**DRAFT FOR APPROVAL**

**Georgia Committee for Trauma Excellence (GCTE)**

***February 28, 2022***

***12:00-2:00***

[***Trauma.ga.gov meeting link***](https://trauma.georgia.gov/events/2022-02-28/gtc-georgia-committee-trauma-excellence-gcte-meeting)

***Jesse Gibson, MBA, BSN RN, TCRN***

***GCTE Chair***

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| **EXECUTIVE MEMBERS PRESENT** | **REPRESENTING** |
| Karen Hill*, Chair, former*  Jesse Gibson*, Chair, current*  Tracy Johns*, Vice Chair*  Jessica Mantooth*, Education*  Kristal Smith, *Injury Prevention*  John Pope, *Performance Improvement*  Kellie Rowker, *Pediatrics*  Liz Atkins, *GTC Member* | CHOA Egleston  Northeast Georgia Medical Center  Atrium Health Navicent  Northeast Georgia Medical Center  Atrium Health Navicent  Cartersville Medical  CHOA  Georgia Trauma Commission |

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| **Attendees** | | |  | |
| **First name** | **Last name** | **Company/Affiliation** | | **Attending** |
| Riley | Benter | Advent Health Redmond | | In person |
| Courtney | Baker | AMC | | Virtually |
| Sheila | Bennett | Atrium Health Floyd | | Virtually |
| Katie | Hasty | Atrium Health Floyd | | In person |
| Melissa | Parris | Atrium Health Floyd | | In person |
| Robyn | Axlund | Atrium Health Navicent | | Virtually |
| Kristal | Smith | Atrium Health Navicent | | Virtually |
| Faith | Rand | Atrium Health Navicent | | Virtually |
| Judith | Lyttle | Atrium Health Navicent The Medical Center | | Virtually |
| Josephine | Fabico-Dulin | Atrium Heath Navicent | | Virtually |
| susan | murphy | Atrium Navicent | | Virtually |
| Sharon | Hogue | Atrium Polk Medical Center | | In person |
| Ashley | Faircloth | Augusta University | | Virtually |
| Kyndra | Holm | Augusta University Health - Children's Hospital of GA | | In person |
| Adrian | Ruiz | Augusta University Inc. | | Virtually |
| Brian | Bays | Augusta University Medical Center | | Virtually |
| Brian | Bays | Augusta University Medical Center | | Virtually |
| Patricia | Smith | Augusta University Medical Center | | Virtually |
| Robyn | Hatley | Children Hospital of Ga. at Augusta university | | In person |
| Alicia | Cochran | Children's Healthcare of Atlanta | | Virtually |
| Karen | Hill | Children’s Healthcare of Atlanta | | Virtually |
| Rana | Roberts | Children’s Healthcare of Atlanta | | In person |
| Alexis | Smith | Children’s Healthcare of Atlanta | | In person |
| Maia | Routly | CHOA | | Virtually |
| Kellie | Rowker | CHOA | | Virtually |
| Carla | Ward | CHOA | | In person |
| Moe | Schmid | CHOA | | In person |
| Ashley | Bullington | Crisp Regional Hospital | | In person |
| Christopher | Ruiz | Doctors Hospital of Augusta | | In person |
| Tinyhra | Harris | Doctors Hospital of Augusta | | Virtually |
| Corydon | Siffring | Doctors Hospital of Augusta | | In person |
| Danlin | Luo | DPH | | Virtually |
| David | Kiefer | Effingham Health System | | In person |
| Lindsey | Lewis | Effingham Health System | | In person |
| AMY | WATSON | Effingham Health System | | In person |
| Ronald | Drake | Emanuel Medical Center | | Virtually |
| Brooke | Marsh | Emanuel Medical Center | | Virtually |
| Gail | Thornton | Emanuel Medical Center | | In person |
| Olalekan | Akinyokunbo | Emanuel Medical Center | | Virtually |
| Ben | Doyle | Fairview Park Hospital | | Virtually |
| Lynn | Grant | Fairview Park Hospital | | Virtually |
| Katie | Hamilton | Georgia Trauma Commission | | In person |
| Gabriela | Saye | Georgia Trauma Commission | | In person |
| Cheryle | Ward | Georgia Trauma Foundation | | In person |
| Jennifer | Freeman | GHS | | Virtually |
| Allison | Colvard | Grady | | Virtually |
| Robin | Garza | Grady | | Virtually |
| Erin | Moorcones | Grady | | Virtually |
| Sarah | Parker | Grady | | In person |
| Barbara | Thomas | grady | | Virtually |
| Stacey | Shipley | Grady | | Virtually |
| Angela | Brown | Grady Health System | | Virtually |
| KENYA | Cosby | Grady Health System-Burn Center | | Virtually |
| Ashley | Cribbs | Grady Memorial Hospital | | Virtually |
| Joy | Eleby | Grady Memorial Hospital | | Virtually |
| Elizabeth | Mays | Grady Memorial Hospital | | Virtually |
