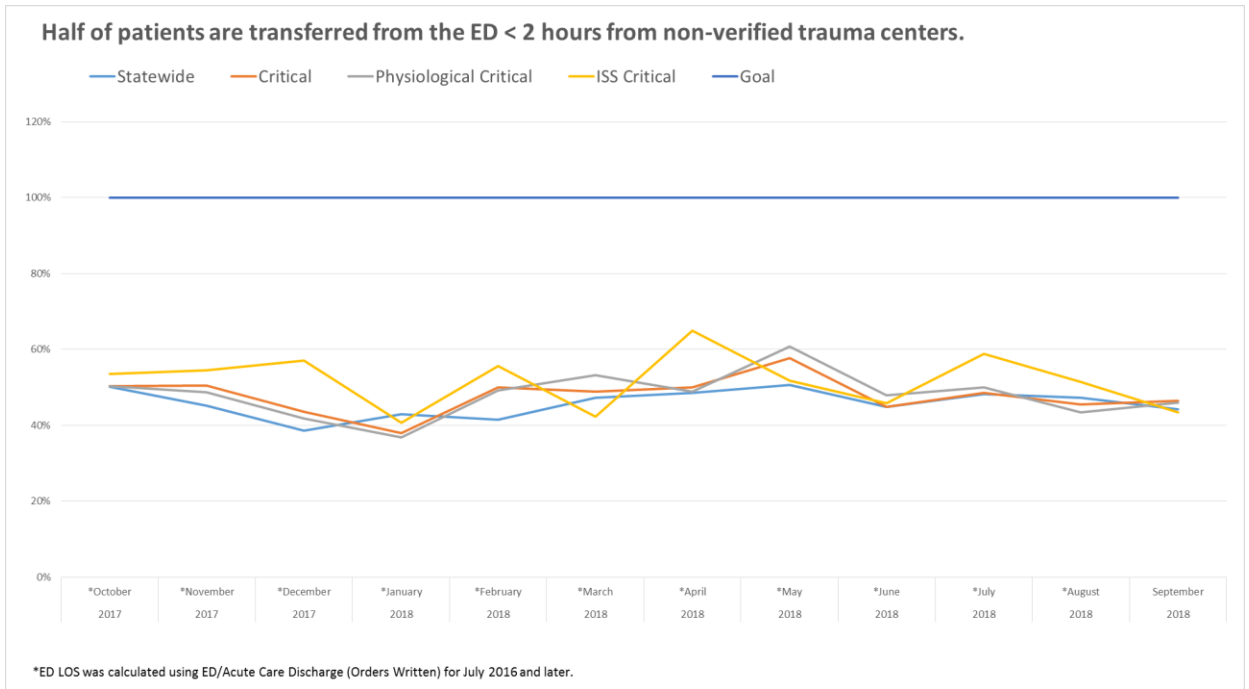
C) Who can reach out to non-reporting hospitals by district? What are the hospital's barriers to reporting?

2. Decrease average ED LOS at non-trauma centers

i. Review of current average ED LOS

- Quarter 4 2017: 9 facilities responded (sent out letters to 17 facilities)
- Quarter 1 2018: 11 facilities responded so far (sent out letter to 16 facilities)
- Quarter 2 2018: 2 facilities responded so far (sent out letter to 13 facilities)
- Quarter 3 2018: 7 facilities responded so far (sent out letter to 20 facilities)

ii. ED LOS (Orders Written)



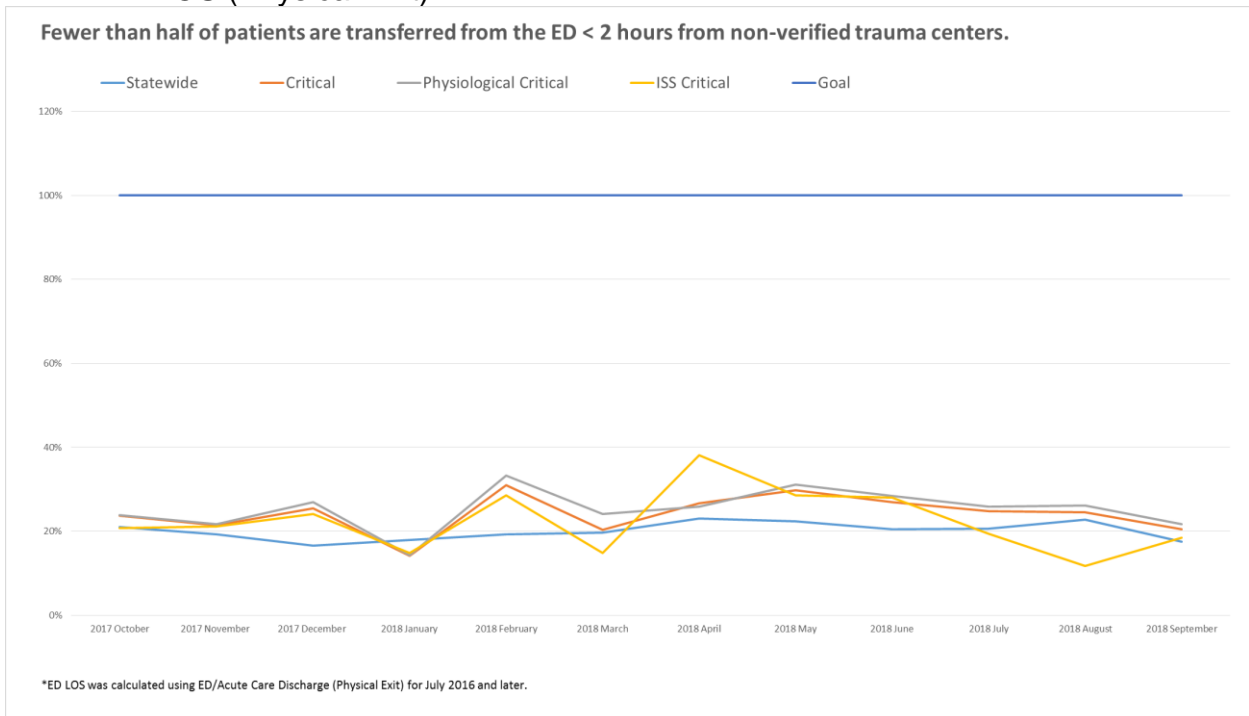
*****Definitions of critical categories*****

*Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15

*Physiological critical patient: GCS <= 12 or shock index > 0.9

*ISS critical patient: ISS > 15

iii. ED LOS (Physical Exit)



