

PI Subcommittee Meeting - Agenda

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

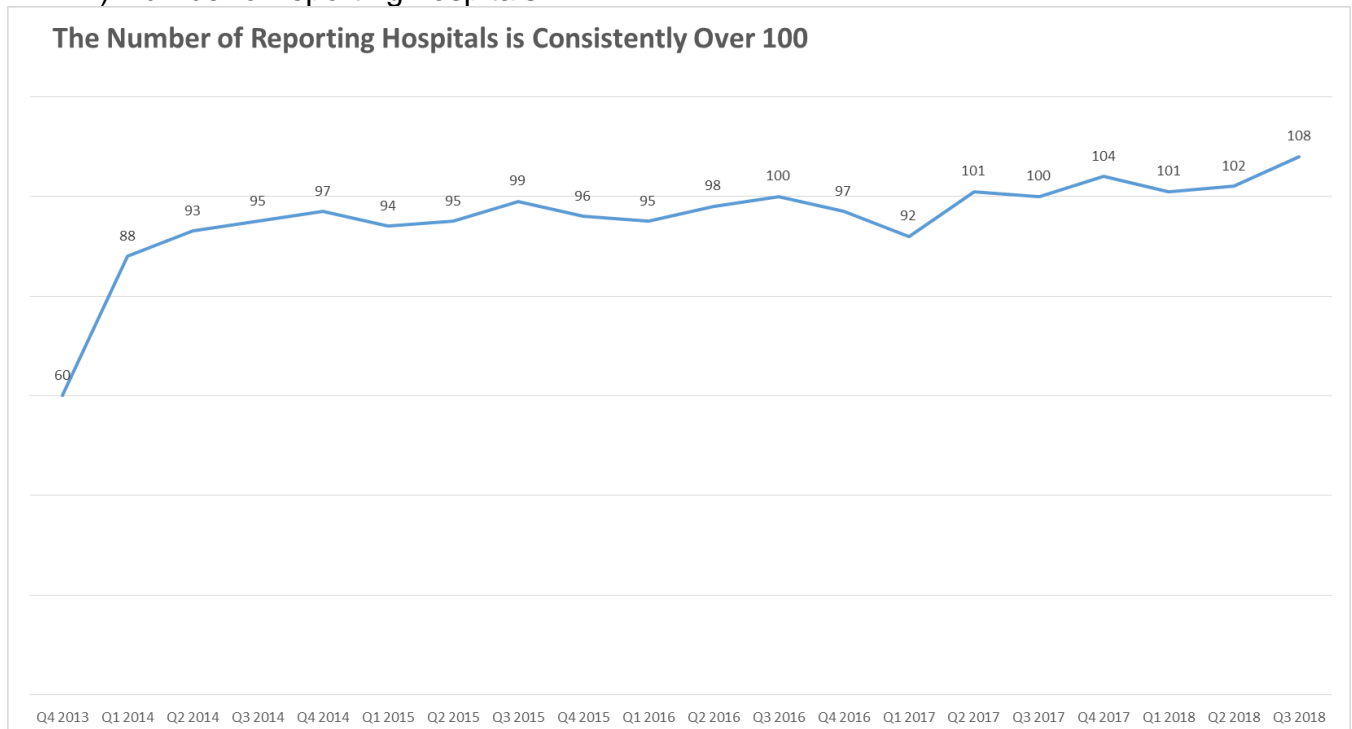
b) 2019 Goals

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 2 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

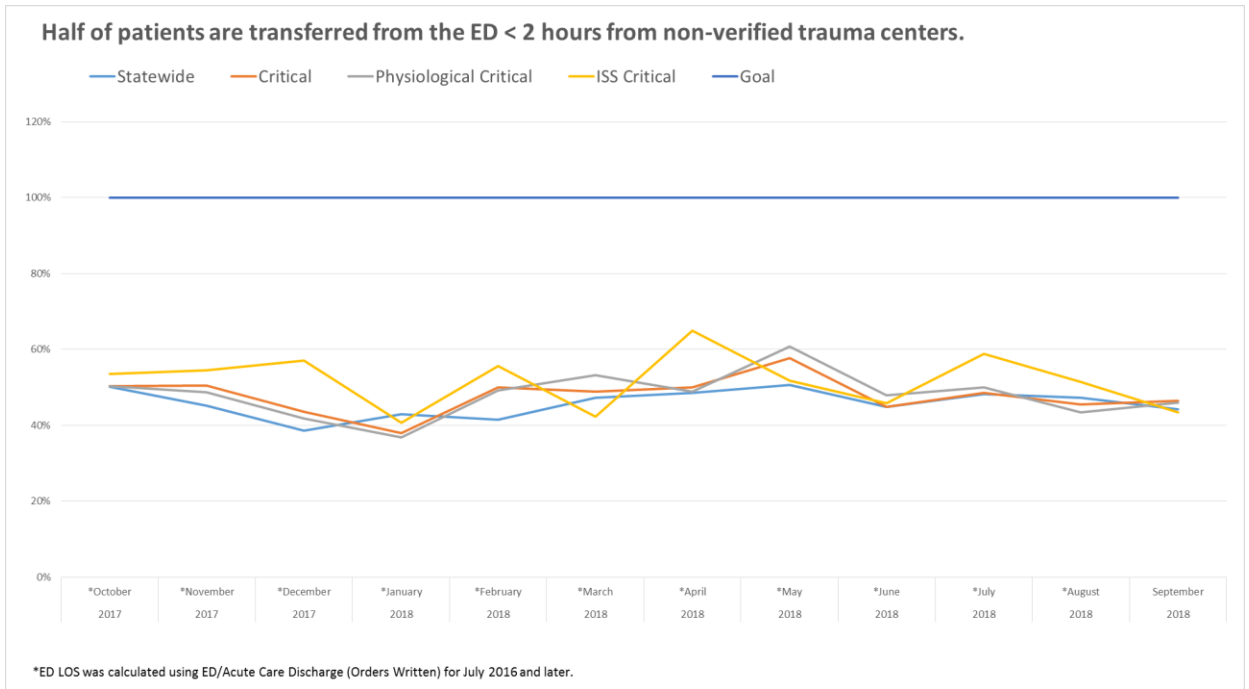
C) Who can reach out to non-reporting hospitals by district? What are the hospital's barriers to reporting?

