

PI Subcommittee Meeting

Notes

1. Welcome & Introduction

Meeting Attendees			
Amanda Elikefer	Amanda Rardon	Annette Chard	Bekah Dillon
Carrie Malone	Chris Wagoner	Christy Claborn	Chuck Stein
Cindy Twitty	Dawn Daniels	Amy Deel	Emily Dever
Gene Reiss	Jennifer Mullen	Jeremy Malloch	Jodi Hackworth
	Kelly Mills	Kristi Croddy	Latasha Taylor
Lesley Lopossa	Lindsey Williams	Lisa Hollister	Lynne Bunch
Mary Schober	Missy Hockaday	Paula Kresca	Dr. Larry Reed
Paula Kresca	Dr. Larry Reed	Regina Nuseibeh	Roxann Kondrat
Sean Kennedy	Spencer Grover	Tracy Spitzer	Wendy St. John
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	Jessica Skiba	Camry Hess
Rachel Kenny			

2. Goals

- Increase the number of hospitals reporting to the Indiana trauma registry
 - i. Information on trauma registry training events
 - 2015 Trauma Tour will have a 1 hour refresher course ahead of time
 - *ISDH will do a tour in July and August. Before each event, Ramzi will lead a 1 hour refresher training for hospitals in the area that have questions about the registry.*
 - ii. Trauma Center mentor program
 - Confirmation of mentorship still in process
 - a. IU Health – Ball Memorial
 - i. *Community North*
 - ii. *Community South*
 - iii. *St. Francis Indianapolis*
 - iv. *Good Samaritan Hospital*
 - b. St. Elizabeth – East
 - i. *May be taking over data collection for St. Elizabeth - Crawfordsville*
 - c. St. Vincent – Indianapolis
 - i. *St. Vincent Anderson & St. Joseph Kokomo*
 - Update on mentorship status
 - a. IU Health – Riley
 - i. *Answering pediatric trauma questions as they come in.*
 - b. Lutheran
 - i. *Reaching out to St. Joseph (Fort Wayne) & Bluffton Regional Medical Center about data collection*
 - iii. Discussion of specific hospitals (see attached excel spreadsheet):
 - Hospitals that have not reported any data
 - a. District 1
 - i. Jasper County Hospital

- ii. St. Mary Medical Center (Hobart)
 - 1. *Jennifer Mullen will get in contact with the facilities.*
 - b. District 2
 - i. IU Health – Goshen Hospital
 - 1. *Missy Hockaday will contact the facility. Potentially hiring a system registrar.*
 - c. District 3
 - i. Adams Memorial Hospital
 - ii. Bluffton Regional Medical Center
 - 1. *Annette Chard will get in contact with facility.*
 - iii. St. Joseph Hospital (Fort Wayne)
 - 1. *Annette Chard will get in contact with facility.*
 - iv. VA Northern Indiana Healthcare System
 - v. Wabash County Hospital
 - d. District 5
 - i. Community Westview
 - 1. *Will start reporting data in Q1 2015.*
 - ii. IU Health – West Hospital
 - 1. *Missy Hockaday will contact the facility. Potentially hiring a system registrar.*
 - iii. Richard L Roudebush VA Medical Center
 - iv. St. Vincent – Carmel Hospital
 - v. St. Vincent – Fishers Hospital
 - vi. St. Vincent – Peyton Manning Children’s Hospital
 - 1. *Judi Holsinger is working with the St. Vincent Health network to get these facilities reporting.*
 - e. District 6
 - i. St. Vincent – Randolph Hospital
 - 1. *Ramzi Nimry trained the facility 5/11/15.*
 - f. District 8
 - i. St. Vincent – Dunn Hospital
 - g. District 9
 - i. Decatur County Memorial Hospital
 - ii. St. Vincent – Jennings Hospital
 - iii. Kentuckiana Medical Center
- Decrease average ED LOS at non-trauma centers
 - i. Review of current average ED LOS
 - *Missy - when you get into the body region, can you break it down by age? 65+ years.*
 - *Dawn – Can you also break it down by <15 years?*
 - a. *ISDH will update the report to breakdown the body regions by patient age groupings - Pediatric; Adult; Geriatric - and present this information at the next PI Subcommittee meeting.*
 - *Gene – Shock index - does the state’s software calculate this?*
 - a. *Katie - Yes.*
 - *Missy – Have you pulled this by who has had RTTDC?*
 - a. *Katie – we have in the past and can look at that again. Katie will contact the RTTDC coordinators to see who they have trained and then we’ll re-pull the data.*
 - b. *ISDH will present RTTDC data at the next PI Subcommittee meeting.*

