

PI Subcommittee Meeting - Agenda

September 12, 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	Melissa Smith	Tracy Spitzer
Amelia Shouse	Jodi Hackworth	Merry Addison	Wendy St. John
Andy VanZee	Kelli Vannatter	Michele Jolly	
Angela Cox-Booe	Kelly Blanton	Michelle Moore	
Annette Chard	Kelly Mills	Michelle Ritchey	
Bekah Dillon	Kristi Croddy	Missy Hockaday	
Brittanie Fell	Latasha Taylor	Olivia Roloff	
Carrie Malone	Lesley Lopossa	Dr. Peter Jenkins	
Christy Claborn	Lindsey Williams	Regina Nuseibeh	
Chuck Stein	Lisa Hollister	Rexene Slayton	
Dawn Daniels	Lynne Bunch	Sarah Quaglio	
Dusten Roe	Marie Stewart	Spencer Grover	
Emily Grooms	Mark Rohlfing	Dr. Stephanie Savage (Chair)	
Jennifer Homan	Mary Schober	Tammy Robinson	
ISDH STAFF			
Camry Hess	Katie Hokanson	Ramzi Nimry	Pravy Nijjar

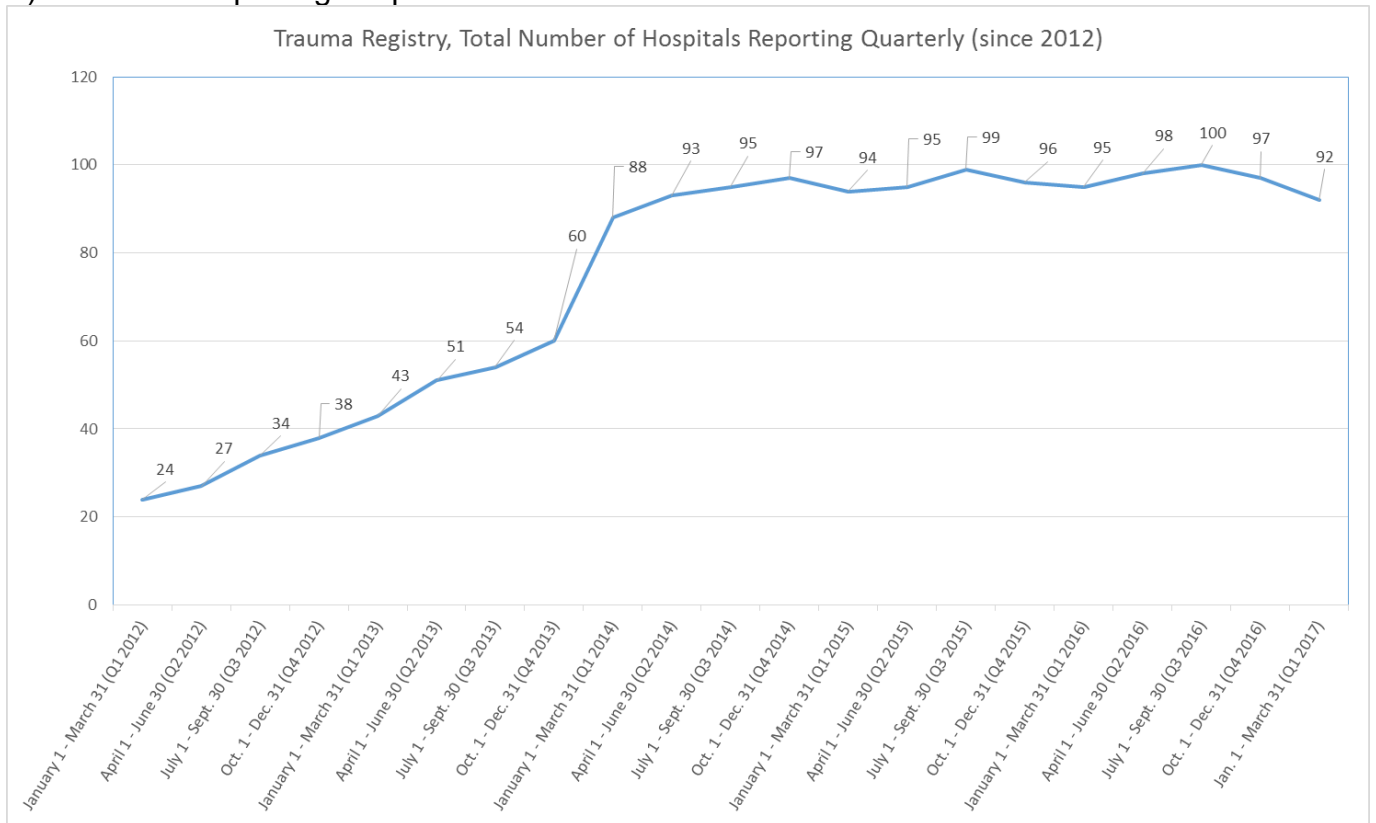
b) **2017 Goals**

1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease Average ED LOS
 - i. Transfer Delay
 - Pilot Project
 - ii. Letter to hospitals about ED discharge date/time
3. Increasing Trauma Registry quiz participation.
4. Inter-facility transfer guideline – **APPROVED BY ISTCC.**
5. Continued EMS run sheet collection.