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: 8 facilities responded so far (sent out letter to 20 facilities)

ii. ED LOS (Orders Written)



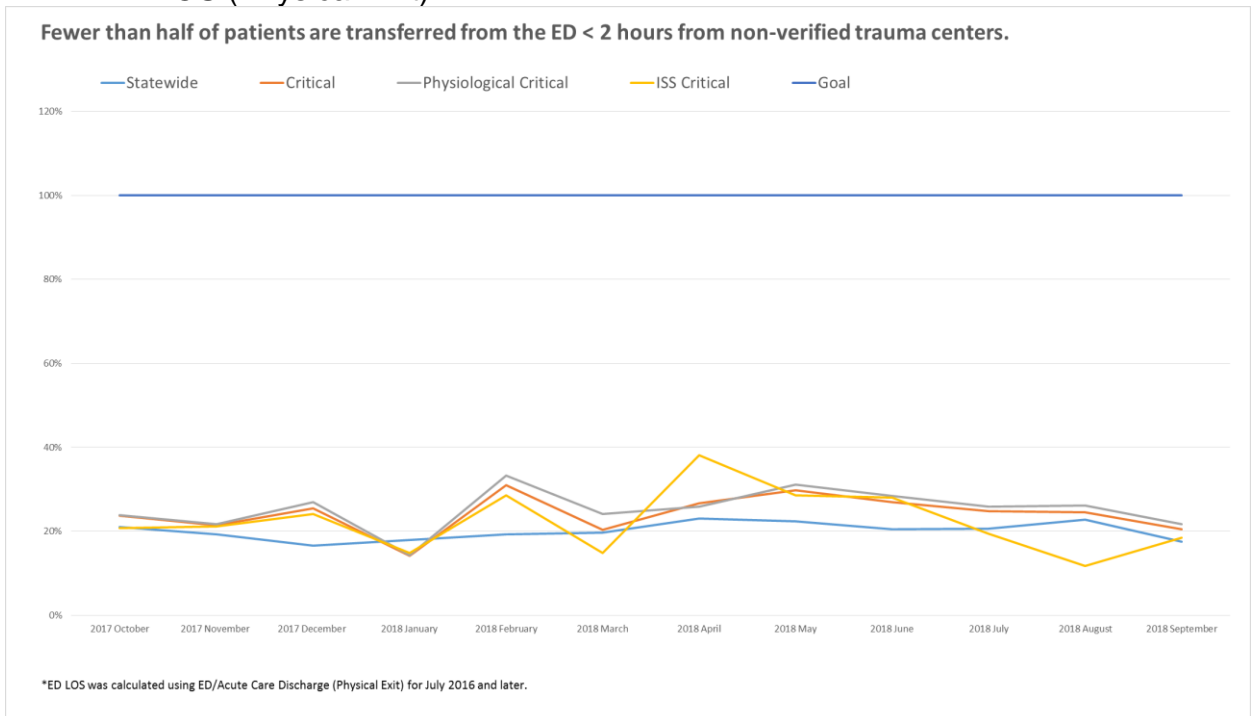
*****Definitions of critical categories*****

