PI Subcommittee Meeting - Agenda

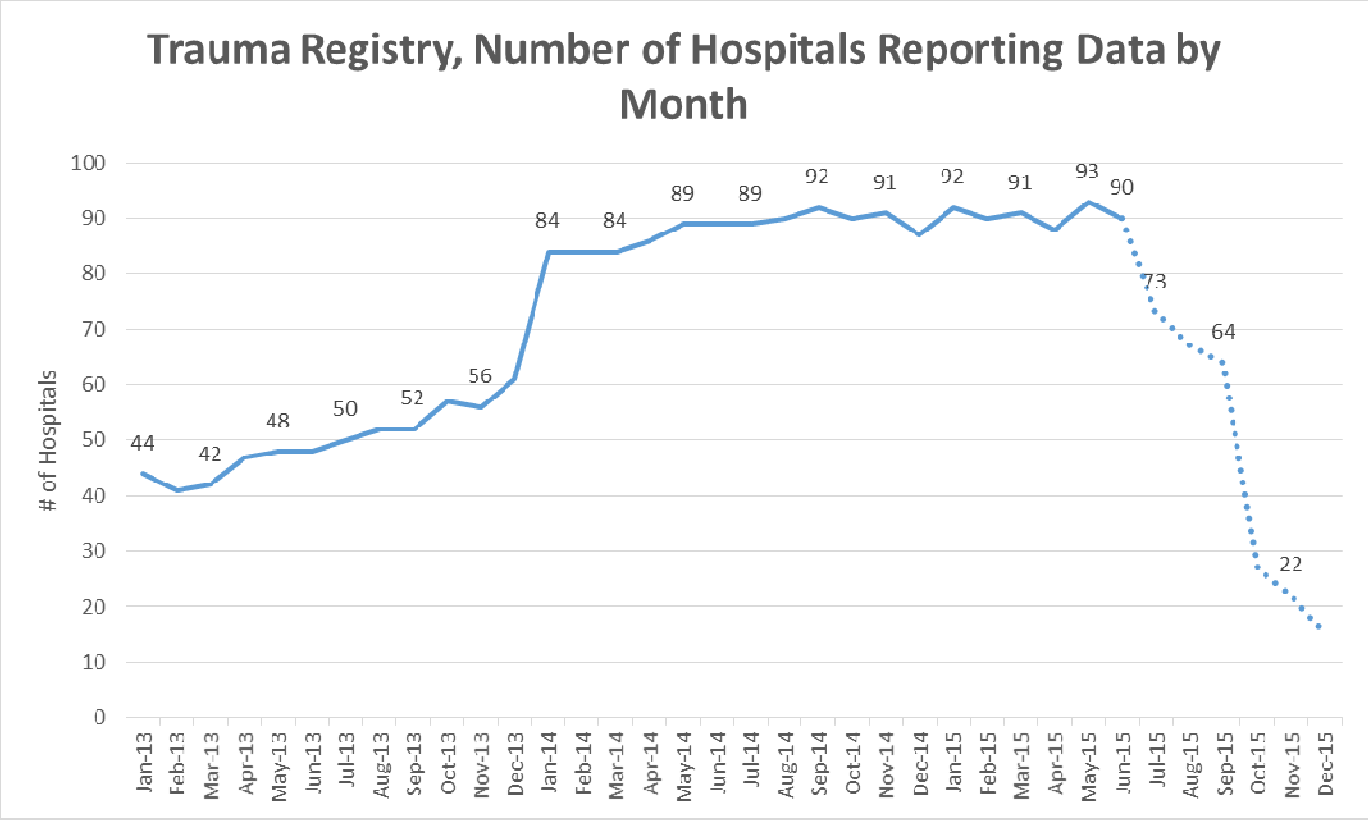
January 12, 2016 – 10am EST to 11am EST

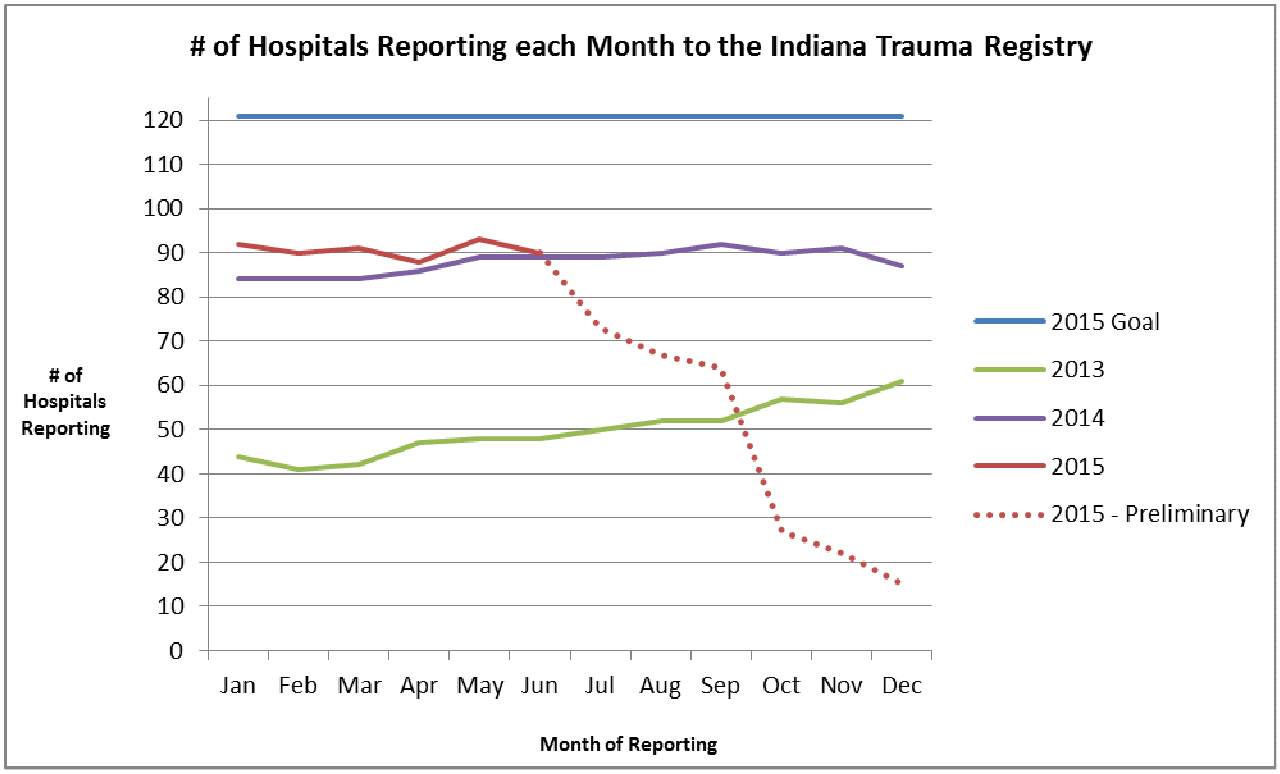
Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

1. Welcome & Introduction

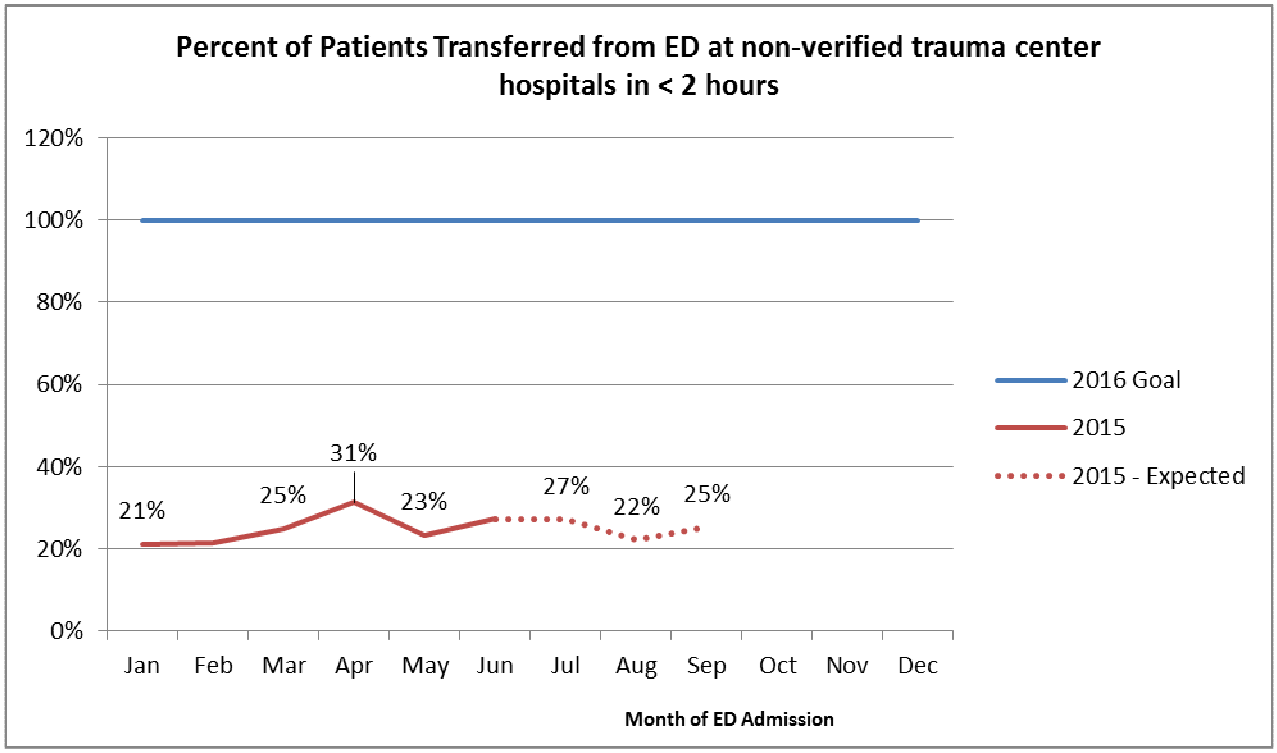
Meeting Attendees			
Adam Weddle	Amanda Elikofer	Amanda Rardon	Annette Chard
Amy Deel	Bekah Dillon	Brittanie Fell	Carrie Malone
Chris Wagoner	Christy Claborn	Chuck Stein	Dawn Daniels
Dusten Roe	Emily Dever	Jennifer Mullen	Jeremy Malloch
Jodi Hackworth	Kasey May	Kelly Mills	Kris Hess
Kristi Croddy	Latasha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

