PI Subcommittee Meeting

October 14, 2014 – 10am EST to 11am EST

NOTES

1. Welcome & Introduction
    a. *ISDH: Katie Gatz, Jessica Skiba, Camry Hess, Murray Lawry, Ramzi Nimry, Jeremy Malloch (Community Health – North)*
    b. *Phone:*
        i. *Community Health – East: Kristi Croddy*
        ii. *Community Health – South: Roxann Kondrat and Mary Schober*
        iii. *Deaconess: Amanda Elikofer*
        iv. *Eskenazi Health: Wendy St. John*
        v. *IU Health – Ball: Bekah Dillon*
        vi. *IU Health – Bloomington: Lindsey Williams & Lesley Lopossa*
        vii. *IU Health – Methodist: Cindy Twitty*
        viii. *IU Health – Riley: Dawn Daniels*
        ix. *Lutheran: Lisa Smith*
        x. *Methodist Northlake & Southlake: Latasha Taylor*
        xi. *Parkview RMC: Lisa Hollister*
        xii. *St. Elizabeth East: Regina Nuseibeh*
        xiii. *St. Vincent – Indy: Chris Wagoner*
        xiv. *Terre Haute Regional: Carrie Malone*
        xv. *Union Hospital (Terre Haute): Kelly Mills*

2. Update of goals for 2014 (see additional pages for updates of each goal)

    a. Increase the number of hospitals reporting to the Indiana trauma registry
        i. Information on trauma registry training events
            1. No more events scheduled for 2014, but plan to schedule meetings in early 2015 for refresher training
        ii. Trauma Center mentor program
            1. *St. Elizabeth – East*
                a. *Mentoring with the Crawfordsville location.*
                b. *St. Elizabeth – Central ED is closed as of 09/01/2014.*
            2. *IU Health – Bloomington*
                a. *Mentoring IU Health- Bedford.*
            3. *Eskenazi Health*
                a. *Mentoring Community Health Network*
                b. *Mentoring Terre Haute Regional*
            4. *St. Vincent Indianapolis*
                a. *Mentoring Community Health – North Campus*
                b. *Mentoring Community Health – East Campus*
                c. *Mentoring St. Vincent Anderson*
                d. *Mentoring St. Joseph Kokomo*
                e. *Mentoring St. Elizabeth - East*
            5. *IU Health – Ball Memorial*
                a. *Mentoring Community Health – North Campus*
            6. *St. Mary's of Evansville*

a. *Mentoring Terre Haute Regional*

iii. Discussion of specific hospitals:
1. Hospitals not reporting data
a. *District 1*
i. *No contact*
b. *District 2*
i. *No one on the phone from District 2 to give an update*
c. *District 3*
i. *Wabash will soon be under the Parkview umbrella and Parkview RMC will report their data.*
ii. *Annette has reached out to St. Joseph and Bluffton. She will follow up with both of them.*
d. *District 4*
i. *Everyone is reporting, including the rehab facilities.*
e. *District 5*
i. *Katie asked Chris to please touch base with someone at Peyton Manning Children's and Fishers campus to report data to the state.*
ii. *Jeremy offered to reach out to Riverview.*
f. *District 6*
i. *Bekah will reach out to these facilities*
g. *District 7*
i. *Good to go*
h. *District 8*
i. *Leslie will reach out to the ED Director at St. Vincent Dunn.*
i. *District 9*
i. *No contact*
j. *District 10*
i. *Good to go*

b. Decrease average ED LOS at non-trauma centers
i. Review of transfer data sent to trauma centers (& some other facilities receiving transfer patients)
1. *Camry has resent the linked transfer cases to everyone.*
ii. Review of current average ED LOS
1. *We are getting closer to 180 mark*
2. *Dr. Reed requested that we break out the ED LOS for critical patients, mean, min and max.*
a. *Jeremy – Would it be possible to break it down by specialty or body region?*
b. *Katie – That is not a required element. We could potentially look at body region. It depends on how much information the initial facility has.*
c. *Dawn – on the maximum, is it really 8898 minutes?*
i. *Katie – we are following up with people so that these numbers are accurate.*
3. *Lindsay – I have run reports on this data element and I have had some huge outliers. It was with observation patients. They were admitted as observation patients. There were typos.*