*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

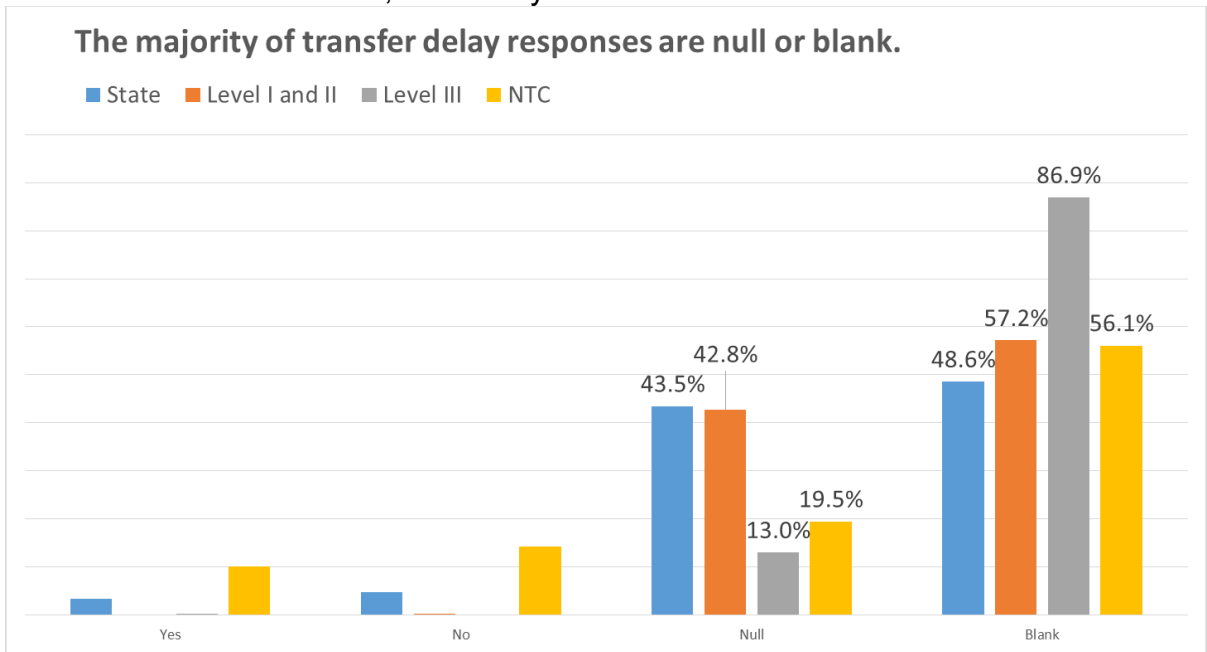
*ISS critical patient: ISS > 15

B) Transfer Delay Charts

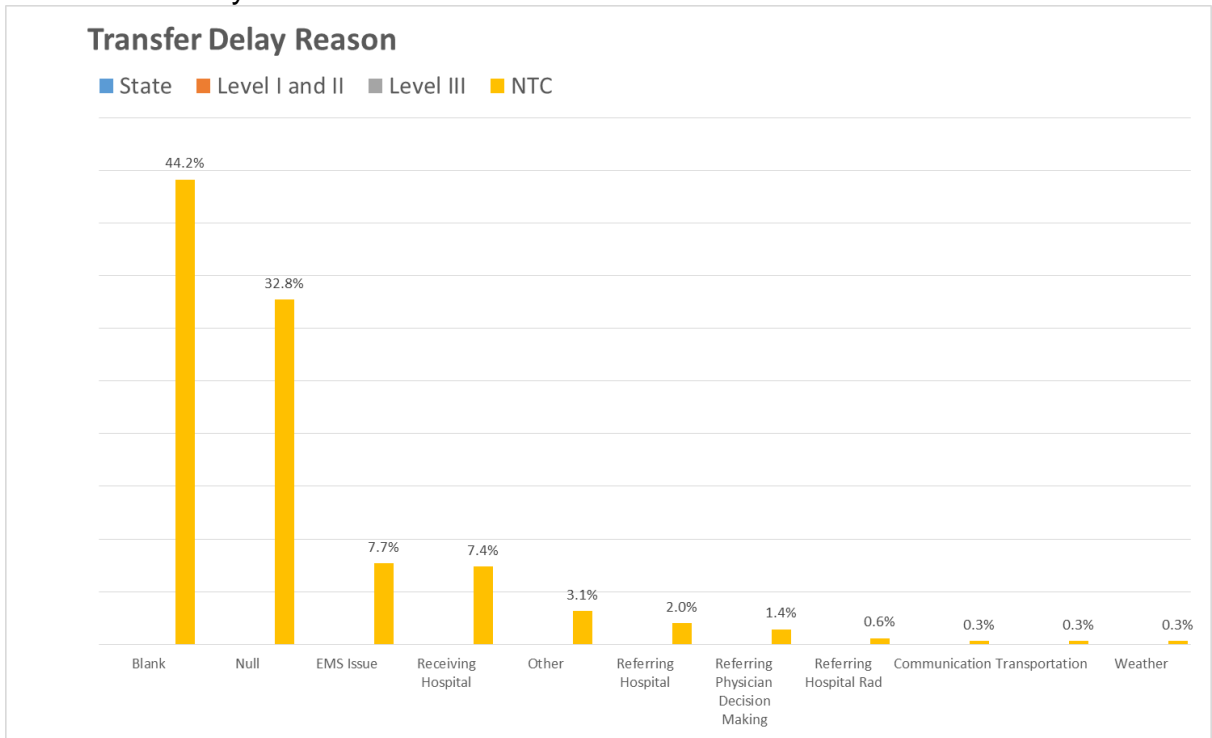
i. Transfer Delay feedback. ISDH received feedback from a NTC about the double reporting of transfer delay. Is this an efficient use of their time and resources?

i. Transfer Delay – statewide

- 353 out of 10,646 said 'yes'

