PI Subcommittee Meeting - Agenda

September 11, 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**	Missy Hockaday-**D5**	
Bekah Dillon-**D6**	Lesley Lopossa-**D8**	Olivia Roloff-**D7**	
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 Hoeppner-**D3**	
Dawn Daniels-**D5**	Maria Thurston-**D5**	Shayla Karlowsky-**D1**	
Dusten Roe-**D2**	Marie Stewart-**D10**	Dr. Stephanie Savage (Chair)-**IUH, D5**	
Emily Grooms-**D2**	Mark Rohlfing-**D6**	Tammy Robinson-**D7**	
Jennifer Homan-**D1**	Mary Schober-**D5**	Tracy Spitzer-**D5**	
Jennifer Mullen-**D1**	Dr. Matt Vassy-**D10**	Wendy St. John-**D5**	
Jill Castor-**D5**	Melissa Smith-**D5**		
Jodi Hackworth-**D5**	Merry Addison-**D7**		
ISDH STAFF			
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

Number of Reporting Hospitals
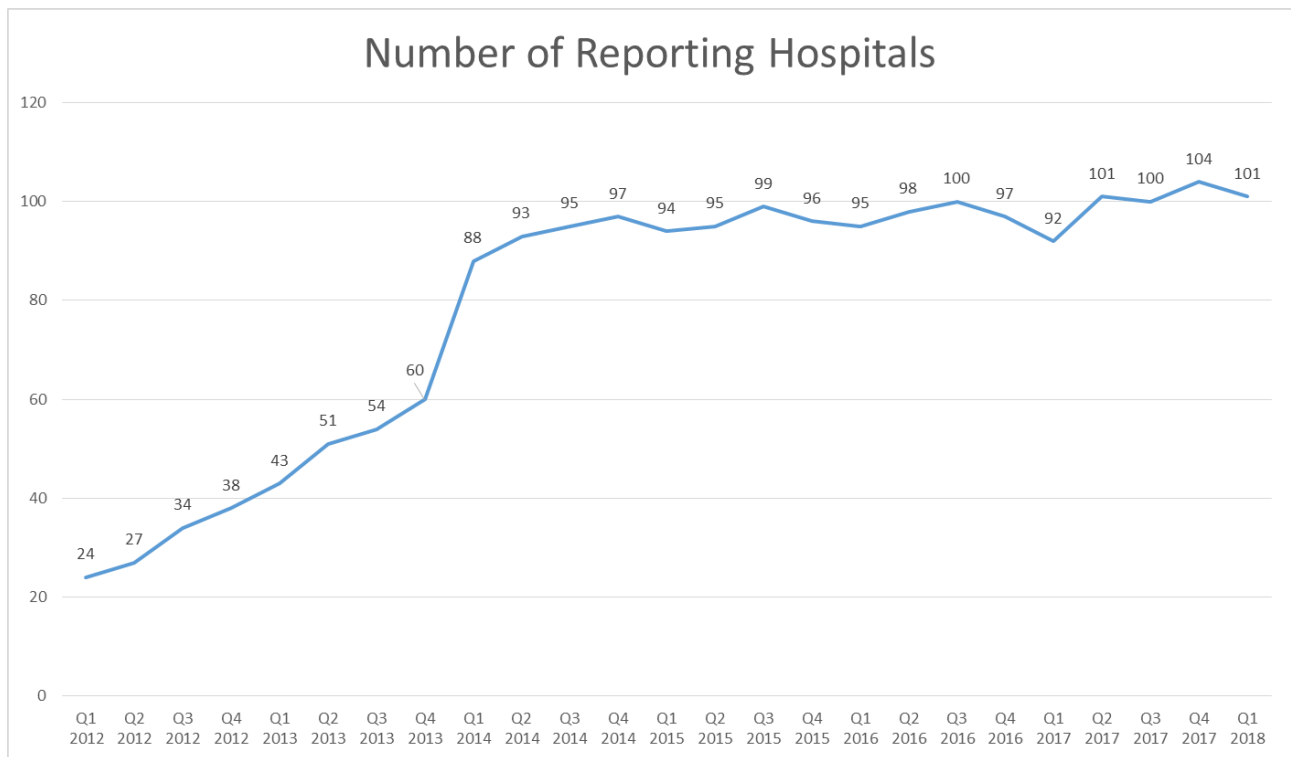
B) Hospitals that did not report for Quarter 1 2018:

- Adams Memorial Hospital
- Decatur County Memorial
- Fayette Regional Health
- Franciscan Health Dyer
- Franciscan Health Hammond
- Franciscan Health Munster
- Goshen Hospital
- Harrison County Hospital
- IU Health – Starke
- Pulaski Memorial Hospital
- Riverview Health
- St Mary Medical Center – Hobart
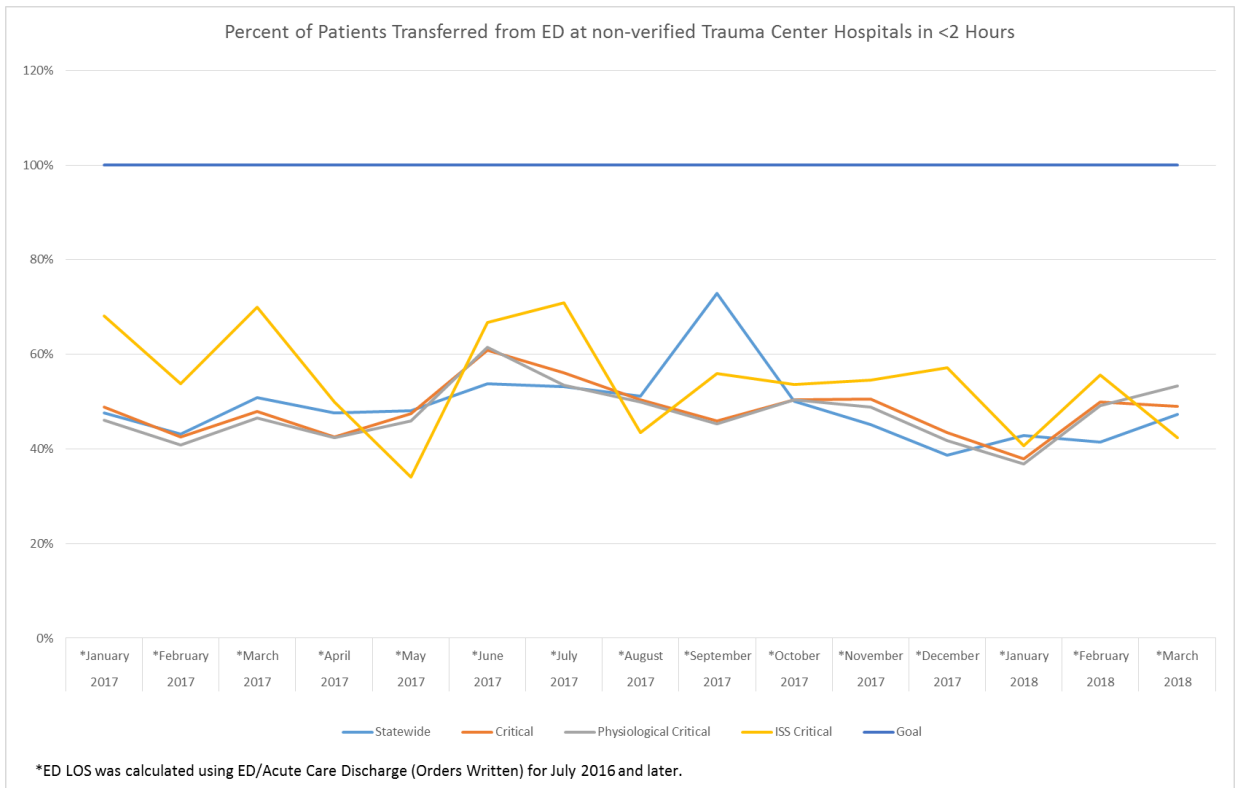- St Vincent – Carmel
- St Vincent – Fishers
- St Vincent - Randolph

