

PI Subcommittee Meeting - Agenda

September 13, 2016 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

a) Welcome & Introduction

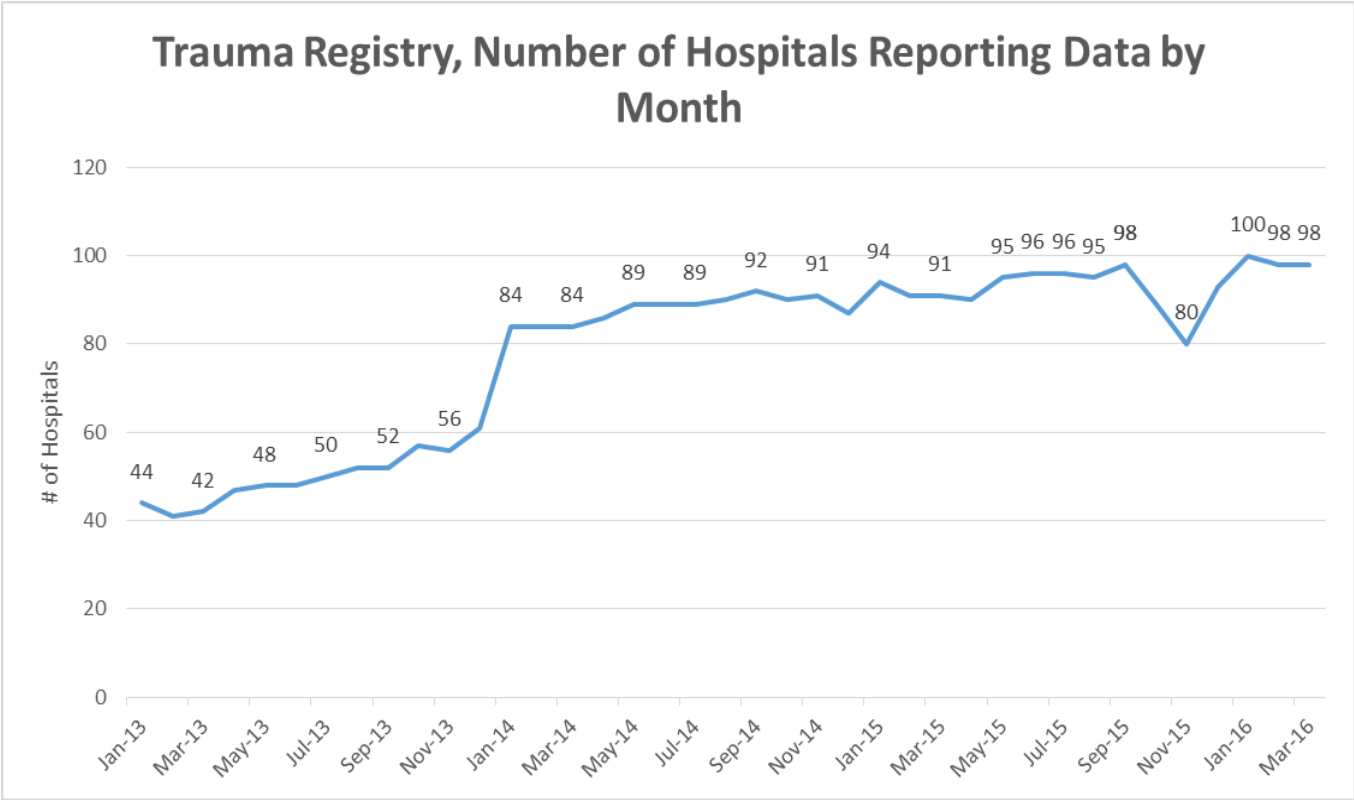
Meeting Attendees			
Adam Weddle	Amanda Rardon	Annette Chard	Bekah Dillon
Brittanie Fell	Carrie Malone	Chris Wagoner	Christy Claborn
Chuck Stein	Dawn Daniels	Dusten Roe	Emily Grooms
Gene Reiss	Jennifer Mullen	Jeremy Malloch	Jodi Hackworth
Kasey May	Kelly Mills	Kristi Croddy	Dr. Larry Reed
Latasha Taylor	Lesley Lopossa	Lindsey Williams	Lisa Hollister
Lynne Bunch	Marie Stewart	Mark Rohlfing	
Mary Schober	Missy Hockaday		
Merry Addison	Michele Jolly	Dr. Peter Jenkins	Regina Nuseibeh
Sarah Quaglio	Sean Kennedy	Spencer Grover	Dr. Stephanie Savage
Tammy Robinson	Tara Roberts	Tracy Spitzer	Wendy St. John
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	Camry Hess	

