PI Subcommittee Meeting - Agenda

March 13, 2018 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2271383428# (music will be heard until the moderator joins the call)

a) Welcome & Introductions

<table>
<thead>
<tr>
<th>Meeting Attendees</th>
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<tbody>
<tr>
<td>Amanda Rardon-D4</td>
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<tr>
<td>Amelia Shouse-D7</td>
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<tr>
<td>Andy VanZee-IHA</td>
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<tr>
<td>Angela Cox-Booe-D5</td>
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<td>Annette Chard-D3</td>
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<td>Bekah Dillon-D6</td>
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<tr>
<td>Brittanie Fell-D7</td>
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<tr>
<td>Carrie Malone-D7</td>
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<tr>
<td>Christy Claborn-D5</td>
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<td>Chuck Stein-D5</td>
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<td>Dawn Daniels-D5</td>
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<td>Dusten Roe-D2</td>
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<tr>
<td>Emily Grooms-D2</td>
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<td>Jennifer Homan-D1</td>
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<td>Jennifer Mullen-D1</td>
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<td>Jill Castor-D5</td>
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<td>Jodi Hackworth-D5</td>
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<td>Camry Hess</td>
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<td>ISDH STAFF</td>
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b) Welcome, Dr. Michael Kaufmann – State EMS Medical Director

c) 2018 Goals

1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease Average ED LOS.
   i. Transfer Delay
      • Pilot Project
   ii. Letter to hospitals about ED discharge date/time
3. Increasing Trauma Registry quiz participation.
4. Regional TRACs working to establish PI groups.
5. Continued EMS run sheet collection.

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

   Trauma Registry: Total Number of Hospitals Reporting

   B) Hospitals that did not report for Quarter 3 2017:
   Community Hospital Munster
   Decatur County Memorial Hospital
   Fayette Regional Health
   Franciscan Health – Dyer
   Franciscan Health – Hammond
   Franciscan Health – Indianapolis
   Franciscan Health – Munster
   Goshen Hospital
   Harrison County Hospital
   Hendricks Regional Health Brownsburg
   IU Health Jay (formerly Jay County Hospital)
   Major Hospital
   Pulaski Memorial Hospital
   Riverview Health
   St. Catherine Regional – Charlestown
   St. Mary Medical Center – Hobart
   St Vincent – Randolph
   Sullivan County Community
   Woodlawn Hospital

   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 2016: 3 facilities responded (sent out letters to 15 facilities)
      • Quarter 1 2017: 2 facilities responded (sent out letters to 19 facilities)
      • Quarter 2 2017: 2 facilities responded (sent out letters to 20 facilities)
      • Quarter 3 2017: 12 facilities responded (sent out letters to 18 facilities)
   ii. ED LOS (Orders Written)

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

*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)

***************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 – statewide
      • 275 out of 9,996 said ‘yes’
ii. Transfer Delay Reason – Statewide

![Graph showing transfer delay reasons statewide]

iii. Transfer Delay Reason by District

![Graph showing transfer delay reasons by district]
C) Transfer Delay Pilot

- **Next steps**

  - 19 hospitals were identified and have agreed 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 2017 data via the pilot selections as well:

  - Asking hospitals to take note of what works, what doesn’t, what’s missing, etc.
  - 12 hospitals answered this question, N=97 responses
3. Increasing Trauma Registry participation (past 12 months)
   a. Looked at all March 2017 to February 2018 quizzes
   b. 49 out of the 124 respondents took quiz at least 5 times
      i. Result: 39%
      ii. Fluctuation in numbers due to some factors.

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)
   c. Top 5 causes of injury
d. Counts
   i. Levels I and II
   ii. Level III
   iii. Non-trauma centers
7. Statewide Trauma Report
   a. Which part of the report should be presented to the ISTCC?
   b. Which part of the report should be done on an annual basis (posted to website, not presented to the ISTCC)?
   c. What should be kept? What should be changed? What should be dropped?