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: 3 facilities responded so far (sent out letters to 17 facilities)
      - Quarter 1 2018: 2 facilities responded so far (sent out letter to 16 facilities)
   ii. ED LOS (Orders Written)

Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours

*ED LOS was calculated using ED/Acute Care Discharge (Orders Written) for July 2016 and later.

*********************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
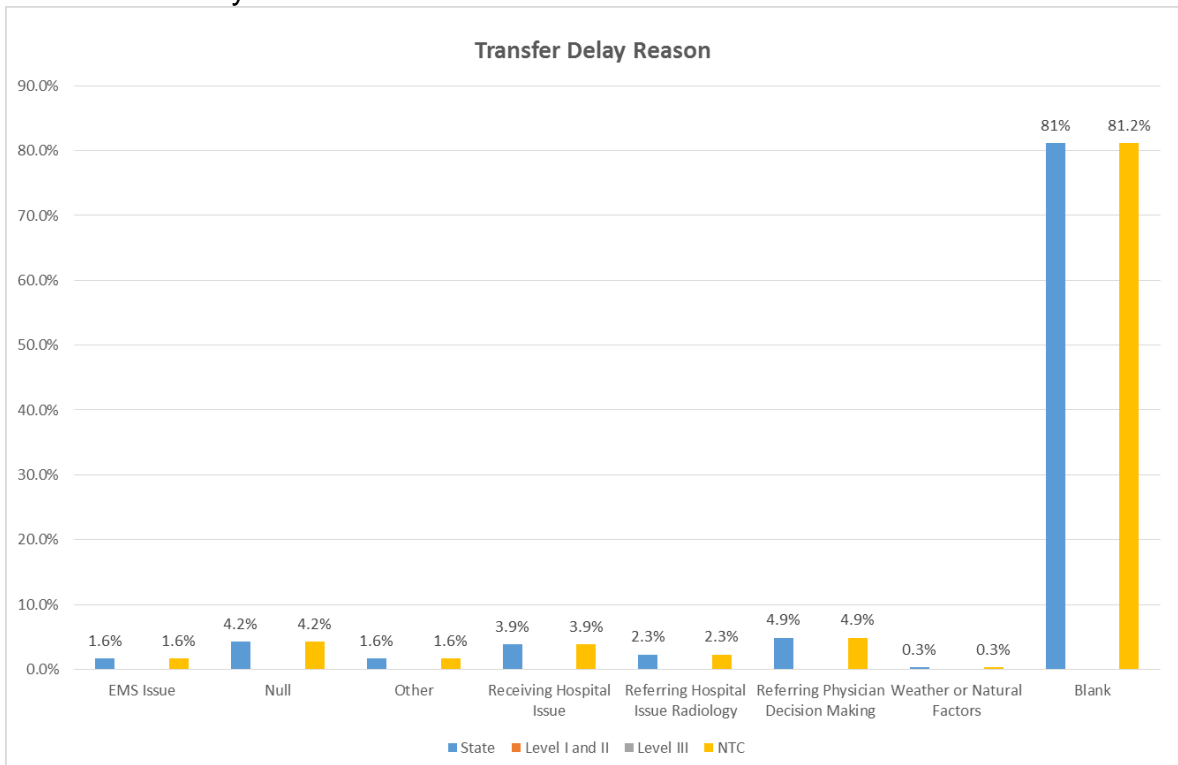*ISS critical patient: ISS > 15

iii. ED LOS (Physical Exit)
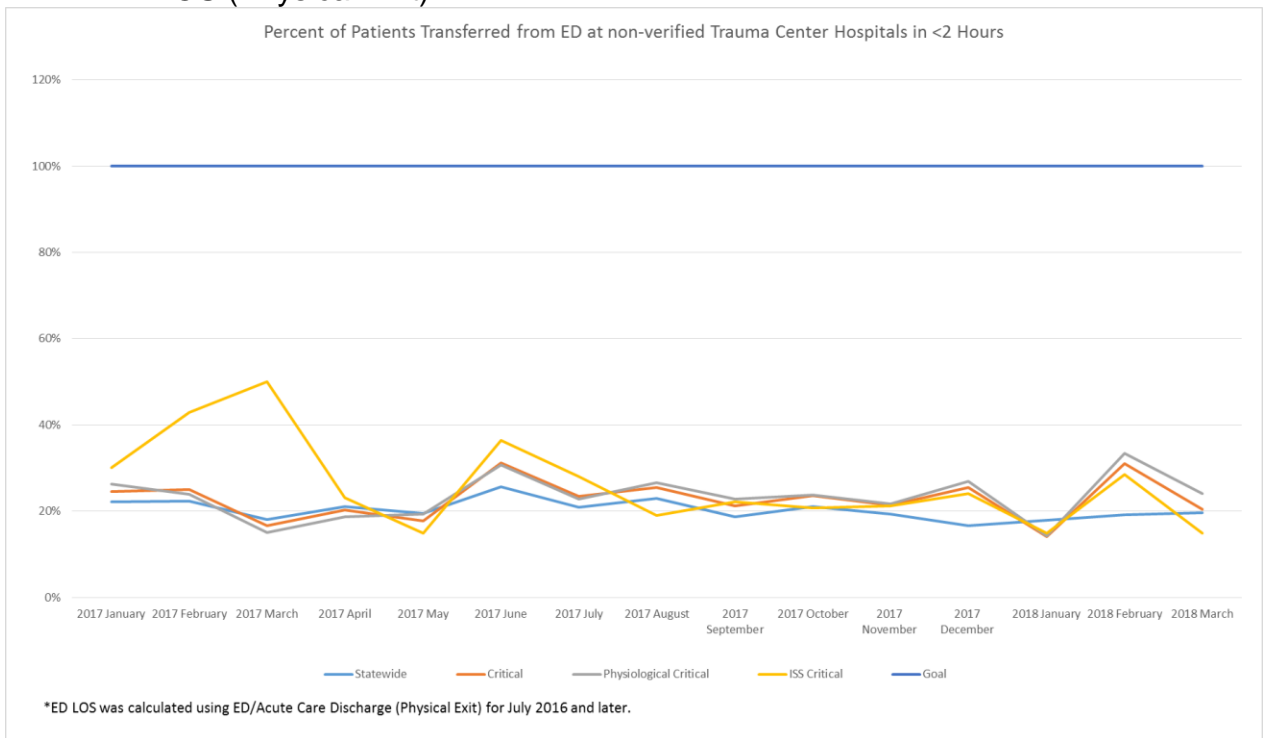
Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours

*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) for July 2016 and later.

