**Trauma System Performance (Data) Committee**

**DRAFT FOR APPROVAL**

**Meeting Minutes**

January 9, 2025

3:00 PM – 4:00 PM

Zoom Meeting

[Link to Meeting Documents](https://trauma.georgia.gov/events/2025-01-09/gtc-trauma-system-performance-data-committee-meeting)

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

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| **COMMISSION MEMBERS PRESENT** | **STAFF MEMBERS & OTHERS PRESENT** |
| Dr. James Dunne, GTC Vice-Chair  Dr. Regina Medeiros, GTC Secretary/Treasurer | Elizabeth V. Atkins, GTC, Executive Director  Gabriela Saye, GTC, Business Operations Manager  Gina Solomon, GTC, GQIP Director  Dr. Janani Thapa, UGA, Associate Professor  Dr. Eileen Bulger, University of Washington, Professor and Chief of the Division of Trauma, Burns, and Critical Care  Dr. Michelle Price, Coalition for National Trauma Research, Executive Director  Brett Buehner, Piedmont Augusta, TPM |

**Call to Order**

The meeting was called to order at 3:00 PM with nine committee members present.

**Access to Trauma Care- An Analysis of the Georgia Trauma System**

*Presented by Dr. Eileen Bulger*

Dr. Dunne introduced Dr. Bulger, a renowned leader in trauma research from Seattle. Elizabeth Atkins emphasized that Dr. Bulger would present the findings of a comprehensive accessibility study, with significant contributions from Nick Medrano and Dr. Michelle Price from the Coalition for National Trauma Research (CNTR). The study aimed to evaluate EMS coverage across Georgia, focusing on gaps in trauma center accessibility, particularly within the critical “golden hour” after an injury.

Dr. Bulger reviewed the study’s four milestones and mapping (**ATTACHMENT A**), including the Georgia trauma system network mapping build, population access to care, accessibility maps, and identification of optimal trauma center upgrades.

Key discussions included:

* The maps visualize access to trauma centers by level and transport type (ground vs. air). The maps highlight rural areas lacking coverage, particularly in southern Georiga.
* The study accounted for EMS and trauma resources outside Georgia, ensuring an accurate regional analysis. However, Dr. Bulger noted the need for further stakeholder input to refine the model and explore additional applications.
* The Committee discussed leveraging the data for strategic planning, including trauma center upgrades or establishing new EMS bases. For example, upgrading one hospital to a Level II could benefit 27,000 additional patients, while adding Level III and IV facilities could address coverage gaps in rural areas. Participants discussed the feasibility of updates, noting challenges such as insufficient patient volumes and the availability of specialized staff in rural areas. Rural areas also face longer response times due to fewer EMS agencies.
* The Georgia hospital discharge data was highlighted as a resource for estimating injury volumes, though its limitations were acknowledged.
* The benefits of air transport, despite longer activation times, were discussed. Air resources bring advanced care to rural scenes, offsetting delays and improving outcomes.
* Potential comparisons with neighboring states were suggested for benchmarking and insights. Nick Medrano had conducted a prior study examining trauma systems in four states. Dr. Bulger and Elizabeth Atkins highlighted Alabama as a potential comparison to Georgia’s current system.

The presentation closed with a discussion of the value of GIS-based tools for modeling trauma system scenarios. The tool allows simulations, such as relocating air medical bases or altering hospital levels, to assess potential impacts before implementing changes. Elizabeth Atkins stressed the importance of keeping the GIS tool current, citing the recent loss of a Level IV trauma center. Michelle Price proposed a retainer with the Georgia Trauma Commission for ongoing updates. Elizabeth Atkins and Michelle Price will discuss retainer costs offline. Elizabeth Atkins proposed Dr. Dunne bring the retainer request forward to the full Commission for approval.

**UGA Trauma Utilization Pattern, Healthcare Utilization, and Outcomes Research**

*Presented by Dr. Janani Thapa*

Dr. Thapa provided an update on the study:

* Collaboration with Elizabeth Atkins and Dr. Elizabeth Benjamin is ongoing, with weekly meeetings to refine and analyze results.
* Preliminary findings suggest that less than 10% of patients need transfer to a designated trauma center.
* Efforts are underway to present the findings in a digestible format for the Committee, with plans to further review before presentation.

The importance of leveraging UGA’s study to gain insight into the frequency and rationale behind patient transfers to other trauma centers was highlighted. A historical reference to Dr. Ashley’s study on trauma center access and mortality was mentioned, emphasizing the need for updated research on system-wide data.

**Trauma Registry Data Report: Update on Image Trend Migration Status**

*Presented by Marie Probst*

Marie Probst provided the following updates on the annual data migration process:

* The 2025 schema includes 18 new data elements
* Collaboration with ESO and internal stakeholders, including Gina and Jeremy, will focus on ensuring accurate data mapping.
* Marie expressed confidence in the process due to prior experience but acknowledged potential unknowns with the expanded schema.

There was a discussion about whether the data migration updates should remain a standing agenda item in quarterly meetings. The Committee retained it as a recurring topic to ensure consistent communication and promptly address potential issues.

**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 2025-01-01:**

**Motion to approve October 23, 2024, meeting minutes as submitted**

**MOTION BY:** Tracy Johns

**SECOND BY:** Dr. James Dunne

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion ***PASSED*** with no objections nor abstentions

**Time to Definitive Care | Navicent and Memorial Project**

*Presented by Dr. Dunne*

Dr. Dunne discussed the progress of the two-center trauma study. Data analysis is ongoing, and an abstract will be submitted to AAST by mid-February. The team has discussed extending the study using the statewide trauma registry, potentially increasing the sample size by four or five times.

Tracy Johns highlighted ongoing issues with missing or inaccurate EMS trip sheets but noted that new registry improvements would ease the process.

Dr. Dunne proposed a workgroup, including Gina, Lina, and Tracy, to focus on data collection and feasibility for statewide expansion.

**Closing remarks**

*Presented by Dr. Dunne*

Dr. Dunne advised that the trauma system dashboard would be operational soon under Elizabeth Atkins' guidance. He thanked attendees for their contributions and affirmed the importance of collaboration in addressing trauma system challenges.

**Summary of MEETING & Adjournment**

* Dr. Bulger reviewed the Access to Trauma Care: An Analysis of the Georgia Trauma System study (**ATTACHMENT A**). The geospatial analysis provides valuable insights into trauma system coverage gaps and potential improvements. Elizabeth Atkins stressed the importance of keeping the GIS tool current, citing the recent loss of a Level IV trauma center. Michelle Price proposed a retainer with the Georgia Trauma Commission for ongoing updates. Elizabeth Atkins and Michelle Price will discuss retainer costs offline. Elizabeth Atkins proposed Dr. Dunne bring the retainer request forward to the full Commission for approval.
* The ongoing UGA study examining transfer patterns and trauma center utilization is nearing completion.
* The Navicent and Memorial time-to-definitive-care study is progressing, with plans to expand statewide after an initial two-center analysis. Dr. Dunne proposed a workgroup, including Gina, Lina, and Tracy, to focus on data collection and feasibility for statewide expansion.
* The annual EMS data schema update is underway, with 18 new data elements added for 2025.

The meeting adjourned at 3:55 PM.

*Minutes Respectfully Submitted by Gabriela Saye*