

## **PI Subcommittee Meeting - Minutes**

### **March 15, 2022**

#### **1. Welcome and Introductions**

#### **2. PI 2022 Goals**

- a. Progress has been achieved on looking at district-level PI processes and improving on communication between district and state.
- b. Other goals have not been achieved yet.

#### **3. Quarterly Updates (Q3 2021)**

- a. 388 review cases with no ED admit/discharge date/time
  - i. Ramzi Nimry: After emailing hospitals about cases that need to be reviewed, it takes 2-3 weeks to hear back.
- b. List of hospitals not reporting for Q3 2021
  - i. Potential reasons for lack of reporting?
    - a) List of hospitals that have not submitted reporting stays consistent.
    - b) Lack of resources, changes in staff, lack of dedicated staff for reporting tasks.
    - c) Some hospitals will report their data in the future.
    - d) Upon contacting hospital leadership – any reason for lack of reporting?
  - ii. Brian Busching: Who reaches out to the hospital telling them they have a missing report?
    - a) PI Subcommittee members who are part of a hospital network can be asked to reach out to hospitals in their network
    - b) May need to be revisited for better ways to support hospital engagement
  - iii. Note: Fayette Regional is no longer a hospital

#### **4. Transfer Delays**

- a. Primary reasons for NTC transfer delays not known/not recorded, no reason selected, and EMS
  - i. Question from Dr. Hammer: What can we do besides supporting and encouraging additional EMS resources, especially for outlying counties?
- b. Dr. Lindsay Weaver presented data from Trinh and Ramzi regarding reasons for transfer delays and breaking down reasons for EMS issues
  - i. A significant reason for transfer delay is linked to EMS delays
  - ii. This question can be made more specific to understand the issue. For example:
    - a) Was this an EMS issue? (Y/N)
    - b) If yes: drill down into more specific reasons about EMS
  - iii. This data can be utilized to develop policy or garner support from the Governor's Public Health Commission to receive more EMS resources. But more data is needed.

- iv. There is potential to connect with IHA and Indiana Rural Hospital Association to do work on the front end and prioritize capturing data for this field, rather than leaving it as “not known/other.”
- v. This information will be presented during the upcoming Public Health Commission meeting on Thursday (3/17).
- c. Further discussion from PI Subcommittee:
  - i. Dr. Peter Hammer: A significant portion of delays related to EMS is related to a lack of available ground transportation. Is this related to a pandemic staffing shortage or lack of ambulances in rural areas?
  - ii. Dr. Michael Kaufmann: State statute does not require dedicated funding to interagency transfers. There was success during the last legislative session to expand the definition of EMS to include interfacility transfers. There is opportunity to work with the Emergency Preparedness Subcommittee, Governor’s Public Health Commission, and hospitals to have more resources available.
  - iii. Dr. Lindsay Weaver: The PI Subcommittee can work with key hospitals to break down the data, potentially write narratives to better understand what the root causes are.

## **5. Trauma registry quiz participation.**

## **6. Continued EMS run sheet collection.**

- a. Dr. Michael Kaufmann: Almost all providers use electronic documentation (may have received access to ePCR and ImageTrend)
  - i. Before the pandemic, received CMS grant and connected the state registry to the Indiana Network for Patient Care.
  - ii. Anticipate data being integrated into CareWeb – a data sharing project is underway
  - iii. Secondary goal: give EMS access to hospital records.
- b. For requests from hospitals about not receiving run sheets, contact Robin Stump directly until a new dedicated staff member is hired.
- c. This item can be removed from the 2022 goals and be substituted with something else. This change will be mentioned on Friday during the state Trauma Care Committee

## **7. Collect hospital level variables.**

- a. Moved off SurveyMonkey to REDCap to facilitate more participation
- b. Participation was lower in 2021 than expected

## **8. Injury Prevention**

- a. Upcoming trainings in May
  - i. Indiana Child Passenger Conference (May 4-5)
    - a) Location: Ivy Tech Community College
    - b) Organized by Marsha French and Automotive Safety Program
  - ii. Stepping On Facilitator Training (May 11-13)
- b. If interested, contact Maria Cariaso ([MCariaso@health.in.gov](mailto:MCariaso@health.in.gov))

**9. Open discussion**

- a. Dr. Lindsay Weaver: The Governor's Public Health Commission can be tapped into for funds (e.g. data entry support, trauma coordinators, educators, etc.)
  - i. Dr. Weaver will flesh it out and put details together.
  - ii. Consider: What to ask for? What do we need for an organized statewide trauma system?
- b. Brian Busching: Following up on action items from discussion on EMS data collection.
  - i. Dr. Peter Hammer: The questions and rationale behind them can be updated. Once EMS availability is reduced as a reason for transfer delays, move onto the next reason for delays.
  - ii. Dr. Michael Kaufmann: Can provide additional details and work with IDHS team to expand questions.
    - a) Upcoming opportunity to look at the interoperability of 911 systems in HB 1314 and tie in additional pieces about interfacility transfers.

**2022 Meeting Dates****Microsoft Teams**

May 17	July 12	September 13
November 15		