Introductions & approval of meeting minutes
Increasing patient satisfaction while decreasing opioid prescribing after surgery

Dr. Chad Brummett, Associate Professor of Anesthesiology  
University of Michigan

Email questions to: indianatrauma@isdh.in.gov
The Role of Acute Care Prescribing in the Opioid Epidemic

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www.michigan-OPEN.org
http://medicine.umich.edu/dept/pain-research
Twitter: @drchadb
Funding and Disclosures

• Funding
  • NIAMS/NIH: R01 AR060392; P50 AR070600
  • NIDA/NIH: R01 DA038261; R01 DA042859
  • Michigan Department of Health and Human Services
  • SAMHSA
  • CDC
  • Michigan Genomics Initiative
  • Department of Anesthesiology
  • Neuros Medical, Inc

• Disclosures
  • Patent for the use of peripheral perineural dexmedetomidine alone and in combination with local anesthetics. Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140
  • Consultant- Recro Pharma, Heron Therapeutics
1976 Hoosiers: 32-0
Opioid overdose kills more individuals than those involved in fatal motor vehicle accidents.

Opioid Epidemic

TIME
They're the most powerful painkillers ever invented. And they're creating the worst addiction crisis America has ever seen.

91 Americans die every day from an opioid overdose (that includes prescription opioids and heroin).
Prescription Opioids In America

2012: 259 million opioid prescriptions
More Drug Overdose Deaths Now Involve Heroin than Prescription Painkillers
Drug Poisoning Mortality: 2014

Faces of the opioid epidemic
How did we get here?
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients\(^1\) who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,\(^2\) Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program

Waltham, MA 02154 Boston University Medical Center

Porter J, New Engl J Med 1980; 302 (2)
NEJM letter regarding opioid addiction misrepresented and heavily cited

Leung A, et al. (N Engl J Med 376;22)
For Whom Do We Prescribe?
Opioid naive

Intermittent 30%

Chronic 8%
Pre-Operative Opioid Use and Associated Outcomes after Major Abdominal Surgery

Preventing Chronic Opioid Use and Abuse Before it Starts

Current Strategic Efforts
Our Role
Why do surgeons prescribe too much?
HCAHPS ≠ Prescribing

HCAHPS Pain Control Score

Hospital Quintiles of Postoperative Opioid Prescribing (OMEs)

Refills?
Quantity Does Not Predict Refill

Opioid naive

Chronic 8%

Intermittent 30%

New Persistent Use
New Persistent Opioid Use

6%  

Opioid fill after wisdom teeth extraction is independently associated with new chronic opioid use

Harbaugh C et al, unpublished data
High Daily Opioid Doses
≥100 OME/day

More than One Prescriber

Concurrent Benzodiazepines

Overlapping Opioid Prescriptions

New Long-acting Opioid
6 tabs/day of Norco 5/325
6 tabs/day of Norco 5/325
Who Prescribes for New Persistent Users?
Can we improve prescribing?

Yes
Opioids Prescribed After Surgery


Opioids Prescribed After Surgery

77% of prescriptions

Tablets of 5 mg Hydrocodone (Norco)

Opioids Used After Surgery

77% of prescriptions

Guidelines

15 Oxycodone 5 mg  1q4-6 PRN
15 Norco 5/325 mg  1q4-6 PRN
+ Tylenol AND Motrin
+ Patient Education
Howard et al, JAMA Surg 2017, In press

370 Patients x ↓35 pills per patient

= 13,000 pills kept out of the community
No change in calls for refills (3-4%)

No change in patient-reported pain scores

Patients consumed fewer pills
Supersize it!

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>HYDROCODONE (NORCO) 5 mg tablets</th>
<th>CODEINE (TYLENOL #3) 30 mg tablets</th>
<th>OXYCODONE 5 mg tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic Cholecystectomy</td>
<td>15</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Laparoscopic Appendectomy</td>
<td>15</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Inguinal/Femoral Hernia Repair (open/laparoscopic)</td>
<td>15</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Open Incisional Hernia Repair</td>
<td>40</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Laparoscopic Colectomy</td>
<td>35</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Open Colectomy</td>
<td>40</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td>20</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Laparoscopic &amp; Robotic</td>
<td>30</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Abdominal</td>
<td>40</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Wide Local Excision ± Sentinel Lymph Node Biopsy</td>
<td>30</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Simple Mastectomy ± Sentinel Lymph Node Biopsy</td>
<td>30</td>
<td></td>
<td>20</td>
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<tr>
<td>Lumpectomy ± Sentinel Lymph Node Biopsy</td>
<td>15</td>
<td></td>
<td>10</td>
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<tr>
<td>Breast Biopsy or Sentinel Lymph Node Biopsy</td>
<td>15</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
Most Opioids Prescribed for Outpatient General Surgery Procedures Go Unused

72% of prescribed pills went unused

Michigan Surgical Quality Collaborative (MSQC) participating sites

MSQC
Michigan Surgical Quality Collaborative

ASPIRE
Anesthesiology Performance Improvement and Reporting Exchange
### Vision for the Future

<table>
<thead>
<tr>
<th>Amount of Opioid (tablets)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient-reported Pain Score (1-10)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
</tr>
</tbody>
</table>

Amount of Opioid (tablets)

Patient-reported Pain Score (1-10)
Vision for the Future

- Prescribed
- Consumed
- Readmissions
- ER Visits

Amount of Opioid (tablets)

Time

Q1 Q2 Q3 Q4

% of Patients

0% 5% 10% 15% 20% 25% 30% 35% 40%
Source of Abused Prescription Painkillers

- Obtained free from friend or relative: 55.0%
- Prescribed a MD: 11.4%
- Bought from friend or relative: 7.1%
- Took from friend or relative without asking: 4.8%
- Other: 4.4%
- Got from drug dealer or stranger: 17.3%

