

# PI Subcommittee Meeting

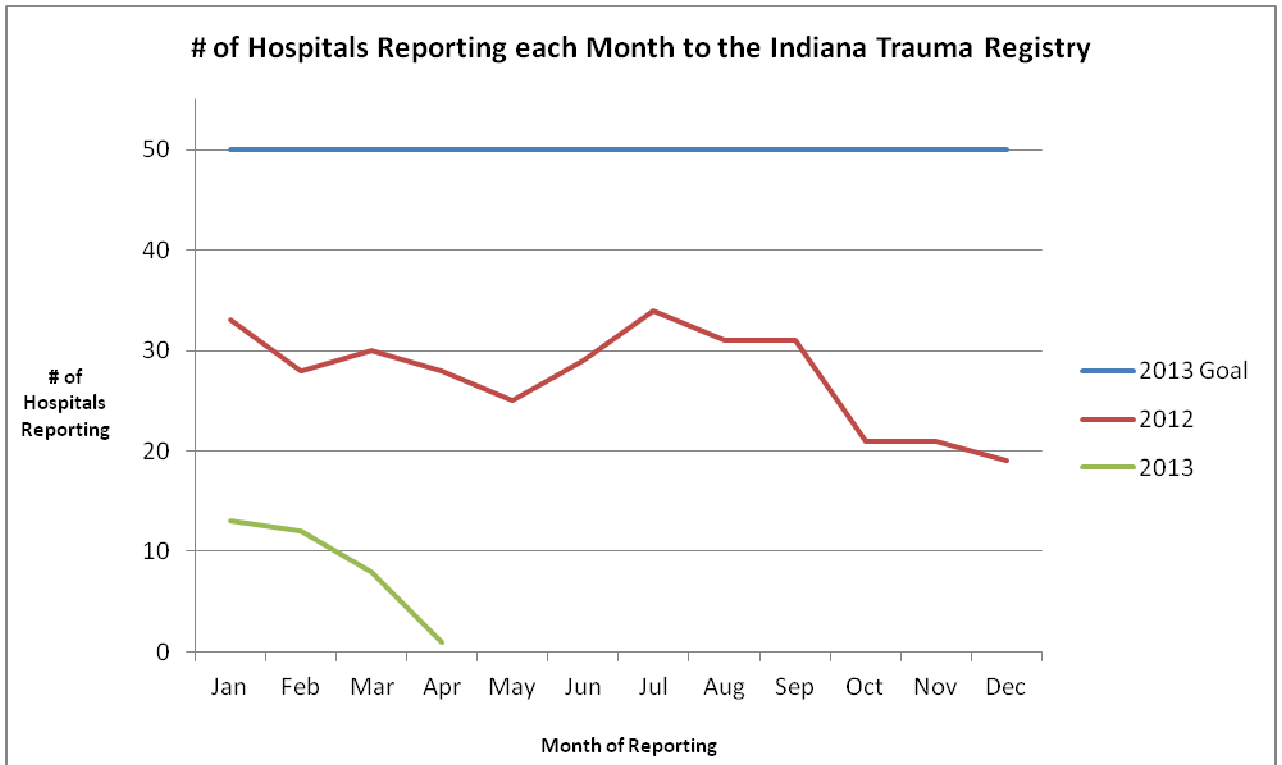
April 25, 2013 – 10am EST to 11pm EST

## Notes

1. Welcome & Introduction - Attendance:
  - a. ISDH: Brian Carnes (ISDH), Derek Zollinger (ISDH), Sean Kennedy (St. Vincent – Indy), Connie Brown (IU Health – Ball Memorial), Tracy Spitzer (IU Health – Methodist), Cindy Loop (IU Health – Methodist), and Katie Gatz (ISDH)
  - b. Phone: Chuck Stein (Wishard), Lana Seibert (St. Mary's), Jennifer Mullen (Methodist Hospitals), Latasha Taylor (Methodist Hospitals), Lisa Smith (Lutheran), Dr. Larry Reed (IU Health – Methodist), Paula Kresca (Memorial Hospital South Bend), and Regina Nuseibeh (St. Elizabeth – East)
2. Update of goals for 2013 (see additional pages for updates of each goal)
  - a. Increase the number of hospitals reporting to the Indiana trauma registry
    - i. Update of ISDH workplan
      1. ISDH gave an update on the status of the trauma registry rule which would require all EMS providers, hospitals, and rehab facilities to report to the trauma registry
    - ii. Trauma Center mentor program
      1. Each verified trauma center has been asked by ISDH to reach out to hospitals that are currently not reporting to the Indiana trauma registry to discuss the development of the statewide trauma system and the importance of entering data into the trauma registry
    - iii. Training course possibilities?
      1. Cindy Loop asked if ISDH was looking at hosting some form of a training course geared toward non-trauma hospital registrars to increase the quality of the data in the registry. ISDH will research the options and provide an update at the next PI subcommittee meeting. ISDH will be offering the Optimal course in October and there is beginning discussion of hosting an EMS Medical Director conference.
  - b. Decrease average ED LOS at non-trauma centers
    - i. Dr. Reed suggested pulling patients from the registry from non-trauma hospitals that had a shock index >1 and/or GCS < 13 and their ED LOS. We can then determine a realistic goal of ED LOS. ISDH will create a report to present at the next PI subcommittee meeting.
  - c. Increase EMS run sheet collection
    - i. EMS Registry update
      1. Brian gave an overview and update of the status on the ISDH EMS registry. He asked those at the meeting to share how they are currently collecting EMS run information. Some hospitals have access to the EMS provider's web-based system; others receive paper copies, secure emails, etc. Some contact the billing department for the provider. Connie Brown suggested discussing the state statute with EMS Medical Directors to include in their protocols.
      2. Katie asked hospitals to share information about the ISDH EMS registry and training tour with EMS providers that visit their facility. The ISDH

