

# PI Subcommittee Meeting - Agenda

January 12, 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)

## 1. Welcome & Introduction

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

## 2. *Reminder to group to send ISDH staff mentoring status.*

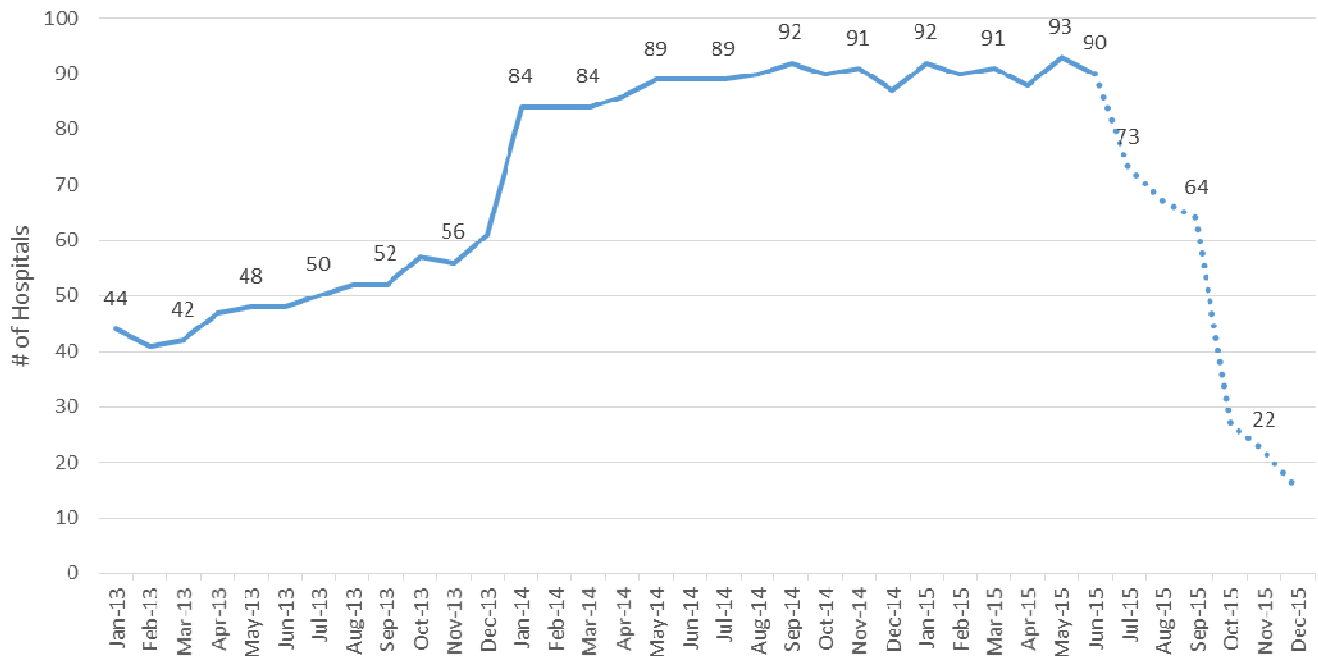
## 3. ED Discharge Date and Time vs. ED Discharge Orders Written Date and Time

- a. *Starting January 1, 2016 patient admissions, ED Discharge Time is based on the time that it was decided to admit, transport or discharge. This could be inconsistent within and between hospitals. This could be particularly problematic with discharges but admissions, too. This will impact the time metric.*
- b. *ISDH staff have been working with ImageTrend since the 2016 NTDB dictionary came out in the summer of 2015. Together ISDH and ImageTrend are working on solutions. There will be two time data fields – 1) time physically discharged and 2) time for when the order was written. This will come out in the 2016 Indiana Trauma Registry schema and the 2016 Indiana Trauma Registry data dictionary. We want to make sure that the data maps over correctly and have the same definitions.*
- c. *Discussion from the group regarding internal processes at each hospital and issues with collecting this data. Identified need for strong definitions from the state to clarify the date/time stamps.*
  - i. **ISDH will work with Dr. Reed to create a clarification document to send out to all Indiana hospitals submitting data to the Indiana trauma registry.**