*****Definitions of critical categories*****

*Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15

*Physiological critical patient: GCS <= 12 or shock index > 0.9

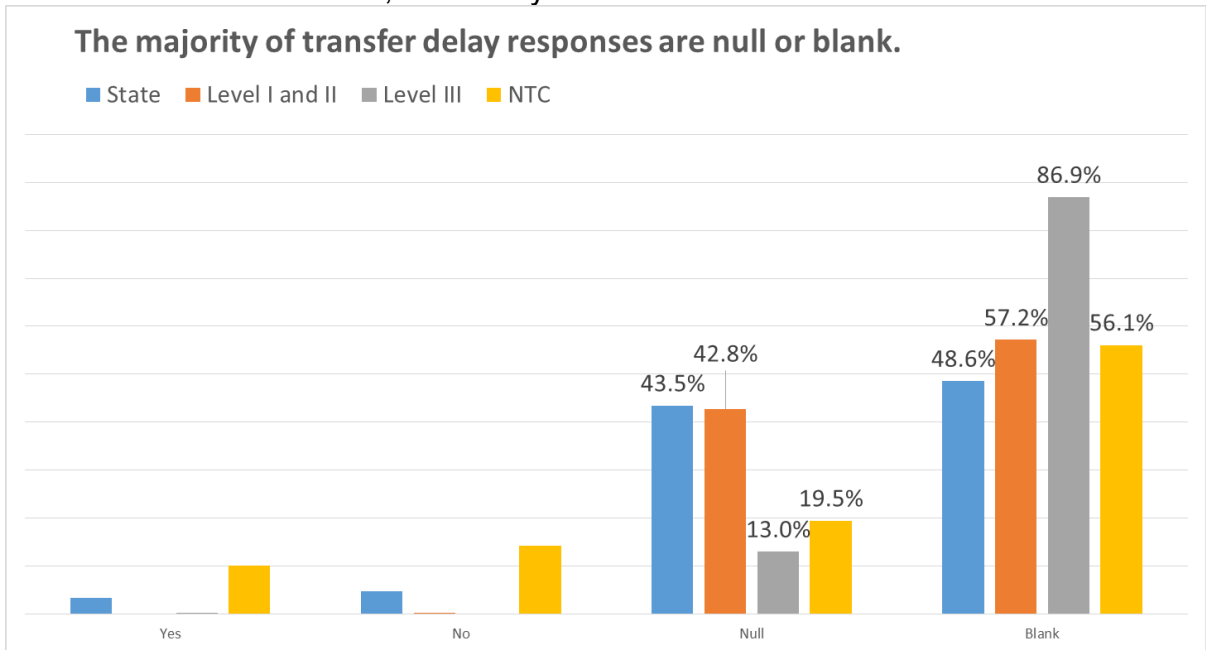
*ISS critical patient: ISS > 15

B) Transfer Delay Charts

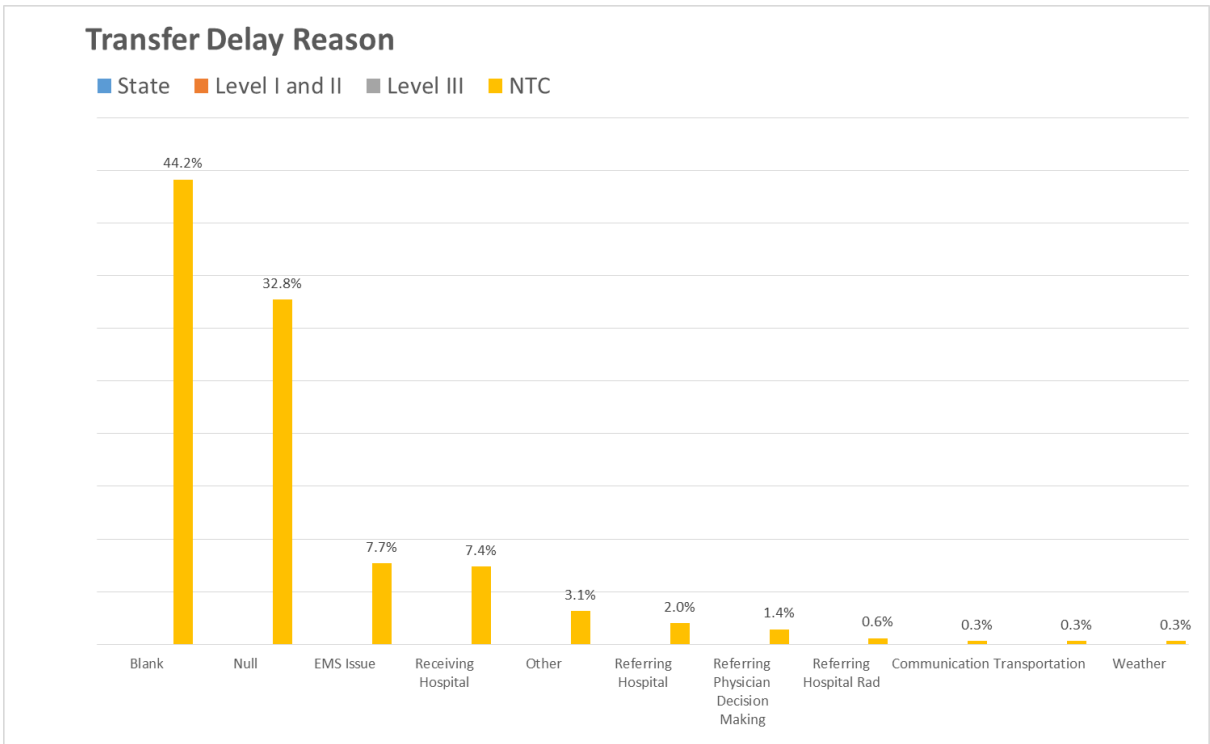
- i. Transfer Delay feedback. ISDH received feedback from a NTC about the double reporting of transfer delay. Is this an efficient use of their time and resources?
- ii. Katie proposed changing the letters to include only patients that did not have information completed on transfer delay or a description. The group supported this proposal.

