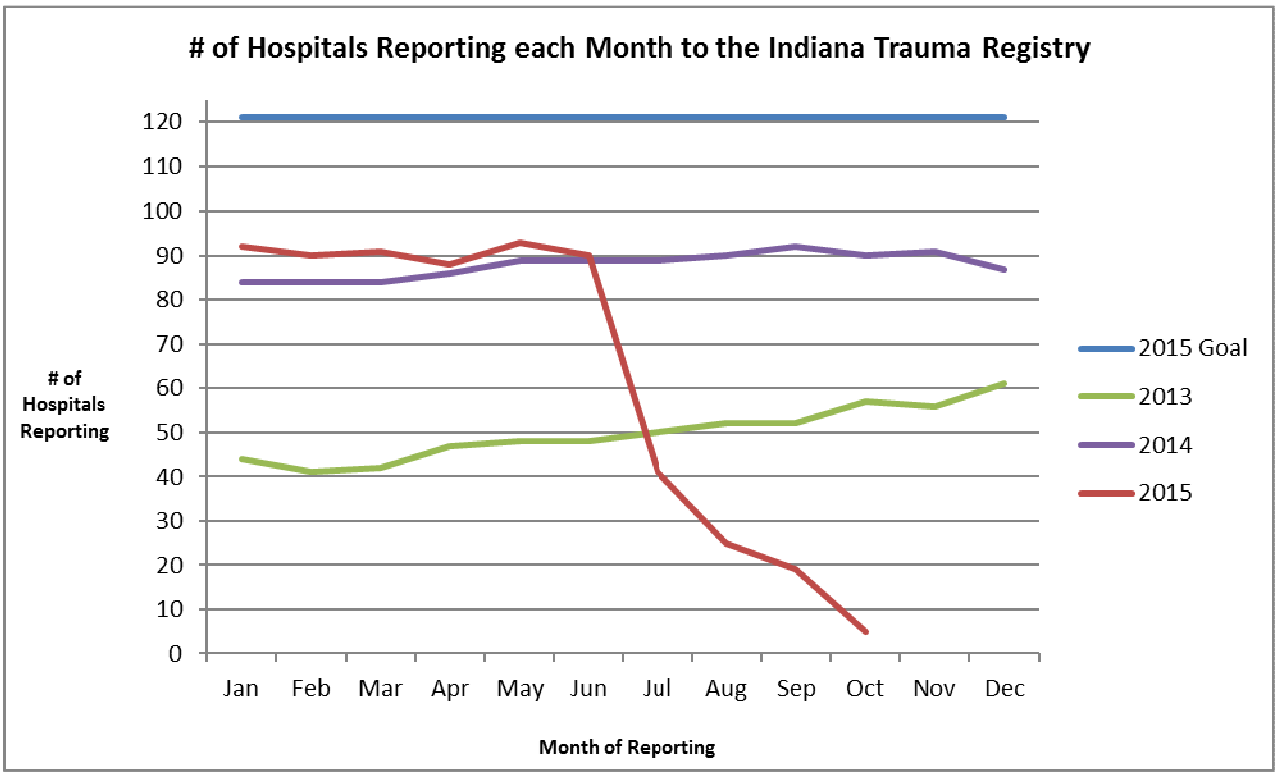
PI Subcommittee Meeting – Notes
November 10, 2015