********************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
        • 308 out of 8,357 said 'yes'
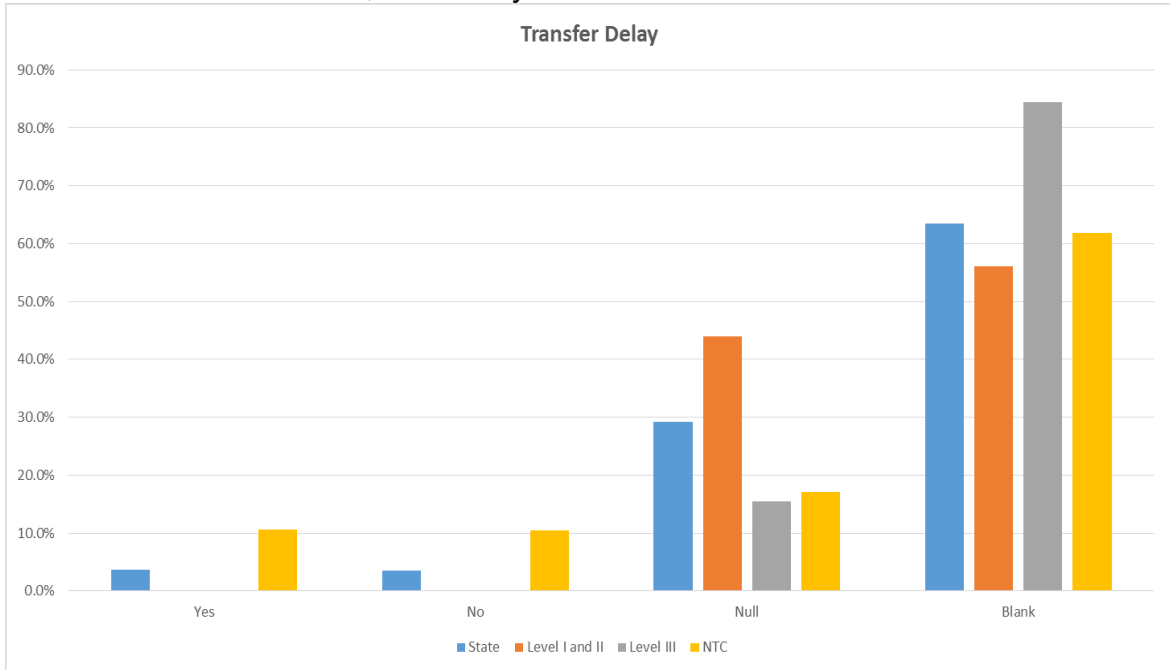
ii. Transfer Delay Reason – Statewide
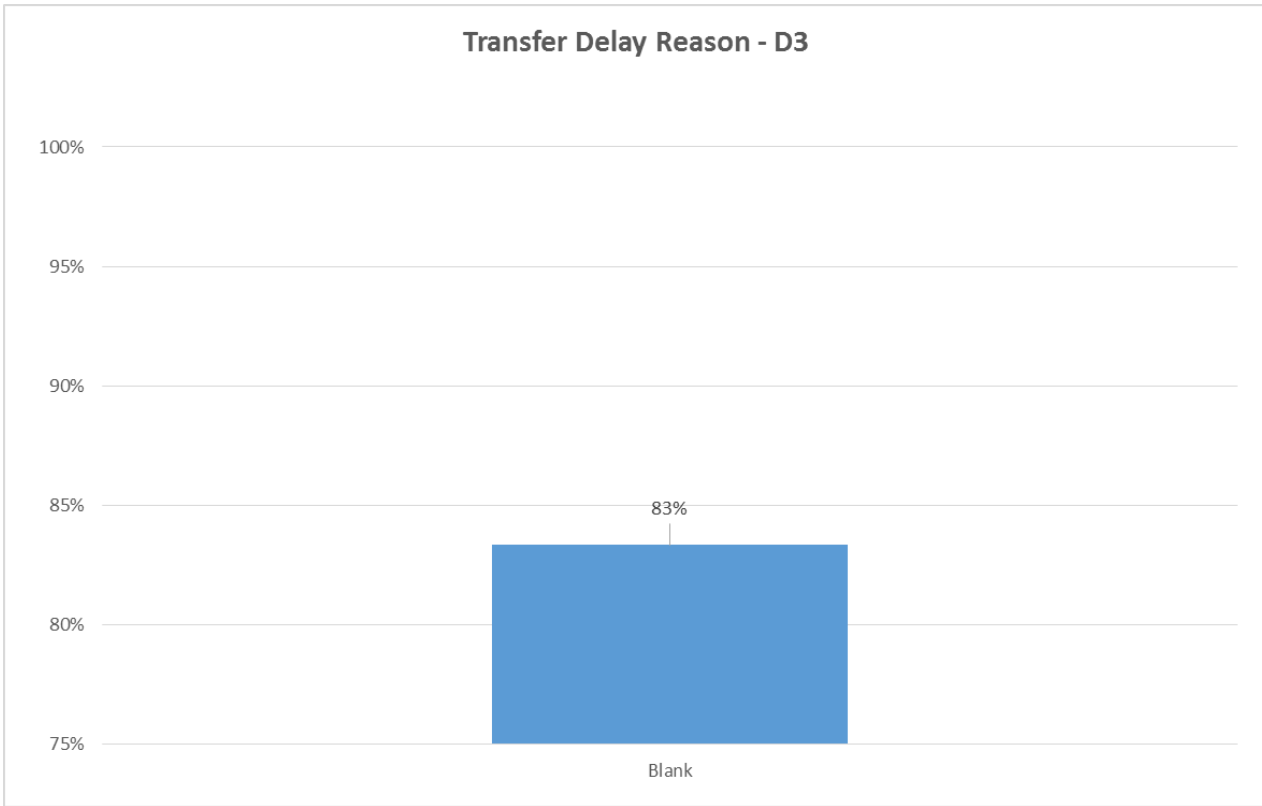
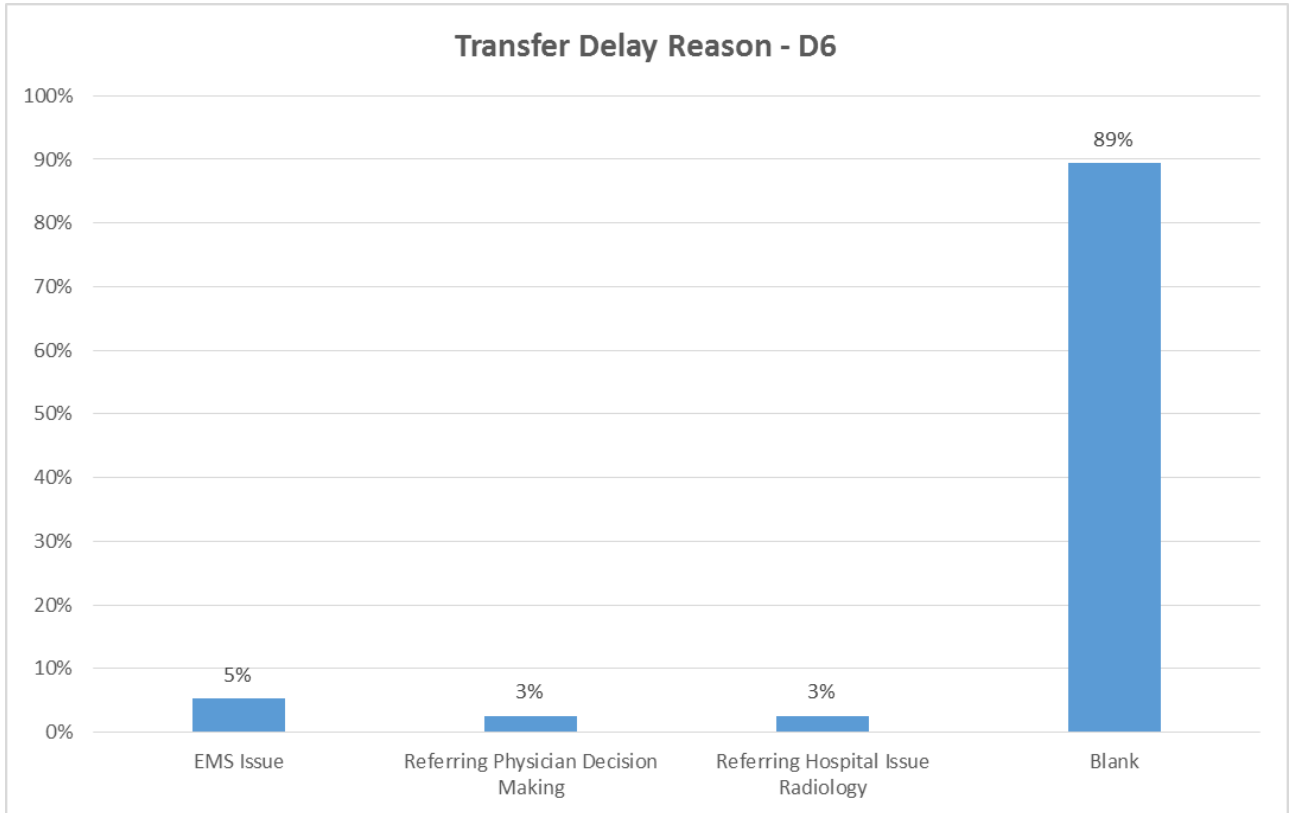iii. Transfer Delay Reason by District

