PI Subcommittee Meeting - Minutes
November 15, 2022 – 10am EST to 11:00am EST

Microsoft Teams

1. Welcome and Introductions.

2. ACS Exit Presentation
    a. Challenges/Priority Recommendations
        i. Dr. Hammer highlighted last week's ACS visit and PRQ review. ACS presented preliminary findings during the 11/10 Exit Interview. A final report is anticipated in the next few months. He also reviewed some key challenges and recommendations from the ACS consultation.
        ii. Mark Rohlfing suggested to think about what resources are currently available, and where we want the trauma system to be. What can we do in the near-term and build something out in the future?
        iii. Lisa Hollister suggested that when creating a strategic PI plan, it is important to identify where the gaps are. It would be worthwhile to dig into the registry data to do so.
        iv. Dr. Jenkins commented it was a positive experience with good participation and frank conversation. He appreciated the general council express some of the challenges with data and bureaucracy. He suggested to connect with Michigan, which has a strong performance improvement system (mtqip.org). Each trauma center creates a report card for themselves to create structure for their PI processes. These reports also have clinical outcomes for review and are publicly available.

3. 2023 PI Goals
    a. ED LOS
        i. Dr. Hammer checked in whether the PI Subcommittee would like to continue working on ED LOS
    b. Adult/Pediatric
        i. Dr. Hammer suggested investigating this to determine whether it is an Indianapolis or state-wide issue.
    c. Right patient, right place, right time
        i. Dr. Hammer noted that Dr. Weaver has suggested looking at GCS to determine whether they went to the correct hospital
        ii. Lisa Hollister: One of the reviewers noted there was an unusually high number of individuals with ISS greater than 15 going to non-trauma centers.
        iii. Dr. Jenkins: ISS is one of the items with highest amount of missing data. He suggested to take systolic blood pressure less than 90 or shock index data since these are more routinely collected.
        iv. Dr. Hammer suggested to pull data about ISS and systolic blood pressure to see which is providing the best metric. If GCS is an unreliable variable, we don't want to base PI goals upon it.

v. Mark Rohlfing: NTC likely have the least training and capacity to rate ISS, so want to consider looking at coding for NTC which may not have the training for these data.
vi. Dr. Hammer stated he was leery of using ISS. Blood pressure and shock index may be more reliable to look at. He requested that Ramzi Nimry prepare data for the next PI Subcommittee meeting.

d. Other goals?
   i. Dr. Hammer notes that the quiz participation goal can be dropped because it has improved and may no longer need further discussion.
   ii. Lisa Hollister has noticed a regional problem regarding EMS scene times to consider for future goals.
      a) In response to this, Dr. Jenkins suggested assigning healthcare participant champions to work on these problems so that there is more partnership between IDOH and hospital partners. Dr. Jenkins requested to take note of who is talking about which issues and to create champions for each one. He suggested to work with Dr. Jenkins and Brian Busching to create a "report card" as another way to work through the agenda and recurring issues at the hospital or regional levels.
   iii. Lisa Hollister asked if hospitals are continuing with hospital TQIP.
      a) Dr. Jenkins suggested this is for further conversation with Trauma Medical Directors.
   iv. Dawn Dilger suggested to use SIPA for right patient/right place/right time.

4. Non-reporting hospitals Q2 2022
   a. Dr. Hammer noted that there are slightly more hospitals who were not reporting for Q2 2022. He pointed out ACS's observation that if there is no incentive to report data, hospitals may not report their data.
   b. Trinh Dinh stated letters have already been sent out to the hospitals.
   c. Dr. Jenkins checked in whether the hospital contacts are up to date.
      i. Ramzi Nimry stated he has requested updated contact information. Many of these hospitals have reported before, so it may have been a one-off incident, or they did not have any trauma patients.

5. Q2 2022 Data
   a. Trinh Dinh stated there have been discussions with some NTCs where they indicated transfer delay reasons were not recorded/tracked in their hospital system. Therefore, these data are not submitted to the registry.

6. Open discussion
   a. PI Subcommittee restructuring/retooling
      i. Dr. Hammer: As the trauma system performance plan is developed, are the appropriate people at the table?
      ii. Dr. Hammer is ready to step down as chair of the subcommittee Spring of 2023. He stated Dr. Weaver suggested people reach out to Ramzi Nimry

about their interest in this role, regardless of eligibility or location, to begin transition to a new chair.
    a) According to Dr. Jenkins, the chair must be a voting member of the Trauma Care Committee.

b. Office of Data Analytics Report
    i. Trinh received a report from the Of Data Analytics on registry data. She is seeking out Committee feedback on the data, namely:
        a) Do we want to check and review this data, and then send it back to the hospitals?
        b) If we are reviewing the data, how many years to go back?
        c) What should be the threshold for missing/erroneous data?
    ii. Key report findings:
        a) 5% of ED LOS entries are blank.
        b) 4.5% of ISS scores are 0.
    iii. Dr. Jenkins: This makes sense. This can be something that can be included in a hospital report card for their data completeness. He suggested checking whether this is a state-wide issue or due to a few hospitals contributing to missing data. If it is a hospital-specific problem, it may be possible to combat this with additional education. It will be easier to determine the threshold of missingness once you assess hospital-level data.
    iv. Lisa Hollister: ED LOS should never be missing, but ISS score of 0 is possible. Each variable has its own limitations.
    v. Dr. Jenkins: Would defer to voting members, but without an incentive to participate, it would be prudent to avoid asking more time of the hospitals. It would be more helpful to provide more education moving forward. We don't want to turn hospitals away due to increased data verification requests.
    vi. Lisa Hollister and Dara Dilger expressed their willingness to look through their hospital's data with Trinh. Lisa suggested bringing this data to the Registry Committee.

2023 Meeting Dates

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January 17	March 14	May 16
July 11	September 12	November 14