b) Review of previous meeting deliverables:

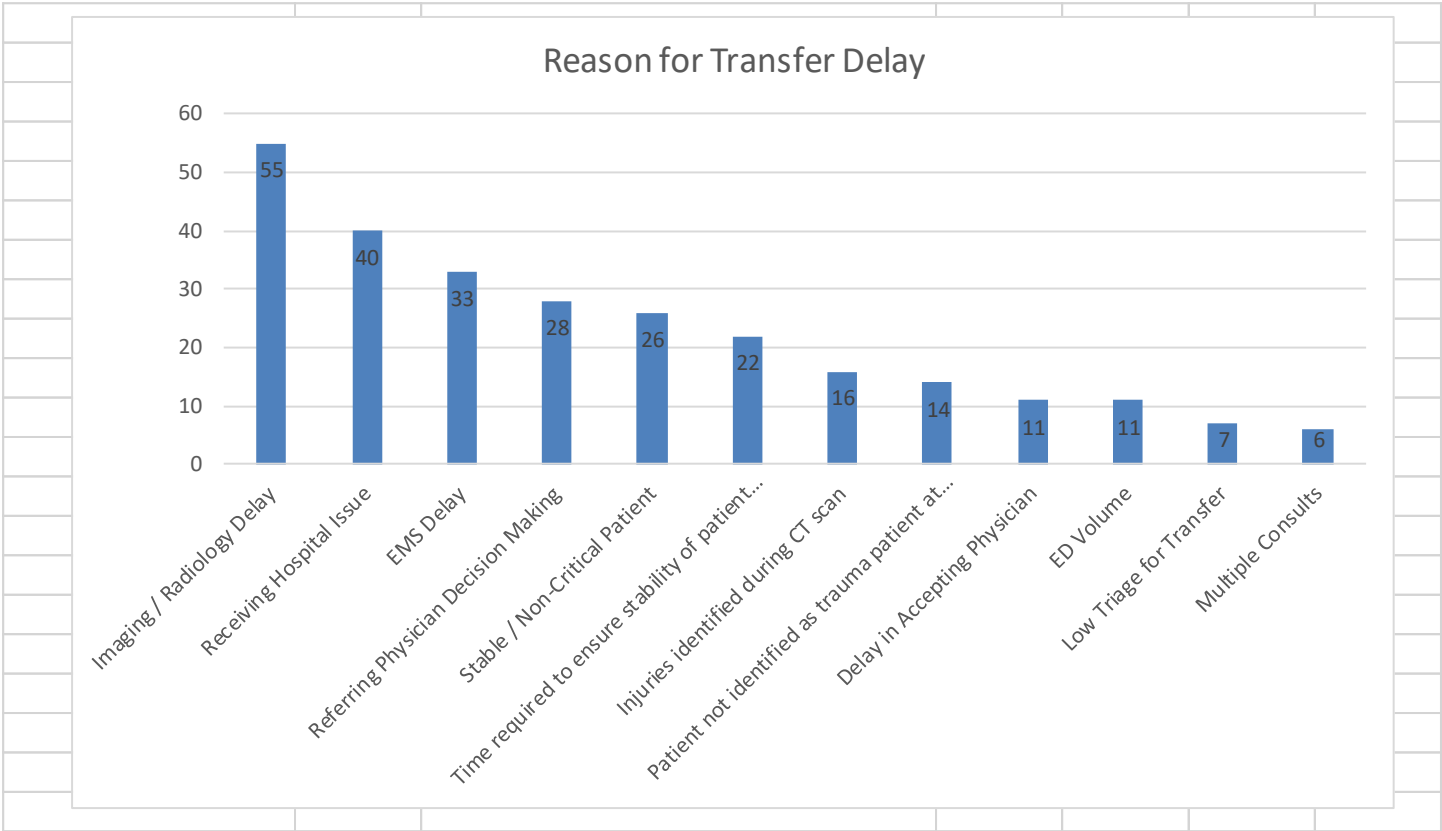
- a. ISDH has added percent of patients transferred from the ED in <2 hours to District-Specific Reports for Quarter 4 2015.
- b. ISDH has provided examples of Kentucky's Inter-Facility Transfer Protocols.
- c. ISDH added timeframe, total number of patients and percentages to the Reason for Transfer Delay graph.
- d. ISDH REMOVED ED LOS vs. ICU LOS Table and ED LOS for all patients graph.