Source: CDC 2011/Drugfree.org
Opioid Recovery Drive – September 30

Escanaba – OSF St. Francis Hospital

Gladwin - MidMichigan

Traverse City – Traverse City Police/Munson Medical

Grand Rapids – Dettmann Center

Saginaw – Saginaw Twp Police/CMU Health

Pontiac – Oakland Sheriff/SJM-Oakland/WSU

Livonia – New Oakland Family

Ann Arbor – Ann Arbor Police/University of Michigan

Jackson – Jackson City Police/Henry Ford Allegiance
<table>
<thead>
<tr>
<th>Total of all sites September 30, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people</td>
</tr>
<tr>
<td>Pills</td>
</tr>
<tr>
<td>Weight of pills</td>
</tr>
<tr>
<td>Estimated total number of medications of interest</td>
</tr>
<tr>
<td>Opioid pills</td>
</tr>
<tr>
<td>Other medications of interest</td>
</tr>
<tr>
<td>Benzodiazepines and sedatives</td>
</tr>
<tr>
<td>Anti-depressants</td>
</tr>
<tr>
<td>Stimulants</td>
</tr>
<tr>
<td>Additional information</td>
</tr>
<tr>
<td>Oldest opioid from all drives</td>
</tr>
<tr>
<td>Oldest opioid from this event</td>
</tr>
<tr>
<td>Most common reason for opioid</td>
</tr>
</tbody>
</table>
www.michigan-OPEN.org
A preventative approach to the opioid epidemic.

Areas of Impact

- Engaging providers
- Education
- Informing policy
- Payment reform
- Local quality improvement
- Innovative interventions
- Community outreach
- At-risk populations
- Arts and humanities
COMING SOON: Ability to customize all brochures with your organization's logo!

Opioid Facts Brochure
Learn the facts about opioid pain medications including:
- What is an opioid
- Using opioids safely
- Opioid addiction
- Safe disposal of opioids

Download Brochure
Do you know the facts about opioid pain medications?
Talking to Your Doctor about Pain Control Brochure
Ask questions and know the facts before using opioids for your pain.
- What is an opioid
- Questions to ask your provider
- Things to remember after your surgery
- Safe disposal of opioids

[DOWNLOAD BROCHURE]

Pain Management Techniques Brochure
Learn about strategies for managing pain and anxiety after surgery including:
- Mindful breathing
- Positive daily reflection

[DOWNLOAD PRINTER-FRIENDLY BROCHURE]
Patient Resources

Medication Disposal Map Brochure
Learn how to safely dispose of medication using:

- Our interactive online map of Michigan disposal sites
- Other environmentally-friendly alternatives

[DOWNLOAD BROCHURE]

Recent Articles

Michigan OPEN sponsors "Navigating the New and Improved MAPS"
July 19, 2017

Dr. Waljee featured at PULSE: On the Front Lines of Health Care
June 16, 2017

Four hours. Six locations. 15,000 opioids out of circulation.
May 29, 2017

Michigan OPEN receives funding as part of State Targeted Response to the
Do you have leftover prescription pain medication?

Prescription pain medications (commonly called opioids) are often involved in accidental poisonings and intentional misuse.

It is important to safely dispose of these medications when you are done using them.

This brochure explains some environmentally-friendly options for safe disposal.
You can return any unused medication at a designated medication disposal site. To find collectors in your area, visit Michigan-OPEN.org and see steps below...

**Curious to learn more about us?**

Additional resources about safe opioid use, storage, and disposal can be found online at: Michigan-OPEN.org

**STEP 1**

Select the magnifying glass icon

**STEP 2**

Enter your zip code in the search bar and then click “Search” and then “Print” to create a pop-up window of opioid disposal locations.

**STEP 3**

Enter your zip code in the search bar and then click “Search” and then “Print” to create a pop-up window of opioid disposal locations.

**STEP 4**

Select “Search” and then “Print” to create a pop-up window of opioid disposal locations.

You can also ask your local law enforcement agency about upcoming medication take-back events.

Michigan OPEN is partially funded by the Michigan Department of Health and Human Services.
Precision Opioid Prescribing

Factors
- Type of surgery
- Genetics
- Prior Medication Use
- Social Support
- Mood
- Pain

Informed prescribing & personalized pain management

Goal
Reduce downstream chronic opioid use, abuse, and overdose through a precision preventative strategy

Opioid Naïve

Chronic Opioid Use

Opioid Abuse

Opioid Overdose

Proposed precision preventative strategy

Focus of existing public health measures
The purpose of a biorepository is to store bodily materials (biospecimens) and personal health information for research projects that have not yet been planned. The biorepository combines the biospecimens and health information into "books" that can later be shared with researchers to help advance medicine.

This pamphlet provides information about participating in a biorepository at the University of Michigan by donating your biospecimens and health information.
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Acute Pain</th>
<th>Subacute Pain</th>
<th>Chronic Opioid Use</th>
<th>Opioid Misuse &amp; Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opioid users vs non-users</td>
<td>• Opioid efficacy</td>
<td>• Opioid side effects</td>
<td>• New chronic opioid use</td>
<td>• Misuse of opioids</td>
</tr>
<tr>
<td>• Benzodiazepine use</td>
<td>• Opioid likeability</td>
<td></td>
<td>• Efficacy of chronic opioid use</td>
<td>• Opioid abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Overdose</td>
<td></td>
</tr>
</tbody>
</table>
New prescribing recommendations based on patient consumption

Reductions in patient opioid consumption

Monitor Satisfaction, PROs

Reductions in opioid prescribing
Michigan OPEN Co-Directors

Jennifer Waljee, MD, MPH, MS
Plastic and Hand Surgery

Michael Englesbe, MD
Transplant Surgery

Chad Brummett, MD
Pain Medicine/Anesthesiology
Learn more about our work:

http://michigan-open.org/
History of Indiana’s trauma system

Spencer Grover, Vice President
Indiana Hospital Association

Email questions to: indianatrauma@isdh.in.gov
ISDH emergency preparedness division overview