a. *Katie – we can provide clarification in the state's dictionary. When the order is made for observation that is when the patient is discharged from the ED.*
    i. *Jeremy – that is in line with billing practice.*
b. *Lindsay – the few that have been reviewed, they were transferred, but it was not an ED transfer.*
    i. *Katie – we need to put clarifications in the dictionary to explain how that should be entered into the trauma registry.*
c. *Cindy – there are 2 places to pull transferred out. If it is pulled out of the hospital disposition, then you get patients that were on the floor first.*
    i. *Katie – for this report we only look at patients who have an ED disposition = transferred to an acute care facility.*
d. *Lindsey – I wonder if everyone is doing this correctly.*
    i. *Katie – we will definitely need to do follow up with folks.*
e. *Cindy – we could do education on the registry meeting. ED Disposition was part of the trauma registrar quiz this month.*

iii. Discussion of educational materials for non-trauma centers regarding timely transfers
1. Other States Requiring PI for ED LOS > 2 hours (19 states surveyed – 9 states have > 2 hours as of November 2013):
    a. See May 2014 PI Subcommittee agenda for this information
2. Education Materials for reducing ED LOS:
    a. Florida:
        i. regional trauma center leads education and builds relationships through:
            1. RTTDC
            2. DMEP
            3. TNCC
            4. ENPC
        ii. Annual trauma symposium
        iii. 8x11 Laminated information sheets with:
            1. contact numbers for easy access (transfer center phone number)
            2. Trauma Alert Criteria in Florida
            3. GCS & transfer criteria
            4. Map of trauma center & directions from the surrounding counties
        iv. Feedback to non-trauma center on individual patient transfers on a routine basis
    b. New Mexico:
        i. No education material at this time, just discussions of the situation
        ii. 1st RTTDC training just recently
    c. Ohio:
        i. Cyclical discussion phase – board does not want to educate without a formal PI process and Ohio cannot have a formal PI process due to their state laws.
    d. Alaska:
        i. Utilize RTTDC or other related trauma education

ii. Quarterly meetings with trauma program managers and trauma registrars – QI is always discussed
iii. Time for decision to transfer is a QI indicator for all Level IV trauma centers
iv. Time for decision to transfer is a QI indicator for the majority of non-trauma centers

3. *Katie – it sounds like the PI education is driven at a regional level in other states. What are the group's thoughts on this information?*
    a. *Amanda – Did you say anything about Illinois?*
        i. *Katie – No.*
        ii. *Amanda – IL does ED LOS > 2 hours. They do audit filters. They are responsible at the regional level. They put in a lot of data to the state, but they don't get it back. IN is ahead with the reports.*
    b. *Lisa Hollister – we track EDLOS on our dashboard. We review all of these cases. Any outliers/inappropriate is taken to the trauma executive meeting each week.*
        i. *Someone asked Lisa if they have a template to discuss this information.*
            1. *Lisa – we triage into 2 categories. If it is not a major patient, then we don't care about an ED LOS < 2 hours. We want the critical patients transferred in 15 minutes. Are they critical or not critical? The first level of triage. We used the triage criteria from Step 1 from the ACS criteria.*
    c. *Someone asked if District 10 does PI for ED LOS.*
        i. *Amanda - we just started the past 2-3 meetings ago.*
        ii. *Katie – I will be down there next week. We may need to expand on the D10 data report. We can have a conversation at the upcoming meeting.*
    d. *Lindsay – we just did a rapid improvement event for ED LOS for trauma transfers out. We came across many barriers within our facility. We fixed some, but there are more that are outside of control. For example, we don't have a transport truck available in Bloomington. We are not doing a good job of getting patients out when Lifeline cannot fly. Identifying and putting into place criteria for transfer to a higher level is essential. What can be taken care of at a Level I or at a Level III? We can share this when we are finished. The Orange Book has suggestions.*
    e. *Bekah - Even among the level III trauma centers, there are differences in level of care. If we have surgeons here then we won't transfer them. We don't know if we can handle the patient until we work them up.*
    f. *Amanda - It also depends on who is on call that day. One doctor may feel comfortable with a situation that another doctor is not comfortable with.*
        i. *Bekah – I agree.*
        ii. *Jeremy – at Community we do education with the staff. We ship patients if we don't feel comfortable treating that patient (education to ER staff).*
    g. *Critical patients need to be in the OR or transferred.*

