PI Subcommittee Meeting - Agenda

May 10, 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)
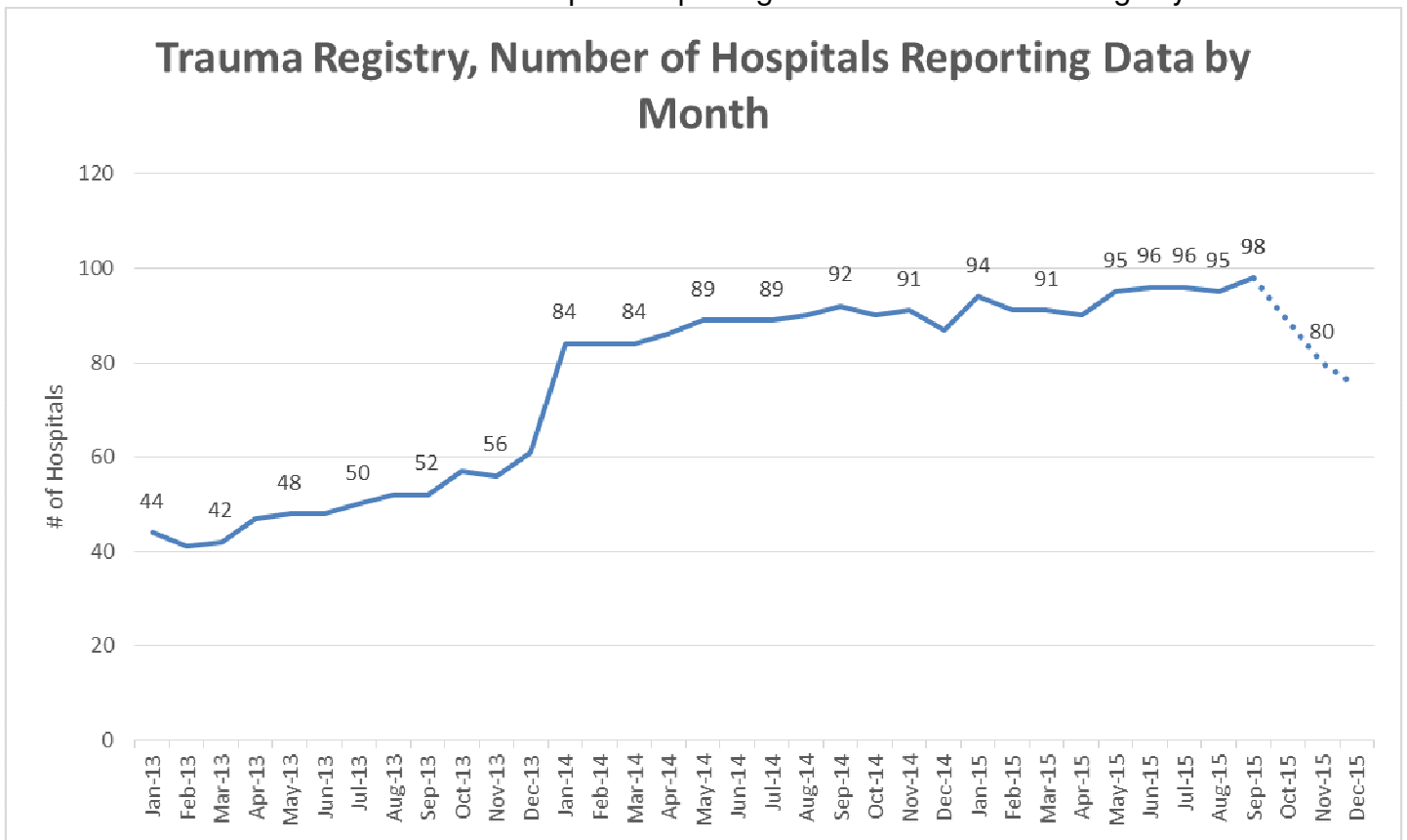
a) Welcome & Introduction

