

PI Subcommittee Meeting - Agenda

November 15, 2016 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

a) Welcome & Introduction

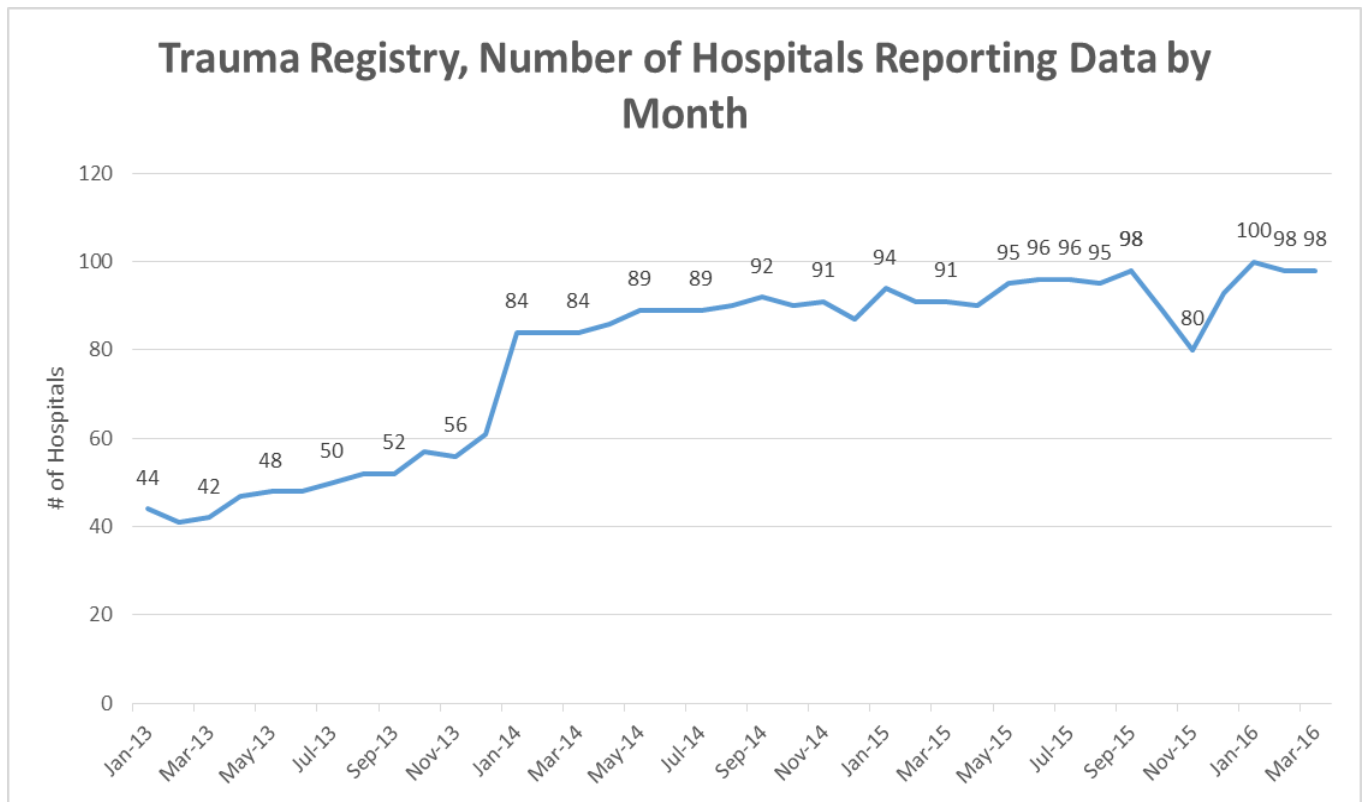
Meeting Attendees			
Brittanie Fell	Amanda Rardon	Annette Chard	Bekah Dillon
Chuck Stein	Carrie Malone	Chris Wagoner	Christy Claborn
Gene Reiss	Dawn Daniels	Dusten Roe	Emily Grooms
Kasey May	Jennifer Mullen	Jeremy Malloch	Jodi Hackworth
Latasha Taylor	Kelly Mills	Kristi Croddy	Dr. Larry Reed
Lynne Bunch	Lesley Lopossa	Lindsey Williams	Lisa Hollister
Mary Schober	Marie Stewart	Mark Rohlfing	Regina Nuseibeh
Merry Addison	Missy Hockaday	Dr. Peter Jenkins	Dr. Stephanie Savage
Sarah Quaglio	Michele Jolly	Spencer Grover	Wendy St. John
Tammy Robinson	Sean Kennedy	Tracy Spitzer	
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	Camry Hess	

b) Review of previous meeting deliverables:

- a. ISDH has added percent of patients transferred from the ED in <2 hours to District-Specific Reports for Quarter 1 2016.
- b. ISDH has provided examples of Kentucky's Inter-Facility Transfer Protocols.
 - i. Attached handouts
- c. ISDH added timeframe, total number of patients and percentages to the Reason for Transfer Delay graph.
 - i. Attached handouts
- d. ISDH REMOVED ED LOS vs. ICU LOS Table and ED LOS for all patients graph.

c) 2016 Goals

- a. Increase the number of hospitals reporting to the Indiana trauma registry

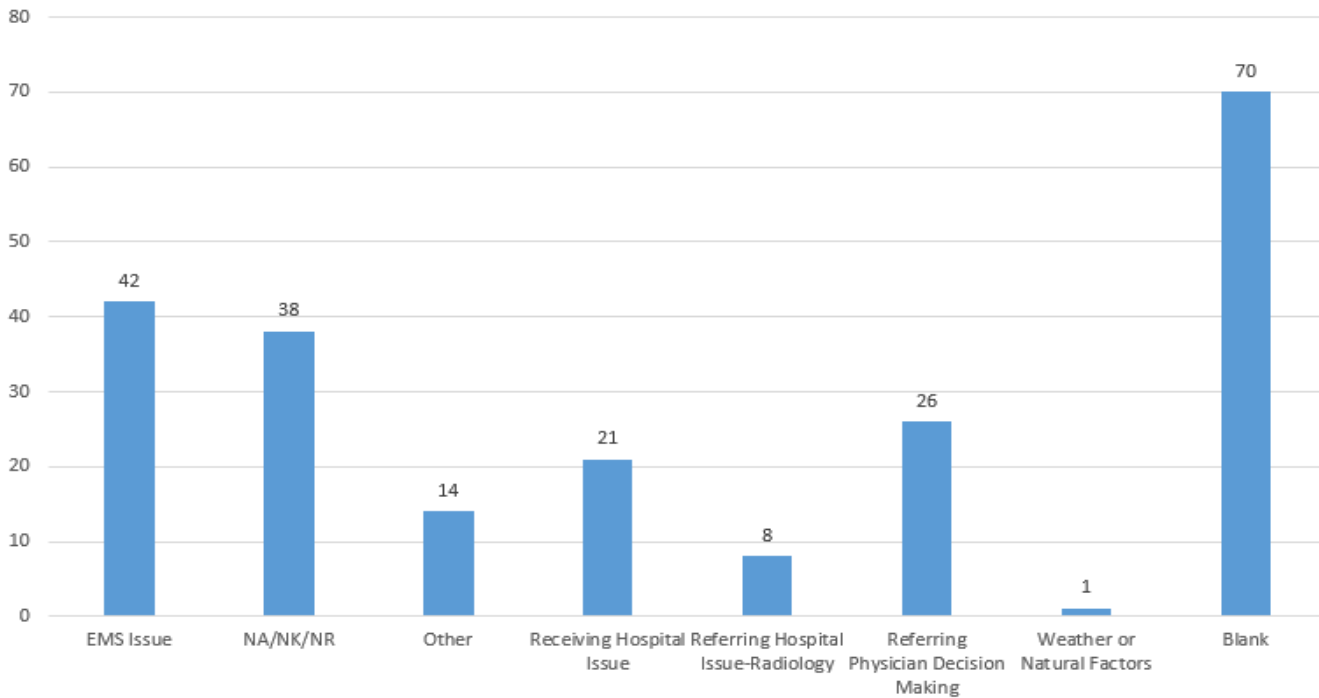


e) Decrease average ED LOS at non-trauma centers

i. Review of current average ED LOS

1. Starting February 2016, the state started following-up with facilities that have patients with an ED LOS > 2 hours that are transferred.
2. Quarter 4 2015: Sent 68 letters and received 12 responses.
 - a. Summary of findings from Quarter 4, 2015:
 - i. 12 facilities responded (sent out letters to 68 facilities)
3. Quarter 1 2016: Sent 70 and received 13 responses
 - a. Summary of findings from Quarter 1, 2016:
 - i. 13 facilities responded (sent out letters to 70 facilities)

