GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Rehab Committee
Link to Meeting Documents and Attachments
Meeting Minutes
May 16, 2023
Microsoft Teams

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Ford Vox, Chair	
Issi Clesson	
Edelle Field-Fote	
Mark Hinrichs	
Brick Johnstone	
Susannah Kidwell	
Alex Liaugminas	
Dana Norall	
Abigail Thompson	

OTHERS PRESENT	REPRESENTING
Gabriela Saye	Georgia Trauma Commission, Staff
Gina Solomon	Georgia Trauma Commission, Staff
Becca Hallum	Georgia Hospital Association

STANDING AGENDA ITEMS

CALL TO ORDER
Dr. Ford Vox called the meeting to order at 2:04 PM on Tuesday, May 16, with nine members present.

INTRODUCTION
Presented By Ford Vox
The meeting commenced with Ford Vox introducing the attendees. Dr. Vox provided a couple of updates on the recruitment of rehab committee members.

- Memorial Savannah stated that they no longer have an inpatient rehab program.
- Northeast Georgia plans for a 40-bed standalone rehab hospital, and Dr. Vox has contacted the Inpatient Rehab Director to join the meeting if available.
- Dr. Mark Hinrichs introduced himself as the Chief of the Rehab Department at Grady and shared his six-year experience in the field. He mentioned plans for a 24-bed unit at the hospital. Dr. Susannah Kidwell offered her support and collaboration with Mark.

- Dr. Vox inquired about the rehab unit at the new Children's Hospital in Savannah, and Susannah explained that Savannah does not have a rehab unit. CHOA supplies the only pediatric rehab in Georgia. They have 28 beds and are often at total capacity.

GTC COMMITTEE REPORT REVIEW

Presented By Dr. Ford Vox

Dr. Ford Vox reviewed the committee report submitted to the Georgia Trauma Commission. It is a summary of committee activities and initiatives. Each item references the American College of Surgeons' report recommendations for rehab.

1. Rehab Data Analysis

Discussion included:

- Importance of knowing the specific facilities patients are being discharged to and the need for accurate data on rehab locations.
- American College of Surgeons' recommendations for performing a comprehensive resource needs assessment for trauma patients, particularly those with traumatic brain injuries, spinal cord injuries, and pediatric patients.
- Gina Solomon, the Georgia Trauma Commission GQIP Director, explained that we have access to the trauma registry data and that the national trauma databank predefines the options for rehab facilities. She mentioned the challenge of capturing specific facility names but expressed positive feedback on allowing registrars to type in the facility names directly. They discussed the lack of consistent definitions for different types of rehab facilities and the need for clarity in selecting the appropriate category for each patient.
- Trauma centers may be referring to skilled nursing facilities because that is what they have in their area. The payor drives where the patient receives resources and is not based on ISS.
- A patient's rehab qualification can change daily with the 60% rule.
- The Skilled Nursing Facility (SNF) discharge location is vague since the patient can attend an SNF for various reasons. There is a need to define the appropriate time to select the discharge location. Discharge locations cannot be changed in the trauma registry.
- The Georgia Trauma Commission can identify a patient by the medical record and ask a center to investigate further.
- Some suggestions for data analysis
    - Cohort the data by Injury Severity Score (ISS), determine what percentage of commercially insured are going to acute or rehab, then determine what percentage of self-pay/unfunded/Medicaid are going to rehab. Dr. Kidwell added pediatrics is an exception.
    - Analyze the percentage of patients going to acute rehab versus skilled nursing facilities within each trauma center, etc.
    - Analyze the discharge locations to determine if they are appropriate for the patient.
- Dr. Kidwell volunteered to start the Data Analysis Subcommittee.

The committee emphasized the importance of analyzing data and working towards improving healthcare practices at the state and national levels. There is a need for further data analysis and improvements in the system.

2. Improve Rehab Transition

Discussion included:

- We can incorporate published guidelines into inpatient rehabilitation transfer recommendations and guidelines for the statewide trauma system.

- To better understand what trauma centers are undergoing, we can provide a survey to look at general trends and their challenges with those facilitating discharges.
- The survey could be distributed through the trauma hospitals, with communication facilitated by the trauma program managers or data personnel at each facility.
- The group explored ways to gather data on unfunded and Medicaid patient populations in acute rehab resources. They considered analyzing the percentage of unfunded patients with different injury severity scores and identifying which trauma hospitals treat the most and least unfunded patients. They discussed the potential need to redirect resources based on the analysis of unfunded patients. The idea of creating a rehabilitation disadvantage score, which considers access to acute rehab based on payer status, was mentioned as a possible solution.
- The committee addressed the issue of patients getting stuck at trauma centers due to a lack of payer coverage. They acknowledged the need to find solutions for these patients, especially those requiring medical and rehab services.
- The delay in activating Medicaid for trauma patients was raised as a concern. The participants highlighted the need to expedite the process to facilitate timely discharges from trauma centers.

Due to the limitation of meeting time, the following report items were briefly discussed.

3. Endorse/incorporate rehab quality standards
Discussion included:

- We could reference plenty of publications and incorporate them into the trauma system guidance.

4. Develop trauma rehab quality indicators
Discussion included:

- We could create a voluntary rehabilitation hospital network and have them share their quality metric data.
- Quality directors could have their own meetings to discuss the metrics, and they report back to the committee.

4. Other Projects
Discussion included:

- We will continue to list any new items to consider in this section.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Dr. Kidwell to lead Data Analysis Subcommittee.
- Dr. Vox will start working on the survey to distribute to trauma hospitals.
- Dr. Vox encouraged committee members to reach out to their quality departments regarding sharing quality metric data.

The meeting adjourned at 3:15 PM.

Minutes by G. Saye