c) 2016 Goals

- a. Increase the number of hospitals reporting to the Indiana trauma registry



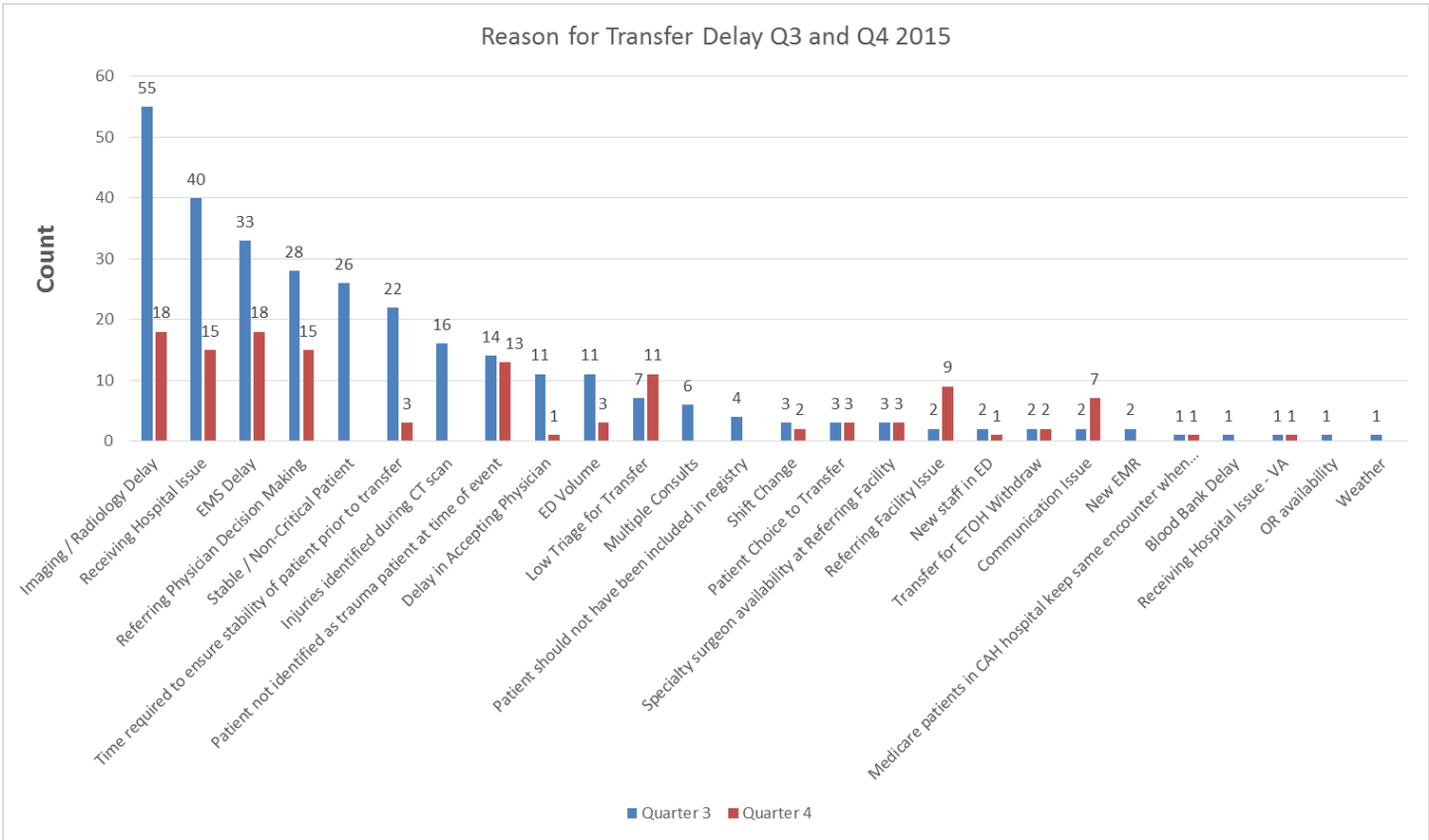
- e) Decrease average ED LOS at non-trauma centers
 - i. Review of current average ED LOS
 - 1. Starting February 2016, the state started following-up with facilities that have patients with an ED LOS > 2 hours that are transferred.
 - 2. Quarter 3 2015: Sent 76 letters and received 21 responses.
 - 3. Quarter 4 2015: Sent 68 letters and received 12 responses.
 - a. Summary of findings from Quarter 4, 2015:
 - i. 12 facilities responded (sent out letters to 68 facilities)



