

## PI Subcommittee Meeting - Notes

**November 14, 2017 – 10am EST to 11am EST**

*Call-in number: 1-877-422-1931, participant code is 8770031406# (music will be heard until the moderator joins the call)*

a) Welcome & Introductions

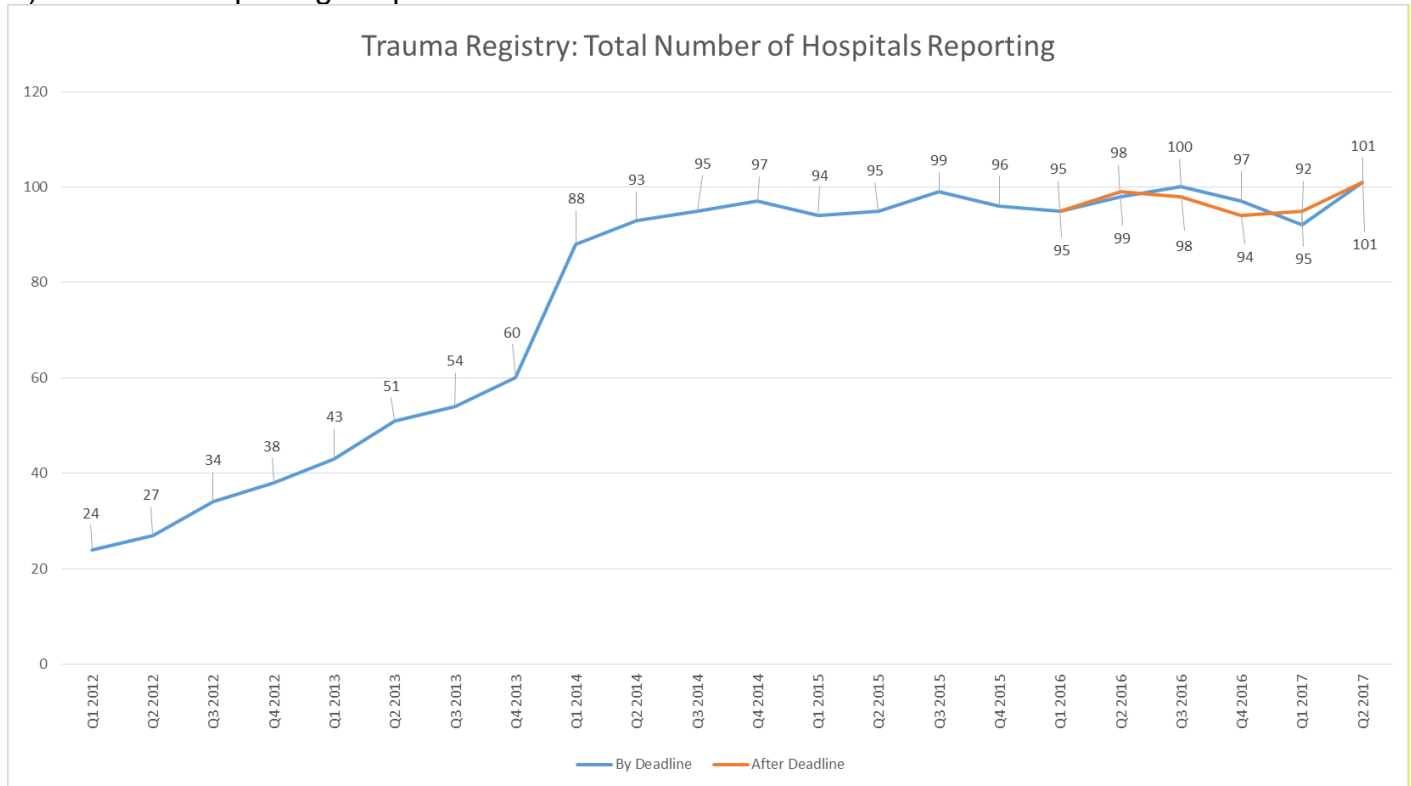
<b>Meeting Attendees</b>			
Amanda Rardon (D4)	Jennifer Homan (D1)	Lisa Hollister (D3)	<b>Olivia Roloff (D7)</b>
<b>Amelia Shouse (D7)</b>	Jennifer Mullen (D1)	Lynne Bunch (D6)	<b>Dr. Peter Jenkins (IU)</b>
<b>Andy VanZee (IHA)</b>	Jill Castor (D5)	Maria Thurston (D5)	<b>Regina Nuseibeh (D4)</b>
<b>Angela Cox-Booe (D5)</b>	Jodi Hackworth (D5)	<b>Marie Stewart (D5)</b>	Rexene Slayton (D8)
<b>Annette Chard (D3)</b>	<b>Kelli Vannatter (D6)</b>	<b>Mark Rohlfing (D6)</b>	<b>Sarah Quaglio (D6)</b>
Bekah Dillon (D6)	Kelly Blanton (D5)	<b>Mary Schober (D5)</b>	<b>Sarah Hoepfner (D3)</b>
Brittanie Fell (D7)	Kelly Mills (D7)	<b>Melissa Smith (D5)</b>	<b>Shayla Karlowsky (D1)</b>
Carrie Malone (D7)	Kristi Croddy (D5)	<b>Merry Addison (D7)</b>	
Christy Claborn (D5)	Latasha Taylor (D1)	Michele Jolly (D10)	<b>Dr. Stephanie Savage (Chair)</b>
Chuck Stein (D5)	Lesley Lopossa (D8)	<b>Michelle Moore (D6)</b>	Tammy Robinson (D7)
Dawn Daniels (D5)	Lindsey Hill	Michelle Ritchey (D7)	Tracy Spitzer (D5)
Dusten Roe (D2)	<b>Lindsey Williams (D8)</b>	<b>Missy Hockaday (D5)</b>	<b>Wendy St. John (D5)</b>
Emily Grooms (D2)			
<b>ISDH STAFF</b>			
<b>Camry Hess</b>	<b>Katie Hokanson</b>	<b>Pravy Nijjar</b>	<b>Ramzi Nimry</b>
<b>Dawn Smith</b>			

b) 2017 Goals

1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease Average ED LOS
  - i. Transfer Delay
    - Pilot Project
  - ii. Letter to hospitals about ED discharge date/time
3. Increasing Trauma Registry quiz participation.
4. Inter-facility transfer guideline – **APPROVED BY ISTCC.**
5. Continued EMS run sheet collection.

c) Statewide Trauma Report

1.  
A) Number of reporting hospitals



Hospitals that did not report for Quarter 2 2017:

- Decatur County Memorial Hospital
- Fayette Regional Health
- Franciscan Health – Dyer
- Franciscan Health – Hammond
- Franciscan Health – Indianapolis
- Franciscan Health – Munster
- Goshen Hospital
- Major Hospital
- Pulaski Memorial
- Riverview Health
- Scott County Memorial Hospital
- Starke Hospital
- St. Catherine Regional – Charlestown

St. Mary Medical Center – Hobart  
St Vincent – Randolph  
Sullivan County Community

**Ramzi has been in contact with Goshen Hospital, he will follow up with them. ISDH will send a letter to those hospitals that are not reporting consistently (consistent = 2+ out of the past 4 quarters). Attendees should reach out to the non-reporting hospitals in their district to see what their barriers are.**

**ImageTrend did a recorded presentation on the hospital hub. This set up allows the hospital’s EMR to flow into the trauma registry. Ramzi will send this video out to the PI subcommittee so members may share it with their hospitals.**

**B) Timeliness of reported incident – 89 days**



This graph will not be on future agendas. The subcommittee will instead look at the number of hospitals that reported late.