i. Transfer Delay – statewide

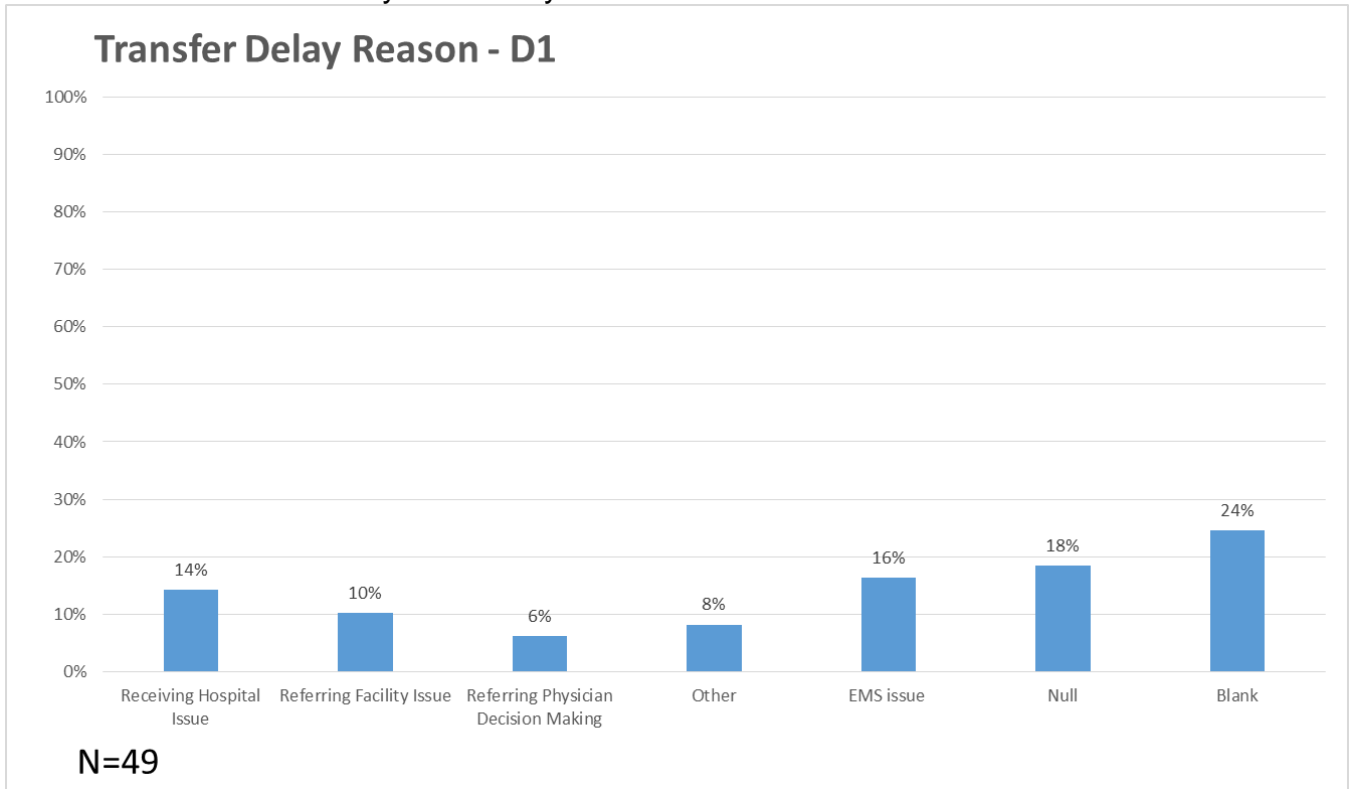
- 353 out of 10,646 said 'yes'