Less than 5 cases: Patient should not have been included in registry, shift change, patient choice to transfer, specialty surgeon availability at referring facility, referring facility issue, new staff in ED, transfer for ETOH withdraw, communication issue, new EMR, Blood bank delay, receiving hospital issue - VA, OR availability at referring facility, weather

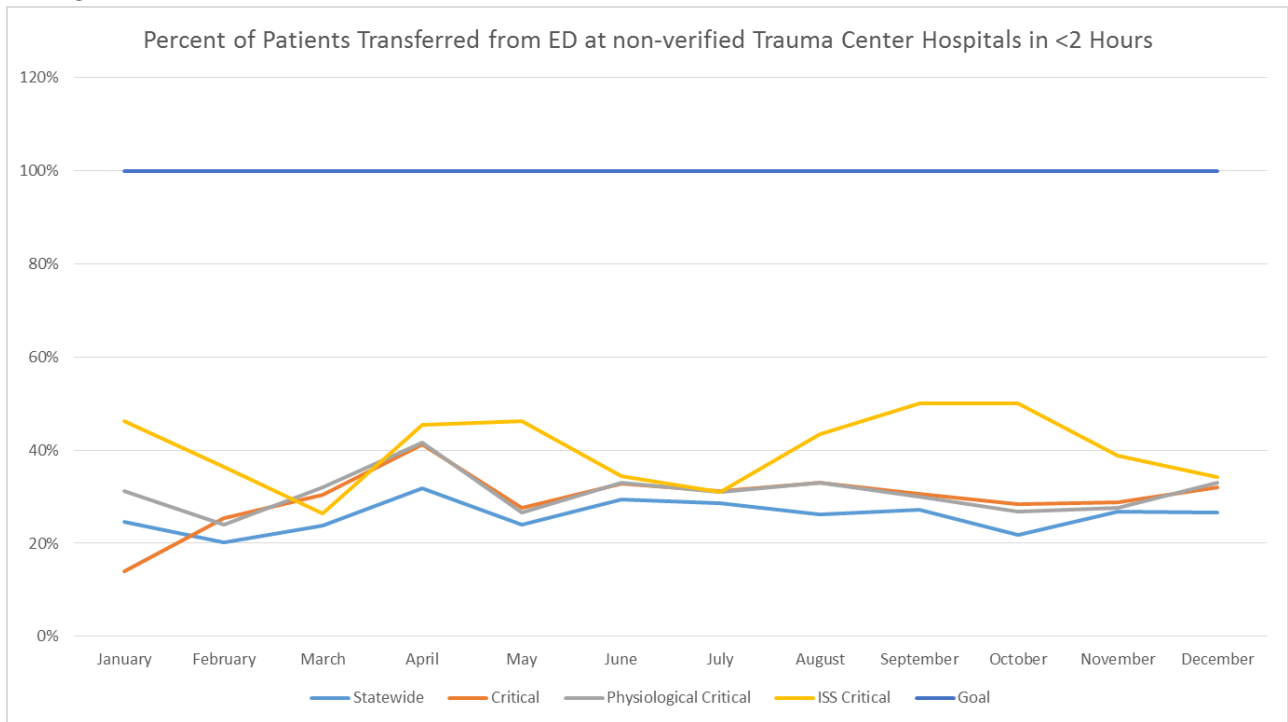
4. Quarter 3 v Quarter 4 2015

a. Overall decrease in hospital responding (21→12) and number of responses (297→126). Imaging/radiology delay, receiving hospital issue, EMS delay, referring physician decision making and patient not identified as trauma patient at time of event are still the top reasons listed. The following reasons