h. *Katie – we need to figure out how to get this information to the non-trauma centers.*
    i. *Bekah at Ball – use the ACS orange book criteria for the non-trauma centers.*
        1. *Katie – at the last ITN meeting we talked about getting the contact information for the ED managers at each facility.*
            a. *Amanda – Who was tasked with this?*
                i. *Katie – we need a list with the points of contact. We can talk about this next Thursday at the D10TRAC meeting.*

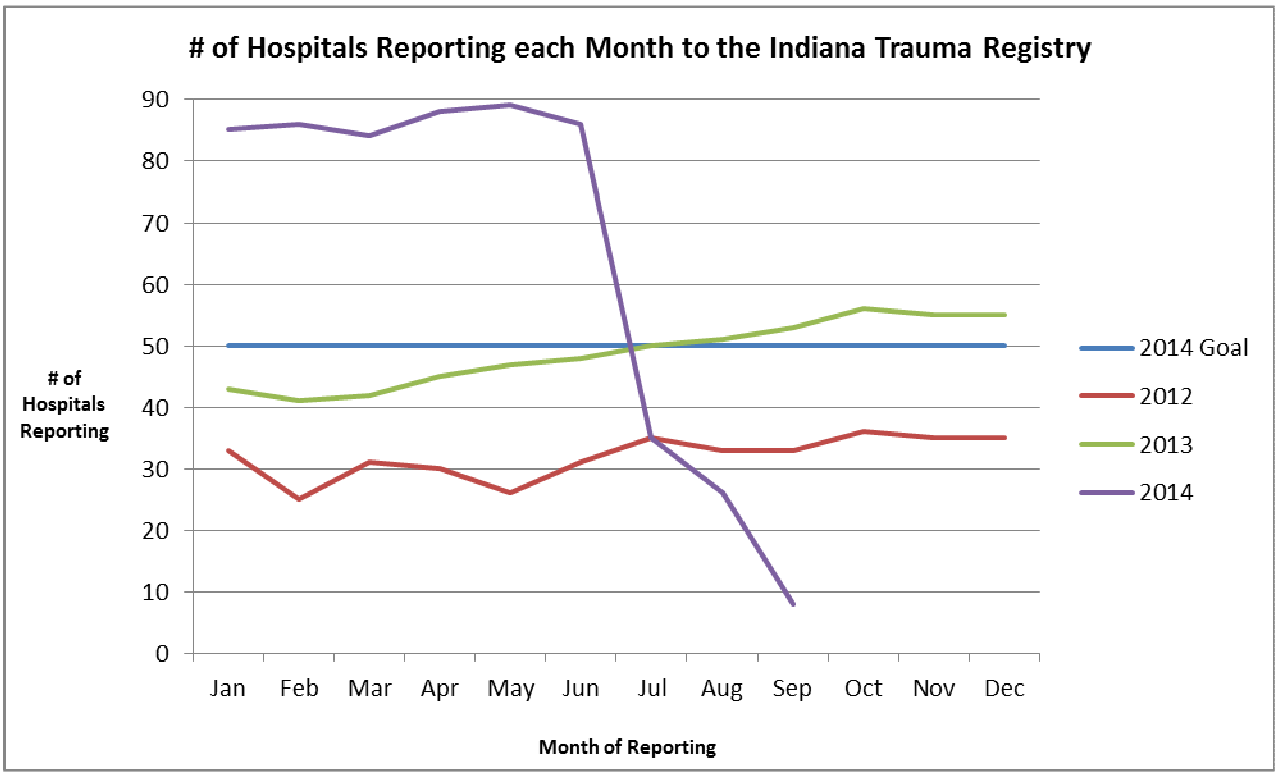
c. Increase EMS run sheet collection
    i. Review of EMS run sheet collection by hospital
        1. ALL runs
        2. Transfer cases
            a. Scene run sheets
            b. Transfer run sheets
        3. *There are still issues with the calculations. Contact Katie to discuss if your numbers are not accurate.*

