



Trauma System Performance (Data) Committee Meeting Minutes

October 19, 2023 10:00 AM – 11:00 AM Zoom Meeting

Link to Meeting Documents

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Dr. James Dunne, Chair	Tracy Johns, GCTE
Kelly Joiner, OEMST	Kelli Vaughn, GCTE
Danlin Luo, OEMST	Regina Medeiros, GTC
April Moss, OEMST	
Marie Probst, OEMST	
Gina Soloman, GQIP	
Courtney Terwilliger, GTC	
Jim Adkins, GTC	

COMMISSION MEMBERS PRESENT	STAFF MEMBERS & OTHERS PRESENT
Dr. James Dunne, GTC Vice-Chair	Elizabeth V. Atkins, GTC, Executive Director
Courtney Terwilliger, GTC Member	Gabriela Saye, GTC, Executive Assistant
Jim Adkins, GTC Member	Gina Solomon, GTC, GQIP Director
	Stacee Smith, OEMST

CALL TO ORDER

The meeting was called to order at 10:00 AM with eight committee members present.

APPROVAL OF JULY 17, 2023 MEETING MINUTES

Dr. Dunne asked for a motion to approve the meeting minutes:

MOTION TRAUMA SYSTEM PERFORMANCE COMMITTEE 2023-10-01: Motion to approve July 17, 2023 meeting minutes as submitted

MOTION BY: Jim Adkins

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions

ARMBAND PROJECT UPDATE

Presented by Kelly Joiner

- The Armband Project started on April 12, 2023, and is ongoing. 154 armbands have been applied to crash-related patients.
 - o 152 out of the 154 were scene transports
 - o 2 out of the 154 were inter-facility transfers.
- One of the limitations of the armband project is the inability to obtain hospital records at this time. April Moss
 explained the mapping errors between Imagetrend and ESO have been a significant issue, causing delays in



data transfer. As a temporary solution, we had to limit the data we received this year to the NTDS, ITDX, and armband project extension data fields.

- The committee shifted its discussion to review the registry SBAR.
- The Armband project pilot duration is unknown. Kelly Joiner mentioned they were discussing the project's future internally and contacting its stakeholders for input.
- The pilot counties were questioned as they may not have been the best area due to patients being taken to the appropriate hospital the first time. The pilot counties were primarily selected due to the willing participation of a hospital system and law enforcement. Kelly Joiner advised they could start researching different areas of the state to pilot. We also need to resolve the trauma registry record limitation to ensure linkage between records.
- The grant funding is currently restricted to motor vehicle crashes and is not inclusive of all trauma patients. Kelly Joiner has asked the Governor's Office of Highway Safety to consider including all trauma patients to ensure crash-related patients are not missed.
- The in-person Armband Project education with the EMS and Law Enforcement partners was estimated to have taken 3 weeks with 8-12 education sessions. Kelly Joiner will review the timeline to confirm the education timeframe.
- Courtney Terwilliger asked if there was a way to determine if hospitals had kept the armband on rather than cutting it. Gina Solomon advised she can analyze the 2023 data and create a report to review armband data and hospital records.

Dr. Dunne expressed concerns about the effectiveness of the Armband project. He noted that fewer than 1% of the data is applicable to transfer patients. The project may not address the intended questions of "ditch-to-door" transfers. There is a significant amount of manpower required to expand the project statewide, and it could take years to execute. Ultimately, it was determined an OEMST decision to continue the project.

REGISTRY SBAR

Presented by Elizabeth Atkins

Elizabeth Atkins reviewed the Registry SBAR draft (**ATTACHMENT A**), which provides an overview of the challenges of registry data transfer with the two proprietary data vendors, ESO and Imagetrend.

