PI Subcommittee Meeting - Notes

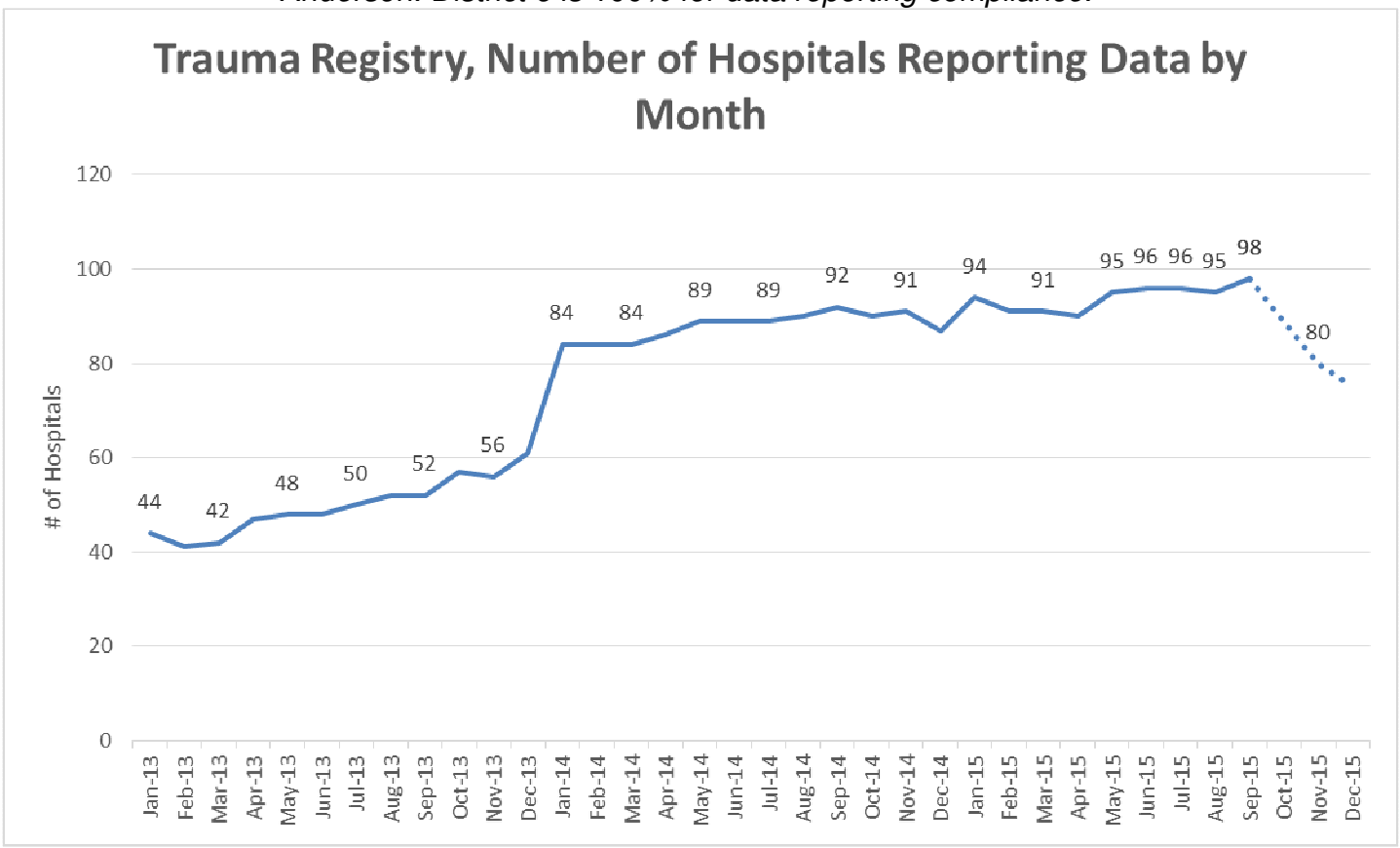
May 10, 2016 – 10am EST to 11am EST

a) Welcome & Introduction

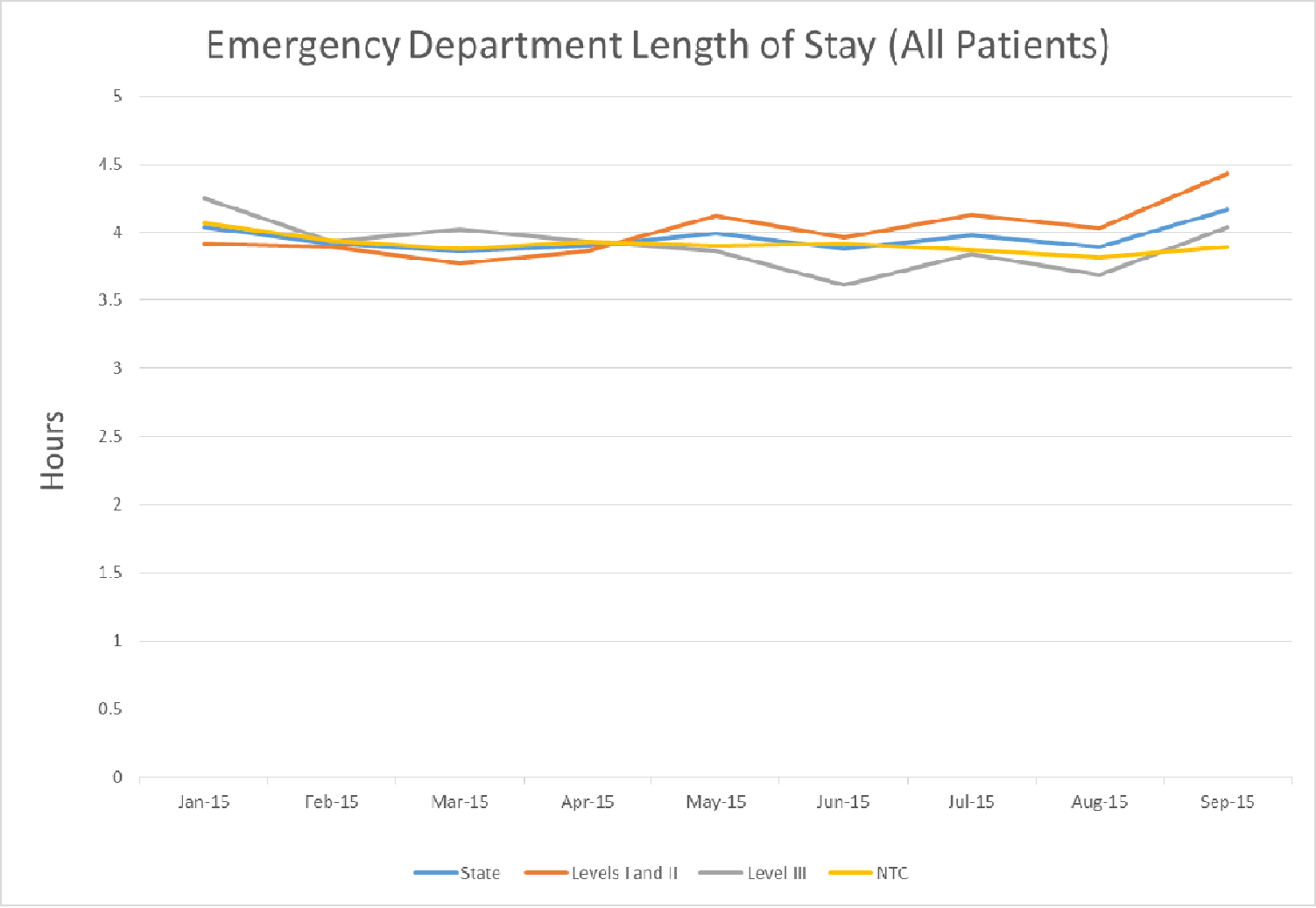
Meeting Attendees			
Adam Weddle	~~Amanda Rardon~~	Annette Chard	Bekah Dillon
~~Brittanie Fell~~	~~Carrie Malone~~	Chris Wagoner	~~Christy Claborn~~
Chuck Stein	~~Dawn Daniels~~	~~Dusten Roe~~	Emily Grooms
~~Jennifer Mullen~~	Jeremy Malloch	Jodi Hackworth	~~Kasey May~~
~~Kelly Mills~~	Kristi Croddy	~~Latasha 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~~	Sarah Quaglio
~~Sean Kennedy~~	Spencer Grover	~~Tammy Robinson~~	Tara Roberts
Tracy Spitzer	Wendy St. John	Gene Reiss	Dr. Stephanie Savage
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	Camry Hess	