| Roxanne | Rothenberg | Grady Memorial Hospital | | Virtually |
| Pamela | Van Ness | Grady Memorial Hospital | | Virtually |
| Elizabeth | Williams-Woods | Grady Memorial Hospital | | Virtually |
| Ashley | Steele | Grady Memorial Hospital | | Virtually |
| Kim | Brown | Hamilton Medical Center | | In person |
| Judean | Guinn | Hamilton Medical Center | | In person |
| Mary Beth | Goodwin | John D. Archbold | | In person |
| Farrah | Parker | Joseph M. Still Burn Center | | In person |
| Kim | Kottemann | LifeLink of Georgia | | Virtually |
| Jeffrey | Harden | Memorial Health Meadows Hospital CNO | | In person |
| Kelsey | Palladino | Memorial Savannah | | Virtually |
| Kristina | Licursi | Memorial University Medical Center | | Virtually |
| Michelle | Benton | Morgan Medical Center | | In person |
| Christie | Mathis | Morgan Medical Center | | In person |
| Linda | Greene | Nghs | | Virtually |
| Maria | silva | Northeast Ga Medical Center | | Virtually |
| Jessica | Mantooth | Northeast Georgia Medical Center | | Virtually |
| Laura | Wolf | Northeast Georgia Medical Center | | Virtually |
| Jesse | Gibson | Northeast Georgia Medical Center | | Virtually |
| Jackie | Payne | Northeast Georgia Medical Center | | In person |
| Elaina | Lee | Northeast Georgia Medical Center, Trauma Services | | Virtually |
| Rayma | Stephens | Northside Gwinnett | | Virtually |
| Colleen | Horne | Northside Gwinnett | | Virtually |
| Naila | Avery | Northside Gwinnett Hospital | | In person |
| Tracy | Harris | Northside Gwinnett Hospital | | Virtually |
| Barlynda | Bryant | Northside Hospital Gwinnett | | Virtually |
| Nadirah | Burgess | Northside Hospital Gwinnett | | Virtually |
| Sharon | Grason | Northside Hospital Gwinnett | | In person |
| Dana | Davis | Northside Hospital Gwinnett | | Virtually |
| Cassie | Longhart | OEMST | | In person |
| Renee | Morgan | OEMST | | Virtually |
| Marie | Probst | OEMST | | Virtually |
| Brandi | Fitzgerald | Phoebe Putney Memorial Hospital | | Virtually |
| Denise | Bennett | Piedmont Athens Regional | | In person |
| Cammie | Cruce | Piedmont Athens Regional | | Virtually |
| Heather | Morgan | Piedmont Athens Regional | | Virtually |
| Shannon | Thomas | Piedmont Athens Regional | | Virtually |
| Mary Jane | Brock | Piedmont Athens Regional | | In person |
| Michael | Shotwell | Piedmont Athens Regional | | Virtually |
| John | Pope | Piedmont Cartersville | | In person |
| Kelly | Gasser | Piedmont Columbus Midtown | | Virtually |
| Mary | Bizilia | Piedmont Columbus Regional | | In person |
| Karen | Hust | Piedmont Walton | | In person |
| Marty | Wynn | Piedmont Walton | | In person |
| Lesa | Jackson | Polk Medical Center | | Virtually |
| Brian | Dorriety | RTAC 7 | | Virtually |
| Tina | Miller | SGMC | | Virtually |
| Jolleen | Thies | South Georgia Medical Center | | Virtually |
| Jill | Williams | Tanner health | | Virtually |
| Kerry | Carter | Wellstar | | Virtually |
| Emily | Page | WellStar | | In person |
| Kionna | Harvey | Wellstar | | Virtually |
| Katherine | Kohler | WellStar AMC | | Virtually |
| Roger | Smith | Wellstar AMC | | In person |
| Pamela | Vanderberg | Wellstar AMC | | In person |
| Karen K | Johnson | Wellstar Atlanta Medical Center | | Virtually |
| Rhonda | Jones | Wellstar Atlanta Medical Center | | Virtually |
| Dawn | Schelkopf | Wellstar Atlanta Medical Center | | Virtually |
| Tamra | Skinner | WellStar Cobb | | In person |
| Temprest | Jones | Wellstar Health System | | Virtually |
| Megan | Dawson | Wellstar Kennestone | | Virtually |
| Jamie | Van Ness | Wellstar Kennestone | | In person |
| Nancy | Friedel | Wellstar Kennestone | | Virtually |
| Christina | Ucci | Wellstar Kennestone | | Virtually |
| Dana | Bouse | Wellstar Kennestone Hospital | | Virtually |
| Anthony | Vizzinia | Wellstar Kennestone Hospital | | Virtually |
| Debora | Dabadee | Wellstar North Fulton | | Virtually |
| Leigh | Pack | Wellstar North Fulton | | Virtually |
| Taitiana | Woods | Wellstar North Fulton | | Virtually |
| Susan | Baldridge | Wellstar Spalding Regional Hospital | | Virtually |
| Danielle | Johnson | Wellstar Trauma Services | | Virtually |
| Rachel | Hand | Wellstar West Georgia Medical Center | | In person |