Lee Christenson, Director
ISDH division of emergency preparedness

Email questions to: indianatrauma@isdh.in.gov
Healthcare Preparedness Program and District Coalition Development

Lee Christenson, M.S., CEM
Director, Division of Emergency Preparedness
Indiana State Department of Health
Indiana State Department of Health Division of Emergency Preparedness

- Serve as lead for state health and medical emergency preparedness and response efforts
- Administer federal funding to local partners for Healthcare Preparedness Program and Public Health Preparedness Program
Healthcare Preparedness Funding

Budget Period 1 (7/1/17 – 6/30/18)
• Total Award = $3,934,926

10 District 501c3 Hospital Coalition Support
• Total = $3,212,305
  - $2,800,000 in direct funding
  - $412,305 in technical assistance
    (communications/field coordinators)
Started with 10 District, 501c3 hospital corporations, with representatives from nearly all acute care hospitals in the state

Federal grant requiring them to expand through integration of hospitals, public health, emergency management, and EMS by 7/1/18

Objective is to incorporate key partners into decision making regarding the efficient use of funds for the betterment of the whole District
Expected Outcomes

- Strengthen partnerships and awareness regarding jurisdictional capabilities
- Develop coordinated and standardized plans and protocols
- Conduct joint training and exercise
- Fund District events and activities related to information sharing and education. Examples may include:
  - District information sharing platforms/websites
  - Preparedness conferences and Trauma Symposiums
  - Shared resources
Additional Information

Division of Emergency Preparedness
Coalition Website:
http://www.in.gov/isdh/25853.htm

Lee Christenson, Director
Indiana State Department of Health
Division of Emergency Preparedness
317-234-6279
Lchristenson@isdh.in.gov
Regional Updates

Email questions to: indianatrauma@isdh.in.gov
Regional updates

- District 2
- District 3
- District 4
- District 7
- District 8
- District 10

Email questions to: indianatrauma@isdh.in.gov
Subcommittee Update
Designation Subcommittee

Dr. Lewis Jacobson, Trauma Medical Director
St. Vincent Indianapolis Hospital

Email questions to: indianatrauma@isdh.in.gov
Memorial Hospital & Health Care Center

- Located: Jasper, Indiana
- Seeking: Level III adult trauma center status
- The one year review was reviewed and the following issues were identified:
  - Lacking external trauma-related CMEs for trauma surgeons – DUE December 1.
  - Operational process performance committee and trauma peer review committee meetings had wrong dates.
    - Need to address emergency medicine attendance at trauma peer review committee meetings by December 1.
- Consultation Visit: May 2017
- Verification visit scheduled for: May 2018
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Level</th>
<th>Adult / Pediatric</th>
<th>“In the Process” Date*</th>
<th>1 Year Review Date**</th>
<th>ACS Consultation Visit Date</th>
<th>ACS Verification Visit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Hospital &amp; Health Care Center</td>
<td>Jasper</td>
<td>III</td>
<td>Adult</td>
<td>08/24/2016</td>
<td>October 2017</td>
<td>05/16-05/17, 2017</td>
<td>May 2018</td>
</tr>
</tbody>
</table>

*Date the EMS Commission granted the facility “In the process” status.
**Date the Indiana State Trauma Care Committee (ISTCC) reviewed/reviews the 1 year review documents. This date is based on the first ISTCC meeting after the 1 year date.

Facility is past the two year mark for their “In the Process” status.
Subcommittee Update
Performance Improvement
Subcommittee

Dr. Stephanie Savage, Trauma Medical Director
IU Health Methodist

Email questions to: indianatrauma@isdh.in.gov
Meeting November 14, 2017
## Districts Present:

1, 2, 3, 4, 5, 6, 7, 8 + IHA, ISDH

<table>
<thead>
<tr>
<th>Meeting Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amanda Rardon-D4</strong></td>
</tr>
<tr>
<td><strong>Kelli Vannatter-D6</strong></td>
</tr>
<tr>
<td><strong>Michelle Moore-D6</strong></td>
</tr>
<tr>
<td><strong>Amelia Shouse-D7</strong></td>
</tr>
<tr>
<td><strong>Kelly Blanton-D5</strong></td>
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<tr>
<td><strong>Michelle Ritchey-D7</strong></td>
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<tr>
<td><strong>Andy VanZee-IHA</strong></td>
</tr>
<tr>
<td><strong>Kelly Mills-D7</strong></td>
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<tr>
<td><strong>Missy Hockaday-D5</strong></td>
</tr>
<tr>
<td><strong>Angela Cox-Booe-D5</strong></td>
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<tr>
<td><strong>Kristi Croddy-D5</strong></td>
</tr>
<tr>
<td><strong>Olivia Roloff-D7</strong></td>
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<tr>
<td><strong>Annette Chard-D3</strong></td>
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<tr>
<td><strong>Latasha Taylor-D1</strong></td>
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<tr>
<td><strong>Dr. Peter Jenkins-IUH</strong></td>
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<tr>
<td><strong>Bekah Dillon-D6</strong></td>
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<tr>
<td><strong>Lesley Lopossa-D8</strong></td>
</tr>
<tr>
<td><strong>Regina Nuseibeh-D4</strong></td>
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<tr>
<td><strong>Brittanie Fell-D7</strong></td>
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<tr>
<td><strong>Lindsey Hill</strong></td>
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<tr>
<td><strong>Rexene Slayton-D8</strong></td>
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<tr>
<td><strong>Carrie Malone-D7</strong></td>
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<tr>
<td><strong>Lindsey Williams-D8</strong></td>
</tr>
<tr>
<td><strong>Sarah Quaglio-D6</strong></td>
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<tr>
<td><strong>Christy Claborn-D5</strong></td>
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<tr>
<td><strong>Lisa Hollister-D3</strong></td>
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<tr>
<td><strong>Sarah Hoeppner-D3</strong></td>
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<tr>
<td><strong>Chuck Stein-D5</strong></td>
</tr>
<tr>
<td><strong>Lynne Bunch-D6</strong></td>
</tr>
<tr>
<td><strong>Shayla Karowsky-D1</strong></td>
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<tr>
<td><strong>Dawn Daniels-D5</strong></td>
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<tr>
<td><strong>Maria Thurston-D5</strong></td>
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<tr>
<td><strong>Dr. Stephanie Savage (Chair)-IUH</strong></td>
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<tr>
<td><strong>Dusten Roe-D2</strong></td>
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<tr>
<td><strong>Marie Stewart-D10</strong></td>
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<tr>
<td><strong>Tammy Robinson-D7</strong></td>
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<tr>
<td><strong>Emily Grooms-D2</strong></td>
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<td><strong>Mark Rohlfing-D6</strong></td>
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<tr>
<td><strong>Tracy Spitzer-D5</strong></td>
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<tr>
<td><strong>Jennifer Homan-D1</strong></td>
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<tr>
<td><strong>Mary Schober-D5</strong></td>
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<tr>
<td><strong>Wendy St. John-D5</strong></td>
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<tr>
<td><strong>Jennifer Mullen-D1</strong></td>
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<tr>
<td><strong>Melissa Smith-D5</strong></td>
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<tr>
<td><strong>Jill Castor-D5</strong></td>
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<tr>
<td><strong>Merry Addison-D7</strong></td>
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<tr>
<td><strong>Jodi Hackworth-D5</strong></td>
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<tr>
<td><strong>Michele Jolly-D10</strong></td>
</tr>
</tbody>
</table>

### ISDH STAFF

| Camry Hess | Katie Hokanson | Pravy Nijjar | Ramzi Nimry |
PI Update – November 2017

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
Goshen Hospital
Major Hospital
Pulaski Memorial
Riverview Health
Scott County Memorial Hospital
Starke Hospital
St. Catherine Regional – Charlestown
St. Mary Medical Center – Hobart
St Vincent – Randolph
Sullivan County Community
ED Length of Stay – **Time to Orders Written**

Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours

*ED LOS was calculated using ED/Acute Care Discharge (Orders Written) for July 2016 and later.*
PI Update – November 2017

ED Length of Stay – Time to ED Departure

Percent of Patients Transferred from ED at non-verified Trauma Center Hospitals in <2 Hours

*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) for July 2016 and later.
November 2017

We will enlist the help of the districts to drill-down on their specific delay issues.

- ED departure time will be the focus.
<table>
<thead>
<tr>
<th>District</th>
<th>Reason for Delay</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1</td>
<td>Receiving hospital issue</td>
</tr>
<tr>
<td>District 2</td>
<td></td>
</tr>
<tr>
<td>District 3</td>
<td>Radiology issues/Weather factors</td>
</tr>
<tr>
<td>District 4</td>
<td>Receiving hospital issue</td>
</tr>
<tr>
<td>District 5</td>
<td>Receiving hospital issue</td>
</tr>
<tr>
<td>District 6</td>
<td>Referring MD decision making</td>
</tr>
<tr>
<td>District 7</td>
<td>EMS issues</td>
</tr>
<tr>
<td>District 8</td>
<td>EMS issues</td>
</tr>
<tr>
<td>District 9</td>
<td>Receiving hospital/Weather factors</td>
</tr>
<tr>
<td>District 10</td>
<td>EMS issues</td>
</tr>
</tbody>
</table>
Pilot Project Data – Transfer Delays

- 5 original facilities continue to enter data using the more robust tool
- 11 new centers have been recruited to use
- will continue to amass data on delays
PI Update – September 2017

Trauma Registry Quiz
- Slightly improved participation (32% in April)
- Some issues with the platform

Continuing to work on increased EMS run sheet collection

Transfer Delay Reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air&gt;Ground Transport ETA</td>
<td>15%</td>
</tr>
<tr>
<td>Bed availability</td>
<td>15%</td>
</tr>
<tr>
<td>Change in patient condition</td>
<td>15%</td>
</tr>
<tr>
<td>CPS</td>
<td>15%</td>
</tr>
<tr>
<td>Delay in diagnosis</td>
<td>15%</td>
</tr>
<tr>
<td>MD response delay</td>
<td>15%</td>
</tr>
<tr>
<td>Radiology workup delay</td>
<td>15%</td>
</tr>
<tr>
<td>Shortage of ground transport</td>
<td>15%</td>
</tr>
</tbody>
</table>
PI Updates – November 2017

New focus: committee will start to focus on patients with high ISS who are not transferred to trauma centers

Reminder: districts should start reminding hospitals to participate in registry quiz

EMS run sheets: email Murray Lawry if you are not receiving run sheets

Mlawry@isdh.IN.gov
Trauma system planning subcommittee update

Dr. Matthew Vassy, Trauma Medical Director
Deaconess Hospital

Email questions to: indianatrauma@isdh.in.gov
Updates

Katie Hokanson, Director of Trauma and Injury Prevention

Email questions to: indianatrauma@isdh.in.gov
Trauma Center Verifications

- Community Hospital Anderson

Email questions to: indianatrauma@isdh.in.gov
Division staffing updates

• Audrey Rehberg
  – Naloxone program manager

• Opening
  – Injury prevention epidemiologist

Email questions to: indianatrauma@isdh.in.gov
2018 EMS Medical Director’s Conference

5th annual
EMS Medical Directors’ Conference
Friday, April 27, 2018
Ritz Charles
12156 N. Meridian Street
Carmel, IN 46032
8am - 5pm

Get notified when registration opens!
Send your contact information to:
indianatrauma@isdh.in.gov

Email questions to: indianatrauma@isdh.in.gov
2018 ISTCC & ITN Meetings

• *NEW* Location: Indiana Government Center – South, Conference Room B.
• Webcast still available.
• Time: 10:00 A.M. EST.

