PI Subcommittee Meeting - Agenda

May 14, 2019 – 10am EST to 11am EST

Call-in number: 1-240-454-0887, attendee code is 11096126# (music will be heard until the moderator joins the call)

1. Welcome and Introductions
   a.

<table>
<thead>
<tr>
<th>Meeting Attendees</th>
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<tbody>
<tr>
<td>Amanda Rardon-D4</td>
<td>Kelly Mills-D7</td>
<td>Michelle Ritchey-D7</td>
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<tr>
<td>Amelia Shouse-D7</td>
<td>Kristi Croddy-D5</td>
<td>Olivia Roloff-D7</td>
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<tr>
<td>Andy VanZee-IHA</td>
<td>Latasha Taylor-D1</td>
<td>(Chair) Dr. Peter Hammer - IUH, D5</td>
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<tr>
<td>Angela Cox-Booe-D5</td>
<td>Lesley Myers-D8</td>
<td>Dr. Peter Jenkins-IUH, D5</td>
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<tr>
<td>Annette Chard-D3</td>
<td>Lindsey Hill-</td>
<td>Regina Nuseibeh-D4</td>
</tr>
<tr>
<td>Bekah Dillon-D6</td>
<td>Lindsey Williams-D8</td>
<td>Rexene Slayton-D8</td>
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<tr>
<td>Brittanie Fell-D7</td>
<td>Lisa Hollister-D3</td>
<td>Sarah Hoeppner-D3</td>
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<tr>
<td>Carrie Malone-D7</td>
<td>Lynne Bunch-D6</td>
<td>Shayla Karlowsky-D1</td>
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<tr>
<td>Christy Claborn-D5</td>
<td>Maria Thurston-D5</td>
<td>Tammy Robinson-D7</td>
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<tr>
<td>Chuck Stein-D5</td>
<td>Marie Stewart-D10</td>
<td>Tara Byrd-D7</td>
</tr>
<tr>
<td>Dawn Daniels-D5</td>
<td>Mark Rohlfing-D6</td>
<td>Wendy St. John-D5</td>
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<tr>
<td>Jackie Martin-D7</td>
<td>Mary Schober-D5</td>
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<tr>
<td>Jennifer Homan-D1</td>
<td>Dr. Matt Vasy-D10</td>
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<tr>
<td>Jennifer Mullen-D1</td>
<td>Melissa Smith-D5</td>
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<td>Jill Castor-D5</td>
<td>Merry Addison-D7</td>
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<td>Jodi Hackworth-D5</td>
<td>Dr. Michael Kaufmann- IDHS</td>
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<tr>
<td>Kelli Vannatter-D6</td>
<td>Michele Jolly-D10</td>
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<tr>
<td>Kelly Blanton-D5</td>
<td>Michelle Moore-D6</td>
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ISDH STAFF

Trinh Dinh          Camry Hess          Katie Hokanson          Ramzi Nimry

2. 2019 Goals
   a. Decrease ED LOS at non-trauma centers
   b. Increase trauma registry quiz participation
   c. Collect hospital level variables – Dr. Jenkins
   d. Continued EMS run sheet collection

3. Decrease ED LOS at non-trauma centers
   a. Transfer delay reporting – this will be tracked for one year, begins in 2019
   b. Letters to hospitals about ED discharge date/time
     i. Quarter 3 2018: 8 facilities responded so far (sent out letter to 20 facilities)
ii. Quarter 4 2018: the letters are going out (data were due 5/1)

c. ED LOS (Orders Written)

| Half of patients are transferred from the ED < 2 hours from non-verified trauma centers. |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Statewide                        | Critical                         | Physiological Critical           | ISS Critical                     | Goal                             |
| 100%                             |                                  | 80%                              | 60%                              | 40%                              | 20%                              |

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

d. ED LOS (Physical Exit)

<table>
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<th>Fewer than half of patients are transferred from the ED &lt; 2 hours from non-verified trauma centers.</th>
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<tr>
<td>Statewide</td>
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<tr>
<td>120%</td>
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*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) for July 2016 and later.

e. Increase trauma registry quiz participation

a. Looked at all April 2018 to April 2019 quizzes

b. 40 people took the quiz at least 5 times (the quiz goes to 53 people)

i. Result (for April 2019 quiz): 53% (was 66% last meeting)

ii. Fluctuation in numbers due to access to quiz, staff changes

f. Collect hospital level variables
a. This request was approved at the February ISTCC meeting.