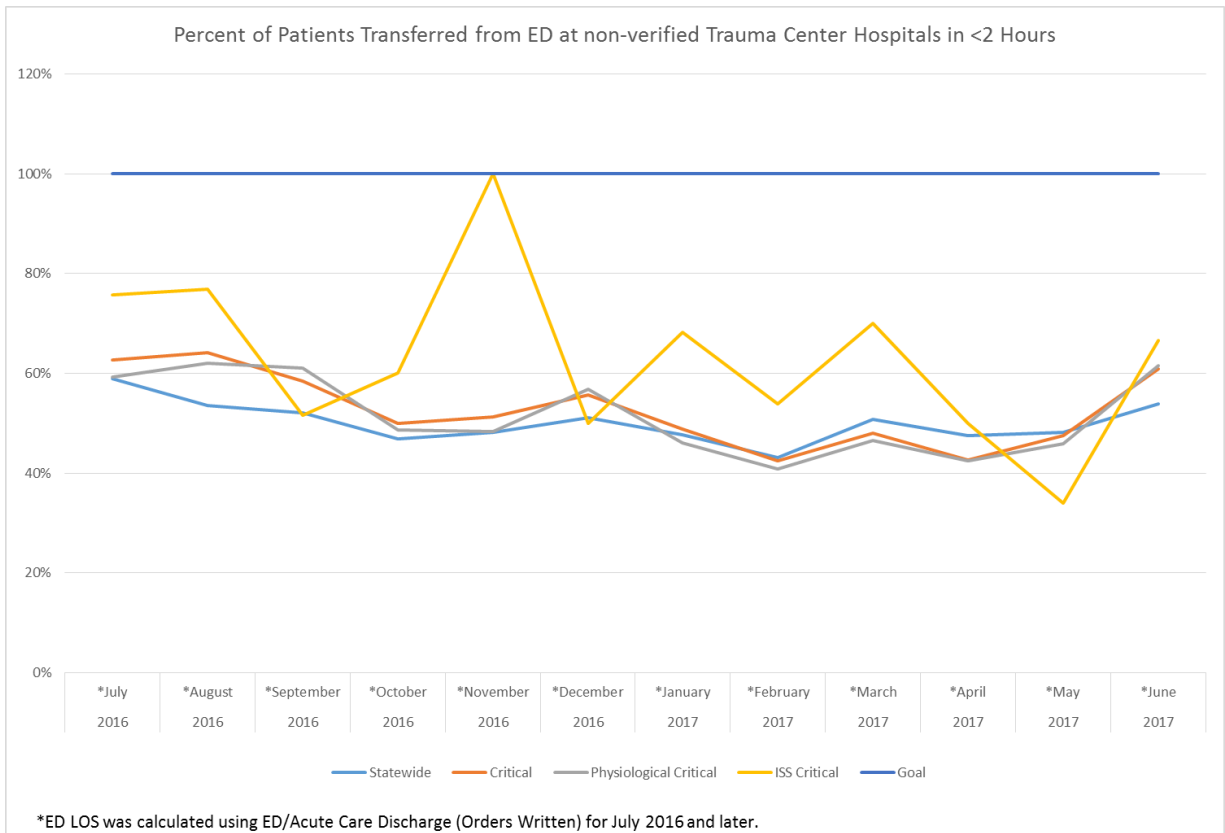
2.

**A) Decrease average ED LOS at non-trauma centers**

**i. Review of current average ED LOS**

- Quarter 4 2016: 3 facilities responded (sent out letters to 15 facilities)
- Quarter 1 2017: 2 facilities responded (sent out letters to 19 facilities)
- Quarter 2 2017: Update at next PI meeting

**ii. ED LOS (Orders Written)**



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

\*Critical patient: had a GCS  $\leq$  12 or shock index  $>$  0.9 or ISS  $>$  15

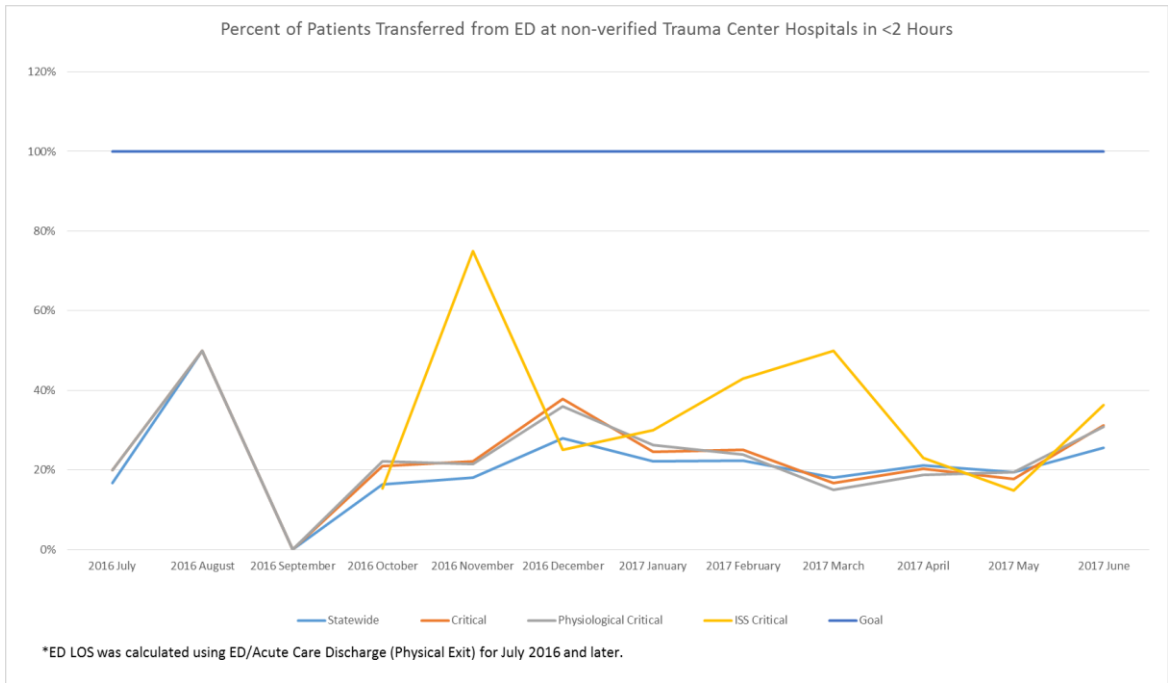
\*Physiological critical patient: GCS  $\leq$  12 or shock index  $>$  0.9

\*ISS critical patient: ISS  $>$  15

Dr. Savage noted that about 60% of critical patients have an order written in 2 hours and 20% leave within 2 hours. How can we improve the timeliness of moving critical patients through the ED?