3. 2015 Metrics???
    a. *Katie - The ACS has created some pilot metrics for states. I will discuss these with Dr. Reed before rolling them out to the group. Once we meet, we may establish a December PI meeting to discuss further as a group. What else should we tackle this next year?*
        i. *Lisa Hollister – the hospitals that patients are triaged to, according to the Triage and Transport rule.*
            1. *Katie – are you thinking of injury zip code versus destination?*
                a. *Lisa – how do you know if they are within the 45 minutes?*
                    i. *Katie – We can look at the EMS data.*
            2. *Katie - We can look at the EMS data for those patients that are taken to a trauma center. Look at vital signs? Identify patients that meet Step 1 criteria according to the CDC Field Triage Decision scheme?*
                a. *Camry – street address is not required in EMS or hospital data. How would we know if patients are transferred within 45 minutes of a TC if we don't have a location?*
            3. *Katie – we will think about how we can measure the impact of the triage and transport rule.*
                a. *Amanda – Could we do a list of all zip codes? There are zip codes without a TC in 45 minutes.*
                    i. *Katie – there are zip codes that are within 45 minutes of a TC no matter where in that zip code the patient came from. These zip codes are all within 45 minutes of these TCs (Overlap the zip codes on the 45 minute map).*
                        1. *Dawn – how do you do that in an urban area? The urban would be very difficult? What is traffic like? What is the weather? I-465 crash?*
                            a. *Katie – it is a starting point.*
    b. *Katie – any thoughts on statewide PI?*
        i. *Should we look at double transfers?*
            1. *If patients are going from a rural place to a rural place, that is inappropriate.*

        a. *Katie – we could look at patients transferred form a critical access, to a rural facility, to a trauma center. (transfer to a non-trauma center)*
    c. *Katie – I'd also like to show how I am calculating the run sheet information. Other states give a one-pager on how each metric is calculated.*