b) Review of previous meeting deliverables:
   a. ISDH worked with Dr. Reed to create a clarification document that was sent out to all Indiana hospitals submitting data to the Indiana trauma registry.
   b. Dr. Reed reviewed the letter to be sent out to hospital CEOs from Dr. Adams and Director Kane and presented at the February ISTCC meeting. Letter went out February 29.
   c. ISDH updated the percent of patients transferred from ED at non-verified trauma center hospitals in < 2 hours by critical vs. non-critical patients for April ISTCC meeting.
   d. ISDH compiled the list of hospitals best practices for sharing data. Information will be shared when Quarter 4 2015 data reports go out.
   e. ISDH sent out a survey monkey to all ImageTrend users and reported out the findings at the February ISTCC meeting regarding adding additional values in the trauma registry for “Reason for Transfer Delay”.

c) 2016 Goals
   a. Increase the number of hospitals reporting to the Indiana trauma registry
   b. *Reminder to group to send ISDH staff mentoring status.*
      i. *St. Vincent Indianapolis – mentoring St. Vincent Anderson, St. Joe Kokomo & St. Elizabeth East. Ramzi working with Judi Holsinger regarding St. Vincent facilities not reporting data.*
      ii. *IU Health Ball Memorial Hospital – mentoring Union Hospital & Community Anderson. District 6 is 100% for data reporting compliance.*



c. Decrease average ED LOS at non-trauma centers



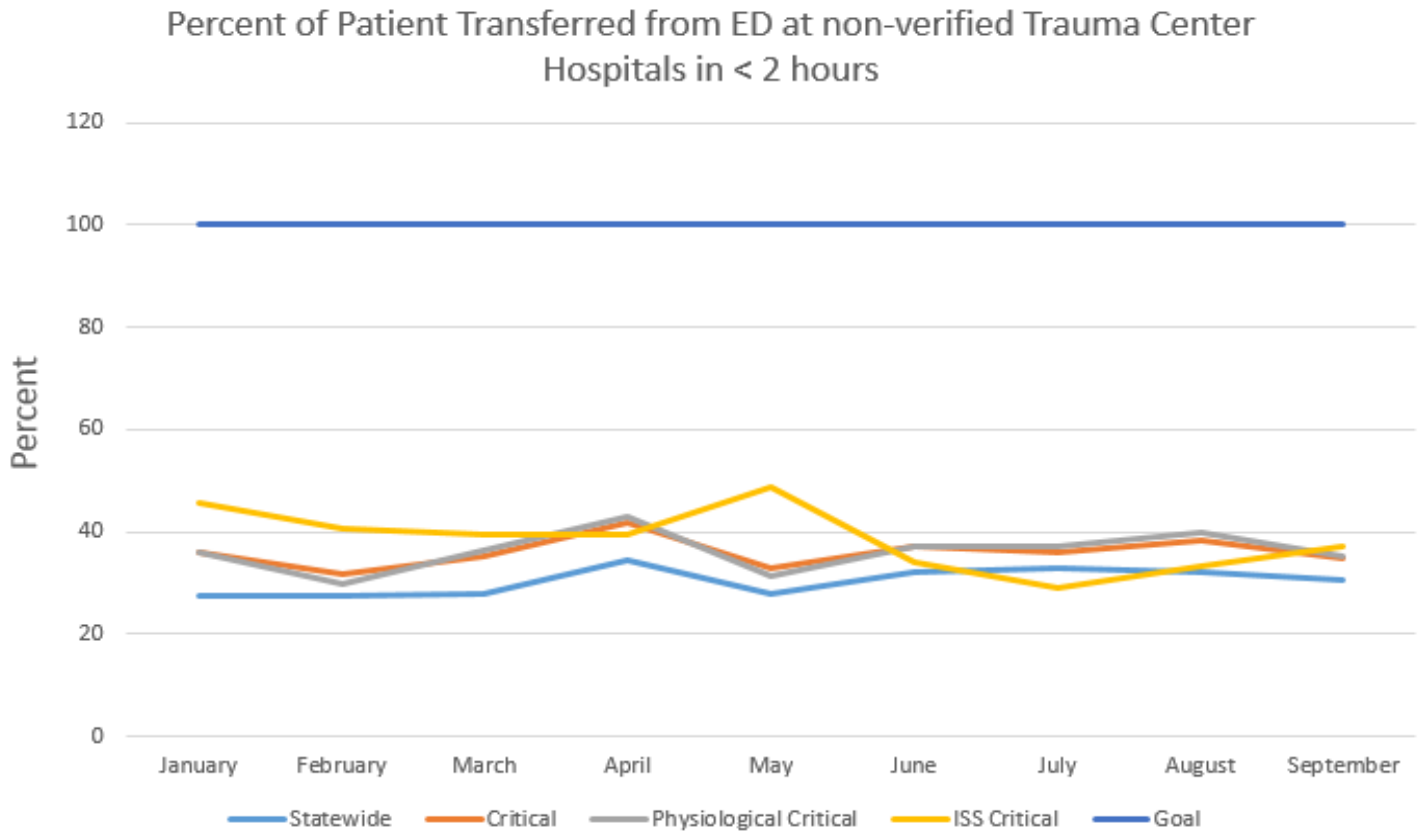
i. *Group discussed this graph and agreed to remove from future agendas.*
   1. ***ISDH will remove this graph from future PI agendas.***
ii. Review of current average ED LOS
   1. Starting February 2016, the state started following-up with facilities that have patients with an ED LOS > 2 hours that are transferred.
      a. Summary of findings:
         i. 16 facilities responded (sent out letters to 77 facilities)
         ii. Several facilities have not been tracking this information, but since the letter has gone out, developing processes and plans to start capturing this information.
            1. *Group agreed that initial data is good information to be capturing. Group discussed utilizing the 80-20 rule to determine what to focus on.*
            2. *Discussion by the group regarding reasons for radiology delay (cloud platform vs. burning a CD).*
               a. ***ISDH will specify timeframe in graph going forward.***
               b. ***ISDH will add a key to indicate the total number of patients included in the data & the percent for each column.***