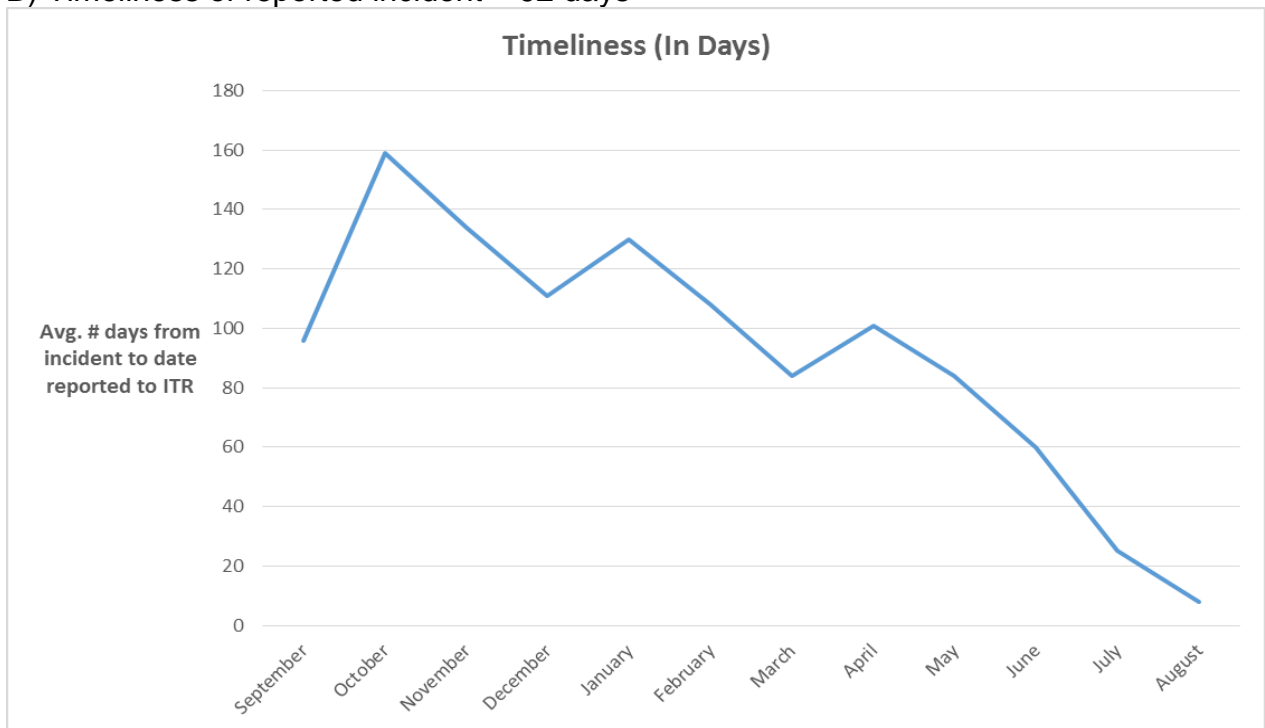
c) Statewide Trauma Report

1.

A) Number of reporting hospitals



B) Timeliness of reported incident – 92 days



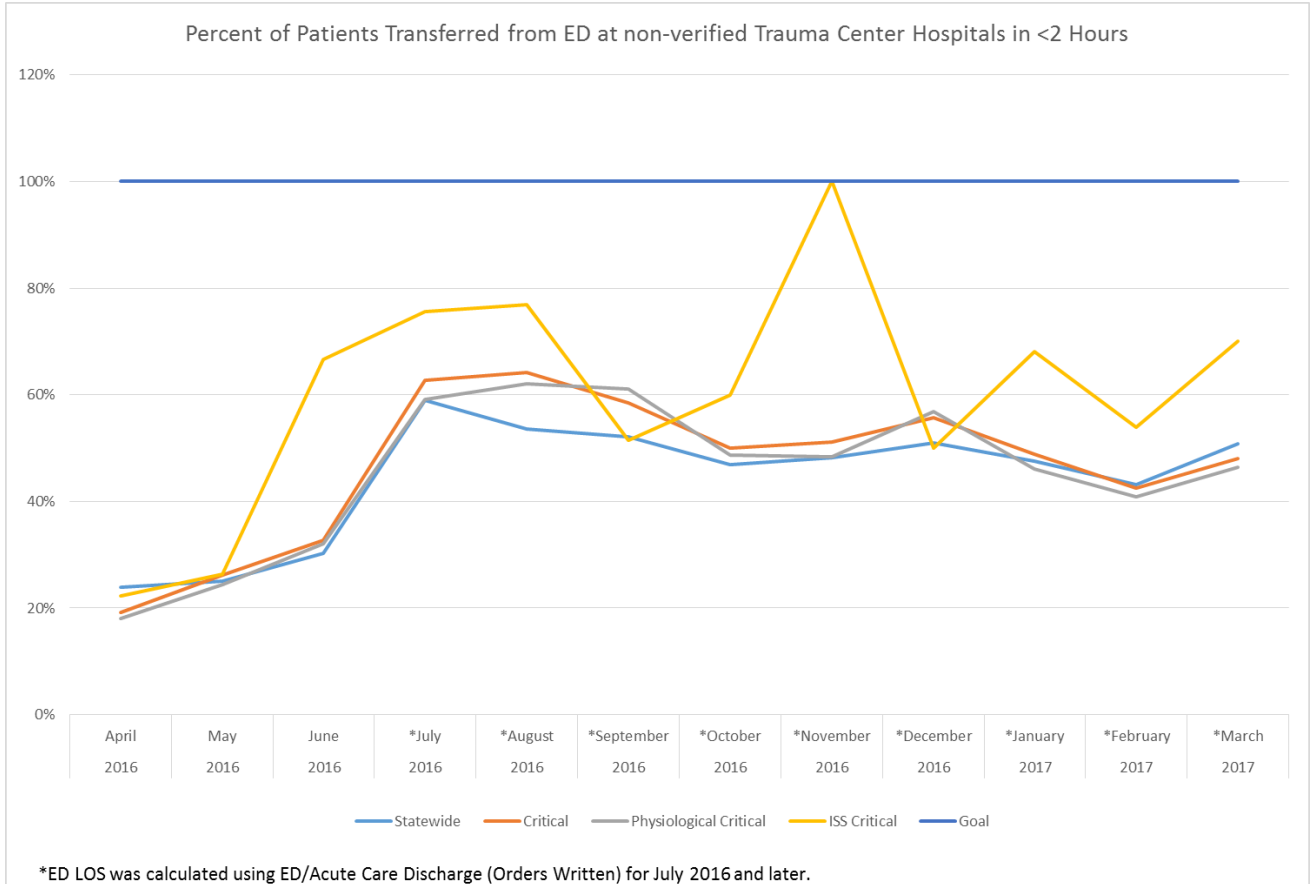
2.