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| **Topic** | **Discussion** |
| Call to Order, Establishment of Quorum, Approval of Minutes, and Introduction of New Members | Jesse Gibson, Committee Chair, called the meeting of the Georgia Committee for Trauma Excellence (GCTE), a committee of the Georgia Trauma Commission (GTC), to order at 12:03 pm. A quorum was established, with eight of nine members present. Due to a large amount of in-person attendance, Jesse asked those present in the room to introduce themselves. Introductions then continued to new virtual attendees. |
| Georgia Trauma Commission (GTC) Update | Liz Atkins gave an overview of the recent updates from the Georgia Trauma Commission.   * There will be a new invoice process for contracted trauma centers in FY 2024. Our dedicated funds are now in code, so we have access to more funds upfront. As a result, all those additional funds you would typically get in the amended, you’re going to get upfront now. For FY 2024, those funds will be subject to prospective PBP, similar to CMS. Your current performance on your scorecard is your future economic forecast. We will not be making changes to the upcoming PBP within FY 2023. * This new process is not set in stone, but this is our first pass on what it will look like. Katie will now present some details regarding the changes * Katie Hamilton presented a brief overview of proposed trauma center contract changes for FY2024 (ATTACHMENT A). No questions or concerns were raised during or after the presentation. |
| Office of EMS & Trauma Update | Renee Morgan reported on behalf of the Office of EMS & Trauma:   * Within the next 90 days, you’ll see three new centers. * Redesignations and ACS visits are ramping back up. * David Newton has moved up to Deputy Director over Health Protection. Our Office of EMS Director is now an open position. * Michael Johnson, the coordinator for our Cardiac Care Division, has moved into Deputy Director for our Systems of Care. * We have an epidemiologist now for the EMS and Cardiac section. * Welcome to Wellstar Paulding on their new designation as a Level IV trauma center. * Congratulations to Emanuel Medical Center on its re-designations as a Level IV trauma center.   Marie Probst shared some updates:     * Thanks to all centers for reviewing the quarter to OTCPE reports. All reports are now closed. The following form for quarter three will open on March 15th and close on April 30th. It will be due March 15th; please take notes of those days. * Everyone should have received the year-end national update; they are calling for form 40. If you have not received that, please reach out to tech support and request the form 40 update or if you need help with installation. Form 40 is a prerequisite for installing the files before you’re able to begin downloading your V5 data to our new ImageTrend patient registry central site. * V5 ImageTrend patient registry pilot project volunteers have installed the updates. We discovered a glitch during our dry run last week, which has been fixed. We will hold the training this Thursday for those pilot centers to go through the steps to install their downloads. If the pilot imports go according to plan, DI will send out the installation files to all V5 users. Everyone will have to install the files, create the export, and upload it to the new ImageTrend site. Each center will receive the login credentials needed for the ImageTrend registry. * Please send any V5 changes for year-end 2022 by the end of March to Kelli Vaughn. We can then share the suggestions with the GCTE group and open them up for discussion. Afterward, our office will take those change requests to the V5 and ImageTrend by the end of May, and they can let us know if the changes we want are doable. * Our OEMST staff, Cassie Longhart, and Dipty Patel worked with Northeast Georgia last week to help them navigate the hospital hub to see if they could see another hospital's EMS transfers in. After the demo, we determined that the system doesn't allow a hospital to see another hospital's transports. If you're missing a report, put that information in the detail of that record and keep track of those. You can run a report either from the PI section or the missing ems report field and then take that list to your regional council meetings and start sharing it with the EMS providers. * Jesse Gibson added that their (NEGMC) plan is to reach out to those four or five hospitals that are our top referring facilities to see if they would give us access to their ImageTrend. * Linda Greene plans to reach out to Kelli Vaughn to share some tips they discovered during the demo to share with the Registry Subcommittee   After updates, Marie presented and reviewed the trauma registry data set from April to June 2021 (ATTACHMENT B). We're looking for the time from scene arrival to hospital 2, which is time to definitive care. A theme in the analysis was the number of records with missing data. If the record was missing data in one or more fields, we couldn't include that record in the analysis. We want to encourage everyone to begin to QA their data thoroughly before the data is downloaded to ensure fields are completed: the ems provider role field, the ems report dates and times, and your hospital ED arrival date and time. Some solutions to collecting better data are to use the hospital hub to find the EMS report hospitals, report missing PCRs to your RTAC, and communicate with the sending facility. We want to encourage you to do the QA and PI of the cases to evaluate the timely transport of the trauma patients to ensure they're going to the appropriate facility in a timely manner. If there are issues with the transport to you, then certainly PI those cases and discuss that with EMS. Starting January 1st, 2022, all referring hospital fields are required. Please reach out to any of us if you have any questions or suggestions on capturing the time to definitive care.  