

**APPROVED**  
**01.09.25**



# GEORGIA TRAUMA COMMISSION

## Trauma System Performance (Data) Committee

### Meeting Minutes

October 23, 2024

1:00 PM – 2:00 PM

Zoom Meeting

[Link to Meeting Documents](#)

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

COMMISSION MEMBERS PRESENT	STAFF MEMBERS & OTHERS PRESENT
Dr. James Dunne, GTC Vice-Chair Dr. Regina Medeiros, GTC Secretary/Treasurer Courtney Terwilliger, GTC Member	Elizabeth V. Atkins, GTC, Executive Director Gabriela Saye, GTC, Business Operations Manager Gina Solomon, GTC, GQIP Director Stacey Smith, OEMST Trauma Systems Coordinator Dr. Janani Thapa, UGA, Associate Professor

### **CALL TO ORDER**

The meeting was called to order at 1:05 PM with eight 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 2024-10-01:**

**Motion to approve July 9, 2024, meeting minutes as submitted**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Tracy Johns

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

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

### **EILEEN BULGER PROJECT UPDATE**

*Presented by Liz Atkins*

Liz provided an update on the study replicating Dr. Bulger and Dr. Nathan's statewide trauma care accessibility research. The study uses geospatial analysis to map 911 ambulance locations and assess access to trauma care. Liz outlined the four study milestones, noting that the fourth and final milestone would be completed by the end of the month, with data including rural hospital locations and potential trauma centers being incorporated. Liz



credited the State Office of Rural Health and the Coalition for National Trauma Research for data collection and analysis.

Dr. Dunne asked if Dr. Bulger's group had validated their mapping data against actual EMS response times. Liz explained that response times were acknowledged as a limitation in the paper and suggested discussing the next steps with Dr. Bulger during the upcoming TQIP conference.

Liz proposed sending the EMS mapping data to interested members for preliminary review. Dr. Thapa expressed interest in revising the report for further insights.

## **TRAUMA REGISTRY DATA REPORT: UPDATE ON IMAGE TREND MIGRATION STATUS**

*Presented by Marie Probst*

Marie Probst opened by noting that Dr. Danlin Luo had prepared the 2023 annual report, which was distributed and posted on the DPH OEMST website. A limitation was discovered in the data from ESO users, specifically regarding the number of PCR reports. We are working on solutions with ImageTrend about this matter.

Dr. Dunne asked if there was a shortage of reports. Marie clarified the issue stems from how the data is processed between ESO and ImageTrend. The ImageTrend trauma registry receives only a single PCR record per incident, whereas GQIP receives multiple PCR records if multiple PCR data are entered. This discrepancy limits the ability to provide complete data for certain analyses, such as response time accuracy.

Dr. Dunne sought confirmation on whether EMS agencies are required to submit trip sheets to ImageTrend, which Marie affirmed. She further explained that while ESO users can manually search for and import PCR numbers within ImageTrend, that would require extra effort from the user. The ultimate dream goal would involve matching UUIDs in ImageTrend for automatic data integration into the trauma registry. However, this feature has yet to be fully tested.

Kelli Vaughn and Tracy Johns discussed challenges with incomplete records, often requiring a follow-up with EMS agencies for data completion. Tracy noted data inconsistencies and errors in gender and age fields, hindering data quality.

The group discussed a potential report mechanism to help identify recurring issues at specific agencies. Dr. Dunne suggested that DPH audit agencies to ensure compliance with submission deadlines. Courtney Terwilliger shared there is a 24-hour upload requirement for trip sheets. April Moss proposed researching with the DPH OEMST team to see if they can run a report on EMS agencies that consistently miss deadlines. She expressed concern that if a run never gets entered, they would not know it is missing unless a hospital notifies them. Tracy Johns offered her help in developing a pilot reporting project to monitor missing EMS records over a set period, with results to be used for further evaluation.

Marie continued her report, adding that ESO user data has begun importing into the ImageTrend registry based on the same schema the 23 data was set up with, and preparations are underway for the 2025 update. ImageTrend is finalizing the new schema, which will include NTDS, ITDX, and 21 Georgia-specific extension fields, set for release to ESO users by December.

Testing is progressing smoothly on Grady's migration to the latest ESO version, and validation is ongoing to ensure data accuracy across fields.



## GEORGIA TRAUMA COMMISSION

Dr. Dunne asked if Marie was comfortable running various reports on ImageTrend. Marie confirmed they could ask ImageTrend for help if they have any trouble. April Moss added that ImageTrend's current report writer is being updated to a more user-friendly version, anticipated in early 2025, with improved pre-built reports and added functionality to streamline data access and reporting.

