

PI Subcommittee Meeting - Agenda

May 16, 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

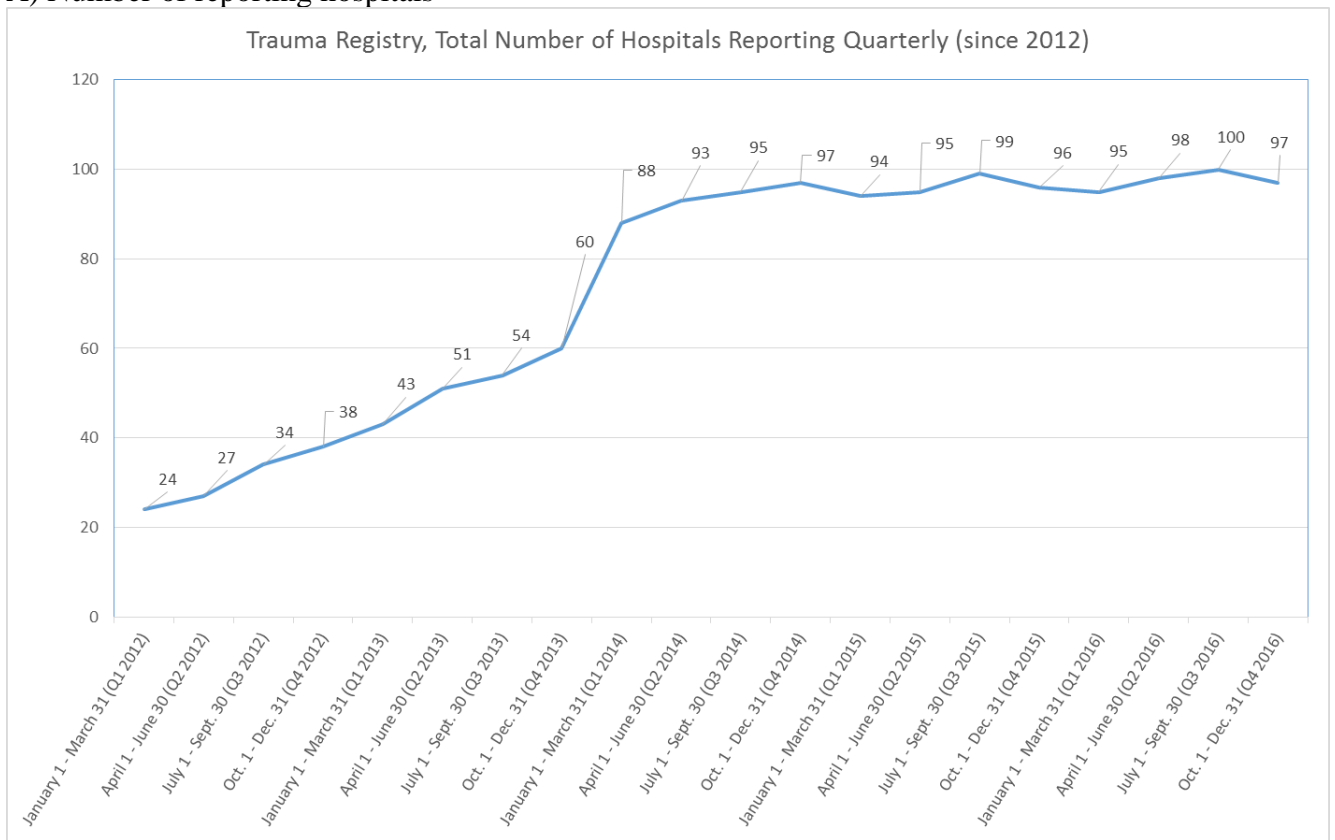
Meeting Attendees			
Amanda Rardon	Jennifer Mullen	Mary Schober	Tammy Robinson
Andy VanZee	Jodi Hackworth	Merry Addison	Tracy Spitzer
Angela Cox-Booe	Kelli Vannatter	Michele Jolly	Wendy St. John
Annette Chard	Kelly Blanton	Michelle Moore	
Bekah Dillon	Kelly Mills	Michelle Ritchey	
Brittanie Fell	Kristi Croddy	Missy Hockaday	
Carrie Malone	Latasha Taylor	Olivia Roloff	
Christy Claborn	Lesley Lopossa	Dr. Peter Jenkins	
Chuck Stein	Lindsey Williams	Regina Nuseibeh	
Dawn Daniels	Lisa Hollister	Rexene Slayton	
Dusten Roe	Lynne Bunch	Sarah Quaglio	
Emily Grooms	Marie Stewart	Spencer Grover	
Jennifer Homan	Mark Rohlfing	Dr. Stephanie Savage (Chair)	
ISDH STAFF			
Camry Hess	Katie Hokanson	Ramzi Nimry	

