**Trauma System Performance (Data) Committee**

**DRAFT FOR APPROVAL**

**Meeting Minutes**

July 23, 2025

2:00 PM – 3:00 PM

Zoom Meeting

[Link to Meeting Documents](https://trauma.georgia.gov/events/2025-07-23/gtc-trauma-system-performance-data-committee-meeting)

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

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| **COMMISSION MEMBERS PRESENT** | **STAFF MEMBERS & OTHERS PRESENT** |
| Dr. James Dunne, GTC  Courtney Terwilliger, GTC | Gabriela Saye, GTC, Business Operations Manager  Gina Solomon, GTC, GQIP Director |

**Call to Order**

The meeting was called to order at 2:00 PM with ten committee members present.

**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 2025-07-01:**

**Motion to approve April 11, 2025, meeting minutes as submitted**

**MOTION BY:** James Dunner

**SECOND BY:** Courtney Terwilliger

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

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

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

*Presented by Marie Probst*

Marie shared that there were no significant updates due to the pending distribution of the ESO 2025 State update. The team is preparing the 2026 data element list. Dr. Danlin Luo is working on the 2024 annual report, which is expected to be finalized in the next 4-6 weeks.

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

*Presented by Dr. Dunne*

Dr. Dunne provided a project overview, noting that the pilot study between Macon and Savannah is complete. The abstract initially submitted to AAST was rejected. The study was resubmitted to EAST, with acceptance results expected in August. There is interest in expanding the study statewide using the GQIP database.

Dr. Alexis Smith said she will discuss the statewide expansion with the GQIP Fellow, Dr. Hilary Jessup. Dr. Dunne noted that IRB approval is pending Dr. Sharma’s signature, which was initiated by the previous GQIP Fellow, Dr. Galloway. Dr. Smith advised that she would reach out to Dr. Sharma to determine the status of the IRB. She also mentioned that an overview of the two-center study would be beneficial in deciding on the next steps with Dr. Jessup. Dr. Dunne recommended scheduling a Committee meeting during the August GQIP meeting to discuss the statewide project further. He will send Gina Solomon the previous data elements to begin report building and the analysis framework. Dr. Dunne also mentioned that the two-center study encountered data integrity issues, which is also a concern for the statewide project. Gabby noted that meeting logistics would have to be confirmed for an additional meeting during the August GQIP meetings.

Project discussion points:

* The two-center study did capture the EMS A-leg data (initial pickup from the scene to the first hospital). Gina Solomon added that about 25%-30% of cases include complete first-leg data.
* The need for validation rules to screen for inaccurate or misleading time records was emphasized. Dr. Dunne recommended that the GQIP Research Fellow be assigned to review and clean the data.
* IRB parameters would likely limit the data to 2021 or 2022 onward, providing about 3-4 years of data.
* Further discussions are needed regarding missing Patient Care Reports (PCR).
* Dr. Dunne proposed a side project focusing on why PCRs are missing. Dr. Smith agreed that determining how agencies can improve data collection statewide and exploring customer journey mapping or agency-level partnerships is important. Dr. Benjamin supported this idea, noting that inconsistent data elements across EMS agencies lead to bias and loss of usable data in studies.
* Dr. Dunne highlighted the primary challenges in the two-center study: data linkage from the first trip and human errors in data entry. Though limited, Dr. Benjamin proposed exploring imaging records (PACS) as a potential linkage method, such as when patients are listed as “John Doe.”
* It was noted that state regulations do not mandate data validation before EMS reports are submitted, limiting data accuracy.
* Tracy advised that she and Lena were working on documenting their challenges with the two-center study. Dr. Smith suggested that the information would be helpful for the August meeting.
* Dr. Dunne shared that between the two centers, 15% of records included the first transport documentation, and the remaining 85% lacked linkage to those transport records. Tracy and other team members help retrieve some missing PCRs, so the real percentage may be greater than 15%, but it is still far from complete.
* Gina added that, based on past reviews, the majority of patients appeared to arrive by POV rather than EMS.

**TRAUMA SYSTEM DASHBOARD**

*Presented by Gina Solomon*

Gina reported no major updates but shared that the Q1 2025 data had just been received and she would begin populating the dashboard. Dr. Dunne asked if data elements had been finalized. Gina confirmed they had not, and further discussion is needed. Dr. Dunne recommended adding the dashboard discussion to the agenda for the next meeting to assess what is appropriate for a system-level overview and make edits if necessary.

**Closing remarks**

*Presented by Dr. Dunne*

Dr. Dunne thanked the committee members for their contributions, noting it was a productive discussion on the Time to Definitive Care Initiative.

**Summary of MEETING & Adjournment**

* Committee members discussed the timeframe for conducting a statewide time to definitive care study. It was proposed that committee members meet during the August GQIP meeting to discuss the study further.
* Dr. Smith will start an email chain with Dr. Sharma and the GQIP team to determine the next steps and the items needed for project initiation. Dr. Dunne will send Gina the previous data elements to begin report building and the analysis framework.
* Tracy and the team are to prepare an overview of EMS data history and challenges for the August meeting
* The committee will add the Trauma System Dashboard data element review to next month's agenda

The meeting adjourned at 2:40 PM.

*Minutes Respectfully Submitted by Gabriela Saye*