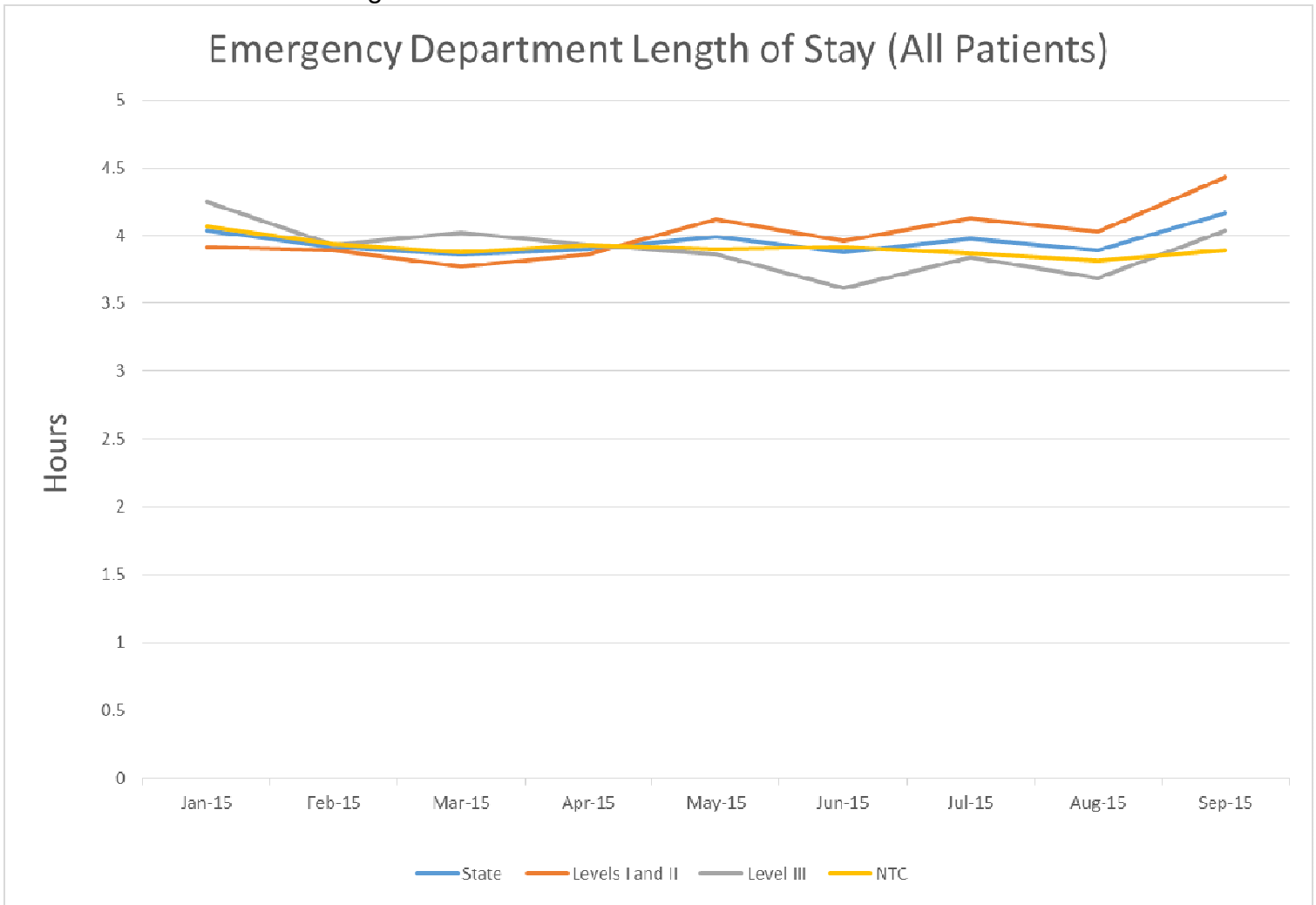| Meeting Attendees			
Adam Weddle	Amanda Rardon	Annette Chard	Bekah Dillon
Brittanie Fell	Carrie Malone	Chris Wagoner	Christy Claborn
Chuck Stein	Dawn Daniels	Dusten Roe	Emily Grooms
Jennifer Mullen	Jeremy Malloch	Jodi Hackworth	Kasey May
Kelly Mills	Kristi Croddy	Latasha Taylor	Lesley Lopossa
Lindsey 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		
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

Trauma Registry, Number of Hospitals Reporting Data by Month

b. Decrease average ED LOS at non-trauma centers

Emergency Department Length of Stay (All Patients)