A) Decrease average ED LOS at non-trauma centers

i. Review of current average ED LOS

- Quarter 4 2016: 3 facilities responded (sent out letters to 15 facilities)
- Quarter 1 2017: **Will have an update at the November meeting along with Q2 2017**

ii. ED LOS (Orders Written)



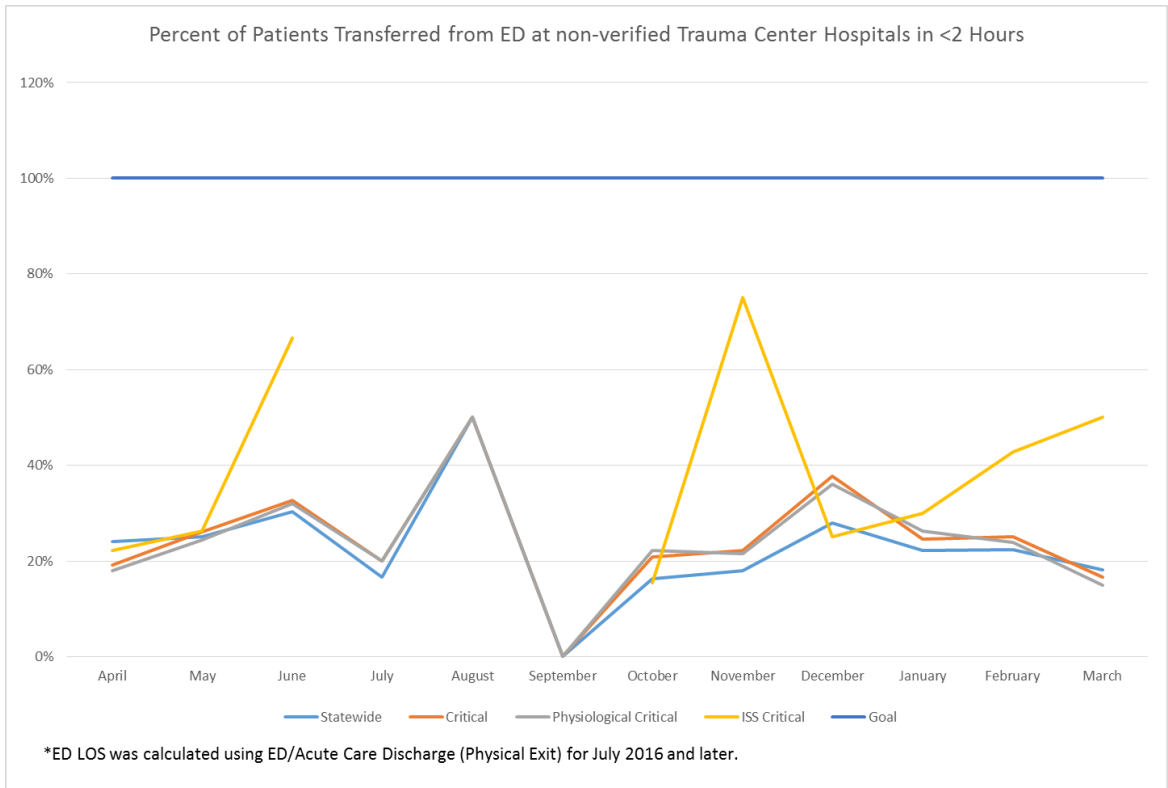
*****Definitions of critical categories*****

*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

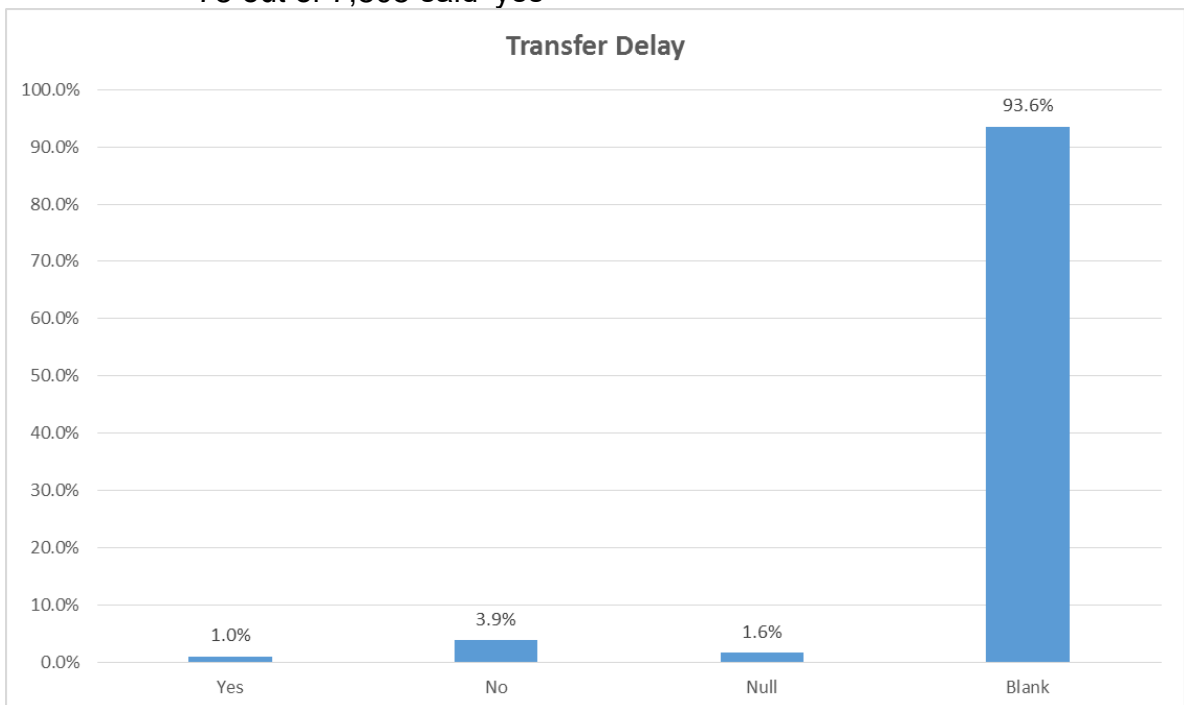
*Physiological critical patient: GCS \leq 12 or shock index $>$ 0.9