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~~	~~Cindy Twitty~~
~~Dawn Daniels~~	~~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~~	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. Goals
    a. Increase the number of hospitals reporting to the Indiana trauma registry
        i. For Quarter 2, 2015 95 hospitals reported data.
        ii. Trauma Center mentor program
            1. Please confirm status of mentorship:
                a. St. Mary's of Evansville
                    i. *Not on the call, have contacted Lisa Gray to ask for a representative to serve on the PI subcommittee.*
                        1. *Marie Stewart will be the new representative for St. Mary's of Evansville on the PI subcommittee.*
                b. IU Health – Bloomington
                    i. St. Vincent Dunn
                        1. Discussed facility and will work with St. Vincent – Indianapolis to discuss reporting issue with facility.
                    ii. District 8 had their first regional meeting in October.
            2. Update on mentorship status
                a. Parkview Regional Medical Center
                    i. Have started to collect data for Wabash.
                    ii. District 3 will have their first regional meeting scheduled for November 18th.
                b. Memorial Hospital of South Bend
                    1. *Not on the call, have contacted Dusten Roe to ask for a representative to serve on the PI subcommittee.*
                        a. *Dusten Roe will be the new representative of Memorial Hospital of South Bend on the PI subcommittee.*



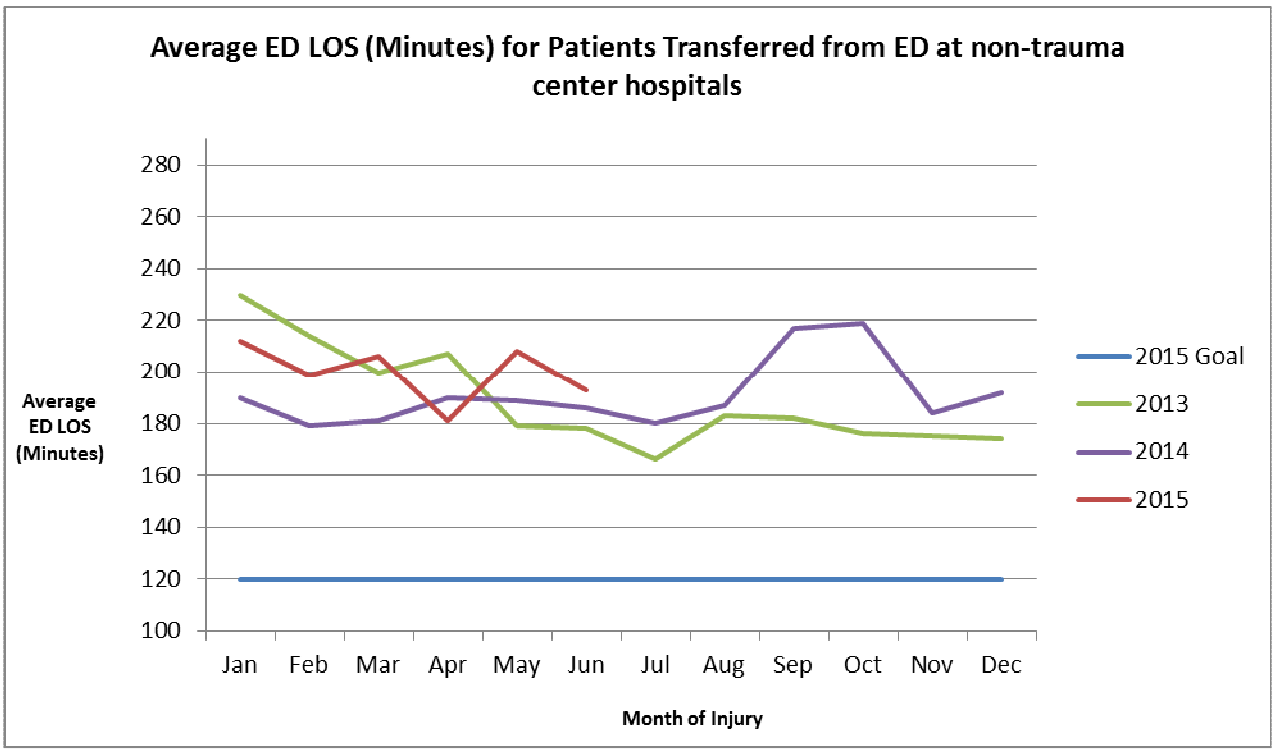
Action	Owner	Status
Letter from Dr. VanNess to non-reporting hospitals	**ISDH**	**Complete 02/2013**
2nd Letter from Dr. VanNess to non-reporting hospitals about trauma registry rule	**ISDH**	**Complete 12/2013**
Trauma registry training events around the state	**ISDH**	**Complete 3/2014**
Trauma registry refresher training events around the state	**ISDH**	**Complete Summer 2015**
Mentorship Program between trauma centers and non-reporting hospitals	*trauma centers*	*In progress*
IU Health - North mentorship	**IU Health - Methodist**	**Completed 2013**
Community Health - North, Community Health - East, St. Elizabeth-East 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**
"in the process of ACS verification" trauma centers; St. Vincent Randolph	**IU Health - Ball Memorial**	**Completed 2015**
Elkhart General, IU Health - LaPorte, & IU Health - Starke mentorship	**Memorial South Bend**	**Completed 2015**
Franciscan St. Francis - Indianapolis	**IU Health - Methodist**	**Completed 2015**
Terre Haute Regional; Good Samaritan Hospital; Memorial Hospital & Health Care Center (Jasper)	St. Mary's	In progress (as of 02/2015)
St. Vincent Anderson & St. Joseph Kokomo mentorship	St. Vincent - Indy	In progress (as of 05/2015)
Community Health - North, Community Health - South, St. Francis - Indianapolis, Good Samartan Hospital mentorship	IU Health - Ball Memorial	In progress (as of 05/2015)
Answering pediatric questions as they come in.	IU Health - Riley	In progress (as of 05/2015)
IU Health system-level support	IU Health - Methodist	In progress (as of 08/2015)
IU Health - White Memorial Hospital	IU Health - Arnett	In progress (as of 08/2015)
Community West	Community Health - North	In progress (as of 08/2015)
Community Health Network, Terre Haute Regional mentorship	Eskenazi Health	In progress (as of 08/2015)
St. Elizabeth - Crawfordsville mentorship; Memorial Hospital of Jasper mentorship	St. Elizabeth - East	In progress (as of 08/2015)
Memorial Hospital & Health Care Center (Jasper)	Deaconess	In progress (as of 08/2015)
St. Vincent Dunn	IU Health - Bloomington	In progress (as of 11/2015)
Wabash data collection	Parkview RMC	In progress (as of 11/2015)
Reaching out to Dupont Hospital & St. Joseph (Fort Wayne) about data collection	Lutheran	In progress (as of 11/2015)

