

# PI Subcommittee Meeting - Agenda

**November 10, 2015 – 10am EST to 11am EST**

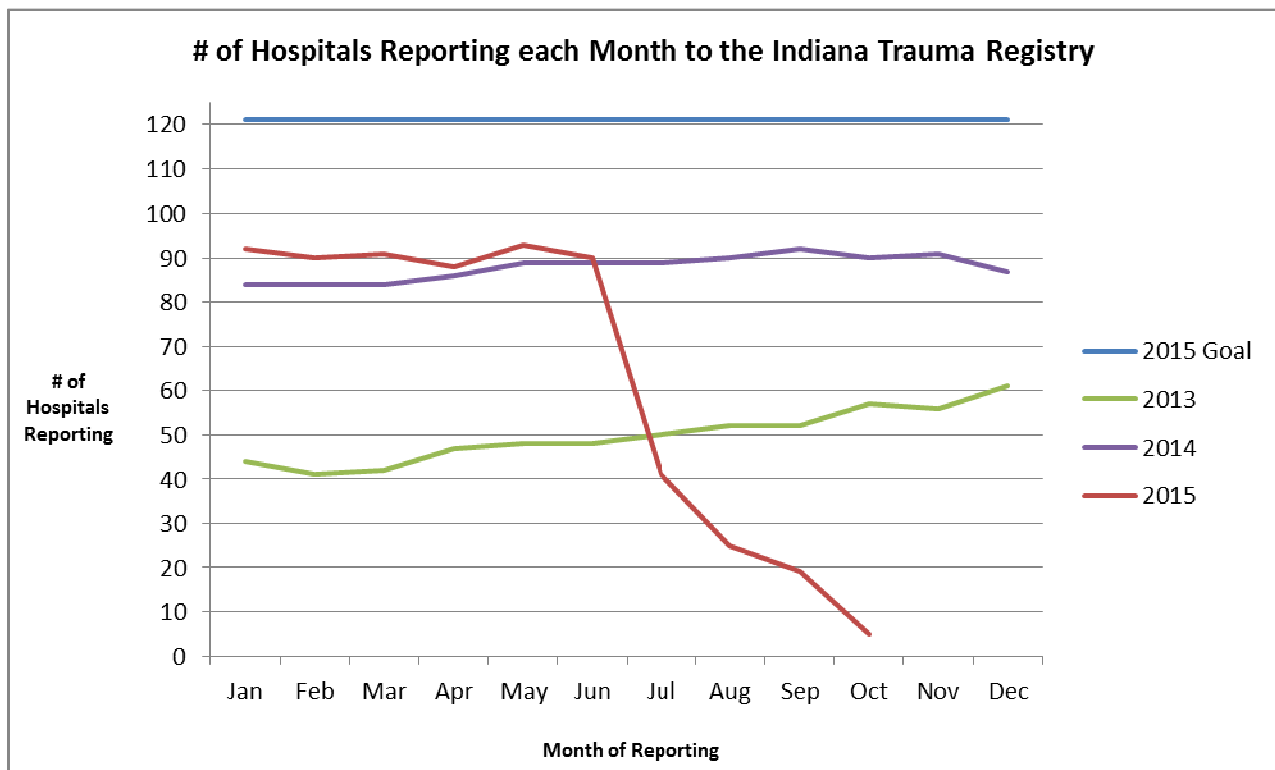
Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

## 1. Welcome & Introduction

<b>Meeting Attendees</b>			
Adam Weddle	Amanda Elikofer	Amanda Rardon	Annette Chard
Bekah Dillon	Brittanie Fell	Carrie Malone	Chris Wagoner
Christy Claborn	Chuck Stein	Cindy Twitty	Dawn Daniels
Amy Deel	Emily Dever	Jennifer Mullen	Jeremy Malloch
Jodi Hackworth	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	Regina Nuseibeh	Roxann Kondrat
Sean Kennedy	Spencer Grover	Tracy Spitzer	Wendy St. John
<b>ISDH STAFF</b>			
Katie Hokanson	Ramzi Nimry	Jessica Skiba	Camry Hess