*ISS critical patient: ISS $>$ 15

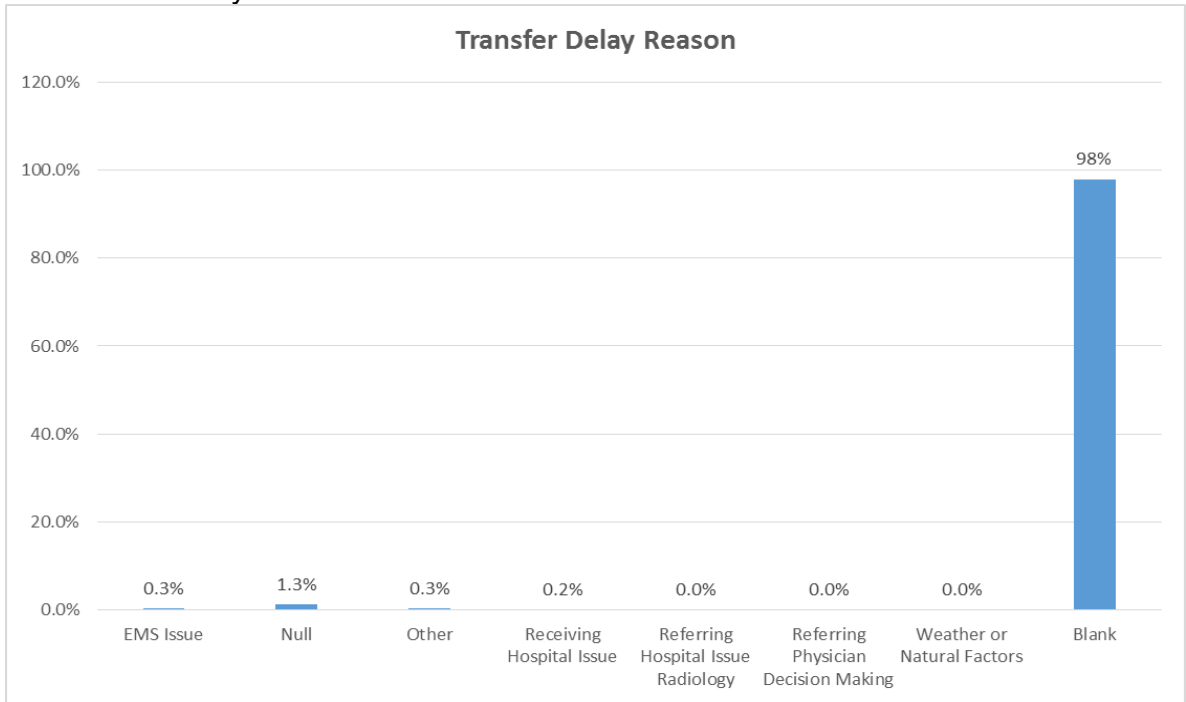
B) Transfer Delay Charts

i. Transfer Delay – statewide

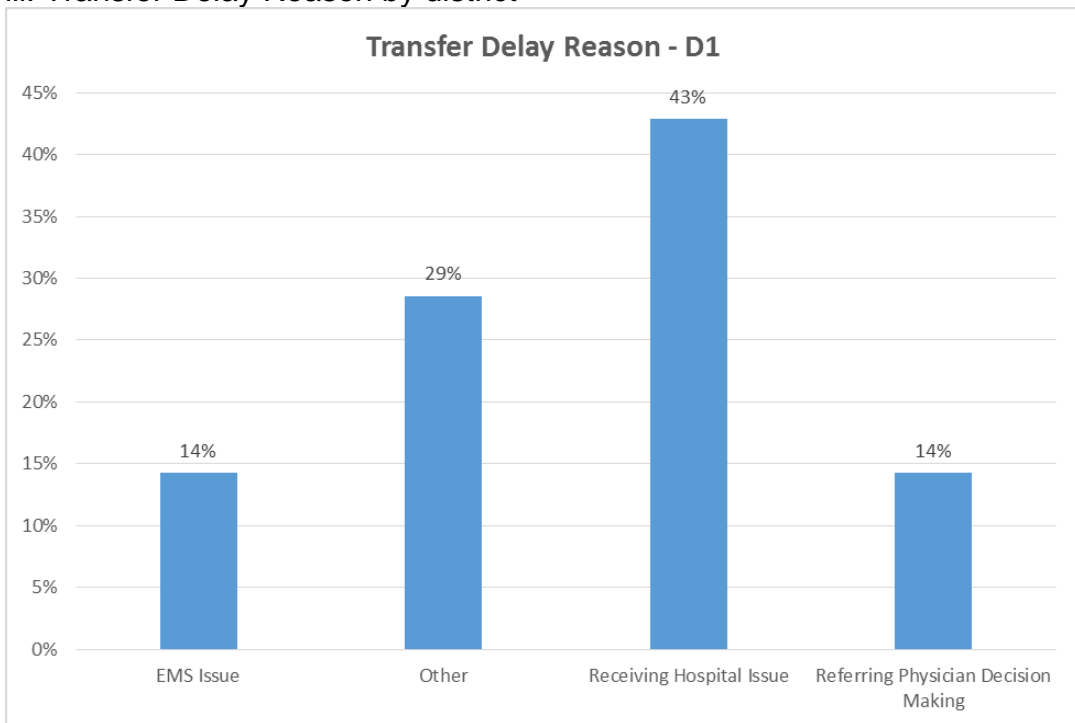
- 78 out of 7,805 said 'yes'