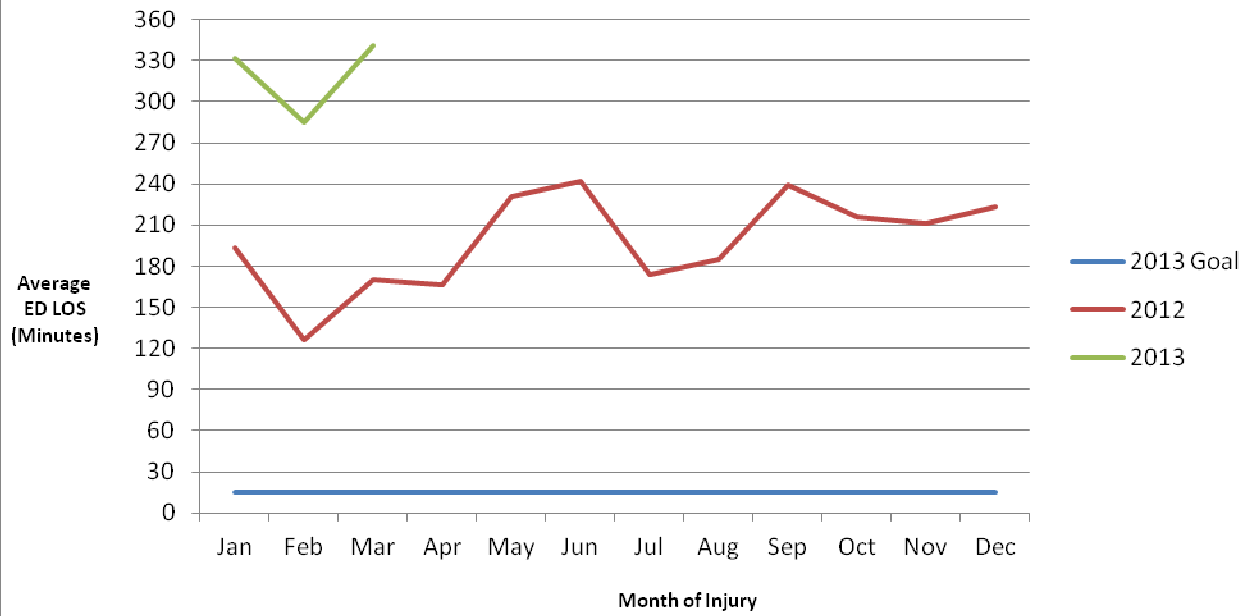
EMS registry could potentially benefit hospitals as one electronic location they can go to collect their Prehospital information.

- d. Trauma patient volume at non-trauma hospitals less than 10 minutes from a verified trauma center
    - i. ISDH has access to the hospital discharge database. The division of trauma and injury prevention can then review the patients that were admitted to hospital X that have diagnosis codes that fall in the range of 800-959.9. We know that this information is not exact, but can give us an idea of the trauma patient population for the state, in a particular region, etc. Katie has been reviewing the aggregate data and found that there are a couple of non-trauma hospitals that are under 10 minutes from a verified trauma center that are admitting quite a few patients that meet the trauma criteria. She was asked if it would be possible to pull the actual diagnosis for each patient so that she could roughly calculate their ISS. Katie will ask for this information and provide a report at the next PI subcommittee meeting. Paula asked if this information would be available to the trauma centers. ISDH will check on the legality of sharing the information.
3. Cindy Loop: PI filter update
- a. At the last meeting, Cindy had asked all trauma centers to send their PI filters to her. She received information from 5 facilities and found that the only filter that appeared to be consistent across the board were complications. She thought that it may be too premature to start setting PI filters for the state. She suggested tracking complications at non-trauma center hospitals, but a potential issue is the education around the definition. Paula suggested that once we set a goal for ED LOS for patients that are transferred from a non-trauma hospital to a trauma center, we could set a filter for the trauma center to capture this information. A decision will be made at the next PI subcommittee meeting.