Transfer Delay Reason - D1

Receiving Hospital Issue	Referring Physician Decision Making	Other	Weather	Blank
3%	3%	2%	2%	90%

N=59

Transfer Delay Reason - D2

Blank
100%
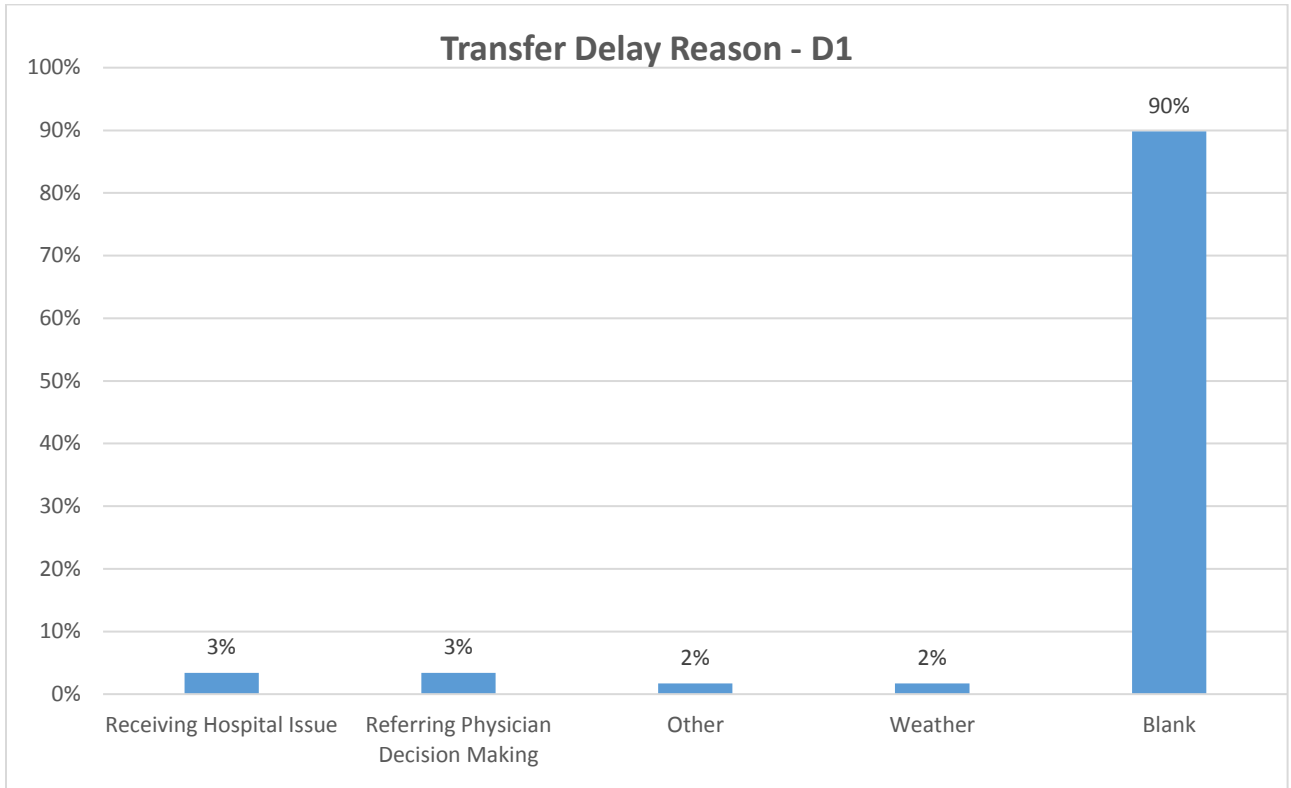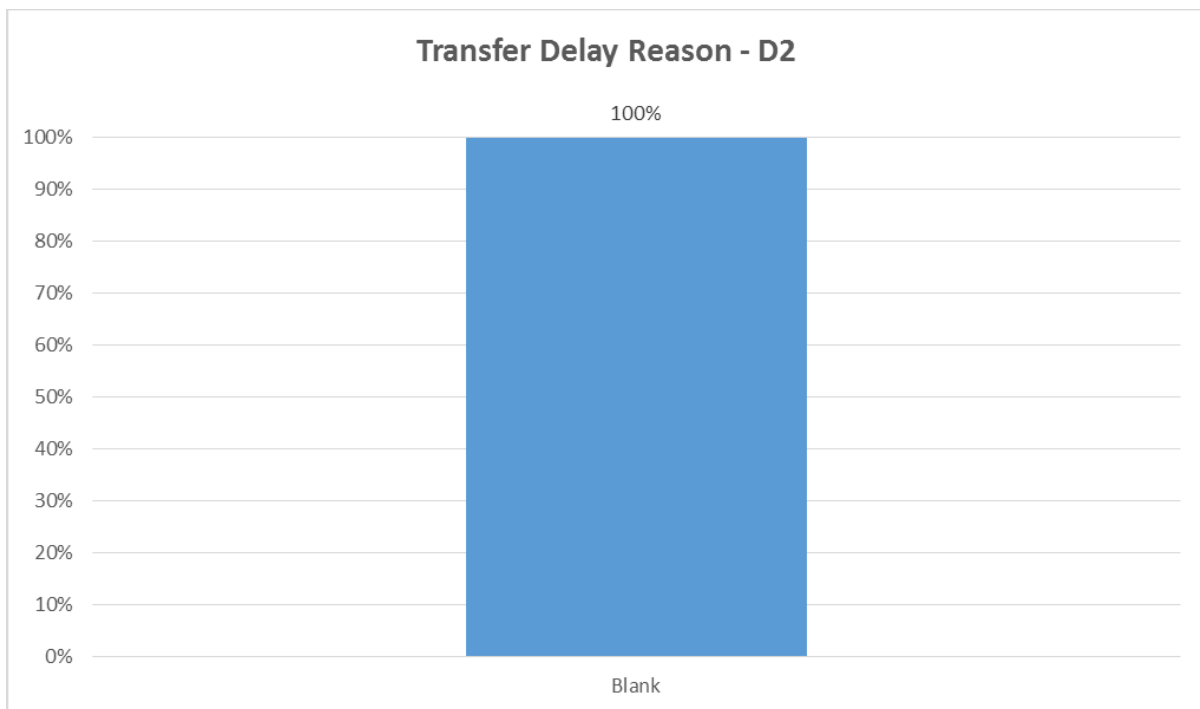
N=1