### **TIME TO DEFINITIVE CARE | NAVICENT AND MEMORIAL PROJECT**

*Presented by Dr. Dunne and Tracy Johns*

Dr. Dunne asked Tracy Johns to provide an update on the project.

Last week, we reviewed our initial statistical analysis of the 2019 data and addressed some data cleaning needs, which we completed and sent to the statistician on Monday. We aim to complete the remaining 2020 data records by November 1<sup>st</sup>. The goal is to prepare this data for the upcoming AAST conference.

We excluded records with a 12-hour delay between injury and EMS or 911 contact. Based on this criterion, we expect around 800 qualifying patients between the two hospitals.

Dr. Dunne envisions two primary publications: one on time to definitive care from the 2019 data to be presented as an abstract for the WRC, and another comparing pre-and-post COVID data to analyze changes in patient care timing. Additionally, we are considering a manuscript focused on improving data capture methods and our system for determining transfer times. Preliminary findings may be ready for discussion at the November Trauma Commission meeting.

April Moss suggested incorporating the new EMS workforce dashboard to observe if changes in workforce numbers impacted time to definitive care. Tracy Johns also proposed another potential paper examining the correlation between transfer times and AIS scores for different body regions.

### **TRAUMA SYSTEM DASHBOARD**

*Presented by Liz Atkins*

Liz Atkins updated the group on the development status of the trauma system dashboard, noting the project was on hold to prioritize a financial KPI dashboard that addresses legislators' questions about trauma center financial operations and the recent \$61 million funding request. This financial KPI dashboard will highlight trauma activation fees and claim payment success rates to improve system financial transparency.

Dr. Dunne added that the need for a trauma system dashboard emerged during the ACS Trauma System Consultation, which revealed a lack of state-level tracking for trauma system metrics. Hopefully, in the next three to six months, we'll start tracking system-wide issues to ensure we continue to improve.

### **UGA TRAUMA UTILIZATION PATTERN, HEALTHCARE UTILIZATION, AND OUTCOMES RESEARCH**

*Presented by Dr. Janani Thapa*

Dr. Dunne asked Dr. Thapa to provide an update on the study. Due to limited time, Dr. Thapa proposed providing a high-level overview of some updates.

We have started our first draft paper resulting from this study, focusing on trauma care accessibility in Georgia. After discussions with the group, we returned to the dataset and found different variables were available in the Georgia Hospital Association. Dr. Thapa shared study updates, including data on patient origin, transfer, and admission types, focusing on inappropriate transfers.



## GEORGIA TRAUMA COMMISSION

Dr. Thapa suggested a separate meeting between Dr. Dunne, Dr. Benjamin, and Liz Atkins to review the updates and provide feedback. Dr. Dunne will have Lacey Wyland organize the meeting.

With no further discussion or questions, the meeting adjourned.

### **SUMMARY OF MEETING & ADJOURNMENT**

- Liz Atkins provided an update on Dr. Bulger's project update, noting that the fourth and final milestone would be completed by the end of the month. Liz proposed sending the EMS mapping data to interested members for preliminary review. Dr. Thapa expressed interest in revising the report for further insights.
- Marie Probst opened by noting that Dr. Danlin Luo had prepared the 2023 annual report, which was distributed and posted on the DPH OEMST website. A limitation was discovered in the data from ESO users, specifically regarding the number of PCR reports. DPH OEMST is working on solutions with Imagetrend about this matter.
- The committee discussed challenges with missing or incomplete PCR reports. April Moss will contact the DPH OEMST team to see if they can run a report on EMS agencies that consistently miss deadlines. It was noted if a run never gets entered, they would not know it is missing unless a hospital notifies them. Tracy Johns offered her help in developing a pilot reporting project to monitor missing EMS records over a set period, with results to be used for further evaluation.
- Tracy Johns provided an update on the Memorial and Navicent Time to Definitive Care project. The project is progressing well and has the potential for multiple publications.
- Liz Atkins updated the group on the development status of the trauma system dashboard, noting the project was on hold to prioritize a financial KPI dashboard that addresses' legislators' questions about trauma center financial operations and the recent \$61 million funding request.
- Dr. Thapa mentioned they started the first draft paper from the trauma utilization study. Further discussions are needed to review the methodology and preliminary results. A follow-up meeting was requested with Dr. Dunne, Dr. Benjamin, and Liz Atkins to be scheduled by Lacey Wyland

The meeting adjourned at 1:47 PM.

*Minutes Respectfully Submitted by Gabriela Saye*