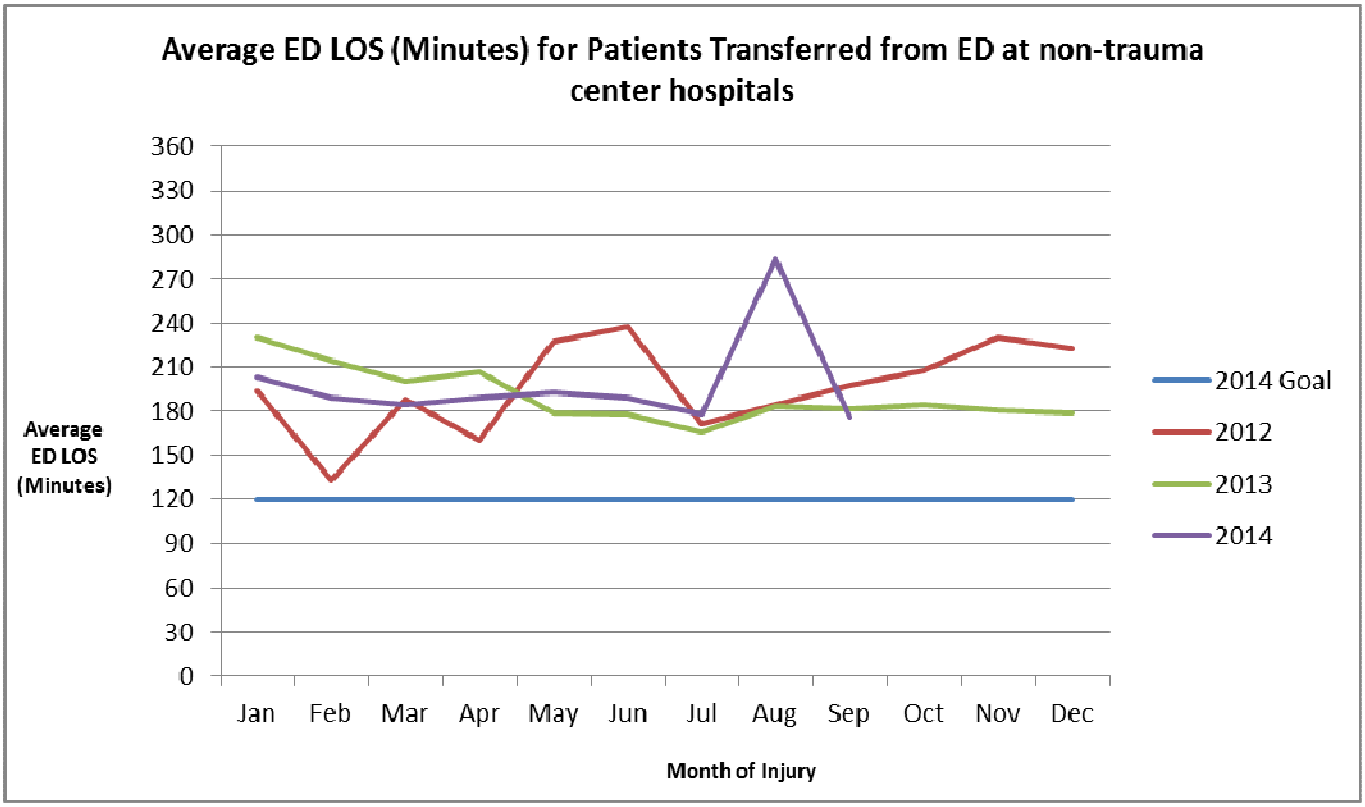
4. 2015 Meeting Dates

    a. TBD – based on 2015 ISTCC meeting dates
        i. *Based on when the TCC meetings are, we will schedule our PI meeting. We will potentially meet in December to discuss the ACS metrics.*



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 training events at the state	**ISDH**	**Complete 9/2014**
Mentorship Program between trauma centers and non-reporting hospitals	*trauma centers*	*In progress*
IU Health - North mentorship	**IU Health - Methodist**	**Completed 2013**
St. Vincent Anderson 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 2014**
Elkhart General, IU Health - LaPorte, & IU Health - Starke mentorship	Memorial South Bend	In progress
Waiting on mentorship status	IU Health - Methodist	
Waiting on mentorship status	St. Vincent - Indy	

Waiting on mentorship status	St. Mary's	
Waiting on mentorship status	IU Health - Riley	
Waiting on mentorship status	Lutheran	
Waiting on mentorship status	Parkview RMC	
Waiting on mentorship status	Eskenazi Health	
Waiting on mentorship status	Deaconess	
Waiting on mentorship status	IU Health - Arnett	
Waiting on mentorship status	IU Health - Ball	

