

**APPROVED**  
**07.23.25**



# GEORGIA TRAUMA COMMISSION

## Trauma System Performance (Data) Committee

### Meeting Minutes

April 11, 2025

2:00 PM – 3:00 PM

Zoom Meeting

[Link to Meeting Documents](#)

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

COMMISSION MEMBERS PRESENT	STAFF MEMBERS & OTHERS PRESENT
Dr. James Dunne, GTC Courtney Terwilliger, GTC	Gabriela Saye, GTC, Business Operations Manager Gina Solomon, GTC, GQIP Director Crystal Shelnett, GTC, Regional Trauma Systems Development Manager

### **CALL TO ORDER**

The meeting was called to order at 2:00 PM with ten committee members present.

### **APPROVAL OF MINUTES**

*Presented by Dr. James Dunne*

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

### **MOTION TRAUMA SYSTEM PERFORMANCE COMMITTEE 2025-04-01:**

**Motion to approve January 9, 2025, meeting minutes as submitted**

**MOTION BY:** Kelly Joiner

**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**

*Presented by Marie Probst*

As of March 10th, the DPH IT Department approved the updated schema file. The file has been returned to ESO, and they are now working on the 2025 state schema for users to be able to download to the ImageTrend Patient Registry.



## GEORGIA TRAUMA COMMISSION

Reasons for the annual schema changes were discussed. These changes are driven by Georgia's efforts to reintroduce data fields. The 2026 schema aims to include a significant change: integrating all EMS records from ESO into ImageTrend. ImageTrend must update its schema to accept ESO data. For 2025, 18 new fields from the ESO registry will be added to the ImageTrend schema.

The discussion shifted to issues related to data flow, particularly concerning EMS data. Dr. Dunne expressed concerns about challenges in data linkage, referencing problems encountered during the ditch-to-door study. EMS providers upload data to GEMSIS, which does not directly integrate with the ImageTrend Patient Registry. Currently, only one EMS trip report is transferred from the ESO database. A full EMS data import is not feasible, as users must manually search and import it within ImageTrend. Without manual intervention, merging EMS and hospital data records is limited. UUIDs have been considered, but it carries a high risk of error since they must be entered manually.

April Moss mentioned that ImageTrend can fully import EMS records if users initiate the record in ImageTrend. Additionally, it was noted that schema changes might reflect TQIP and NTDS updates.

### **TRAUMA DASHBOARD REVIEW**

*Presented by Gina Solomon*

Gina provided a background on the dashboard (**ATTACHMENT A**), noting that Liz, Gina, April, and Marie initiated the project approximately two years ago. Liz recently asked Gina to revisit and update the dashboard for a group discussion. The original data sources included OEMST annual report data and trauma registry information. The updated dashboard 2024 data is sourced primarily from GQIP's Central Site.

Gina explained that considerations were made for centers entering/exiting the system and their data inclusion timelines. A master spreadsheet with a working map and standardized definitions for metrics and calculations has been created.

### **Discussion Points:**

- Dr. Benjamin inquired about the status of the ISS>15 patients at Level III/IV centers. Gina clarified that the data reflects the initial triage location. Transfer rates for these patients are shown a few lines below the ISS>15 figures.
- Transfers to known Level I/II centers are reported only if the receiving hospital is explicitly listed. Generic entries like "Florida Hospital" prevent confirmation of trauma level.
- Dr. Alexis Smith suggested separating Level III/IV data due to significant differences in capabilities.
- A suggestion was made to run trauma registry reports to determine whether Level III centers are admitting or transferring ISS>15 patients.
- Concerns were raised about the difficulty of accurately tracking the complete EMS journey. While median scene and transport times are recorded, obtaining the full timeline remains challenging. April Moss explained that the primary issue is the diversity of EMS data platforms across agencies. While data is eventually submitted to the state, the lack of unified platforms is a limitation. The state mandates that all EMS agencies submit to a central repository, ImageTrend. A unified system where EMS and trauma registries share a vendor would resolve many data integration issues. April noted that this concept had been discussed in subcommittees and would eliminate data handoffs between incompatible systems.
- Dr. Dunne emphasized an accountability gap: while agencies must report trip sheets, the state cannot determine how many EMS calls are made daily, thus lacking a "denominator" to assess completeness. Courtney Terwilliger suggested cross-referencing EMS trip data with billing records to gauge reporting



## GEORGIA TRAUMA COMMISSION

accuracy. April Moss proposed an easy but unpopular solution: mandating the same data registry for EMS and hospital trauma records. Integration is already funded, and such a move would eliminate many data-sharing barriers. Committee members acknowledged the complexity and evolving nature of trauma registry platforms, suggesting continuing the discussion offline.

