

PI Subcommittee Meeting - Agenda

November 14, 2017 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 8770031406# (music will be heard until the moderator joins the call)

a) Welcome & Introductions

Meeting Attendees			
Amanda Rardon	Kelli Vannatter	Michelle Moore	
Amelia Shouse	Kelly Blanton	Michelle Ritchey	
Andy VanZee	Kelly Mills	Missy Hockaday	
Angela Cox-Booe	Kristi Croddy	Olivia Roloff	
Annette Chard	Latasha Taylor	Dr. Peter Jenkins	
Bekah Dillon	Lesley Lopossa	Regina Nuseibeh	
Brittanie Fell	Lindsey Hill	Rexene Slayton	
Carrie Malone	Lindsey Williams	Sarah Quaglio	
Christy Claborn	Lisa Hollister	Sarah Hoepfner	
Chuck Stein	Lynne Bunch	Shayla Karlowsky	
Dawn Daniels	Maria Thurston	Spencer Grover	
Dusten Roe	Marie Stewart	Dr. Stephanie Savage (Chair)	
Emily Grooms	Mark Rohlfing	Tammy Robinson	
Jennifer Homan	Mary Schober	Tracy Spitzer	
Jennifer Mullen	Melissa Smith	Wendy St. John	
Jill Castor	Merry Addison		
Jodi Hackworth	Michele Jolly		
ISDH STAFF			
Camry Hess	Katie Hokanson	Pravy Nijjar	Ramzi Nimry

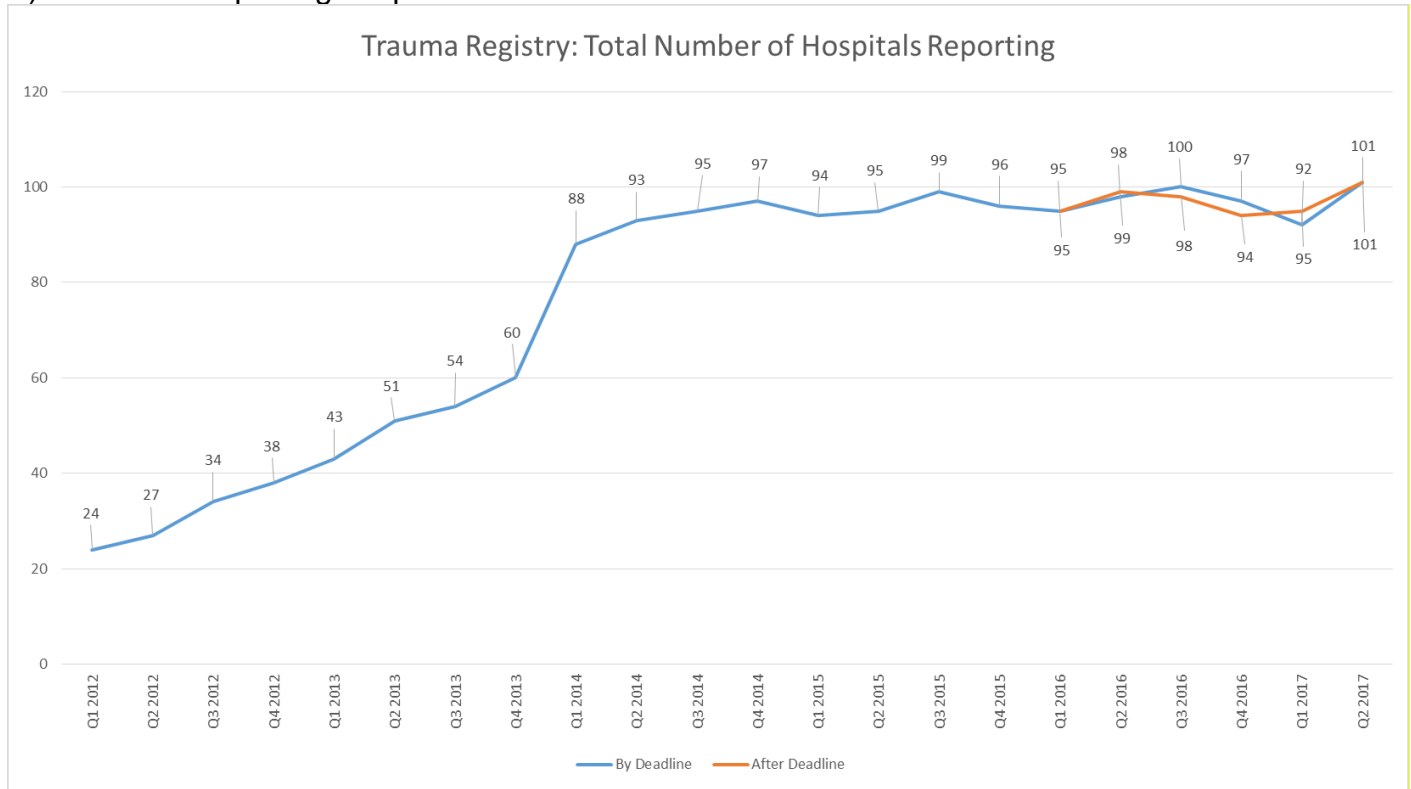
b) **2017 Goals**

1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease Average ED LOS
 - i. Transfer Delay
 - Pilot Project
 - ii. Letter to hospitals about ED discharge date/time
3. Increasing Trauma Registry quiz participation.
4. Inter-facility transfer guideline – **APPROVED BY ISTCC.**
5. Continued EMS run sheet collection.

c) Statewide Trauma Report

1.