c. ***ISDH will add the next quarter's data next to the existing quarter's data to compare trends.***

3. Group discussed the need for inter-facility transfer protocols.
   a. ***PI subcommittee chair will present this request at the next ISTCC meeting to grant PI subcommittee approval to develop.***

Less than 5 cases: Patient should not have been included in registry, shift change, patient choice to transfer, specialty surgeon availability at referring facility, referring facility issue, new staff in ED, transfer for ETOH withdraw, communication issue, new EMR, Blood bank delay, receiving hospital issue - VA, OR availability at referring facility, weather

2. Percent of patients transferred from ED at non-verified trauma center hospitals in < 2 hours



**********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

a. *Group discussed need to look at this information from a regional standpoint.*
b. *Group discussed need for outreach to identify transfer issues.*
    i. ***ISDH will start including this data into the district-specific reports***.

3. ED LOS Analysis
    a. 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).
        i. *Discussion of whether or not ISS is a valuable measure.*
        ii. *Group discussed possibility of using the highest level of activation to identify critical patients. Not all non-trauma centers develop activation criteria.*
        iii. *Group discussed incorporating the Revised Trauma Score (RTS) as a measure for severity. One concern may be the way that assisted respiratory rate is captured.*
            1. ***ISDH will add clarification on non-trauma center or both trauma center and non-trauma center data is included in this analysis.***
            2. ***ISDH will add RTS to next report.***
            3. ***ISDH will add completeness of each field to this report***.

