GEORGIA TRAUMA COMMISSION

APPROVED 03.01.22

Level III/Level IV Committee Meeting
Thursday, August 13th, 2021
11:15 am to 12:30 pm
King & Prince Resort, St. Simons, GA & Zoom Livestream
Meeting Minutes

COMMITTEE MEMBERS PRESENT	REPRESENTING
Dr. Greg Patterson	J.D. Archbold Memorial Hospital, Chair
Dr. Alicia Register	Crisp Regional Health Services, Vice-Chair
Kelli Vaughn	J.D. Archbold Memorial Hospital, TPM
Dr. Kelly Mayfield	Advent Health Redmond Hospital, TMD
Damien Scott	Emanuel Medical Center, CEO
Brooke Marsh	Emanuel Medical Center, ED/TPM
Rachel Hand	Wellstar West Georgia Medical Center, TPM
Nicki Butera	Wellstar Spalding Regional, TPM
Sharon Hogue	Atrium Health Polk Medical Center, TPM
Lynn Grant	Fairview Park Hospital, Trauma Coordinator
Dr. Steven Paynter	Hamilton Medical Center, TMD
Dr. David Kiefer	Effingham Hospital, TMD
Kimberly Brown	Hamilton Medical Center, TPM

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins	GTC, Executive Director
Gina Solomon	GTC, GQIP Director
Renee Morgan	OEMST

Call to Order: (00:00:15 on the recording)
Dr. Greg Patterson called the meeting to order at 00:15:47 on the recording

Introductions: (00:00:25) ***Presented by Dr. Greg Patterson***
Dr. Patterson encouraged everyone to introduce themselves and state their current position (please see attendees list above)

Trauma Readiness Costs Survey: (00:06:38) ***Presented by Liz Atkins and Kelly Vaughn***
After introductions, Dr. Paterson stated our state is interested in the number of funds you obtain. We want to present to legislatures how much it costs to be a trauma center. Five years ago, Level I and Level II participated in the first readiness cost survey in the country. It resulted in several papers and presentations that focused on what it costs to run a Level I and II. We are looking to facilitate the same survey for the Level III and IV centers, and we are aware you have different criteria.

Ms. Liz Atkins shared the survey (00:07:23) with the attendees via the Zoom platform. Ms. Kelli Vaughn provided an overview of the survey and explained the format of the survey form. Liz and I went through this and tried to tie in the orange book deficiencies to each requirement so that when you are working with your administration, you can easily reference why we are asking for the information. We did have to change our definitions for III and IV to look at admitted patients rather than exclusively transferred patients when considering resources like Physical Therapy, Occupational Therapy. Education for staff and physicians remains the same for all levels. Unfortunately, ACS is not descriptive with Level IV; you may have things you need that improve patient care but are not required. We recognize the importance of collecting the additional information because when the nine-member Commission makes funding decisions, we can still offer support when needed to progress.

Our timeline on this:

1. Send out the survey to you for review
2. Schedule a webinar with your CFO's to discuss
3. Four weeks after the webinar, we will ask you to submit your completed survey
4. Within six weeks, an external audit agency will review your numbers. Where there are huge discrepancies, they will reach out to you to discuss and understand the reasoning. You should have a meeting scheduled with them before the end of the year.

Ms. Atkins stated we would love to have this buttoned up before the legislative session in January. If we can come prepared with all the rates for every Level, we will be able to ask for additional funding, or if needed, we could rework the funding methodology to figure out how we fund you at every Level. Uncompensated care has never included Level III and IV; however, it appears other systems are allowing uncompensated care funds for Level III due to the surgical requirement.

Dr. Patterson mentioned they know it can look like a lot of work, but it will help us gain traction with the state. He asked if there were any questions.

Consults: (00:17:53) ***Presented by Dr. Patterson and Ms. Atkins***

Dr. Paterson stated Level I and II must be ACS verified by June 30th, 2023, and all Level III's by June 30th, 2024. Ms. Atkins added legislators liked the idea of having centers meet the national standard verification with the American College of Surgeons. One of the deliverables this year was to schedule your consult visits within the following year. There are other consulting agencies other than the ACS. We prefer you go through them, but we can certainly be flexible and work with you if you have special consideration.