Dr. Alexis Smith asked if we have looked at the differences in pediatric adolescents when they have gone to more than one center and look at the barriers. Tracy Johns responded that adults and peds were a consideration when looking at the data, but the most significant barrier was missing information. We want to beef up the information in the registry and emphasize the validation of those data points so we can focus on specific areas, particularly the double transfers and preventing them.  Jamie Van Ness asked if we could field out urgent transfers versus non-urgent transfers. Gina Solomon answered that they have tried to do that but have primarily focused on ISS scores, systolic blood pressure, and shock index and try to find high-risk patients.  Jesse Gibson stated first and foremost, we've got to get the data. Our subcommittees can be valuable resources to move the needle and help improve the data quality. |
| Georgia Quality Improvement Program (GQIP) Update | Gina Solomon gave the following updates:   * Dr. Todd will be presenting the GQIP updates tomorrow during the Winter Meeting. The workgroups will also be able to share their updates as well. * We are in the contracting phase with Arbormetrix, and we hope to send it to them soon. Once we sign that, we can start with a project build, and that's about a five-month process. We hope we will have some tangible items by the end of the year. |
| Georgia Trauma Foundation Update | Cheryle Ward briefly discussed the change in focus for the Georgia Trauma Foundation. Since our inception, our activities were mostly focused on education and advocacy, but what we're going to do going forward is to focus on the purpose for which we were created, providing philanthropic support to the state's trauma system. The gala that was scheduled for April 30th has been changed. Next year, we will resume our gala at the Porche Experience Center during National Trauma Awareness Month in May. Jesse Gibson encouraged attendees to ask their institutions to contribute to the foundation and connect people you know with Cheryle. |
| Subcommittee Reports | **Education:** Jessica Mantooth provided the following activities:  The Education Subcommittee is working on two primary goals aligned with GCTE goals.   1. Develop a PPT presentation on improving time to definitive care for the trauma patient (complete by 6/30/22). Distribute to all centers that participate in GCTE and RTACs. 2. Develop a PPT presentation on acute kidney injury in the trauma patient (complete by 6/30/22). Scheduled offerings will start by October 1st, 2022.   We did have some educational funding that was left over from the state. We submitted a proposal, which was approved, and will try to prioritize courses for the non-trauma centers. Funding could include a TNCC instructor course, partial funding of ATCN, and a regular TNCC course. We have some educational funding opportunities, so we'd like to provide three $500 materials. The caveat here would be that the course you are utilizing the supplies for would be open to participants throughout the region. Be on the lookout in the next couple of weeks for an email from us.  Jesse Gibson commented on the utility of these education PowerPoints, which everyone in the state can send out. They can even be utilized to send to your non-trauma centers to demonstrate the importance of these topics. Registry and Education Subcommittee is a great example of the concept of catch ball on the goals and working together towards the same outcome.  **Pediatric**: Kelli Rowker updated the committee:  The Pediatric Subcommittee was stalled in 2021 and looking forward to marching onward in 2022. One of our goals is to close the pediatric radiology project and work with our current data and information. To align with the GCTE goals, we plan to:   1. Concentrate on time to definitive care for pediatric trauma patients (< 15yo), emphasizing pediatric imaging guideline use at transferring facility & cloud-based image sharing. 2. Create an educational presentation on SIPA (shock index, pediatric age-adjusted) score for use in pediatric trauma patient care.   <https://pubmed.ncbi.nlm.nih.gov/30952455/>  We have been collecting data about SIPA since our Scottish Rite ACS visit. It can be a good tool to use when transferring pediatric patients to ensure they are stable before transfer. We plan to work with the Education Subcommittee to figure out how to distribute this information across the state, especially to Level III and IVs.  