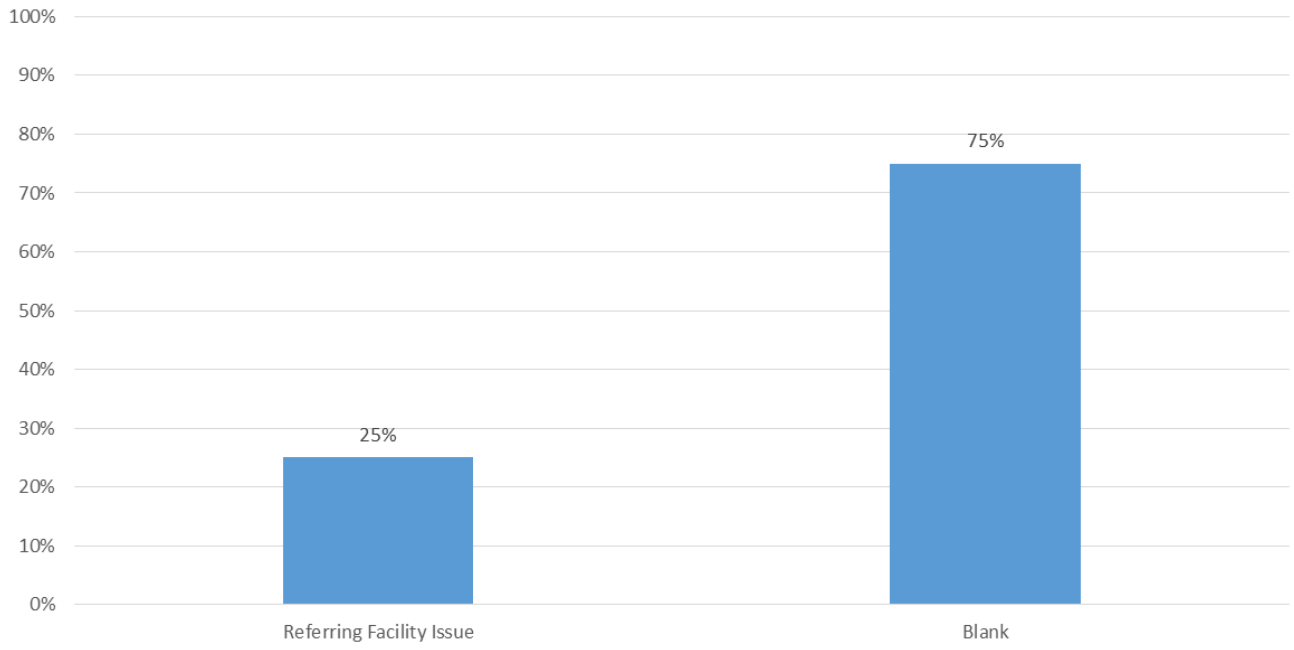
ii. Transfer Delay Reason – Statewide



iii. Transfer Delay Reason by District

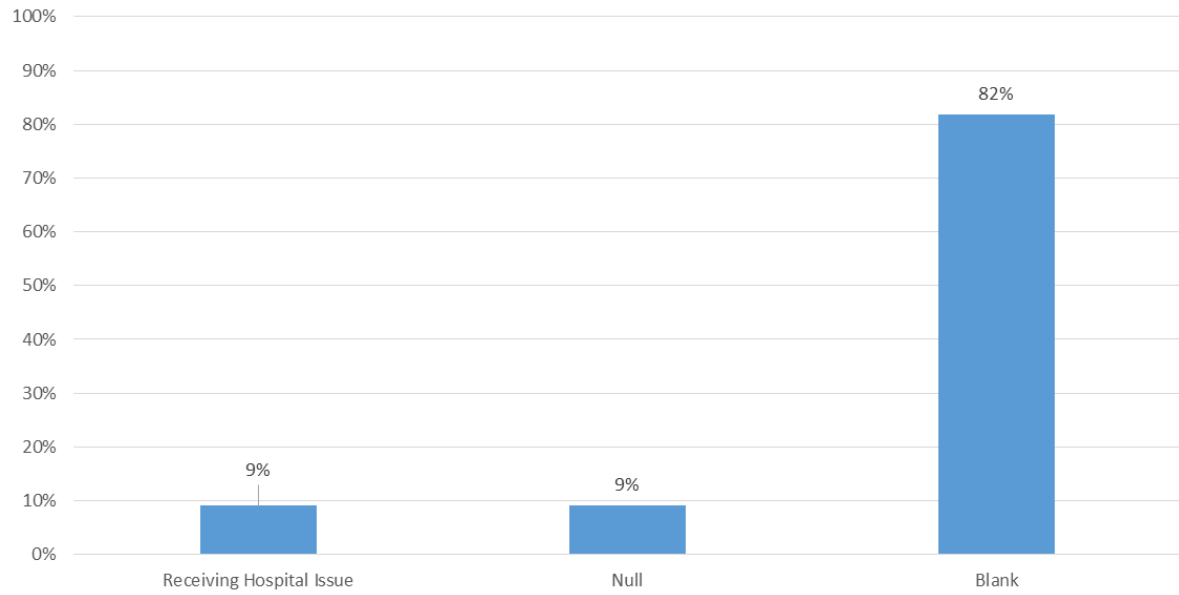


Transfer Delay Reason - D2



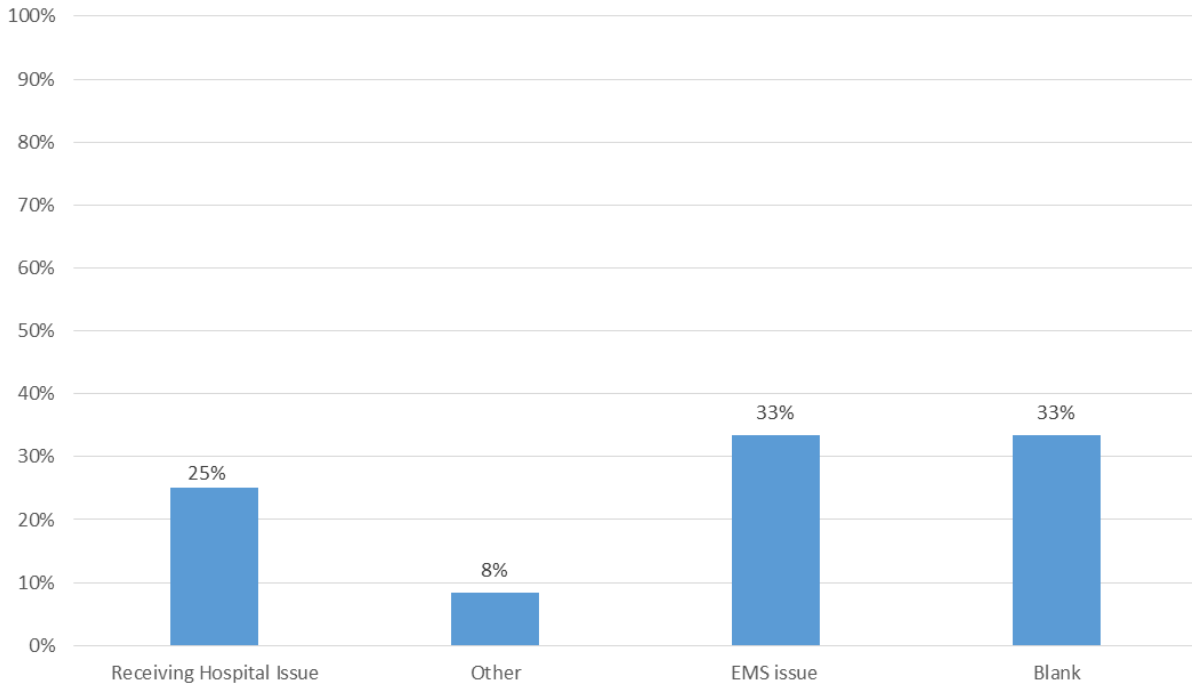
N=4

Transfer Delay Reason - D3



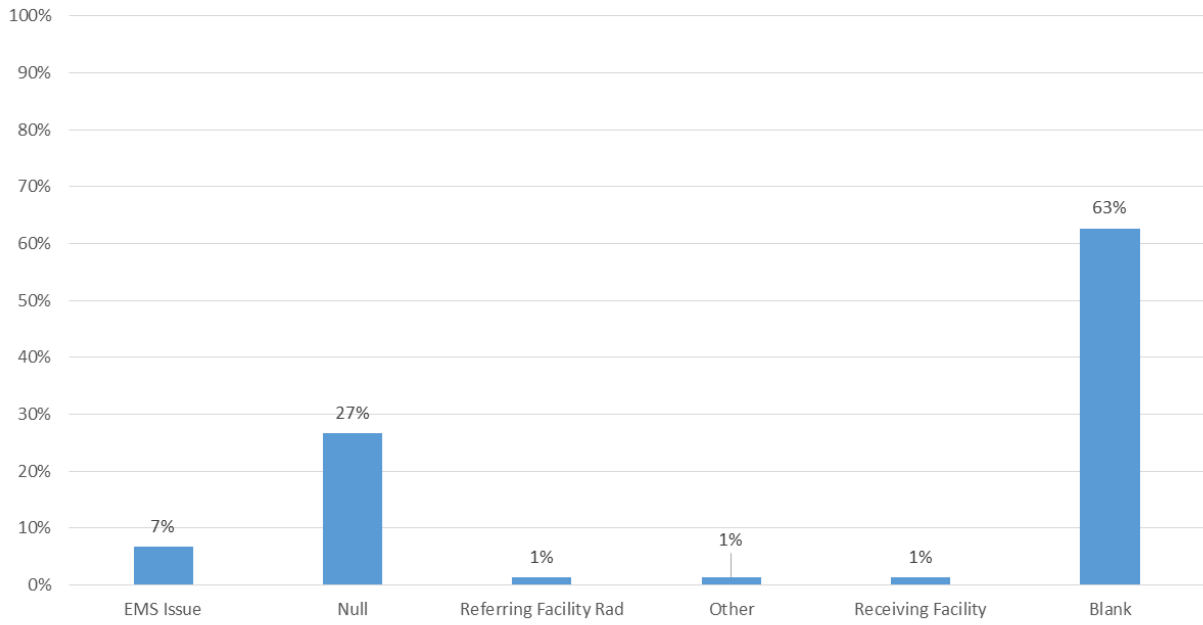
N=11

Transfer Delay Reason - D4



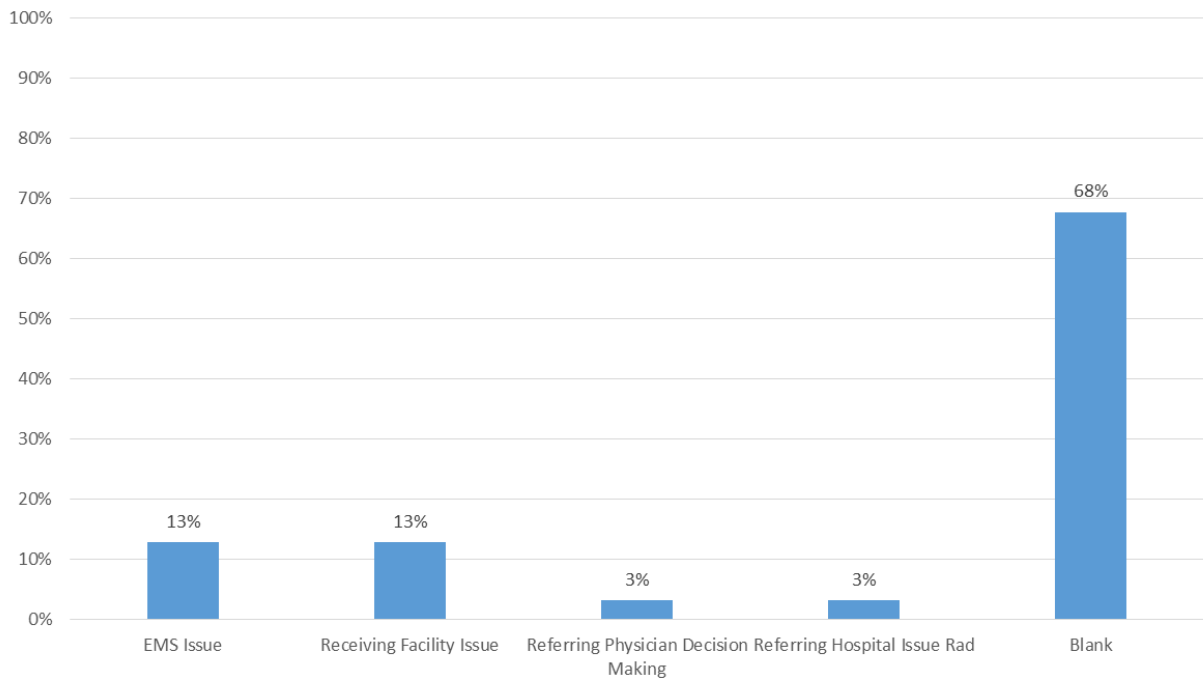
N=12

Transfer Delay Reason - D5



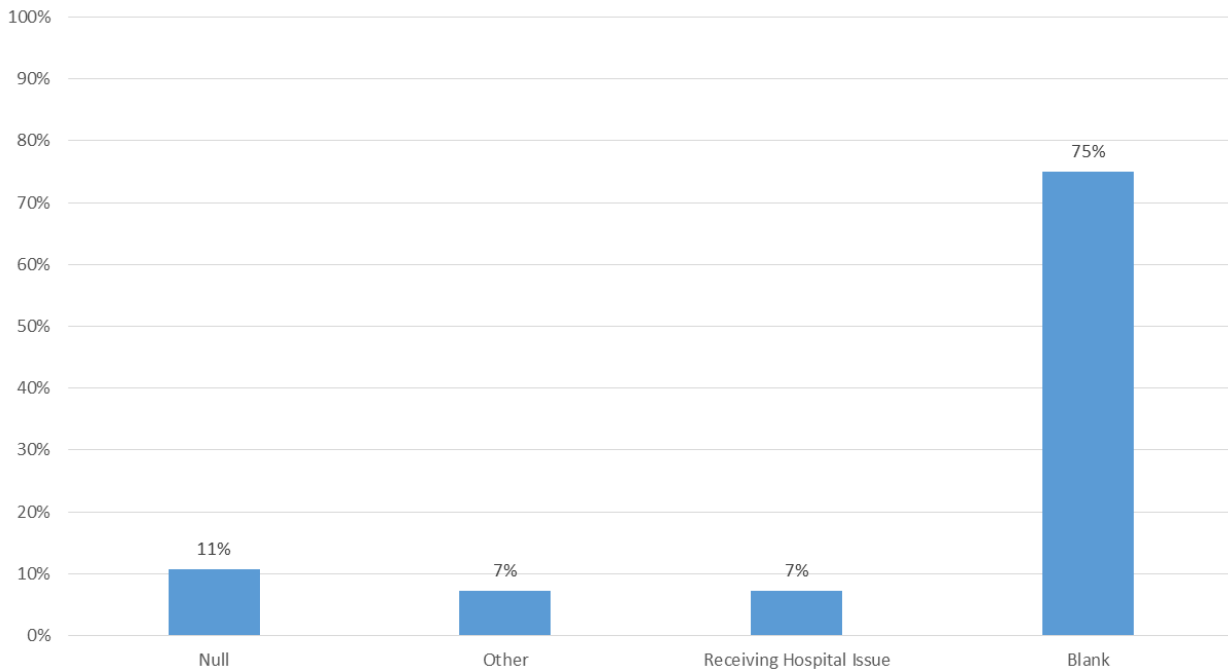
N=75

Transfer Delay Reason - D6



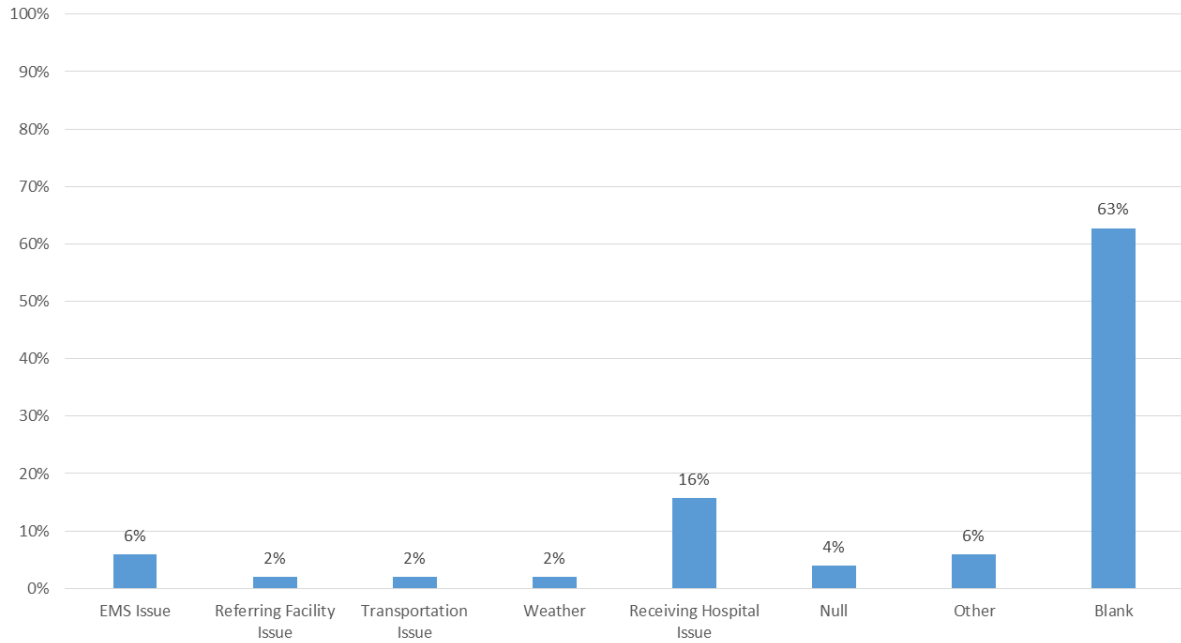
N=31

Transfer Delay Reason - D7



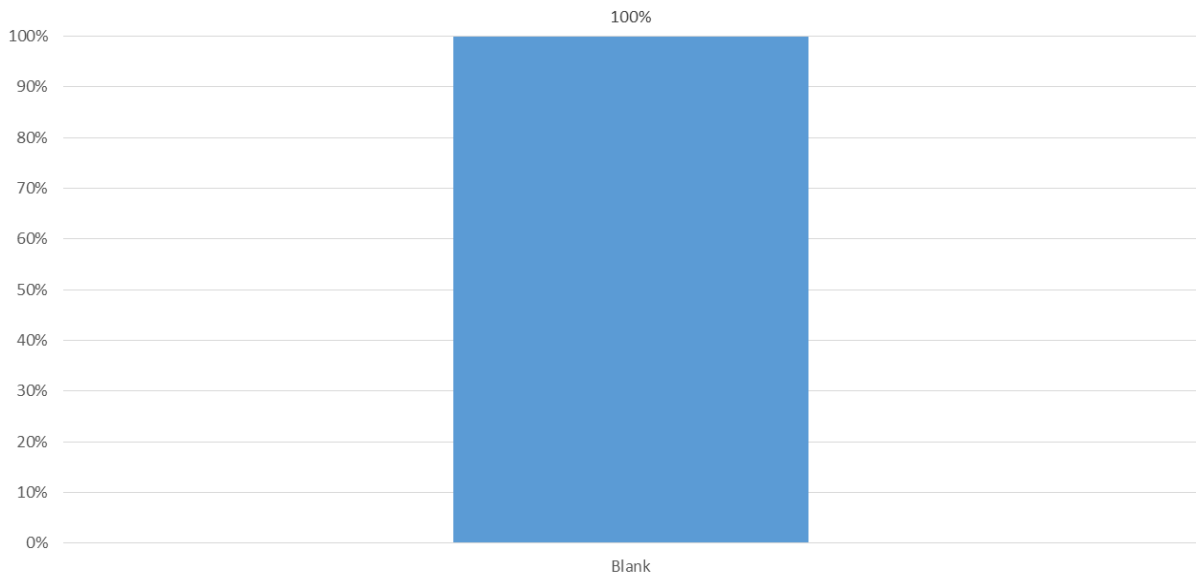
N=28

Transfer Delay Reason - D8

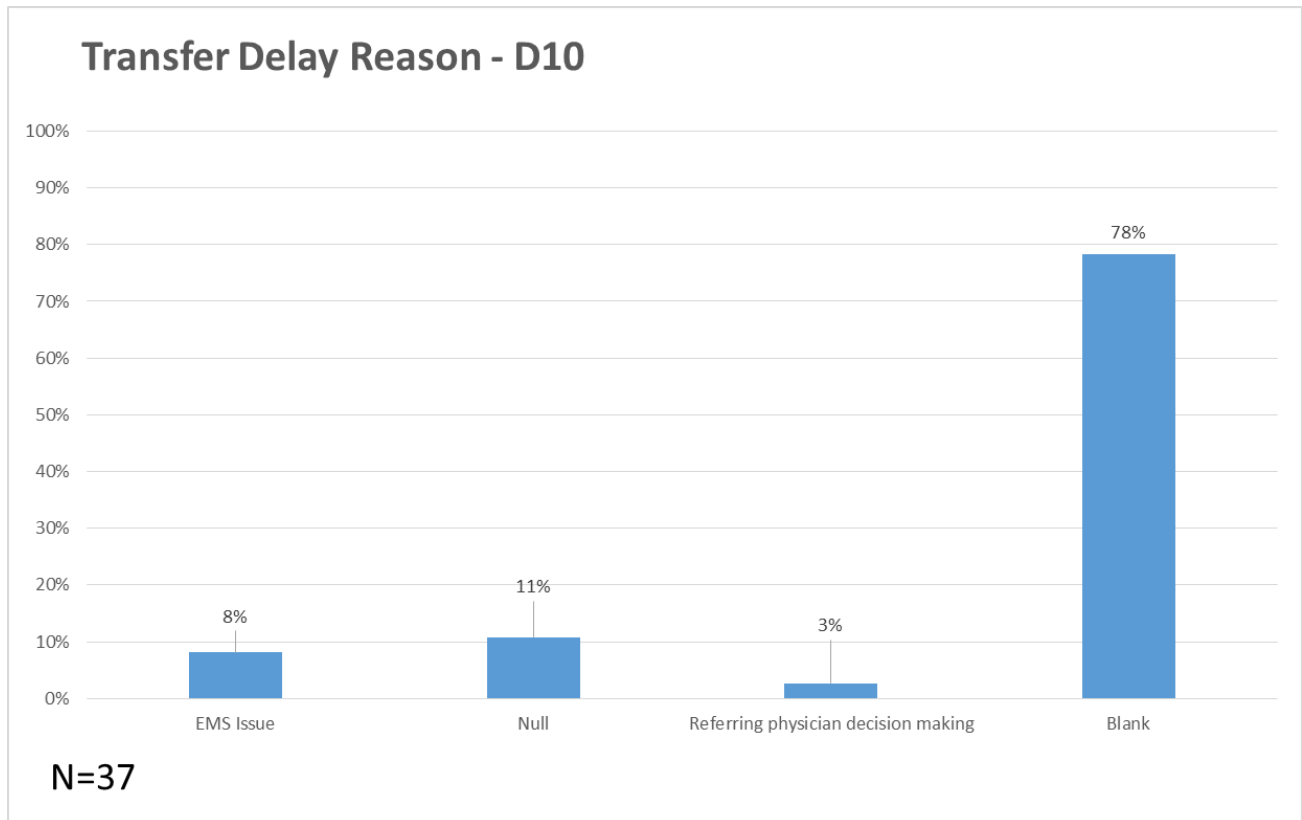


N=51

Transfer Delay Reason - D9



N=55



C) Transfer Delay Pilot – Ends Q4 2018

- **Next steps**