b) **2017 Goals**

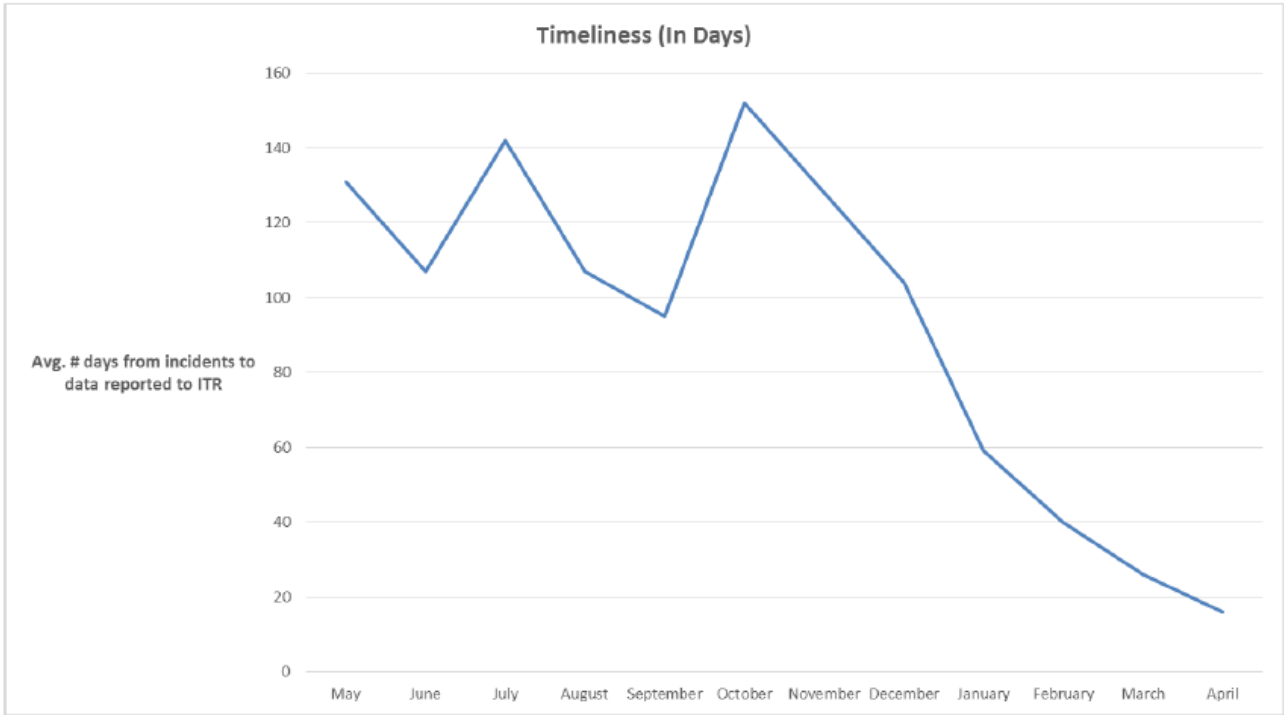
1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease Average ED LOS
 - i. Transfer Delay
 - Pilot Project
3. Increasing Trauma Registry quiz participation.
4. Inter-facility transfer guideline.
5. Continued EMS run sheet collection.

1.

A) Number of reporting hospitals



B) Timeliness of reported incident – 92 days



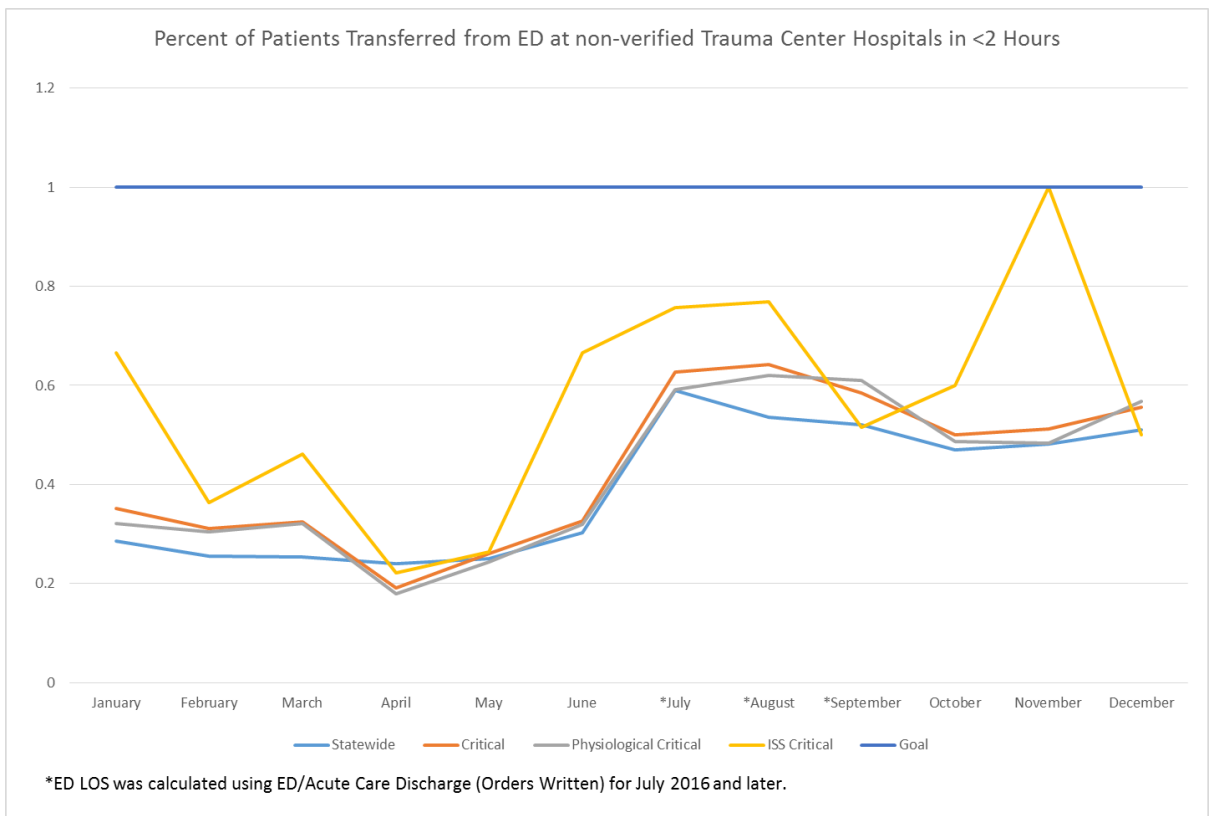
2.