- Data quality issues
 - a. ED LOS > 24 hours
 - b. ED LOS < 0 hours
- *ISDH is building stronger validation rules to catch these issues from happening in the first place. In the meantime, Ramzi is following up with hospitals confirming the accuracy of their ED LOS for each incident > 24 hours.*
- ii. Discussion of educational materials for non-trauma centers regarding timely transfers
 - Reminder: ED managers contact list established
- iii. Created a letter from ISDH to your hospital stressing the importance of timely transfers.
 - *ISDH will be sending this letter out to ED Managers in the coming weeks.*
- Increase EMS run sheet collection
 - i. **Please send Katie list of EMS providers not leaving run sheets.**
 - Sent email to Mike Garvey and Lee Turpen on March 26, 2015 with EMS providers not leaving run sheets.
 - a. Mike Garvey encouraged EMS Providers to leave run sheets at the April 17th EMS Commission meeting.
 - Also sent list of Hospital contact information for EMS providers to know where to send run sheets.
 - Would like to provide this list to the EMS Commission at their June meeting!
 - a. *ISDH will be asking hospitals to report EMS providers not leaving run sheets again so that this information can be taken to the June EMS Commission meeting.*
 - ii. How other states are handling EMS run sheet collection.
 - iii. Thoughts on creating a handout encouraging providers to leave run sheets at the hospital ; displayed in hospital EMS break rooms?
 - *Discussion about how all of the trauma centers accesses run sheets electronically. This question would need to be posed to non-trauma centers to see what their needs are.*

3. New Metrics:

- ED LOS vs. ICU LOS
 - *Dawn – if ED LOS was longer than I expected to see ICU LOS to be shorter. It doesn't look like there is much of a difference.*
 - *Christy – Can you split this up by ISS categories: < 15 vs. ≥ 15?*
 - *Gene – Multiple factors impact ED LOS: staffing patterns, people getting called off, will impact these outcomes. This is at the administration level.*
 - *Katie – Any other thoughts about how I broke the data down?*
 - *Chris – We are preparing for verification. We look at transferring to a higher level of care within the institution before they were transferred.*
 - *Jennifer Mullen – unplanned ICU is a complication.*
 - *Katie – we don't get PI filters currently, unless you directly use the registry.*
 - *Michelle – You have an ED disposition and the number of ICU days. You could look at the data that way to see who went to the ICU unplanned.*
 - *Tracy - But this will not catch bounce backs (was in the ICU 2+ times).*
 - *ISDH will pull this data to see what it looks like and present at the next PI Subcommittee meeting.*
- Mortality Review

- i. ISDH will pull 2013 state trauma registry data and compare to the NTDB and present at the next PI Subcommittee meeting.*
- ii. ISDH will update the data dictionary to match the ACS Orange book: anything invasive is not DOA for 2016 Trauma Registry Data Dictionary.*

4. Potential Metrics

- Last meeting's discussion:
 - i. Staying on our radar: Triage & Transport Rule – ISDH thinking how we can use trauma registry data to accurately measure EMS providers meeting requirement. Previous discussion was around identifying ZIP codes that are within 45 minutes of a trauma center no matter where they are in the ZIP code.*
 - ii. Identifying double transfers – new Linking Software will help us better identify these patients.

 - *Camry will receive training on the software at the end of this month and will share with the group as soon as she has received training.**
 - iii. Data Quality dashboard for linking cases

 - *Will add once Camry starts using LinkSolv**
 - iv. ACS Needs Assessment Tool review

 - *Division has analyzed and will present results at the next ISTCC meeting – May 22nd.**

5. *NEW* Brainstorming – how can trauma doctors stress to their peers the importance of documentation for the trauma registry?

- *Missy - We have templates. They have to click certain information; they cannot go on until that information is in. NTC's may not be on electronic forms. Build whatever you want into the electronic templates.*
- *Bekah – We did education at ED physician meetings, talked with the liaison for the ED. We gave them case examples so they can see the difference the information makes on parameters, ex: ISS.*
- *Gene – radiology is a big issue. Organ or lack thereof for organ grading. How many ribs are broke? Is this a flail chest? This is an issue in the NTCs.

 - i. Missy – use this in your consultation visits. Radiologists are not grading injuries, and have ACS reviewers document that. This is for trauma centers.**

6. *NEW* Brainstorming – What does PI on a regional level look like?