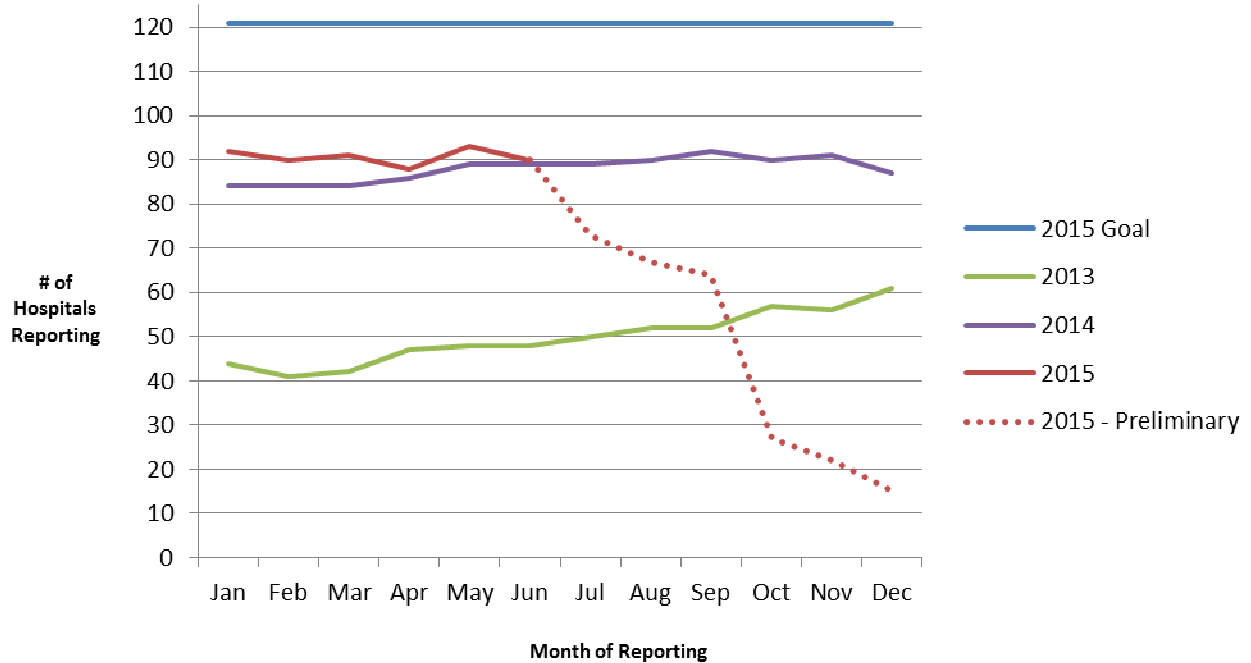
## 4. 2016 Goals

- a. Increase the number of hospitals reporting to the Indiana trauma registry
  - i. *Going forward, the committee will just have the first graph for PI purposes.*
    1. **ISDH will remove second graph from future PI meetings.**

