PI Subcommittee Meeting - Agenda

October 4, 2016 – 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

a) Welcome & Introduction

<table>
<thead>
<tr>
<th>Meeting Attendees</th>
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<tbody>
<tr>
<td>Adam Weddle</td>
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<tr>
<td>Britannie Fell</td>
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<tr>
<td>Chris Wagoner</td>
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<tr>
<td>Dr. David Welsh</td>
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<tr>
<td>Gene Reiss</td>
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<tr>
<td>Kasey May</td>
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<tr>
<td>Kristi Croddy</td>
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<tr>
<td>Lindsey Williams</td>
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<tr>
<td>Marie Stewart</td>
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<td>Merry Addison</td>
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<td>Sarah Quaglio</td>
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<td>Tammy Robinson</td>
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<th>ISDH STAFF</th>
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<tr>
<td>Katie Hokanson</td>
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<td>Jessica Schultz</td>
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b) Regional Trauma Data Requests.
   a. Data elements that can be released.
   c) Additional Discussion.
Demographic Information
Injury Incident Date
Injury Incident Time
Date of Birth
Age
Age Units
Race
Ethnicity
Gender
Patient’s Home Country
Patient’s Home Zip Code
Patient’s Home City
Patient’s Home County
Patient’s Home State
Alternate Home Residence
Primary Method of Payment
Work-Related
Patient’s Occupational Industry
Patient’s Occupation

Injury Information
Location E-Code
Incident Location Zip Code
Incident Country
Incident City
Incident County
Incident State
Primary E-Code
Additional E-Code
Report of Physical Abuse
Investigation of Physical Abuse
Caregiver at Discharge
Protective Devices
Child Specific Restraint
Airbag Deployment

Pre-Hospital Information
Vehicular, Pedestrian, Other Risk Injury
EMS Dispatch Date
EMS Dispatch Time
EMS Unit arrival Date at Scene or Transferring Facility
EMS Unit arrival Time at Scene or Transferring Facility
EMS Unit Departure Date from Scene or Transferring Facility
EMS Unit Departure Time from Scene or Transferring Facility
Transport Mode
Other Transport Mode
Initial Field Systolic Blood Pressure
Initial Field Pulse Rate
Initial Field Respiratory Rate
Initial Field Oxygen Saturation
Initial Field GCS – Eye
Initial Field GCS – Verbal
Initial Field GCS – Motor
Initial Field GCS – Total
Inter-Facility Transfer
Trauma Center Criteria
Pre-Hospital Cardiac Arrest

ED/Acute Care Information
ED/Hospital Arrival Date
ED/Hospital Arrival Time
ED Discharge Date
ED Discharge Time
ED Discharge Disposition
Signs of Life

Initial Assessment Information
Height
Weight
Initial ED/Hospital Temperature
Initial ED/Hospital Systolic Blood Pressure
Initial ED/Hospital Pulse Rate
Initial ED/Hospital Respiratory Rate
Initial ED/Hospital Respiratory Assistance
Initial ED/Hospital Oxygen Saturation
Initial ED/Hospital GCS – Eye
Initial ED/Hospital GCS – Verbal
Initial ED/Hospital – Motor
Initial ED/Hospital – Total
Initial ED/Hospital GCS Initial ED/Hospital Supplemental Oxygen
Assessment Qualifiers
Initial ED/Hospital – Height
Initial ED/Hospital – Weight
Alcohol Use Indicator
Drug Use Indicator

Diagnosis Information
Injury Diagnoses
AIS Predot Code
AIS Severity
ISS Body Region
AIS Version
Locally Calculated ISS

Co-Morbidity Information
Co-Morbid Conditions

Procedures Information
Hospital Procedures
Hospital Procedure Start Date
Hospital Procedure Start Time

Complications / PI Information
Hospital Complications

Outcome Information
Hospital Discharge Date
Hospital Discharge Time
Total ICU Length of Stay
Total Ventilator Days Hospital Discharge Disposition