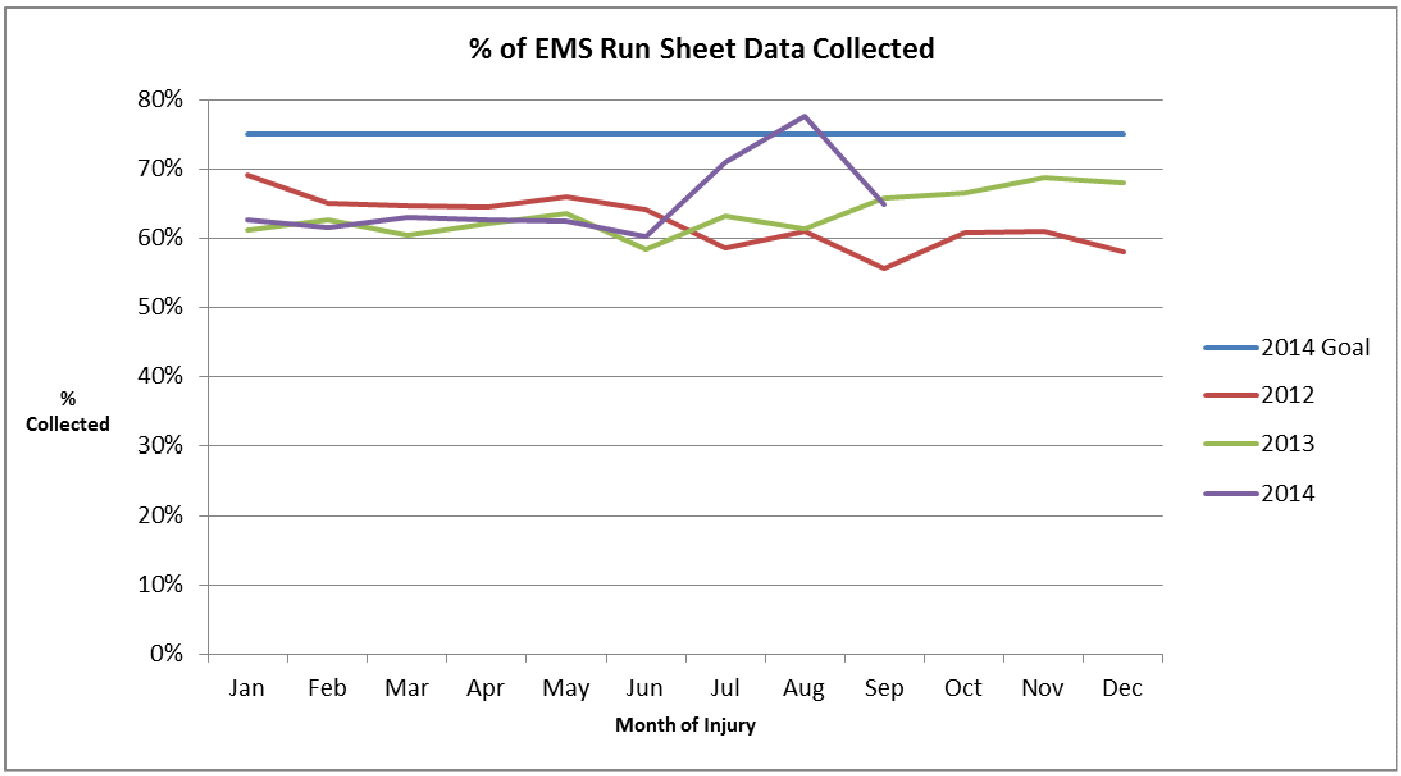


Action	Owner	Status
RTTDC completion by non-trauma center hospitals	Trauma Centers	ongoing
Evaluate critical patients (transfers & non-transfers)	ISDH & trauma centers	ongoing
Develop educational material for non-trauma centers regarding timely transfers	ISDH & trauma centers	Not started

October 1, 2013 to September 30, 2014		
Total # of Patients Transferred for 10/13 - 09/14	*3195*	
Measure	**# of Patients**	**Avg ED LOS (Minutes)**
Initial Hospital: Shock Index > 0.9	337	156
Initial Hospital: GCS Total Score ≤ 12	126	113
Initial Hospital: ISS ≤ 15	2835	196
Initial Hospital: ISS > 15	238	152

October 1, 2013 to September 30, 2014	
Total # of Patients Transferred for 10/13 - 09/14	*3195*
ED Length of Stay	Minutes
Average	192
Max	8898
Min	8
Standard Deviation	±208

October 1, 2013 to September 30, 2014	
*Total # of *Critical Patients Transferred for 10/13 - 09/14*	*435*
ED Length of Stay	Minutes
Average	148
Max	575
Min	14
Standard Deviation	±92
*Critical Patient defined as Shock Index > 0.9 OR GCS ≤ 12	