Waiting on mentorship status	***Memorial Hospital South Bend***	

iii. Discussion of specific hospitals (see attached excel spreadsheet):
   1. Hospitals that have not reported any data
      a. District 1
         i. Jasper County Hospital
         ii. St. Mary Medical Center (Hobart)
            1. *Methodist Hospitals – Northlake Campus is working on identifying contacts at these facilities*.
      b. District 2
         i. IU Health – Goshen Hospital
            1. *No update from IU Health – Methodist Hospital.*
      c. District 3
         i. Adams Memorial Hospital
         ii. Dupont Hospital
            1. *Lutheran Hospital will check in with this facility*.
         iii. St. Joseph Hospital (Fort Wayne)
            1. *Lutheran Hospital is working with facility to get them up and reporting*.
         iv. VA Northern Indiana Healthcare System
         v. Wabash County Hospital
            1. *Parkview RMC will start reporting data for this facility next quarter (Q3 2015).*
      d. District 5
         i. Community Westview
            1. *Community East/North will start reporting cases for Community Westview.*
         ii. Richard L Roudebush VA Medical Center
         iii. St. Vincent – Carmel Hospital
         iv. St. Vincent – Fishers Hospital
         v. St. Vincent – Peyton Manning Children's Hospital
            1. *St. Vincent – Indianapolis is working with these facilities*.
      e. District 8
         i. St. Vincent – Dunn Hospital
            1. *IU Health – Bloomington and St. Vincent – Indianapolis is working with this facility*.
      f. District 9
         i. Harrison County Hospital – DROPPED OFF
         ii. St. Vincent – Jennings Hospital
         iii. Kentuckiana Medical Center
            1. *No one on the phone that represents D9 – can we identify a representative from the district?*
      g. District 10
         i. Gibson General Hospital – DROPPED OFF
            1. *Deaconess will reach out to Gibson General.*