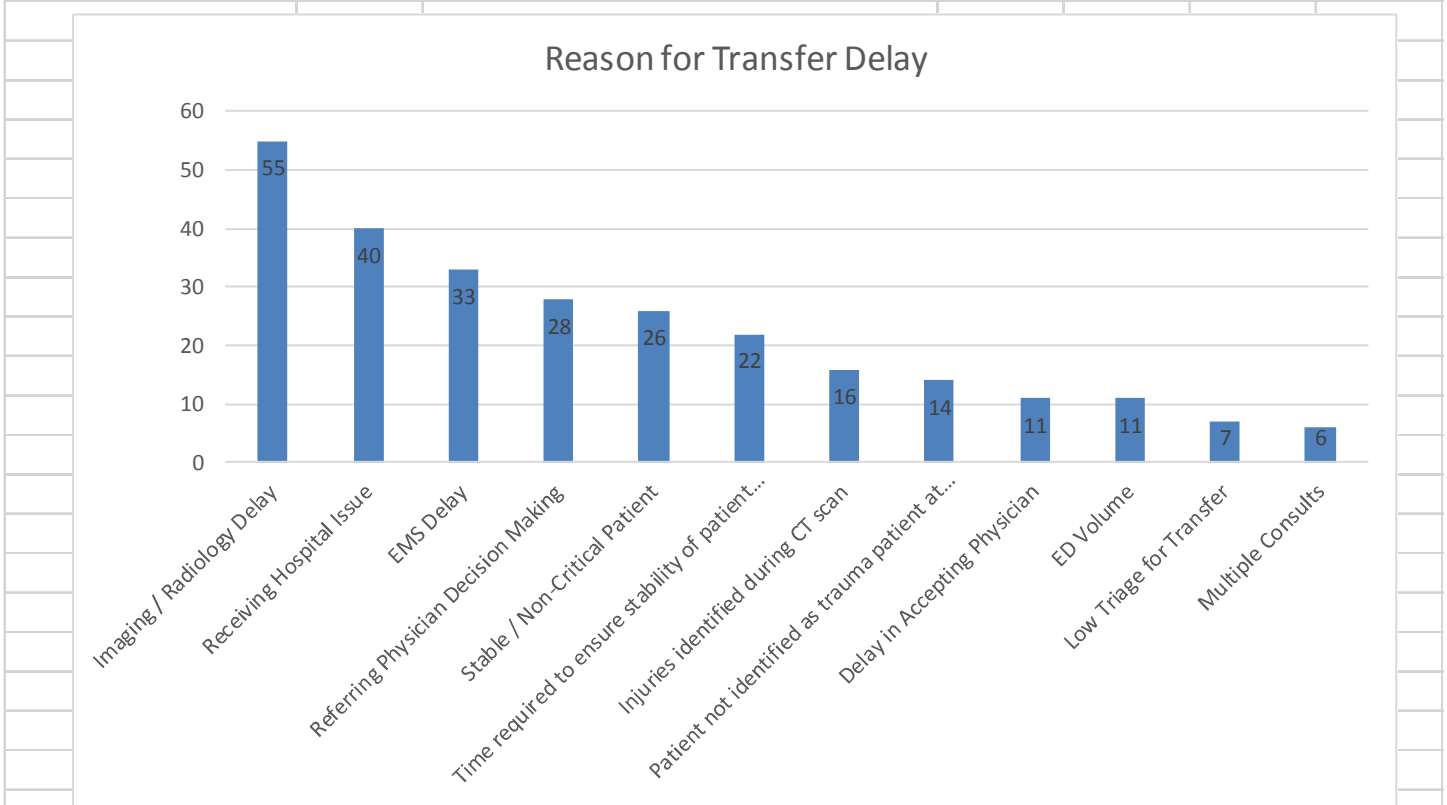Legend: State — Levels I and II — Level III — NTC

i. 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.

Reason for Transfer Delay

Reason	Count
Imaging / Radiology Delay	55
Receiving Hospital Issue	40
EMS Delay	33
Referring Physician Decision Making	28
Stable / Non-Critical Patient	26
Time required to ensure stability of patient...	22
Injuries identified during CT scan	16
Patient not identified as trauma patient at...	14
Delay in Accepting Physician	11
ED Volume	11
Low Triage for Transfer	7
Multiple Consults	6

