



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

Name of Committee or Workgroup:	Rehabilitation Committee	
Project/Activity ¹		Comments
1. Rehab Data Analysis		<p>Update: 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.</p> <p>This activity addresses the following ACS recommendation: 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>We will consider developing a Survey to trauma hospitals targeting case managers and others involved in the discharge process. We look at ways to gather data on unfunded and Medicaid patient population needing acute rehabilitation resources. 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 3 ACS recommendations:</i> 5.5.2. Optimize the transition process from the acute inpatient setting to rehabilitation from both a timing and funding source allocation perspective. 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.) 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		The rehabilitation field has a variety of established quality standards and certifications that we can roll into official system guidelines, and track compliance. The Commission on Accreditation of Rehabilitation Facilities (CARF) provides accreditations including for

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



	<p>relevant speciality programming such as TBI and SCI. The committee will work on incorporating these into the trauma system guidance.</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>
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes
4. Develop trauma rehab quality indicators	<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>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>
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes
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>
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes

Questions, Issues, and Recommendations Requiring Commission Discussion:	<p>Welcome to Kevin Gohman, director of inpatient rehabilitation for Northeast Georgia Medical Center.</p> <p>At the last meeting we also decided to extend an invitation to Memorial Savannah. It appears Memorial has closed its inpatient rehabilitation service.</p> <p>Additional membership to the committee can be considered on a rolling basis. Please email the Chair with any suggestions.</p>
Motions for Consideration at the Commission Meeting:	None requested at this time.



GEORGIA TRAUMA
COMMISSION

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 Clessen (Shepherd), Edelle Field-Fote (Shepherd), Mark Hinrichs (Emory/Grady)
Chair/Commission Liaison:	Chair: Ford Vox, MD (Shepherd Center)
Date of Next Committee Meeting:	5/16/23