**Georgia Trauma Commission Rehab Committee**

**Meeting Minutes**

[Link to Meeting Documents and Attachments](https://trauma.georgia.gov/events/2024-08-07/gtc-rehabilitation-committee-meeting)

August 7, 2024

Microsoft Teams

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| **COMMITTEE MEMBERS PRESENT** | **REPRESENTING** |
| Vox, Ford, Chair | Shepherd Center |
| Anderson, Raeda | Shepherd Center |
| Gohman, Kevin | Northeast Georgia Medical Center |
| Kidwell, Susannah | Children’s Healthcare of Atlanta |

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| **OTHERS PRESENT** | **REPRESENTING** |
| Atkins, Elizabeth | Georgia Trauma Commission |
| Saye, Gabriela | Georgia Trauma Commission |
| Solomon, Gina | Georgia Trauma Commission |
| Shelnutt, Crystal | Georgia Trauma Commission |
| Becca Hallum | Georgia Hospital Association |

**STANDING AGENDA ITEMS**

**CALL TO ORDER**

With four members present, Dr. Ford Vox called the meeting to order at 2:00 pm. Dr. Vox opened the meeting by discussing the progress made since the last meeting, specifically noting Dr. Anderson's access to data for analysis. The goal of the meeting is to begin sorting through the data to identify trends in rehab services across Georgia, particularly for patient groups like pediatric, TBI, spinal cord injury, burn, and amputee patients. Dr. Anderson was introduced to share her preliminary findings and visualizations using Power BI.

**DATA OVERVIEW**

*Presented By Dr. Raeda Anderson*

Dr. Anderson presented her initial work with the Georgia trauma registry data. She showed several dashboards, including patient demographics, patient care data, and discharge locations. The dashboards allow the team to filter and explore data interactively, such as by injury type, discharge facility, and other metrics.

Key discussion points included:

* There was some confusion about how injury types were categorized, especially concerning brain injuries. It was noted that the data fields in the registry sometimes blend different categories, leading to potential misinterpretations.
* The discharge data raised questions about how patients are categorized, especially when transferred between facilities for different levels of care. Dr. Vox pointed out the challenges of tracking patients through multiple transfers to identify those who require intensive rehabilitation. There was a concern about accurately identifying patients who move from care to rehabilitation facilities versus those who are transferred to skilled nursing facilities or other hospitals. Dr. Anderson emphasized the preliminary nature of the data and the need for further refinement.
* It was suggested that data analysis be refined by better understanding the data entry processes and potentially narrowing the focus to specific diagnoses and injury severity scores. Gina Solomon offered to work with Dr. Anderson to better understand how the registry data is entered, which could help clarify some of the ambiguities.

Discussion continued regarding various aspects of the registry data. Dr. Anderson confirmed the plan to review overall injury severity by discharge location and then a subgroup analysis. Dr. Andersom recommended the group review the data dictionary to determine the available metrics and identify indicators.

Gina Solomon mentioned that she had conducted an initial analysis using AIS codes for spinal cord and TBI injuries and could share these findings. Dr. Anderson expressed the importance of standardizing these codes for reproducibility and mentioned that she would set up filters to analyze different subgroups in the dataset.

Dr. Vox brought up the significance of analyzing geographic patterns and referral sources for rehabilitation, noting that county-level analyses could be valuable but require careful consideration of the rural-urban continuum. He also highlighted the challenges in determining the most critical location data, whether it be an injury site, acute treatment location, or rehabilitation facility. Dr. Raeda discussed the complexities of geospatial analysis, particularly the need to work with zip code data due to the limited physical address availability. Liz Atkins highlighted that the registry data is limited to what's documented in the medical record, and information can be limited to what is noted by the medic on the run sheet. There are challenges in linking EMS data with hospital records due to a lack of interconnectivity between systems, complicating accurate data tracking. The group acknowledged the need for clear definitions and transparency in reporting, particularly how injury locations are determined and how this impacts the data analysis.

Dr. Ford emphasized low-hanging fruit in initial analyses. He suggested looking at lag time from floors to rehab hospitals and whether it is due to access to care or lack of payer. Liz noted there might not be rehab referral data in the registry. In the future, we may be able to suggest one to three data elements that could be added to the registry. Liz recommended examining Medicaid approval delays, which can significantly impact patient care transitions from acute hospital settings to rehabilitation. Pilot studies with Level I trauma centers were suggested to gather preliminary data on these delays.

Dr. Vox thanked everyone for their time. The next meeting is scheduled for October 24th, but we can schedule an ad hoc meeting if needed. Dr. Anderson is doing a lot of heavy lifting at this point. She will meet with Gina to discuss the data elements and get some ideas for analysis. The committee discussed presenting the analysis to the Commission; Liz and Dr. Anderson will discuss the best timeframe for the Commission presentation.

**Summary/Action Items:**

* Dr. Anderson presented initial data visualizations in Power BI to explore patient demographics, care details, and discharge locations.
* Discussed focusing analysis on key patient groups (SCI, TBI, peds, amputee, burn) and factors like injury severity, insurance status, and geography.
* Identified need to clarify certain data fields (e.g., injury type, discharge reason) and potential additional data needs (e.g., rehab referral date)
* The next steps are for Dr. Anderson to refine analyses based on feedback, meet with Gina to clarify data elements and explore subgroup patterns.
* Liz Atkins will connect with Dr. Anderson regarding a potential presentation to the full Commission.

The meeting adjourned at noon. The next meeting is scheduled for October 24th at 2:00 PM.

Minutes by Gabriela Saye