

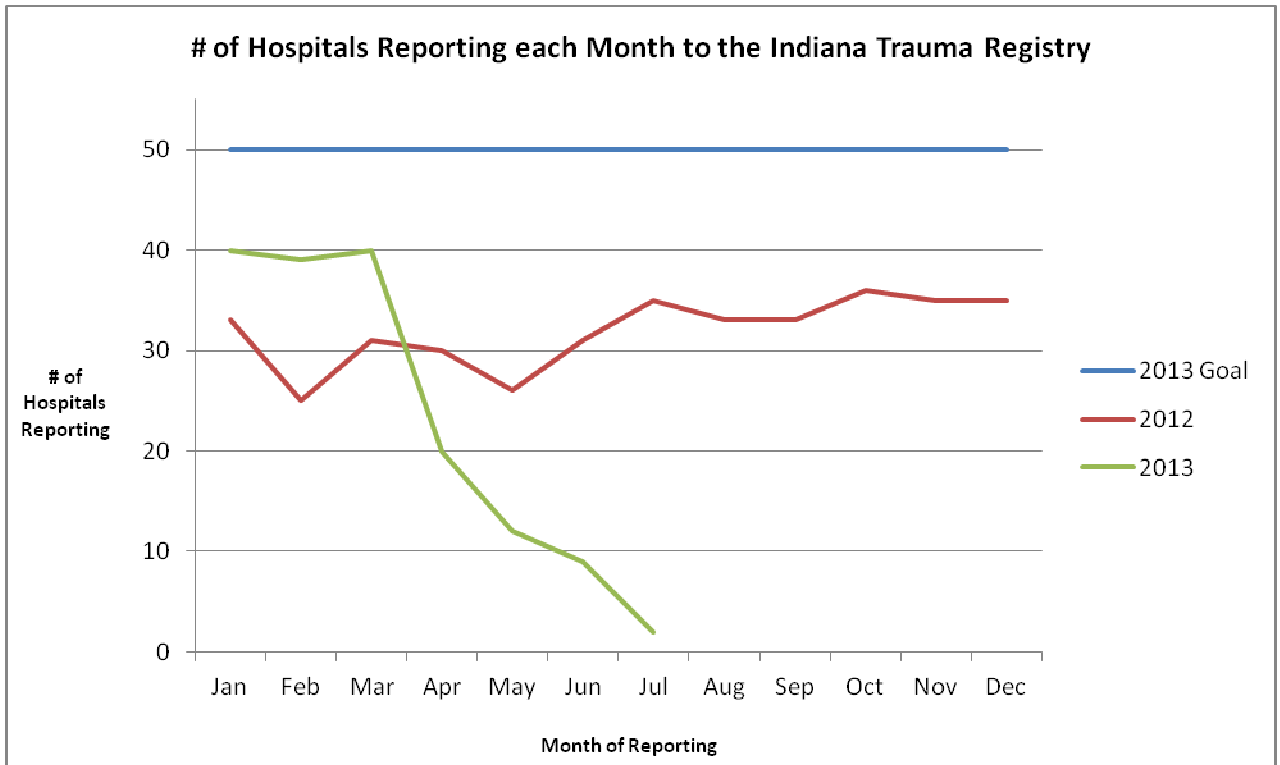
PI Subcommittee Meeting

July 11, 2013 – 10am EST to 11pm EST

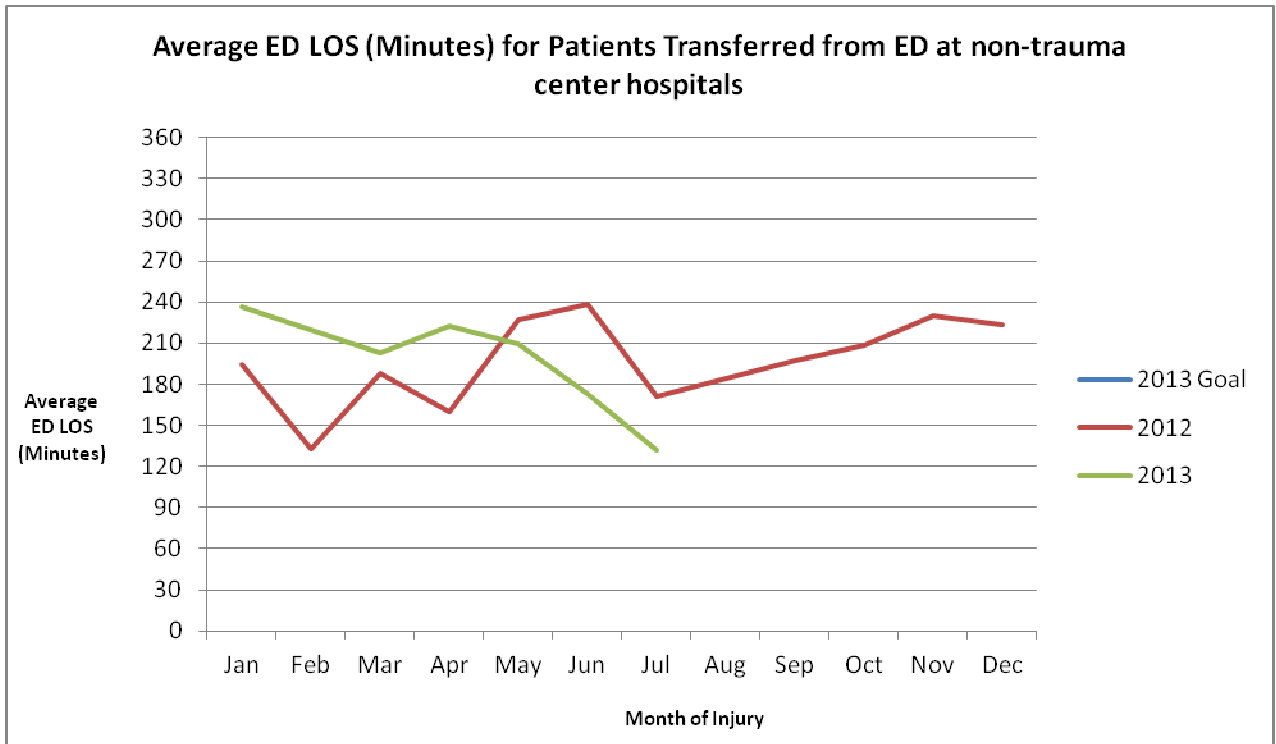
Notes

1. Welcome & Introduction – Attendance:
 - a. ISDH: Spencer Grover (IHA), Connie Brown (IU Health – Ball Memorial), Bekah Dillon (IU Health – Ball Memorial), Katie Gatz (ISDH)
 - b. Phone: Chuck Stein (Wishard), Latasha Taylor (Methodist Hospitals), Jen Mullen (Methodist Hospitals), Lana Seibert (St. Mary's), Paula Kresca (Memorial South Bend), Regina Nuseibeh (St. Elizabeth – East), Cindy Loop (IU Health – Methodist), Missy Hockaday (IU Health – Methodist), Michele Jolly (Deaconess), Amanda Elikofer (Deaconess), and Lisa Hollister (Parkview)
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. Trauma Center mentor program
 1. ISDH confirmed with the group the mentorship relationships around the state.
 2. Updates: St. Mary's is working with St. Mary's – Warrick, Memorial South Bend is working with IU Health – LaPorte & IU Health – Starke who both said they are working to put a registrar in place, and Deaconess is analyzing FTE for Deaconess Gateway.
 3. The group asked that ISDH update the list of hospitals currently not reporting to share with the group. Katie sent out the updated list on July 17th.
 - ii. 2nd letter from Dr. VanNess
 1. ISDH will send a letter to EMS providers and hospitals some time after the July 29th Public Hearing to remind them of the trauma registry rule and the requirement to report trauma data to the trauma registry
 - b. Decrease average ED LOS at non-trauma centers
 - i. Discussion of critical patients