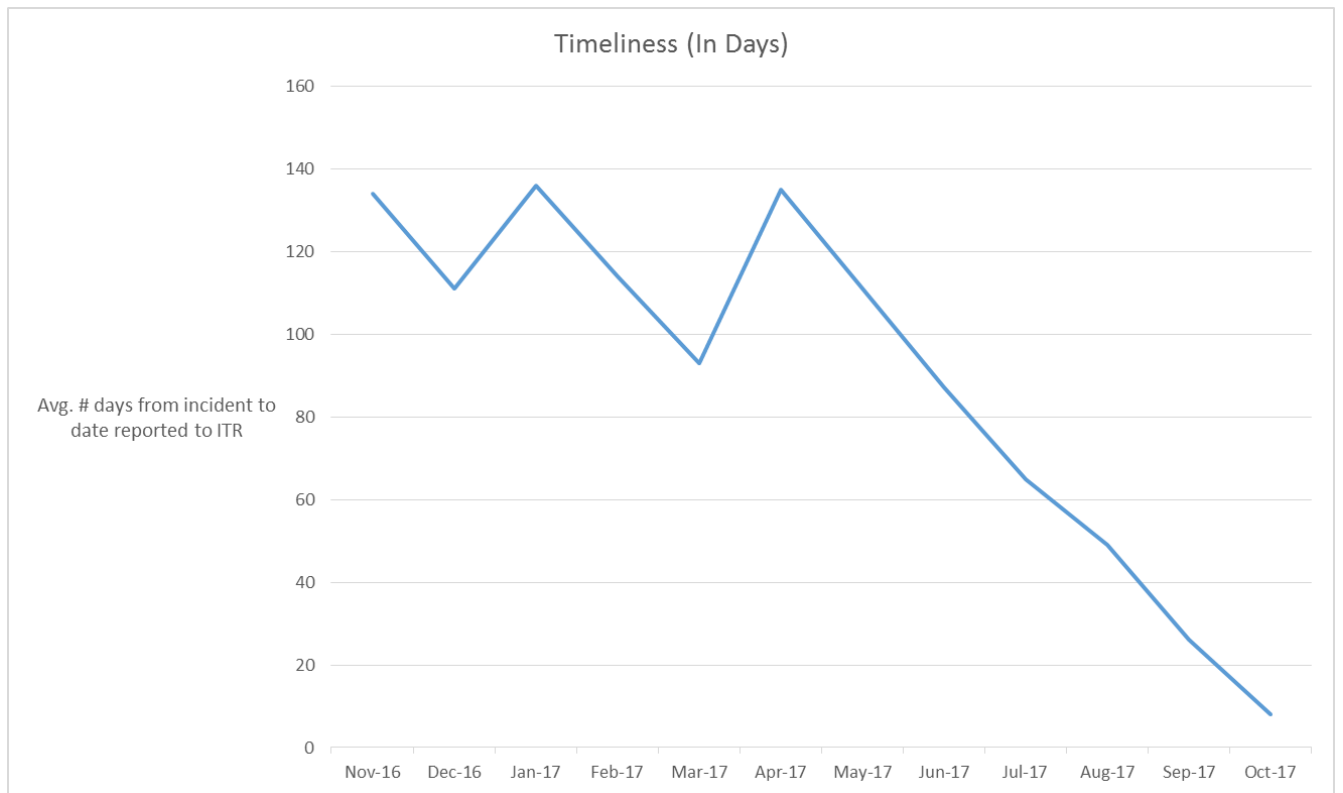
A) Number of reporting hospitals



Hospitals that did not report for Quarter 2 2017:

- Decatur County Memorial Hospital
- Fayette Regional Health
- Franciscan Health – Dyer
- Franciscan Health – Hammond
- Franciscan Health – Indianapolis
- Franciscan Health – Munster
- IU Health – Goshen
- IU Health – Starke
- Major Hospital
- Pulaski Memorial
- Riverview Health
- Scott County Memorial Hospital
- St. Catherine Regional – Charlestown
- St. Mary Medical Center – Hobart
- St Vincent – Randolph
- Sullivan County Community

B) Timeliness of reported incident – 89 days



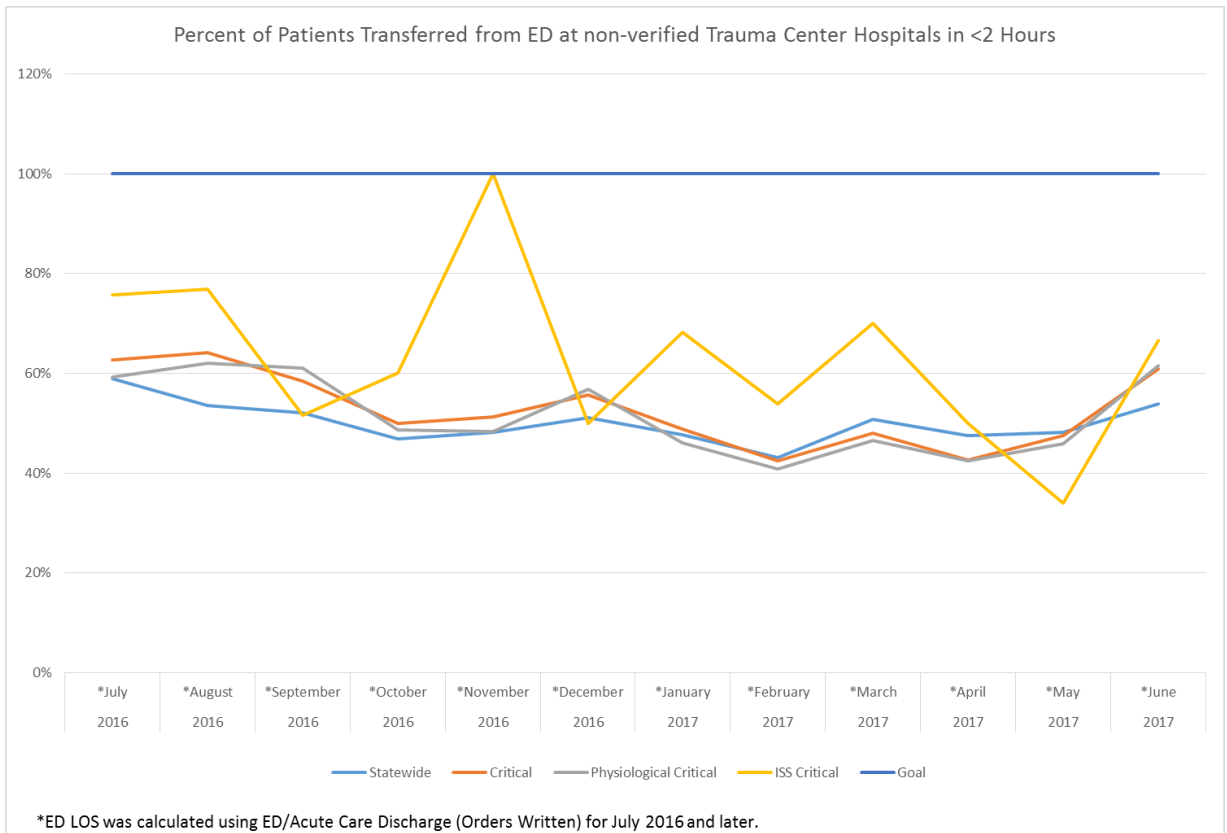
2.

A) Decrease average ED LOS at non-trauma centers

i. Review of current average ED LOS

- Quarter 4 2016: 3 facilities responded (sent out letters to 15 facilities)
- Quarter 1 2017: 2 facilities responded (sent out letters to 19 facilities)
- Quarter 2 2017: Update at next PI meeting

ii. ED LOS (Orders Written)