ED LOS is part of the quarterly district reports. **ISDH will create a template PowerPoint that TRACs may use to present their ED LOS data to their district. Dr. Savage will send the district reports to the district representative.**

iii. ED LOS (Physical Exit)



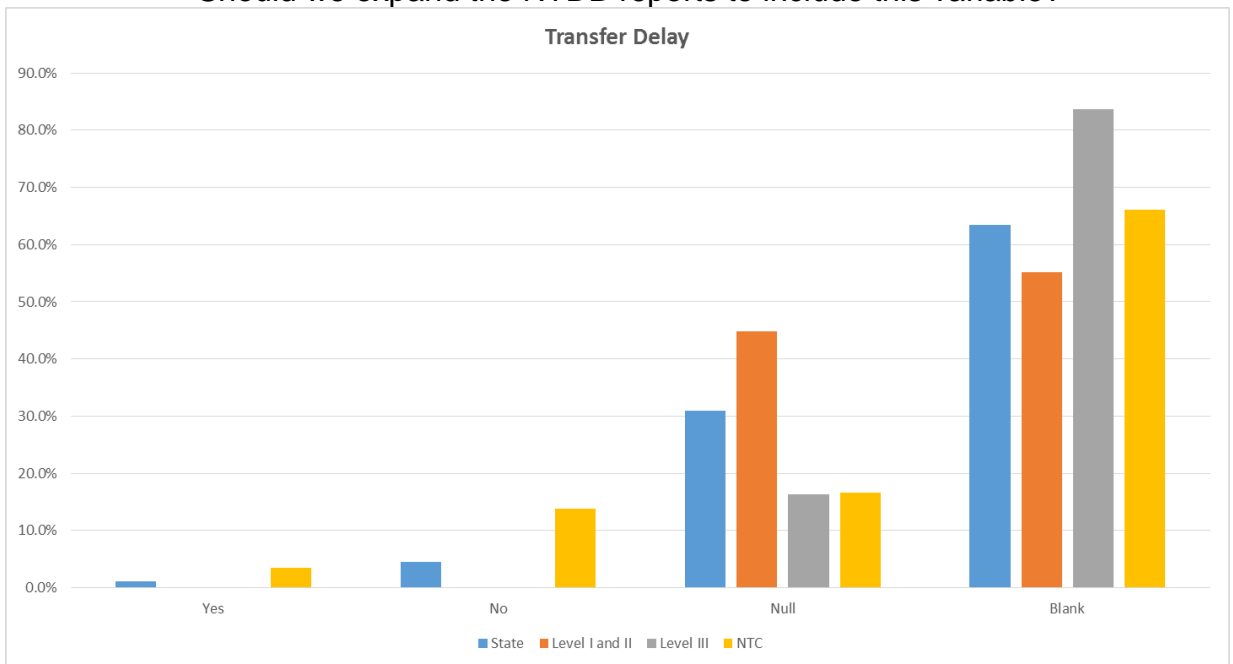
\*\*\*\*\*Definitions of critical categories\*\*\*\*\*