 1. ISDH presented data from the state trauma registry on patients transferred whose shock index was > 0.9 or GCS scores were ≤ 12
 2. Group agreed that tracking ED LOS > 2 hours for patients transferred to a higher acuity level is a good place to start.
 - a. How do we track this information / close the loop?
 - i. Trauma centers create a PI filter and they track the information
 - ii. Some sort of education to non-trauma centers about the importance of timely transfers
 1. District 10 has an education subcommittee that is addressing this issue and will bring the results to the group
 - b. How do we define critical patients?
 1. GCS
 2. Shock Index
 3. ISS

4. SBP < 90
 5. Blood products
 6. Intubation
 - c. Barriers for non-trauma centers:
 - i. Processes not in place to properly transfer patients
 - ii. Lack of trauma care guidelines
 - iii. Lack of trauma activation guidelines
 - iv. Handling of elderly trauma falls with isolated head injury
 - v. Key data elements missing
 - d. How do other states track this?
 - i. Katie will do research and bring to the next PI meeting
 - e. Group will continue to discuss how to best track ED LOS > 2 hours AND how to close the loop
 - i. Discussion at the ITN meeting on August 9th.
 - c. Increase EMS run sheet collection
 - i. EMS Registry update
 1. ISDH 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.
 2. Trauma centers will send ISDH a list of:
 - a. Top 10 EMS providers that send trauma centers patients
 - b. Top 10 EMS providers that are NOT leaving run sheets
 3. This will help ISDH identify providers to contact about the EMS registry
3. Next Meeting: Tuesday, October 22nd at 10am EST



