PI Subcommittee Meeting - Agenda

March 14, 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

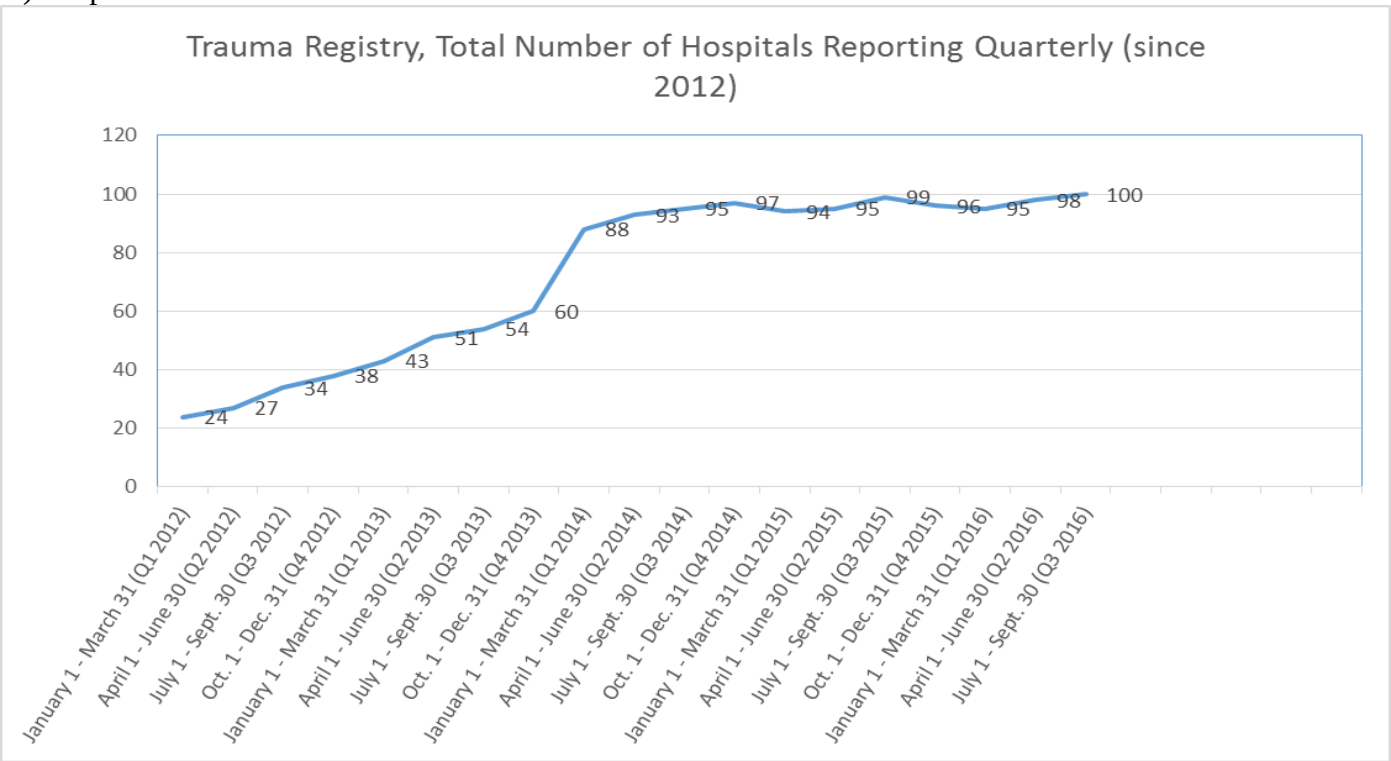
Meeting Attendees			
Amanda Rardon	Jennifer Mullen	Mark Rohlfing	Sarah Quaglio
Angela Cox-Booe	Jodi Hackworth	Mary Schober	Spencer Grover
Annette Chard	Kelly Blanton	Merry Addison	Dr. Stephanie Savage (Chair)
Bekah Dillon	Kelly Mills	Michele Jolly	Tammy Robinson
Brittanie Fell	Kristi Croddy	Michelle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