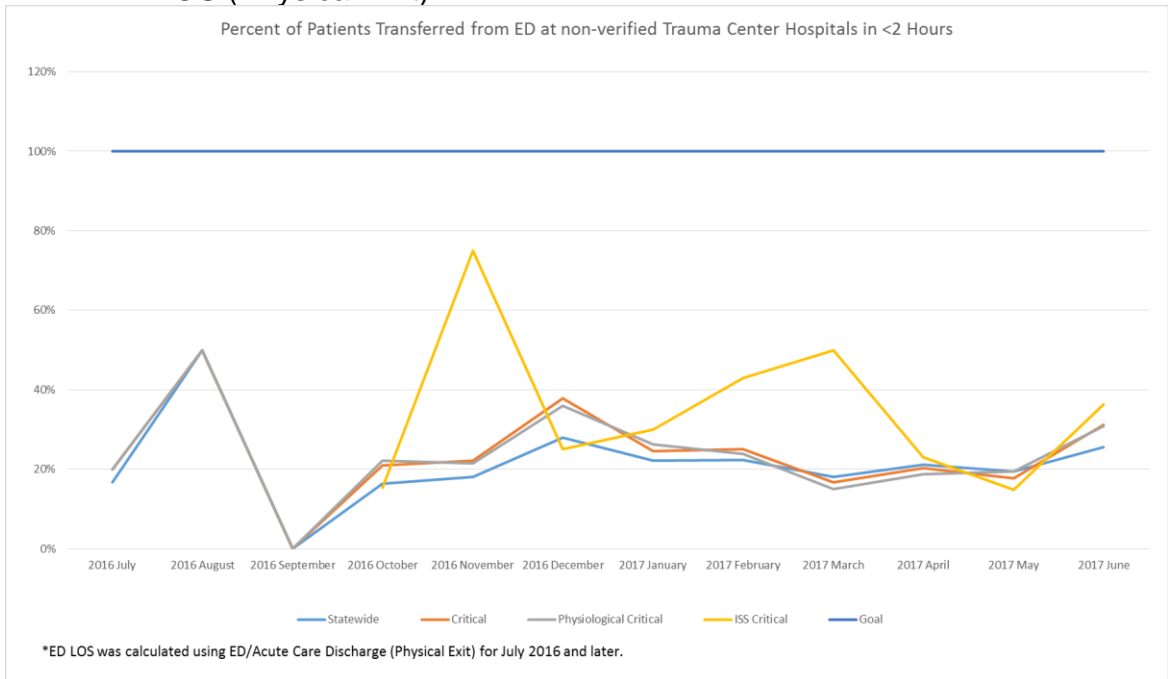
*****Definitions of critical categories*****

*Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15

*Physiological critical patient: GCS <= 12 or shock index > 0.9

*ISS critical patient: ISS > 15

iii. ED LOS (Physical Exit)



*****Definitions of critical categories*****

*Critical patient: had a GCS \leq 12 or shock index $>$ 0.9 or ISS $>$ 15

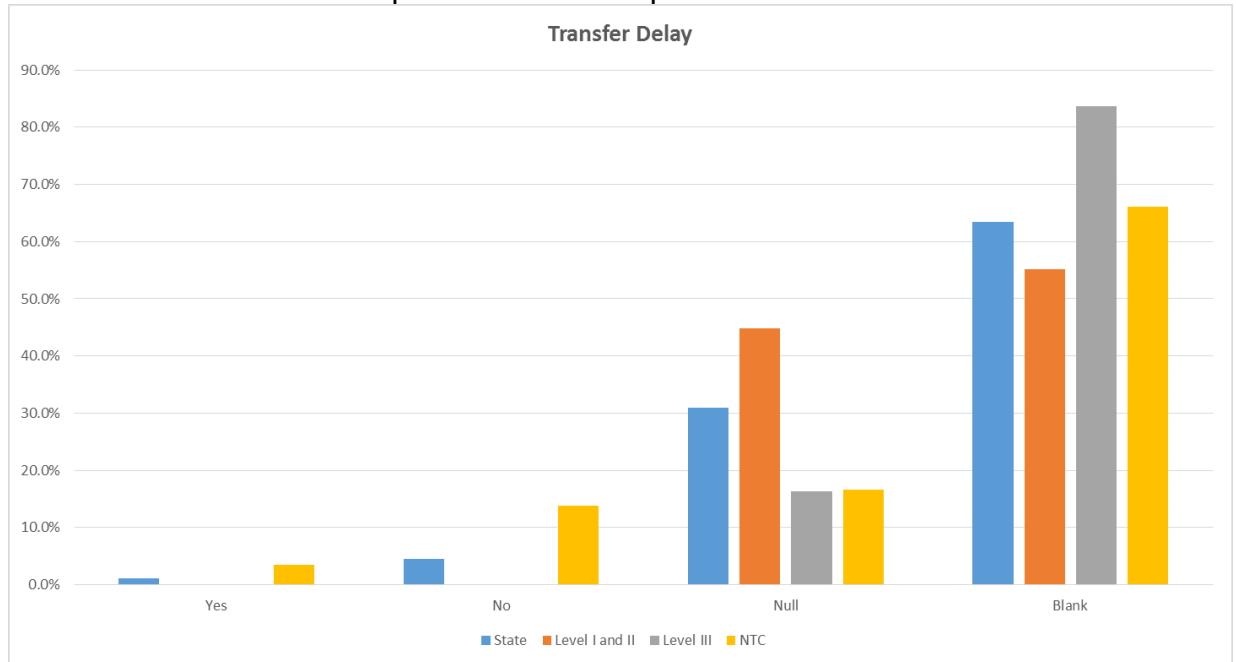
*Physiological critical patient: GCS \leq 12 or shock index $>$ 0.9