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
IU Health - North mentorship	IU Health - Methodist	In progress
St. Vincent Anderson mentorship	St. Vincent - Indy	In progress
Perry County & Terre Haute Regional mentorship	St. Mary's	In progress
Deaconess Gateway & Perry County mentorship	Deaconess	In progress
Elkhart General, IU Health - LaPorte, & IU Health - Starke mentorship	Memorial South Bend	In progress
2nd Letter from Dr. VanNess to non-reporting hospitals about trauma registry rule	ISDH	In progress



Action	Owner	Status
RTTDC completion by non-trauma center hospitals	Trauma Centers	ongoing
Evaluate critical patients (transfers & non-transfers)	ISDH & trauma centers	

January 1, 2012 to July 10, 2013

Pre-Hospital Shock Index >0.9

56 patients with an average ED LOS of 176 minutes

Hospital Shock Index >0.9

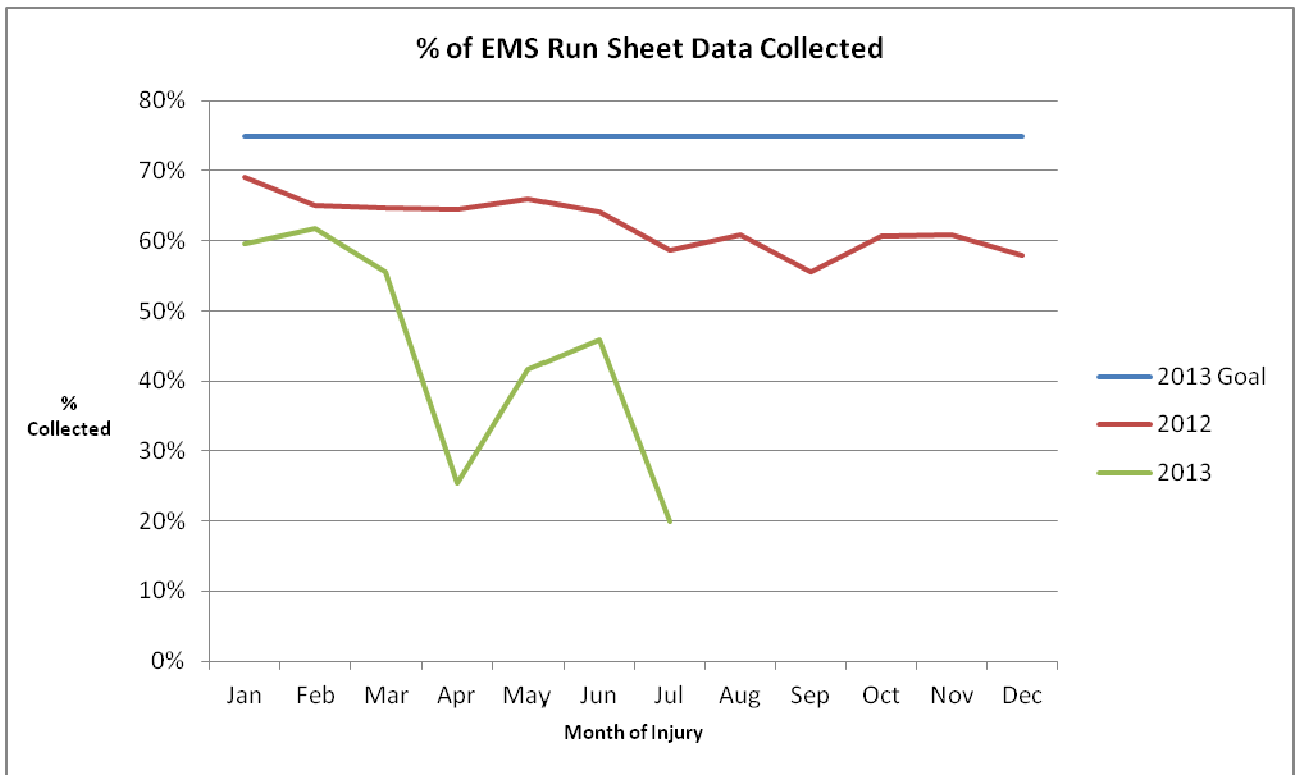
26 patients with an average ED LOS of 204 minutes

Pre-Hospital GCS Scores ≤ 12

40 patients with an average ED LOS of 120 minutes

Hospital GCS Scores ≤ 12

77 patients with an average ED LOS of 171 minutes



Action	Owner	Status
implementation of ISDH EMS Registry	ISDH	ongoing
trauma registry rule	ISDH	in progress
EMS registry training tour	ISDH	in progress