A) Decrease average ED LOS at non-trauma centers

i. Review of current average ED LOS

- Quarter 3 2016: 8 facilities responded (sent out letters to 59 facilities)

ii. ED LOS (Orders Written)



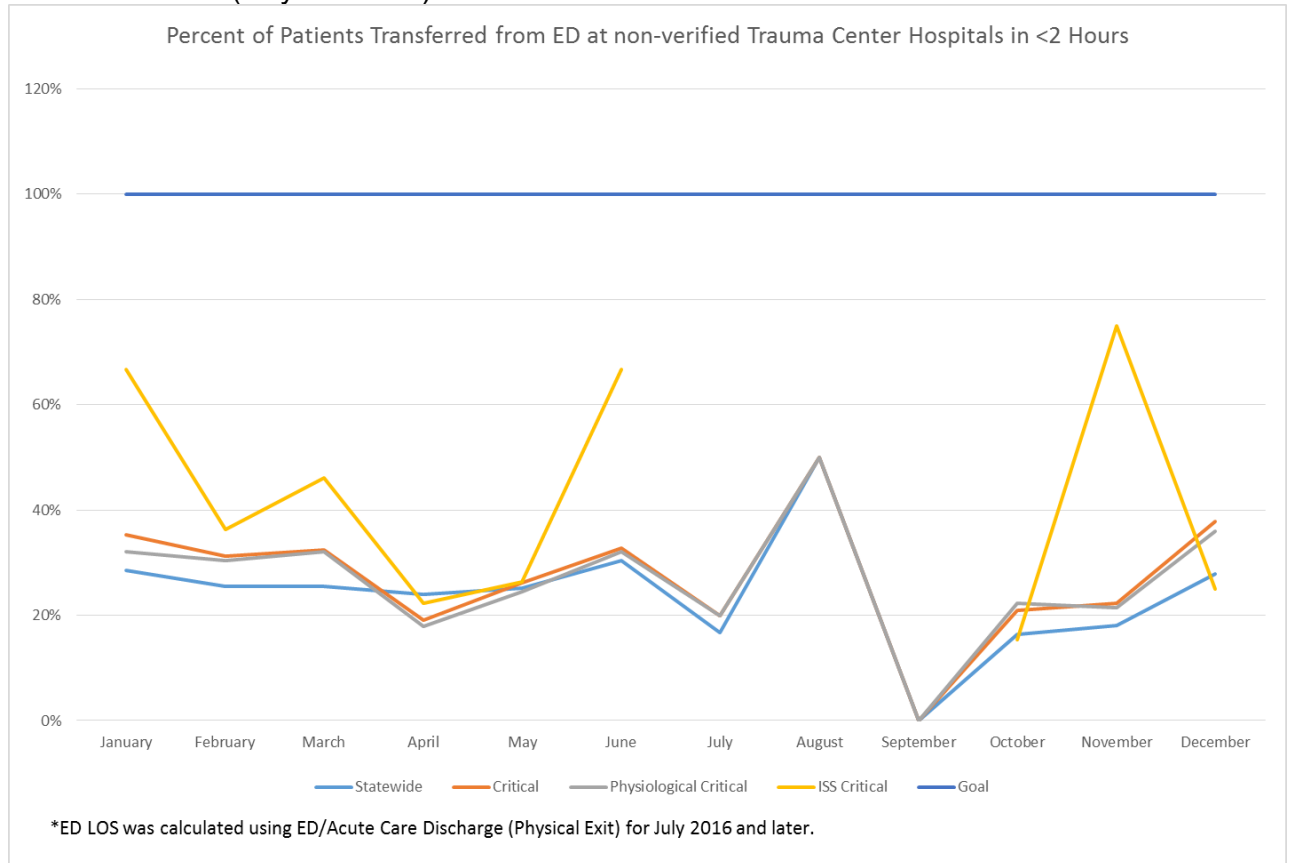
*****Definitions of critical categories*****

