PI Subcommittee Meeting - Agenda

November 14, 2017 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 8770031406# (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</td>
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<tr>
<td>Amelia Shouse</td>
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<tr>
<td>Andy VanZee</td>
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<tr>
<td>Angela Cox-Booe</td>
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<tr>
<td>Annette Chard</td>
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<tr>
<td>Bekah Dillon</td>
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<td>Brittanie Fell</td>
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<tr>
<td>Carrie Malone</td>
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<tr>
<td>Christy Claborn</td>
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<td>Chuck Stein</td>
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<td>Dawn Daniels</td>
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<td>Dusten Roe</td>
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<td>Emily Grooms</td>
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<td>Jennifer Homan</td>
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<td>Jennifer Mullen</td>
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<td>Jill Castor</td>
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<td>Jodi Hackworth</td>
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<th>ISDH STAFF</th>
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<td>Camry Hess</td>
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b) 2017 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. Inter-facility transfer guideline – APPROVED BY ISTCC.
5. Continued EMS run sheet collection.

c) Statewide Trauma Report
1. A) Number of reporting hospitals

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
IU Health – Goshen
IU Health – Starke
Major Hospital
Pulaski Memorial
Riverview Health
Scott County Memorial Hospital
St. Catherine Regional – Charlestown
St. Mary Medical Center – Hobart
St Vincent – Randolph
Sullivan County Community

B) Timeliness of reported incident – 89 days
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: Update at next PI meeting
   ii. ED LOS (Orders Written)
iii. ED LOS (Physical Exit)

*ED LOS was calculated using ED/Acute Care Discharge (Orders Written) 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

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**ISS critical patient: ISS > 15**
B) Transfer Delay Charts
   i. Transfer Delay – statewide
      • 112 out of 9,990 said ‘yes’
      • This graph is included in the quarterly reports but not in the NTDB reports. Should we expand the NTDB reports to include this variable?

   ii. Transfer Delay Reason – statewide
iii. Transfer Delay Reason by district
Transfer Delay Reason - D7

- EMS Issue: 15%
- Null: 77%
- Receiving Hospital Issue: 8%

Transfer Delay Reason - D8

- EMS Issue: 100%
C) Transfer Delay Pilot

- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center) and **recruited 4 more** (Daviess Community, Bluffton Regional, Kosciusko Community and Franciscan Health Mooresville) that will collect Q3 2017 data via the pilot selections as well.
• Hospitals collected Q2 2017 data through the pilot (facility questions), but continued collection through the typical transfer delay capture:

- Asking hospitals to take note of what works, what doesn’t, what’s missing, etc.
- N=128 responses
3. Increasing Trauma Registry participation
   a. Looked at all September 2016 to August 2017 quizzes
   b. 47 out of the 148 respondents took quiz at least 5 times
      i. Result: 32%
      ii. Fluctuation in numbers due to some factors.

4. **Reminder**: Increase EMS run sheet collection
   i. Please send Murray Lawry ([Mlawry@isdh.IN.gov](mailto:Mlawry@isdh.IN.gov)) a list of EMS providers not leaving run sheets.

C. Statewide Trauma Report
   1. Which part of the report should be presented to the ISTCC?
   2. Which part of the report should be done on an annual basis (posted to website, not presented to the ISTCC)?
   3. What should be kept? What should be changed? What should be dropped?