



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Trauma Medical Directors Conference Call: 27 January 2014

Attending:

Level 1 Trauma Centers	Representing Physicians
Atlanta Medical Center Egleston Georgia Regents Grady Memorial MCCG Memorial Health	Dr. John Bleacher Dr. Colville Ferdinand Dr. Chris Dente, Dr. Jeff Nicholas Dr. Dennis Ashley/Chair
Level 2 Trauma Centers	
Archbold Memorial Athens Regional Columbus Regional Floyd Medical Gwinnett Medical Hamilton Medical North Fulton Scottish Rite Wellstar Kennestone Northeast GA Med Ctr	Dr. John Cascone Dr. Thomas Hawke Dr. Scott Hannay Dr. Clarence McKemie Dr. Romeo Massoud Dr. Steve Paynter Dr. Mark Gravlee Dr. John Bleacher Dr. Barry Renz Dr. John Adamski
Level 3 Trauma Centers	
Clearview Regional Taylor Regional Trinity Hospital	Dr. Eric Dill
Level 4 Trauma Centers	
Emanuel Medical Lower Oconee Morgan Memorial Wills Memorial Crisp Regional Effingham Hospital	Dr. Dennis Spencer Dr. Robert Campbell
Burn Centers	
JMS Burn Center Grady Burn Center	Dr. Fred Mullins

OTHERS SIGNING IN	REPRESENTING
Mr. Jim Pettyjohn Mr. John Cannady Ms. Dena Abston Ms. Deb Battle	Georgia Trauma Commission/Staff Georgia Trauma Commission/Staff Georgia Trauma Commission/Staff Northeast Georgia Medical Center

Ms. Joni Napier	Crisp Regional Hospital
Mr. Michael Thompson	Crisp Regional Hospital
Mr. Courtney Terwilliger	Emanuel Medical Hospital, GTC Member
Ms. Sharon Queen	Clearview Regional Hospital
Ms. Tracy Johns	MCCG
Mr. Jim Sargent	North Fulton
Ms. Kathy Segó	Athens Regional
Ms. Kim Brown	Hamilton Medical Center
Dr. Regina Medeiros	Georgia Regents (MCG)
Ms. Elaine Frantz	Memorial Health, GTC Member
Ms. Gina Solomon	Gwinnett Medical Center, GCTE President
Ms. Liz Atkins	Grady Memorial Hospital
Ms. Jo Roland	Archbold Memorial
Dr. John Williams	Coliseum Health System

Meeting Began: 4:03 PM

Meeting Notes:

Dr. Dennis Ashley welcomed everyone to the meeting.

TRANSFER POSTER/LETTER

Presented by Dr. Ashley

- Poster: should be same size as the burn poster, around 18 X 24 inches. Commission staff will print and distribute. No oppositions noted.
- Letter: Dr. Ashley to solely sign the letter that accompanies the poster with all physicians who participated listed below with their medical facilities indicated below their names. No oppositions were noted.
- Thanks to Drs. Henderson and Bromberg for the edits and the final letter and all others on participating.

TRAUMA COMMISSION RETREAT

Presented by Dr. Ashley

- Draft State Trauma Plan: Dr. Pat O'Neal presented a draft of the State Trauma Plan with concentration on strategic goals and defined metrics developed through the Trauma System Evaluation Committee. The following are the seven mentioned components that make up the plan: Legislation and Finance; Public Information, Education, and Prevention; Professional Resources; Pre-Hospital Resources; Definitive Care Facilities; Evaluation; and Research.
- Encouraged to share the draft with trauma committees within their facilities.
- Vote at next Commission Meeting for approval is possible.
- Plan to provide template to RTAC for their respective regional plans.

ACS COT UPDATE

Presented by Dr. Dente

- 2nd annual COT meeting will be held in Augusta in August with a resident paper competition.
- Georgia COT holds monthly conference calls for planning.
- Suggests developing subcommittee group for Georgia COT to plan more activities in small group setting and to build infrastructure.
- Ms. Judy Ochsner, wife of Dr. M. Gage Ochsner, Jr. MD, notified the Dr. Dente that she was honored that the Georgia COT group has chosen to name the resident paper competition as well as the Day of Trauma convention after Dr. Ochsner.
- Dr. Dente mentioned he is four years into this position and is trying to set up the Georgia COT group with a succession plan.