• Dates:
  – February 16
  – April 20
  – June 15
  – August 17
  – October 19
  – December 14

Email questions to: indianatrauma@isdh.in.gov
Quarter 2 Trauma Registry Data Report

Camry Hess, Data Analyst
Paravdeep (Pravy) Nijjar, Registry Coordinator
Indiana State Department of Health

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2017

**District 1**
Community Hospital – Munster
Franciscan Health – Crown Point
Franciscan Health – Dyer
Franciscan Health- Hammond
Franciscan Health – Michigan City
Franciscan Health - Rensselaer
IU Health – La Porte
Methodist Hospital Northlake
Methodist Hospital Southlake
Portage Hospital

Porter Regional Hospital (Valparaiso)
St Catherine Hospital (East Chicago)
St. Mary Medical Center (Hobart)
Valparaiso Medical Center

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2017

**District 2**
Community Hospital of Bremen  
Elkhart General Hospital  
IU Health – Starke Hospital  
Kosciusko Community Hospital  
Memorial Hospital South Bend  
Pulaski Memorial Hospital  
St. Joseph Regional Medical Center (Mishawaka)  
St. Joseph Regional Medical Center (Plymouth)

Woodlawn Hospital

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2017

**District 3**
- Adams Memorial Hospital
- Bluffton Regional Medical Center
- Cameron Memorial Community Hospital
- DeKalb Health
- Dukes Memorial Hospital
- Dupont Hospital
- Lutheran Hospital of Indiana
- Parkview Huntington Hospital
- Parkview LaGrange Hospital
- Parkview Noble Hospital
- Parkview Randallia
- Parkview Regional Medical Center
- Parkview Wabash Hospital
- Parkview Whitley Hospital

**District 4**
- Franciscan Health - Crawfordsville
- Franciscan Health – Lafayette East
- IU Health – Arnett Hospital
- IU Health – Frankfort Hospital
- IU Health – White Memorial
- Memorial Hospital (Logansport)
- St. Vincent Williamsport Hospital

Email questions to: indianatrauma@isdh.in.gov
Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2017

District 5

Community East Health Network
- Community Hospital
Community North Health Network
- Community Hospital
Community South Health Network
- Community Hospital
Eskenazi Health
Franciscan Health – Indianapolis
Franciscan Health – Mooresville
Hancock Regional Hospital
Hendricks Regional Health
IU Health – Methodist Hospital
IU Health – Morgan Hospital

IU Health – North Hospital
IU Health – Riley for Children
IU Health - Saxony Hospital
IU Health – West Hospital
Johnson Memorial Hospital
Major Hospital
Peyton Manning Children’s Hospital at St Vincent
Riverview Hospital
St. Vincent Fishers Hospital
St. Vincent Hospital and Health Services
Indianapolis
Witham Health Services
Witham Health Services at Anson

Email questions to: indianatrauma@isdh.in.gov
District 6
Community Hospital of Anderson & Madison Co.
Community Howard Regional Health
Henry County Memorial Hospital
IU Health – Ball Memorial Hospital
IU Health – Blackford Hospital
IU Health – Tipton Hospital
Jay County Hospital
Marion General Hospital
Reid Hospital and Health Care Services
Rush Memorial Hospital
St. Vincent Anderson Regional Hospital
St. Vincent Kokomo
St. Vincent Mercy Hospital

Email questions to: indianatrauma@isdh.in.gov
District 7
Greene County General Hospital
Putnam County Hospital
St. Vincent Clay Hospital
Sullivan County Community Hospital
Terre Haute Regional Hospital
Union Hospital (Terre Haute)
Union Hospital Clinton
Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2017

**District 8**
Columbus Regional Hospital
IU Health – Bedford Hospital
IU Health – Bloomington Hospital
IU Health – Paoli Hospital
Monroe Hospital
Schneck Medical Center
St. Vincent Dunn Hospital
St. Vincent Salem Hospital

**District 9**
Baptist Health Floyd
Clark Memorial Hospital
**Dearborn County Hospital**
Decatur County Memorial Hospital
King’s Daughters’ Health
Margaret Mary Community Hospital
Scott County Memorial Hospital

Email questions to: indianatrauma@isdh.in.gov
District 10
Daviess Community Hospital
Deaconess Hospital
Deaconess Gateway Hospital
Gibson General
Good Samaritan Hospital
Memorial Hospital & Health Care Center
Perry County Memorial Hospital
St. Vincent Evansville
St. Vincent Jennings
St. Vincent Warrick

Email questions to: indianatrauma@isdh.in.gov
Summary of Hospitals Reporting Status - Q2 2017

New to Reporting / Started Reporting Again

- Adams Memorial Hospital
- Dearborn County Hospital
- Dukes Memorial Hospital
- Elkhart General Hospital
- Franciscan Health Crown Point
- IU health La Porte Hospital
- Perry County Memorial Hospital
- Rush Memorial Hospital
- St Vincent Fishers Hospital
- St Vincent Jennings Hospital
- Valparaiso Medical Center
Summary of Hospitals Reporting Status - Q2 2017

Did not Report

- Major Hospital
- St Vincent Clay Hospital
- Woodlawn Hospital

Email questions to: indianatrauma@isdh.in.gov
Quarter 2 2017 Statewide Report

- 9,990 incidents
- April 1, 2017 – June 30, 2017
- 100 total hospitals reporting
  - 10 Level I and II Trauma Centers
  - 12 Level III Trauma Centers
  - 78 Non-Trauma Hospitals

