

APPROVED
01.24.23



GEORGIA TRAUMA COMMISSION

Trauma System Performance (Data) Committee

Meeting Minutes

October 12, 2022

11:00 AM-12:00 PM

Zoom Meeting

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Dr. James Dunne, Chair Marie Probst Renee Morgan Danlin Luo Gina Soloman Courtney Terwilliger Kelly Joiner Regina Medeiros	Kelli Vaughn Tracy Johns

COMMISSION MEMBERS PRESENT	COMMISSION STAFF MEMBERS PRESENT
Dr. James Dunne, GTC Vice-Chair Regina Medeiros, Secretary/Treasurer Courtney Terwilliger, GTC Member	Elizabeth V. Atkins, GTC, Executive Director Gabriela Saye, GTC, Executive Assistant Gina Solomon, GTC, GQIP Director

Call to Order

The meeting was called to order at 11:00 AM with eight committee members present.

Approval of July 27, 2022, Meeting Minutes

Dr. Dunne asked for a motion to approve the meeting minutes (ATTACHMENT A).

**[MOTION TRAUMA SYSTEM PERFORMANCE COMMITTEE 2022-10-01:
Motion to approve July 27, 2022, meeting minutes as submitted](#)**

MOTION BY: Dr. James Dunne

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

Kelly updated the committee on recent changes within the armband project:

- Cassie Longhart's last day was September 30th. She was the project manager for the Armband Project. Kelly Joiner will be taking on the project and providing updates.
- We are re-engaging with Law Enforcement to obtain approval for the project. Law Enforcement will put the number into the crash report to have a linkage from the crash report to the EMS record and Trauma record. The funding is from the Governor's Office of Highway Safety, and the criteria is to link all three records with one number. A meeting with Law Enforcement will be scheduled in the next seven to ten days. Kelly shared a picture of the Armband with the Committee (ATTACHMENT B).
- We must schedule education for all involved agencies: EMS, Hospital, and Law Enforcement. We want to train everyone together to ensure each is aware of what each agency is doing.



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- There was a suggestion to start with hospital training instead of waiting for Law Enforcement to approve. Current challenges with training are:
 - Hospital: buy-in, area in the record to input armband number, and training of hospital staff members.
 - EMS: various ambulances not having a NEMSIS element on patient care reports.
 - Law Enforcement: waiting on full approval of the project, and the info field for the number is already being utilized for something else.
- There was a concern about the delay in the project facilitation. Dr. Dunne asked for examples of armband utilization in other states.
- Once the Law Enforcement meeting takes place, then training can commence.

Trauma Registry Data Report: Update on Image Trend Migration Status

Presented by Marie Probst

- Five pilot centers successfully imported their trauma registry data into the Georgia Patient Registry. We have received the 2022 data from those centers.
- We have another eight centers that are in phase two. Last Friday, they received the SDL file from ESO to install in their system so that they can begin downloading to the State Central Site; These eight facilities do not have the Registry Anywhere, which is the platform of the V5 that allows a center to have their program stored on the ESO website. Some facilities with Registry Anywhere are experiencing issues performing the download, and ESO is working on mitigating the problem. Once the phase two centers install the SDL file, they can do their downloads for 2021 records and then 2022 records.
- Phases three and four are another set of six to eight facilities that are not on Registry Anywhere.
- Phase five centers have Registry Anywhere, and we're hoping DI can resolve the download issues soon.
- The timeline to finish the migration could be the end of October, but we are encountering delays with facilities and their IT departments.

Dr. Dunne asked for clarification on the linkage between EMS and trauma records. Only the facilities that use the Georgia Patient Registry for direct data entry can link the EMS records. Centers on V5 cannot. The only way they would be able to do that is if they go into the Georgia Patient Registry into the individual records, click on the search button to look for the EMS record, and import the EMS data into that Georgia Patient Registry record. V5 does not connect to the GEMSIS or Elite program even if we transmit over the Image Trend.

There was discussion on the cardiac centers linking the Medical First Response vehicle on scene. Kelly Joiner will find out if they have a mechanism to pull trip reports.

Dr. Dunne expressed concern regarding the amount of available data and insufficient information to make executable decisions on our initiatives. Regina Medeiros stated their facility has trouble finding the initial scene to the first hospital PCR report. Kelly Joiner asked if she could work with Regina's team to review some cases and obtain insight into the EMS record process. Finding missing PCRs is time-consuming for the center, especially if they have high volumes.

Data Dictionary Update

Presented by Gina Solomon

We are still waiting on the requests we made to ESO. We figured out why the transfer rationale popped up in the referral record screen. It does exist in the outcome screen, so when centers transfer somebody out, they could put the rationale as to why they transferred. We have made a request for them to open that up, and we are



waiting to hear back. We can utilize the data dictionary to write out how we want folks to use those fields, and it may yield us at least some information on the rationale for why centers are transferring patients out.

Time to Definitive Care Initiative

Presented by Dr. Dunne

The whole issue with the time to definitive care is the linkage of records from various stops. Our trauma registrars, PI coordinators, Program Managers, and Directors have improved at finding certain aspects of those records. Still, getting farther from the scene to the direct transfer to the final destination, it becomes more challenging to find the data. As a state, we need to know this data because I think it's affecting patient care, especially in the rural areas in Georgia.

2023 Meeting Cadence

Dr. Dunne suggested discussing the direction and struggles of the Committee with Dr. Ashley first. We may need to change the focus or tactics. Liz Atkins stated we could modify the dates if needed.

GQIP Central Site

Presented by Gina Solomon

The GQIP Central Site went live at the end of September, and we obtained some data. Gina referenced a summary of the data (ATTACHMENT C). Some discussion points:

- The data shows that there is still a large amount of data missing, with 74% of the transported patients having no EMS scene information in the registry. Hospital #2 is not getting the trip report from the scene to Hospital #1.
- The time to definitive care is in line with what we saw in 2019-2022. We must remember that the population is smaller with this data, and the average will change as we get more data.
- Hospital Hub is not optimized. In some instances, it works, but not all.
- Our average scene times have been consistent, and where we have the most data. We could switch focus to why it takes so long to get door-to-door. The lag could be the time from the call to when the rig shows up, crew availability, or the services worried about their availability to run 911 calls while doing inter-facility transfers.
- One Level III center that is diving into its records is finding that they are calling and waiting for acceptance to one facility. If the facility does not accept, they start the process, which adds time.

Kelly Joiner asked if there would be a way for her to work with a registrar at a facility with high transfer volumes to determine the missing EMS report cause. Liz Atkins suggested meeting with Kelly, Regina, Gina, and Marie to discuss this further.

Minutes Respectfully Submitted by Gabriela Saye