*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

iii. ED LOS (Physical Exit)



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

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

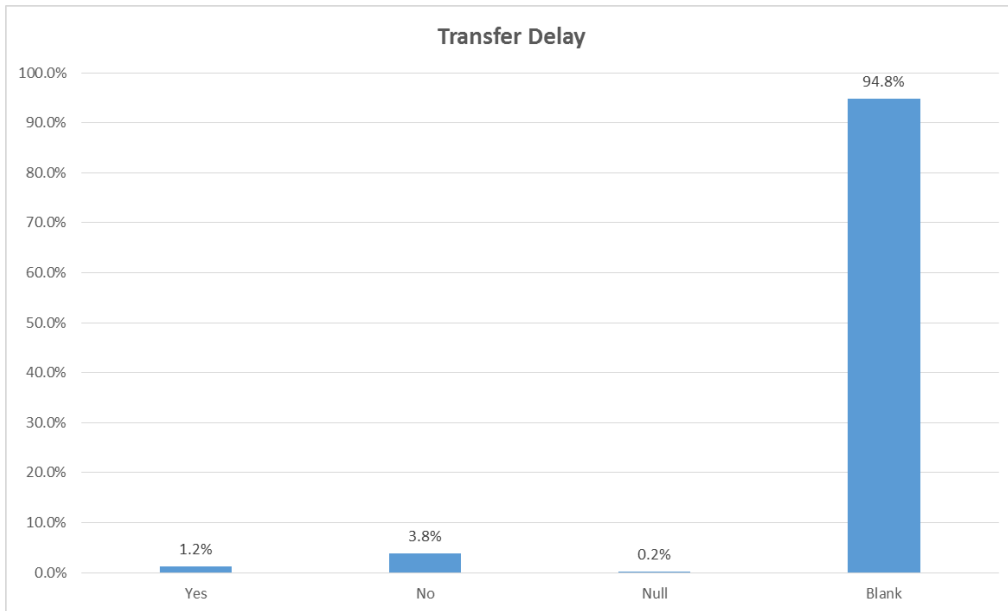
*Physiological critical patient: GCS \leq 12 or shock index $>$ 0.9