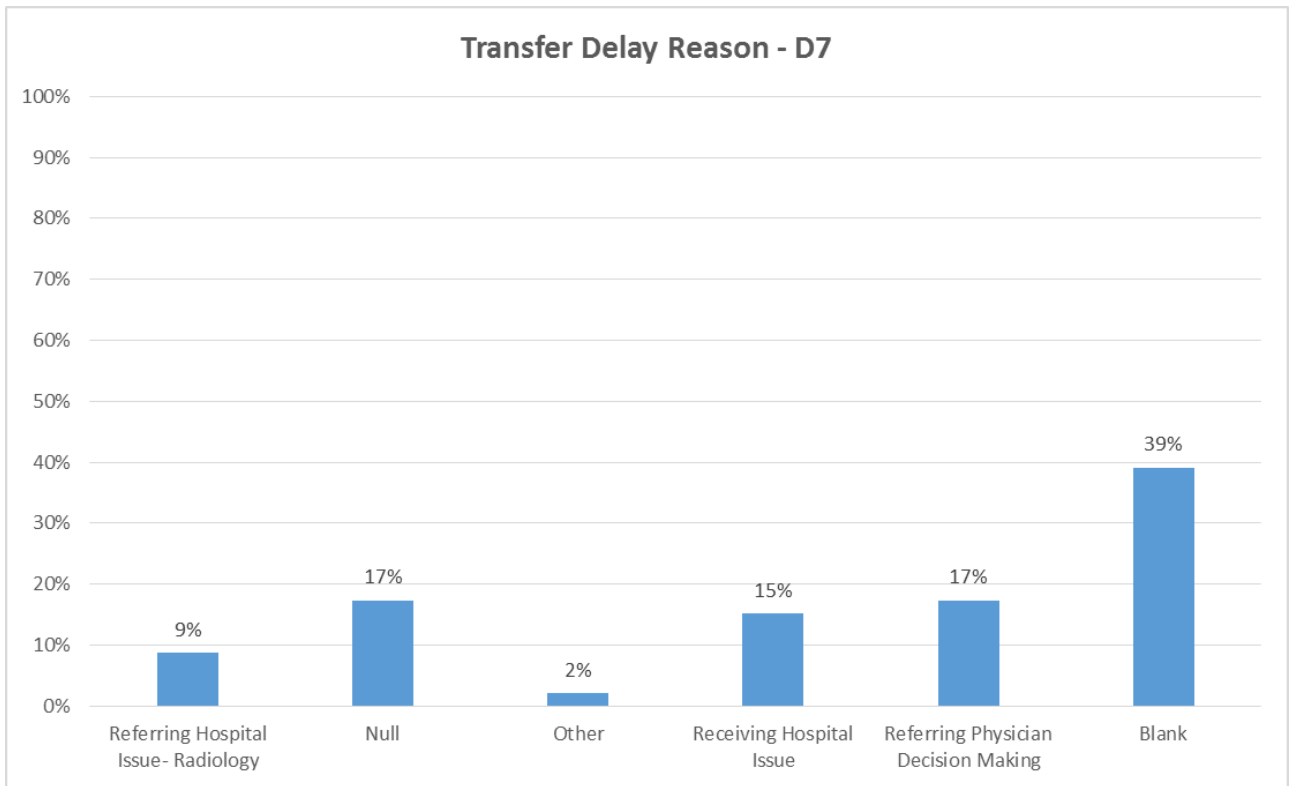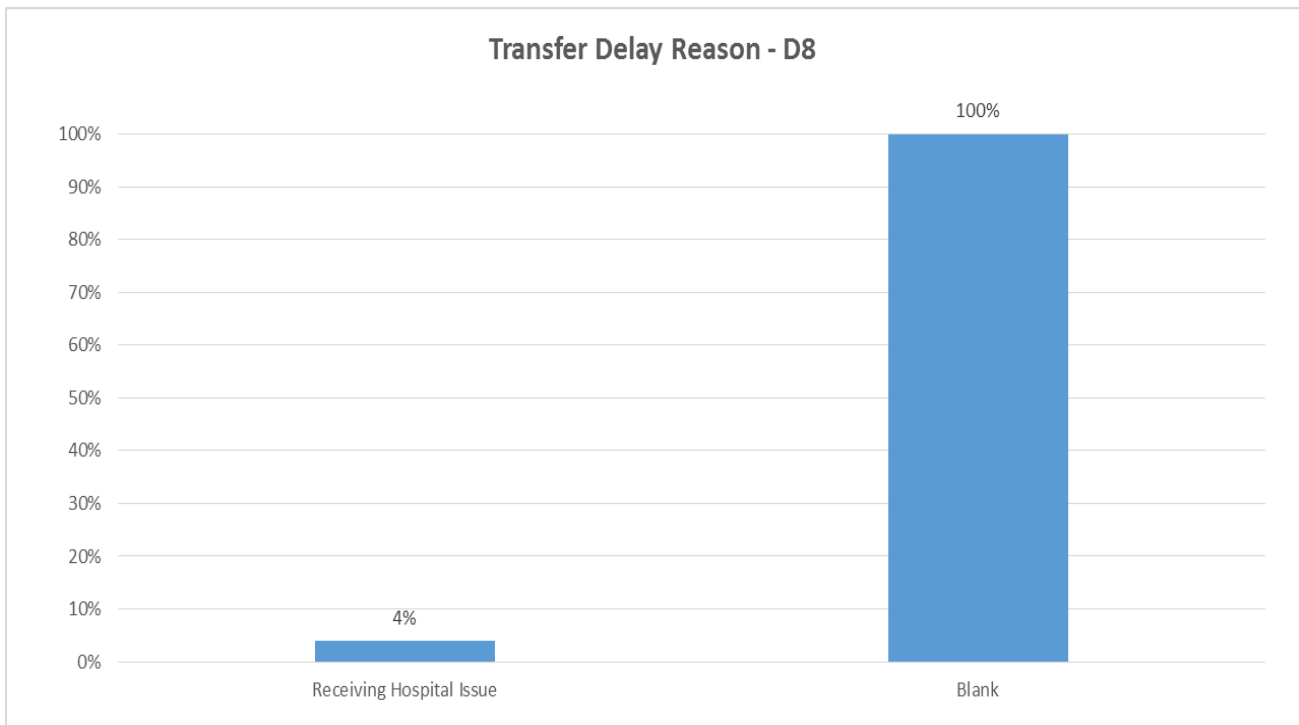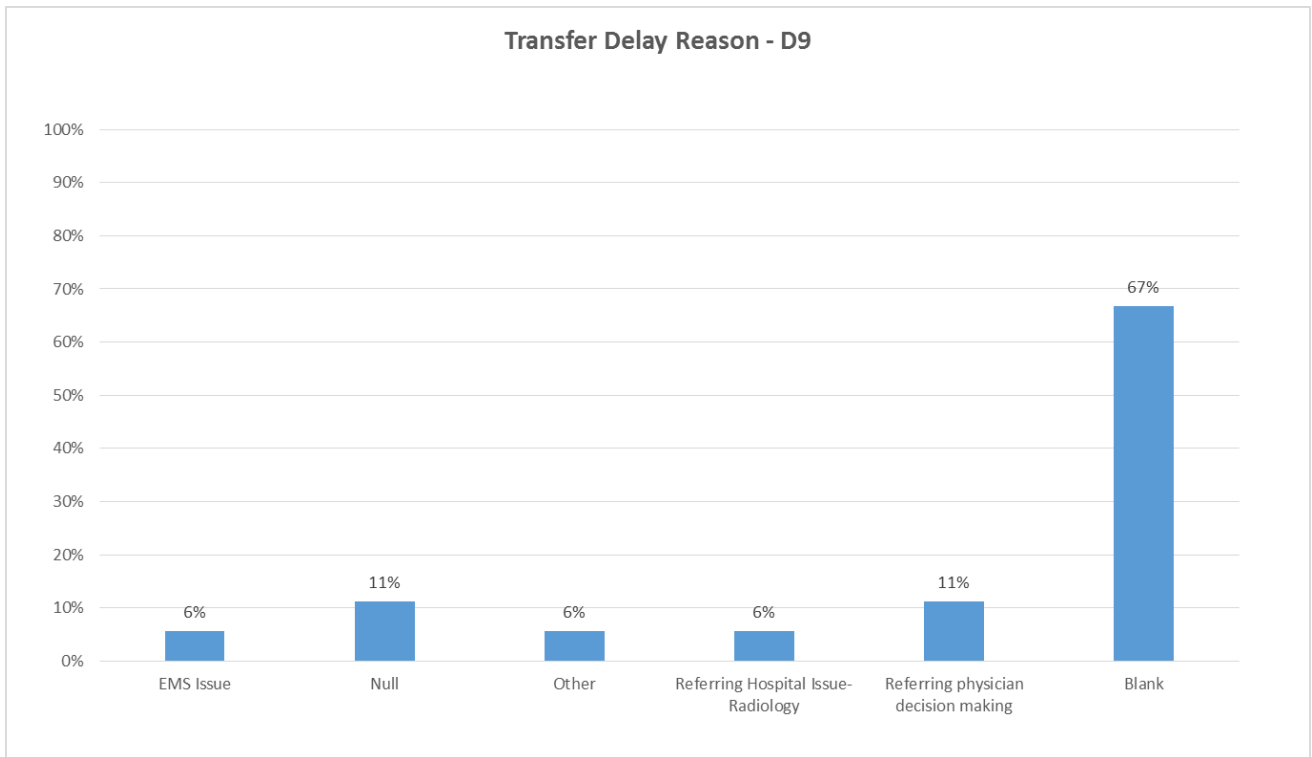**Transfer Delay Reason - D3**