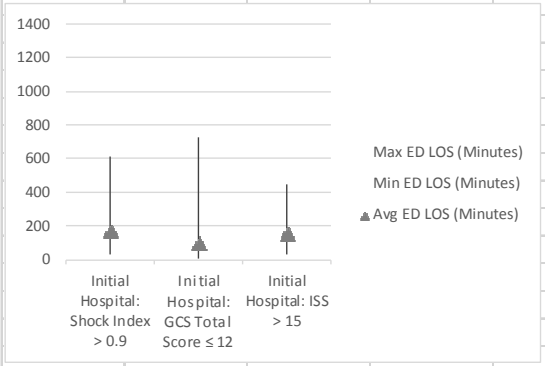
ED LOS Analysis

ED LOS Analysis

Q3 2015 (July 1 - Sept 30)

Total # of Patients Transferred: *2173*

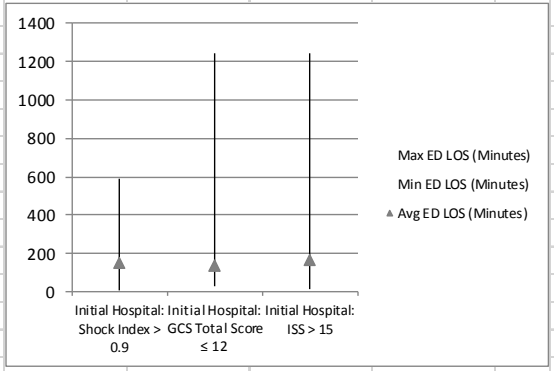
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts
Initial Hospital: Shock Index > 0.9	609	27	179	174
Initial Hospital: GCS Total Score ≤ 12	728	3	104	88
Initial Hospital: ISS > 15	444	26	164	143
Initial Hospital: ISS ≤ 15	3235	0	205	1939



Q2 2015 (April 1 - June 30)

Total # of Patients Transferred:

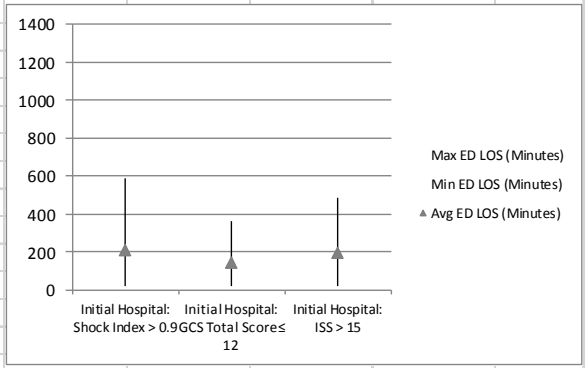
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts
Initial Hospital: Shock Index > 0.9	588	8	149	179
Initial Hospital: GCS Total Score ≤ 12	1247	32	135	81
Initial Hospital: ISS > 15	1247	12	169	188
Initial Hospital: ISS ≤ 15	1027	0	185	1854



Q1 2015 (January 1 - March 30)

Total # of Patients Transferred: *1761*

Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts
Initial Hospital: Shock Index > 0.9	591	25	213	135
Initial Hospital: GCS Total Score ≤ 12	364	20	144	82
Initial Hospital: ISS > 15	487	24	193	158
Initial Hospital: ISS ≤ 15	846	0	205	1603



i. Body regions by patient age groupings.
    4. Provided the percentage and count for each body region by patient age groupings.
        a. *Group finds the age categories helpful.*
        b. *Group suggested breaking the information out: Single System vs. Multi-System trauma.*
            i. ***ISDH will break this information out into Single-System vs. Multi-System trauma for next meeting.***
            ii. ***ISDH will also look at breaking this information out by age groups (Pediatric vs. Adult vs. Geriatric).***
        c. *Group asked for clarification to how each of the body regions is defined.*
            i. ***ISDH will add a key to the bottom of the page defining the different body region categories.***

Region of the Body Injured for Patients Transferred from a Non-Trauma Center Facility by Age Category

Q3 2015 (July 1 - Sept 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	194	19%	510	49%	333	32%
External	116	14%	533	63%	197	23%
Head	99	16%	310	49%	220	35%
Chest	17	5%	225	69%	82	25%
Face	27	12%	161	71%	40	18%
Abdomen	11	7%	106	72%	31	21%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

Q2 2015 (April 1 - June 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	129	18%	323	46%	252	36%
External	78	13%	344	57%	184	30%
Head	79	15%	249	48%	186	36%
Chest	6	2%	181	74%	59	24%
Face	17	12%	88	64%	33	24%
Abdomen	6	5%	112	87%	11	9%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

