

PI Subcommittee Meeting - Agenda

November 13, 2018 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2271383428# (music will be heard until the moderator joins the call)

a) Welcome & Introductions

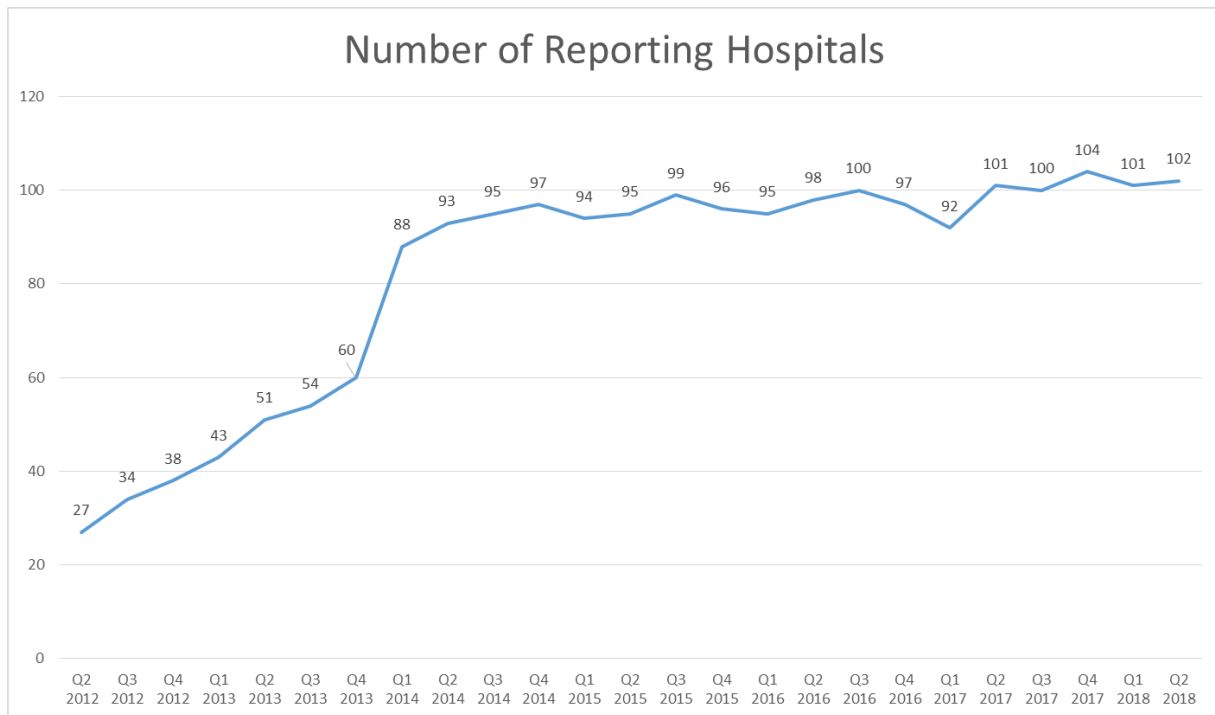
Meeting Attendees			
Amanda Rardon- D4	Kelli Vannatter- D6	Dr. Michael Kaufmann- IDHS	
Amelia Shouse- D7	Kelly Blanton- D5	Michele Jolly- D10	
Andy VanZee- IHA	Kelly Mills- D7	Michelle Moore- D6	
Angela Cox-Booe- D5	Kristi Croddy- D5	Michelle Ritchey- D7	
Annette Chard- D3	Latasha Taylor- D1	Olivia Roloff- D7	
Bekah Dillon- D6	Lesley Lopossa- D8	Dr. Peter Jenkins- IUH, D5	
Brittanie Fell- D7	Lindsey Hill-	Regina Nuseibeh- D4	
Carrie Malone- D7	Lindsey Williams- D8	Rexene Slayton- D8	
Christy Claborn- D5	Lisa Hollister- D3	Sarah Hoepfner- D3	
Chuck Stein- D5	Lynne Bunch- D6	Shayla Karlowksy- D1	
Dawn Daniels- D5	Maria Thurston- D5	Dr. Stephanie Savage (Chair)- IUH, D5	
Dusten Roe- D2	Marie Stewart- D10	Tammy Robinson- D7	
Emily Grooms- D2	Mark Rohlfing- D6	Tracy Spitzer- D5	
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) 2018 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. Regional TRACs working to establish PI groups.
5. Continued EMS run sheet collection.

c) Statewide Trauma Report

1. Increase the number of hospitals reporting to the Indiana trauma registry
 - A) Number of reporting hospitals



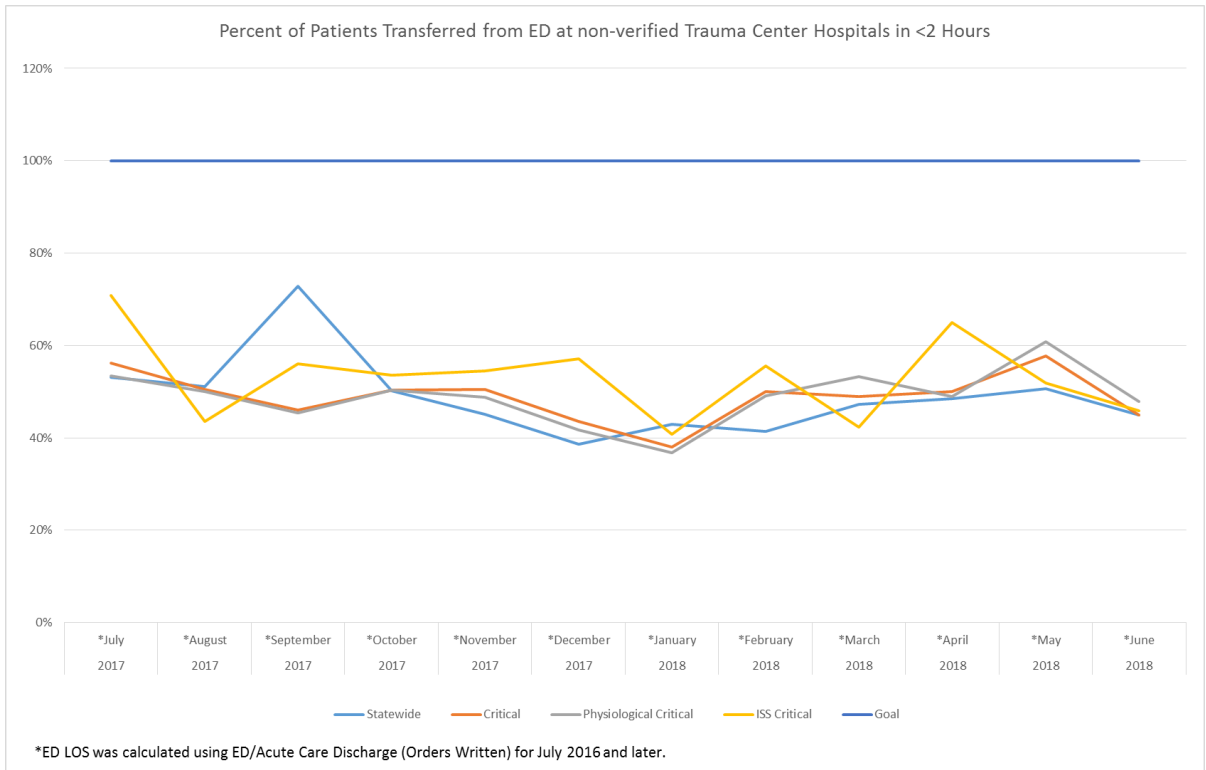
B) Hospitals that did not report for Quarter 2 2018:

- Adams Memorial Hospital
- Community Munster
- Community Westview
- Decatur County Memorial
- Fayette Regional Health
- Franciscan Health Dyer
- Franciscan Health Hammond
- Franciscan Health Munster
- Goshen Hospital
- Harrison County
- IU Health – Tipton
- Pulaski Memorial
- Riverview Health
- St. Catherine Regional - Charlestown
- St. Elizabeth - Central
- St. Mary Medical Center – Hobart
- St. Vincent – Fishers
- St. Vincent - Randolph
- Starke Hospital

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)
- ii. ED LOS (Orders Written)



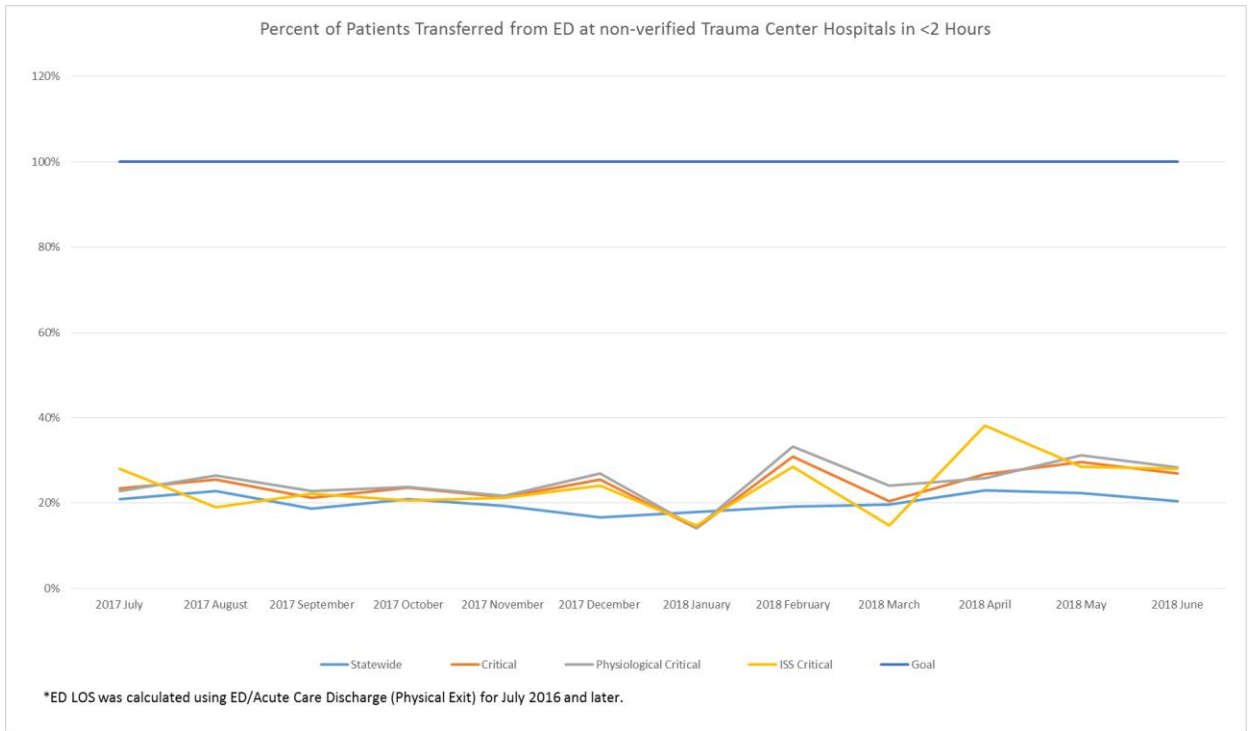
*****Definitions of critical categories*****

*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

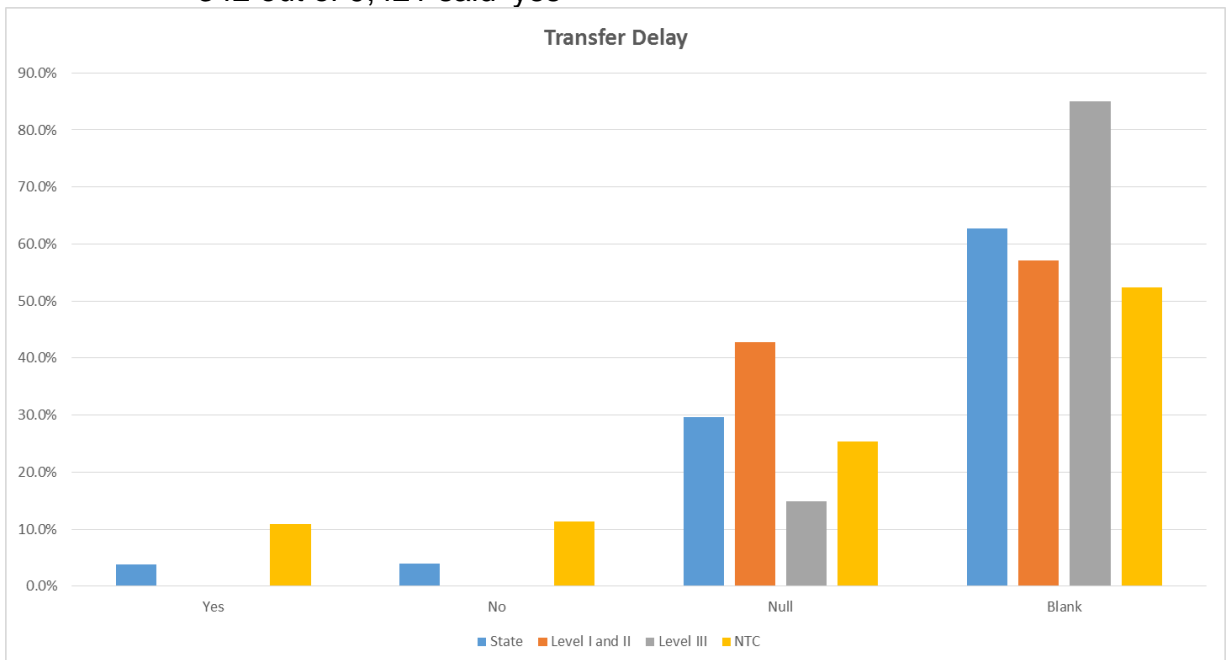
*Physiological critical patient: GCS \leq 12 or shock index $>$ 0.9