## 2. Goals

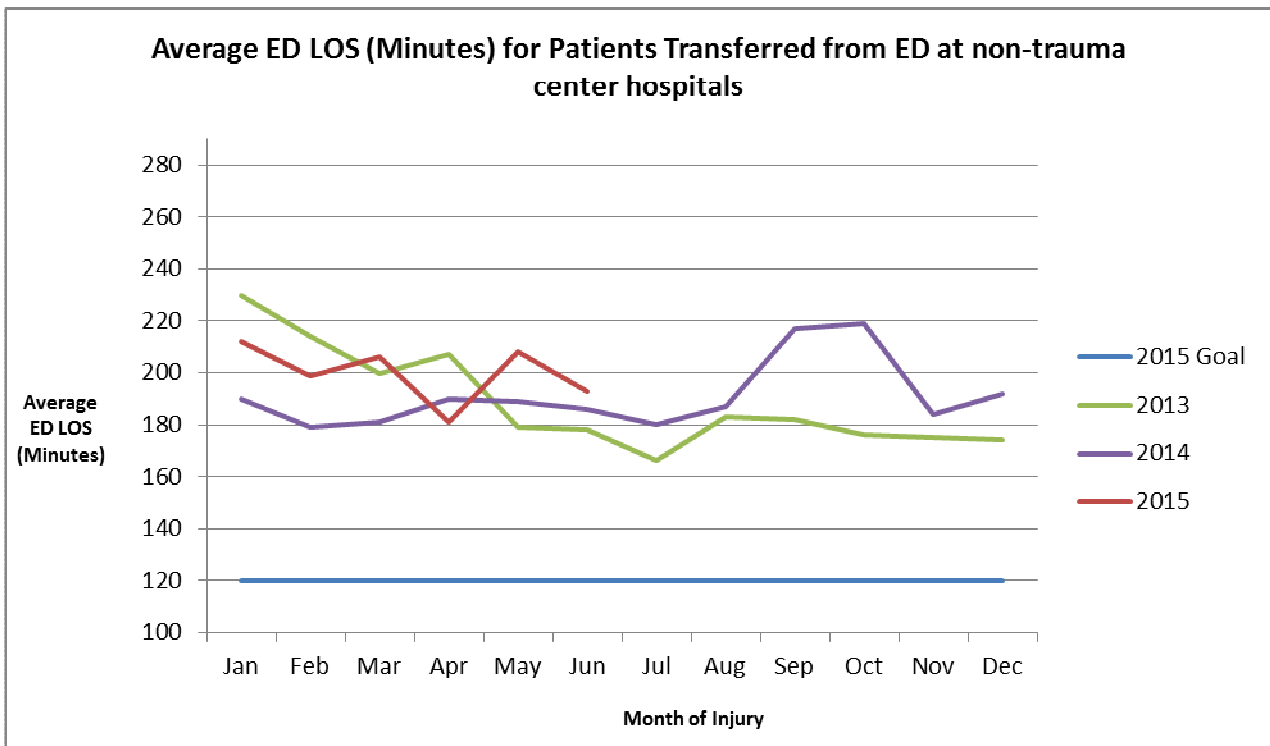
- a. Increase the number of hospitals reporting to the Indiana trauma registry
  - i. For Quarter 2, 2015 95 hospitals reported data.
  - ii. Trauma Center mentor program
    1. Please confirm status of mentorship:
      - a. St. Mary's of Evansville
        - i. *Terre Haute Regional*
        - ii. *Good Samaritan Hospital*
        - iii. *Memorial Hospital & Health Care Center (Jasper)*
      - b. IU Health – Bloomington
        - i. *St. Vincent Dunn*
    2. Update on mentorship status
      - a. Parkview Regional Medical Center
      - b. Memorial Hospital of South Bend
    3. Any other updates?



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	Completed Summer 2015
<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
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 Dunn	IU Health - Bloomington	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 Samaritan Hospital mentorship	IU Health - Ball Memorial	In progress (as of 05/2015)
Answering pediatric questions as they come in.	IU Health - Riley	(as of 05/2015)
Reaching out to St. Joseph (Fort Wayne) & Bluffton Regional Medical Center about data collection	Lutheran	(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	St. Elizabeth - East	In progress (as of 08/2015)
Memorial Hospital & Health Care Center (Jasper)	Deaconess	In progress (as of 08/2015)
<u>Waiting on mentorship status</u>	<u>Parkview RMC</u>	-
<u>Waiting on mentorship status</u>	<u>Memorial Hospital South Bend</u>	-