2. 2016 Goals
   a. Increase the number of hospitals reporting to the Indiana trauma registry





b. Decrease average ED LOS at non-trauma centers
    i. Review of current average ED LOS
        1. ~~Starting December 2015, the state will start following up with facilities that have patients with an ED LOS > 2 hours that are transferred~~.
            a. Letter did not go out in December due to feedback from ISTCC.
            b. For those coordinating regional meetings, encourage hospitals to bring letters with them to meeting for discussion.

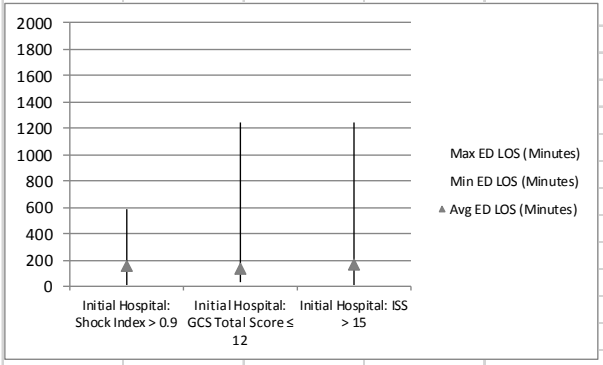


i. ED LOS Analysis
   1. Separated the data out by quarter. For each quarter looked at the average, min and max ED LOS for each category (Shock Index, GCS, ISS).

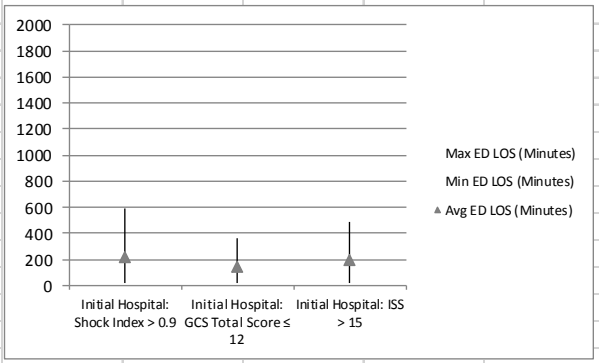
ED LOS Analysis

ED LOS Analysis

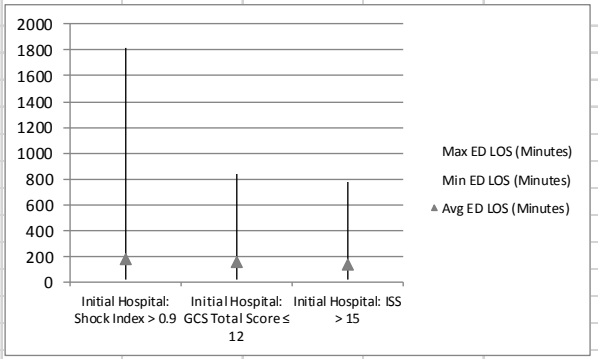
Q2 2015 (April 1 - June 30)				
Total # of Patients Transferred:				
Measure	**Max ED LOS (Minutes)**	**Min ED LOS (Minutes)**	**Avg ED LOS (Minutes)**	**# of Patients**
Initial Hospital: Shock Index > 0.9	588	8	149	179
Initial Hospital: GCS Total Score ≤ 12	1247	32	135	81
Initial Hospital: ISS > 15	1247	12	169	188
Initial Hospital: ISS ≤ 15	1027	0	185	1854