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 (**letter is attached to email**).
            a. *ISDH will add RTS and "Reason for Transfer Delay" value to this table.*
            b. *Regional meetings should be encouraging ED Managers to bring this letter with them to their regional meetings to discuss resource issues.*
        2. Data quality issues
            a. ED LOS > 24 hours
            b. ED LOS < 0 hours
                i. Camry & Ramzi currently developing processes to improve data quality and ask group for input.



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

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. *Did not discuss because ISDH needs to correct the data*.
4. Body regions by patient age groupings.
    a. Provided the percentage and count for each body region by patient age groupings.
        i. *Did not discuss because ISDH needs to correct the data.*
5. RTTDC data analysis.
    a. Summary of meeting with Dr. Reed to analyze further.
        i. *Reed – not enough data to really make sense of the situation. Will continue to analyze to see if we can identify any trends.*
        ii. *Parkview RMC has a publication coming out Q1 2016 discussing effectiveness of RTTDC.*
            1. *Parkview RMC will share the article with ISDH so that they can include this in their monthly newsletter, Trauma Times*.

ii. Discussion of educational materials for non-trauma centers regarding timely transfers
    1. Created a letter from ISDH to your hospital stressing the importance of timely transfers.
        a. Letter was sent out to facilities on June 15th. Follow-up letter was sent out September 30th announcing a data report that will go to facilities that have an ED LOS > 2 hours for transfers. Data will start going out mid-December.
            i. *ISDH will send out data mid-December and will provide a summary at the next PI subcommittee meeting*.

c. 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 October 2015.
        2. Would like to provide this list to the EMS Commission at their **December** meeting!
            a. *Please send Katie EMS providers not leaving run sheets by **December 1st**.*

3. Review of Modifications to New Metrics:
    a. ED LOS vs. ICU LOS
        i. Added patients that had an ICU LOS >0, but did not have an ED Disposition = ICU.
            1. *ISDH will provide average ED LOS prior to admitting the patient to the ICU.*
            2. *ISDH will provide average ED LOS (hours) prior to admitting the patient to the ICU to the hospital-specific report.*
        ii. The state broke the information down by ED Disposition.
            1. *Conclusion that this information is not value-added and will be removed from future reports*.

ED LOS vs. ICU LOS

# of Patients Admitted to ICU from ED: 6790		
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

# of Patients Admitted to ICU NOT from ED		
ED Disposition	**ICU LOS Average**	**# of Patients**
AMA (Left against medical advice)	0	28
Died / Expired	0	390
Floor bed (general admission, non-specialty)	0.2	23323
Home with services	0.1	17
Home without services	0	1145
Null (Direct Admits)	0.8	2477
Observation unit (unit that provides < 24	0.1	3808
Operating room	2.7	3808
Other (jail, institutional care, mental	0	71
Telemetry / step-down unit (less acuity t	0.5	1915
Transferred to another hospital	0	9603

b. Mortality Review
    i. Compared 2013 Indiana Trauma Registry data to NTDB Data.
        1. *Is this information statistically significant – Camry will review and discuss at future PI meeting.*

4. Potential Metrics
    a. 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.
            1. Katie analyzed some data and presented it to the designation subcommittee. They are reviewing and the designation subcommittee will meet to discuss further.
                a. *Analyzing patients that met Step 1 Criteria in the field from January 1, 2014 to December 31, 2014.*
                    i. *The state will share findings at a future PI meeting.*
        ii. Identifying double transfers – new Linking Software will help us better identify these patients.
        iii. Data Quality dashboard for linking cases
            1. Camry has started developing a data quality dashboard.