*ISS critical patient: ISS $>$ 15

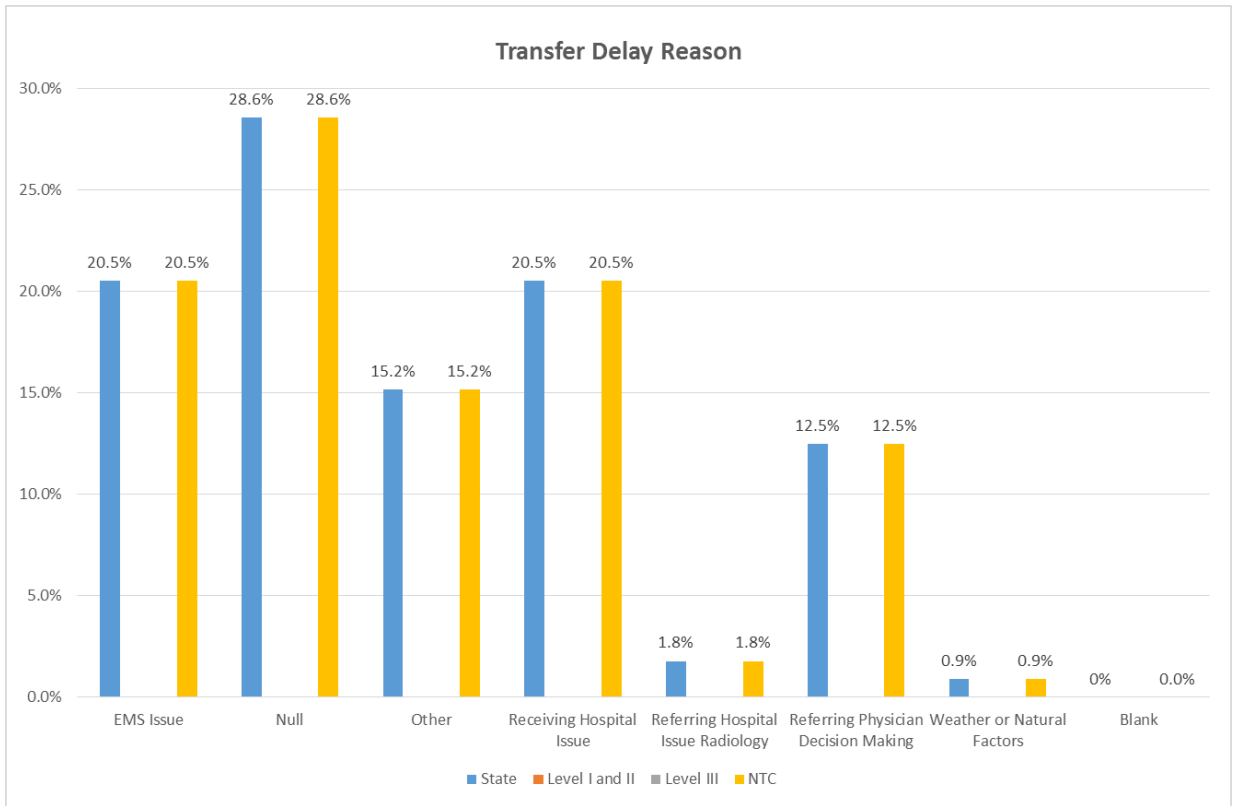
B) Transfer Delay Charts

i. Transfer Delay – statewide

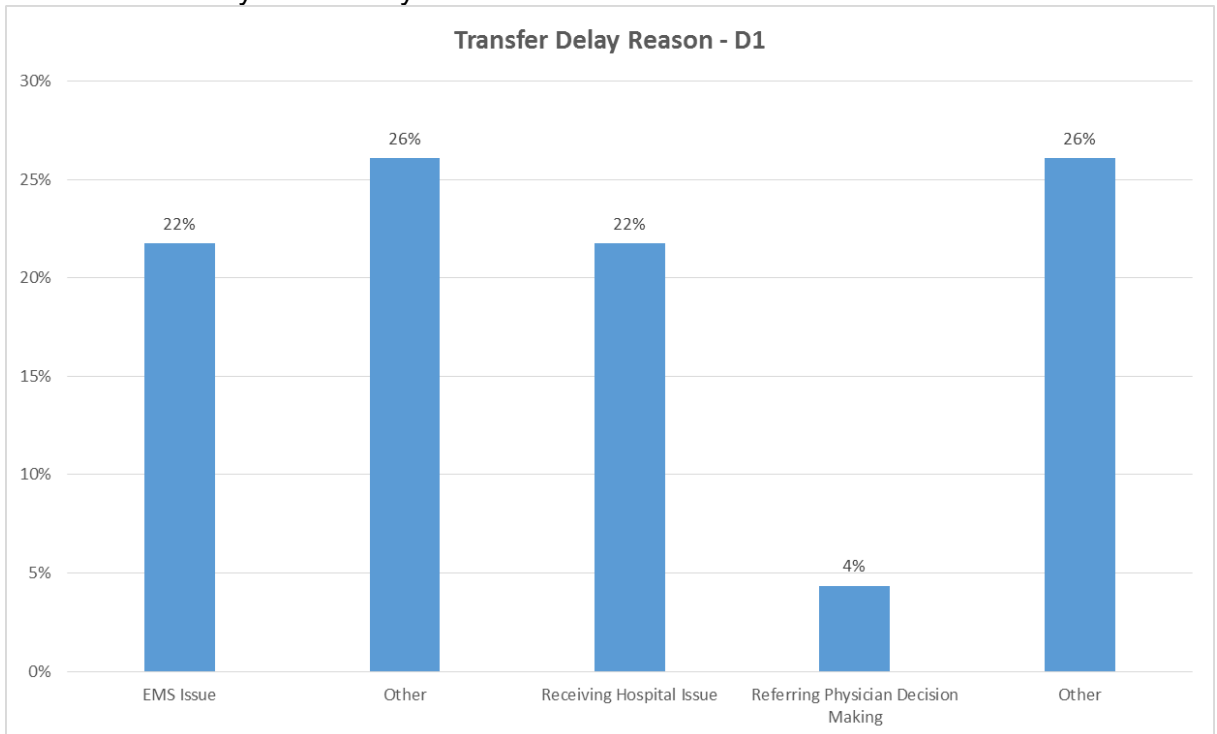
- 112 out of 9,990 said 'yes'
- This graph is included in the quarterly reports but not in the NTDB reports. Should we expand the NTDB reports to include this variable?