6. Continued EMS run sheet collection
   a. Please send Murray Lawry (mlawry@isdh.in.gov) a list of EMS providers not leaving run sheets.

7. Quarterly updates
   a. List of hospitals not reporting
      i. Adams Memorial
      ii. Decatur County Memorial - Reported last quarter
      iii. DeKalb Health - Reported last quarter
      iv. Fayette Regional Health
      v. Greene County General - Reported last quarter
      vi. Major Hospital - Reported last quarter
      vii. Reid Health - Reported last quarter
      viii. Riverview Health
      ix. St. Mary Medical Center (Hobart)
      x. St. Joseph Hospital (Fort Wayne) - Reported last quarter
      xi. St. Vincent Randolph - Reported last quarter
      xii. Union Hospital-Clinton - Reported last quarter

      1. Who can reach out to non-reporting hospitals by district? What are the hospital’s barriers to reporting?

b. Transfer delay project
   i. This was done through Q4 2018 data. Beginning in Q1 2019 the new options will be required for non-trauma centers.
   ii. Transfer Delay – 265 out of 9196 said ‘yes’

   iii. Transfer Delay Reason

   The majority of transfer delay responses are null or blank.
   - State: 47%
   - Level I and II: 44%
   - Level III: 15%
   - NTC: 85%

   Blank: 9%
vi. Transfer Delay Reason by District

vii. N=43
Transfer Delay Reason - D4

- Receiving Hospital Issue: 52%
- Referring Facility Issue: 11%
- Delay Issue: 4%
- Transportation: 4%
- EMS Issue: 19%
- Null: 11%

N=27

Transfer Delay Reason - D5

- EMS Issue: 23%
- Delay Issue: 2%
- Null: 55%
- Referring Facility Rad: 2%
- Referring Radiology: 2%
- Transportation: 2%
- Receiving Facility: 8%
- Blank: 8%

N=53
Transfer Delay Reason - D6

- EMS Issue: 27%
- Delay: 5%
- Receiving Facility Issue: 14%
- Referring Physician Decision Making: 5%
- Transportation: 9%
- Null: 32%
- Blank: 9%

N=22

Transfer Delay Reason - D7

- Null: 64%
- Weather: 7%
- Receiving Hospital Issue: 7%
- Blank: 21%

N=14
Transfer Delay Reason - D8

- EMS issue: 19%
- Receiving Hospital Issue: 10%
- Null: 14%
- Other: 5%
- Blank: 52%

N=21

Transfer Delay Reason - D9

- Null: 100%

N=45
c. Transfer Delay Pilot

iii. Radiology, Shortage of ground transport, bed availability, difficulty obtaining accepting facility, MD response delay, and delay in diagnosis.

iv. <5% include: Delay in ED disposition, air transport ETA > ground transport ETA, No ALS available, Out of county, Air transport not available due to weather, Change in patient condition, Transportation issue, Physician decision making, Nursing delay in calling for/arranging transport, Nursing delay in contacting EMS, Family requested transfer, Patient requested transfer, and miscommunication.

d. Non-transferred patients with high injury severity score (ISS>15) – Dr. Jenkins

i. Top 5 causes of injury

ii. Counts

1. Levels I and II
2. Level III
3. Non-trauma centers

2019 Meeting Dates and Location
Larkin Conference Room or by phone
Call-in number: 1-877-422-1931, participant code is 2271383428# (music will be heard until the moderator joins the call)

January 15
March 12
May 14
July 16
September 10
November 19