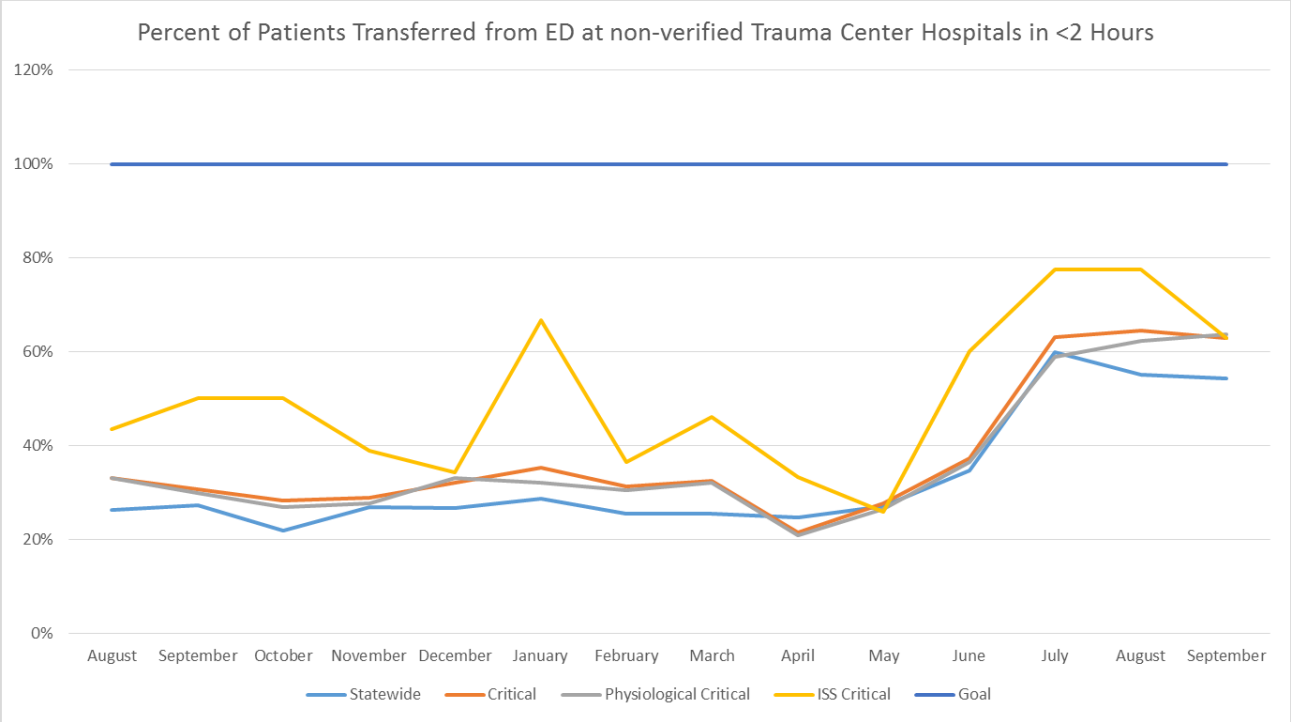
B) We reached triple digits for hospitals reporting to the registry for Q3 2016

2.