- 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. Jennifer Mullen will get in contact with the facilities.
          - a. Update from Jen?
    - b. District 2
      - i. IU Health – Goshen Hospital
        - 1. Missy Hockaday will contact the facility. Potentially hiring a system registrar.
          - a. Update from Missy?
    - c. District 3
      - i. Adams Memorial Hospital
      - ii. St. Joseph Hospital (Fort Wayne)
        - 1. Annette Chard will get in contact with facility.
          - a. Update from Annette?
      - iii. VA Northern Indiana Healthcare System
      - iv. Wabash County Hospital
    - d. District 5
      - i. Community Westview
        - 1. Will start reporting data in Q1 2015.
          - a. Update?
      - 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. Judi Holsinger is working with the St. Vincent Health network to get these facilities reporting.
          - a. Update from Judi?
    - e. District 8
      - i. St. Vincent – Dunn Hospital
    - f. District 9
      - i. Harrison County Hospital – DROPPED OFF
      - ii. St. Vincent – Jennings Hospital
      - iii. Kentuckiana Medical Center
    - g. District 10
      - i. Gibson General Hospital – DROPPED OFF
  - 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**).
      - 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).
4. Body regions by patient age groupings.
  - a. Provided the percentage and count for each body region by patient age groupings.

## ED LOS Analysis

June 1, 2014 to June 30, 2015			April 1, 2014 to April 30, 2015			January 1, 2014 to January 29, 2015		
<i>Total # of Patients Transferred:</i>			<i>Total # of Patients Transferred:</i>			<i>Total # of Patients Transferred:</i>		
7072			6376			5576		
Measure	# of Patients	Avg ED LOS (Minutes)	Measure	# of Patients	Avg ED LOS (Minutes)	Measure	# of Patients	Avg ED LOS (Minutes)
Initial Hospital: Shock Index > 0.9	974	186	Initial Hospital: Shock Index > 0.9	637	202	Initial Hospital: Shock Index > 0.9	572	164
Initial Hospital: GCS Total Score ≤ 12	366	148	Initial Hospital: GCS Total Score ≤ 12	315	138	Initial Hospital: GCS Total Score ≤ 12	287	129
Initial Hospital: ISS ≤ 15	6233	199	Initial Hospital: ISS ≤ 15	5611	199	Initial Hospital: ISS ≤ 15	5102	191
Initial Hospital: ISS > 15	566	178	Initial Hospital: ISS > 15	478	207	Initial Hospital: ISS > 15	474	149
<i>Total # of **CRITICAL** Patients Transferred</i>			<i>Total # of **CRITICAL** Patients Transferred</i>			<i>Total # of **CRITICAL** Patients Transferred for 2014</i>		
1614			1223			1003		
<i>Min</i>	0		<i>Min</i>	0		<i>Min</i>	14	
<i>Max</i>	1814		<i>Max</i>	192		<i>Max</i>	835	
<i>Average</i>	182		<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			**CRITICAL** GCS ≤ 12, Shock Index >0.9, ISS > 15		
June 1, 2014 to June 30, 2015		April 1, 2014 to April 30, 2015		January 1, 2014 to January 29, 2015				
Body Region	# of Patients	Body Region	# of Patients	Body Region	# of Patients			
<i>Extremity</i>	2435	<i>Extremity</i>	2271	<i>Extremity</i>	2146			
<i>External</i>	2200	<i>External</i>	2151	<i>External</i>	1865			
<i>Head</i>	1715	<i>Head</i>	1730	<i>Head</i>	1600			
<i>Chest</i>	836	<i>Chest</i>	775	<i>Chest</i>	699			
<i>Face</i>	476	<i>Face</i>	482	<i>Face</i>	442			
<i>Abdomen</i>	426	<i>Abdomen</i>	363	<i>Abdomen</i>	290			

5. RTTDC data analysis.
    - a. Summary of meeting with Dr. Reed to analyze further.
  - 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 15<sup>th</sup>. Follow-up letter was sent out September 30<sup>th</sup> 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.
  - 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 1<sup>st</sup>**.
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.
      - ii. The state broke the information down by ED Disposition.

### 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
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.*

*b. 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

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/rational%20for%20modeling%20requirements.ashx>

7. \*NEW\* Discussion – should we create guidelines/form that EMS providers can use to leave at hospitals when dropping off patients?

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 on all paperwork.
  - v. Conclusions (minus the identifiers) are included in the regular meeting minutes.
- 9. \*NEW\* Survival Risk Ratios associated with ICD-10
  - a. How does your facility utilize / plan to utilize Survival Risk Ratios?
- 10. \*NEW\* Other States' PI measures
- 11. Next Meeting: TBD

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