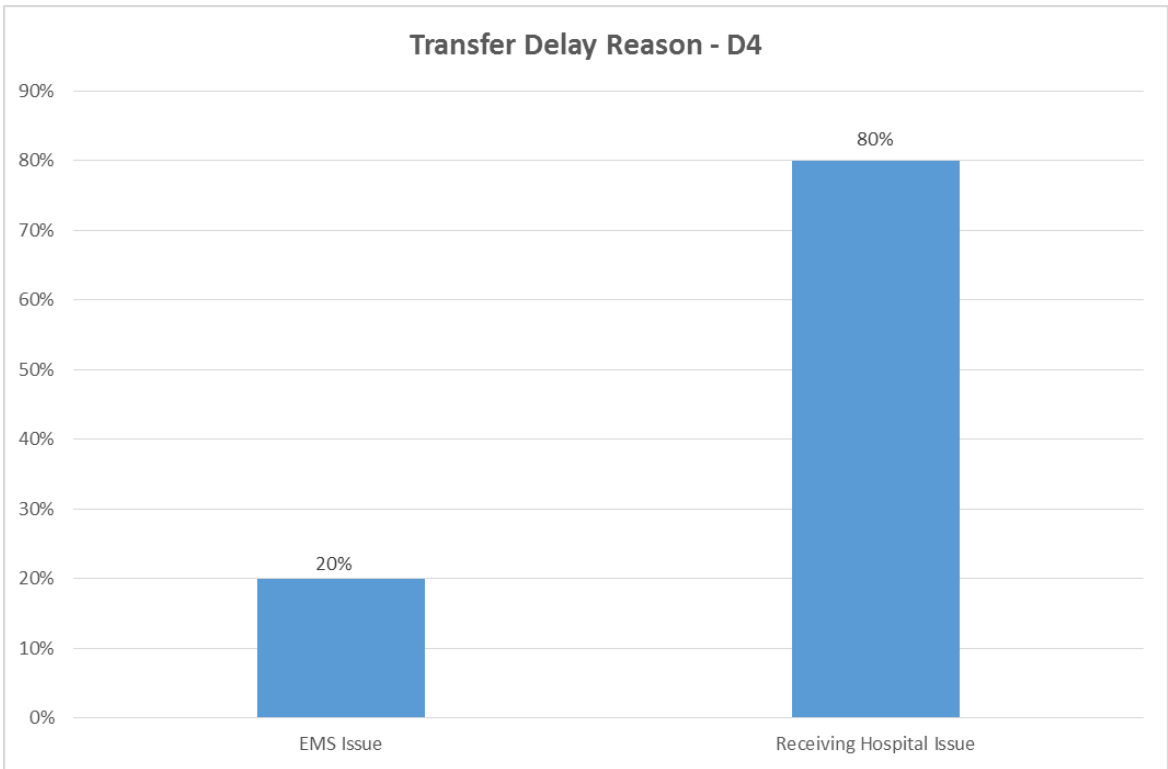
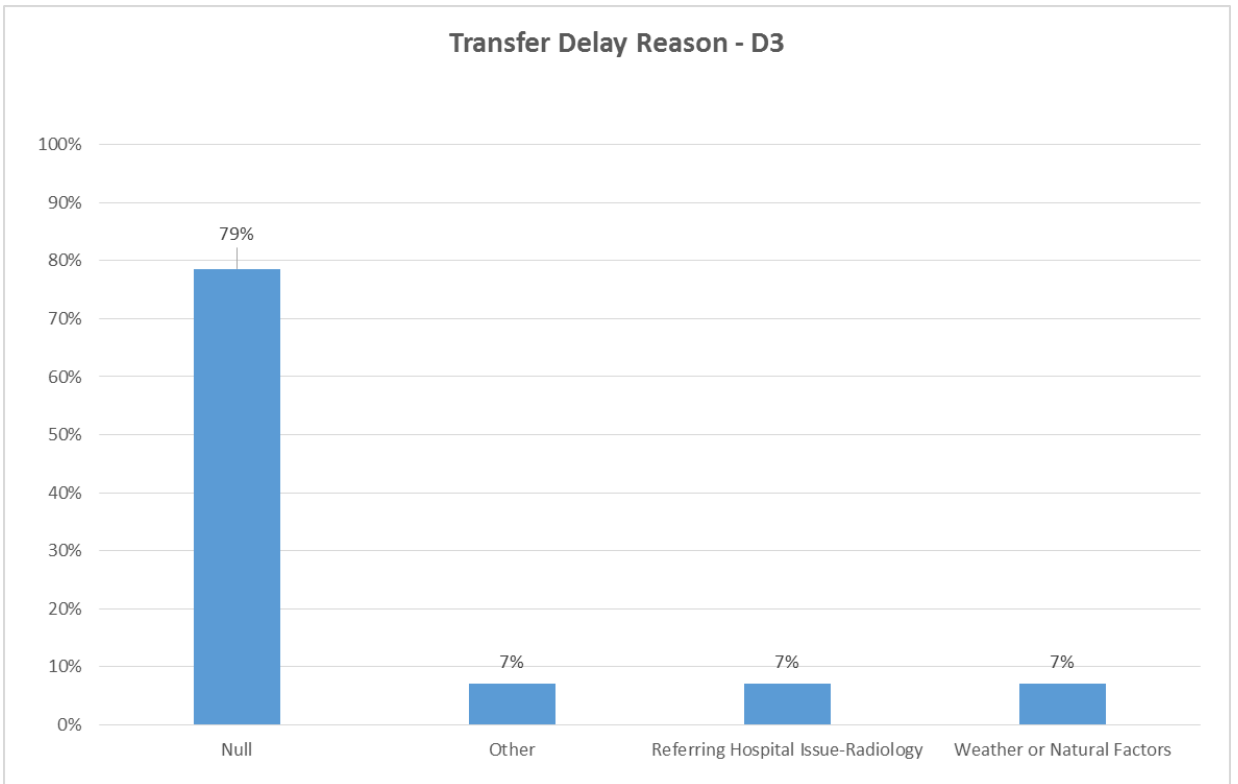


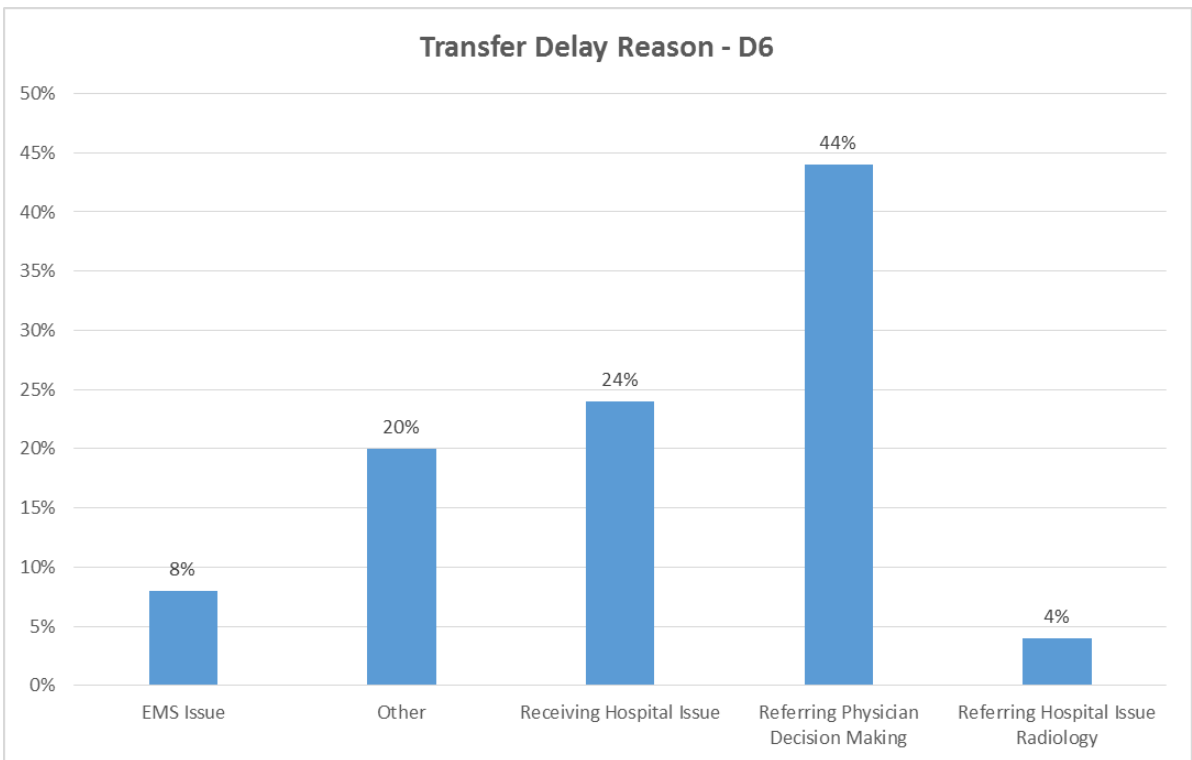
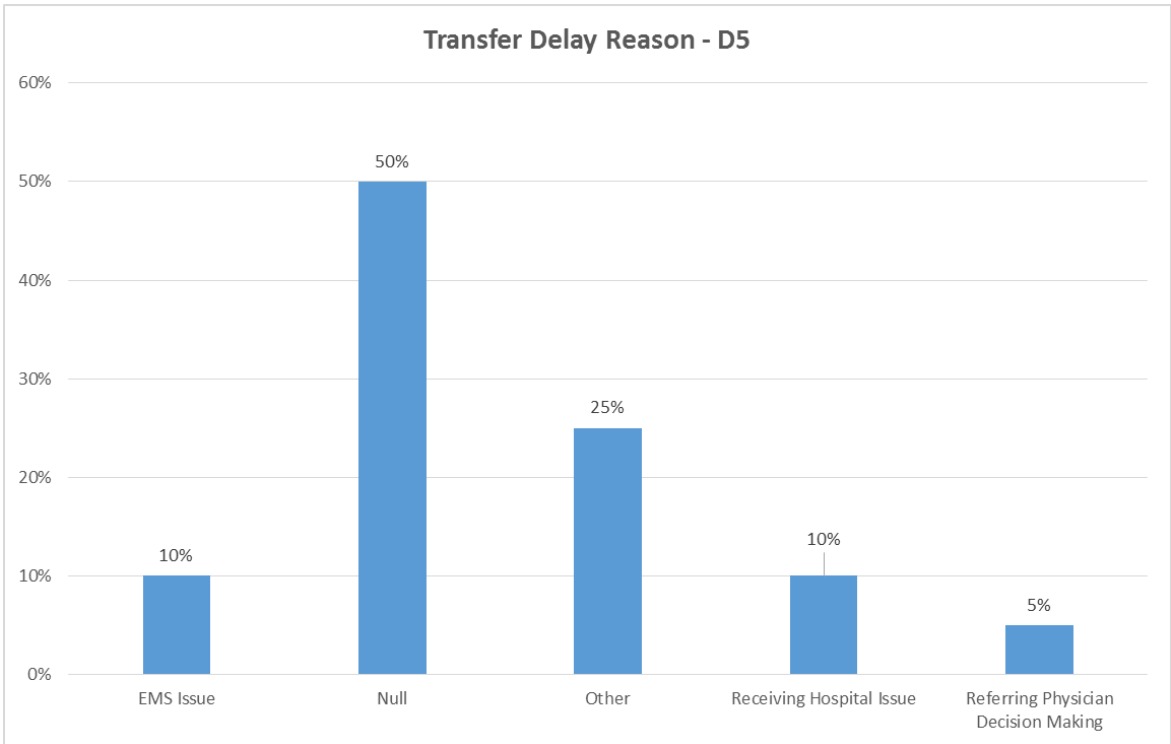
ii. Transfer Delay Reason – statewide