- \*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

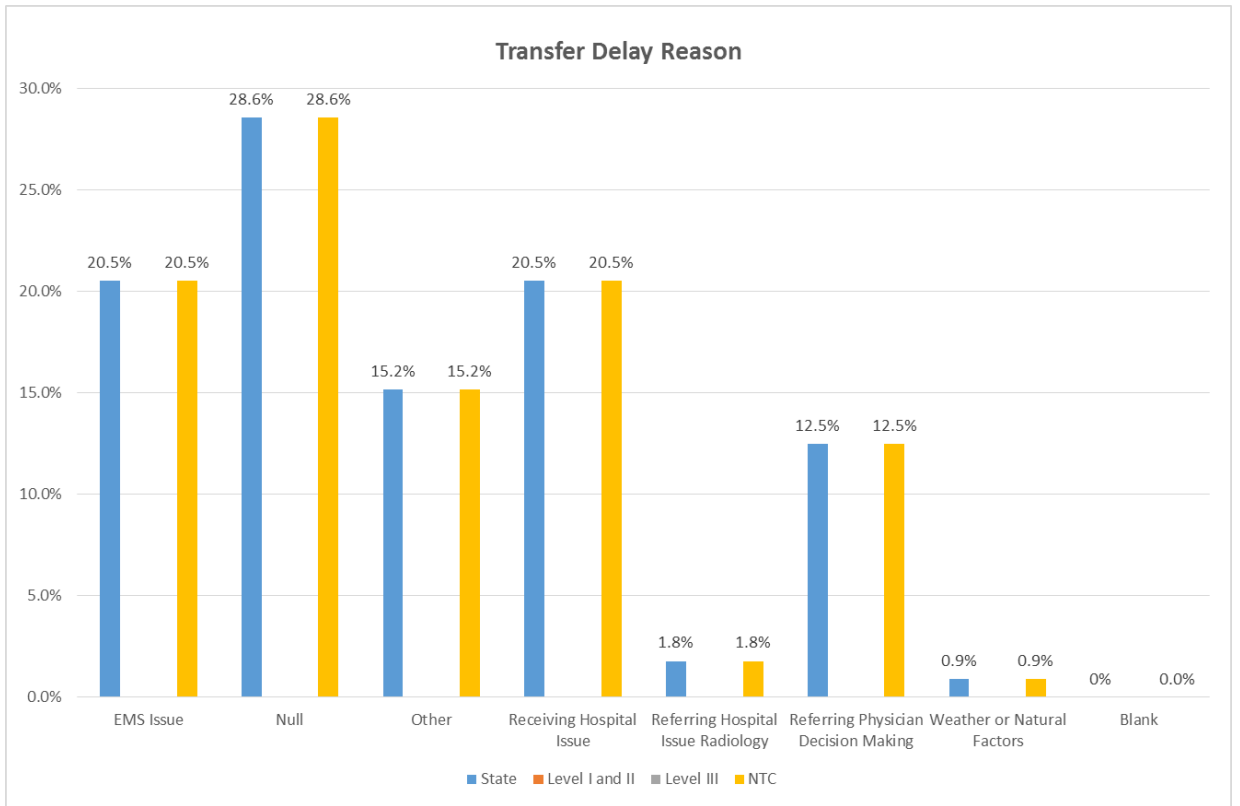
B) Transfer Delay Charts

i. Transfer Delay – statewide

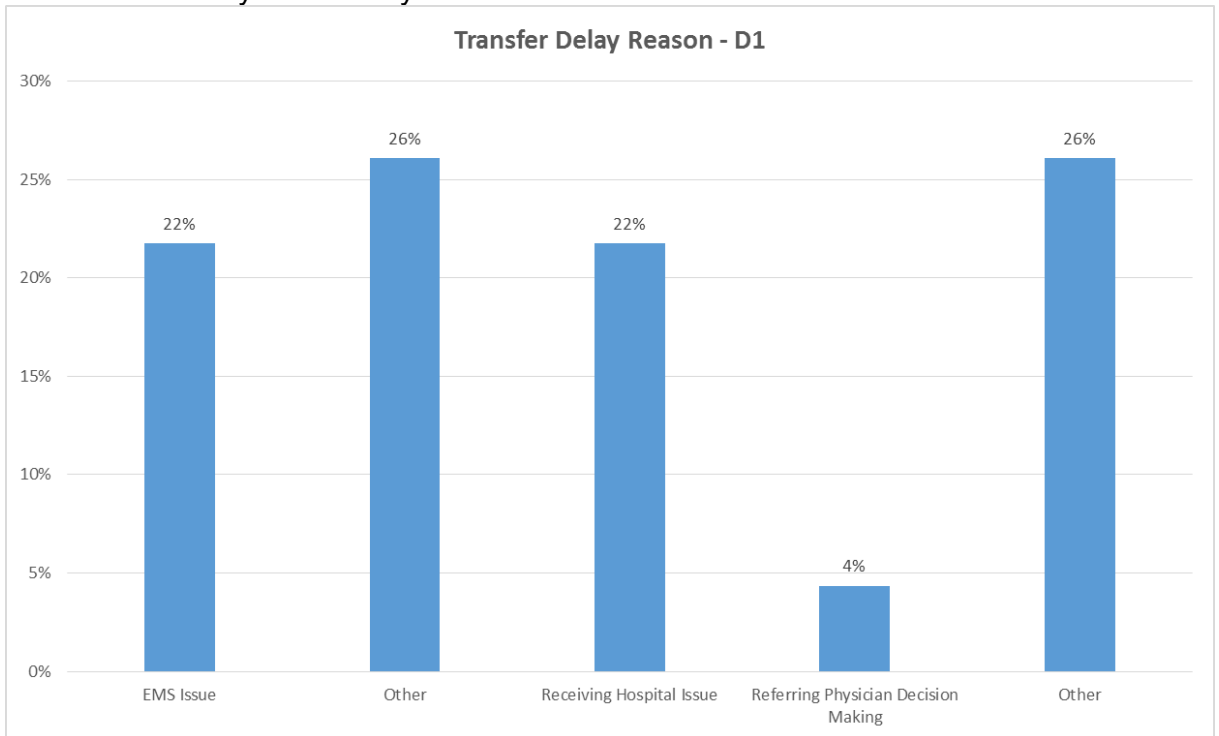
- 112 out of 9,990 said 'yes'
- This graph is included in the quarterly reports but not in the NTDB reports. Should we expand the NTDB reports to include this variable?

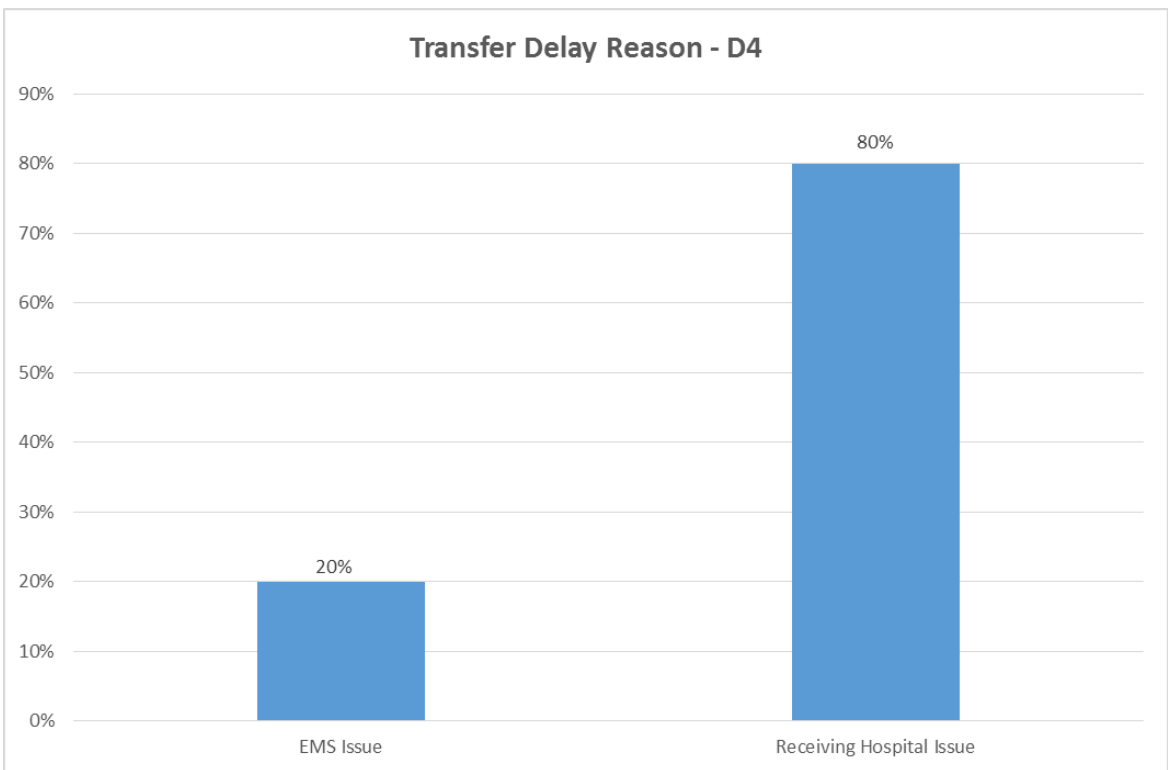
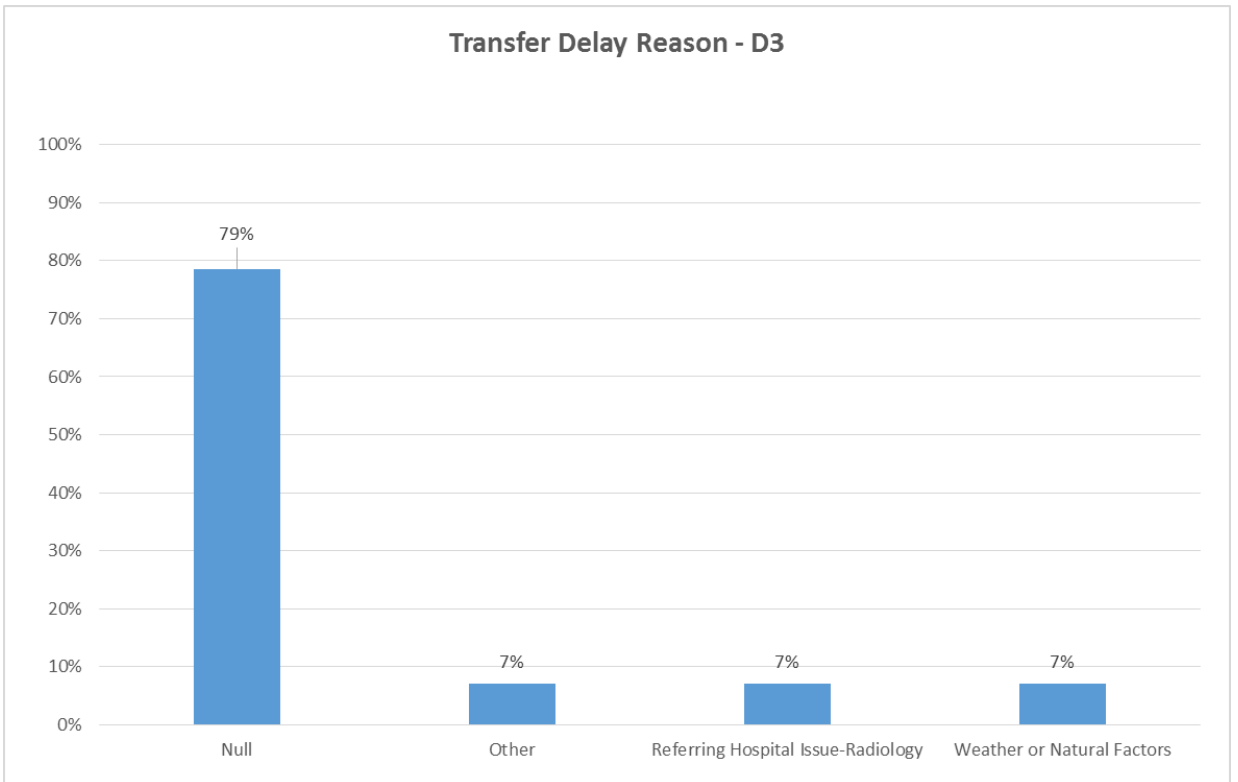