Email questions to: indianatrauma@isdh.in.gov
ED Disposition for ED LOS >12 Hours

Email questions to: indianatrauma@isdh.in.gov
## ED LOS > 12 Hours, N=109

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>76 Level I and II 33 Non-trauma Centers</td>
<td>14 North; 63 Central; 11 South; 21 Unknown/Out of State</td>
</tr>
<tr>
<td>Average Distance from Scene to Facility</td>
<td>ISS</td>
</tr>
<tr>
<td>22.9 Miles</td>
<td>71 (1-8 cat); 29 (9-15 cat); 7 (16-24); 2 (25-44)</td>
</tr>
<tr>
<td>Transport Type</td>
<td>GCS Motor</td>
</tr>
<tr>
<td>80 Ambulance; 22 Private Vehicle; 1 Police; 6 Unknown</td>
<td>1 (2 cat); 1 (3 cat); 48 (4 cat); 59 (unknown)</td>
</tr>
<tr>
<td>Cause of Injury</td>
<td>RTS—Systolic</td>
</tr>
<tr>
<td>29 Transport; 56 Falls; Inanimate mechanical force 5; animate mechanical forces 2; drowning 116 Not Identified</td>
<td>4 (2-3); 100 (4)</td>
</tr>
<tr>
<td>Signs of Life</td>
<td>RTS—Resp. Scale</td>
</tr>
<tr>
<td>108 Yes 1 No</td>
<td>2 (0-1); 103 (3)</td>
</tr>
<tr>
<td>Age</td>
<td>Resp. Assistance</td>
</tr>
<tr>
<td>51.83 Years (3-98 Years)</td>
<td>11 Yes; 94 No; 5 Unknown</td>
</tr>
<tr>
<td>Gender</td>
<td>ED LOS Hours</td>
</tr>
<tr>
<td>59 Female; 50 Male</td>
<td>109 (12-35)</td>
</tr>
<tr>
<td>Interfacility Transfer</td>
<td>ED Disposition</td>
</tr>
<tr>
<td>26 Yes; 83 No</td>
<td>44 Floor; 14 Home without services; 8 ICU; 6 Observation; 13 OR; 10 Step Down; 6 Transferred; 9 Unknown</td>
</tr>
</tbody>
</table>

- Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.
- Numbers represent counts per category or mean with minimum and maximum in parentheses.
- No signs of life is defined as having none of the following: organized EKG activity, papillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress (2015 Trauma Registry Data Dictionary, page 185).
A table with all the values for ED LOS is found on page 52.

Note for ED LOS by ISS, there were 26 cases with ISS of 75; none were at a non-trauma center.
Hospital Disposition and LOS

Hospital Disposition

- Home w/o Services: 42%
- Skilled Nursing Fac.: 19%
- Rehab: 6%
- Acute Care: 6%
- Home w/Service: 3%
- Died: 2%
- No Hosp.: 22%

Hospital Length of Stay (days)

- No Hosp.: 13%
- 0-3: 33%
- 4-7: 33%
- 8-14: 10%
- 15-21: 2%
- 22-30: 3%
- 31+: 4%
- Null: 9%

Hospital dispositions with <1% included: Another institution, Null, Psychiatric Hospital, Long-Term Care Hospital and Intermediate Care.

Email questions to: indianatrauma@isdh.in.gov
For Quarter 2 2017, of the 9,990 incidents reported to the Indiana Trauma Registry, 1,986 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 852 cases were probabilistically matched. The linked cases make up 8.5% of the Q2 2017 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

<table>
<thead>
<tr>
<th>CAH List</th>
<th>Rural List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams Memorial Hospital</td>
<td>Columbus Regional Hospital</td>
</tr>
<tr>
<td>Cameron Memorial Community Hospital</td>
<td>Daviess Community Hospital</td>
</tr>
<tr>
<td>Community Hospital of Bremen</td>
<td>Fayette Regional Health System</td>
</tr>
<tr>
<td>Decatur County Memorial Hospital</td>
<td>Franciscan Health-Michigan City</td>
</tr>
<tr>
<td>Dukes Memorial Hospital</td>
<td>Franciscan Health-Crawfordsville</td>
</tr>
<tr>
<td>Gibson General Hospital</td>
<td>Good Samaritan Hospital</td>
</tr>
<tr>
<td>Greene County General Hospital</td>
<td>Henry Community Health</td>
</tr>
<tr>
<td>Harrison County Hospital</td>
<td>IU Health - La Porte Hospital</td>
</tr>
<tr>
<td>IU Health - Bedford Hospital</td>
<td>IU Health - Starke Hospital</td>
</tr>
<tr>
<td>IU Health - Blackford Hospital</td>
<td>IU Health - White Memorial Hospital</td>
</tr>
<tr>
<td>IU Health - Paoli Hospital</td>
<td>Jasper County Hospital</td>
</tr>
<tr>
<td>IU Health - Tipton Hospital</td>
<td>Jay County Hospital</td>
</tr>
<tr>
<td>IU Health - Warrick Hospital</td>
<td>Margaret Mary Community Hospital</td>
</tr>
<tr>
<td>St. Vincent - Clay Hospital</td>
<td>Parkview LaGrange Hospital</td>
</tr>
<tr>
<td>St. Vincent – Dunn Hospital</td>
<td>Parkview Wabash Hospital</td>
</tr>
<tr>
<td>St. Vincent – Frankfort Hospital</td>
<td>Sullivan County Community Hospital</td>
</tr>
<tr>
<td>St. Vincent – Jennings Hospital</td>
<td>Union Hospital Clinton</td>
</tr>
<tr>
<td>St. Vincent – Mercy Hospital</td>
<td>Woodlawn Hospital</td>
</tr>
<tr>
<td>St. Vincent – Randolph Hospital</td>
<td>St. Joseph’s Regional Medical Center – Plymouth</td>
</tr>
<tr>
<td>St. Vincent – Salem Hospital</td>
<td>Sullivan County Community Hospital</td>
</tr>
<tr>
<td>St. Vincent – Warrick Hospital</td>
<td>Union Hospital Clinton</td>
</tr>
</tbody>
</table>

The initial facility in which transfers come from may be considered Critical Access Hospitals (CAHs). All Indiana CAHs are considered Rural, and must meet additional requirements to have a CAH designation, such as having no more than 25 inpatient beds and being located in a rural area. Facilities that are highlighted indicate that these facilities reported data for Quarter 4 2016.