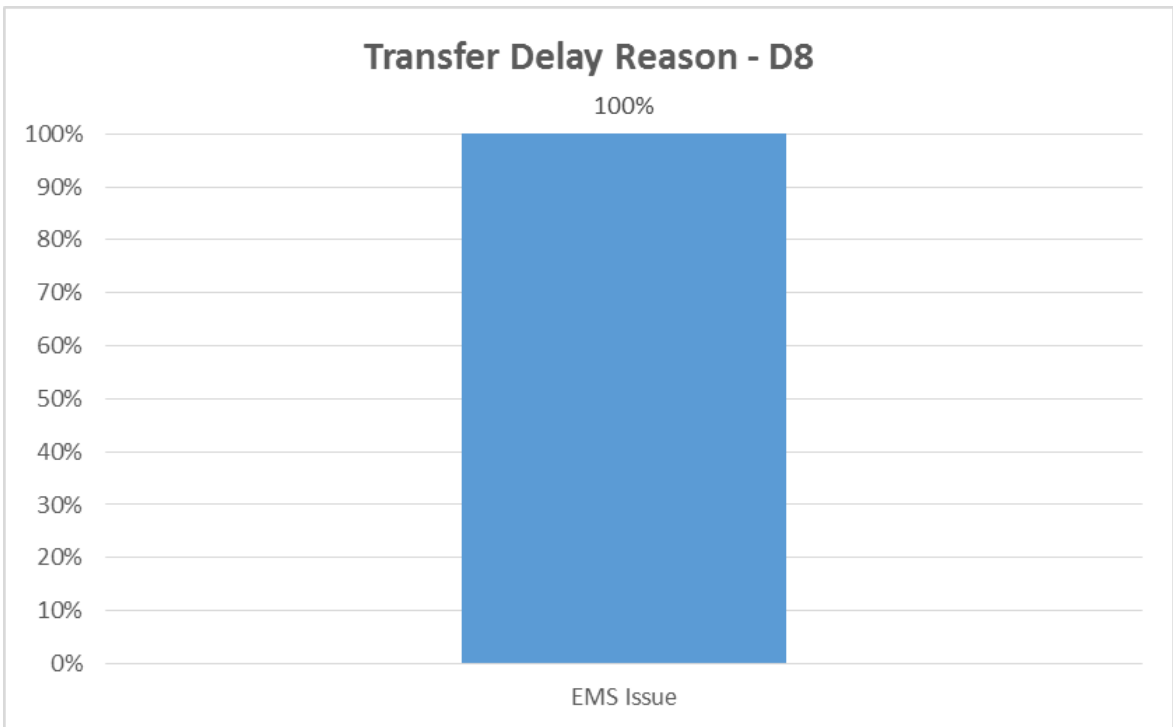
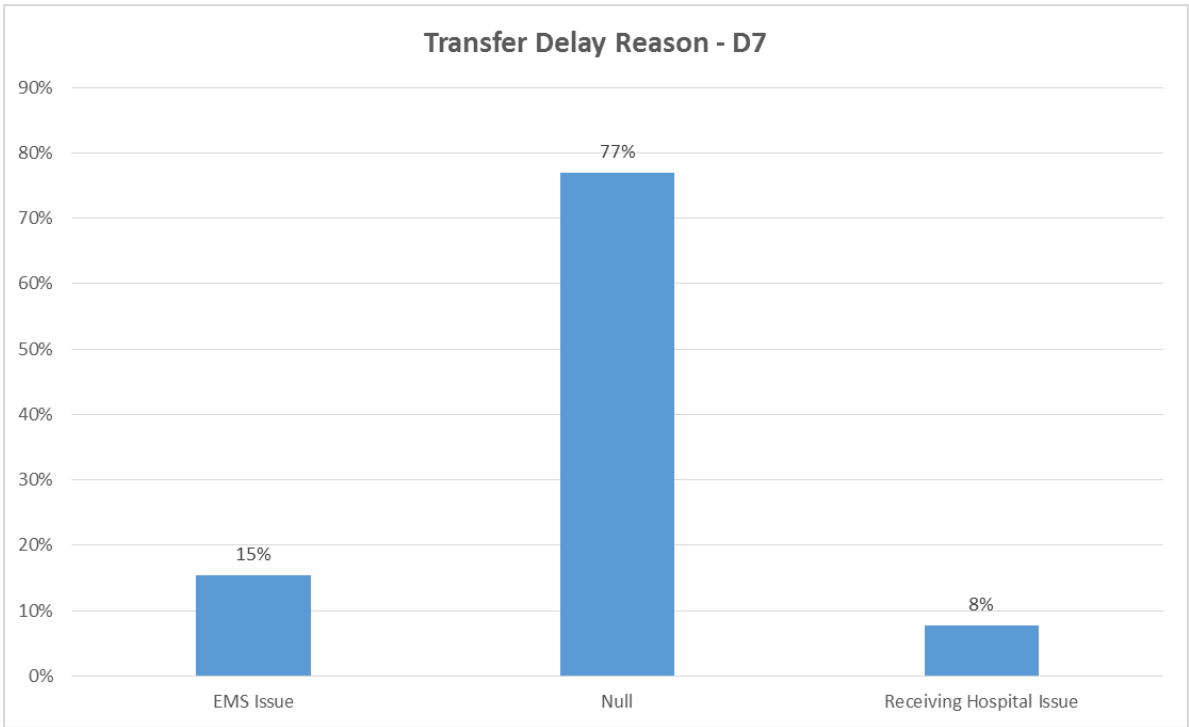