 - a. Do we start requiring this field for non-trauma centers? Yes, starting Q1 2019 non-trauma centers **will be required** to report transfer delays using the new format below.
- There was discussion on how long the pilot will go on. The pilot will go through Q4 2018 data (due May 1, 2019). Data from Q1 2019 and on will use the new options.

Transfer Delay: Yes

Reason for Transfer Delay:

- Select-
- Communication Issue
- Delay Issue
- EMS Issue
- Equipment Issue

Communication Issue:

- Communication Issue -
- Miscommunication between sending and receiving fac...
- Nursing delay in calling for/arranging transportat...
- Nursing delay in contacting EMS
- Physician response delay

Delay Issue:

- Delay Issue -
- Delay in diagnosis
- Delay in Emergency Department disposition decision
- Delay in trauma team activation
- Not Known

EMS Issue:

- EMS Issue -
- Air transport ETA greater than ground transport ET...
- Air transport not available due to weather
- Out of county
- Shortage of available ground transportation

Equipment Issue:

- Equipment Issue -
- Equipment broken
- Equipment missing/unavailable
- Not Known

Error Issue:

- Error Issue -
- Error in judgment
- Error in technique
- Error in treatment
- Not Known

Family, Legal Guardian, or Patient Issue:

- Family, Legal Guardian, or Patient Issue -
- Change in patient condition
- Child Protective Services (CPS)
- Family requested transfer
- Patient requested transfer

Receiving Facility Issue:

- Receiving Facility Issue -
- Physician decision making
- Priority of transfer
- Radiology workup delay
- Surgeon availability

Referring Facility Issue:

- Referring Facility Issue -
- Physician decision making