Within this transfer data section, the purple columns represent the transfer cases and the single percentages represent the percent for the transfer cases. For two demographic variables, patient age groupings and gender, the Indiana average is included to provide more insight to this transfer population.
Historical Links

For Quarter 3, 2016, of the 8,916 incidents reported to the Indiana Trauma Registry, 1,891 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 734 cases were probabilistically matched. The linked cases make up 18% of the Q3 2016 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

For Quarter 4, 2016, of the 8,916 incidents reported to the Indiana Trauma Registry, 1,484 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 685 cases were probabilistically matched. The linked cases make up 21% of the Q4 2016 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

For Quarter 1 2017, of the 7,805 incidents reported to the Indiana Trauma Registry, 1,210 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 600 cases were probabilistically matched. The linked cases make up 21% of the Q1 2017 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

Email questions to: indianatrauma@isdh.in.gov
## Facility to Facility Transfers

<table>
<thead>
<tr>
<th>Initial Hospital Type</th>
<th>Final Hospital Type</th>
<th>Incident Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Hospital</td>
<td>99</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Rural Hospital</td>
<td>43</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Hospital</td>
<td>27</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Trauma Center</td>
<td>96</td>
</tr>
<tr>
<td>Rural Hospital</td>
<td>Trauma Center</td>
<td>67</td>
</tr>
<tr>
<td>Trauma Center</td>
<td>Trauma Center</td>
<td>160</td>
</tr>
<tr>
<td>Hospital</td>
<td>Trauma Center</td>
<td>317</td>
</tr>
</tbody>
</table>

### Facility Transfer Type

Bar chart showing the number of transfers for different types:

- CAH → Hospital: 27
- CAH → Rural: 43
- Rural → TC: 67
- CAH → TC: 96
- Hospital → Hospital: 99
- TC → TC: 160
- Hospital → TC: 317

**Legend:**
- Rural = Rural Hospital
- TC = ACS Verified or In Process Trauma Center
- CAH = Critical Access Hospital
- Hospital = does not fall into above categories

Email questions to: indianatrauma@isdh.in.gov
### For Linked Transfer Patients:

<table>
<thead>
<tr>
<th>For Transfer Patients</th>
<th>All Transfer Patients</th>
<th>Critical*</th>
<th>Physiological Critical**</th>
<th>ISS Critical***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>852</td>
<td>308</td>
<td>232</td>
<td>105</td>
</tr>
<tr>
<td>EMS Notified to Scene</td>
<td>8.2 minutes</td>
<td>8.02 minutes</td>
<td>7.4 minutes</td>
<td>8.6 minutes</td>
</tr>
<tr>
<td>EMS Scene Arrival to Departure</td>
<td>16.5 minutes</td>
<td>15.7 minutes</td>
<td>14.9 minutes</td>
<td>16.7 minutes</td>
</tr>
<tr>
<td>EMS Scene Departure to Initial Hospital ED Arrival</td>
<td>18.1 minutes</td>
<td>15.9 minutes</td>
<td>16.2 minutes</td>
<td>16.8 minutes</td>
</tr>
<tr>
<td>Initial Hospital ED Arrival to Departure</td>
<td>2 hours 2 minutes</td>
<td>1 hour 57 minutes</td>
<td>1 hour 52.8 minutes</td>
<td>2 hours</td>
</tr>
<tr>
<td>Initial Hospital ED Departure to Final Hospital ED Arrival</td>
<td>2 hours 3.9 minutes</td>
<td>1 hour 57 minutes</td>
<td>2 hours 2.7 minutes</td>
<td>1 hour 47.4 minutes</td>
</tr>
<tr>
<td>TOTAL TIME</td>
<td>4 hours 48.6 minutes</td>
<td>4 hours 33.6 minutes</td>
<td>4 hours 33.9 minutes</td>
<td>4 hours 29.4 minutes</td>
</tr>
</tbody>
</table>

*Critical patient is defined as having a GCS ≤ 12, OR Shock Index > 0.9 OR ISS > 15 at the initial hospital.
**Physiological Critical Transfer patient is defined as having a Shock Index > 0.9 OR GCS ≤ 12 at the initial hospital.
***ISS Critical Transfer patient is defined as having an ISS > 15 at the initial hospital.
Transfer Patient Data

For Transfer Patients:

<table>
<thead>
<tr>
<th>Public Health Preparedness District Initial Hospital</th>
<th>Public Health Preparedness District Final Hospital</th>
<th>Incident Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>160</td>
</tr>
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<td>3</td>
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<td>1</td>
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<tr>
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<td>5</td>
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<td>6</td>
<td>3</td>
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<td>5</td>
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<td>8</td>
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<td>8</td>
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<td>8</td>
<td>10</td>
<td>0</td>
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<td>9</td>
<td>5</td>
<td>2</td>
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<td>9</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>67</td>
</tr>
</tbody>
</table>

*The thickness of the line indicates the frequency of transfers out of or within the public health preparedness district. The circles represent transfers from a specific PHPD, not of a specific hospital or county.
## Transfer Patient Data