NEW BUSINESS

Presented by Dr. Ashley

- Asked all physicians, trauma coordinators, or trauma medical directors on the line to please review the State Trauma Plan and email or call him with any comments, questions or concerns they may have.

Adjourned: 4:30 PM

Crafted By Dena Abston



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Dear **Hospital CEO or Administrator** and **Chief Medical Officer**:

Over the past few years, Georgia has been aggressively developing a cohesive and comprehensive trauma system; as a part of this effort the Trauma Medical Directors (TMD) of Georgia's 15 adult and 2 pediatric trauma centers meet via conference call on a monthly basis. One of our biggest priorities is to ensure that trauma patients throughout Georgia arrive at trauma centers in a timely manner, by the appropriate method of transportation. The uneven distribution of trauma centers in Georgia presents a major obstacle to these efforts and consequently, many trauma victims present to emergency rooms far from available trauma centers. In order to ensure optimal outcomes these patients need transfer to trauma centers where they can obtain definitive care without delay.

Historically, transfer of patients from non-trauma emergency rooms to trauma hospitals has been difficult. Non-trauma emergency physicians have traditionally felt the need to "build a case of sufficient injuries" to successfully transfer trauma patients to trauma centers reluctant to accept transfer patients. This tradition dictates the need to identify a comprehensive account of a patient's injuries so that the trauma center contacted will agree the patient is sufficiently injured to warrant transfer to a trauma center. This approach to trauma care is at best obstructive and at worst dangerous to the timely and definitive care of trauma patients.

The purpose of this letter is to acknowledge this prior history and affirm the commitment of all of the trauma centers in Georgia to the rapid acceptance and transfer of injured patients that, in the opinion of the referring physician, require a higher level of care. We believe that we have successfully inculcated this commitment in the policies of each Georgia trauma center and therefore we also write to discourage the referring physicians away from the old paradigm of "building a case" for trauma transfer towards adopting a new paradigm of transfer to definitive care based on anatomic, and physiologic criteria as well as assessment of the likely injuries sustained and local resources available to definitively care for these injuries. For example, if a patient presents with likely abdominal injuries based on pain and physical findings; the patient should be transferred to a trauma center with an on-call general surgeon. Similarly, a patient presenting with an open fracture needs transfer to a trauma center if there is no on-call orthopedic surgeon willing to care definitively for the patient. These transfers can and should be requested without requiring a complete workup to identify all of the patients' injuries and actual transfer delayed only long enough to stabilize the patient for transfer itself. Utilizing this approach, precious moments can be saved in getting injured patients to definitive care at our trauma centers.

All of the TMDs agree that this is the appropriate philosophy for determining the need for patient transfer, and we all discourage obtaining multiple x-rays and CT scans to “make a case” for transfer. This is a major paradigm shift for trauma care in Georgia. We are soliciting your assistance in making this paradigm shift a reality. Trauma centers throughout Georgia stand ready to accept trauma patients on the basis of anatomic and physiologic criteria that have been outlined in the accompanying poster and letter endorsed by all of Georgia’s TMDs. These transfer criteria are in compliance with the guidelines of the Advanced Trauma Life Support (ATLS) and Rural Trauma Team Development Courses (RTTDC) developed by the American College of Surgeons Committee on Trauma (ACSCOT). The principles promoted by these programs dictate that referring centers need only establish that they are lacking the resources to provide definitive care for any, or all, of a patient’s injuries as absolute criteria for determining whether a transfer is appropriate.

This assessment can be made without radiologic assessment of the patient beyond a simple chest x-ray and plain pelvic x-ray, generally obtained in the initial assessment of an injured patient. The patient can then be stabilized and transferred to a trauma center; thereby, preserving the integrity of the “golden hour” and allowing prompt, definitive care by the accepting trauma center.

Please help us in adopting this new paradigm in the care of injured patients in Georgia. If we are diligent in the implementation of these principles, we are certain to demonstrate a significant improvement in the care of transferred patients to our trauma centers in the coming years. It is our belief that, with your assistance, a coordinated and comprehensive trauma system will flourish and ensure the timely assessment and care of injured patients throughout Georgia.