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

Percent of Patient Transferred from ED at non-verified Trauma Center Hospitals in < 2 hours
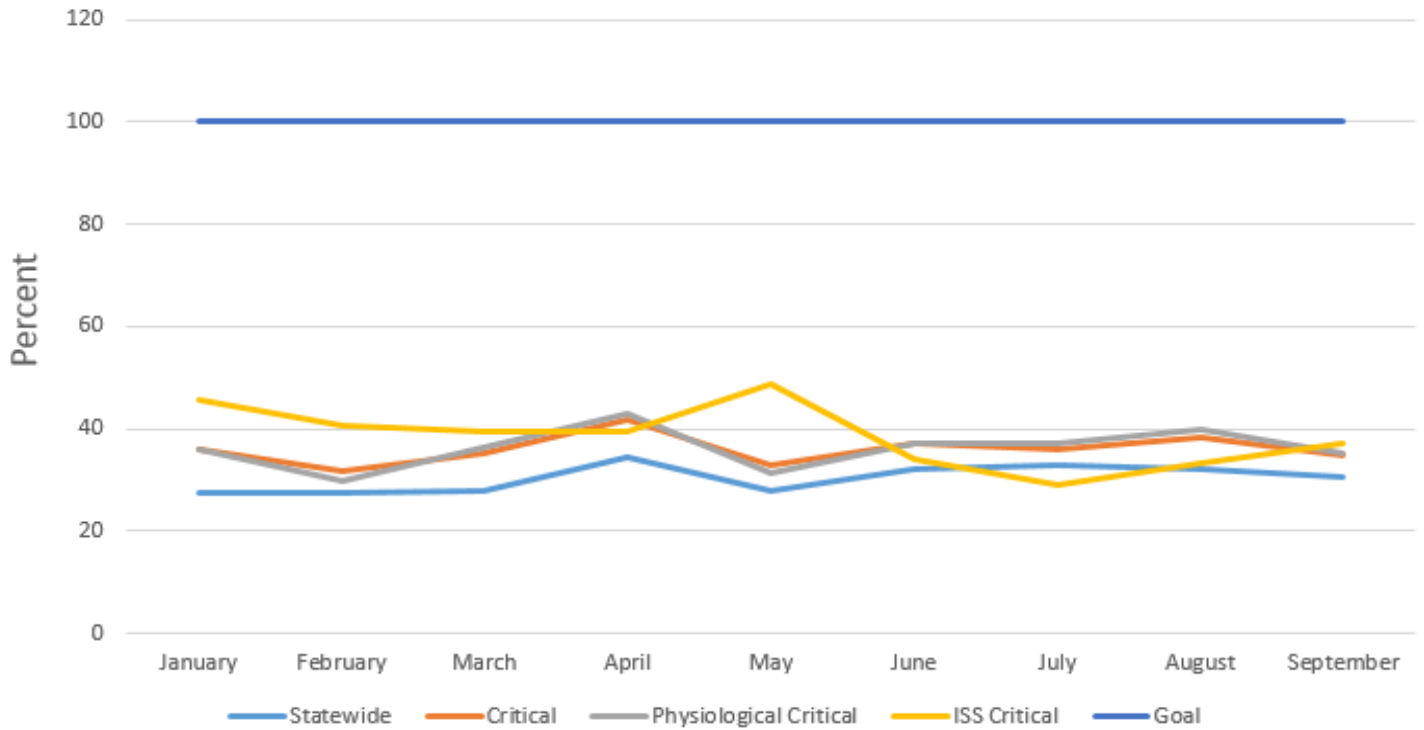
*******************Definitions of critical categories*****************************
*Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15
*Physiological critical patient: GCS <= 12 or shock index > 0.9
*ISS critical patient: ISS > 15

a. ED LOS Analysis
  i. 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

ED LOS Analysis														
Q3 2015 (July 1 - Sept 30)						**Q2 2015 (April 1 - June 30)**						**Q1 2015 (January 1 - March 30)**		
Total # of Patients Transferred:		2173				Total # of Patients Transferred:						Total # of Patients Transferred:		1761
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts		Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts		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: Shock Index > 0.9	588	8	149	179		Initial Hospital: Shock Index > 0.9	591	25	213	135
Initial Hospital: GCS Total Score ≤ 12	728	3	104	88		Initial Hospital: GCS Total Score ≤ 12	1247	32	135	81		Initial Hospital: GCS Total Score ≤ 12	364	20	144	82
Initial Hospital: ISS > 15	444	26	164	143		Initial Hospital: ISS > 15	1247	12	169	188		Initial Hospital: ISS > 15	487	24	193	158
Initial Hospital: ISS ≤ 15	3235	0	205	1939		Initial Hospital: ISS ≤ 15	1027	0	185	1854		Initial Hospital: ISS ≤ 15	846	0	205	1603

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ii. Body regions by patient age groupings.
1. Provided the percentage and count for each body region by patient age groupings.

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

c. 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
d. Improve trauma registry data quality.
- i. Data quality – how does the state address these cases?
- ii. Frequency Reports
  1. Hospitals have shared best practices. This information will be included in a future letter to ED Managers.
  2. Update on creation of hospital-specific frequency reports in SAS from Camry Hess.

    e. 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

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.

f) State TQIP Program
- a. Avery Nathans from MTQIP will present at next ISTCC meeting – June 17.

g) Other Discussion

h) Next Meeting: September 13, 10AM EST, Larkin Conference Room