*ISS critical patient: ISS $>$ 15

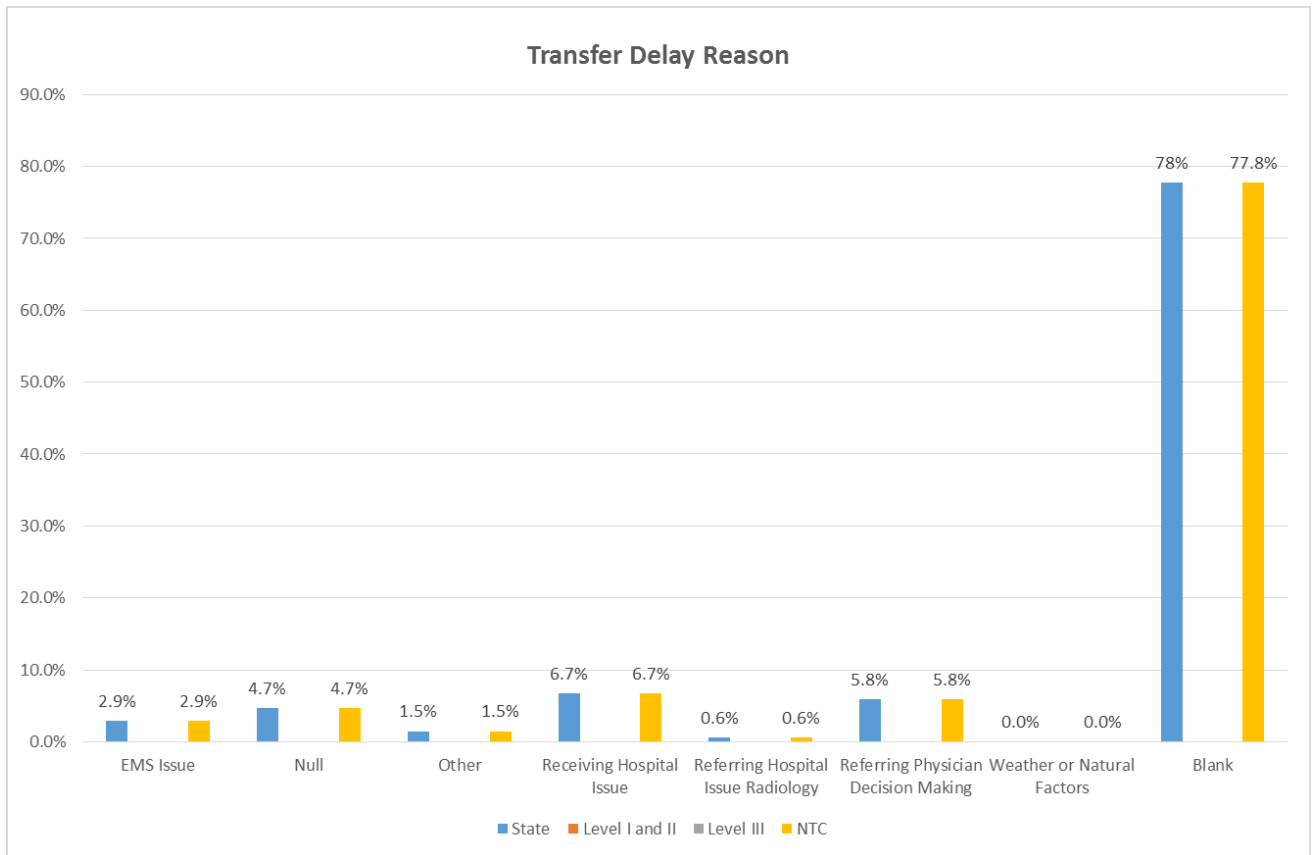
B) Transfer Delay Charts

i. Transfer Delay – statewide

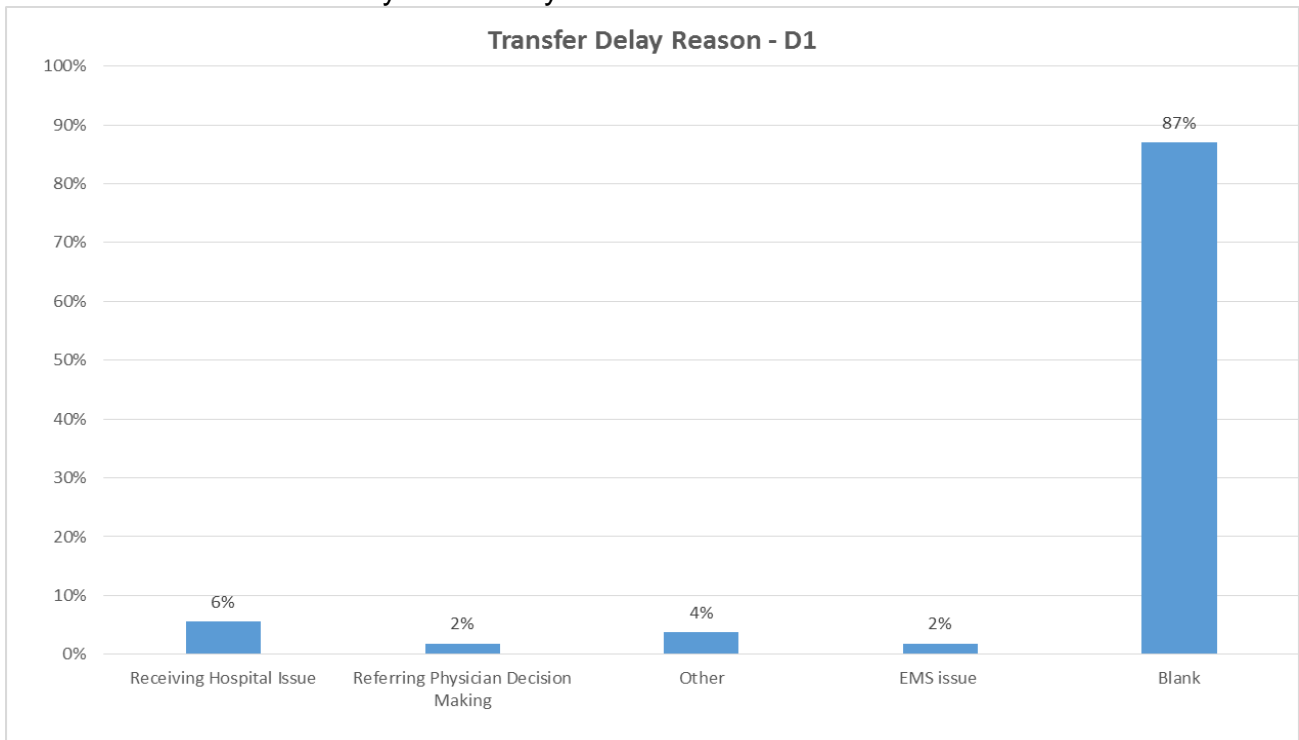
- 342 out of 9,421 said ‘yes’