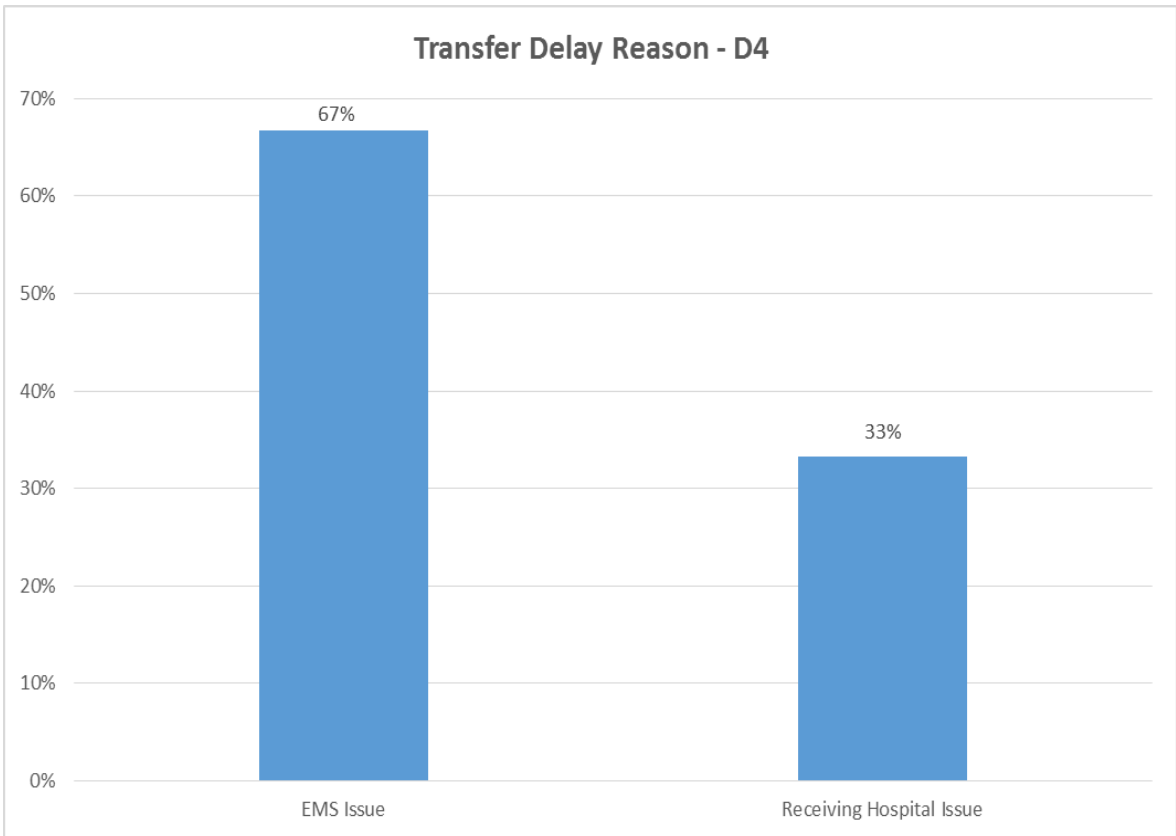
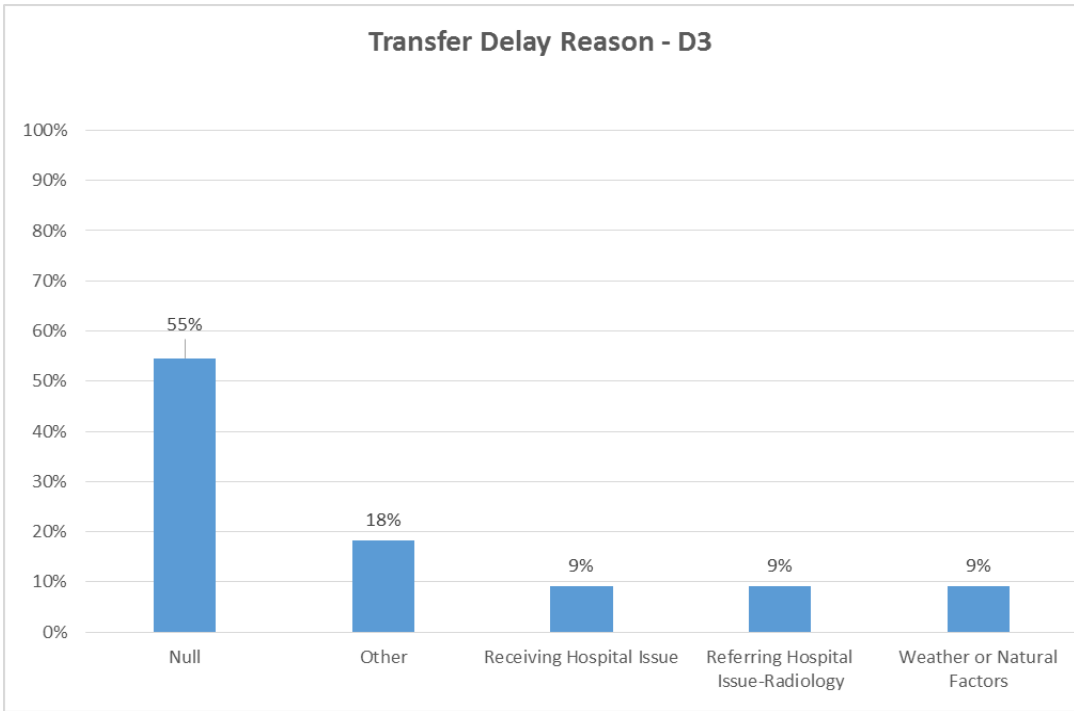