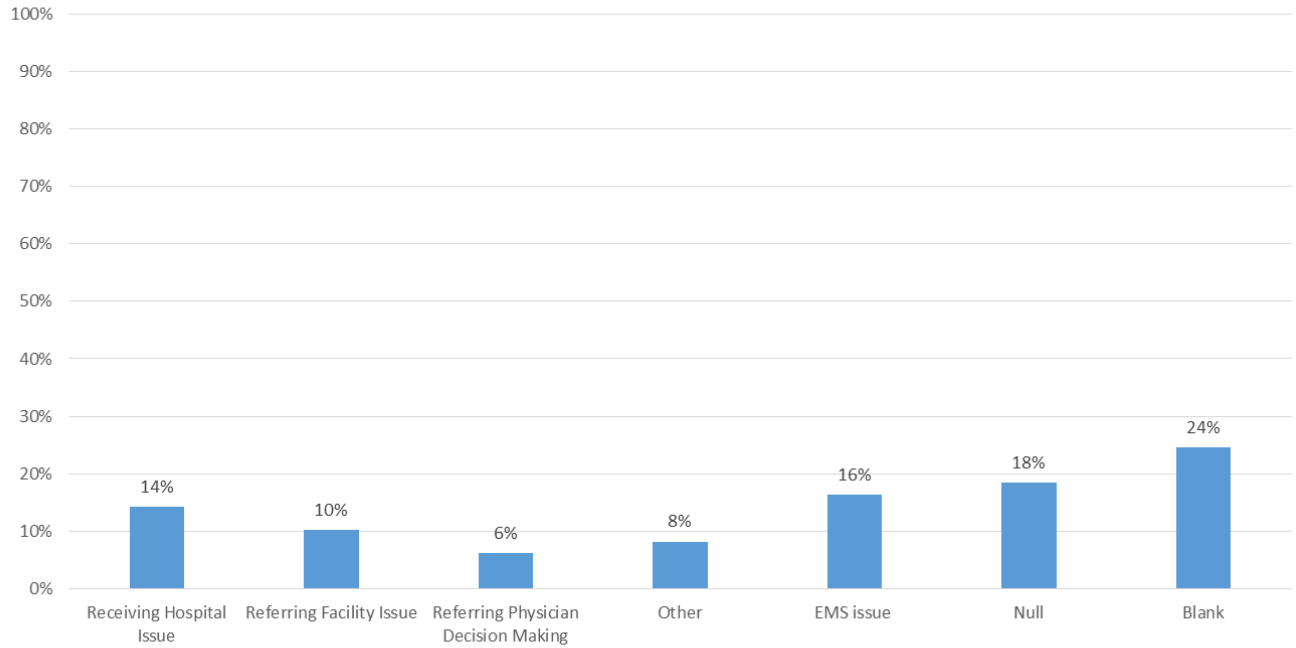


ii. Transfer Delay Reason – Statewide



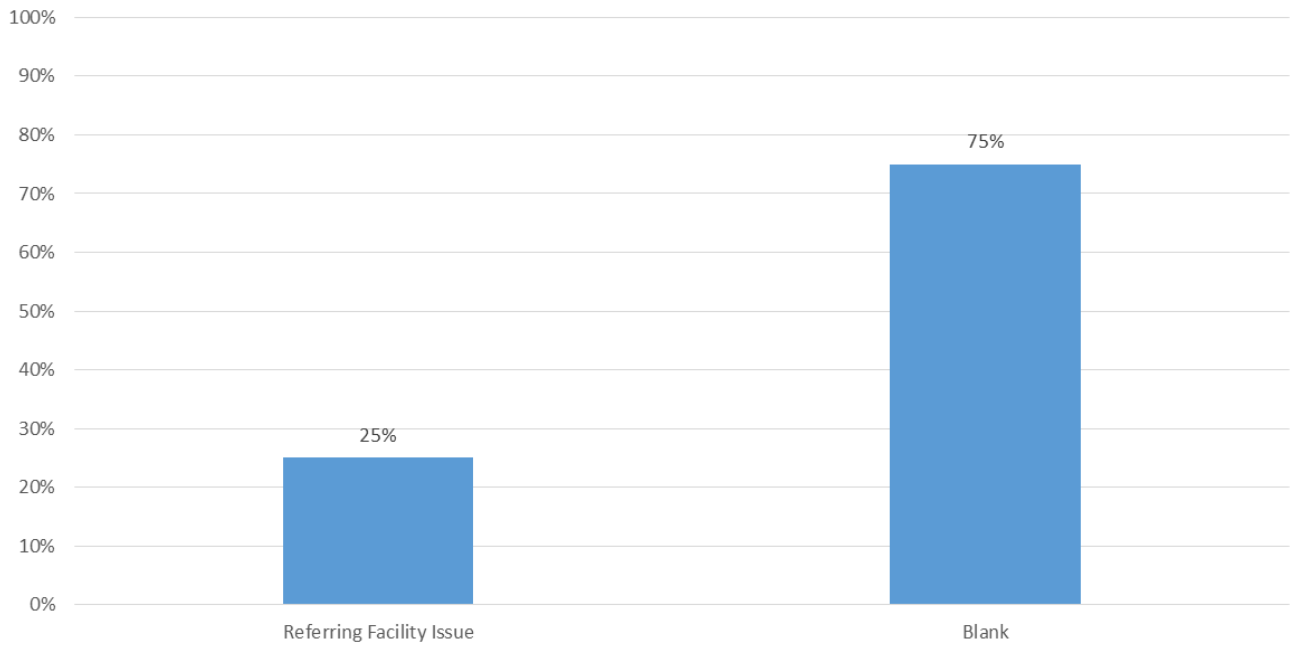
iii. Transfer Delay Reason by District

Transfer Delay Reason - D1



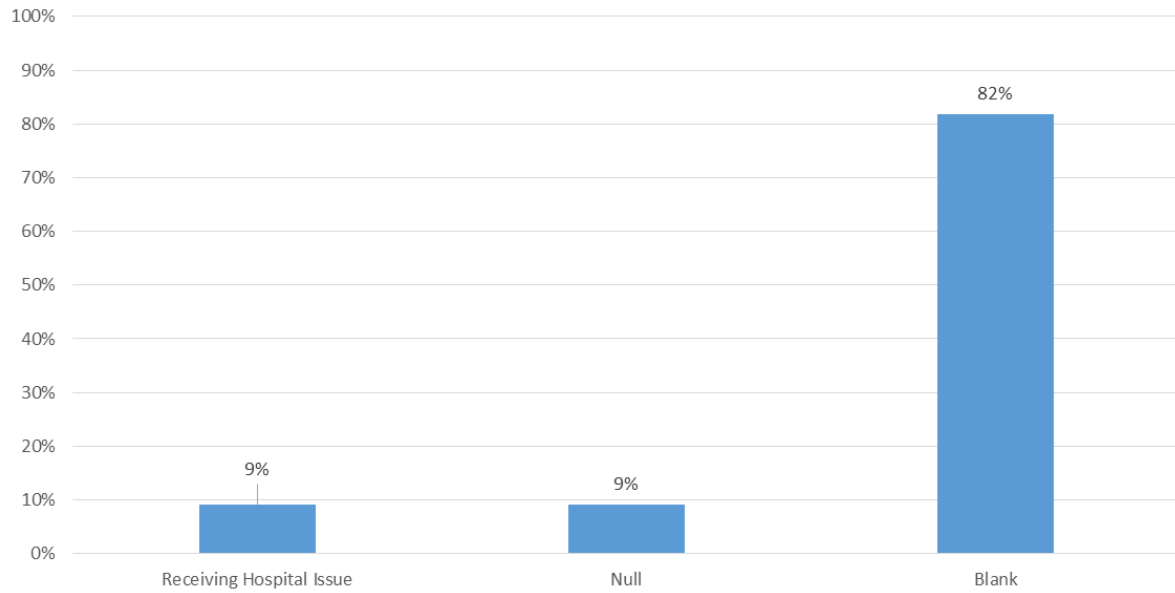