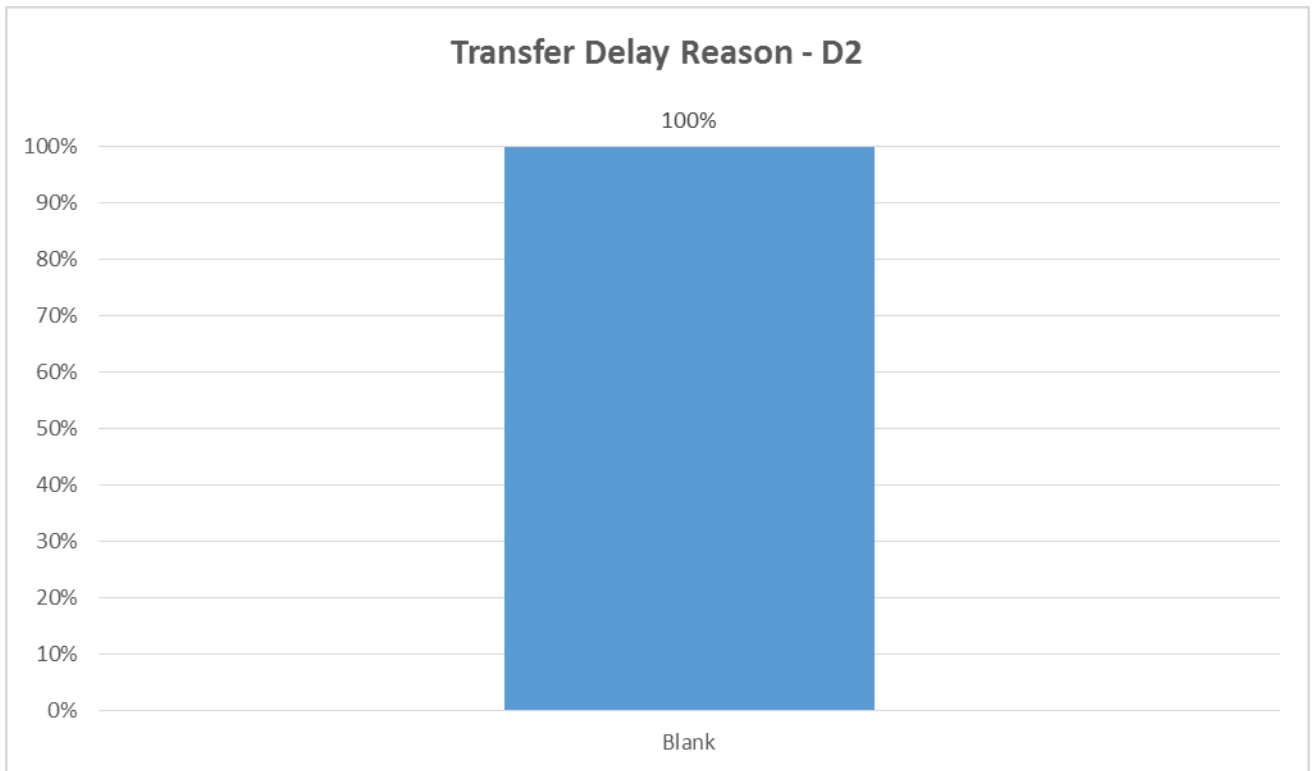
ii. Transfer Delay Reason – Statewide



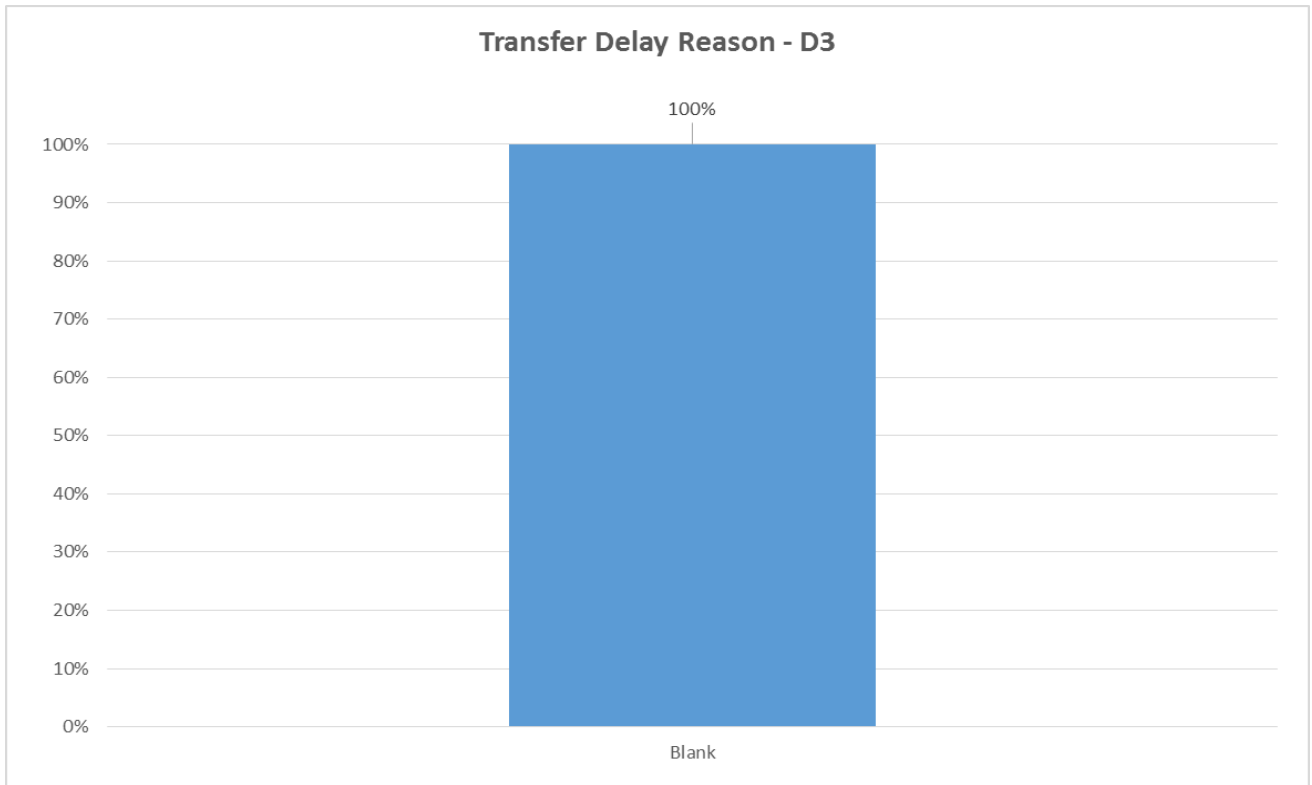
iii. Transfer Delay Reason by District



N=54

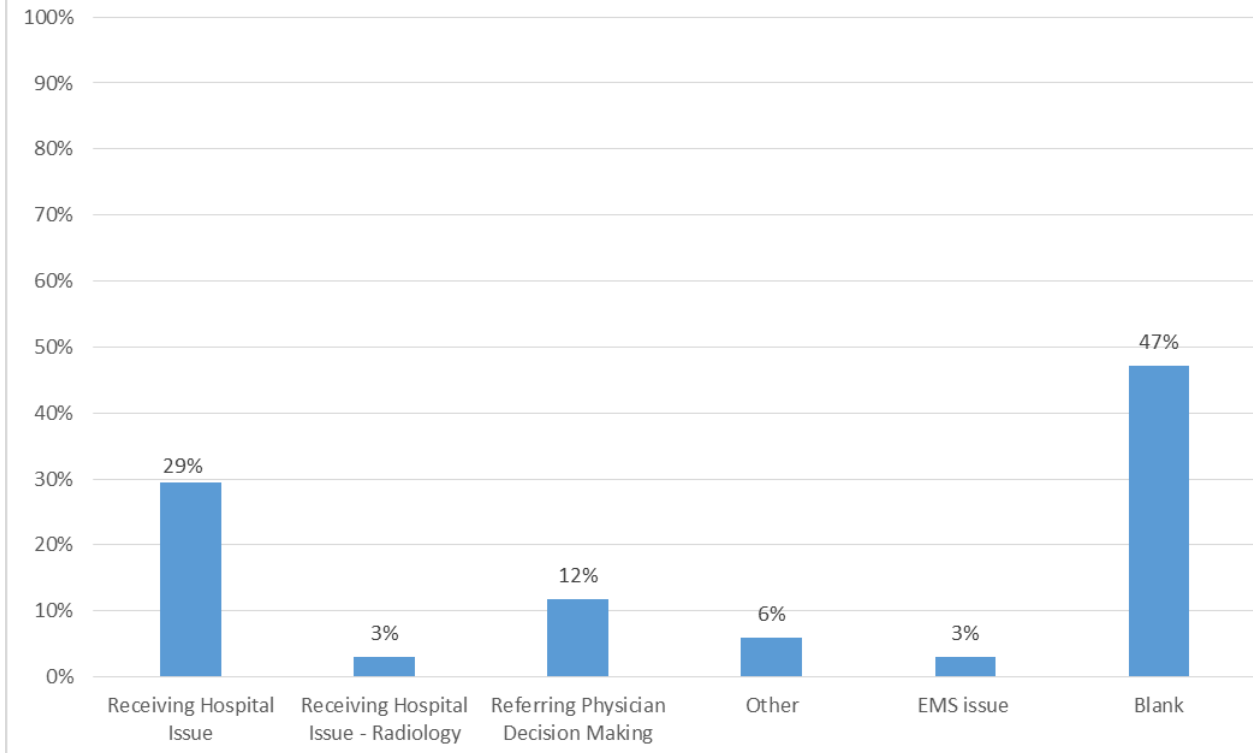


N=3



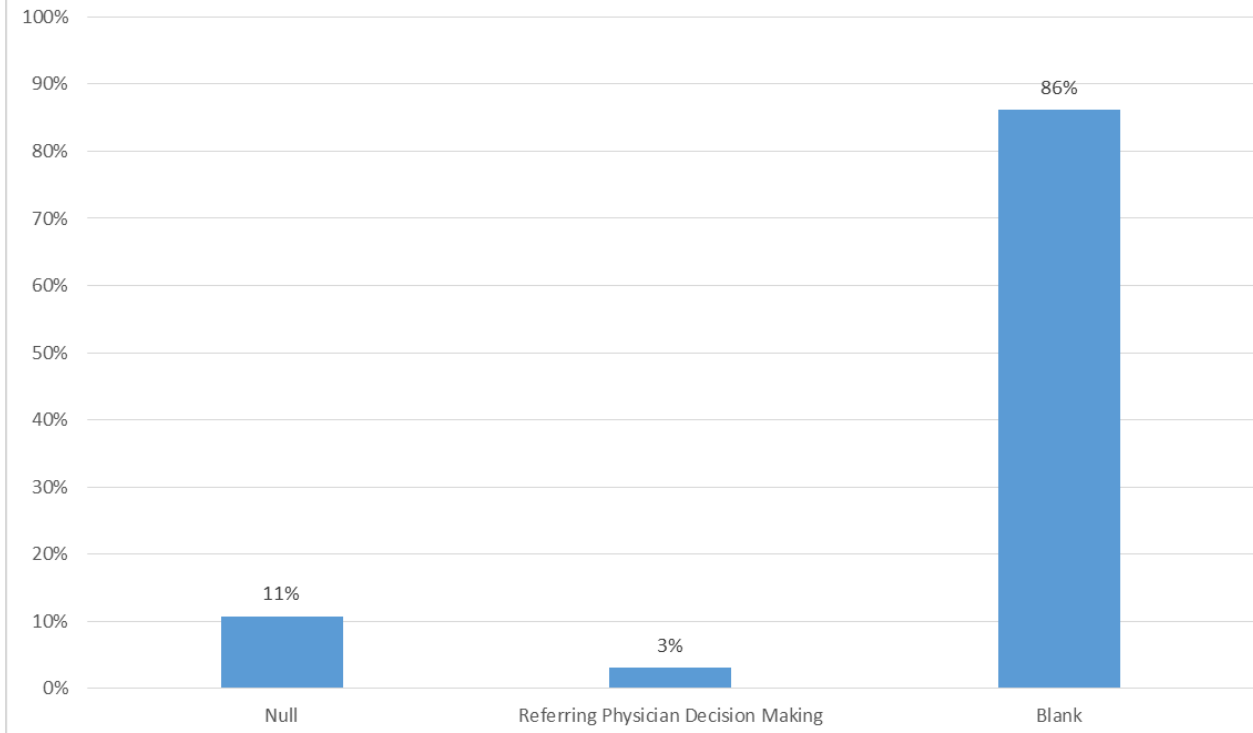
N=14

Transfer Delay Reason - D4

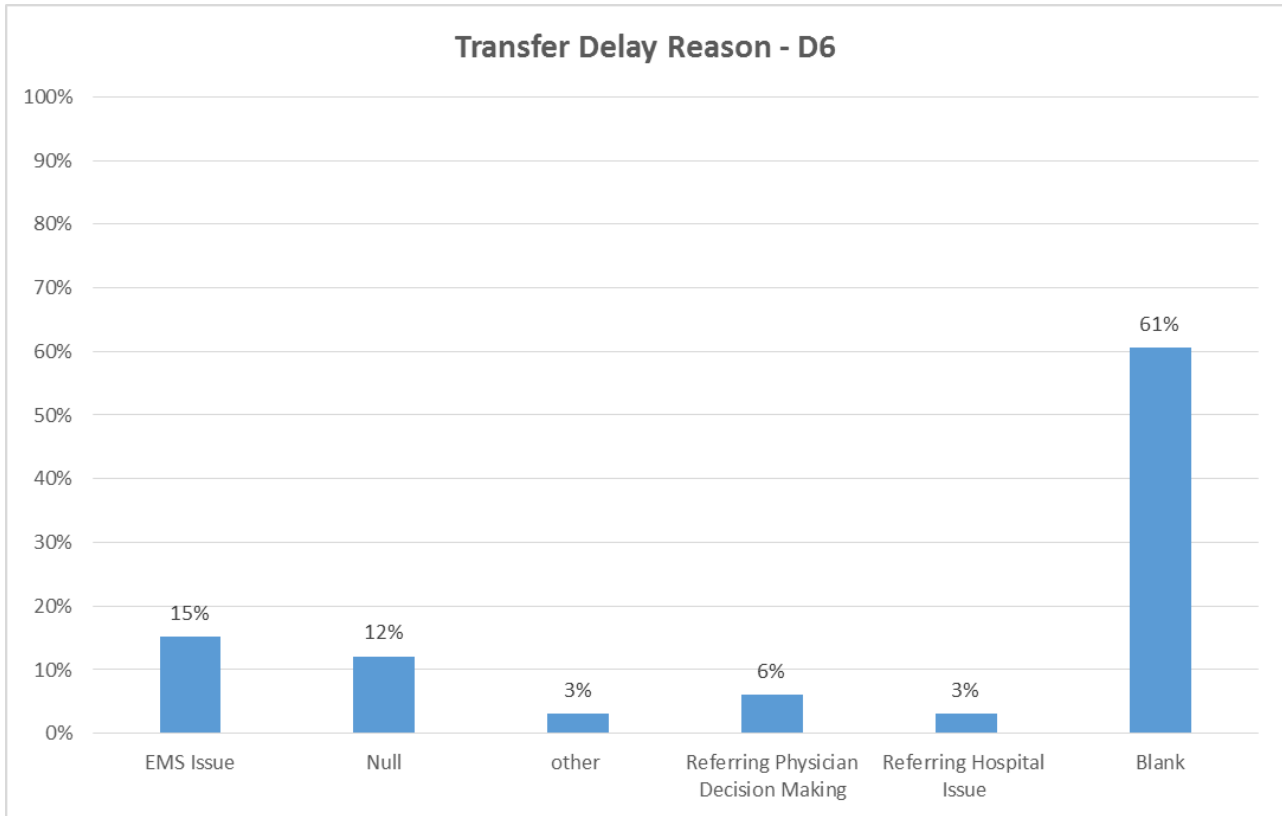


N=34

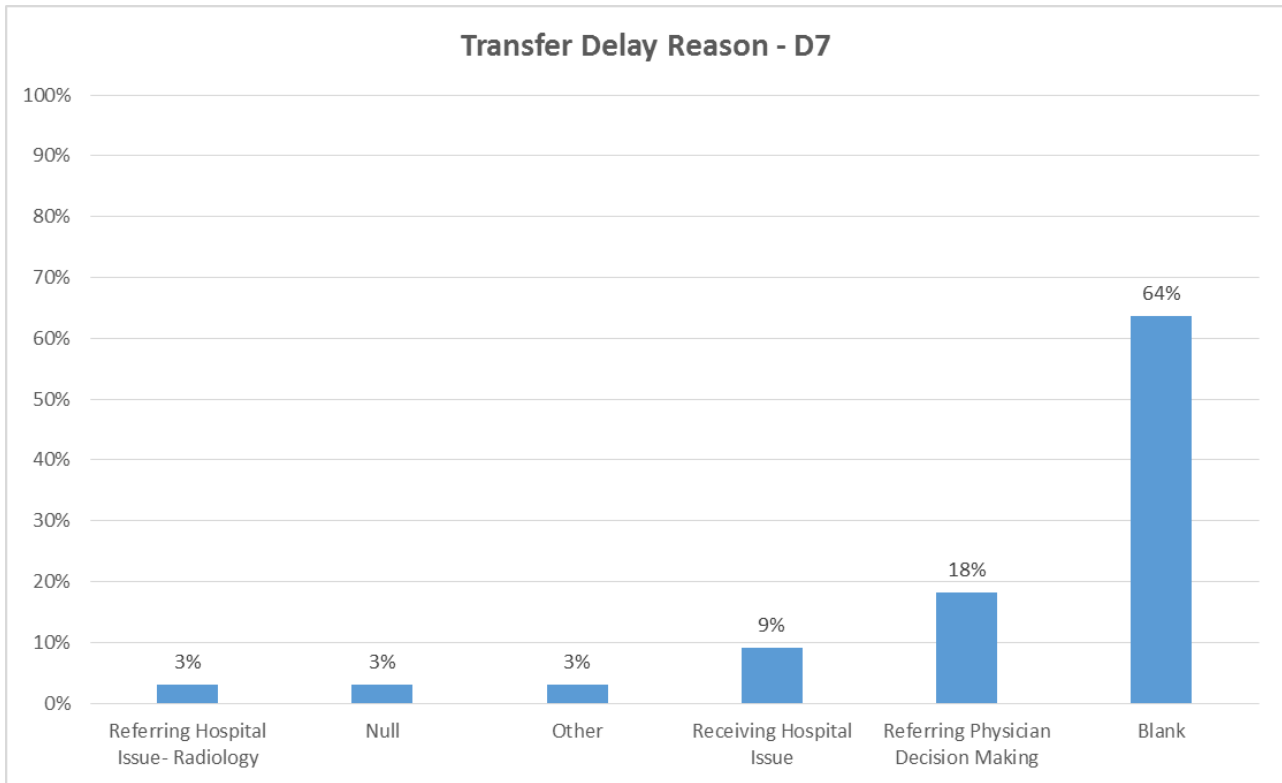
Transfer Delay Reason - D5



N=65

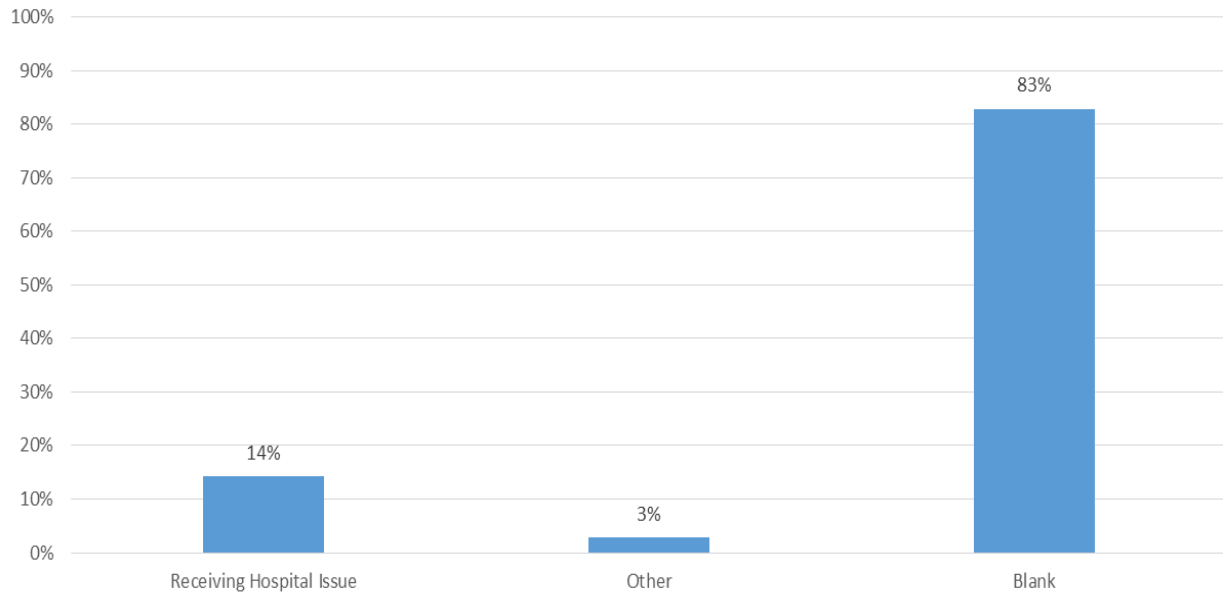


N=33