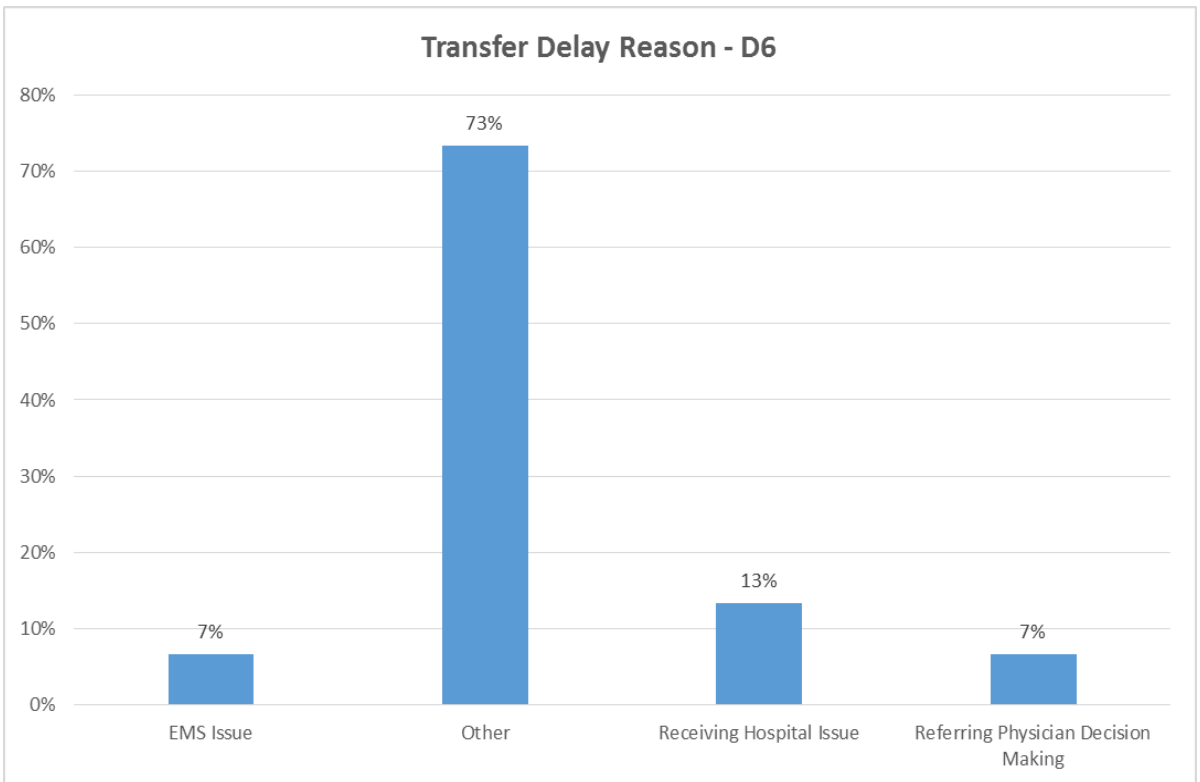
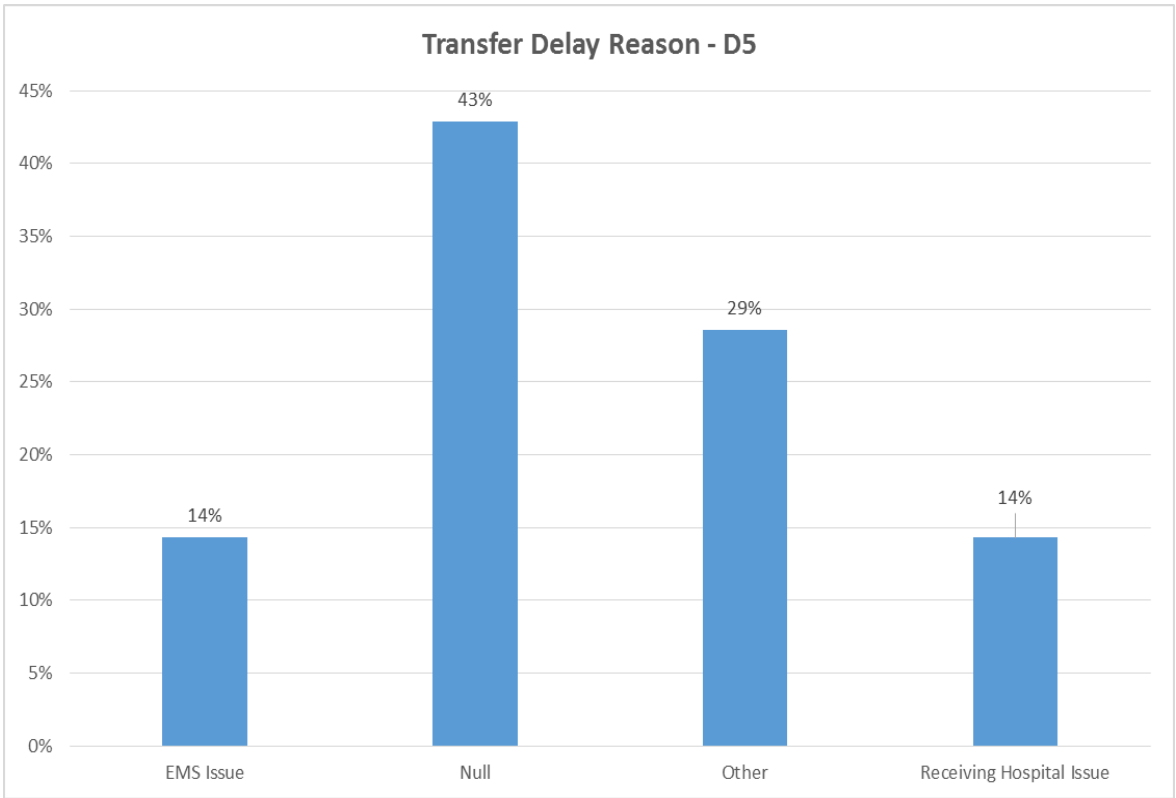
ii. Transfer Delay