N=49

Transfer Delay Reason - D2



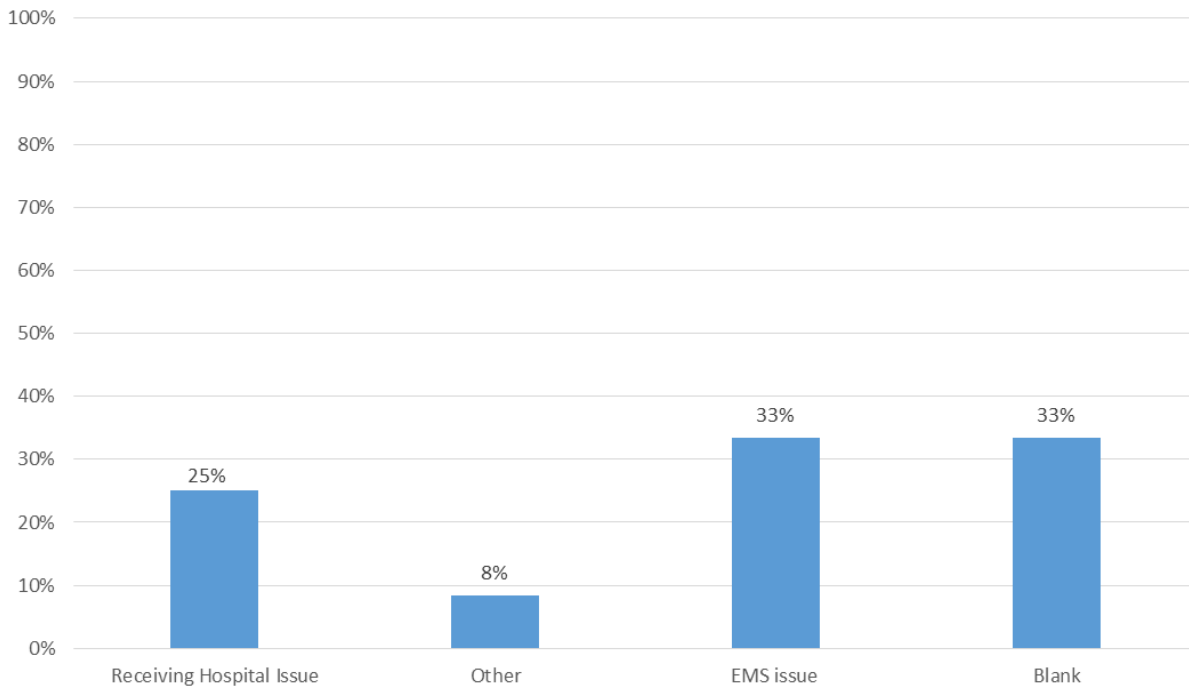
N=4

Transfer Delay Reason - D3



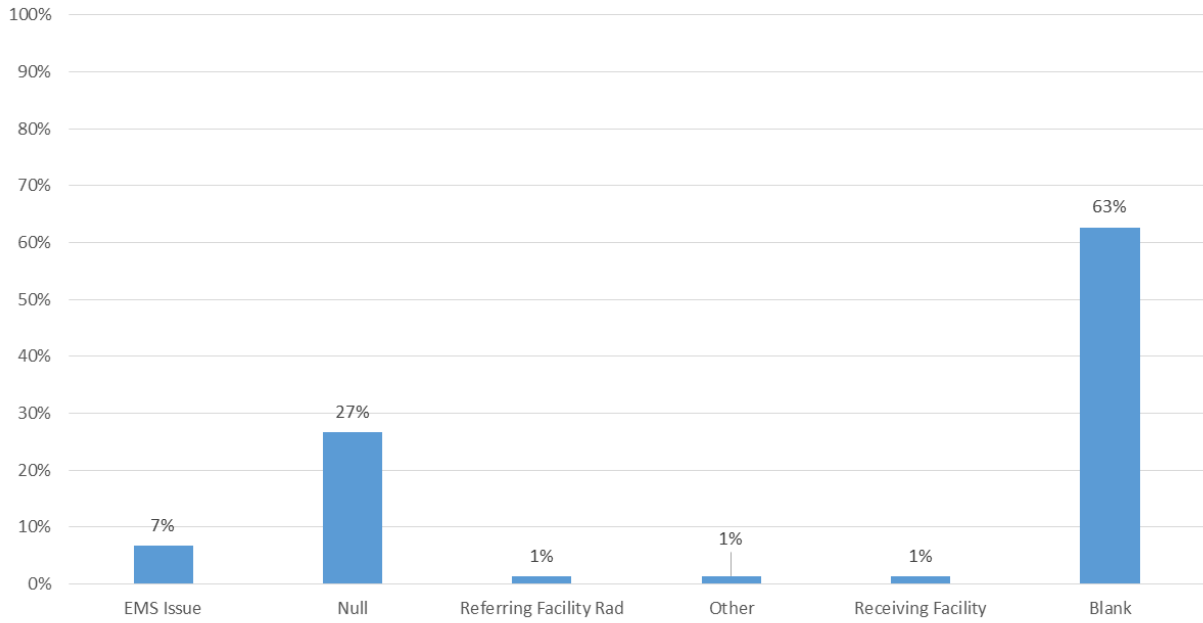
N=11

Transfer Delay Reason - D4



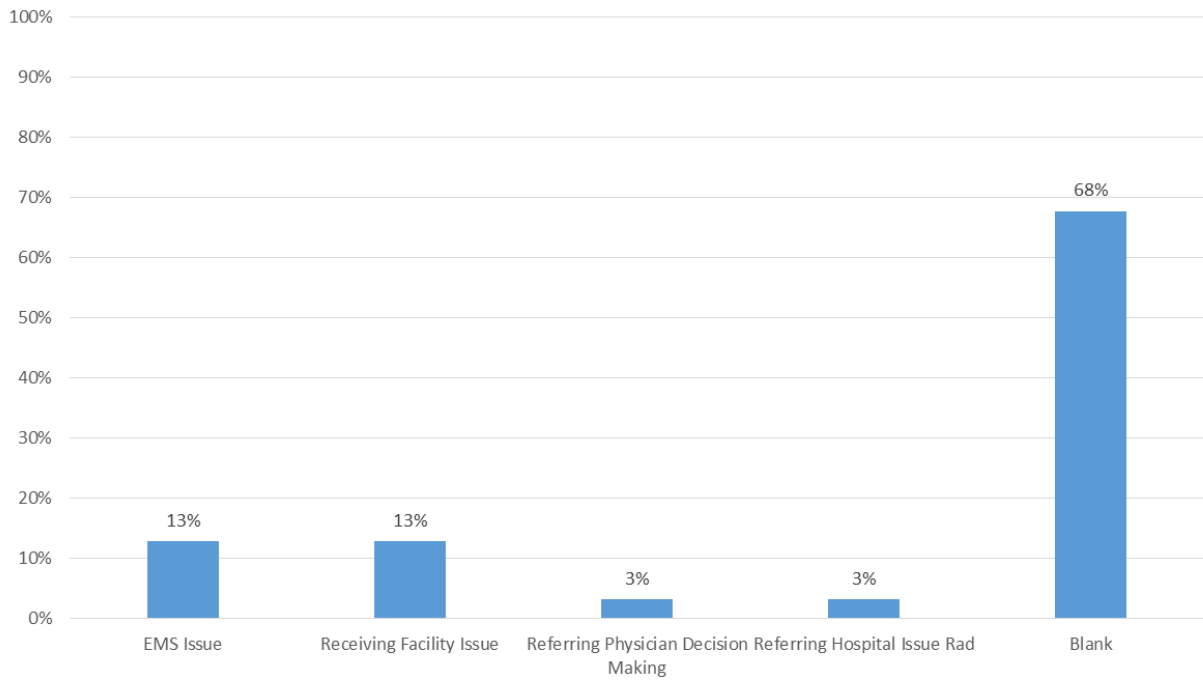