Transfer Delay Reason



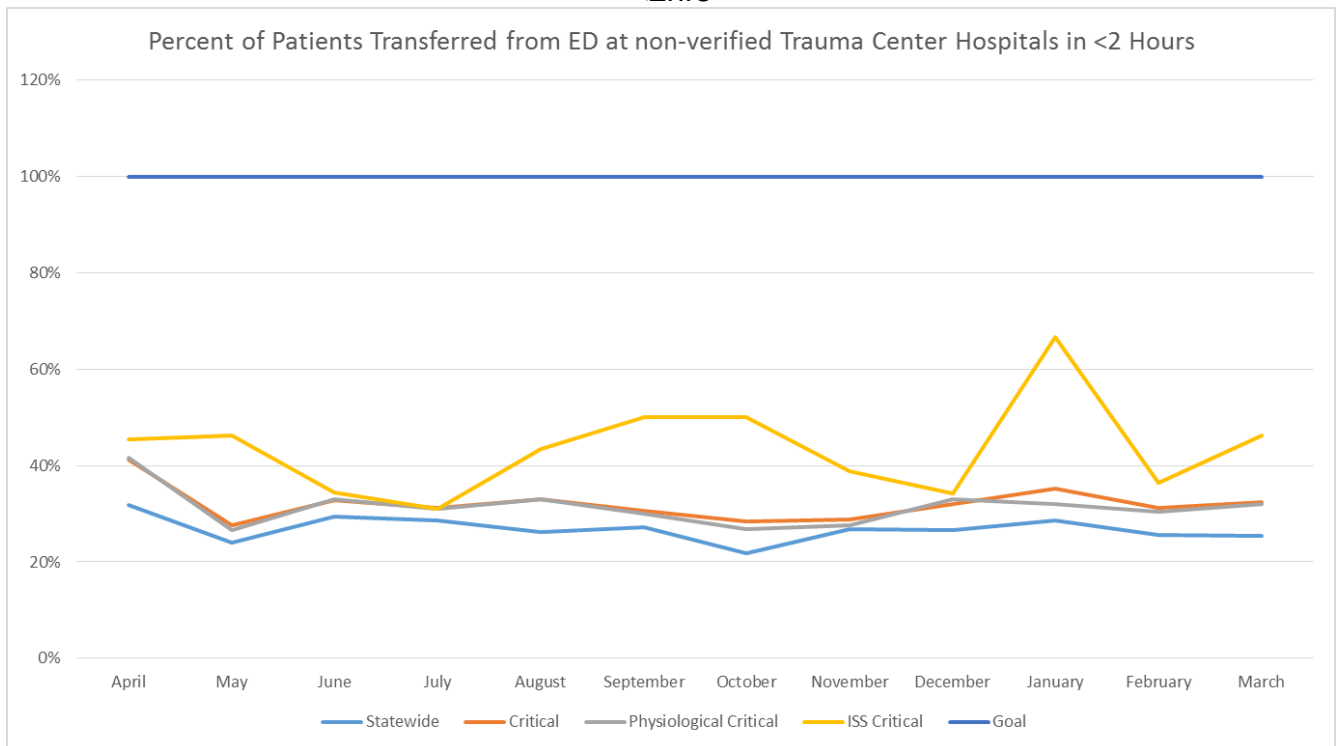
4. Quarter 1 2016

a. 14 facilities answered “Yes” to Transfer Delay

ii. Discussion of inter-facility transfer protocols.