Reason – statewide

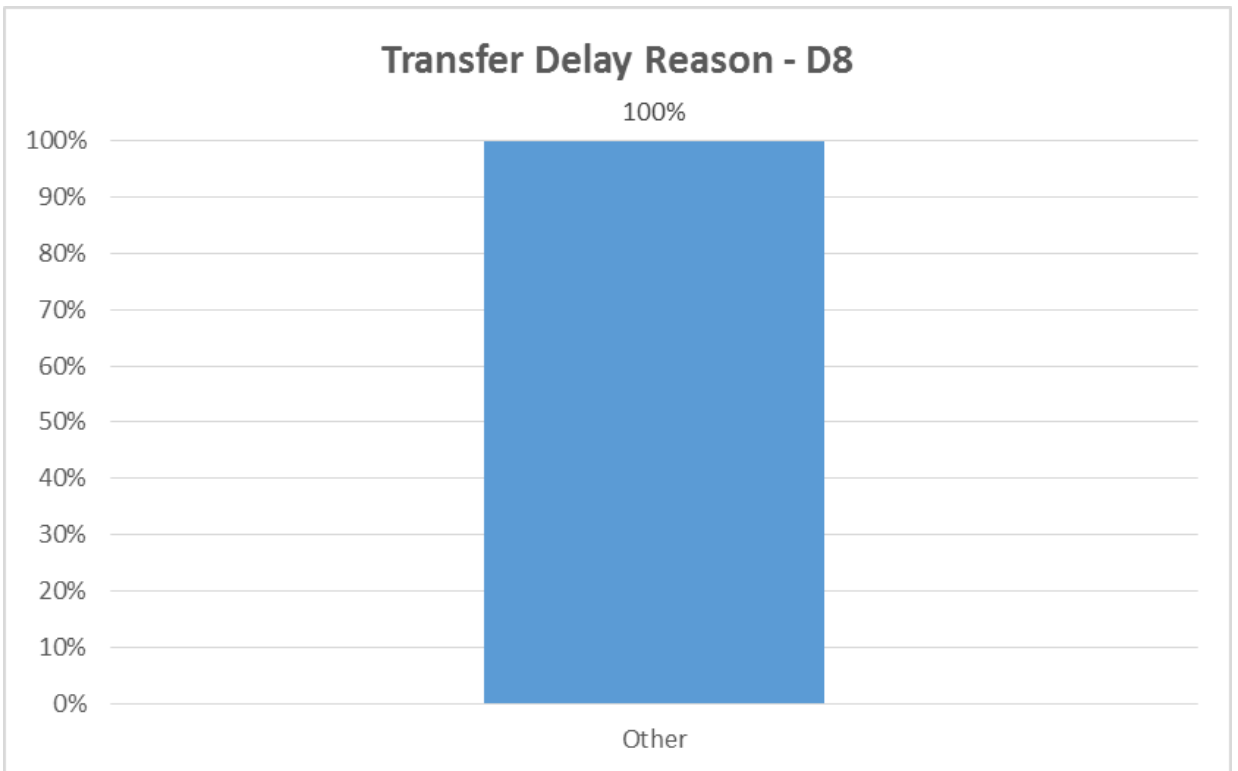
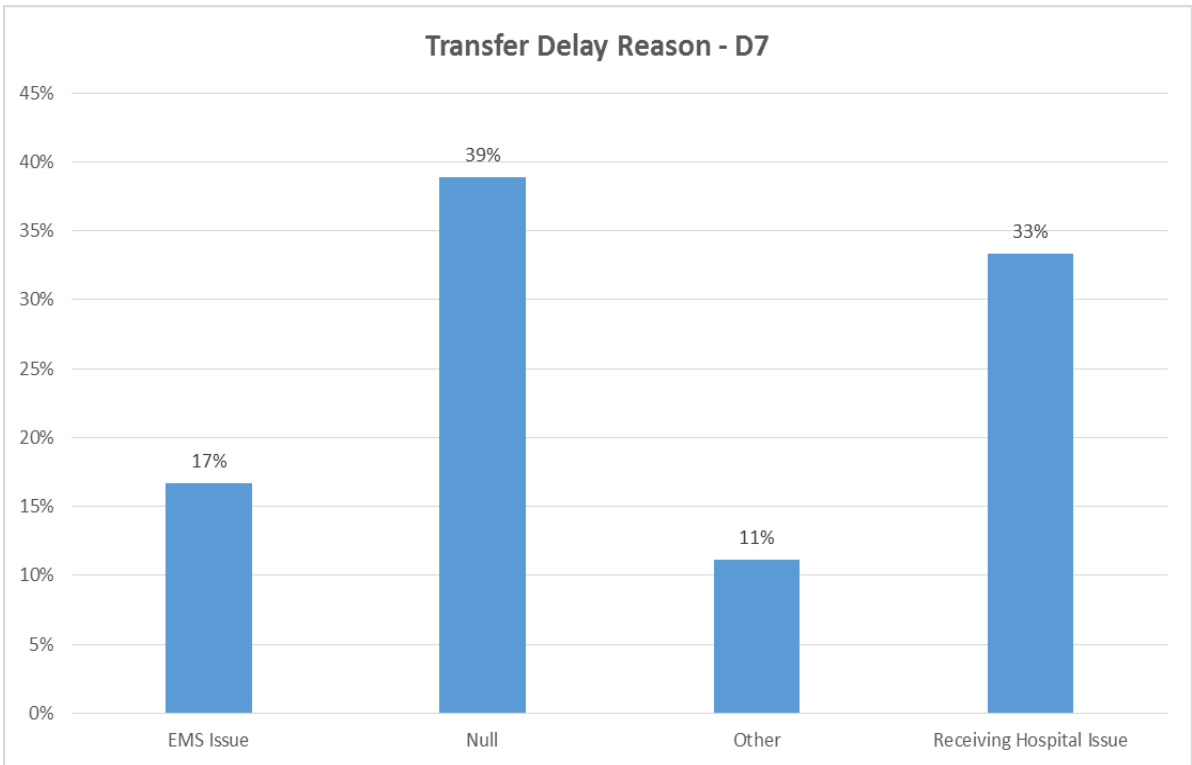


