



**Georgia Trauma Commission Trauma System Metrics & Data Committee**  
**Meeting Minutes**  
 April 4, 2022  
 Microsoft Teams

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
James Dunne	David Newton
Marie Probst	
Renee Morgan	
Kelli Vaughn	
Danlin Luo	
Gina Soloman	
Tracy Johns	
Courtney Terwilliger	

OTHERS PRESENT	REPRESENTING
Elizabeth V. Atkins	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Cassie Longhart	Office of EMS and Trauma
Richard Rhodes	Office of EMS and Trauma

**Armband Project Update**

*Discussion led by: Cassie Longhart*

David Newton was unable to attend the meeting for the update, Cassie Longhart gave an update on his behalf.

The project is still in process of pilot testing. The timeline is to be determined within the next few weeks. Armbands were ordered around the end of last year. Pilot testing in region 10 has been discussed where OEMST has a working relationship with the region's Police Department and EMS agencies. Once pilot testing is complete, we look to bring the rest of the agencies on board.

Concerns were discussed such as where the armband number would go in EMRs and education over not cutting the armband off. More updates to come as the timeline gets established.

## **Approval of January 6, 2022 meeting minutes**

*Discussion led by: Dr. Dunne*

### **MOTION GTCNC TRAUMA SYSTEM PERFORMANCE COMMITTEE 2022-04-01:**

**I make the motion to approve the January 6, 2022 meeting minutes as submitted**

**MOTION BY:** Dr. James Dunne

**SECOND BY:** Kelli Vaughn

**VOTING:** All members are in favor of the motion.

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

## **Trauma Registry Data Report: Update on Image Trend Migration Status**

*Discussion led by: Marie Probst*

Our pilot centers received the ESO V5 schema file to import and they began testing the download then uploading it to the ImageTrend patient site. We discovered the V5 users were going to have to send their data through a converter, which is an extra step ESO had to have the user send. The process was not as efficient as we wanted it to be so we changed the schema type and will be sending an updated file to the pilot centers to install and test the export/import again. We can capture any records that didn't come in before September 30<sup>th</sup> download if centers can send the download from the beginning of January 1, 2021. Otherwise, we will just look at records from the V5 centers starting July 1, 2021. ESO is two weeks behind on sending out the second round of the updated files. **If we get the data by the end of April, we should have the data from the pilot centers through the end of December 2021. The download schedule for January through March 2022 is not due until June 30, 2022.**

## **Data Dictionary Update Status**

*Discussion led by: Gina Solomon*

We discovered with part of an update that came out with V5 that some new required data fields showed up in the referring hospital section where it wants the user to pick a reason why the patient was transferred to your center. After a lot of discussions with Marie, Kelli, and Tracy, it seems like it came from the ImageTrend schema file to ESO. I don't know if the referring hospital tab is the best place to display that data field. Since we have not built any definitions or how we want centers to answer that particular data field, we decided for the year 2022 we are going to default to "unknown, not recorded." Moving forward to 2023, we will come up with some definitions of how we want centers to use that particular data field. Kelli Vaughn mentioned it was already brought up to the registrars that we will try those points in this upcoming year.

## **DPH Annual Report**

*Discussion led by: Danlin Luo*

Danlin Luo reviewed the Georgia Trauma Registry 2019 Annual Report, which is currently undergoing style and color edits. Liz Atkins mentioned that Danlin has been providing these annual reports for several years, but has not been able to get final approval from their communications department. Danlin took a lot of time to match this report to the old NTDB report that we used to get. You could compare things such as the overall gross mortality rate without risk adjustments. It also goes into the

payer mix and you can analyze your facilities payer overview with the annual report.

An important review of the 2019 report was a table representing patients from a referring facility with an injury severity score greater than 15, the median time from EMS dispatch to destination hospital was 4 hours and 24 minutes; This was our baseline before COVID and what we have seen in the 2021 data is that median total time is much greater at 5 to 6 hours.

Liz Atkins asked if the committee could receive the report to review or does it has to go through the same legal channels as releasing it to the public. Renee Morgan stated she will have to follow up with David Newton before releasing it to the group since there are formatting corrections that need to take place. Danlin is planning to compile an annual report for 2020 next.

### **Additional Discussions**

#### *Committee Members*

Dr. Dunne asked for clarification on when GEMSIS is going to be NEMSIS 3.5 compliant. Cassie answered that NEMSIS will not require us to transition until January 2024. We have to onboard our agencies and create validation rules, but should be fully transitioned by the deadline. When you do the transition to 3.5, will we be able to run reports on the previous versions? I can't give a definite answer on that and will defer to David to answer.

Dr. Dunne recommended adding EMS transport from referring hospital to definitive care to the agenda. There is a big-time lag getting a rig to transfer the patient. We may have a significant type 2 error because of the limited data, but at least on the first pass, we can focus our efforts to decrease the time to care. Should we wait until the armband project is live or tackle the issue now? Due to the unknown timelines with the armband project, Liz Atkins recommended looking at what we have now.

Kelli Vaughn mentioned they are working with the Registry Subcommittee to build some reports to look at their transfer in and outs. The hope is that the centers can build a PI process around obtaining the data. We're not sure how many centers are on ImageTrend, but we could show Marie what information we need or what we're pulling from the registry and maybe she can build a report. Marie agreed that we do need to build the same type of report.

Next committee meeting is to be scheduled in July once Dr. Dunne's schedule is available.

Minutes crafted by G. Saye