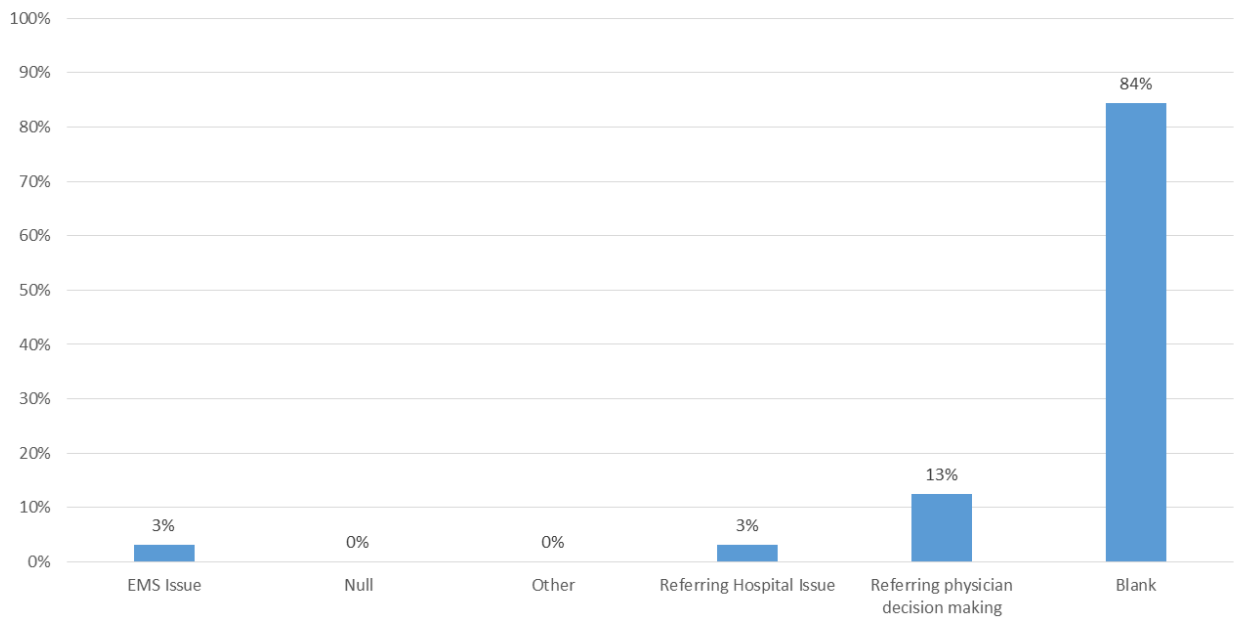
N=33

Transfer Delay Reason - D8

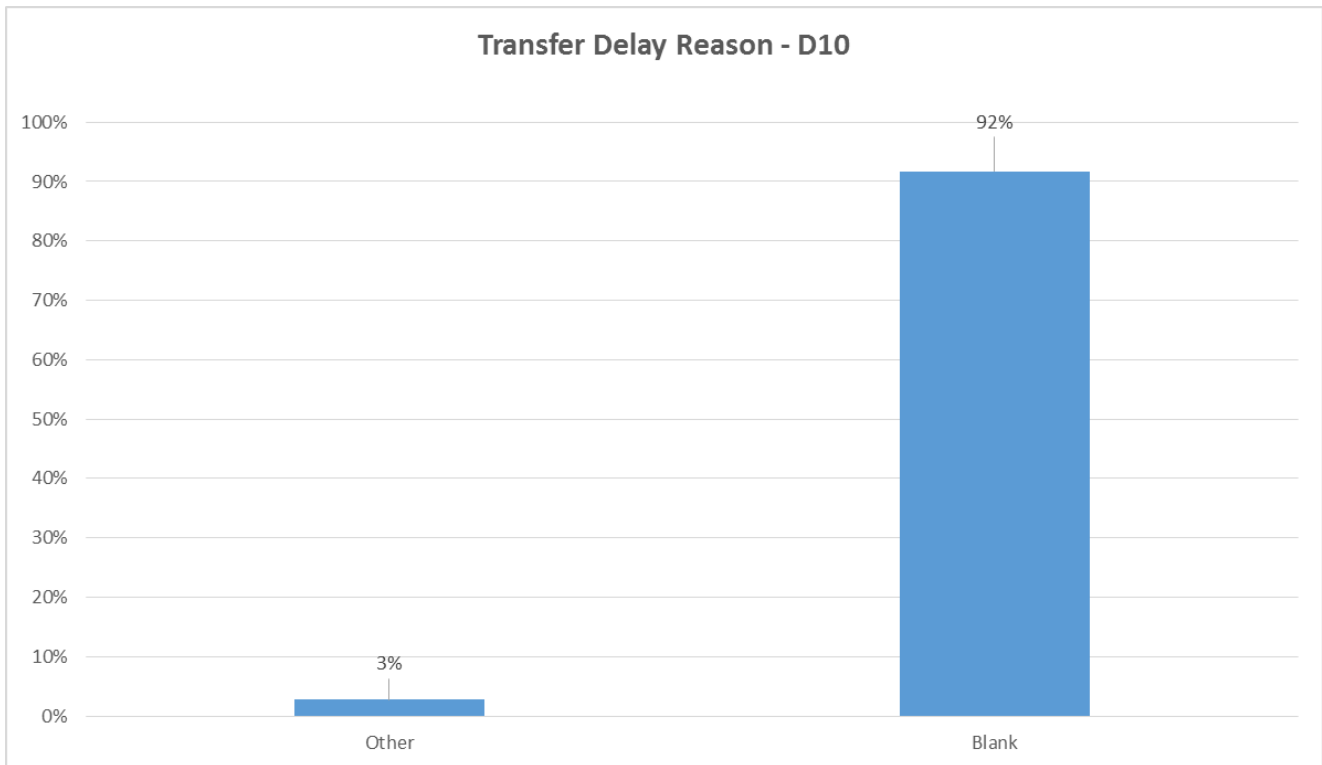


N=35

Transfer Delay Reason - D9



N=32



N=36

C) Transfer Delay Pilot

- **Next steps**

- a. Speaking with ImageTrend on the cost and the development of a mock up (example below)
 - i. Working its way through the contract process

- b. **Do we start requiring this field for non-trauma centers?**

The screenshot shows a form with the following fields:

- ED Disposition:** Transferred to another hospital
- Destination Determination:** Specialty - Neurosurgery
- Hospital Transferred To:** Favorites (MN) Minnesota Facility
- Transport Mode:** Ambulance
- Transfer Delay:** Yes
- Reason for Transfer Delay:** A multi-select dropdown menu with options: -Select-, Communication Issue, EMS Issue, Equipment Issue, and Receiving Facility Issue. Red arrows point to the 'EMS Issue' and 'Receiving Facility Issue' options.
- EMS Issue:** A dropdown menu with options: -Select-, Air Transport ETA > Ground Transport ETA, Air transport not available due to weather, Out of county, and Shortage of ground transport availability. A red arrow points to the 'Shortage of ground transport availability' option.
- Receiving Facility Issue:** A dropdown menu with options: -Select-, Bed availability, Difficulty obtaining accepting facility/hospital, New ED Staff, and Other. A red arrow points to the 'Bed availability' option.