N=12

Transfer Delay Reason - D5



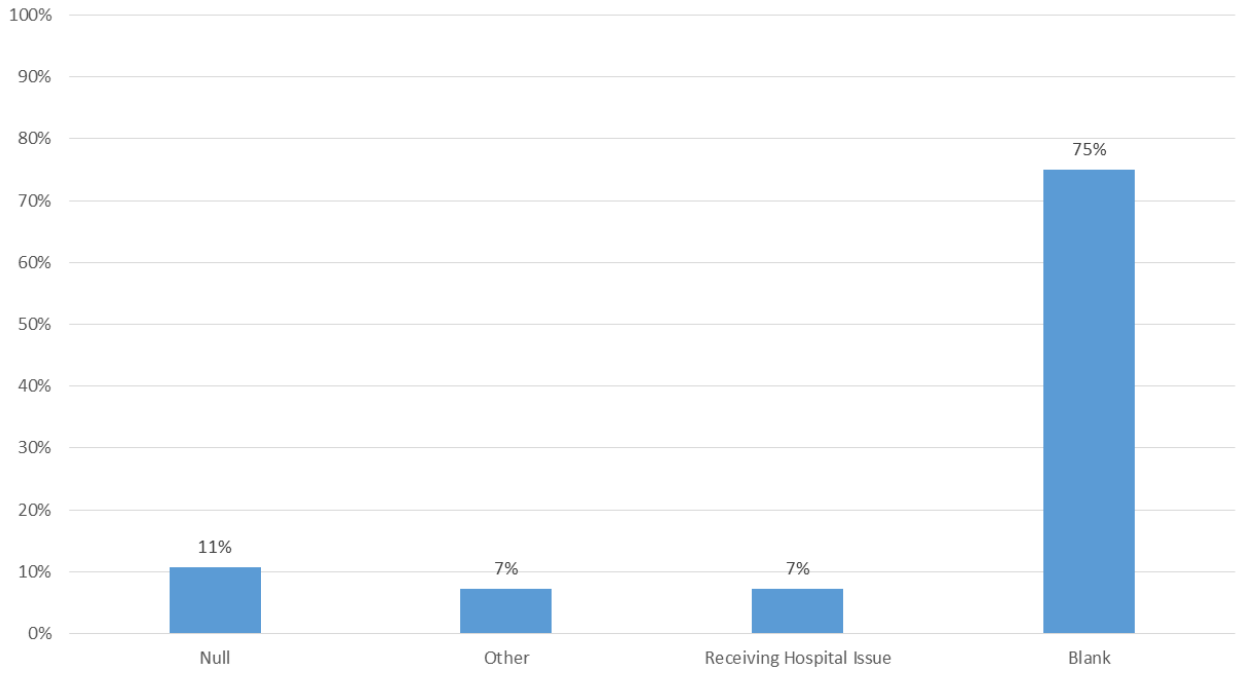
N=75

Transfer Delay Reason - D6



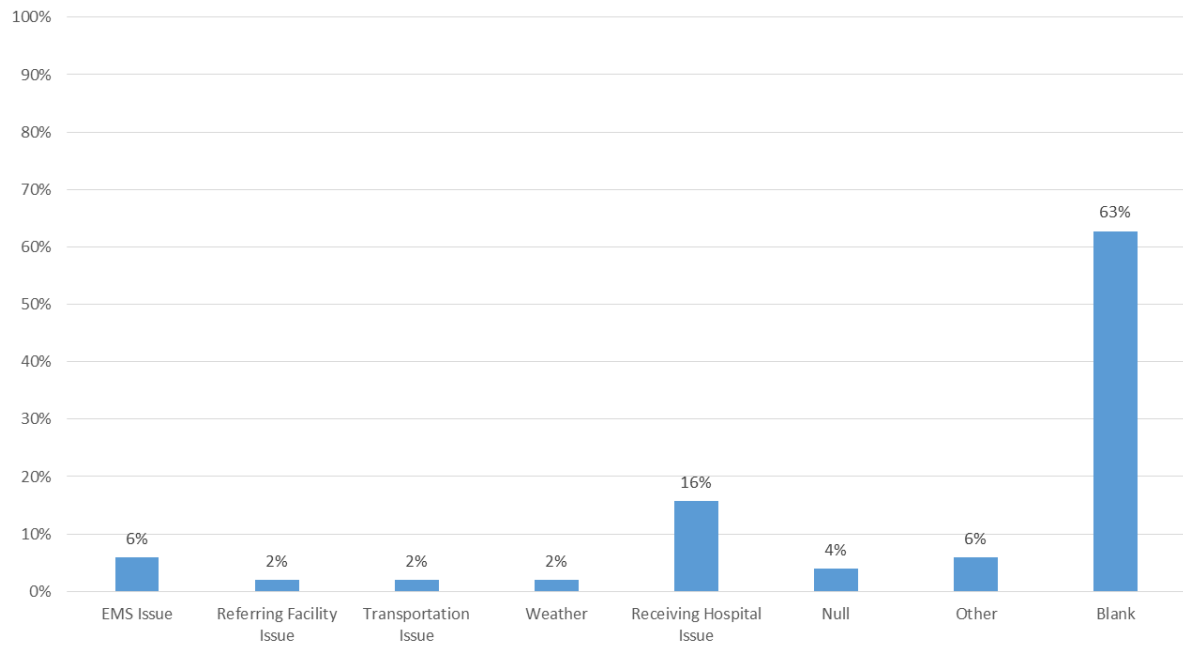
N=31

Transfer Delay Reason - D7



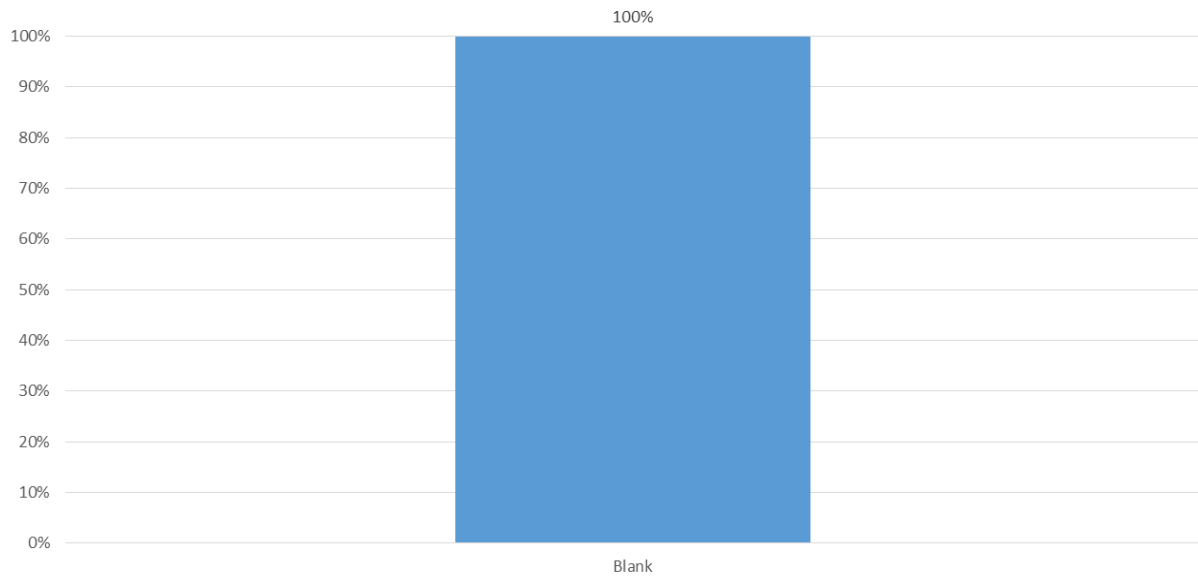