- All the trauma centers utilize ESO, formerly Digital Innovations V5.
- OEMST discontinued its contract with ESO and currently uses Imagetrend to link EMS records to hospital records.
- Due to NTDB requirement changes, the EMS record data was temporarily dropped from ESO, but now it's a requirement again.
- It was noted that EMS and hospital data linkage is not a TQIP requirement.
- International Trauma Data Exchange (ITDX) is the expanded NDTS.
- NTDS, TQIP, and ITDX are universally standard data elements and menu field pick lists, all aligning with
 the data vendors. There are fields you may not collect for TQIP analysis, but you must collect to pass an
 ACS verification visit, such as admit service.
- Imagetrend and ESO V5 are different software and do not map over data seamlessly from one platform to another.
- OEMST requested to obtain every Georgia Data Dictionary field over to Imagetrend, but it cannot be done.
- The Georgia Trauma Commission gave OEMST access to the ESO central site to continue data analysis.
 ESO and Imagetrend are working to have just the NTDS, ITDX, TQIP (the universal data elements), and a few extension fields for the Armband project mapped over.



• ESO provided Imagetrend with the updated SDL file yesterday, which will go to engineering and provide a turnaround time. It can take up to 90 to 120 days, but they are hopeful it will be sooner.

After the discussion, Liz asked for feedback on the registry SBAR to ensure everyone understands the current situation and the limitations. April Moss added it would be beneficial to include why OEMST transitioned to ImageTrend, which was to directly upload the PCR into the trauma center records and provide outcome data to EMS agencies. Kelly Joiner advised the outcome report is already written and available to EMS agencies on Imagetrend. Report writing training sessions were held with Imagetrend to ensure agencies were educated on how to run reports.

Elizabeth Atkins asked to discuss the SBAR further with April Moss offline. Kelly Joiner added the Imagetrend and cardiac registry data linkage is working.

Dr. Dunne noted that on the SBAR document, there are two options for the assessment, but the options don't match the ones listed in the recommendation section. Elizabeth Atkins noted the edit.

Dr. Dunne clarified that the SBAR's purpose was to advise that it is best to have two separate data dictionaries because we use the data for two purposes. Liz Atkins agreed and added that vendors rely on our data dictionaries to know the fields and menu options.

TRAUMA REGISTRY DATA REPORT: UPDATE ON IMAGE TREND MIGRATION STATUS

Presented by Marie Probst

ESO is expediting the 2023 SDL file turnaround. The 2024 SDL file will be ready soon. It was clarified that an SDL file would need to be installed annually at each trauma center.

TIME TO DEFINITIVE CARE-NAVICENT AND MEMORIAL PROJECT

Presented by Dr. Dunne

The Time to Definitive Care Project between Navicent and Memorial is facing challenges due to data use agreements and data gaps. Missing data needs to be manually entered, and it is a labor-intensive process for both centers. The discussion highlighted the need for improved data collection and streamlining.

Liz Atkins added that the Arbormetrix platform is in progress and may be able to provide some analysis on transfers. Gina Solomon clarified that time to definitive care is one of their metrics and can be displayed in their dashboard. We should have the platform ready for trauma PI by December. We are in testing with stakeholders and have 2022 data loaded.

TRAUMA SYSTEM DASHBOARD

Presented by Liz Atkins

There are no updates due to the stall on the access to data.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- The Armband project pilot is ongoing, with 154 armbands placed to date.
 - o 152 of 154 patients were scene transports
 - o 2 of 154 patients were inter-facility transfers
 - o Data linkage remains a limitation for hospital records, but a temporary fix is being executed.



- Kelly Joiner will discuss the pilot project duration with their partners and internal team. She will
 also review the timeline to confirm the education timeframe with the stakeholders.
- Gina Solomon agreed to analyze the 2023 data and create a report to review armband data and hospital records.
- The Registry SBAR (ATTACHMENT A) was reviewed. Elizabeth Atkins asked to discuss the SBAR further with April Moss offline.
- ESO is expediting the 2023 SDL file turnaround. The 2024 SDL file will be ready soon.
- The Time to Definitive Care project between Navicent and Memorial is on hold due to data use agreement and data gap challenges.

The next meeting is to be scheduled in January, pending Dr. Dunne's call schedule.

The meeting adjourned at 11:00 AM.

Minutes Respectfully Submitted by Gabriela Saye