*ISS critical patient: ISS $>$ 15

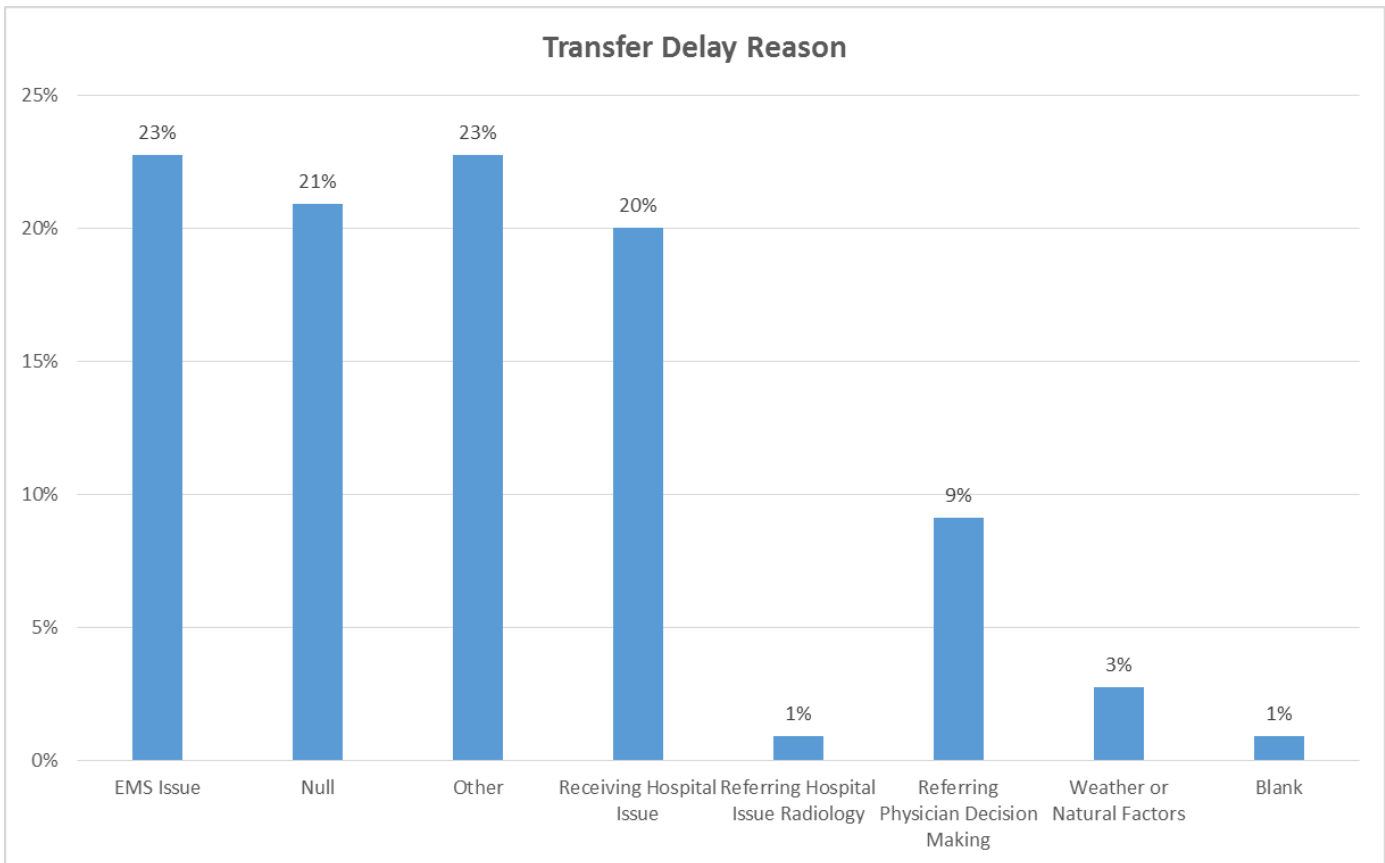
B) Transfer Delay Charts

i. Transfer Delay – statewide

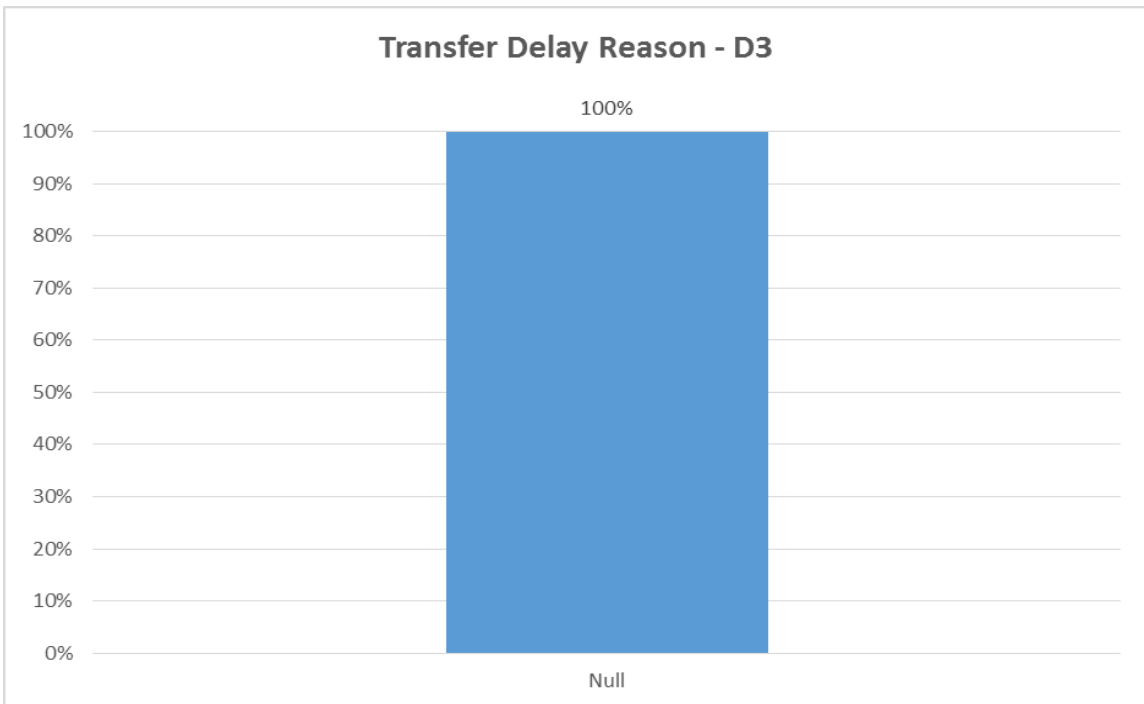
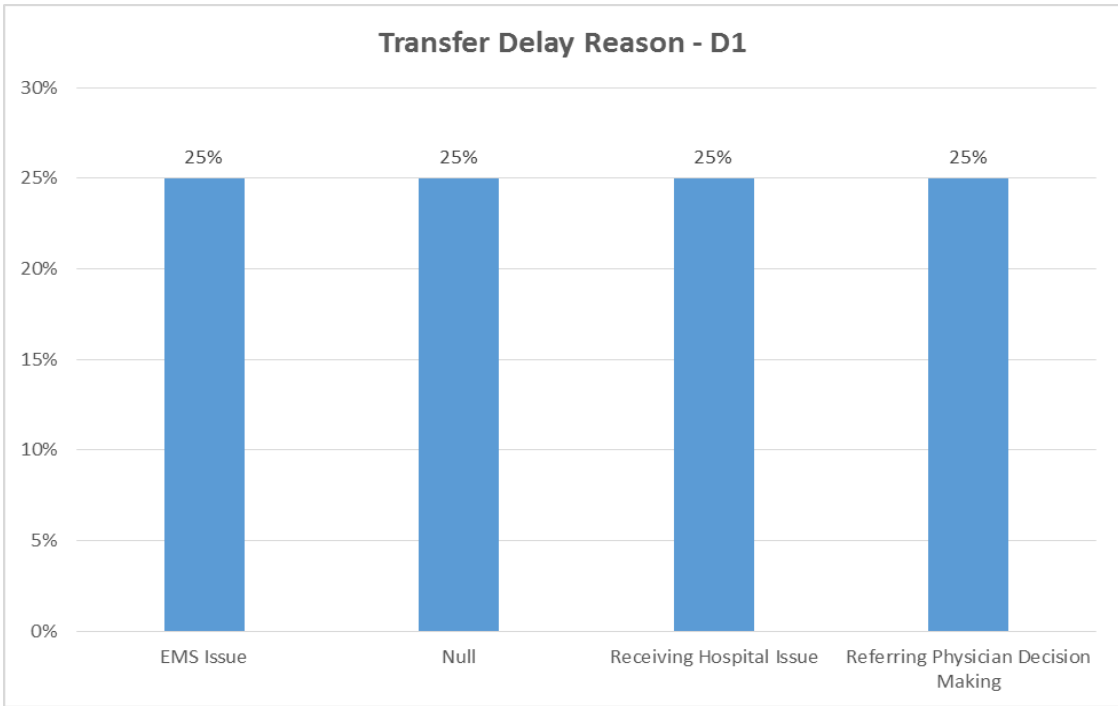
- 110 out of 8,916 said 'yes'