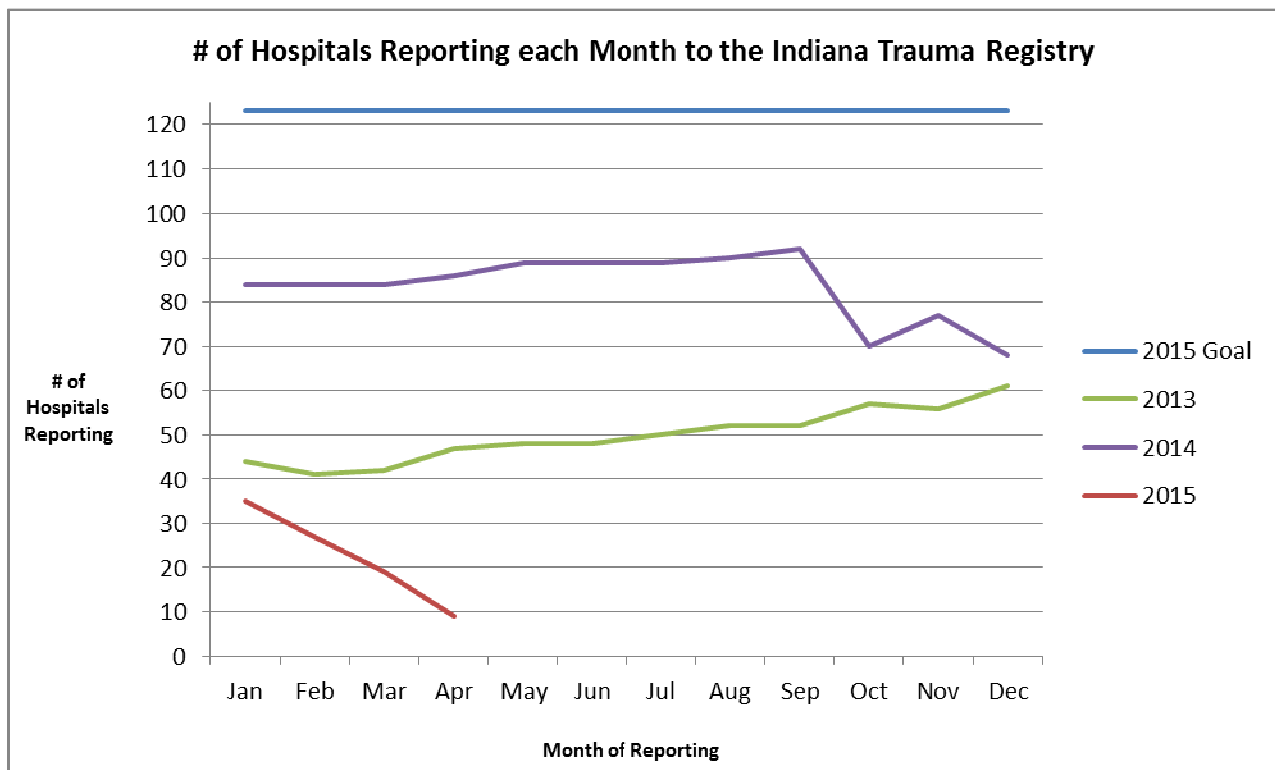
- *Katie - Ramzi has reached out to each district to ask what you are doing at a regional level.*
- *Tracy - A lot of the PI is relationship building. It's hard to give bad feedback to hospitals you don't have a good relationship with.*
- *Jennifer – For regions that do not have an organized district, it would be a way to get people to the table. People are interested in coming when you have data to share and educational areas. Jennifer - You have to define what it is going to be – educational or case reviews? The framework needs to be worked on first.*
- *Bekah – it would be helpful for us to see how other regions are doing PI. What are their agendas? Help us get our meetings started, what should we include?

 - i. Katie – Dr. Vassy will be presenting on this topic of PI regional building at the August TCC meeting. Ramzi is putting together some tools and documents (who comes, what is discussed).**
- *Missy – What role would the Indy hospitals play for our regional system? We get patients from all over. How do we do PI when our patients come from everywhere? What would our role be?

