PI Subcommittee Meeting - Agenda

March 12, 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)

a) Welcome & Introductions

<table>
<thead>
<tr>
<th>Meeting Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Rardon-D4</td>
</tr>
<tr>
<td>Amelia Shouse-D7</td>
</tr>
<tr>
<td>Andy VanZee-IHA</td>
</tr>
<tr>
<td>Angela Cox-Booe-D5</td>
</tr>
<tr>
<td>Annette Chard-D3</td>
</tr>
<tr>
<td>Bekah Dillon-D6</td>
</tr>
<tr>
<td>Britannie Fell-D7</td>
</tr>
<tr>
<td>Carrie Malone-D7</td>
</tr>
<tr>
<td>Christy Claborn-D5</td>
</tr>
<tr>
<td>Chuck Stein-D5</td>
</tr>
<tr>
<td>Dawn Daniels-D5</td>
</tr>
<tr>
<td>Jackie Martin-D7</td>
</tr>
<tr>
<td>Jennifer Homan-D1</td>
</tr>
<tr>
<td>Jennifer Mullen-D1</td>
</tr>
<tr>
<td>Jill Castor-D5</td>
</tr>
<tr>
<td>Jodi Hackworth-D5</td>
</tr>
<tr>
<td>Kelli Vannatter-D6</td>
</tr>
<tr>
<td>Kelly Blanton-D5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISDH STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinh Dinh</td>
</tr>
</tbody>
</table>

b) 2019 Goals

1. Decrease Average ED LOS.
   i. Transfer Delay
      • This will be a requirement in 2019
      • This will be tracked for one year
   ii. Letter to hospitals about ED discharge date/time

2. Increasing Trauma Registry quiz participation.

3. Collect hospital level variables
   i. Dr. Jenkins


5. Regional TRACs working to establish PI groups.

6. Increase the number of hospitals reporting to the Indiana trauma registry.

c) Statewide Trauma Report
1. Increase the number of hospitals reporting to the Indiana trauma registry
   A) Number of reporting hospitals

   The Number of Reporting Hospitals is Consistently Over 100

   B) Hospitals that did not report for Quarter 2 2018:
   - Adams Memorial Hospital
   - Decatur County Memorial
   - Fayette Regional Health
   - Goshen Hospital
   - Harrison County
   - IU Health – Jay
   - Pulaski Memorial
   - Riverview Health
   - St. Mary Medical Center – Hobart

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

2. Decrease average ED LOS at non-trauma centers
   i. Review of current average ED LOS
      - Quarter 4 2017: 9 facilities responded (sent out letters to 17 facilities)
      - Quarter 1 2018: 11 facilities responded so far (sent out letter to 16 facilities)
      - Quarter 2 2018: 2 facilities responded so far (sent out letter to 13 facilities)
      - Quarter 3 2018: 8 facilities responded so far (sent out letter to 20 facilities)
   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)

Fewer than half of patients are transferred from the ED < 2 hours from non-verified trauma centers.

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

**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*
B) Transfer Delay Charts

i. Transfer Delay feedback. ISDH received feedback from a NTC about the double reporting of transfer delay. Is this an efficient use of their time and resources?

ii. Transfer Delay – Statewide

- 353 out of 10,646 said ‘yes’

The majority of transfer delay responses are null or blank.

ii. Transfer Delay Reason – Statewide
iii. Transfer Delay Reason by District

### Transfer Delay Reason - D1

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving Hospital Issue</td>
<td>14%</td>
</tr>
<tr>
<td>Referring Facility Issue</td>
<td>10%</td>
</tr>
<tr>
<td>Referring Physician Decision</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>EMS issue</td>
<td>16%</td>
</tr>
<tr>
<td>Null</td>
<td>18%</td>
</tr>
<tr>
<td>Blank</td>
<td>24%</td>
</tr>
</tbody>
</table>

N=49

### Transfer Delay Reason - D2

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Facility Issue</td>
<td>25%</td>
</tr>
<tr>
<td>Blank</td>
<td>75%</td>
</tr>
</tbody>
</table>

N=4
Transfer Delay Reason - D7

- Null: 11%
- Other: 7%
- Receiving Hospital Issue: 7%
- Blank: 75%

N=28

Transfer Delay Reason - D8

- EMS Issue: 6%
- Referring Facility Issue: 2%
- Transportation Issue: 2%
- Weather: 2%
- Receiving Hospital Issue: 16%
- Null: 4%
- Other: 6%
- Blank: 63%

N=51
Transfer Delay Reason - D9

N=55

Transfer Delay Reason - D10

N=37
C) Transfer Delay Pilot – Ends Q4 2018

- **Next steps**
  a. Do we start requiring this field for non-trauma centers? Yes, starting Q1 2019 non-trauma centers **will be required** to report transfer delays using the new format below.

19 hospitals were identified and have agreed and continue to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center) and recruited **14 more** (Community North and South, Daviess Community, Bluffton Regional, Franciscan Health Mooresville, Franciscan Health Rensselaer, IU Health Bedford, IU Health Morgan, IU Health Tipton, Kosciusko Community, Marion General, Porter Regional, St. Vincent Williamsport and Union Hospital Clinton) that were collected for Q3 2018 data via the pilot selections as well:
• Asking hospitals to take note of what works, what doesn’t, what’s missing, etc.
• 13 hospitals answered this question, N=93 responses

Transfer Delay Reason

- Communication Issue: 4%
- Delay Issue: 24%
- EMS Issue: 23%
- Family, legal guardian, or Patient Issue: 6%
- Receiving Facility Issue: 19%
- Referring Facility Issue: 20%
- Transportation: 2%
- Equipment: 1%

N=93

• Responses from left to right: communication issue, delay, EMS issue, Family, receiving facility, referring facility, transportation, and equipment. N=93
v. Responses from left to right: Delay in ED disposition, radiology workup delay, bed availability, shortage of ground transport, difficulty obtaining accepting facility, and change in patient disposition

- Responses under 5% include: out of county, air transport ETA>ground transport ETA, MD response delay, ALS transportation delay, transportation issue, physician decision making, nursing delay in calling for/arranging transportation, delay in diagnosis, surgeon availability, priority of transfer, no ALS available, family requested transfer, equipment missing/unavailable, or air transport not available due to weather.

3. Increasing Trauma Registry participation (past 12 months)
   a. Looked at all January 2018 to January 2019 quizzes
   b. 35 people took the quiz at least 5 times (the quiz goes to 56 people)
      i. Result (for February 2019 quiz): 66% (was 52% last meeting)
      ii. Fluctuation in numbers due to access to quiz, staff changes, received certificate but unable to see/take the quiz.

4. Regional TRACs working to establish PI groups
   a. Update by district

5. Reminder: Increase EMS run sheet collection
   a. Please send Murray Lawry (Mlawry@isdh.IN.gov) a list of EMS providers not leaving run sheets.

6. Non-transferred patients with high injury severity score (>15 ISS)
   a. Top 5 causes of injury
   b. Counts
      i. Levels I and II
      ii. Level III
      iii. Non-trauma centers

7. Annual entry of hospital variables
a. TQIP collects the following variables: # of beds, # of ICU beds, # of surgeons, # of orthopedic surgeons, # of neurosurgeons, profit status, teaching status
b. Make these variables mandatory for annual entry?

9. Data validation
   a. Signs of life

---

**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