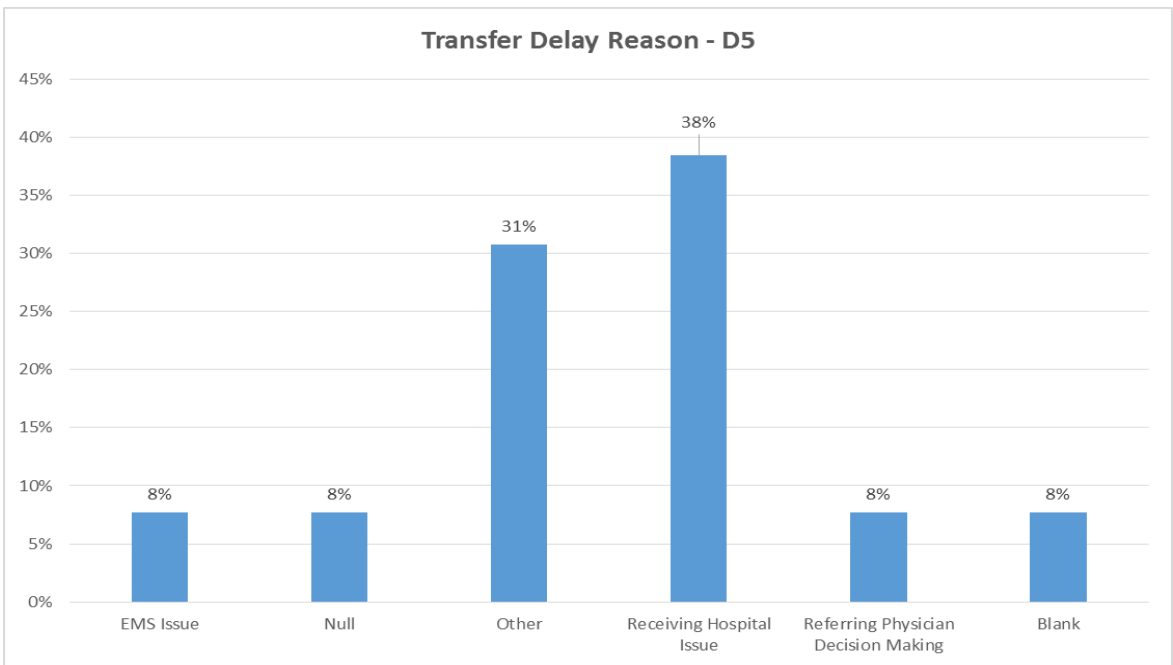
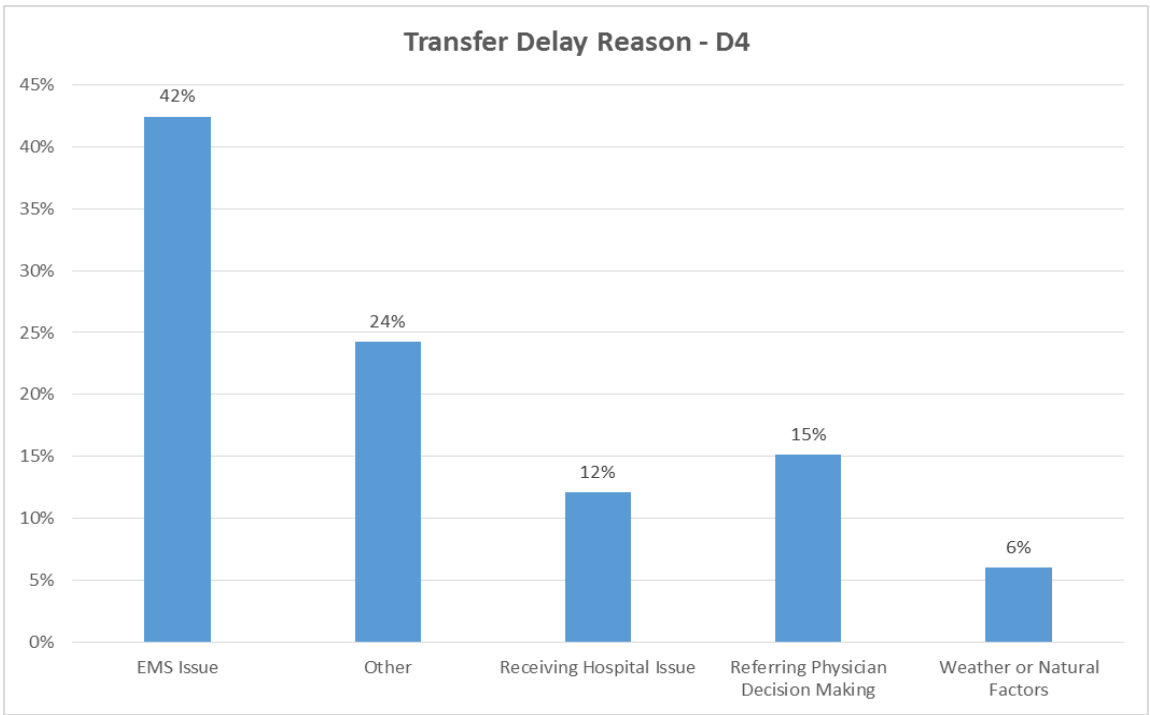