 - i. Jen? – I'll dig through my Illinois resources.**
- *Merry Addison - Julia Geiger from Pennsylvania has volunteered to come in and share about their PI process.*

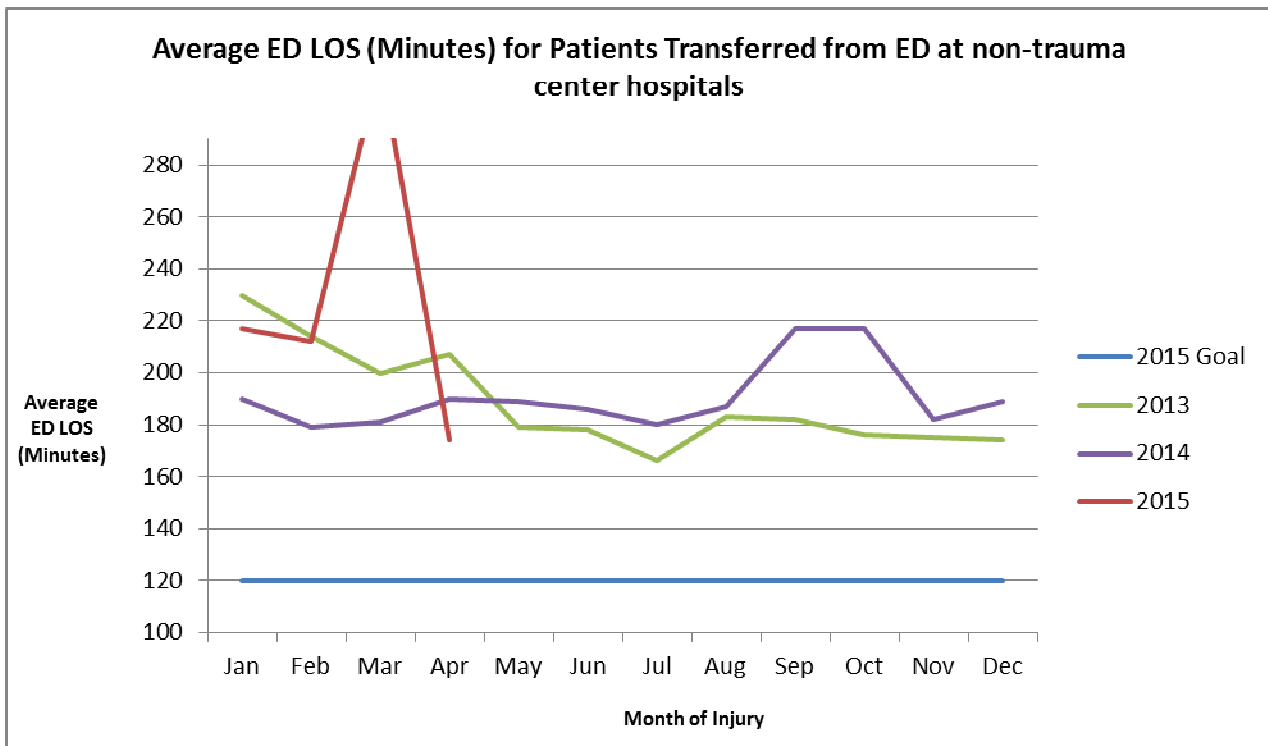
- *Merry Addison – Have we said what the standards of care are?*
 - i. *Katie – Spencer Grover will present an update for education at the next ISTCC meeting.*
- 7. Additional comments/Concerns
 - *Is there an interest for a meeting among level III trauma centers to discuss best practices/issues in working towards verification?*
- 8. Next Meeting: Tuesday, August 11th at 10am EST

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



Action	Owner	Status
Letter from Dr. VanNess to non-reporting hospitals	ISDH	Complete 02/2013
2nd Letter from Dr. VanNess to non-reporting hospitals about trauma registry rule	ISDH	Complete 12/2013
Trauma registry training events around the state	ISDH	Complete 3/2014
<u>Mentorship Program between trauma centers and non-reporting hospitals</u>	<u>trauma centers</u>	<u>In progress</u>
IU Health - North mentorship	IU Health - Methodist	Completed 2013
St. Vincent Anderson mentorship	St. Vincent - Indy	Completed 2013
Perry County, St. Mary's – Warrick, & Terre Haute Regional mentorship	St. Mary's	Completed 2013
Deaconess Gateway mentorship	Deaconess	Completed 2015
IU Health - Bedford mentorship	IU Health - Bloomington	Completed 2015
Elkhart General, IU Health - LaPorte, & IU Health - Starke mentorship	Memorial South Bend	In progress
Community Health Network, Terre Haute Regional mentorship	Eskenazi Health	In progress (as of 02/2015)