- Priority of transfer
- Radiology workup delay
- Surgeon availability

Transportation Issue:

- Transportation Issue -
- Transportation Issue
- Not Known

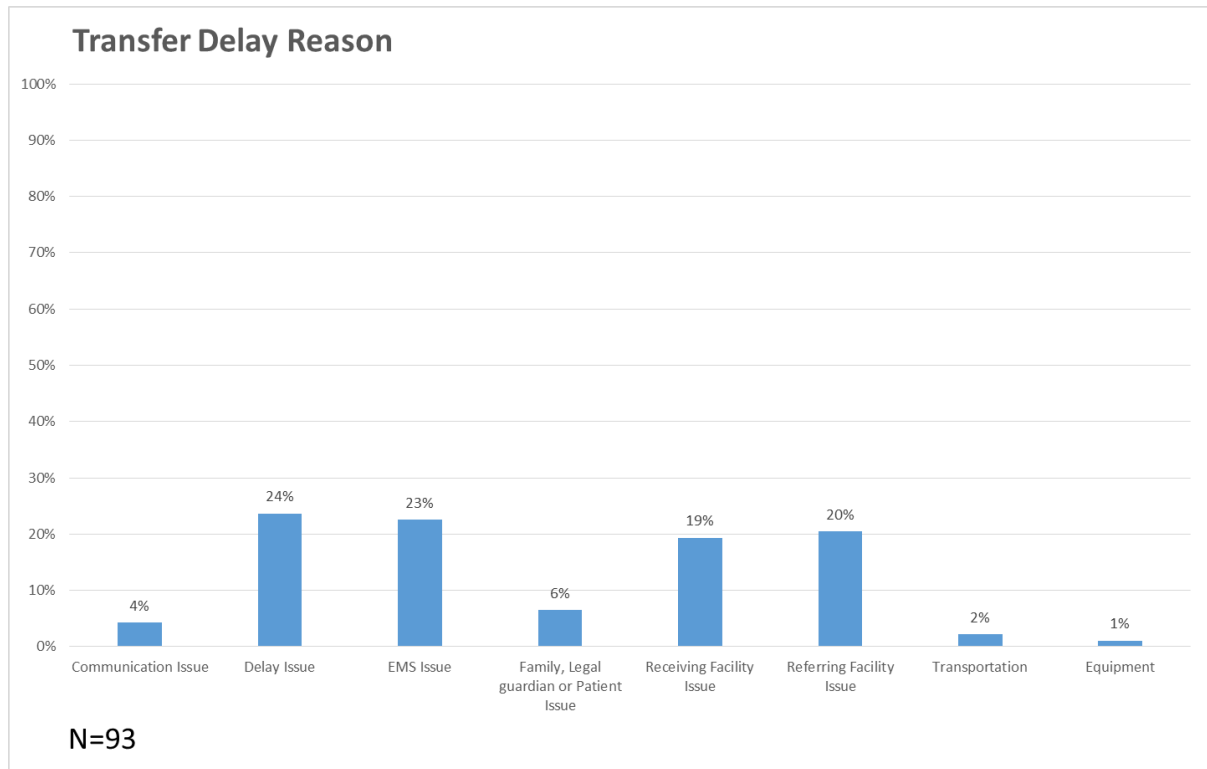
Weather or Natural Factors Issue:

- Weather or Natural Factors Issue -
- Flooding
- Rain
- Snow
- Tornado

19 hospitals were identified and have agreed and continue to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center) and **recruited 14 more** (Community North and South, Daviess Community, Bluffton Regional, Franciscan Health Mooresville, Franciscan Health Rensselaer, IU Health Bedford, IU Health Morgan, IU Health Tipton, Kosciusko Community, Marion General, Porter Regional, St. Vincent Williamsport and Union Hospital Clinton) that were collected for Q3 2018 data via the pilot selections as well:

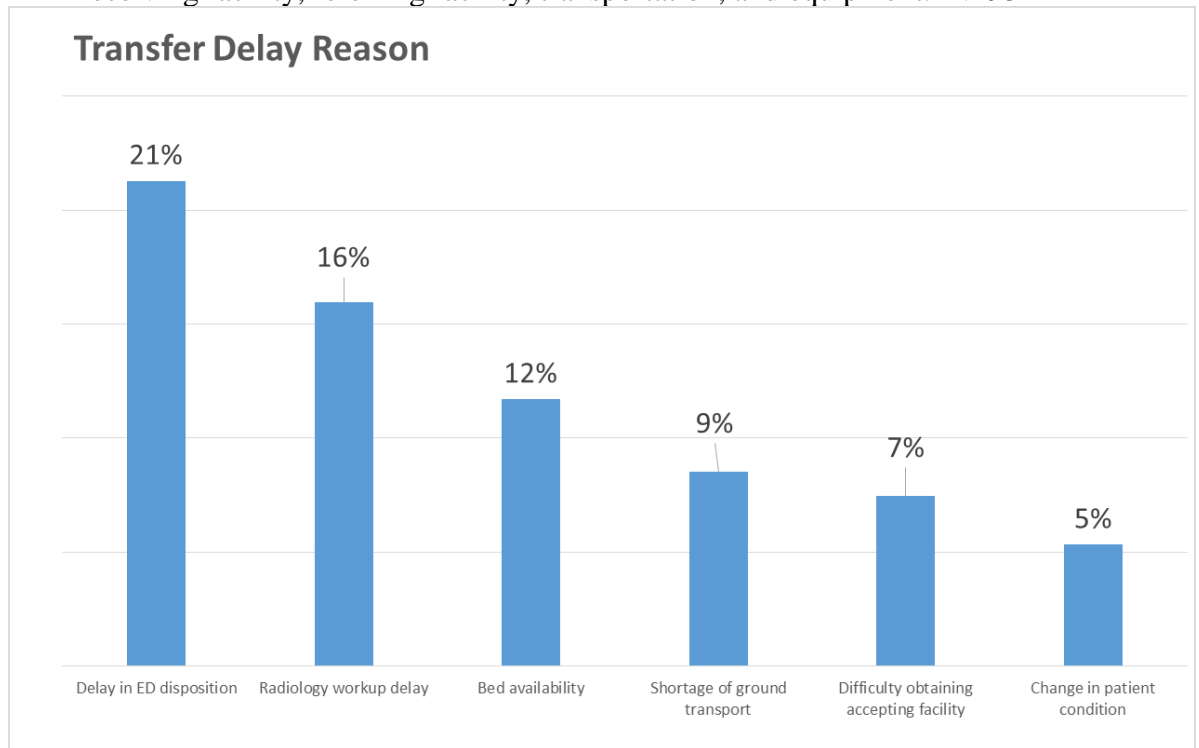
Facility Questions	
NEW Reasons for Transfer Delay (PILOT)- Communication Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- EMS Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Error Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Receiving Facility Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Transportation Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Delay Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Equipment Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Family, Legal Guardian or Patient Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Referring Facility Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Weather or Natural Factors Issue	----Select One----

- Asking hospitals to take note of what works, what doesn't, what's missing, etc.
- 13 hospitals answered this question, N=93 responses



i.

- Responses from left to right: communication issue, delay, EMS issue, Family, receiving facility, referring facility, transportation, and equipment. N=93



ii.

- Responses from left to right: Delay in ED disposition, radiology workup delay, bed availability, shortage of ground transport, difficulty obtaining accepting facility, and change in patient disposition
- Responses under 5% include: out of county, air transport ETA > ground transport ETA, MD response delay, ALS transportation delay, transportation issue, physician decision making, nursing delay in calling for/arranging transportation,

delay in diagnosis, surgeon availability, priority of transfer, no ALS available, family requested transfer, equipment missing/unavailable, or air transport not available due to weather.

3. Increasing Trauma Registry participation (past 12 months)
 - a. Looked at all January 2018 to January 2019 quizzes
 - b. 35 people took the quiz at least 5 times (the quiz goes to 56 people)
 - i. Result (for February 2019 quiz): 66% (was 52% last meeting)
 - ii. Fluctuation in numbers due to access to quiz, staff changes, received certificate but unable to see/take the quiz.
4. Regional TRACs working to establish PI groups
 - a. Update by district
 - b. General note: Ramzi noted that most districts have a TRAC. The next step is to see a PI sub-group form. These sub-groups would take on data requests and drill down to whatever PI is identified for their TRAC. If your TRAC is interested in how to set one up please contact Ramzi, Jill Swearer, or Lisa Grey to have a conversation.
 - c. District 4 – Regina. Their district has not discussed establishing a PI subcommittee yet. Their focus was on a disaster drill that was done last week.
 - d. District 5 – Christy. They will meet next week and are focused on getting their TRAC back up and running.
 - e. District 6 – They have not established PI subcommittee yet.
 - f. District 7 – Olivia. They will meet next week. They will discuss forming a PI subcommittee.
5. **Reminder:** Increase EMS run sheet collection
 - a. **Please send Murray Lawry (Mlawry@isdh.IN.gov) a list of EMS providers not leaving run sheets.**
6. Non-transferred patients with high injury severity score (>15 ISS)
 - c. Top 5 causes of injury
 - d. Counts
 - i. Levels I and II
 - ii. Level III
 - iii. Non-trauma centers
7. Annual entry of hospital variables
 - a. TQIP collects the following variables: # of beds, # of ICU beds, # of surgeons, # of orthopedic surgeons, # of neurosurgeons, profit status, teaching status
 - b. Make these variables mandatory for annual entry?
 - c. Ramzi thanked the 69 hospitals that had responded to the survey. The survey will be open through the end of March. This survey will be done on an annual basis.
9. Data validation
 - a. Signs of life
10. EMS Update
 - a. Presented by Kr. Kaufmann. Data collection efforts are going well. There are currently 335 EMS providers registered and they have 94-95% reporting and >80% validation. Their next focus is getting information to NEMSIS. Their current data submission to NEMSIS increased from 41.6% to 52%.
 - b. Dr. Kaufmann, Ramzi, and Randall Eimermann will discuss hospital facility codes to make sure they are all assigned a code and correct in ImageTrend.
 - c. Dr. Kaufmann reviewed the previous and current data request processes. The current process has four tiers and is more streamlined. Tier 1 is fully identifiable information and

Tier 4 is for the public. You can fill out a data request form with Management Performance Hub (MPH). Dr. Jenkins has an interest in EMS data.

d. Four articles are up for editing in administrative code 836. The goal is to update the rule with things that have been passed in previous years, including spelling out what level I and II trauma centers mean. Dr. Kaufmann will share the re-write.

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