**Georgia Quality Improvement Program &**

**Trauma Medical Directors Committee**

**Meeting Minutes**

May 20, 2025

4:00 PM-5:00 PM

Zoom Meeting

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| **GQIP MEMBER ATTENDEES** | | |
| **Last Name** | **First Name** | **Organization** |
| Smith | Alexis | GQIP, Associate Trauma Medical Director |
| Ayoung-Chee | Patricia | GQIP, Director of Quality Analytics and Research |
| Solomon | Gina | GQIP, Director |
| Galloway | Luke | GQIP, Research Fellow |
| John  Nicole  Clarence  Melissa  Crystal  Dawn  Dennis  Josephine  Karen  Justin  David  Susanne  Kellie  Alicia  Laura  David  Francesca  Olalekan  Brooke J.  Hilary  Lynn  Elizabeth  Rebecca  Rocky  Pamela  Laura  Cianna  Tammie  James “Tracy”  Whitney  Christie  Jessica  Matthew  Naila  Nadirah  Rayma  Lemuel  Brandi D  Heather  Karen  Kelly  Mary  Arina  Jason  Justin  Mark  James  James  Lori  Shelby  Barry  Regina  Keren Aviva  Megan  Jamie  Robyn  Kyndra  Brian  Ashley  Elizabeth  Elizabeth  Mark  Kerry  Kevin  Rachel | Mayfield  Sundholm  McKemie  Parris  Wynn  Truett  Ashley  Fabico-Dulin  Hill  Sobrino  Carney  Edwards  Rowker  Register  Lunsford  Kiefer  Minehart  Akinyokunbo  Marsh  Jessup  Grant  Benjamin  Gaskins  Rothenberg  Vanderberg  Johnson  Pender  Russell  Burnsed  Williamson  Mathis  Mantooth  Vassy  Avery  Burgess  Stephens  Dent  Fitzgerald  Morgan  Barrett  Gasser  Jameson  Ghaffari  Radford  Keeton  Benak  Polston  Davis  Boyett  Lemon  Renz  Medeiros  Bashan  Dawson  Van Ness  Hatley  Holm  Bays  Faircloth  Fox  Folse  Gravlee  Carter  Hord  Hand | Advent Health Redmond  AdventHealth Redmond  Atrium Health Floyd  Atrium Health Floyd  Atrium Health Floyd  Atrium Health Floyd Polk Medical Center  Atrium Health Navicent  Atrium Health Navicent  Children's Healthcare of Atlanta at Arthur M. Blank Hospital  Children's Healthcare of Atlanta at Arthur M. Blank Hospital  Children's Healthcare of Atlanta at Scottish Rite  Children's Healthcare of Atlanta at Scottish Rite  Children's Healthcare of Atlanta at Scottish Rite  Crisp Regional  Doctors Hospital Of Augusta  Effingham Health System  Effingham Health System  Emanuel Medical Center  Emanuel Medical Center  Emory University Department of Surgery  Fairview Park Hospital  Grady  Grady  Grady  Grady  Grady  John D. Archbold Memorial Hospital  Liberty Regional Medical Center  Memorial Health University Medical Center  Memorial Health University Medical Center  Morgan Medical Center  Northeast Georgia Medical Center  Northeast Georgia Medical Center  Northside Hospital Gwinnett  Northside Hospital Gwinnett  Northside Hospital Gwinnett  Phoebe Putney Memorial Hospital  Phoebe Putney Memorial Hospital  Piedmont Athens Regional  Piedmont Cartersville  Piedmont Columbus  Piedmont Columbus  Piedmont Henry  Piedmont Henry  Piedmont Henry  Piedmont Walton  Piedmont Walton  South Georgia Medical Center  Wellstar Cobb  Wellstar Cobb  Wellstar Cobb  Wellstar Health System  Wellstar Kennestone  Wellstar Kennestone  Wellstar Kennestone  Wellstar MCG CHOG  Wellstar MCG CHOG  Wellstar MCG Health  Wellstar MCG Health  Wellstar MCG Health  Wellstar North Fulton  Wellstar North Fulton  Wellstar Paulding  Wellstar Paulding  Wellstar West Georgia Medical Center |

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| **Staff & Other Attendees** | | |
| **Last Name** | **First Name** | **Organization** |
| Saye | Gabriela | GTC, Business Operations Manager |
| Shelnutt | Crystal | GTC, Regional System Development Manager |

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**Georgia Quality Improvement Program (GQIP)**