## Trauma Registry, Number of Hospitals Reporting Data by Month

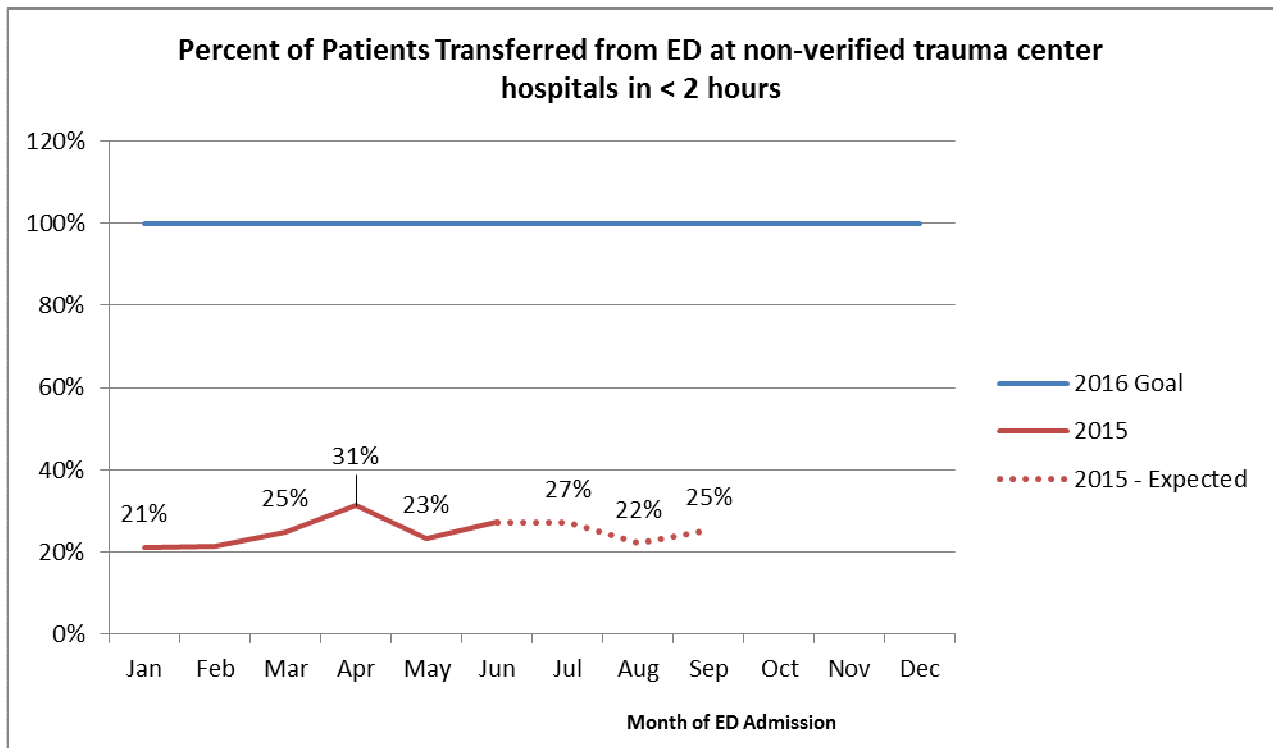


### # of Hospitals Reporting each Month to the Indiana Trauma Registry



- b. Decrease average ED LOS at non-trauma centers
  - i. Review of current average ED LOS
    - 1. Starting December 2015, the state will start following-up with facilities that have patients with an ED LOS > 2 hours that are transferred.
      - a. Letter did not go out in December due to feedback from ISTCC.

- i. **Dr. Reed is reviewing letter to be sent out to hospital CEOs from Dr. Adams and Director Kane and will present at the upcoming February ISTCC meeting.**
- b. For those coordinating regional meetings, encourage hospitals to bring letters with them to meeting for discussion.



- c. *Recommend analyzing by severity going forward.*
- d. **ISDH will break out by critical vs. non-critical patients for future PI meetings.**

i. ED LOS Analysis

1. 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).

## ED LOS Analysis

Q2 2015 (April 1 - June 30)					Q1 2015 (January 1 - March 30)					Q4 2014 (October 1 - December 31)					
<i>Total # of Patients Transferred:</i>					<i>Total # of Patients Transferred:</i>				1761		<i>Total # of Patients Transferred:</i>				1755
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Patients	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Patients	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Patients	
Initial Hospital: Shock Index > 0.9	588	8	149	179	Initial Hospital: Shock Index > 0.9	591	25	213	135	Initial Hospital: Shock Index > 0.9	1814	17	177	122	
Initial Hospital: GCS Total Score ≤ 12	1247	32	135	81	Initial Hospital: GCS Total Score ≤ 12	364	20	144	82	Initial Hospital: GCS Total Score ≤ 12	835	21	153	97	
Initial Hospital: ISS > 15	1247	12	169	188	Initial Hospital: ISS > 15	487	24	193	158	Initial Hospital: ISS > 15	781	17	138	119	
Initial Hospital: ISS ≤ 15	1027	0	185	1854	Initial Hospital: ISS ≤ 15	846	0	205	1603	Initial Hospital: ISS ≤ 15	1814	0	197	1636	

Initial Hospital: Shock Index > 0.9    Initial Hospital: GCS Total Score ≤ 12    Initial Hospital: ISS > 15

Initial Hospital: Shock Index > 0.9    Initial Hospital: GCS Total Score ≤ 12    Initial Hospital: ISS > 15

Initial Hospital: Shock Index > 0.9    Initial Hospital: GCS Total Score ≤ 12    Initial Hospital: ISS > 15