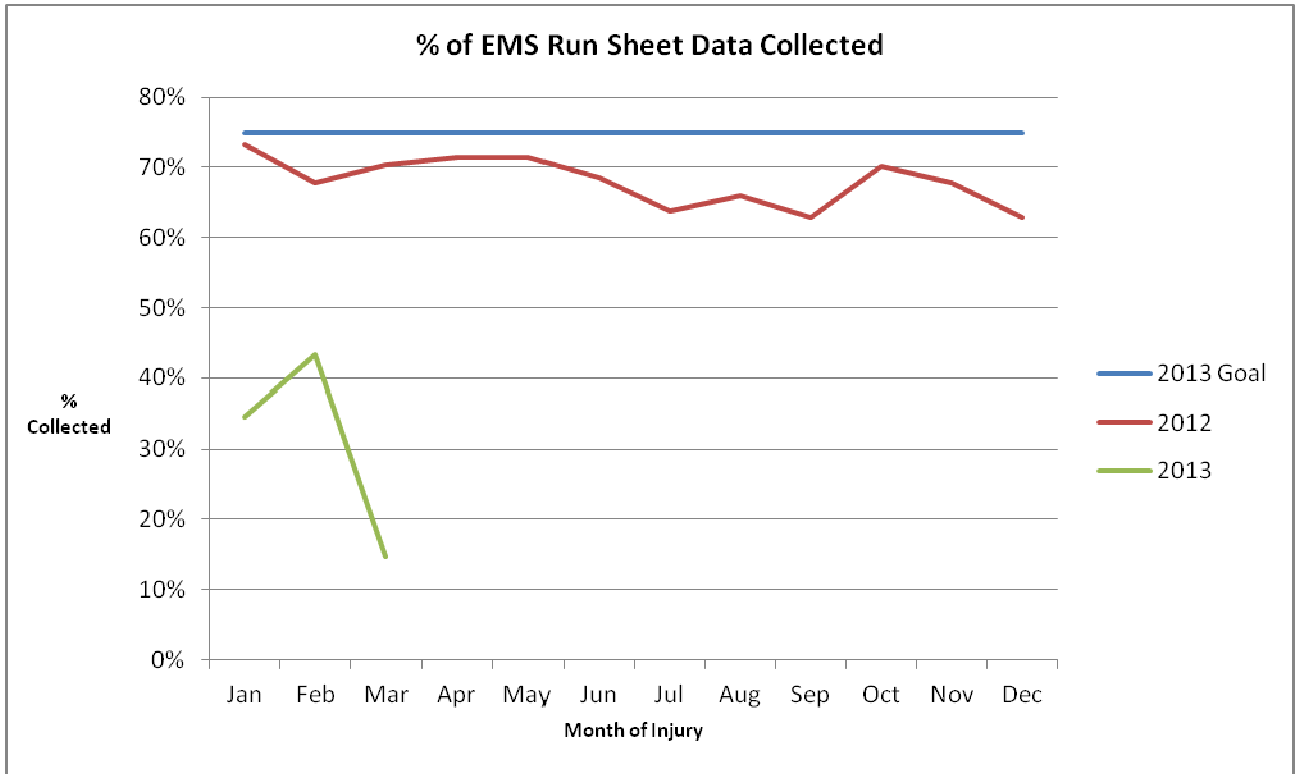


Action	Owner	Status
Letter from Dr. VanNess to non-reporting hospitals	ISDH	Complete
Mentorship Program between trauma centers and non-reporting hospitals	trauma centers	In progress
Mentoring IU Health - North	IU Health - Methodist	In progress
Mentoring St. Vincent Anderson	St. Vincent – Indy	In progress
Mentoring Perry County Hospital	St. Mary's	In progress
Mentoring Deaconess Gateway	Deaconess	In progress
Mentoring Elkhart General	Memorial Hospital South Bend	In progress
	Wishard	
	Parkview	
	Lutheran	

**Average ED LOS (Minutes) for Patients Transferred from ED at non-trauma center hospitals**



Action	Owner	Status



Action	Owner	Status
implementation of ISDH EMS Registry	ISDH	ongoing
Trauma registry rule	ISDH	In progress
Training tour	ISDH	In progress
Hospitals share information with EMS providers about ISDH EMS Registry	Hospitals	ongoing