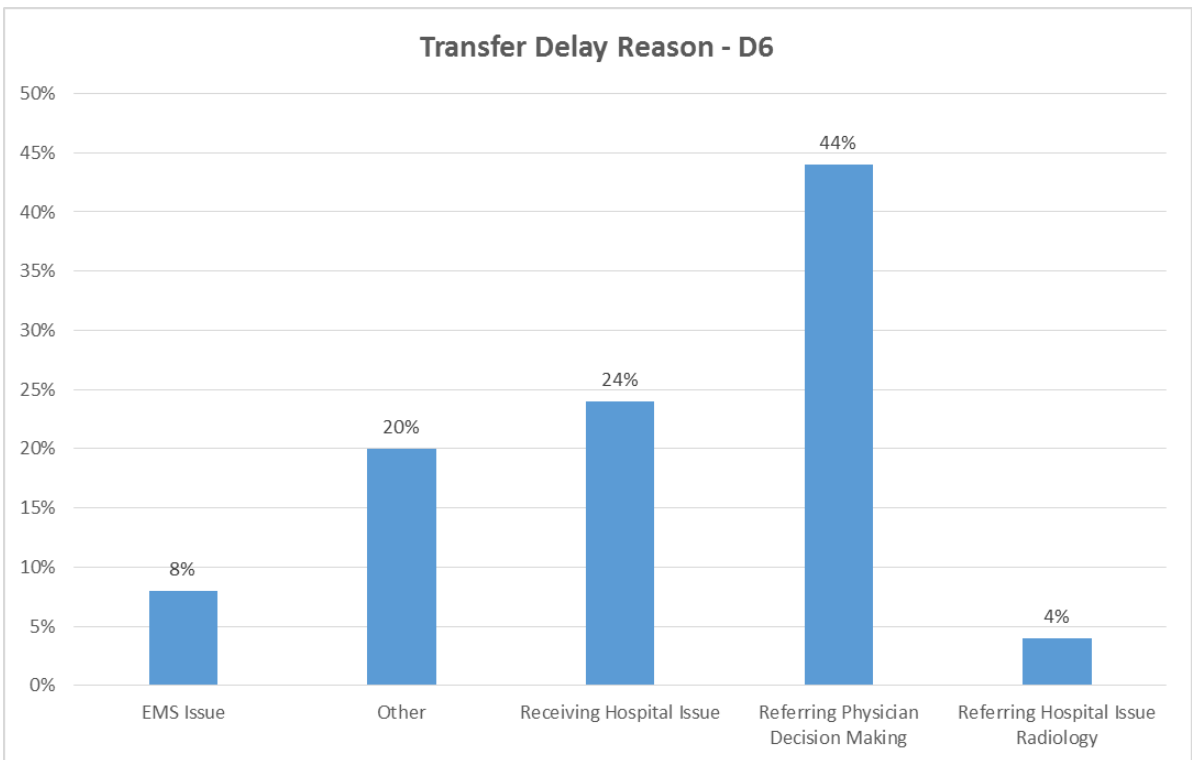
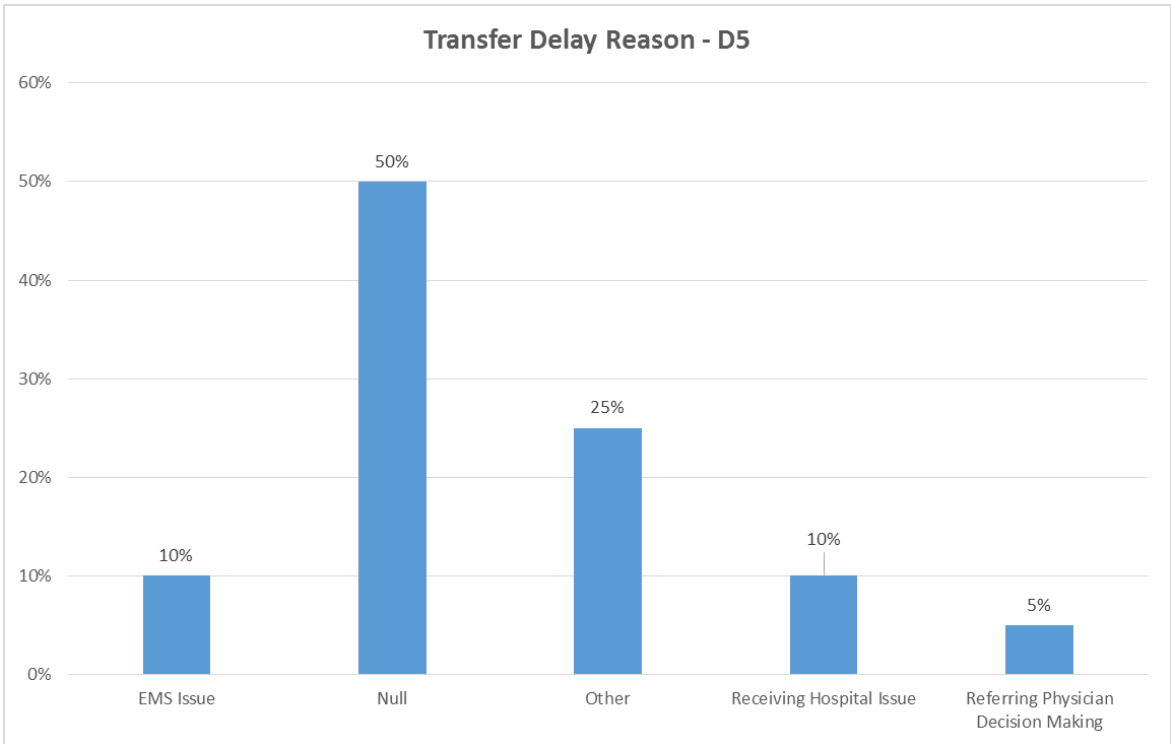
ii. Transfer Delay Reason – statewide



