PI Subcommittee Meeting - Agenda

September 12, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Rardon</td>
</tr>
<tr>
<td>Amelia Shouse</td>
</tr>
<tr>
<td>Andy VanZee</td>
</tr>
<tr>
<td>Angela Cox-Booe</td>
</tr>
<tr>
<td>Annette Chard</td>
</tr>
<tr>
<td>Bekah Dillon</td>
</tr>
<tr>
<td>Brittanie Fell</td>
</tr>
<tr>
<td>Carrie Malone</td>
</tr>
<tr>
<td>Christy Claborn</td>
</tr>
<tr>
<td>Chuck Stein</td>
</tr>
<tr>
<td>Dawn Daniels</td>
</tr>
<tr>
<td>Dusten Roe</td>
</tr>
<tr>
<td>Emily Grooms</td>
</tr>
<tr>
<td>Jennifer Homan</td>
</tr>
<tr>
<td>ISDH STAFF</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

![Graph showing the total number of hospitals reporting quarterly since 2012.]

B) Timeliness of reported incident – 92 days

![Graph showing the timeliness of reported incidents in days.]

Avg. # days from incident to date reported to ITR
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: Will have an update at the November meeting along with Q2 2017
   ii. ED LOS (Orders Written)

![Graph showing the percent of patients transferred from ED at non-verified Trauma Center Hospitals in <2 Hours.]

*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

iii. ED LOS (Physical Exit)
Definition 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

- 78 out of 7,805 said ‘yes’
ii. Transfer Delay Reason – statewide

iii. Transfer Delay Reason by district
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)
- Hospitals collected Q1 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=27 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?