

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Rehabilitation Committee
Project/Activity	Comments
1. Rehab Data Analysis	<p>Update: Subcommittee created to be able to have more meetings on this project. Susannah Kidwell (Children's) is leading this subcommittee.</p> <p>Began obtaining discharge trends data, breakout by diagnosis codes of TBI, SCI, Amputee. Will also add Pediatric. Working to understand available data and what additional data may be needed to achieve goals. Initial focus is on getting a handle of whether there are enough acute rehabilitation beds in the state for the size of our trauma population, and whether there is overuse of lower level of care (SNF or Home) due to lack of resources. This can likely be approximated by comparing ISS by diagnoses cohorts and dc location. We may want to evaluate the DC trends of the state's trauma hospitals by ISS/Dx codes to see if some systems are underutilizing Acute rehabilitation, and then look further at barriers to access. We will consider ways to estimate the "rehabilitation disadvantage score" in terms of decreased access to acute rehabilitation resources (vs DC to home or SNF) if a patient is Unfunded or receiving Medicaid benefits at the time of their traumatic injury. This score can be estimated by comparing cohorts of similar dx and ISS score and available DC location data broken out by the Payor data.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>5.5.5. Perform a comprehensive resource needs assessment of rehabilitation services for trauma patients, especially for traumatic brain injuries, spinal cord injuries, and pediatric patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p>
Status: In process.	Support GTC Strategic Priorities? (Y/N): Yes
2. Improve Rehab Transition	<p>Update: Began building a Rehabilitation Access Survey which will go out to trauma hospital case managers, helping better understand access barriers at a systemwide level. Some of the draft questions are attached. This survey will be discussed at the next committee meeting.</p> <p><i>This activity addresses the following 3 ACS recommendations:</i></p> <p>5.5.2. Optimize the transition process from the acute inpatient setting to rehabilitation from both a timing and funding source allocation perspective.</p> <p>5.5.3. Develop inpatient rehabilitation transfer recommendations and guidelines for the statewide trauma system. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p> <p>5.5.7. Work with payers and governmental agencies to improve access to rehabilitation services in a timely manner.</p>
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes

3. Endorse / incorporate rehab quality standards	<p>Committee will discuss adopting already existing third party certification schemes.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>5.5.4. Define minimum requirements and qualifications for inpatient rehabilitation centers caring for injured patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	
4. Develop trauma rehab quality indicators	<p>Update: Update: Began working with the Quality department at Shepherd Center which is devoting staff time to Dr. Vox to help this project. It is currently estimated to have a completion at end of year. Attachment includes an overview of some of the initial challenges encountered and plans.</p> <p>We will consider system indicators such as referral to CARF accredited rehabilitation programming. We will consider creating a trauma system rehabilitation provider partner network where membership requires data sharing participation with the central repository about admission and discharge functional levels from inpatient services, and later adding efforts at tracking outpatient rehab needs and access, vocational services utilization, long term outcome data etc.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>5.5.6. Include the rehabilitation phase of care in a system performance improvement process using appropriate indicators and benchmarks. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	
5. Other Projects	<p>The following potential projects are not highlighted in the ACS report but matters of interest that will be developed as time allows:</p> <p>Gathering and analyzing data on Medicaid and Medicare applications by Georgia residents, and trends over time, related to disabilities whose cause is trauma.</p> <p>Providing strategic guidance on state resources of importance to trauma survivors, including vocational rehabilitation</p> <p>Discussions regarding creating a voluntary Level system for rehabilitation facilities that mirrors the level designation for trauma hospitals, with a goal of promoting the necessary rehabilitation resources in the state to support its trauma population. This activity helps achieve the ACS goal of including “the rehabilitation phase of care in a systemwide performance improvement process using appropriate indicators and benchmarks.”</p>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	

Questions, Issues, and Recommendations Requiring Commission Discussion:	None at this time.
Motions for Consideration at the Commission Meeting:	None requested at this time.
Committee Members:	Kevin Gohman (Northeast Georgia), Susannah Kidwell (CHOA), Alex Liagminas (Wellstar), Dana Norall (Wellstar), Jackson Elam (Warm Springs), Kathy Clark (Warm Springs), Brick Johnstone (Shepherd), Issi Clesson (Shepherd), Edelle Field-Fote (Shepherd), Mark Hinrichs (Emory/Grady).
Chair/Commission Liaison:	Chair: Ford Vox, MD (Shepherd Center)
Date of Next Committee Meeting:	8/3/23