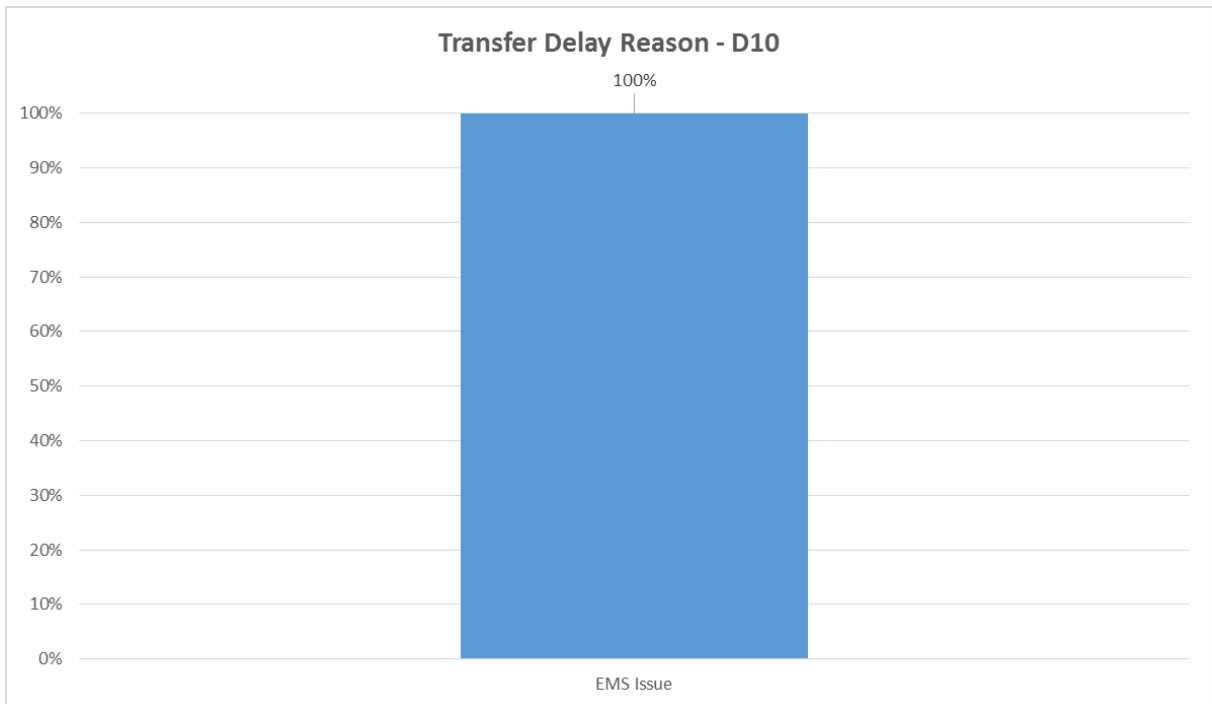
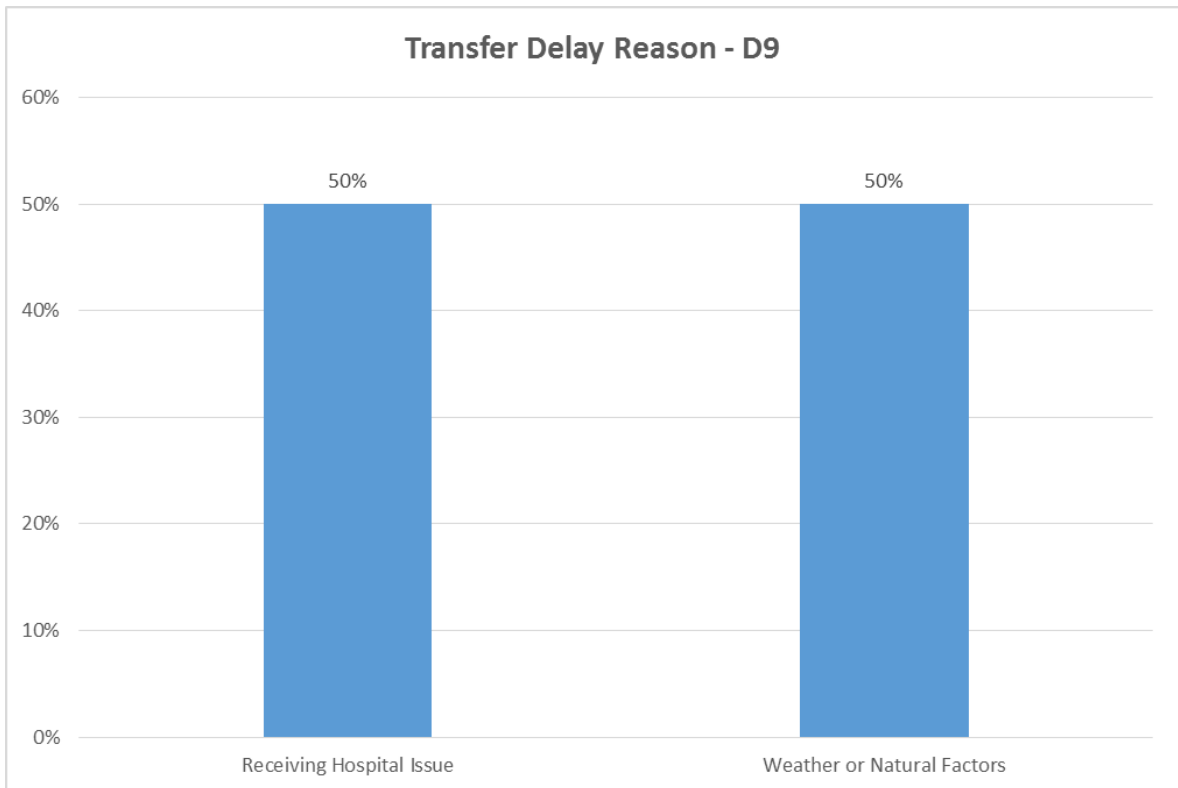
iii. Transfer Delay Reason by district











