PI Subcommittee Meeting – Notes

December 9, 2015 – 10am EST to 11am EST

1. Welcome & Introduction

Meeting Attendees			
~~Adam Weddle~~	Amanda Elikofer	Amanda Rardon	Annette Chard
~~Amy Deel~~	Bekah Dillon	~~Brittanie Fell~~	Carrie Malone
Chris Wagoner	Christy Claborn	Chuck Stein	Dawn Daniels
Dusten Roe	~~Emily Dever~~	Jennifer Mullen	Jeremy Malloch
Jodi Hackworth	~~Kasey May~~	~~Kelly Mills~~	~~Kris Hess~~
Kristi Croddy	Latasha Taylor	~~Lesley Lopossa~~	~~Lindsey Williams~~
Lisa Hollister	~~Lynne Bunch~~	Marie Stewart	~~Mary Schober~~
~~Missy Hockaday~~	Merry Addison	Michele Jolly	Dr. Larry Reed
Dr. Peter Jenkins	~~Regina Nuseibeh~~	~~Sean Kennedy~~	Spencer Grover
Tracy Spitzer	Wendy St. John		
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	~~Jessica~~ ~~Skiba~~	Camry Hess

2. Discussion of PI Measures for 2016
    a. ISDH was approved in October to participate in the Children's Safety Collaborative Innovation and Improvement Network (CS CoIIN).
        i. Art Logsdon, Dr. Duwve and Katie Hokanson will be flying to learn more about the collaborative. The focus of the CoIIN is to reduce childhood injuries.
        ii. Pre-conference readings provided some great takeaways relevant to the PI subcommittee: what are we trying to achieve and how are we doing it?
        iii. It may be helpful, overall, to develop specific scorecards and measures to track progress. As we think about what we want to do in the future, keep in mind what we are trying to achieve and how to do that.
    b. What are some initiative-specific scorecards that we could put together?
        i. So far when it comes to Emergency Department (ED) Length of Stay (LOS) we have looked at the average.
            1. A new activity that ISDH will start doing in December is sending out individual hospital-specific reports for patients that were transferred out that had an ED LOS > 12 hours. More about these letters will be shared at the January PI subcommittee meeting. This is a step in the right direction to help us address long ED LOSs for seriously injured patients that are transferred.
            2. Instead of the average, should we look at the percent of patients transferred after 2 hours?
                a. Subcommittee agreed that this would be a great addition to the PI subcommittee reports.
                    i. **ACTION: ISDH will include the percent of patients transferred in less than 2 hours in the next PI subcommittee agenda.**

3. At the December ISTCC meeting, the division of trauma and injury prevention will highlight the facilities who have had a higher than average ED LOS for the past two quarters (with anonymous IDs).

c. Reasons for transfer delay feedback has been received from the subcommittee and ISDH will compiling.
   i. Suggested that the subcommittee use the 80/20 rule to focus on the predominant on the causes.
   ii. Subcommittee discussed the number of additional field options that should be available in the registry for the "Reason for Transfer Delay" data element. Group is mixed on having too many vs. not enough.

d. Potential quality measures discussed by the subcommittee: the number of variables that are being completed and time to DVT prophylaxis. TQIP looks at DVT prophylaxis.
   i. Division staff have had a frequency report on required elements for the imported data.
      1. **ACTION: ISDH will start making these reports for all facilities reporting data to the Indiana Trauma Registry on a quarterly basis.**
      2. Discussion of whether or not this is too much data for non-trauma centers.
   ii. Subcommittee discussed who is getting the hospital-specific reports at non-trauma centers.
      1. **ACTION: subcommittee will share with ISDH how they share their hospital-specific reports.**
      2. **ACTION: ISDH will then share these best practices with non-trauma centers when the reports are sent out.**

e. Discussion of moving towards identifying hospitals in data reports.

f. Discussion of other state's performance improvement measures.
   i. Each state have identified performance measures based on the issues that they are experiencing in their state's trauma system.
      1. Discussion of long ED LOS in Indiana.
      2. Discussion of identifying measures based on patient outcomes and major complications.

g. Discussion of paper that talked about disparity between accesses to trauma center care by protocol versus by distance to trauma center. They were trying to figure out where TCs should be for maximal coverage of injured patients.
   i. Suggested that Indiana does something similar because it could give us an idea of what we need to do for our protocols.
   ii. **ACTION: Reed will share paper with PI subcommittee**.

3. Indiana Priorities for 2016:
   a. Continue to work on getting all 3 groups submitting data:
      i. EMS.
      ii. Trauma.
      iii. Rehabilitation.
   b. Improve data quality.
   c. Continue with ED LOS initiative.
4. Additional Discussion:
   a. In January we will look at transfer delay reasons in our PI subcommittee meeting.
5. Next Meeting: January 12th, 10am EST, Larkin Conference Room at ISDH