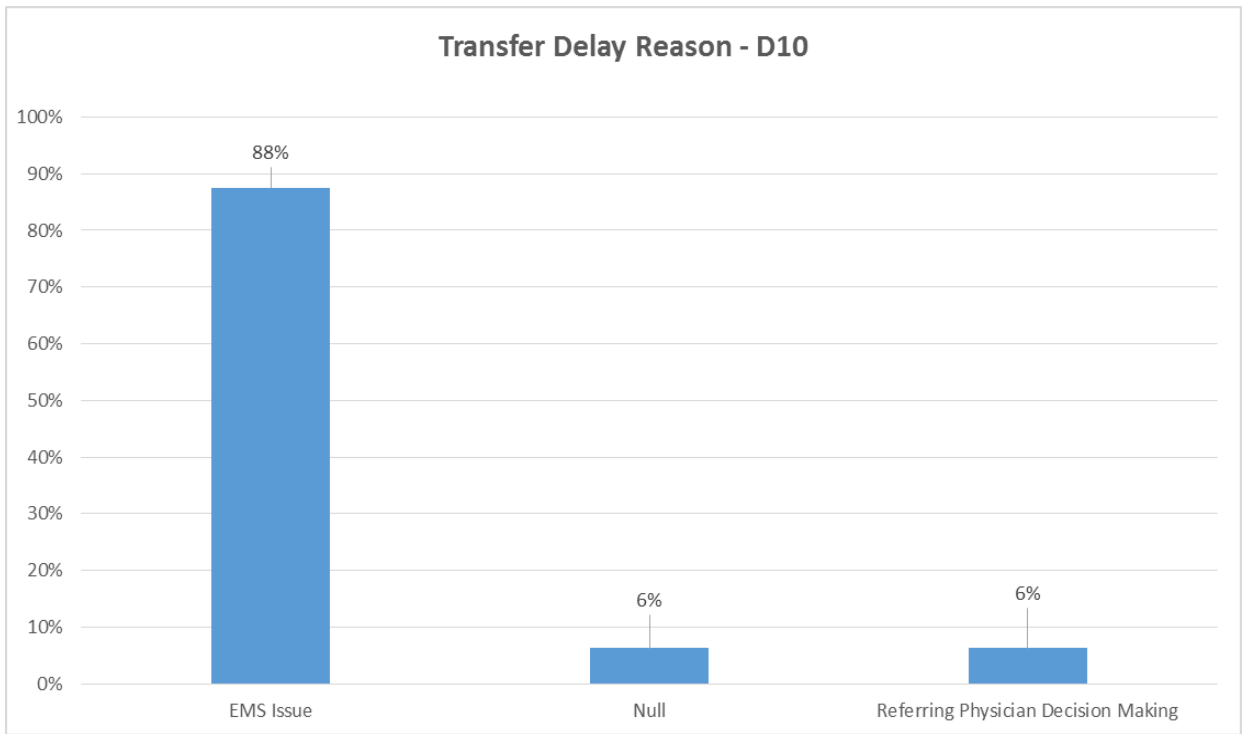
iii. Transfer Delay Reason by district









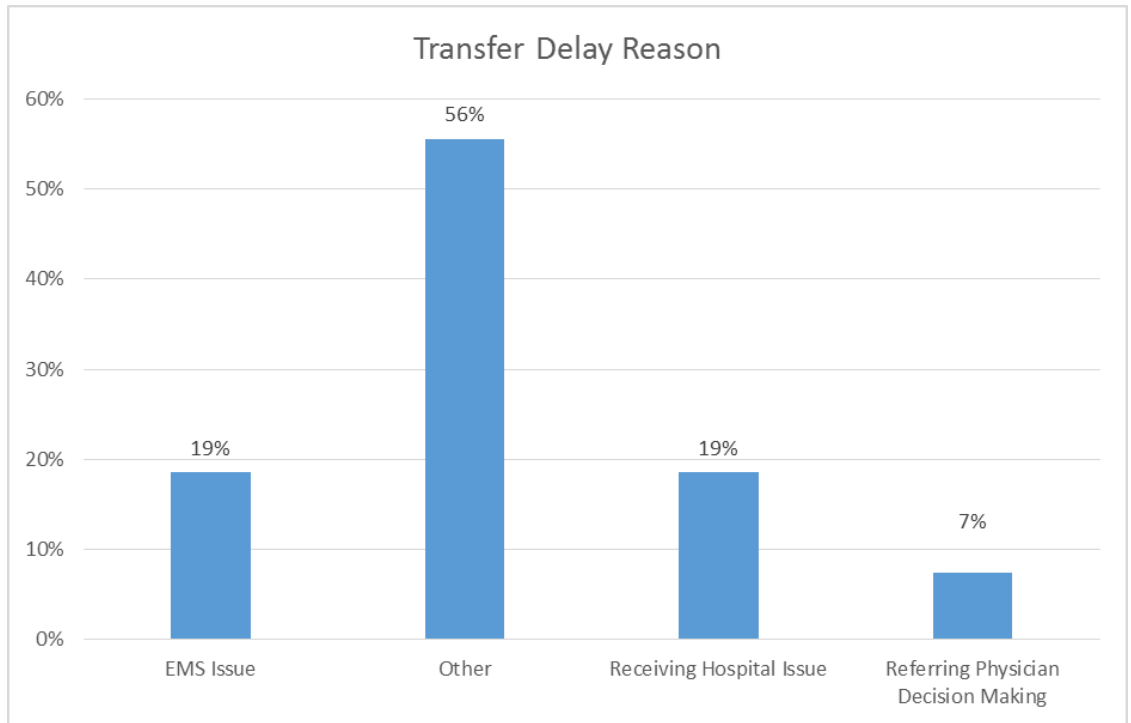


C) Transfer Delay Pilot

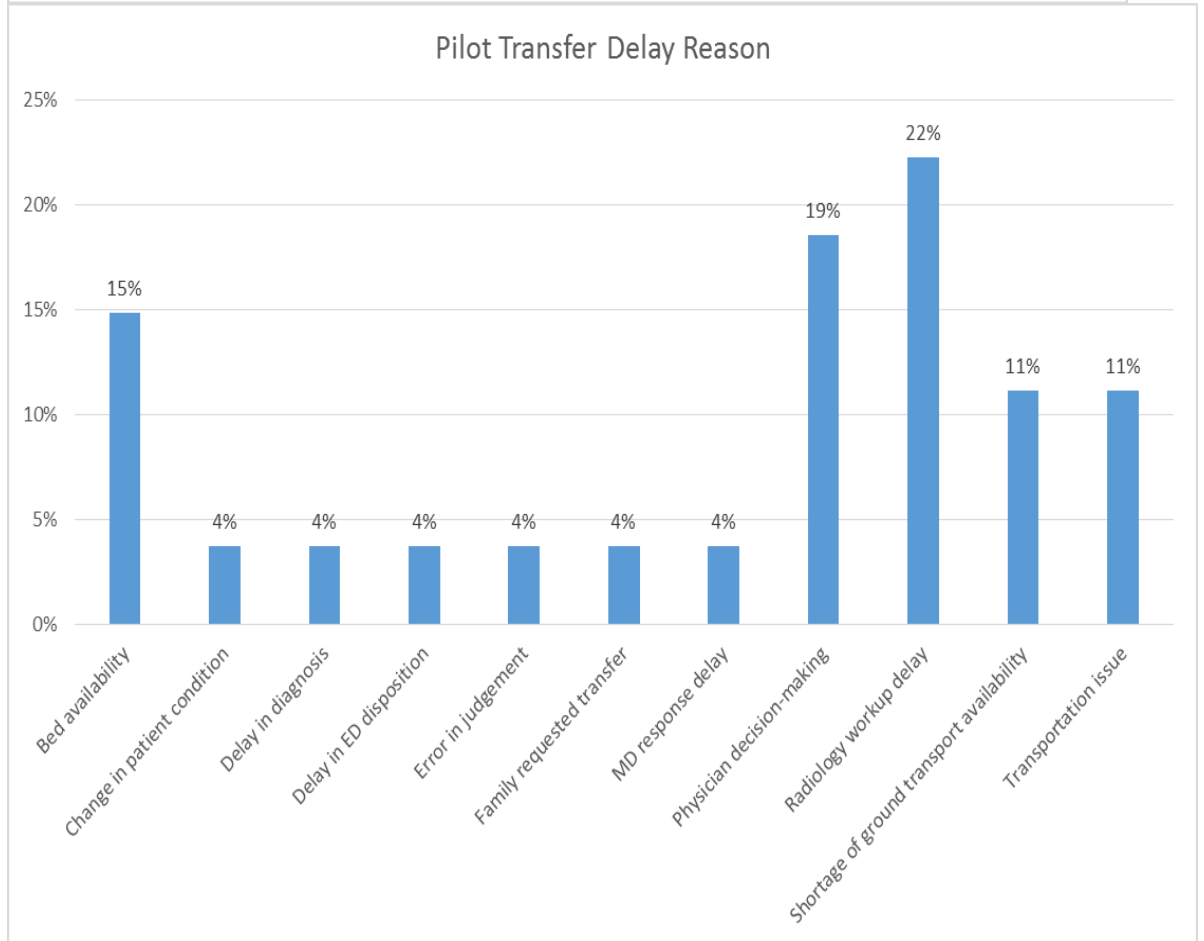
- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center)
- Hospitals collected Q1 2017 data through the pilot (facility questions), but continued collection through the typical transfer delay capture:

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.
- N=27 responses



iv.



v.

3. Increasing Trauma Registry participation
 - a. Looked at all September 2016 to August 2017 quizzes
 - b. 47 out of the 148 respondents took quiz at least 5 times
 - i. Result: 32%

ii. Fluctuation in numbers due to some factors.

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

i. **Please send Murray Lawry (Mlawry@isdh.IN.gov) a list of EMS providers not leaving run sheets.**

C. Statewide Trauma Report

1. Which part of the report should be presented to the ISTCC?

2. Which part of the report should be done on an annual basis (posted to website, not presented to the ISTCC)?

3. What should be kept? What should be changed? What should be dropped?