**Virtual Meeting**

4:00 PM – 4:30 PM

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| **Agenda Items** |
| **Welcome** |
| Dr. Alexis Smith welcomed attendees and provided an overview of the quarterly call (**ATTACHMENT A**), highlighting agenda items to be discussed.  **GTC Updates** |
| Gina Solomon provided an update on the recent Georgia Trauma Commission meeting, noting FY 2026 contracts are in development with Katie Vaughan working with legal. The FY 2026 budget was approved by the Commission on May 15, 2025, including the Performance-Based Pay (PBP) criteria. |
| **GQIP Summer Meeting Update** |
| Dr. Smith encouraged input on the previous GQIP meeting formats and effectiveness. We are preparing for the next in-person meeting set for August 22, 2025, at the Edgar H. Wilson Convention Center in Macon, Georgia. Gina shared that Gabby will be sending out the registration information to required attendees soon.  **Addendum:** Registration sent to PBP-required GQIP TPM and TMD on May 28, 2025. |
| **Spring TQIP Collaborative Summary** |
| Dr. Smith reviewed a summary of the Spring TQIP report, which included over 15,000 patients, showing a stable data submission. High outliers identified were elderly mortality (specifically blunt multisystem), overall mortality, and shock. Dr. Smith encouraged centers to assess their reports and identify gaps. |
| **ArborMetrix Update** |
| Dr. Smith provided background on the ArborMetrix platform, which was introduced to provide centers with actionable data insights compared to the traditional registry reports.  Dr. Patricia Ayoung-Chee added its use in real-time tracking is especially helpful between TQIP reporting cycles. The platform highlights trends and performance comparisons across trauma centers. The intent is to reduce data silos, promote system-based protocols, and foster regional cooperation. Gina Solomon confirmed that risk-adjusted dashboards would be publicly available in about 2-3 weeks.  Dr. Smith also noted that Dr. Ayoung-Chee has begun trauma center visits to provide ArborMetrix training and performance reviews. Dr. Smith is also conducting site visits at Level III trauma centers to understand regional variability and support pediatric trauma education. A pediatric-focused education session is planned at Piedmont Henry in July. |
| **Performance-Based Pay and Value-Based Healthcare** |
| Dr. Smith emphasized the Georgia Trauma Commissions approved the PBP criteria last week, which includes GQIP outcome measures:   * Time to first dose VTE Prophylaxis for patients > 16 yo with > 2 days LOS & Trauma Service Admit * Time to Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only centers)   Gina noted the funding at risk for the two outcome measures is set at 0% for the first year. Future GQIP meetings will continue to review and track these metrics regularly.  Dr. Smith transitioned discussion to review a presentation on Value-Based Healthcare (**ATTACHMENT A, pgs. 8-17**), noting that traditional healthcare models focus on volume (fee for service), which incentivizes more procedures rather than better outcomes. Value-based healthcare, on the other hand, focuses on health outcomes achieved per dollar spend, emphasizing quality and service relative to cost. Additionally, fee for service models do not reward better health outcomes but reward higher volumes, while value-based healthcare promotes care coordination among all providers involved in the patient’s care cycle. Dr. Smith emphasized GQIP is positioned to lead value-based healthcare efforts within the Georgia trauma system by continuous outcomes tracking, equity in care access, and verification. |
| **GQIP Workgroups** | |
| Dr. Smith requested a review/refresh of GQIP workgroups to avoid overlap and duplication of efforts between subgroups and to ensure GQIP is moving the needle on priorities such as VTE prophylaxis and time to care. Dr. Smith suggested integrating productive workgroup meetings into annual or semi-annual general meetings for better engagement.  Additionally, Dr. Smith recommended developing clinical practice guidelines for trauma care across the state to align with value-based healthcare principles. The goal would be to improve outcomes by adopting standardized practices. Dr. Ayoung-Chee emphasized these would be guidelines, not rigid rules, recognizing the variability among trauma centers by region, level, and patient populations.  Dr. Dunne added that several years ago, initial guidelines and best treatment criteria were developed, but lost momentum. Challenges included differing institutional cultures and definitions. Dr. Dunne advised statewide guidelines could help push consistent adoption, but would need to be generic, literature-backed best practices to unify the standards. Dr. Ayoung-Chee agreed that establishing core principles that each institution could integrate into their own guidelines is ideal.  Dr. Dunne raised concerns about the discrepancies between the Georgia trauma registry and the Trauma Quality Improvement Program (TQIP) reports, noting some patient data does not align. He recommended drilling down on outliers in statewide reports to confirm data accuracy before moving forward with guideline development. Dr. Smith agreed and highlighted that ArborMetrix could help cross-compare registry and TQIP data to resolve discrepancies.  A committee member proposed performing a gap analysis using existing TQIP best practice guidelines. Dr. Smith agreed with the recommendation, suggesting starting with the TQIP geriatric management best practice guideline and start the conversation in August. Dr. Smith also invited participants to review their TQIP data and prepare for discussions on high outlier areas in preparation for the meeting.  Dr. Smith also encouraged feedback from trauma centers on what works, what doesn’t, and how GQIP can better serve all trauma centers across regions and levels. Dr. Smith concluded the GQIP meeting by underscoring the importance of both quality execution and strategic prioritization in trauma care improvements.  The meeting concluded with handoff to Dr. Matthew Vassy, Trauma Medical Directors Committee Chair. | |