N=6

Transfer Delay Reason - D4

N=25

Transfer Delay Reason - D5

Category	Percentage
EMS Issue	2%
Null	2%
Receiving Hospital Issue	2%
Blank	95%

N=44

Transfer Delay Reason - D6

Category	Percentage
EMS Issue	5%
Referring Physician Decision Making	3%
Referring Hospital Issue Radiology	3%
Blank	89%

N=38

Transfer Delay Reason - D7

N=46

Transfer Delay Reason - D8

N=25

Transfer Delay Reason - D9

N=36

Transfer Delay Reason - D10
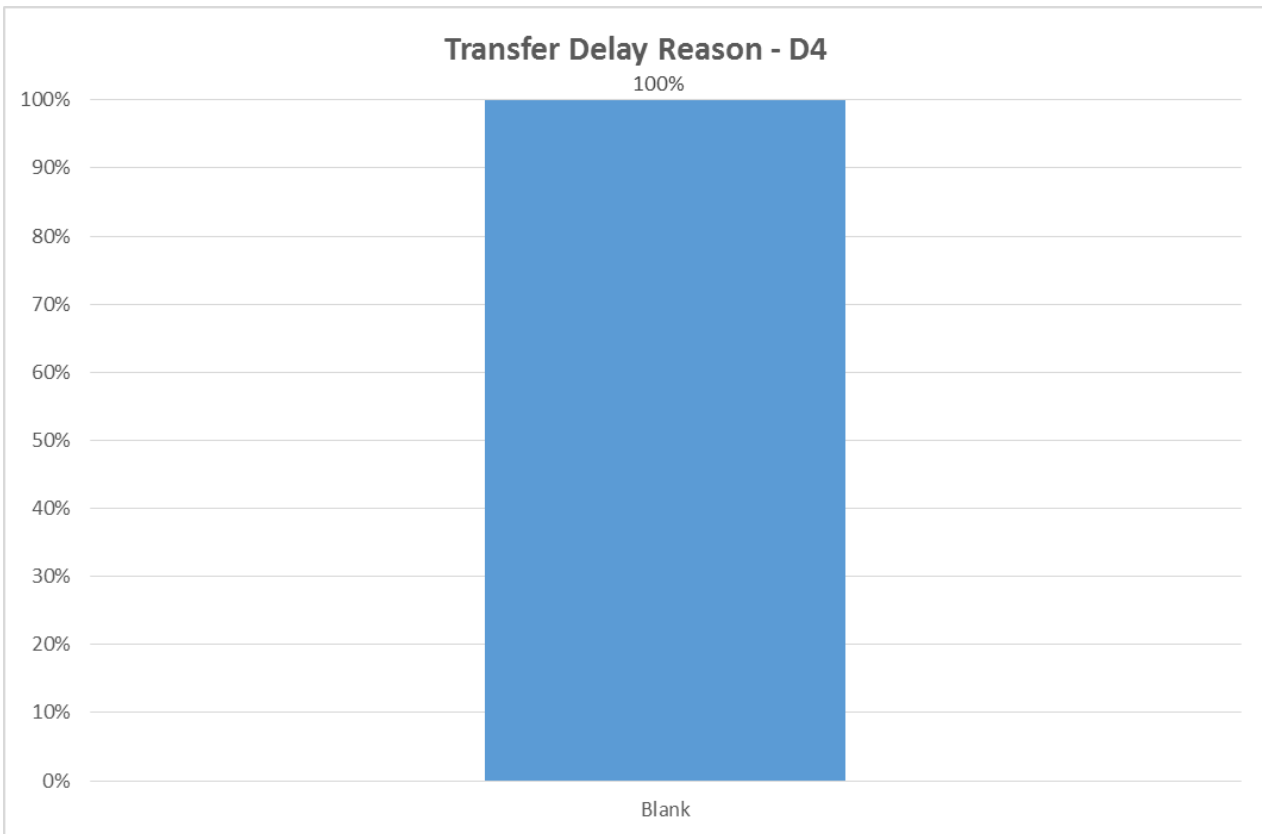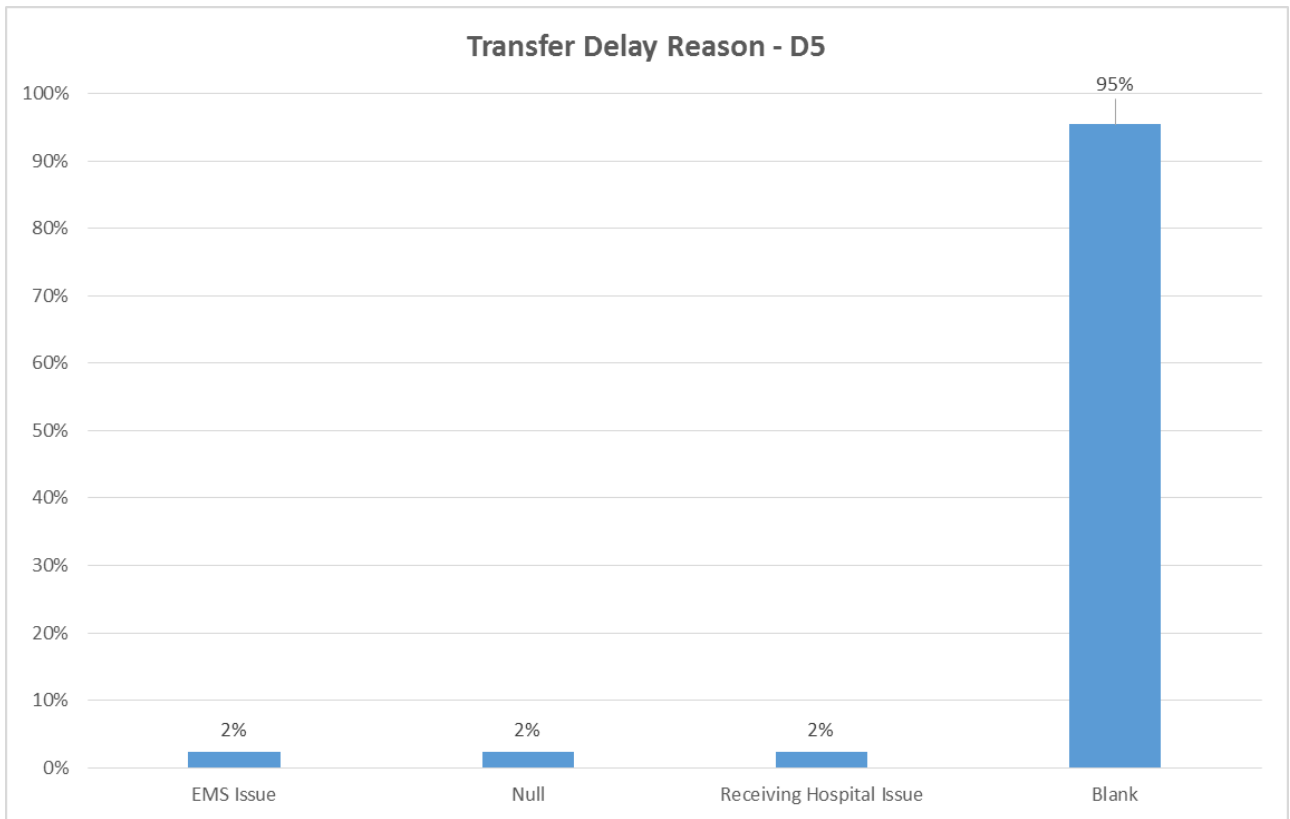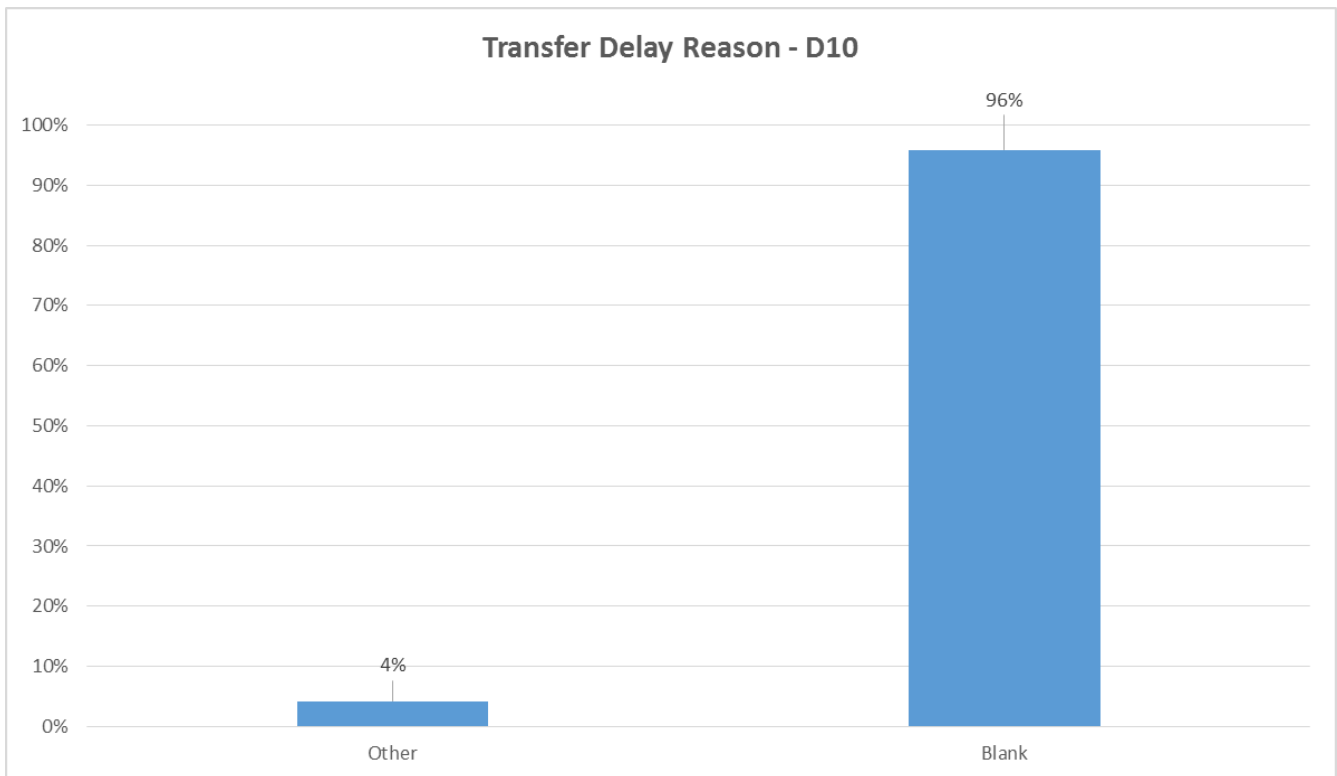
N=24