N=28

Transfer Delay Reason - D8



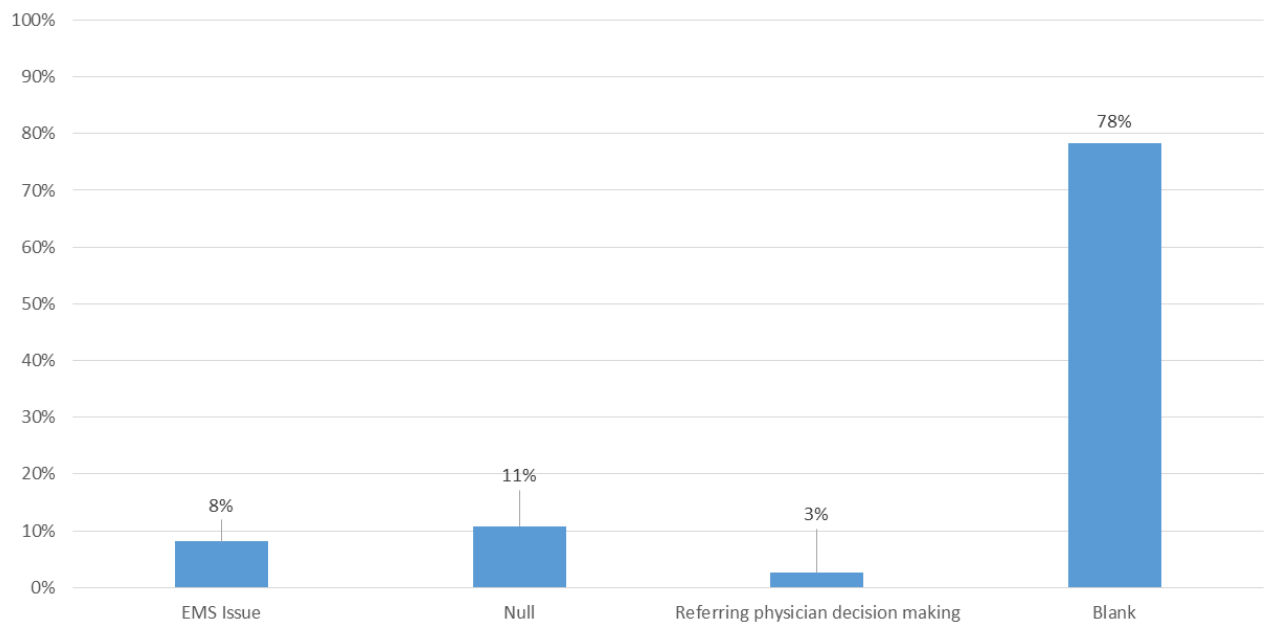
N=51

Transfer Delay Reason - D9



N=55

Transfer Delay Reason - D10



N=37

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.