increased in frequency compared to Q3: low triage for transfer, referring facility issue and communication issue.



ii. Discussion of inter-facility transfer protocols (Kentucky examples attached).
 5. Percent of patients transferred from ED at non-verified trauma center hospitals in

<2hrs



*****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

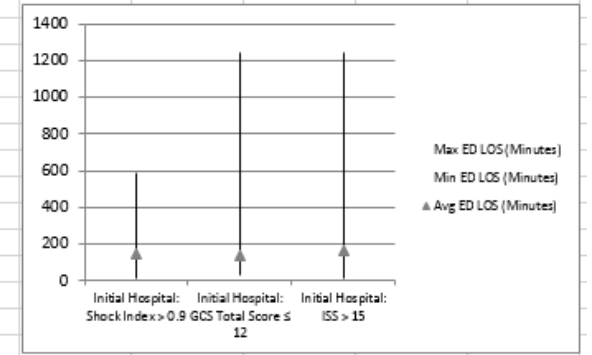
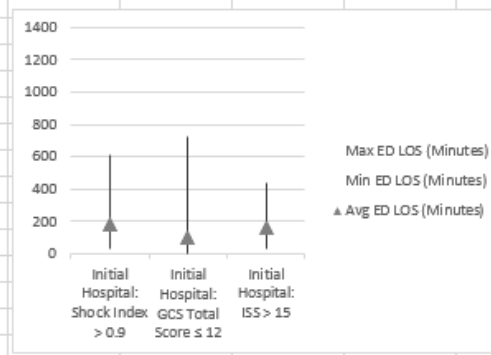
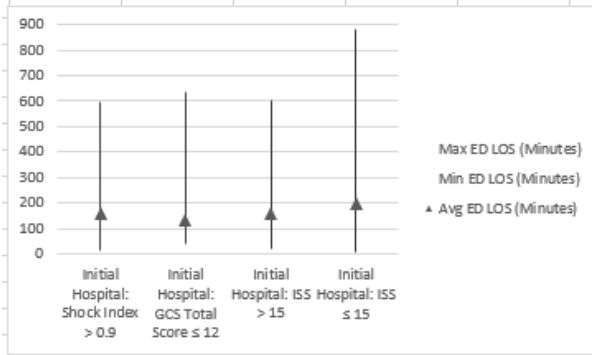
*ISS critical patient: ISS > 15

- a. ED LOS Analysis
 - i. Separated the data out by quarter. For each quarter looked at the average, min and max ED LOS for each category (Shock Index, GCS, ISS).
 - ii. Revised Trauma Score – best way to group this information?