1. Feedback- 4 responses

5. Percent of patients transferred from ED at non-verified trauma center hospitals in <2hrs



*****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

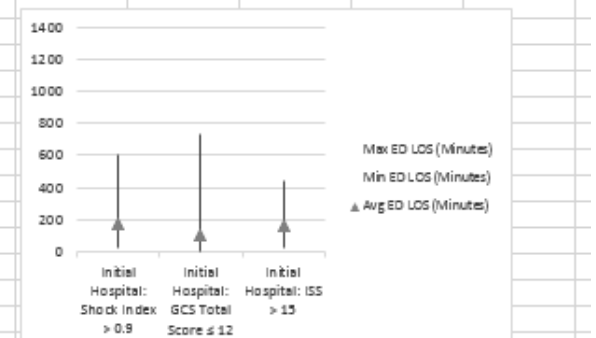
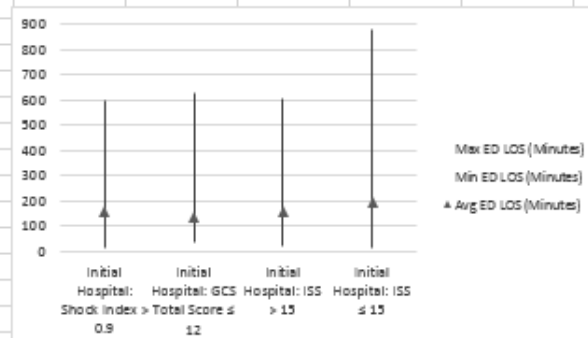
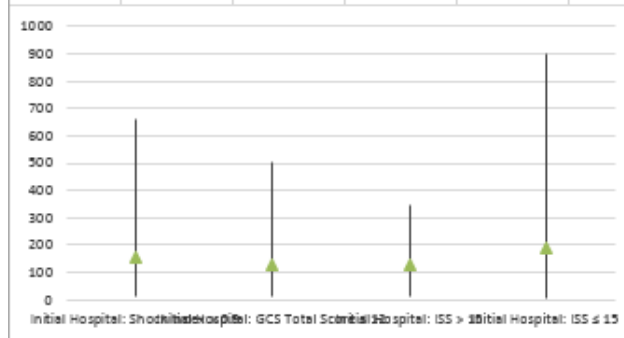
a. ED LOS Analysis

- i. Separated the data out by quarter. For each quarter looked at the average, min and max ED LOS for each category (Shock Index, GCS, ISS).
- ii. Revised Trauma Score – best way to group this information?

ED LOS Analysis

Q1 2016 (January 1 - March 31)					Q4 2015 (October 1 - December 31)					Q3 2015 (July 1 - Sept 30)				
Total # of Patients Transferred:				1336	Total # of Patients Transferred:				1441	Total # of Patients Transferred:				2173
Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts	Measure	Max ED LOS (Minutes)	Min ED LOS (Minutes)	Avg ED LOS (Minutes)	# of Pts
Initial Hospital: Shock Index > 0.9	663	14	155	43	Initial Hospital: Shock Index > 0.9	596	15	160	126	Initial Hospital: Shock Index > 0.9	609	27	179	174
Initial Hospital: GCS Total Score ≤ 12	507	14	129	33	Initial Hospital: GCS Total Score ≤ 12	632	38	135	36	Initial Hospital: GCS Total Score ≤ 12	728	3	104	88
Initial Hospital: ISS > 15	344	14	127	51	Initial Hospital: ISS > 15	606	20	157	119	Initial Hospital: ISS > 15	444	26	164	143
Initial Hospital: ISS ≤ 15	901	6	192	964	Initial Hospital: ISS ≤ 15	879	11	198	1322	Initial Hospital: ISS ≤ 15	3235	0	205	1939