*GQIP Meeting adjourned at 4:30 PM.*



**Trauma Medical Directors (TMD) Committee**

**Virtual Meeting**

4:30 PM – 5:00 PM

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| **Agenda Items** |
| **Early Transfer Guidelines** |
| Dr. Vassy provided an update on the successful completion and distribution of the early transfer recommendations poster (**ATTACHMENT B**) to small rural, critical access, and Level IV trauma center emergency departments. The poster included grommets and double-sided tape for easy hanging. Dr. Vassy emphasized the importance of supporting the guidelines, which aim to remediate double transfers or unnecessary transfer leading to discharge.  Kellie Rowker confirmed the pediatric transfer poster was approved by the GCTE Pediatric Subcommittee and sent to the Pediatric Trauma Medical Directors at CHOA and Augusta for final approval. Once approved, the poster will be shared with Dr. Vassy for review.  Dr. Vassy emphasized the goal is to have adult and pediatric transfer guideline posters side-by-side in all emergency departments. |
| **Ophthalmology Coverage** |
| Dr. Vassy discussed the ongoing ophthalmology coverage shortages across the state and initiatives at Northeast Georgia to reduce unnecessary transfers for ophthalmology exams. There are plans to present this topic again at the upcoming TMD Committee meeting in August.  Dr. Vassy noted a teleophthalmology pilot program is being explored as an alternative to patient transfers to gain advice remotely. Committee members noted similar telehealth efforts at their centers. Dr. Vassy shared the growing interest in telehealth initiatives and proposed establishing a telehealth working group to coordinate and track progress with a potential collaboration with GQIP and GTC to maintain communication and data sharing. |
| **RMOC Initiative** |
| Dr. Vassy introduced RMOC, Regional Medical Operations Center, a National Committee on Trauma (COT) initiative to develop a regional/national network for managing trauma patient distribution during mass casualty incidents (MCIs) and daily trauma flows. The initiative is in its early stages and more updates will be provided in future meetings.  Dr. Dunne emphasized the importance of an available network to handle large-scale disasters. Committee members discussed the need for statewide exercises for large MCIs beyond regional drills, with potential involvement from GQIP and GTC. It was emphasized as an important emerging area for trauma system planning. |
| **Next Meeting** |
| Dr. Vassy shared the next TMD Committee meeting is scheduled for Thursday, August 21st, the day before the GQIP Summer meeting in Macon, Georgia. He encouraged members to submit agenda items for discussion. |

With no further questions or comments, the meeting was concluded.

*TMD Committee Meeting adjourned at 5:00 PM*

**SUMMARY/ACTION ITEMS**

* **GQIP**
  + Continue development of ArborMetrix platform for improved data analysis and sharing
  + Performance-based payment (PBP) criteria approved by the Georgia Trauma Commission, new outcome measures noted as VTE prophylaxis and time to surgical fixation for geriatric isolated hip fractures. Dr. Smith reviewed value-based healthcare concept (**ATTACHMENT A, pgs. 8-17**).
  + Discussed the need to review/refresh the GQIP workgroups; identified the need for statewide clinical practice guidelines. Recommendation to perform a gap analysis using existing TQIP best practice guidelines, starting with the TQIP geriatric management best practice guideline, and start the conversation in August.
  + Prepare for the GQIP Summer meeting, which will be held in person on August 22, 2025, in Macon. Centers should review their TQIP data and prepare for discussions on high outlier areas.
  + Feedback requested on GQIP meeting formats and how GQIP can better serve trauma centers.
* **TMD Committee**
  + Early transfer guidelines poster distributed (**ATTACHMENT B**). Pediatric poster pending approval.
  + Discussed forming a telehealth-focused subgroup or discussion for the upcoming August meeting. Emerging focus on telehealth services, particularly for ophthalmology, to address specialist shortages.
  + RMOC update anticipated at next TMD meeting
  + Next TMD Committee meeting scheduled for August 21st in Macon (day before the GQIP Summer meeting). Please send agenda items for discussion to Dr. Vassy.

*Minutes Respectfully Submitted by Gabriela Saye*