ED LOS Analysis

Q4 2015 (October 1 - December 31)					Q3 2015 (July 1 - Sept 30)					Q2 2015 (April 1 - June 30)				
Total # of Patients Transferred:				1441	Total # of Patients Transferred:				2173	Total # of Patients Transferred:				
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts
Initial Hospital: Shock Index > 0.9	596	15	160	126	Initial Hospital: Shock Index > 0.9	609	27	179	174	Initial Hospital: Shock Index > 0.9	588	8	149	179
Initial Hospital: GCS Total Score ≤ 12	632	38	135	36	Initial Hospital: GCS Total Score ≤ 12	728	3	104	88	Initial Hospital: GCS Total Score ≤ 12	1247	32	135	81
Initial Hospital: ISS > 15	606	20	157	119	Initial Hospital: ISS > 15	444	26	164	143	Initial Hospital: ISS > 15	1247	12	169	188
Initial Hospital: ISS ≤ 15	879	11	198	1322	Initial Hospital: ISS ≤ 15	3235	0	205	1939	Initial Hospital: ISS ≤ 15	1027	0	185	1854

*Both trauma centers and non-trauma centers are included



Percent Complete	
Pulse Rate	36%
Systolic BP	34%
GCS Total	80%
ISS	100%

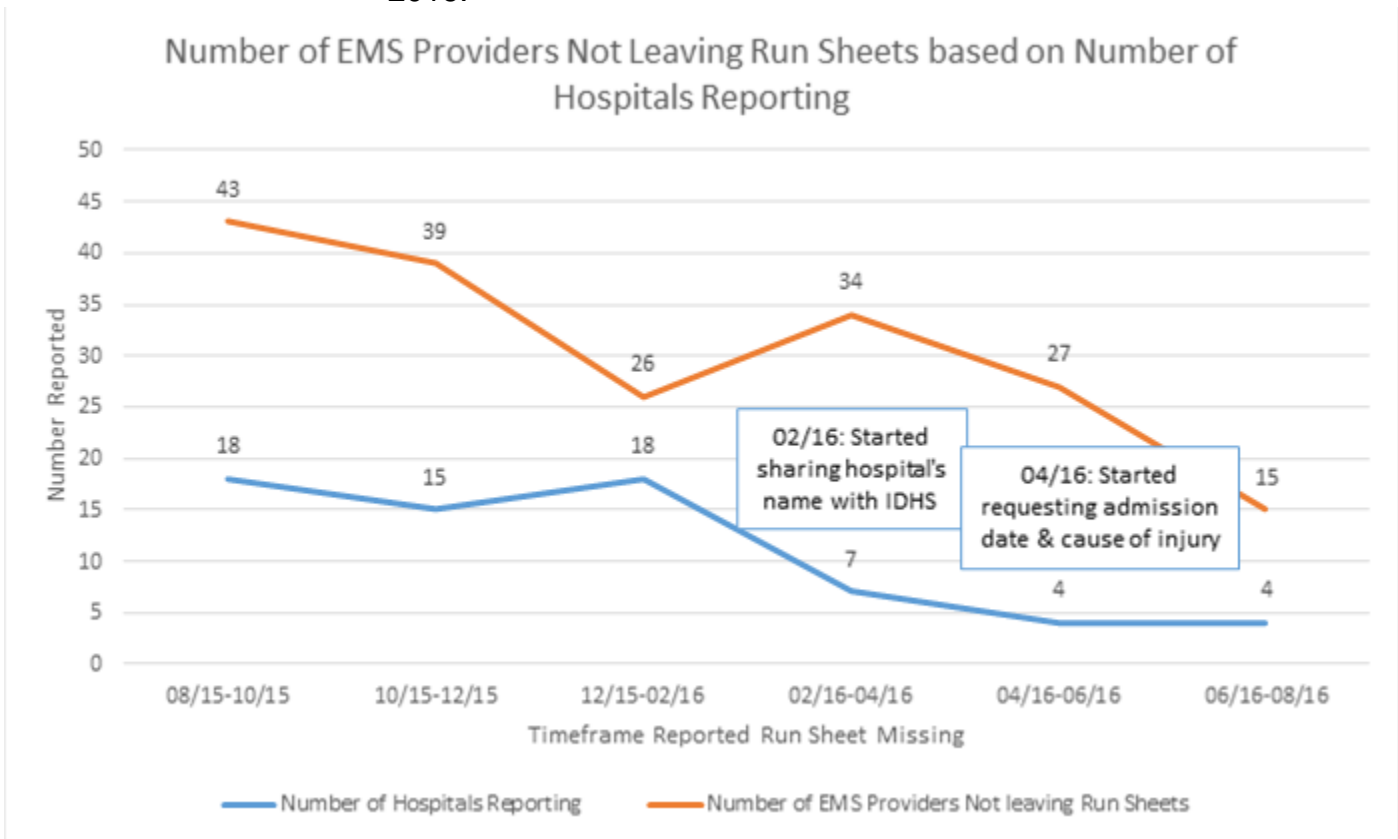
- iii. Body regions by patient age groupings.
 1. Provided the percentage and count for each body region by patient age groupings.

