PI Subcommittee Meeting - Agenda

May 15, 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>
<td>Kelli Vannatter-D6</td>
<td>Dr. Michael</td>
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<td></td>
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<td>Kaufmann- IDHS</td>
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<td>Amelia Shouse-D7</td>
<td>Kelly Blanton-D5</td>
<td>Michele Jolly-D10</td>
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<td>Andy VanZee-IHA</td>
<td>Kelly Mills-D7</td>
<td>Michelle Moore-D6</td>
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<td>Angela Cox-Booe-D5</td>
<td>Kristi Croddy-D5</td>
<td>Michelle Ritchey-D7</td>
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<td>Annette Chard-D3</td>
<td>Latasha Taylor-D1</td>
<td>Missy Hockaday-D5</td>
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<td>Bekah Dillon-D6</td>
<td>Lesley Lopossa-D8</td>
<td>Olivia Roloff-D7</td>
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<td>Brittanie Fell-D7</td>
<td>Lindsey Hill-</td>
<td>Dr. Peter Jenkins-</td>
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<td>IUH, D5</td>
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<td>Carrie Malone-D7</td>
<td>Lindsey Williams-D8</td>
<td>Regina Nuseibeh-D4</td>
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<td>Christy Claborn-D5</td>
<td>Lisa Hollister-D3</td>
<td>Rexene Slayton-D8</td>
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<td>Chuck Stein-D5</td>
<td>Lynne Bunch-D6</td>
<td>Sarah Hoeppner-D3</td>
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<td>Dawn Daniels-D5</td>
<td>Maria Thurston-D5</td>
<td>Shayla Karlowsky-D1</td>
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<td>Dusten Roe-D2</td>
<td>Marie Stewart-D10</td>
<td>Dr. Stephanie</td>
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<td>Savage (Chair)-IUH,</td>
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<td>Emily Grooms-D2</td>
<td>Mark Rohlfing-D6</td>
<td>Tammy Robinson-D7</td>
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<td>Jennifer Homan-D1</td>
<td>Mary Schober-D5</td>
<td>Tracy Spitzer-D5</td>
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<td>Jennifer Mullen-D1</td>
<td>Dr. Matt Vassy-D10</td>
<td>Wendy St. John-D5</td>
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<td>Jill Castor-D5</td>
<td>Melissa Smith-D5</td>
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<td>Jodi Hackworth-D5</td>
<td>Merry Addison-D7</td>
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b) 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.

c) Statewide Trauma Report

1. Increase the number of hospitals reporting to the Indiana trauma registry
   A) Number of reporting hospitals
B) Hospitals that did not report for Quarter 4 2017:
- Community Hospital Munster
- Decatur County Memorial Hospital
- Fayette Regional Health
- Franciscan Health – Dyer
- Franciscan Health – Hammond
- Franciscan Health – Munster
- Goshen Hospital
- Harrison County Hospital
- Hendricks Regional Health Brownsburg
- IU Health Jay (formerly Jay County Hospital)
- Pulaski Memorial Hospital
- Riverview Health
- St. Catherine Regional – Charlestown
- 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)
• Q4 2017: This will be reported out at the next PI meeting.

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)

***Definitions of critical categories***

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

*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) 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

B) Transfer Delay Charts
   i. Transfer Delay – statewide
      - 369 out of 9,070 said ‘yes’

   ii. Transfer Delay Reason – Statewide
iii. Transfer Delay Reason by District
C) Transfer Delay Pilot

- **Next steps**
  a. Speaking with ImageTrend on the cost and the development of a mock up (example below)

- 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.
- 18 hospitals answered this question, N=146 responses
3. Increasing Trauma Registry participation (past 12 months)
   a. Looked at all April 2017 to April 2018 quizzes
   b. 52 out of the 65 respondents took quiz at least 5 times
      i. Result: 80%
      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?