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

Q2 2015 (April 1 - June 30)						Q1 2015 (January 1 - March 30)						Q4 2014 (October 1 - December 31)								
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	129	18%	323	46%	252	36%	Extremity	43	7%	297	46%	312	48%	Extremity	70	12%	282	49%	227	39%
External	78	13%	344	57%	184	30%	External	60	11%	308	55%	190	34%	External	57	10%	356	62%	165	29%
Head	79	15%	249	48%	186	36%	Head	35	8%	211	49%	183	43%	Head	65	13%	233	48%	190	39%
Chest	6	2%	181	74%	59	24%	Chest	U		113	51%	105	48%	Chest	U		144	71%	55	27%
Face	17	12%	88	64%	33	24%	Face	24	18%	73	55%	36	27%	Face	15	13%	67	57%	36	31%
Abdomen	6	5%	112	87%	11	9%	Abdomen	U		79	67%	36	31%	Abdomen	7	5%	89	70%	32	25%
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						Please note: U indicates count less than 5								

- a. Improve title of the graphs to understand what data we are looking at.  
 b. **ISDH will update for next PI meeting.**

- e. Increase EMS run sheet collection
  - i. **Please send Katie list of EMS providers not leaving run sheets.**
    - 1. Sent email to Mike Garvey and Lee Turpen December 2015.
    - 2. Would like to provide this list to the EMS Commission at their February meeting!
      - a. Please send Katie EMS providers not leaving run sheets by **February 1<sup>st</sup>**.
- f. Improve trauma registry data quality.
  - i. Frequency Reports
    - 1. Hospitals have shared best practices. This information will be included in a future letter to ED Managers.
      - a. **See report attached.**
    - 2. Update on creation of hospital-specific frequency reports in SAS from Camry Hess.
- g. ED LOS vs. ICU LOS
  - i. Added patients that had an ICU LOS >0, but did not have an ED Disposition = ICU.
  - ii. The state broke the information down by ED Disposition.
    - 1. Average ED LOS for patients admitted to the ICU from ED: 2.96 hours
      - a. Please note, below data is SAME data that was presented in November.

### ED LOS vs. ICU LOS

<i># of Patients Admitted to ICU from ED: 6790</i>		
ED LOS (Hours)	ICU LOS (Days) Average	# of Patients
< 1	5	617
1 - 2	4	2814
3 - 5	4	2503
6 - 11	3.6	640
12+	3	101

\*note: 51,985 incidents in the registry from January 1, 2014 to November 8, 2015 as of: 11/09/15

<i># of Patients Admitted to ICU NOT from ED</i>		
ED Disposition	ICU LOS (Days) Average	# of Patients
AMA (Left against medical advice)	0	28
Died / Expired	0	390
Floor bed (general admission, non-specialty unit bed)	0.2	23323
Home with services	0.1	17
Home without services	0	1145
Null	0.8	2477
Observation unit (unit that provides < 24 hour stays)	0.1	3808
Operating room	2.7	3808
Other (jail, institutional care, mental health, etc.)	0	71
Telemetry / step-down unit (less acuity than ICU)	0.5	1915

- iii. Review data quality and eliminate ED disposition categories that do not apply.
  - 1. **ISDH will update for next PI meeting.**
- h. Mortality Review
  - i. Compared 2013 & 2014 Indiana Trauma Registry data to NTDB Data.
    - 1. Is this information statistically significant – Camry will review and discuss.
- 5. Staying on our radar:
  - a. Triage & Transport Rule Analysis
    - i. Katie analyzed some data and presented it to the designation subcommittee. They are reviewing and the designation subcommittee will meet later on in January to discuss further.
      - 1. Analyzing patients that met Step 1 Criteria in the field from January 1, 2014 to December 31, 2014.
      - 2. The state will share findings at a future PI meeting.
  - b. Identifying double transfers – new Linking Software will help us better identify these patients.
    - i. Camry will provide an update at the May meeting.
- 6. Data Quality dashboard for linking cases
  - a. Camry will share dashboard with group.
- 7. Discussion– Additional values for “Reason for Transfer Delay”.
  - a. **ISDH staff will send Survey Monkey to all ImageTrend users and will report out the findings at the February ISTCC meeting.**
- 8. Next Meeting: May 10, 10am EST.