Before moving on to the next agenda item, Dr. Patterson asked for additional questions.

Registry Contracting: (00:20:42) ***Presented by Liz Atkins and Kelly Vaughn***

Dr. Pattersons stated one of the other points is the difficulty in registrar issues. The average for ACS guidelines is one registrar for five hundred patients. What happens when you lose that registrar? What do you do for help with inputting the data?

Ms. Atkins mentioned contract work as an option and can do it on a reimbursement basis since the Commission can't pay due to the access to your PHI. We recognize it is challenging for the level IV centers where you have one person as the trauma program manager, the PI coordinator, and entering data. Preferably, we want someone focused on the data, and another focused on the outcomes. If everyone agreed on one contract source, we could obtain a reasonable rate, and the registrar could efficiently work remotely to input the data for all Level IVs. We need to understand the work effort to obtain the best rate. It's beneficial to have someone in house, but the contract work would be able to get you out of a log jam. If you're not getting the data, how can you do the PI? If we invest in arbormetrics to look at Level IV, we have to make sure we can get the data in.

Committee members briefly discussed their own experiences with their registry team, from using retired employees to using nurses to input data. The idea of a focus group regarding these issues was brought up and agreed upon.

Dr. Patterson stated we need to know where we are in the state and solve our unique problems. One of our hurtles is to overcome the distance between each other.
Ms. Vaughn asked participants if they were concurrent in their registry submissions. Most participants stated they were currently concurrent. Ms. Morgan revealed sometimes centers don't know what the registry is. Sometimes we don't know until the next quarter that they are in trouble. Regina and Marie have offered assistance, and sometimes they don't want anyone else in their facility. Ms. Atkins explained the registry drives everything in your program, and we need to have a solid backup plan. We have time right now to get the data right.

We have talked about a website option to make data entry easier. Ms. Atkins agreed and explained web-based registry is part of ESO; they purchased our prior product. ESO and Imagetrend are the only two registries available. You may not have the bandwidth to maintain this software, and with the web-based registry, the maintenance is done for you. If your registrar is working remotely, the access is seamless. If you have to log into Citrix to get into all your software, it's slow, and then you can lose your whole record before saving.

Ms. Atkins added that the state is going Imagetrend; they offer a free registry but don't include the same components as ESO like the PI module. We want you to stay with ESO, and we don't want to submit data into arbormetrics that doesn't reflect accurate data. We need validation tools that advise of issues in the data. Ms. Morgan clarified that Imagetrend is in its infancy stage, and we have two hospitals piloted the program. Some states use multiple registries without any problems. If you stay on ESO, it doesn't change anything you do. We are not going to make centers change registries.

We have reached out to Texas and Pennsylvania to see if they can give us an external review of our Level IVs. We got two options, one was $140,000, and the other was $100,000. Our colleagues in Texas have additional criteria on top of ACS criteria. There is an opportunity to collaborate, and there is a possibility of having the state require an external consult for a Level IV to be state designated. It's helpful for your administrative leaders to hear from an external source what they found and how care is being provided in your facility. They can provide recommendations on improving your facility and what you need to do. They would meet with the Commission and provide an overview of strengths, opportunities, and recommendations.

Dr. Patterson asked for any comments.

Summary & Next Steps: (00:53:19) ***Group Discussion***

Be on the lookout for the readiness cost survey, and Ms. Atkins added that we would send out the timeline. We have to get with the audit firm to give you a date for the webinar and have Dr. Meideros present because she has done several of these.

Dr. Patterson added we are trying to get together the best contact for each facility in Georgia. I have a problem getting feedback on patients, and the best way to obtain feedback is using old lines of communication. We are having trouble finding the best universal contact to get feedback. We can update this on a quarterly or yearly basis.

Meeting adjourned at 01:02:41 on recording

Minutes Respectfully Submitted by Gabriela Saye