Community Health - North mentorship	IU Health - Ball Memorial	In progress (as of 02/2015)
St. Elizabeth - Crawfordsville mentorship	St. Elizabeth - East	In progress (as of 02/2015)
Community Health - North, Community Health - East, St. Vincent Anderson, St. Joseph Kokomo, St. Elizabeth - East mentorships	St. Vincent - Indy	In progress (as of 02/2015)
Terre Haute Regional; Good Samaritan Hospital; Memorial Hospital & Health Care Center (Jasper)	St. Mary's	In progress (as of 02/2015)
District 10	Deaconess	In progress (as of 02/2015)
"in the process of ACS verification" trauma centers; St. Vincent Randolph	IU Health - Ball Memorial	In progress (as of 02/2015)
St. Vincent Dunn	IU Health - Bloomington	In progress (as of 02/2015)
IU Health - White Memorial Hospital	IU Health - Arnett	In progress (as of 02/2015)
Franciscan St. Francis - Indianapolis	IU Health - Methodist	In progress (as of 3/11/2015)
Community West	Community Health - North	In progress (as of 02/2015)
Waiting on mentorship status	IU Health - Riley	
Waiting on mentorship status	Lutheran	
Waiting on mentorship status	Parkview RMC	



Action	Owner	Status
RTTDC completion by non-trauma center hospitals	Trauma Centers	ongoing
Evaluate critical patients (transfers & non-transfers)	ISDH & trauma centers	ongoing
Develop educational material for non-trauma centers regarding timely transfers	ISDH & trauma centers	Not started

ED LOS Analysis

April 1, 2014 to April 30, 2015			January 1, 2014 to January 29, 2015		
<i>Total # of Patients Transferred:</i>		6376	<i>Total # of Patients Transferred:</i>		5576
Measure	# of Patients	Avg ED LOS (Minutes)	Measure	# of Patients	Avg ED LOS (Minutes)
Initial Hospital: Shock Index > 0.9	637	202	Initial Hospital: Shock Index > 0.9	572	164
Initial Hospital: GCS Total Score ≤ 12	315	138	Initial Hospital: GCS Total Score ≤ 12	287	129
Initial Hospital: ISS ≤ 15	5611	199	Initial Hospital: ISS ≤ 15	5102	191
Initial Hospital: ISS > 15	478	207	Initial Hospital: ISS > 15	474	149

April 1, 2014 to April 30, 2015		January 1, 2014 to January 29, 2015	
<i>Total # of **CRITICAL**Patients Transferred</i>	1223	<i>Total # of **CRITICAL**Patients Transferred for 2014</i>	1003
<i>Min</i>	0	<i>Min</i>	14
<i>Max</i>	192	<i>Max</i>	835
<i>Average</i>	4392	<i>Average</i>	159
CRITICAL GCS ≤ 12, Shock Index >0.9, ISS > 15		**CRITICAL** GCS ≤ 12, Shock Index >0.9, ISS > 15	

April 1, 2014 to April 30, 2015		January 1, 2014 to January 29, 2015	
Body Region	# of Patients	Body Region	# of Patients
<i>Extremity</i>	2271	<i>Extremity</i>	2146
<i>External</i>	2151	<i>External</i>	1865
<i>Head</i>	1730	<i>Head</i>	1600
<i>Chest</i>	775	<i>Chest</i>	699
<i>Face</i>	482	<i>Face</i>	442
<i>Abdomen</i>	363	<i>Abdomen</i>	290

ED LOS vs. ICU LOS

<i># of Patients Admitted to ICU from ED: 4697</i>		
ED LOS (Hours)	ICU LOS (Days) Average	# of Patients
< 1	5	985
1 - 2	5	5092
3 - 5	4	5406
6 - 11	4	1194
12+	4	122
Null	5	653

*note: 33,000 + incidents in the registry for 2014 as of: 5/7/15

Mortality Review

2014 Data

<i>Pediatric (< 15 years) - Number of Patients: 3160</i>		
Location of Death	# of Mortalities	Percentage Mortality
DOA	13	0%
Died in ED	14	0%
Died in Hospital (Including OR)	31	1%

2014 Data

<i>Geriatric (> 64 years) - Number of Patients: 13,730</i>		
Location of Death	# of Mortalities	Percentage Mortality
DOA	55	0%
Died in ED	58	0%
Died in Hospital (Including OR)	448	3%

2014 Data

<i>All Patients - 33,079</i>		
Location of Death	# of Mortalities	Percentage Mortality
DOA	213	1%
Died in ED	240	1%
Died in Hospital (Including OR)	808	2%
Total	<u>1261</u>	-

2014 Data

<i>Injury Severity Scale (ISS) Summary Table</i>			
ISS	# of Patients	# of Mortalities	Percentage Mortality
0 - 9	25089	481	2%
10 - 15	4197	97	2%
16 - 24	2242	148	7%
≥25	1515	534	35%
Null	36	1	3%
Total	<u>33079</u>	<u>1261</u>	-