### For Transfer Patients:

<table>
<thead>
<tr>
<th></th>
<th>All Transfer Patients</th>
<th>Critical*</th>
<th>Physiological Critical**</th>
<th>ISS Critical***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Patients</strong></td>
<td>852</td>
<td>308</td>
<td>232</td>
<td>105</td>
</tr>
<tr>
<td><strong>Total Time</strong></td>
<td>4 hours 48.6 minutes</td>
<td>4 hours 33.6 minutes</td>
<td>4 hours 33.9 minutes</td>
<td>4 hours 29.4 minutes</td>
</tr>
<tr>
<td><strong>Total Mileage</strong></td>
<td>53.2</td>
<td>56.7</td>
<td>58.6</td>
<td>55.8</td>
</tr>
<tr>
<td><strong>Injury Scene to Initial Hospital Mileage</strong>*</td>
<td>7.8</td>
<td>7.3</td>
<td>7.7</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Initial Facility to Final Facility Mileage</strong></td>
<td>45.4</td>
<td>49.4</td>
<td>50.8</td>
<td>48.4</td>
</tr>
</tbody>
</table>

### Estimated Average Distance (miles) by Region (region of final hospital):

<table>
<thead>
<tr>
<th>Region</th>
<th>Injury Scene to Initial Facility Mileage</th>
<th>Initial Facility to Final Facility Mileage</th>
<th>Total Mileage</th>
<th>Drive Count</th>
<th>Air Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Average</td>
<td>7.8</td>
<td>45.4</td>
<td>53.2</td>
<td>823</td>
<td>29</td>
</tr>
<tr>
<td>North Region</td>
<td>7</td>
<td>27.6</td>
<td>34.6</td>
<td>198</td>
<td>5</td>
</tr>
<tr>
<td>Central Region</td>
<td>7</td>
<td>55</td>
<td>63</td>
<td>482</td>
<td>24</td>
</tr>
<tr>
<td>South Region</td>
<td>8.4</td>
<td>36.3</td>
<td>44.7</td>
<td>143</td>
<td>0</td>
</tr>
</tbody>
</table>
Transfer Patient Population - Page 14

Transport Mode – Final Hospital

ED Disposition by Percentage – Final Hospital

<1% Transport Mode: Police, Other
* Indicates Private/Public Vehicle, Walk-in

ED Length of Stay (hours) – Final Hospital

ICU Length of Stay (days) – Final Hospital

Email questions to: indiana-trauma@isdh.in.gov
Transfer Patient Population - Page 15

Discharge Disposition – Final Hospital

Helicopter Transfers by ISS – Final Hospital

<1%: Acute care, AMA, another inst. Correctional, long-term care, hospice, psych hospital, no hospital stay

Transfer Delay Indicated - Initial Hospital

Initial Facility Transfer Delay Reason

Email questions to: indianatrauma@isdh.in.gov
## Higher than Average ED LOS for Transferred Patients

<table>
<thead>
<tr>
<th>Hospital ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID 7</td>
</tr>
<tr>
<td>ID 13</td>
</tr>
<tr>
<td>ID 18</td>
</tr>
<tr>
<td>ID 21</td>
</tr>
<tr>
<td>ID 30</td>
</tr>
<tr>
<td>ID 32</td>
</tr>
<tr>
<td>ID 38</td>
</tr>
<tr>
<td>ID 40</td>
</tr>
<tr>
<td>ID 42</td>
</tr>
<tr>
<td>ID 45</td>
</tr>
<tr>
<td>ID 54</td>
</tr>
<tr>
<td>ID 84</td>
</tr>
<tr>
<td>ID 85</td>
</tr>
<tr>
<td>ID 100</td>
</tr>
<tr>
<td>ID 110</td>
</tr>
</tbody>
</table>

Email questions to: indianatrauma@isdh.in.gov
Hospital that did not report during Q2 2017:
- Decatur County Memorial
- Fayette Regional Health
- Franciscan Health Crown Point
- Franciscan Health Dyer
- Franciscan Health Hammond
- Franciscan Health Indianapolis
- Franciscan Health Munster
- Harrison County
- Goshen Health Hospital
- Starke Hospital
- Major Hospital
- Perry County Memorial
- Pulaski Memorial
- Riverview Health
- Rush Memorial
- St. Mary Medical Center—Hobart
- St. Vincent Randolph
- Sullivan County Community
- Woodlawn Hospital
Indiana State Department of Health
Indiana Trauma Registry

Hospitals Reporting Trauma Data Quarter 2
April 1, 2017 - June 30, 2017

Level I and II Trauma Centers
- Deaconess Hospital
- Eskenazi Health
- IU Health Methodist Hospital
- Lutheran Hospital of Indiana
- Memorial Hospital of South Bend
- Parkview Regional Medical Center
- Riley Hospital for Children at IU Health
- St Mary's Medical Center of Evansville
- St Vincent Indianapolis Hospital & Health Services
- Terre Haute Regional Hospital

Level III Trauma Centers
- Community Hospital of Anderson & Madison Co.
- Franciscan St Anthony Health - Crown Point
- Franciscan St. Elizabeth Health - Lafayette East
- Good Samaritan Hospital
- IU Health Arnett Hospital
- IU Health Ball Memorial Hospital
- IU Health Bloomington Hospital
- Memorial Hospital and Health Care Center
- Methodist Hospital - Northlake Campus
- Reid Hospital & Health Care Services
- St Vincent Anderson
- Union Hospital Terre Haute

Non-Trauma Hospitals
- 79 Non-Trauma Hospitals

Hospital categories include Verified and "In the Process" Trauma Centers as of March 31, 2017.
ED LOS by District - Page 21

Average ED LOS (Minutes)

*Black line represents the 120 minute performance improvement filter
**Blue line represents the state average

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Questions?

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Other Business

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