*Both trauma centers and non-trauma centers are included



Percent Complete	
Pulse Rate	35%
Systolic BP	33%
GCS Total	35%
ISS	92%

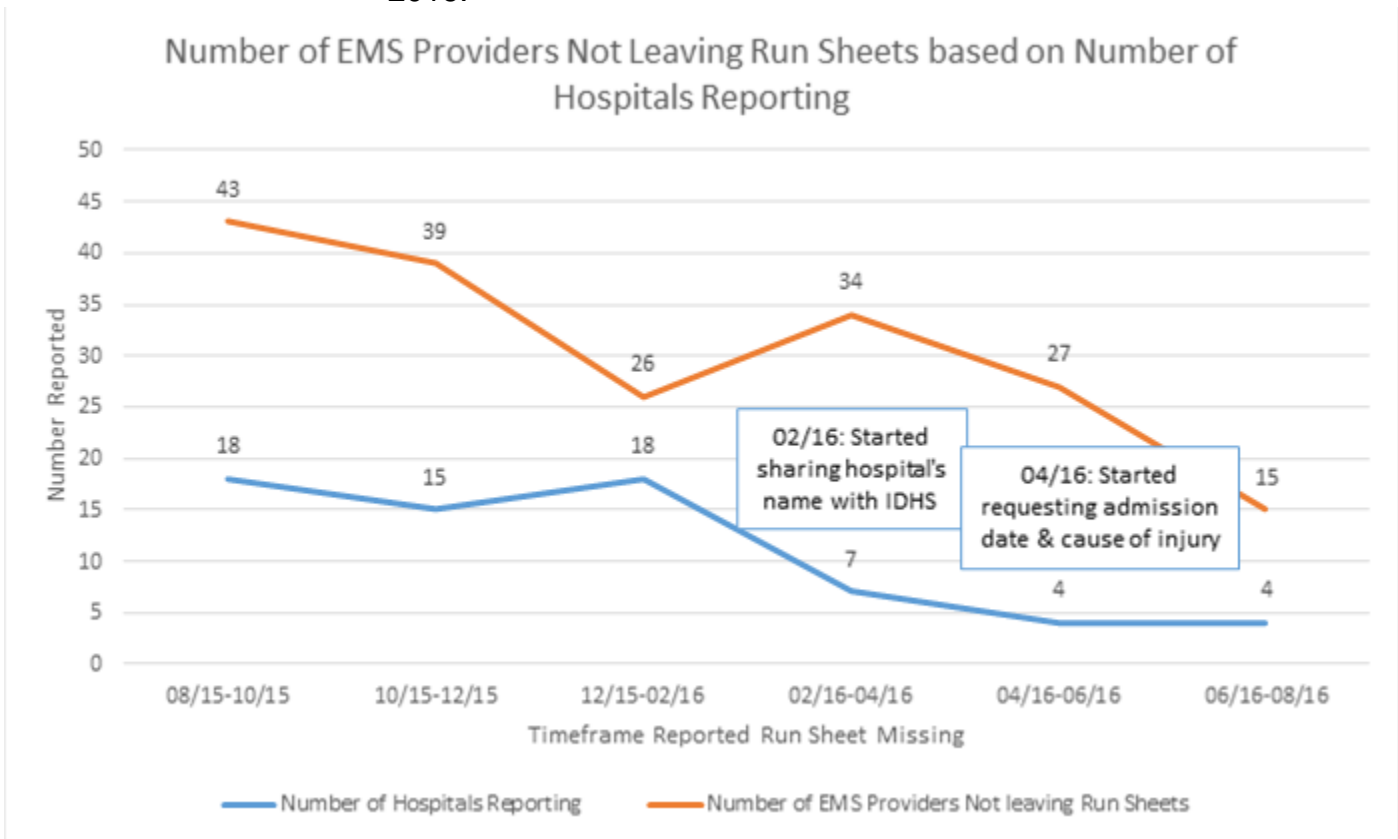
- iii. Body regions by patient age groupings for transferred patients
 1. Provided the percentage and count for each body region by patient age groupings.

Q1 2016 (Jan 1 - March 31)							Q4 2015 (Oct 1 - Dec 31)							Q3 2015 (July 1 - Sept 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years		Body Region	<15 Years		15 - 65 Years		>65 Years		Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	78	13%	250	41%	288	47%	Extremity	94	15%	328	51%	220	34%	Extremity	194	19%	510	49%	333	32%
External	77	14%	153	28%	315	58%	External	86	13%	277	42%	197	30%	External	116	14%	533	63%	197	23%
Head	45	12%	154	41%	174	47%	Head	55	6%	209	21%	142	14%	Head	99	16%	310	49%	220	35%
Chest	U		69	38%	109	60%	Chest	19	10%	103	55%	64	34%	Chest	17	5%	225	69%	82	25%
Face	26	17%	40	27%	83	56%	Face	22	14%	73	47%	60	39%	Face	27	12%	161	71%	40	18%
Abdomen	9	9%	20	20%	72	71%	Abdomen	11	4%	65	24%	40	15%	Abdomen	11	7%	106	72%	31	21%
Multiple	191	14%	468	35%	669	50%	Multiple	224	17%	683	50%	448	33%							
<i>Please note: Injured body region categories are not exclusive</i>							<i>Please note: Injured body region categories are not exclusive</i>							<i>Please note: Injured body region categories are not exclusive</i>						
														<i>Please note: U indicates count less than 5</i>						

b. Increase EMS run sheet collection

i. Please send Katie list of EMS providers not leaving run sheets.

1. Sent email to Mike Garvey, Lee Turpen, and Dr. Michael Olinger April 2016.



d) Mortality Review

- a. Information for 2015 will be available when the NTDB Data Report comes out – late 2016.

e) Reasons for Delay

- a. Handout attached to the email
 - i. Discussion on broad and specific options

f) Regional Performance Improvement

- a. District 1 data request.

g) Staying on our radar:

- a. Identifying double transfers – on a quarterly basis

h) Other Discussion

i) Next Meeting: Working on new 2017 schedule