

PI Subcommittee Meeting

October 22, 2013 – 10am EST to 11pm EST

Notes

1. Welcome & Introduction – Attendance:
 - a. ISDH: Spencer Grover (IHA), Kelly Mills (Union – Terre Haute), Sean Kennedy (St. Vincent – Indy), Katie Gatz (ISDH), Jessica Skiba (ISDH)
 - b. Phone:
 - i. Memorial South Bend: Paula Kresca
 - ii. Deaconess: Amanda Elikofer & Michele Jolly
 - iii. IU Health – Arnett: Amanda Rardon & Teresa Williams
 - iv. IU Health – Riley: Jodi Hackworth
 - v. Methodist Hospitals: Latasha Taylor & Jen Mullen
 - vi. IU Health – Methodist: Missy Hockaday & Cindy Loop
 - vii. Lutheran: Lisa Smith
 - viii. Wishard: Wendy St. John
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: None to report
 - ii. Trauma Registry Rule update
 1. At the time of the meeting, the trauma registry rule had been signed by the attorney general's office.
 2. ISDH is planning on travelling to all 10 public health preparedness districts to provide training on the trauma registry. ISDH would like to have these trainings in computer rooms at hospitals (ideally trauma centers) and would like to have at least one trauma registrar at each training event to explain clinical questions that are frequently asked. If your facility is interested in hosting one of these training events, please contact Katie.
 - b. Decrease average ED LOS at non-trauma centers
 - i. Discussion of transfer data sent to trauma centers (& some other facilities)
 1. Prior to the meeting, Katie sent each individual trauma center a list of patients into the state registry that were brought to their facility for quarter 2 2013. Everyone agreed the information was helpful in some way to their facility and that no additional data needed to be added to the report.
 2. At the next meeting, Katie will add to the agenda the average ED LOS for patients with an ISS ≤ 15 and > 15 .
 3. Katie will put together instructions and send to hospitals on how they can pull initial hospital data for patients brought to their facility from the state registry.
 4. The group was asked to start brainstorming ideas on what education can be given to non-trauma centers on the importance of quickly transferring patients to a higher level of care.
 - c. Increase EMS run sheet collection

i. EMS Registry update

1. Katie asked if hospitals had been communicating information about the EMS registry to pre-hospital providers. Jen has been talking to providers, Missy answers questions when they are asked, and Amanda said there hasn't been a whole lot of communication since the trauma tour this spring.
2. The suggestion was made for ISDH to put together:
 - a. A handout to leave in EMS rooms at hospitals that explains why the ISDH EMS registry is important.
 - b. PowerPoint slides about the EMS registry that hospitals can include in their presentations to providers.

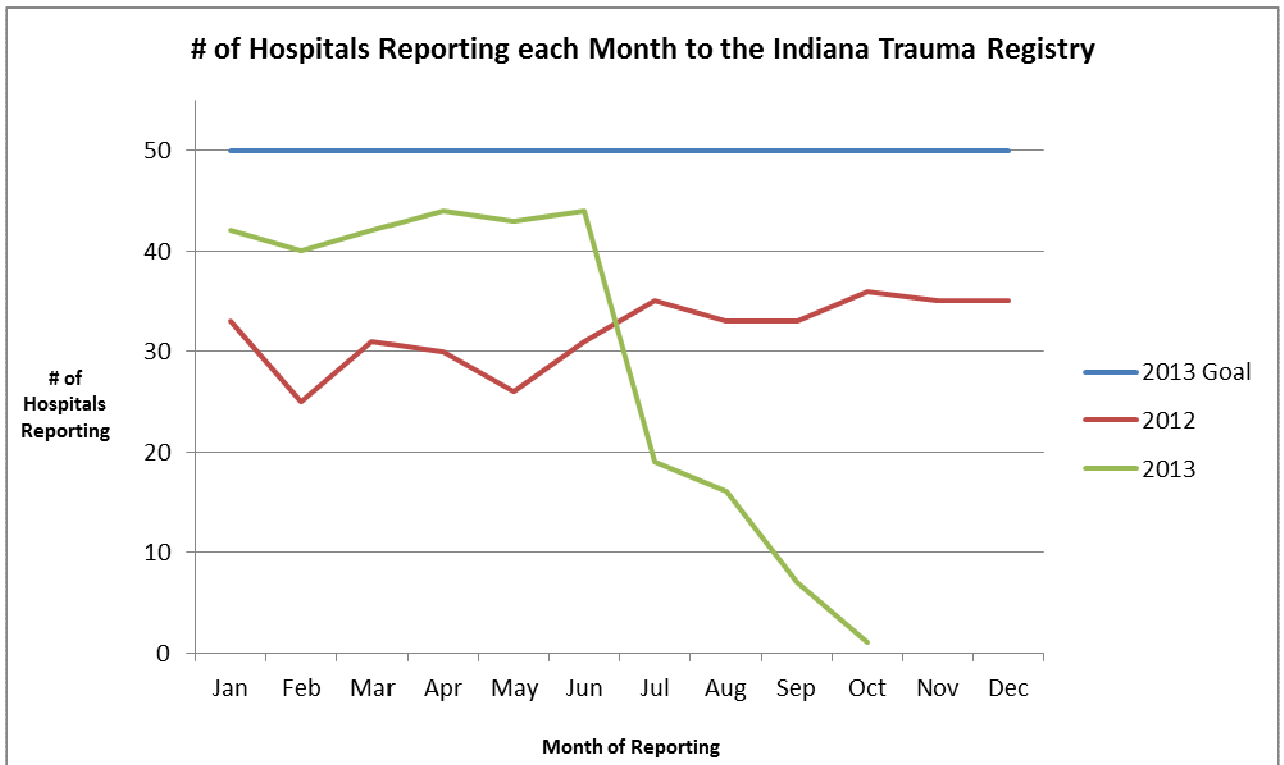
ISDH is working on these items and should have them out in the near future.