A concern was raised regarding the ACS grey book rollout requiring adult centers to be peds ready. Tracy Johns mentioned that DPH has a state initiative and committee working on this. They are working to distribute a toolkit to trauma and non-trauma centers to inform of simple things you can do to be pediatric-care ready. Dr. Alexis Smith added that they are doing a lot of pediatric-specific education in their region and have trauma grand rounds available to anyone who wants to join. Jesse Gibson suggested that adult centers start looking at their nearby peds centers to partner and collaborate with. Kristal Smith asked Kellie Rowker to reach out to them within the Injury Prevention Subcommittee to work on some crossover projects together.  **Performance Improvement:** John Pope updated the committee.  We are working on GCTE goals to support the time to definitive care and work with improving transfer out times and care for level III and IV as well as improving the transfer in times to all centers. We want to collaborate with the Registry Subcommittee to narrow it down to two or three points. We would like to present some cases in the following Winter meeting. As far as AKI, we have tabled that for now. We meet on the first Wednesday of every month at 9 am.  **Registry**: Tracy Johns updated the committee on behalf of Kelli Vaughn.  The Registry Subcommittee has been very busy. We have noticed a lot of missing data and are identifying fields the holes are. We have updated the data dictionary for this year and added data elements. We are looking at times at the outside hospital and what we want to know what is going on there. Then, we can start developing standardized reports for centers to analyze the data. We wanted to create two reports, one for level one and two centers, one for threes and fours, so whether you're looking at the patients transferring in at the larger centers versus the patients you're transferring out at the smaller centers, you have an initiative. You could use these same reports to validate your data and determine why you are not getting the data you need to complete the fields. As the year progresses, we hope to have more robust data and collaborate with the PI Subcommittee and the GQIP AKI workgroup to look at why the AKI rate is so high in the state of Georgia. We have four scheduled meetings for this year, and they will have continued education credit attached to them for your registrars who are certified.  **Injury Prevention**: Kristal Smith gave a detailed report including:  Our subcommittee will focus on raising trauma awareness in our state. Each of our four task forces will develop a webinar/virtual event to promote injury prevention and the trauma system in general. We are looking to develop two webinars within this calendar year. We also have some upcoming opportunities for you all to join:   * March * 03/24/22 at 6:00 pm: Prevent Trauma: The Road Ahead * The second iteration of our teen driver safety virtual event * April is Child Abuse Prevention Month * Prevent Trauma: Child Abuse Prevalence, Prevention, & Response * Stop the Bleed U-04/25/22, all-day * Bingocize ongoing * May is trauma awareness month (toolkit). Stop the Bleed Month * Stop the Bleed Day Virtual Blitz-05/19/22, all-day * Georgia Falls Coalition-Mobility Walk * Bingocize Ongoing * June * Georgia Stay Safe Week-06/19-06/25   Many of you should have received your Stop the Bleed hemorrhage control trainer kits. A survey was sent out in late January to get some information from you to capture your level of participation in stop the bleed. We need to designate a champion for your facility and designate a person to deliver these kits to. If you want a hemorrhage control kit from the Georgia Trauma Commission, we can have them delivered to you via state patrol. Once you receive the kit, we need you to scan the QR code to keep inventory. You can also scan the same QR code anytime the hemorrhage control trainer is utilized.  If anyone is interested in getting involved with any of the events or doing something in your community that you need help with, we are happy to support and help facilitate these activities. |
| LifeLink Updates | Kim Kottemann with Lifelink gave a presentation to review 2021 data trends and updates (ATTACHMENT C). There were no questions or concerns. |
| Summary | Jesse Gibson summarized the agenda items discussed. We previously discussed some initiatives we wanted to focus on as a committee:   1. Time to Definitive Care 2. Increase Public Awareness of Trauma 3. AKI Quality Improvement   We asked each of the Subcommittees to create 1 to 2 goals around one of those. Tracy Johns was able to collect those goals, and everyone was able to report their goals during today’s meeting. These goals are not something that needs to be done tomorrow, but over 2-3 years. You can also highlight these initiatives during our ACS or state visits. Jesse asked for the group the share any successes. Afterward, Liz Atkins reviewed the day schedule for Winter Meeting attendees and a brief overview of the next days.  Jesse thanked everyone for attending in person and virtually. |
| Adjourn | ***The meeting adjourned by vice-chair Tracy Johns at 1:58 pm*** |

*Minutes Crafted by Gabriela Saye*