5. *NEW* Discussion– Additional values for "Reason for Transfer Delay"?
    a. Current values:
        i. EMS Issue
        ii. Other
        iii. Receiving Hospital Issue
        iv. Referring Physician Decision-Making
        v. Referring Hospital Issue-Radiology
        vi. Weather or Natural Factors
    b. ***Potential new values???***
        i. EMS issue – no response for transfer
        ii. EMS issue – out of county
        iii. EMS issue – unavailable
        iv. ED volume/capacity at time of event
        v. Patient not identified as trauma patient at time of event
        vi. Imaging
        vii. New staff in ED
        viii. EMS Issue – ground critical care not available
        ix. Communication issue – nursing delay in calling for/arranging transport
        x. Communication issue – nursing delay in contacting EMS
        xi. Referring Facility issue – surgeon availability
        xii. Receiving Hospital Issue – Bed availability
        xiii. Receiving Hospital Issue – Surgeon decision making
        xiv. Referring Hospital Issue-Radiology workup delay
        xv. EMS Issue – Air transport not available due to weather
        xvi. EMS Issue – Air Transport ETA > Ground Transport TAT
        xvii. EMS Issue – Condition of patient warranted securing higher lvel of transport than what was immediately available (i.e. pediatric transport specialists)
        xviii. Receiving Hospital Issue – Difficulty obtaining accepting MD
        xix. Receiving Hospital Issue – Difficultly obtaining accepting hospital
        xx. Time required to ensure stability of patient prior to transfer
        xxi. Change in patient condition
        xxii. EMS issue – shortage of ground transport availability
        xxiii. Referring Facility issue – priority of transfer
        xxiv. Transport/Triage Decision – low triage for transfer
6. *NEW* Discussion – TQIP and risk-adjusted benchmarking requirement:
https://www.facs.org/quality-programs/trauma/vrc/site-packet
    a. "For Level III centers to satisfy the risk-adjusted benchmarking requirement, the center must participate in the TQIP pilot program."
    b. Discuss the information found at:
    https://www.facs.org/~/media/files/quality%20programs/trauma/vrc%20resources/rationale%20for%20modeling%20requirements.ashx
        i. *Discussion of enrollment and the new fee to enroll.*
        ii. *Discussion of Avery Nathans presentation on TQIP at a future trauma-related meeting.*
            1. *Dr. Jenkins & Dr. Reed will coordinate this presenter.*
7. *NEW* Discussion – should we create guidelines/form that EMS providers can use to leave at hospitals when dropping off patients?
    a. *Recommendation by some to include a "60 second timeout" when EMS arrives at the hospital with the patient so that recording nurse can document pre-hospital care.*
8. *NEW* What does PI on a regional level look like?

a. Illinois' model:
    i. Cases Reviewed:
        1. Deaths caused by traumatic injury
            a. Excluding DOA
            b. Excluding head AIS > 3
        2. TRISS > .75
    ii. Each trauma center (trauma medical director and/or coordinator) presents to the region 6 months' worth of completed data 2x/year on:
        1. Unexpected deaths.
        2. Other interesting cases (ex: unexpected survivors).
    iii. Data is presented during the regular district meeting and all members can be involved in the discussion.
    iv. Data are confidential and bound by the Medical Studies Act – indicated by the disclaimer no all paperwork.
    v. Conclusions (minus the identifiers) are included in the regular meeting minutes.
        1. *Discussion of the audit filters and inconsistently across the state of using these filters.*

9. *NEW* Survival Risk Ratios associated with ICD-10
    a. How does your facility utilize / plan to utilize Survival Risk Ratios?
        i. *Will be discussed during January's PI subcommittee meeting.*
10. *NEW* Other States' PI measures
    a. *Special meeting December 9th at 10am at ISDH in the 3rd Floor Conference Room, Larkin.*
11. 2016 Meeting Dates:
    a. **January 12th**
    b. **May 10th**
    c. **September 13th**
    d. **November 15th**
        i. **Tuesday, 10am, ISDH in the 3rd Floor Conference Room, Larkin**

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