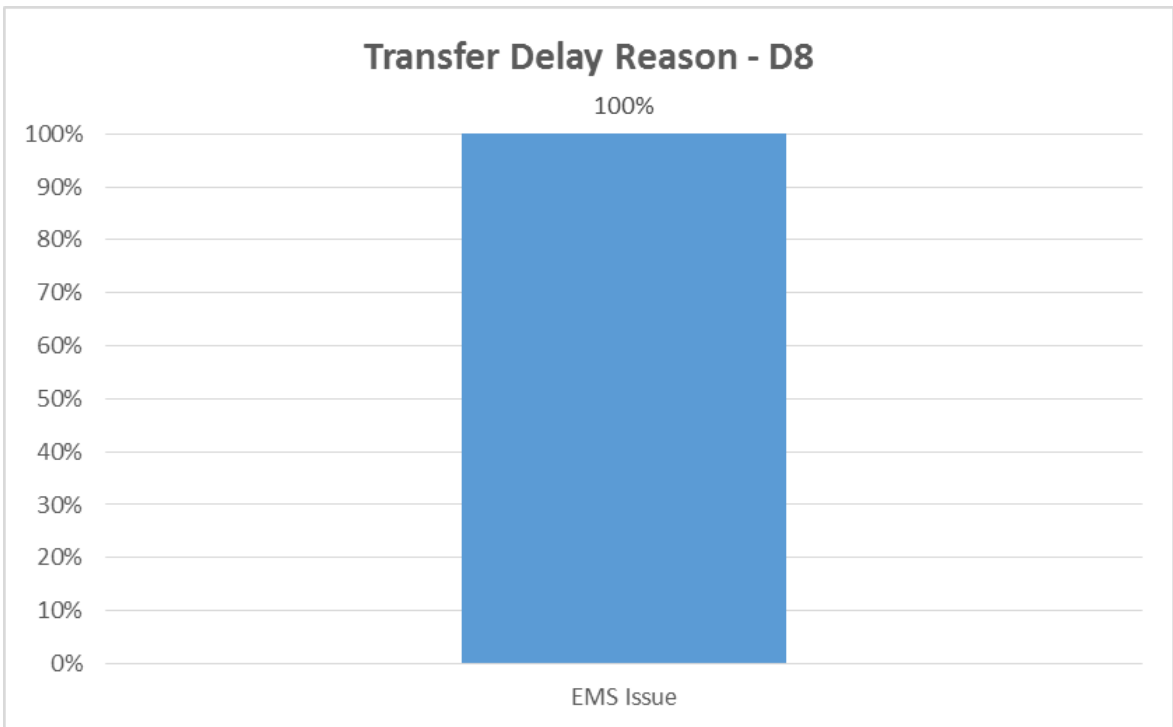
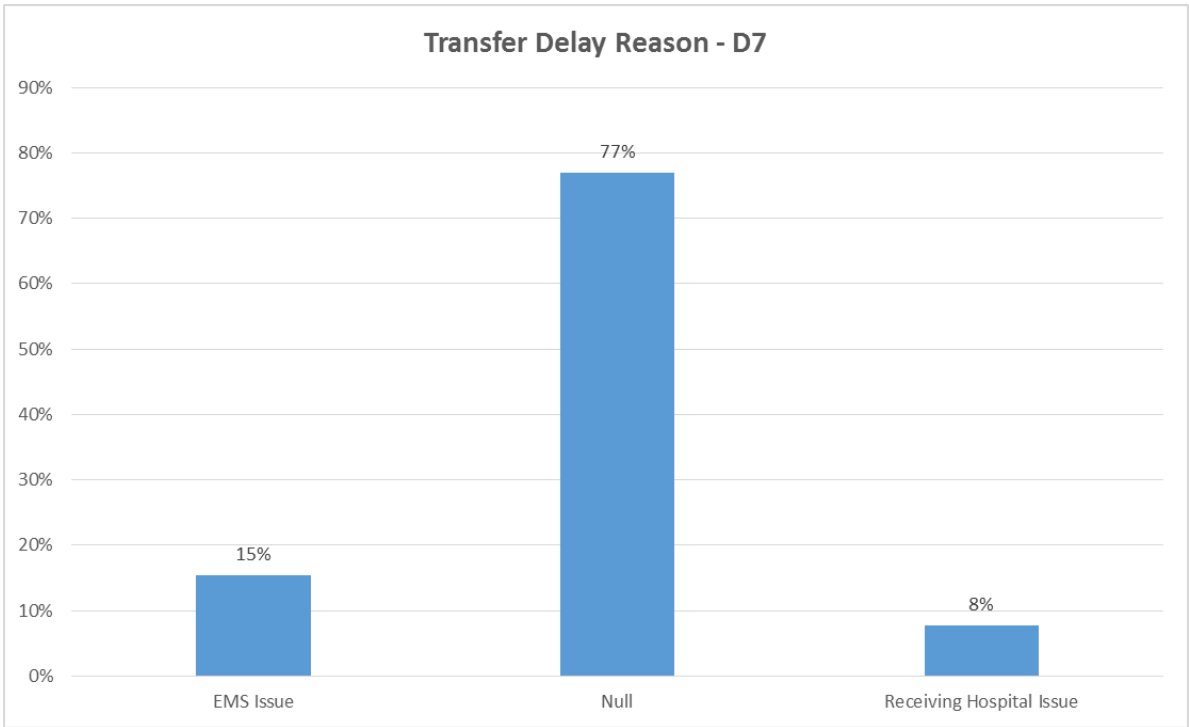
### iii. Transfer Delay Reason by district