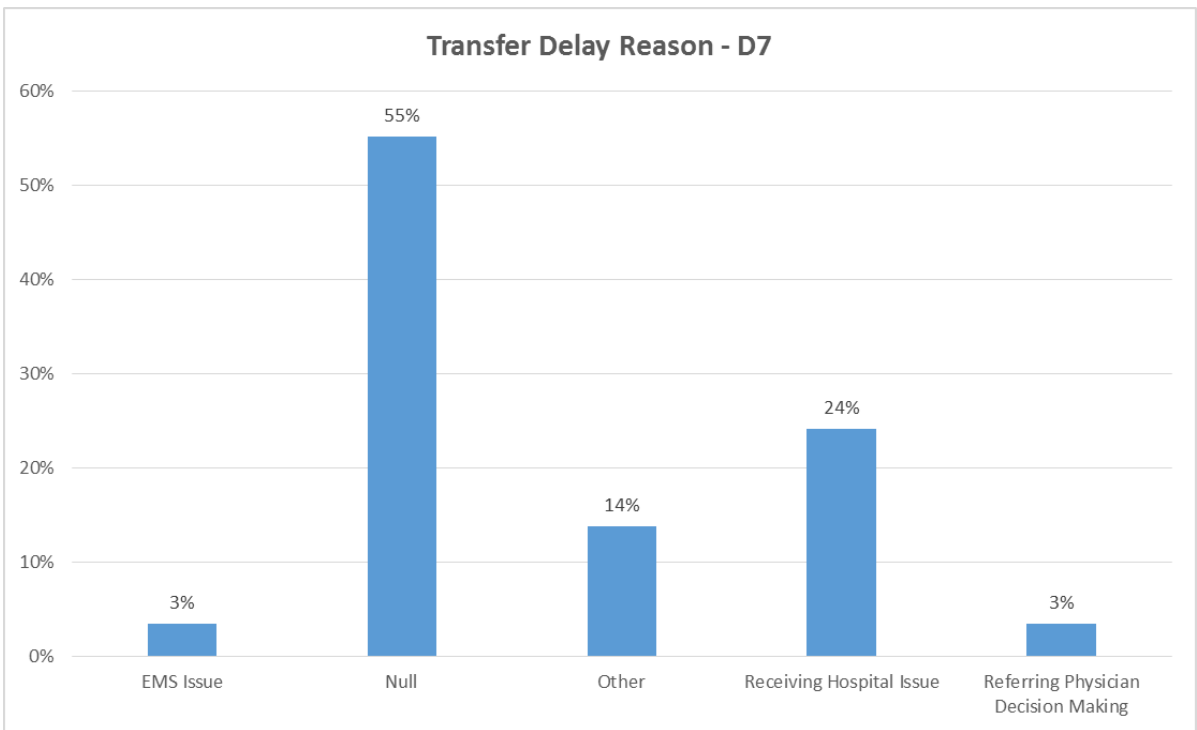
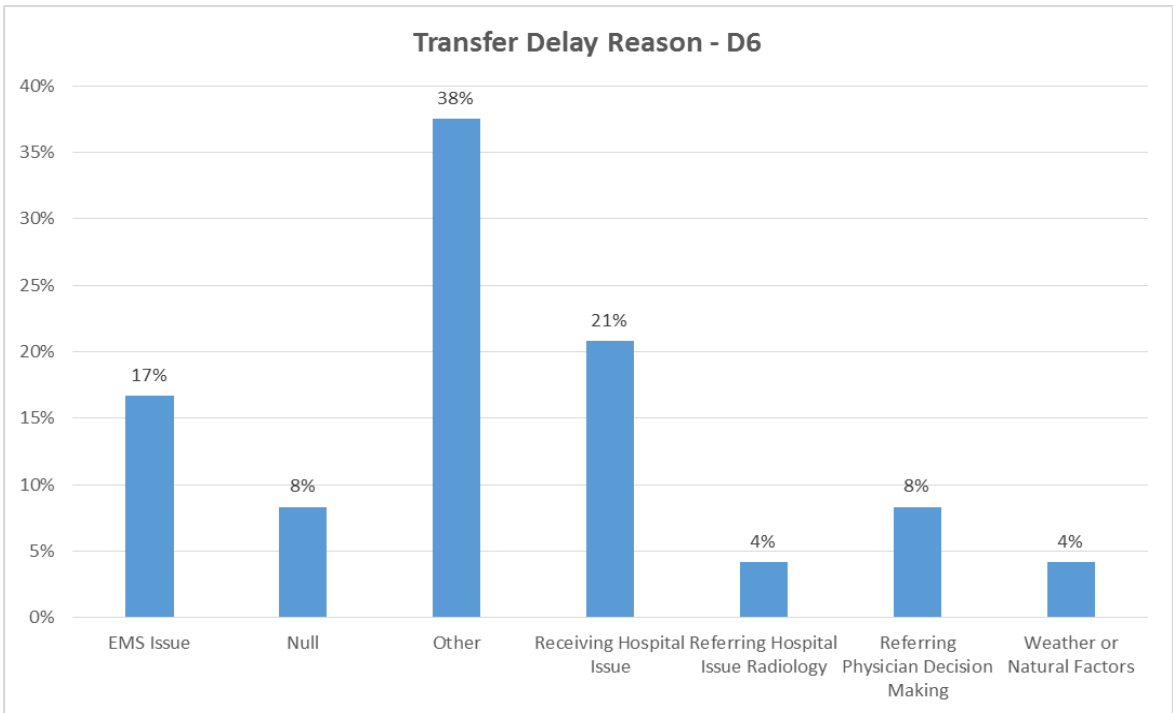
ii. Transfer Delay Reason – statewide