A) Decrease average ED LOS at non-trauma centers

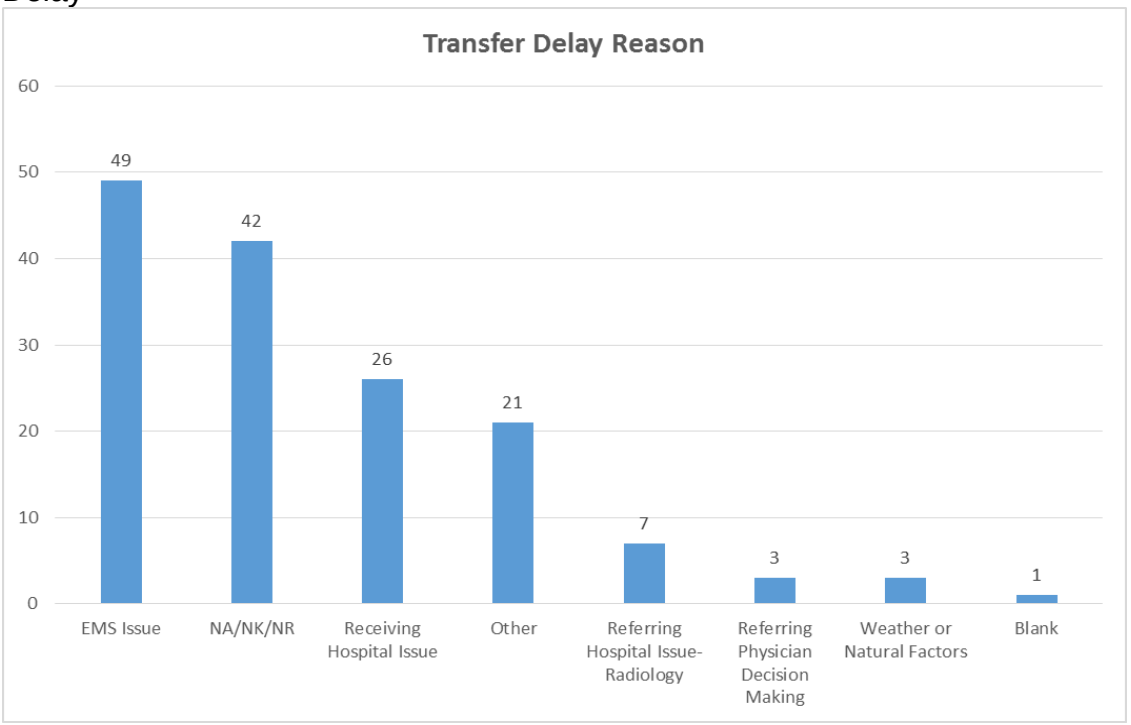
i. Review of current average ED LOS
ii. The graph below used ED Discharge Date/Time (Orders Written). This likely caused the increase in the percent of patient transferred closer to the goal.
iii. There will be an additional graph at the next PI meeting that uses ED Discharge Date/Time (Physical Exit). We still want to track ED LOS using that element.
iv. The language will be changed from a 2 hour ‘goal’ to ‘PI audit filter’.

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



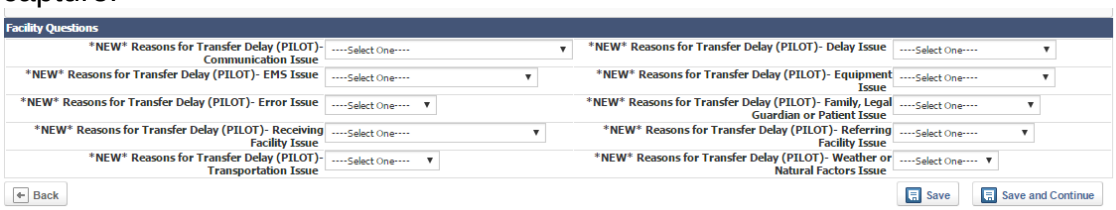
**********Definitions of critical categories**********
*Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15
*Physiological critical patient: GCS <= 12 or shock index > 0.9
*ISS critical patient: ISS > 15

- 28 facilities answered “Yes” to Transfer Delay



B) 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:



- Asking hospitals to take note of what works, what doesn't, what's missing, etc.

6. Missy Hockaday noted that the EMS issue needs to be split up by district. This could be presented at an EMS commission meeting.

3. Increasing Trauma Registry participation
    a. Looked at all January-December 2016 quizzes
    b. 64 out of the 177 respondents took quiz at least 5 times
        i. Result: 36%
        ii. Fluctuation in numbers due to some factors.
    c. We will be tracking how many hospitals have at least 50% participation (taking at least 6 out of 12 monthly quizzes). This feedback will be tracked and sent to the trauma program managers and ED managers.

4. Attachment (Indiana Sample Trauma Transfer Guideline)
    a. The transfer guideline will be brought to the Trauma Care Committee for a vote and then sent out to all hospitals.
    b. The transfer guidelines will be sent to RTTDC coordinators so they can hand it out as a resource during the training.
    c. The transfer guidelines will be put in the division newsletter.
    d. The transfer guidelines will be attached to the transfer delay e-mails.
5. Other
    a. Regional representation – We would like each regional to be represented at the PI meeting. If you cannot attend then send a proxy. The regions that are and are not represented will be reported at the April Trauma Care Committee meeting.
    b. Quarterly district reports – The number of cases that were transferred in (Interfacility Transfer = "yes") and were transferred out (ED Acute Care Disposition = "Transferred) will be added to the report.

6. **Reminder**: Increase EMS run sheet collection
        i. Please send Katie list of EMS providers not leaving run sheets.