Callouts and annotations include:

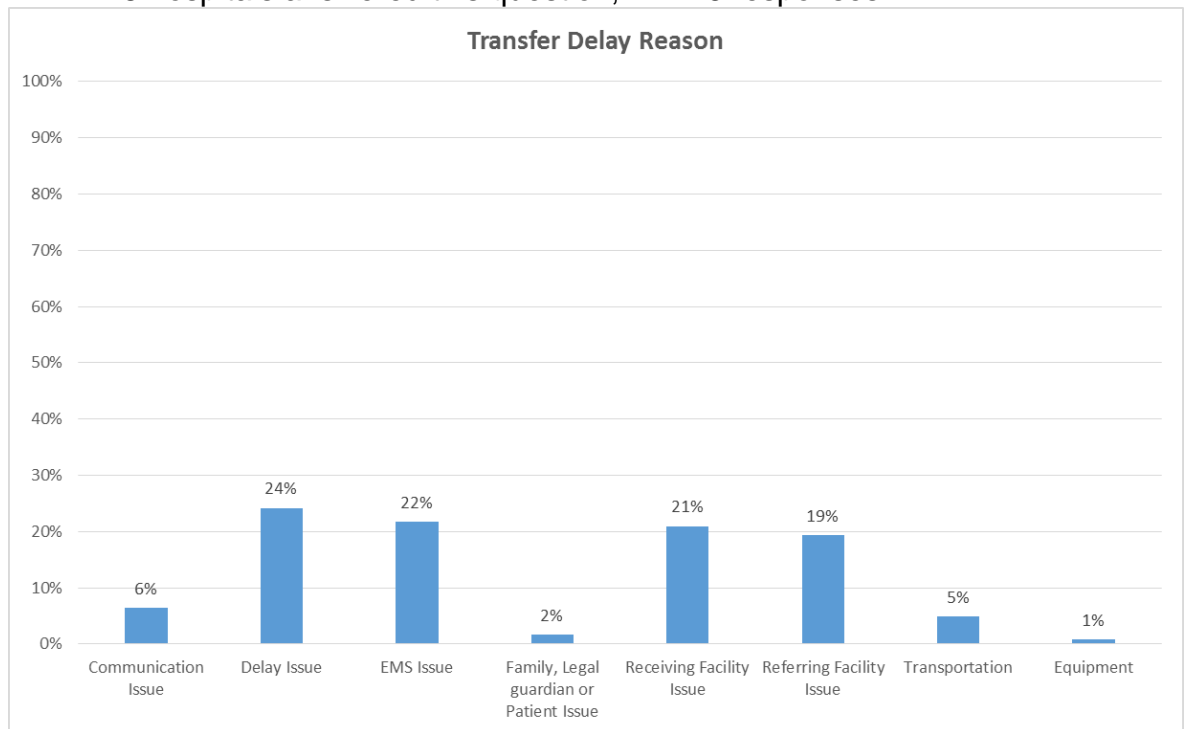
- A callout box pointing to the 'Reason for Transfer Delay' dropdown: "Should these be single selects or multi-select fields?"
- A callout box pointing to the 'Reason for Transfer Delay' dropdown: "EMS Issue and Receiving Facility Issue were selected in the Reason for Transfer Delay multi-select"
- A callout box pointing to the 'EMS Issue' and 'Receiving Facility Issue' dropdowns: "The Reason for Transfer Delay selections opened additional data sections"

iv.

- 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 2017 data via the pilot selections as well:

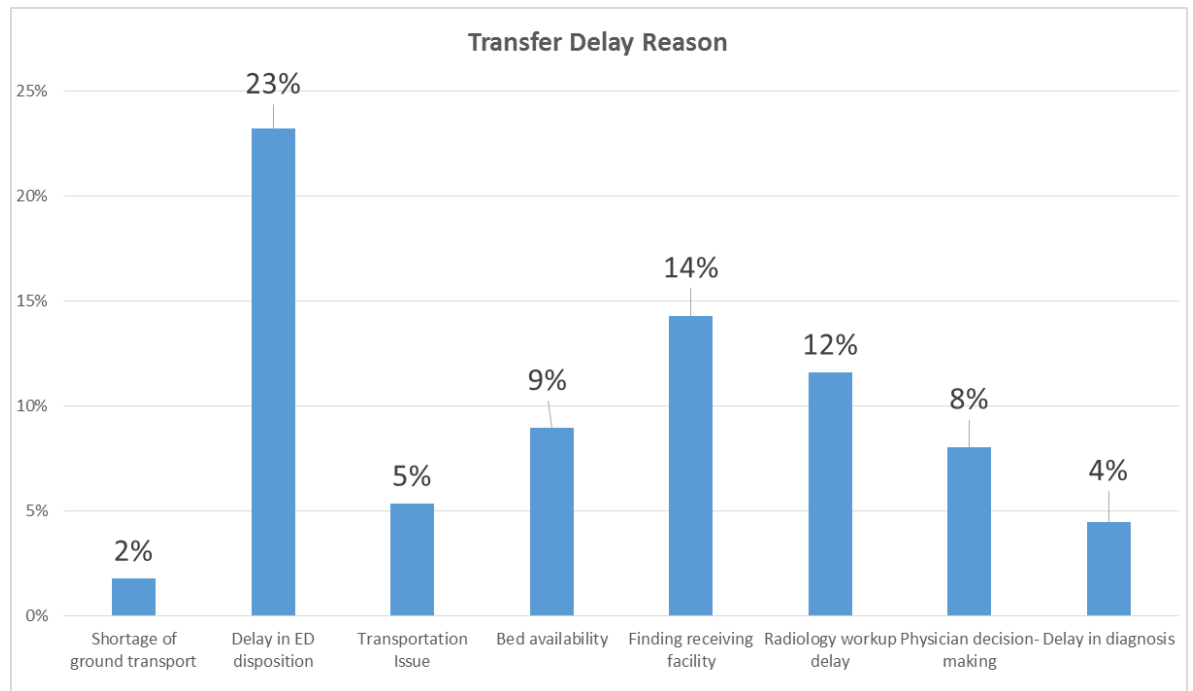
Facility Questions	
NEW Reasons for Transfer Delay (PILOT)- Communication Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- EMS Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- Error Issue	....Select One....
NEW Reasons for Transfer Delay (PILOT)- Receiving Facility Issue	....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.
- 18 hospitals answered this question, N=146 responses



V.

- Responses from left to right: Communication issue, delay issue, EMS issue, Family legal guardian or patient issue, receiving facility issue, referring facility issue, transportation, equipment. N=124



vi.

- Responses from left to right: Shortage of ground transport, delay in ED disposition, transportation issue, bed availability, finding receiving facility, radiology workup delay, physician decision-making, and delay in diagnosis.
- Responses under 5% include: Air > ground transport ETA, MD response delay, , out of county, nursing delay in contacting EMS, nursing delay in calling/arranging transport, change in patient condition, surgeon availability, and no ALS available.
- Responses with 0% include: miscommunication between transfer/receiving hospital, family requested transfer, patient requested transfer, CPS, delay in trauma team activation, priority of transfer and patient requested transfer.

3. Increasing Trauma Registry participation (past 12 months)
 - a. Looked at all November 2017 to October 2018 quizzes
 - b. 30 people took the quiz at least 5 times (the quiz goes to 58 people)
 - i. Result: 52% (was 69% last meeting)
 - ii. Fluctuation in numbers due to some factors.
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. Statewide Trauma Report
 - a. Changes will be made with Q1 2018 reports
8. 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

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January 15
March 12
May 14
July 16
September 10
November 19