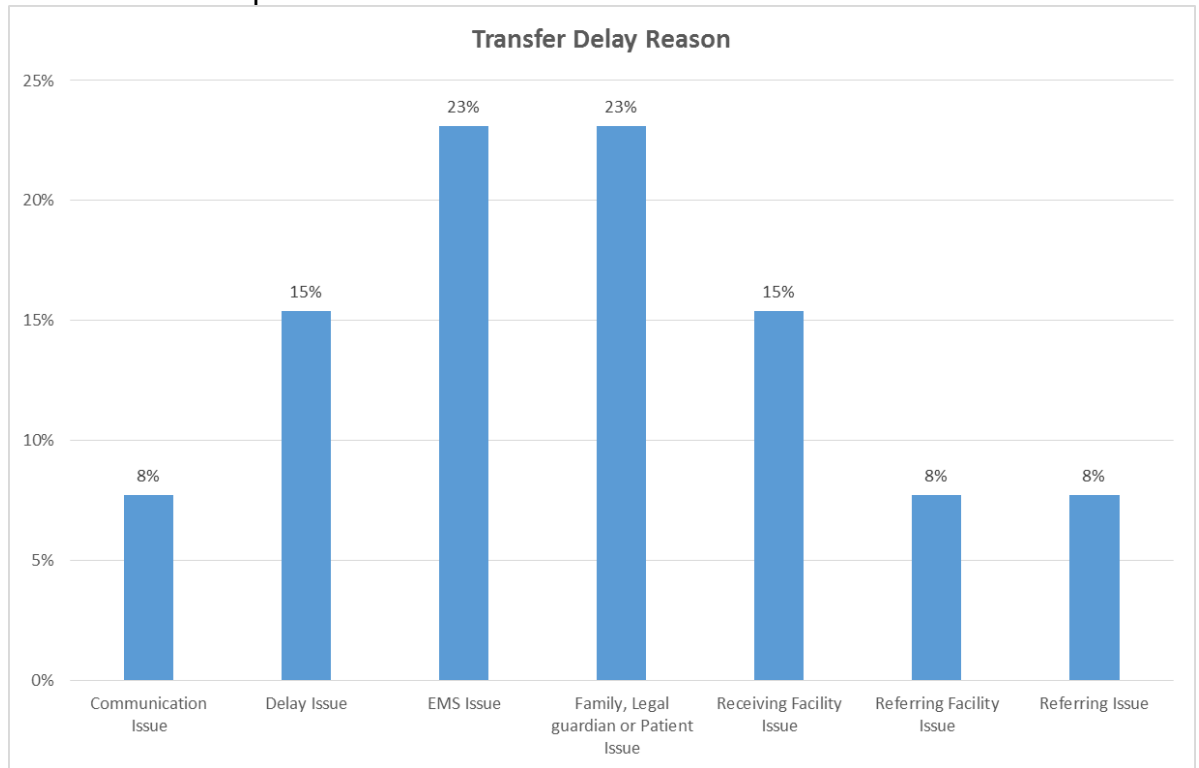
C) Transfer Delay Pilot

- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center) and **recruited 4 more** (Daviness Community, Bluffton Regional, Kosciusko Community and Franciscan Health Mooresville) that will collect Q3 2017 data via the pilot selections as well.

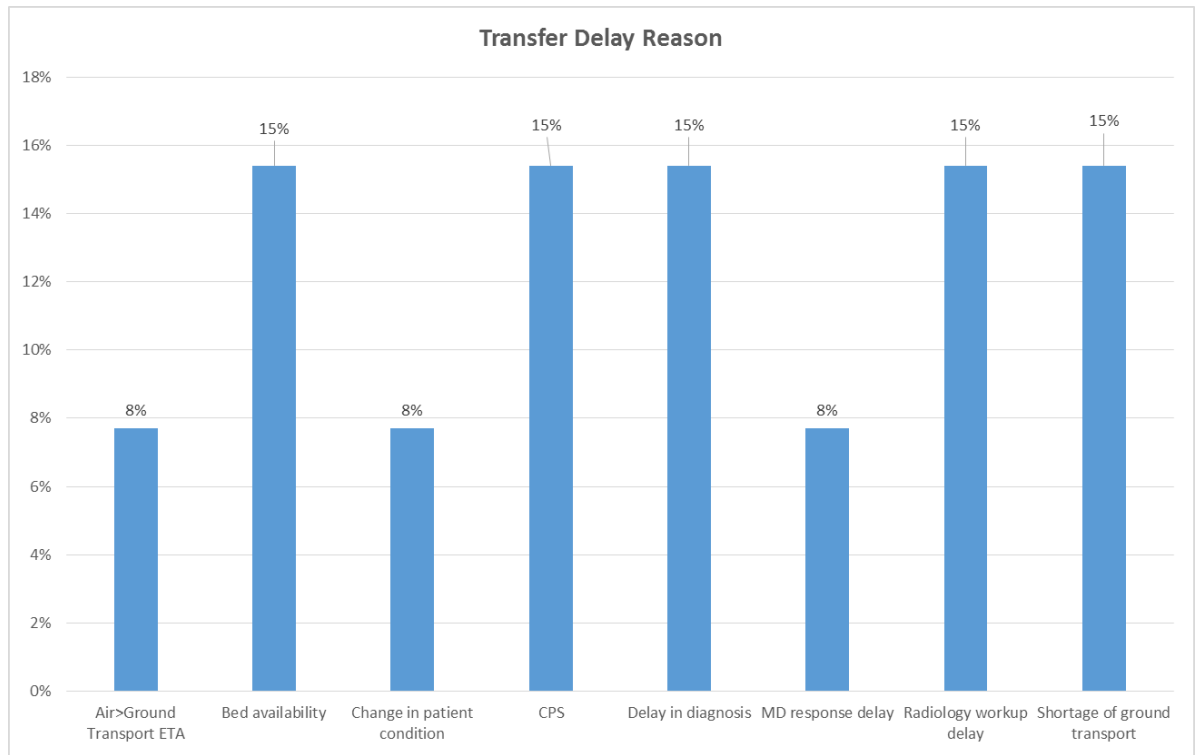
- Hospitals collected Q2 2017 data through the pilot (facility questions), but continued collection through the typical transfer delay capture:

Facility Questions	
NEW Reasons for Transfer Delay (PILOT)- Communication Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- EMS Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Error Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Receiving Facility Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Transportation Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Delay Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Equipment Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Family, Legal Guardian or Patient Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Referring Facility Issue	----Select One----
NEW Reasons for Transfer Delay (PILOT)- Weather or Natural Factors Issue	----Select One----

- Asking hospitals to take note of what works, what doesn't, what's missing, etc.
- N=128 responses



iv.



v.

3. Increasing Trauma Registry participation

- a. Looked at all September 2016 to August 2017 quizzes
- b. 47 out of the 148 respondents took quiz at least 5 times
 - i. Result: 32%
 - ii. Fluctuation in numbers due to some factors.

4. **Reminder:** Increase EMS run sheet collection

- i. **Please send Murray Lawry (Mlawry@isdh.IN.gov) a list of EMS providers not leaving run sheets.**

C. Statewide Trauma Report

- 1. Which part of the report should be presented to the ISTCC?
- 2. Which part of the report should be done on an annual basis (posted to website, not presented to the ISTCC)?
- 3. What should be kept? What should be changed? What should be dropped?