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?**

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:


- Asking hospitals to take note of what works, what doesn't, what's missing, etc.
- 18 hospitals answered this question, N=146 responses

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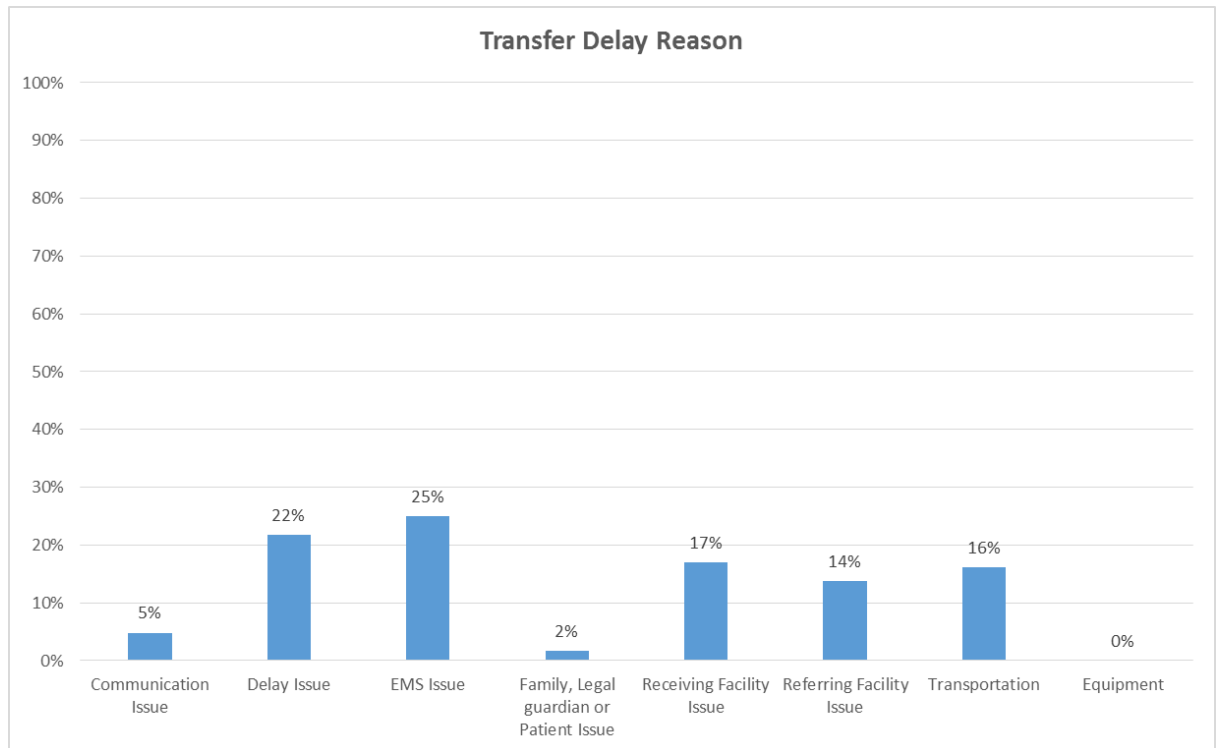
v.
- Responses from left to right: Communication issue, delay issue, EMS issue, Family legal guardian or patient issue, receiving facility issue, referring facility issue, transportation, equipment. N=124

Transfer Delay Reason
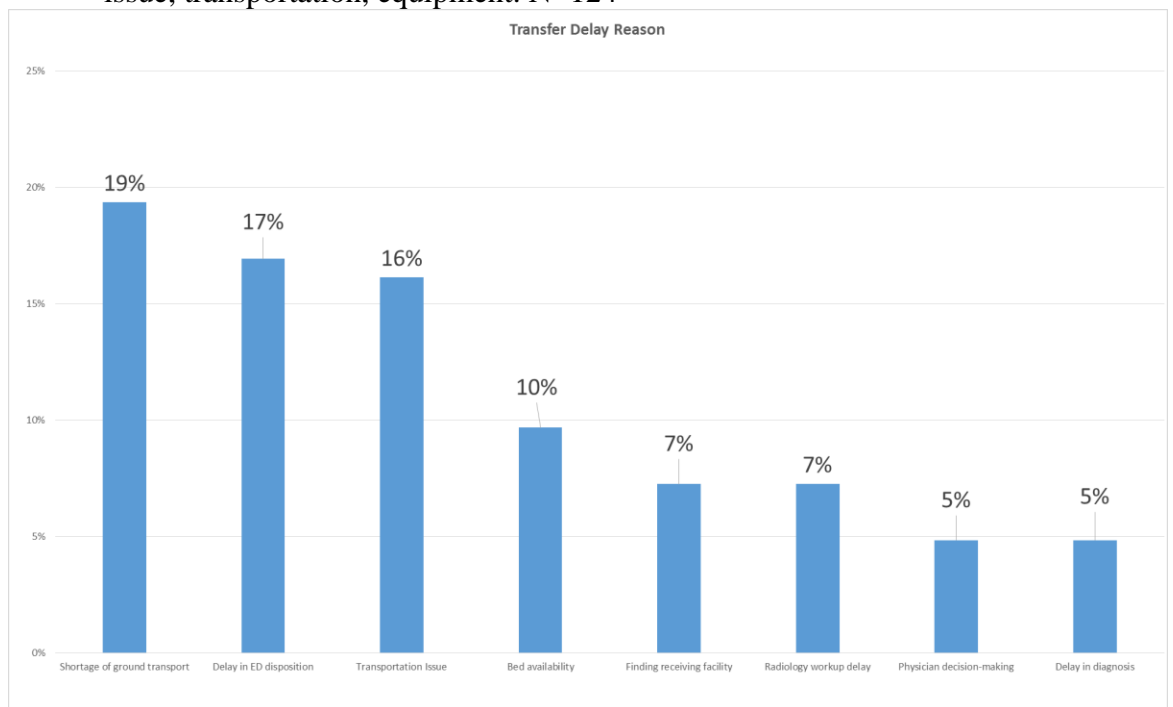
vi.
- Responses from left to right: Shortage of ground transport, delay in ED disposition, transportation issue, bed availability, finding receiving facility, radiology workup delay, physician decision-making, and delay in diagnosis.
- Responses under 5% include: Air>ground transport ETA, MD response delay, CPS, out of county, miscommunication between transfer/receiving hospital, surgeon availability, and priority of transfer.

- Responses with 0% include: Nursing delay in calling/arranging gransport, change in patient condition, family requested transfer, delay in trauma team activation, nursing delay in contacting EMS, and patient requested transfer.

3. Increasing Trauma Registry participation (past 12 months)
   a. Looked at all September 2017 to August 2018 quizzes
   b. 49 people took the quiz at least 5 times (the quiz goes to 71 people)
      i. Result: 69% (was 80% 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