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	

Run Sheet Collection October 2013 to September 2014			
Facility Name	**% of Run Sheets Collected**	**% of Run Sheets Collected from the Scene for Inter-Facility Transfers**	**% of Run Sheets Collected for the Transfer**
Cameron Memorial	100%		
Clark Memorial	0%		
Columbus Regional Hospital	0%		
Community East	48%	0%	0%
Community Hospital of Anderson	6%	0%	50%
Community Hospital of Bremen	0%		
Community Howard	0%		
Community North	2%		
Community South	24%	0%	0%
Daviess Community	92%		
Deaconess Gateway	79%	50%	50%
Deaconess	62%	20%	51%
Dearborn County	88%		
Dekalb Health	0%		
Dukes Memorial	100%		
Dupont	0%		
Elkhart General	94%	64%	73%
Eskenazi	79%	10%	28%
Floyd Memorial	1%	0%	0%
St. Anthony - Crown Point	94%		
St. Anthony - Michigan City	0%		
St. Elizabeth - Crawfordsville	0%		
St. Elizabeth - Central	89%	50%	50%
St. Elizabeth - East	79%	64%	61%
St. Francis - Indy	6%	0%	0%
St. Francis - Mooresville	19%		
St. Margaret - Dyer	81%		
St. Margaret - Hammond	100%		
Gibson General	0%	0%	0%
Good Samaritan	5%		
Greene County General	15%		
Hancock Regional	0%		
Harrison County	0%		
Hendricks Regional	0%	0%	0%

Facility Name	% of Run Sheets Collected	% of Run Sheets Collected from the Scene for Inter-Facility Transfers	% of Run Sheets Collected for the Transfer
Henry County Memorial	70%		
IU Health - Arnett	82%	40%	40%
IU Health - Ball Memorial	83%	17%	89%
IU Health - Bedford	91%		
IU Health - Blackford	45%		
IU Health - Bloomington	80%	51%	76%
IU Health - Goshen	0%		
IU Health - LaPorte	0%		
IU Health - Methodist	58%	25%	63%
IU Health - Morgan	100%		
IU Health - North	45%		
IU Health - Paoli	0%		
IU Health - Riley	28%	10%	69%
IU Health - Tipton	67%		
IU Health - White Memorial	0%		
Jay County	0%		
Johnson Memorial	95%		
King's Daughters' Health	0%		
Kosciusko Community	81%		
Lutheran	80%	59%	96%
Major	93%		
Margaret Mary	84%		
Marion General	91%	100%	100%
Memorial HHCC (Jasper)	54%	56%	67%
Memorial Logansport	14%		
Memorial South Bend	78%	48%	78%
Methodist Northlake	89%		
Methodist Southlake	87%	89%	89%
Monroe	32%	50%	50%
Parkview Huntington	100%		
Parkview LaGrange	98%		
Parkview Noble	100%		
Parkview Randallia	100%	100%	0%
Parkview RMC	79%	54%	12%
Parkview Whitley	100%		
Perry County Memorial	64%		
Portage Hospital	75%		

Facility Name	% of Run Sheets Collected	% of Run Sheets Collected from the Scene for Inter-Facility Transfers	% of Run Sheets Collected for the Transfer
Porter (Valpo)	96%		
Pulaski	27%		
Putnam County	0%		
Reid HHCS	0%		
Rush Memorial	25%		
St. Catherine (Charlestown)	0%		
St. Joseph (Mishawaka)	80%	0%	0%
St. Joseph (Plymouth)	0%		
Schneck	82%	0%	0%
Scott Memorial	0%		
St. Mary's - Evansville	81%	69%	55%
St. Mary's - Warrick	0%		
St. Vincent - Anderson	69%		
St. Vincent - Clay	8%		
St. Vincent - Indy	42%	18%	26%
St. Vincent - Mercy	0%		
St. Vincent - Salem	0%	0%	0%
St. Vincent - Williamsport	16%		
Sullivan County	77%		
Terre Haute Regional	82%	5%	47%
Union - Clinton	64%		
Union - Terre Haute	86%	27%	36%
Witham	33%	0%	0%
Witham - Anson	0%		