Region of the Body Injured for Transferred Patients by Age Category																				
Q4 2015 (Oct 1 - Dec 31)							Q3 2015 (July 1 - Sept 30)							Q2 2015 (April 1 - June 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years		Body Region	<15 Years		15 - 65 Years		>65 Years		Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	94	15%	328	51%	220	34%	Extremity	194	19%	510	49%	333	32%	Extremity	129	18%	323	46%	252	36%
External	86	13%	277	42%	197	30%	External	116	14%	533	63%	197	23%	External	78	13%	344	57%	184	30%
Head	55	6%	209	21%	142	14%	Head	99	16%	310	49%	220	35%	Head	79	15%	249	48%	186	36%
Chest	19	10%	103	55%	64	34%	Chest	17	5%	225	69%	82	25%	Chest	6	2%	181	74%	59	24%
Face	22	14%	73	47%	60	39%	Face	27	12%	161	71%	40	18%	Face	17	12%	88	64%	33	24%
Abdomen	11	4%	65	24%	40	15%	Abdomen	11	7%	106	72%	31	21%	Abdomen	6	5%	112	87%	11	9%
Multiple	224	17%	683	50%	448	33%	Please note: Injured body region categories are not exclusive							Please note: Injured body region categories are not exclusive						
Please note: Injured body region categories are not exclusive							Please note: U indicates count less than 5							Please note: U indicates count less than 5						

b. Increase EMS run sheet collection

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

1. Sent email to Mike Garvey, Lee Turpen, and Dr. Michael Olinger April 2016.



c. Improve trauma registry data quality.

- i. Data quality – how does the state address these cases?
- ii. Frequency Reports

1. Hospitals have shared best practices. This information will be included in a future letter to ED Managers.
2. Update on creation of hospital-specific frequency reports in SAS from Camry Hess.

d) Mortality Review

- a. Information for 2015 will be available when the NTDB Data Report comes out – late 2016.

e) Reasons for Delay

- a. See handout

f) Mortality Review

- a. Information for 2015 will be available when the NTDB Data Report comes out – late 2016.

g) Regional Performance Improvement

- a. District 1 data request.
 - i. Next PI meeting: October 4, 10AM EST, Larkin Conference Room

h) Staying on our radar:

- a. Triage & Transport Rule Analysis
- b. Identifying double transfers – new Linking Software will help us better identify these patients.

i) Other Discussion

j) Next Meeting: November 15, 10AM EST, Larkin Conference Room