Q1 2015 (January 1 - March 30)				
Total # of Patients Transferred:			*1761*	
Measure	**Max ED LOS (Minutes)**	**Min ED LOS (Minutes)**	**Avg ED LOS (Minutes)**	**# of Patients**
Initial Hospital: Shock Index > 0.9	591	25	213	135
Initial Hospital: GCS Total Score ≤ 12	364	20	144	82
Initial Hospital: ISS > 15	487	24	193	158
Initial Hospital: ISS ≤ 15	846	0	205	1603



Q4 2014 (October 1 - December 31)				
Total # of Patients Transferred:			*1755*	
Measure	**Max ED LOS (Minutes)**	**Min ED LOS (Minutes)**	**Avg ED LOS (Minutes)**	**# of Patients**
Initial Hospital: Shock Index > 0.9	1814	17	177	122
Initial Hospital: GCS Total Score ≤ 12	835	21	153	97
Initial Hospital: ISS > 15	781	17	138	119
Initial Hospital: ISS ≤ 15	1814	0	197	1636



i. Body regions by patient age groupings.

2. Provided the percentage and count for each body region by patient age groupings.

Q2 2015 (April 1 - June 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	129	18%	323	46%	252	36%
External	78	13%	344	57%	184	30%
Head	79	15%	249	48%	186	36%
Chest	6	2%	181	74%	59	24%
Face	17	12%	88	64%	33	24%
Abdomen	6	5%	112	87%	11	9%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

Q1 2015 (January 1 - March 30)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	43	7%	297	46%	312	48%
External	60	11%	308	55%	190	34%
Head	35	8%	211	49%	183	43%
Chest	U		113	51%	105	48%
Face	24	18%	73	55%	36	27%
Abdomen	U		79	67%	36	31%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

Q4 2014 (October 1 - December 31)						
Body Region	<15 Years		15 - 65 Years		>65 Years	
Extremity	70	12%	282	49%	227	39%
External	57	10%	356	62%	165	29%
Head	65	13%	233	48%	190	39%
Chest	U		144	71%	55	27%
Face	15	13%	67	57%	36	31%
Abdomen	7	5%	89	70%	32	25%

Please note: Injured body region categories are not exclusive

Please note: U indicates count less than 5

c. Increase EMS run sheet collection
    i. **Please send Katie list of EMS providers not leaving run sheets.**
        1. Sent email to Mike Garvey and Lee Turpen December 2015.
        2. Would like to provide this list to the EMS Commission at their February meeting!
            a. Please send Katie EMS providers not leaving run sheets by **February 1st**.
d. Improve trauma registry data quality.
    i. Frequency Reports
        1. Hospitals have shared best practices. This information will be included in a future letter to ED Managers.
        2. Update on creation of hospital-specific frequency reports in SAS from Camry Hess.
e. ED LOS vs. ICU LOS
    i. Added patients that had an ICU LOS >0, but did not have an ED Disposition = ICU.
    ii. The state broke the information down by ED Disposition.
        1. Average ED LOS for patients admitted to the ICU from ED: 2.96 hours
            a. Please note, below data is SAME data that was presented in November.

ED LOS vs. ICU LOS

# of Patients Admitted to ICU from ED: 6790		
ED LOS (Hours)	**ICU LOS (Days) Average**	**# of Patients**
< 1	5	617
1 - 2	4	2814
3 - 5	4	2503
6 - 11	3.6	640
12+	3	101

*note: 51,985 incidents in the registry from January 1, 2014 to November 8, 2015 as of: 11/09/15

# of Patients Admitted to ICU NOT from ED		
ED Disposition	**ICU LOS (Days) Average**	**# of Patients**
AMA (Left against medical advice)	0	28
Died / Expired	0	390
Floor bed (general admission, non-specialty unit bed)	0.2	23323
Home with services	0.1	17
Home without services	0	1145
Null	0.8	2477
Observation unit (unit that provides < 24 hour stays)	0.1	3808
Operating room	2.7	3808
Other (jail, institutional care, mental health, etc.)	0	71
Telemetry / step-down unit (less acuity than ICU)	0.5	1915
Transferred to another hospital	0	9603

f. Mortality Review
    i. Compared 2013 & 2014 Indiana Trauma Registry data to NTDB Data.
        1. Is this information statistically significant – Camry will review and discuss.

3. Staying on our radar:
    a. Triage & Transport Rule Analysis
        i. Katie analyzed some data and presented it to the designation subcommittee. They are reviewing and the designation subcommittee will meet later on in January to discuss further.
            1. Analyzing patients that met Step 1 Criteria in the field from January 1, 2014 to December 31, 2014.
            2. The state will share findings at a future PI meeting.
    b. Identifying double transfers – new Linking Software will help us better identify these patients.
        i. Camry will provide an update at the May meeting.
4. Data Quality dashboard for linking cases
    a. Camry will share dashboard with group.
5. Discussion– Additional values for “Reason for Transfer Delay”.
6. Next Meeting: May 10, 10am EST.