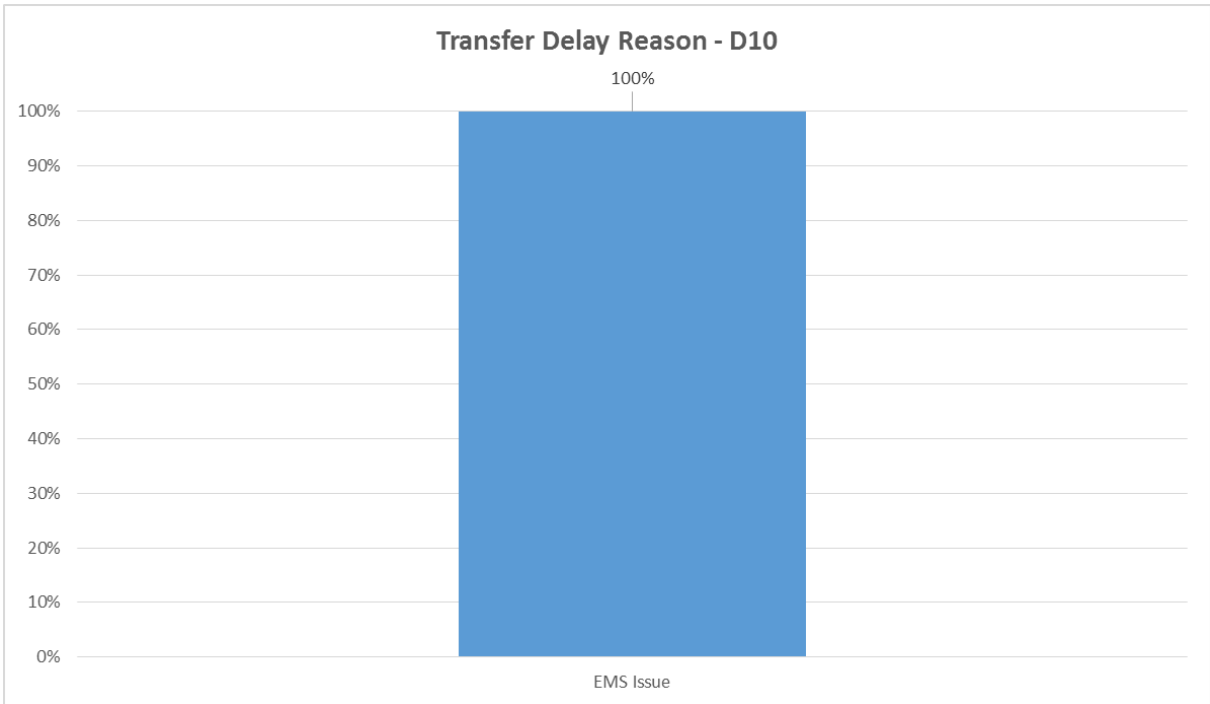
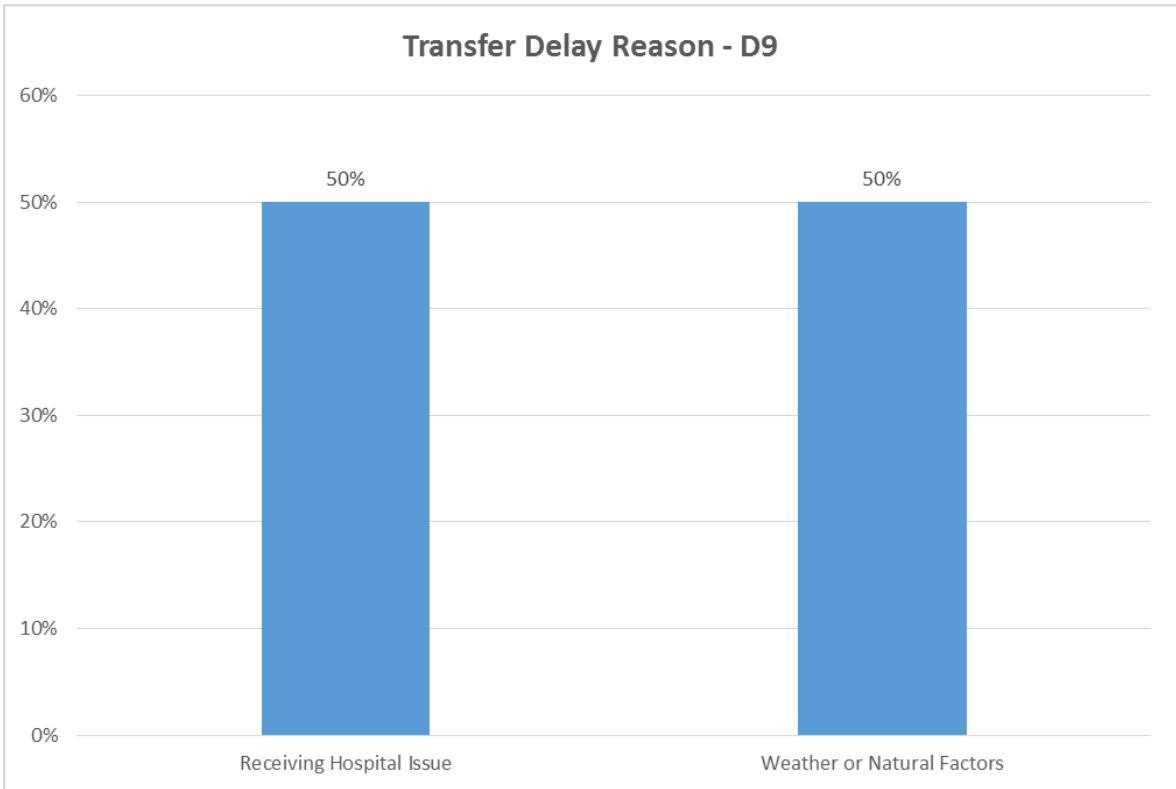