3. Katie shared with the group that at the last trauma care committee meeting, Mike Garvey asked for a list of providers not complying with the law to leave run sheets within 24 hours. Katie asked hospitals to send her a list of the top ten providers not complying and Brian sent that list to Mike Garvey two weeks after the trauma care committee meeting. At the October EMS Commission meeting, Mike Garvey reminded providers and the commission the importance of leaving run sheets. One commission member stated that the ED doesn't care about the run sheet. Katie asked the PI subcommittee to reinforce at the next trauma care committee to Mike Garvey the value of run sheet information. She also asked that some trauma care committee members attend the next EMS Commission meeting to speak on behalf of the hospitals in regards to the importance of run sheets being left at the hospitals. Several folks shared anecdotes of their struggle to collect run sheets and Katie reminded the group to bring this up at the next trauma care committee meeting in November.
4. The group asked ISDH to provide a breakdown by hospital of the % of EMS run sheets missing. This will be provided at the next PI subcommittee meeting.
5. The group suggested that ISDH ask the trauma centers on a regular basis who is the #1 service not leaving run sheets to provide the feedback to IDHS on a more frequent basis.

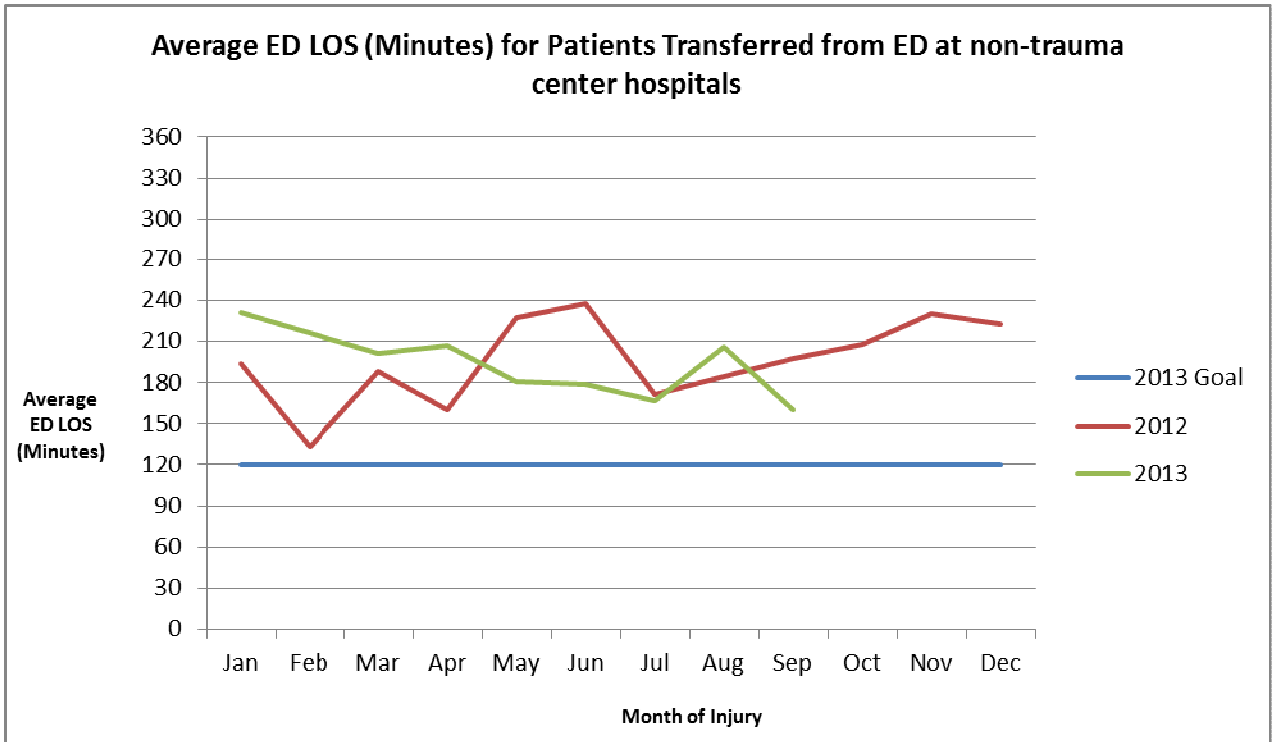
3. Other Business

- a. Katie asked the group if there should be any additional goals for the state for 2014. Sean brought up that we have not hit our goals for 2013, so he suggested that we stick with our current goals and not take on more until we have started reaching our current goals. Everyone agreed that the goals for 2013 would continue into 2014.