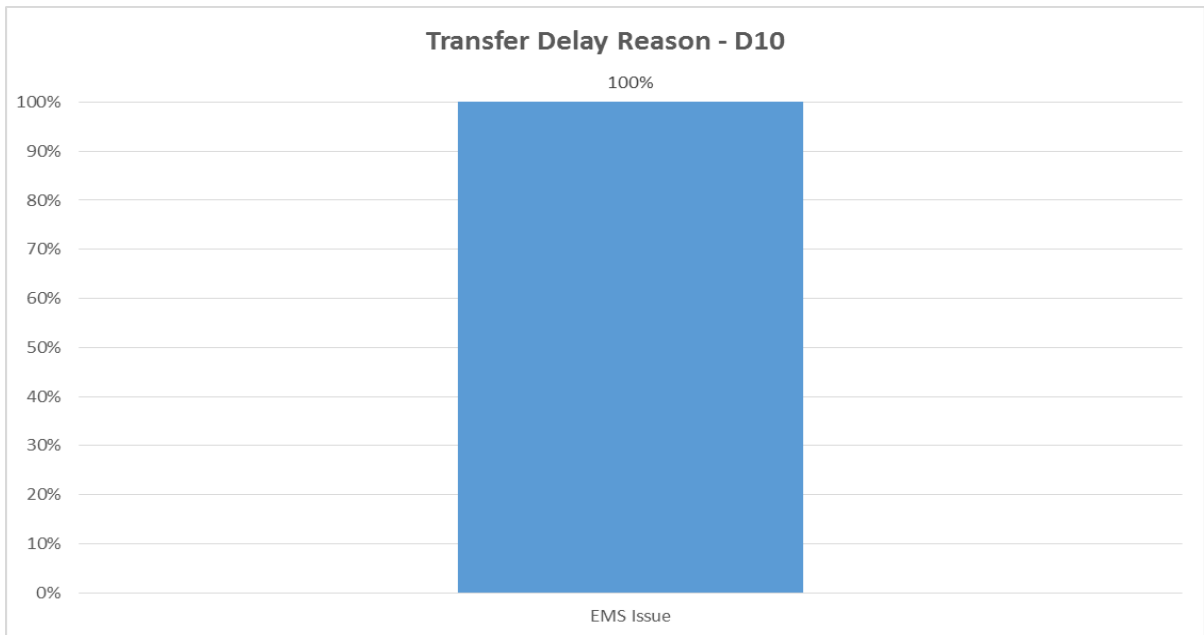


iii. Transfer Delay Reason by district









C) Transfer Delay Pilot

- Came about from the last two PI meetings of 2016
- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center)
- Hospitals will be collecting Q1 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.

3. Increasing Trauma Registry participation

- Looked at all May 2016 to April 2017 quizzes
- 40 out of the 139 respondents took quiz at least 5 times
 - Result: 29%
 - Fluctuation in numbers due to some factors.

4. Attachment (Indiana Sample Trauma Transfer Guideline)

5. **Reminder:** Increase EMS run sheet collection

- Please send Katie list of EMS providers not leaving run sheets.**