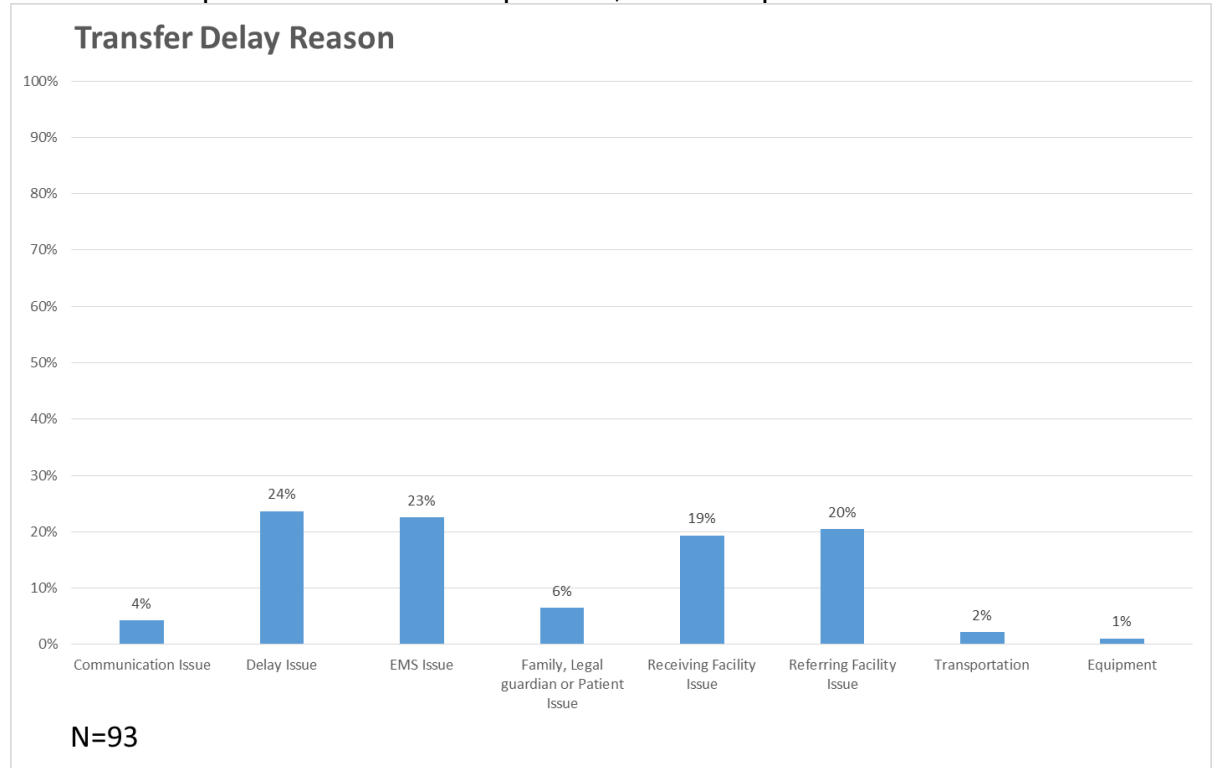
The image shows a screenshot of a data entry form for transfer delays. At the top, there is a dropdown menu for "Transfer Delay:" with "Yes" selected. Below it is a dropdown menu for "Reason for Transfer Delay:" with "Communication Issue" selected. The form then lists several categories, each with a corresponding dropdown menu:

- 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 in diagnosis, Delay in Emergency Department disposition decision, Delay in trauma team activation, Not Known
- 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 broken, Equipment missing/unavailable, Not Known
- Error Issue:** Error in judgment, Error in technique, Error in treatment, Not Known
- Family, Legal Guardian, or Patient Issue:** Change in patient condition, Child Protective Services (CPS), Family requested transfer, Patient requested transfer
- Receiving Facility Issue:** Physician decision making, Priority of transfer, Radiology workup delay, Surgeon availability
- Referring Facility Issue:** Physician decision making, Priority of transfer, Radiology workup delay, Surgeon availability
- Transportation Issue:** Transportation Issue, Not Known
- 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:

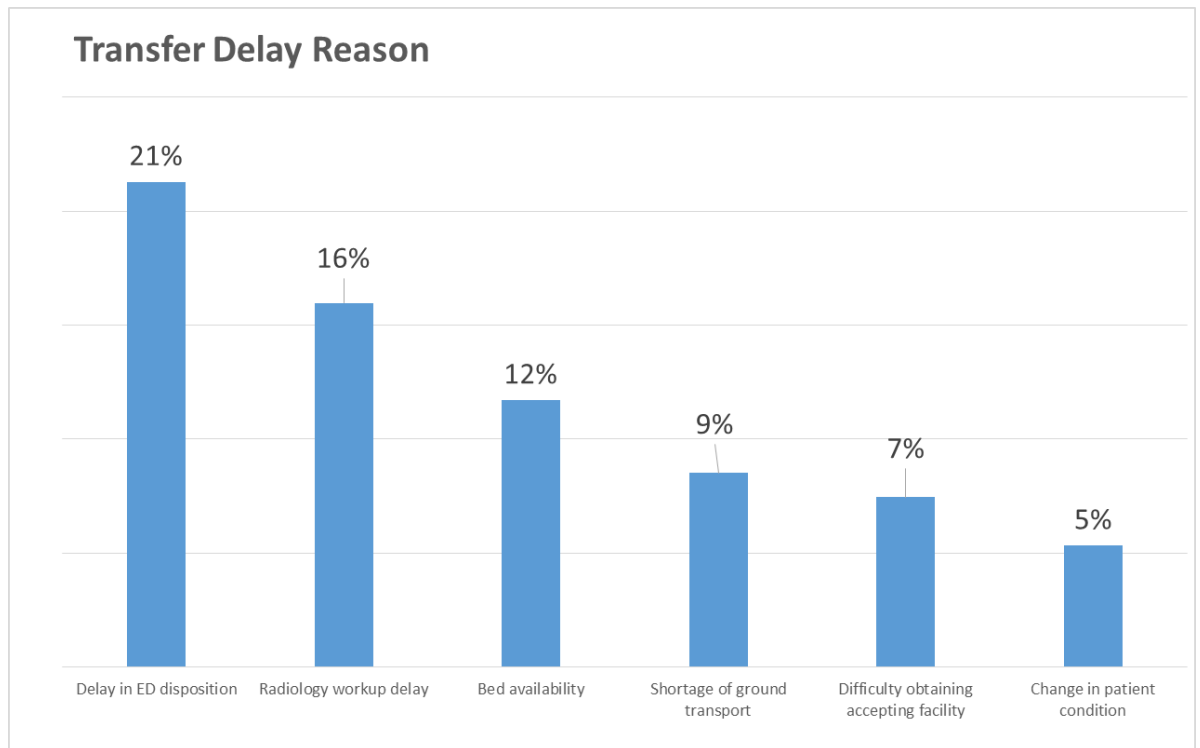
Facility Questions	
NEW Reasons for Transfer Delay (PILOT)- Communication Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- EMS Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- Error Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- Receiving Facility Issue	....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



iv.

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



v.

- 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
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?
9. Data validation
- a. Signs of life

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