**Districts will discuss what their reasons for delay are and report back at the next PI meeting.**

**C) Transfer Delay Pilot**

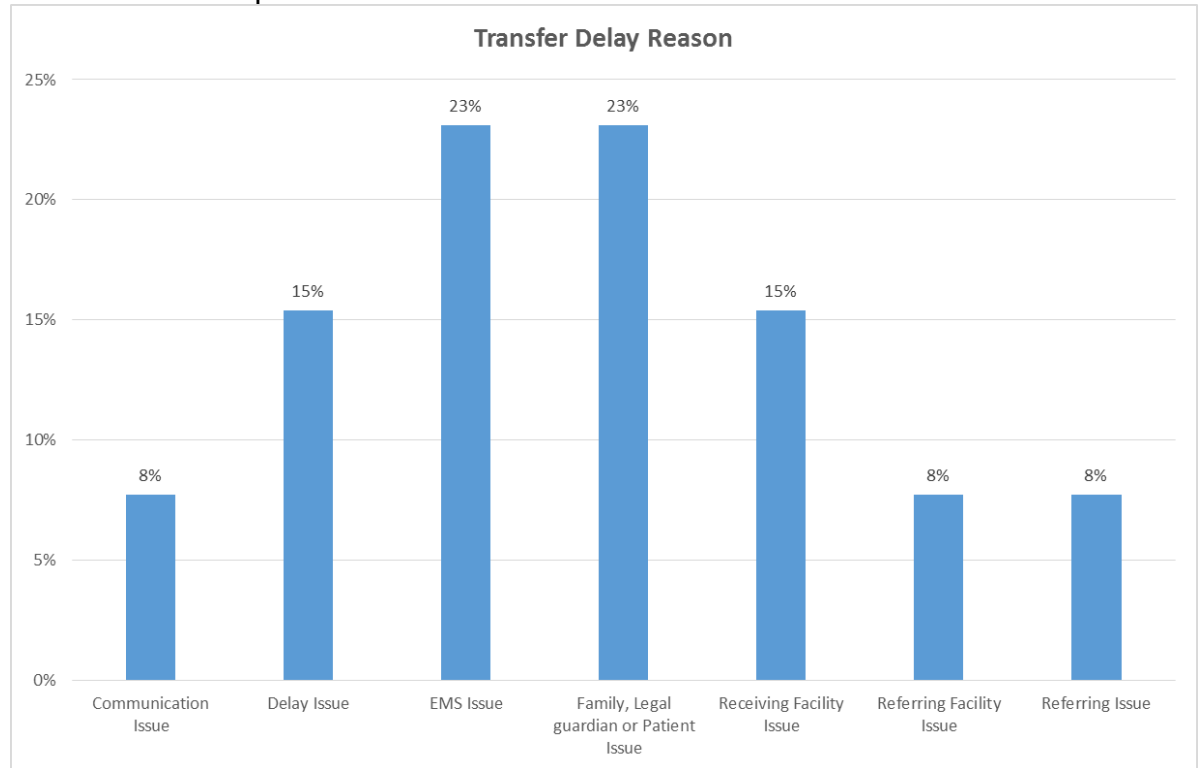
- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center) and **recruited 4 more** (Daviness Community,

Bluffton Regional, Kosciusko Community and Franciscan Health (Mooreville) that will collect Q3 2017 data via the pilot selections as well.

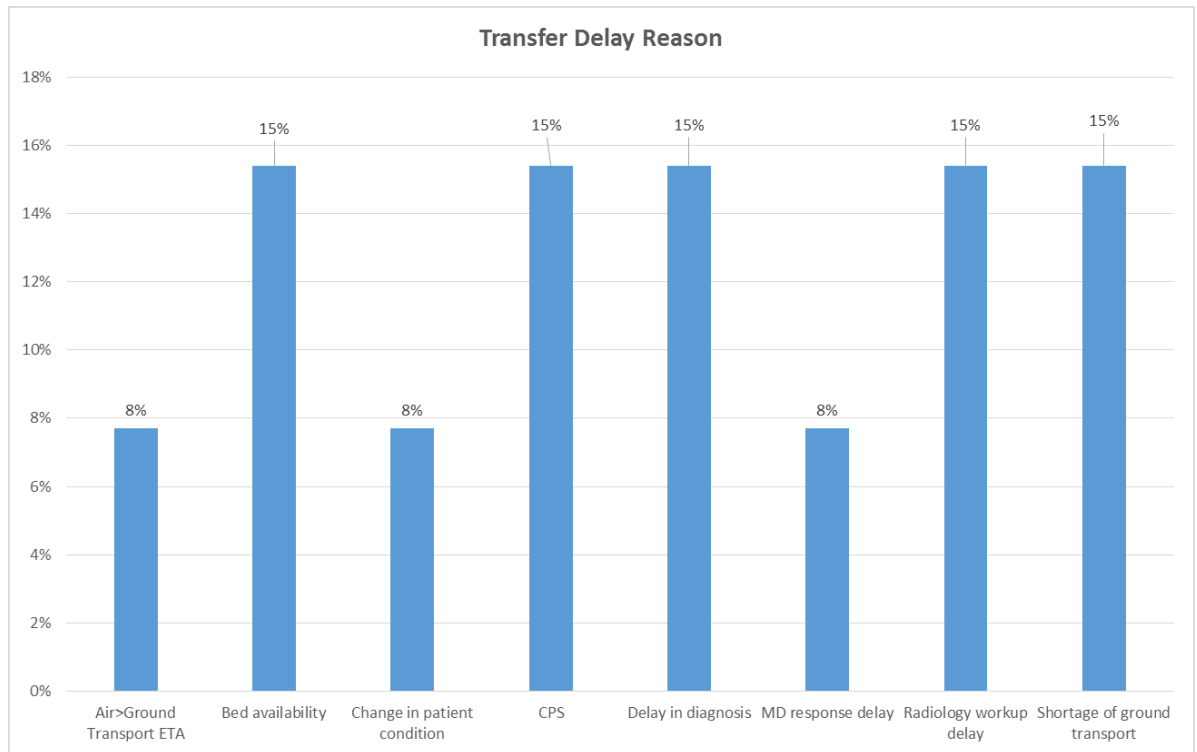
- Hospitals collected Q2 2017 data through the pilot (facility questions), but continued collection through the typical transfer delay capture:

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.
- N=128 responses



iv.



v.

There were 5 hospitals that collected data for quarter 1 and 9 are collecting for quarter 2. **Our goal is to enroll at least 10 hospitals.**

**The options for each transfer delay category will be listed in future agendas.**

3. Increasing Trauma Registry participation
  - a. Looked at all September 2016 to August 2017 quizzes
  - b. 47 out of the 148 respondents took quiz at least 5 times
    - i. Result: 32%
    - ii. Fluctuation in numbers due to some factors.

There were 6 more people added to the e-mail list to take the quiz for next month. **Dr. Savage encouraged people to remind their centers to participate in the quiz.**

**Pravy will send a list to each hospital of who she has on the e-mail list from that facility. This way we can make sure the list is up to date.**

**Pravy will add a list of hospitals that reported for that month's quiz in her e-mail.**

4. **Reminder:** Increase EMS run sheet collection
  - i. **Please send Murray Lawry ([MLawry@isdh.IN.gov](mailto:MLawry@isdh.IN.gov)) a list of EMS providers not leaving run sheets.**
  - ii. **Please continue to send missing demographic information in addition to the EMS provider's name so we can pass that (which fields are missing) along to IDHS.**
5. Dr. Jenkins – Non-transferred patients

**a. Dr. Jenkins will go over non-transferred patients who had a high ISS at the next meeting.**

C. Statewide Trauma Report

1. Which part of the report should be presented to the ISTCC?
2. Which part of the report should be done on an annual basis (posted to website, not presented to the ISTCC)?
3. What should be kept? What should be changed? What should be dropped?