Q1 2015 (January 1 - March 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	43	7%	297	46%	312	48%
External	60	11%	308	55%	190	34%
Head	35	8%	211	49%	183	43%
Chest	U		113	51%	105	48%
Face	24	18%	73	55%	36	27%
Abdomen	U		79	67%	36	31%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

d. Increase EMS run sheet collection
    i. **Please send Katie list of EMS providers not leaving run sheets.**
        1. Sent email to Mike Garvey, Lee Turpen, and Dr. Michael Olinger April 2016.
        2. Would like to provide this list to the EMS Commission at their June meeting!
        3. Feedback from Dr. Olinger & Lee Turpen:
            a. In order for an EMS agency to be able to determine why a run sheet was not delivered to the hospital they would need more specific information – some sort of indication of what runs were not received:
                i. Date and approximate time the patient was delivered to the hospital
                ii. Diagnosis
                    1. *Group discussed that the diagnosis may not be the best information to send back to EMS.*
                    2. *Group discussed sending Date & mechanism of injury.*
                        a. ***ISDH will request Date & Mechanism from hospital.***
                    3. *Group discussed methods for run sheet collection: electronic EMS run sheet, emails, fax, paper handoff, and EMS-EMS access. Group discussed need to find out from EMS providers what method they are using to get the run sheet to the hospital.*
                        a. ***ISDH will share this information at the next EMS Commission meeting.***
                    4. *Group discussed updating hospital Point Of Contact (POC) information for EMS providers.*
                        a. ***ISDH will work on updating the information and send out to all EMS providers.***

e. Improve trauma registry data quality.
    i. Data quality – how does the state address these cases?
        1. ***Ran out of time to discuss – will discuss at next PI Subcommittee meeting.***
    ii. Frequency Reports
        1. Hospitals have shared best practices. This information will be included in a future letter to ED Managers.
            a. ***ISDH will send out with next quarterly reports and ED LOS letters to ED Managers.***
        2. Update on creation of hospital-specific frequency reports in SAS from Camry Hess.
            a. ***Ran out of time to discuss – will discuss at next PI Subcommittee meeting***

f. 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.
                i. *Group discussed that it is concerning that patients are staying in the ED longer than 12 hours and going to the ICU.*
                ii. *Group discussed the information and determined that this report is not helpful and can be removed from the agenda.*
                    1. ***ISDH will remove from future PI agendas.***

ED LOS vs. ICU LOS

Average ED LOS (Hours) for all patients with an ED Disposition = ICU:	2.9

# of Patients Admitted to ICU from ED: 6790		
ED LOS (Hours)	**ICU LOS (Days) Average**	**# of Patients**
< 1	5	737
1 - 2	4	3368
3 - 5	4	2920
6 - 11	3.7	731
12+	3	120

*note: 60,598 incidents in the registry from January 1, 2014 to September 30, 2015 as of: 04/27/2016

# of Patients Admitted to ICU NOT from ED		
ED Disposition	**ICU LOS (Days) Average**	**# of Patients**
Floor bed (general admission, non specialty unit bed)	0.2	26865
Null (Direct Admits)	0.8	2466
Observation unit (unit that provides < 24 hour stays)	0.1	2796
Operating room	2.9	4543
Telemetry / step-down unit (less acuity than ICU)	0.6	2292

d) Mortality Review
    a. Information for 2015 will be available when the NTDB Data Report comes out – late 2016.
e) Staying on our radar:
    a. Triage & Transport Rule Analysis
    b. Identifying double transfers – new Linking Software will help us better identify these patients.
        i. Data for quarters one thru three 2015 were used.
        ii. The data from Hospital A to B were linked.
            1. Of these, 21 cases in hospital B were transferred again.
                a. None of these cases were linked to Hospital C.

i. *Group asked how many cases were linked for quarters 1, 2 and 3.*
    1. ***ISDH will include this information in future reports.***
ii. *Group discussed that insurance does not cover the second transfer.*

f) Other Discussion
g) Next Meeting: September 13, 10AM EST, Larkin Conference Room