- Kelly Joiner asked how many of the 46,061 2024 trauma registry patients were transferred to another facility and how many had multiple EMS transports. Gina advised the numbers for 2024 have not been counted yet.
- The high under-triage rate should ideally be under 5% but currently exceeds the mark. The use of standardized tools like Cribari was noted as unreliable.
- The double transfers and the OEMST annual report for S and R groups were discussed. Danlin Luo explained that S groups are patients transferred directly from the scene to the destination hospital. R groups are patients who were first taken to a referral hospital before arriving at the final destination.
- The median time under discussion is measured from EMS dispatch to arrival at the destination hospital. Confusion emerged around column H, which appeared to be 57 seconds rather than 57 minutes. Courtney Terwilliger raised concerns about the 53-minute median being high for critically injured patients, even accounting for long extrication.
- The six-hour total transport time for referred patients was also questioned, specifically whether this includes dispatch time or post-referral decisions. Gina and Danlin confirmed it includes dispatch time.
- Danlin referenced the OEMST annual report, indicating that patients with ISS>15 have shorter transport times than those with lower ISS. ISS groups data and shows improved transport efficiency for critical cases.
- Danlin recommended providing clear labeling and definitions in data tables, defining terms like scene time. Gina acknowledged the feedback, noting that a definition page exists for the dataset but was not included in the shared draft.
- Gina clarified that Danlin's data measures from dispatch time, and the Arbormetrix data begins from EMS arrival at the scene, excluding dispatch time.
- Courtney questioned how often outliers are reviewed. Gina acknowledged that it's an area that needs more attention. Dr. Smith noted that the goal is to track and identify outliers in real time for proactive intervention. Kelli Vaughn shared that Level III centers review delayed transfers as part of ACS PI standards. Courtney emphasized that facilities must investigate and address delays to improve the system.
- April Moss encouraged facilities to report issues directly to the Office of EMS and Trauma in real time, not just during retrospective trauma center visits. More timely alerts help the state address root causes regionally. Danlin noted that their annual report includes EMS data broken down by region, which could be used for comparisons. Gina also shared that quarterly data reports are now provided to regions, including scene-to-hospital and hospital-to-hospital transfer times, broken down by ISS.

As the discussion concluded, Committee members agreed to review the dashboard at the next meeting, allowing time for deeper evaluation and alignment with overall dashboard goals.

### **TIME TO DEFINITIVE CARE | NAVICENT AND MEMORIAL PROJECT**

*Presented by Dr. Dunne*

Dr. Dunne provided some key findings from the study:

- Of approximately 3,000 patients, only about 1,500 were included due to data gaps.
- The time from first hospital arrival to definitive care was around 50 to 56 minutes.
- The biggest delays were from transport to hospital one to hospital two, about 60 minutes



## GEORGIA TRAUMA COMMISSION

- Dispatch data was incomplete or misleading; it did not capture attempts to obtain an ambulance, only confirmed dispatches. It is unclear whether the decision to transfer took a long time or if the delay is due to waiting on the ambulance.

April shared that hospitals often struggle to identify a destination before EMS will dispatch, which delays care. The need for better partnerships between hospitals and EMS agencies was acknowledged, especially for time-sensitive cases like trauma, stroke, and cardiac events.

### **CLOSING REMARKS**

*Presented by Dr. Dunne*

Dr. Dunne thanked the committee members for their participation and shared that during the May 15 meeting, he will present Dr. Bulger's geospatial mapping of EMS agencies and trauma centers, along with the findings of the Ditch-to-Door study.

### **SUMMARY OF MEETING & ADJOURNMENT**

- The updated trauma system dashboard was reviewed (**ATTACHMENT A**). Committee members will review it and provide feedback for the next meeting.
- Findings from Navicent and Memorial's Ditch-to-Door study were shared.
- Dr. Dunne will present the current Ditch-to-Door study and Dr. Bulger's geospatial mapping at the upcoming Georgia Trauma Commission meeting on May 15th.

The meeting adjourned at 3:15 PM.

*Minutes Respectfully Submitted by Gabriela Saye*