4. Next Meeting: Tuesday, January 28th 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, St. Mary's – Warrick, & 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
Waiting on mentorship status	IU Health - Riley	
Waiting on mentorship status	Lutheran	
Waiting on mentorship status	Parkview RMC	
Waiting on mentorship status	Wishard	
2nd Letter from Dr. VanNess to non-reporting hospitals about trauma registry rule	ISDH	After trauma registry rule is final



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

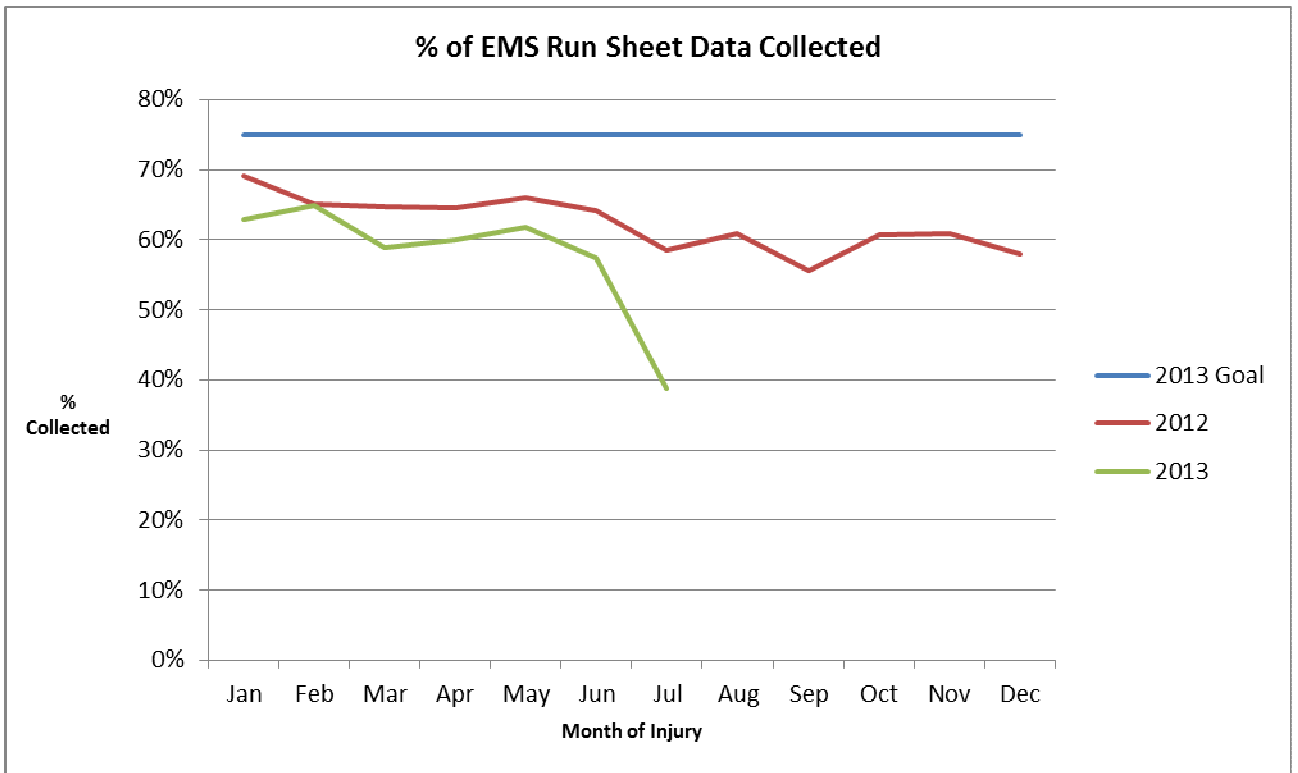
January 1, 2012 to October 08, 2013

Pre-Hospital Shock Index >0.9
53 patients with an average ED LOS of 119 minutes

Hospital Shock Index >0.9
144 patients with an average ED LOS of 182 minutes

Pre-Hospital GCS Scores ≤ 12
42 patients with an average ED LOS of 115 minutes

Hospital GCS Scores ≤ 12
72 patients with an average ED LOS of 180 minutes



Action	Owner	Status
implementation of ISDH EMS Registry	ISDH	ongoing
trauma registry rule	ISDH	in progress
EMS registry training tour	ISDH	complete
trauma centers communicating to Pre-hospital providers ISDH ems registry	trauma centers	