On behalf of Trauma Medical Directors subcommittee of the Georgia Trauma Commission,



Dennis W. Ashley, M.D.
Chair, Georgia Trauma Commission

Level I Centers

Vernon J. Henderson, M.D.
Atlanta Medical Center
Atlanta, Georgia
404.265.6577

Paul Parker, M.D.
Children’s Healthcare of Atlanta at Egleston
Atlanta, Georgia
404.785.8787

Jeffrey Nicholas, M.D.
Grady Memorial Hospital
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Dennis Ashley, M.D.
Medical Center of Central Georgia
Macon, Georgia
478.633.1199

Colville Ferdinand, M.D.
Georgia Regents Medical Center
Augusta, Georgia
706.721.3153

William Bromberg, M.D.
Memorial Health University Medical Center
Savannah, Georgia
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Level II Centers

Thomas Hawk, M.D.
Athens Regional Medical Center
Athens, Georgia
706.475.7799

John Cascone, M.D.
John D. Archbold Memorial Hospital
Thomasville, Georgia
229.228.2834

John Bleacher, M.D.
Children's Healthcare of Atlanta
at Scottish Rite
Atlanta, Georgia
404.252.3353

Scott Hannay, M.D.
Midtown Medical Center
Columbus, Georgia
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Clarence McKemie, M.D.
Floyd Medical Center
Rome, Georgia
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Romeo Massoud, M.D.
Gwinnett Medical Center
Lawrenceville, Georgia
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Steven Paynter, M.D.
Hamilton Medical Center
Dalton, Georgia
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Barry Renz, M.D.
WellStar Kennestone Regional Medical
Center
Marietta, Georgia
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Mark Gravlee, M.D.
North Fulton Hospital
Roswell, Georgia
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John Adamski, M.D.
Northeast Georgia Medical Center
Gainesville, Georgia
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Level III Centers

Robert Campbell, M.D.
Taylor Regional Hospital
Hawkinsville, Georgia
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Angelina Postoev, M.D.
Clearview Regional Medical Center
Monroe, Georgia
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Jimmy Peebles, M.D.
Trinity Hospital of Augusta
Augusta, Georgia
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Level IV Centers

Brian Siddall, M.D.
Lower Oconee Community Hospital
Glenwood, Georgia
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Dennis Spencer, M.D.
Morgan Memorial Hospital
Madison, Georgia
706.752.2261

Brad Headley, M.D.
Emanuel Medical Center
Statesboro, Georgia
478.289.1100

Robert Williams, M.D.
Wills Memorial Hospital
Washington, Georgia
706.678.2151

Michael Thompson, M.D.
Crisp Regional Hospital
Cordele, Georgia
229.276.3100

Jay Goldstein, M.D.
Effingham County Hospital
Springfield, Georgia
912.754.6451

Burn Trauma Centers

Walter Ingram, MD.
Grady Burn Center
Atlanta, Georgia
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Fred Mullins, M.D.
Joseph M. Still Burn Center
Augusta, Georgia
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A 2013 analysis of the Georgia trauma system showed a considerable increase in the probability of survival and the probability of “normal discharge to home” for severely injured patients when those patients received care in a Georgia designated trauma center.

The Georgia Trauma Commission encourages you to build relationships with your regional trauma centers and develop agreements to help in the quick transfer of your severely injured patients when time is critical.

The Commission provides readiness and uncompensated care reimbursement funding to all Georgia designated trauma centers. Each center provides real-time service line availability information to the Georgia Trauma Communications Center (TCC) and works with the TCC in trauma patient transfers.

The TCC is staffed 24/7 by trained call agents. The trauma centers service line availabilities are displayed via our web-based Resource Availability Display or RAD. Access to the RAD is available to you via a secure website and at NO COST to you. And, with one call, the TCC can assist you to find an accepting trauma center for your severely injured patients.

To learn more about the resources of the TCC, please email John Cannady the TCC manager at john@gtcnc.org or call 478.993.4459.



Indications for Trauma Patients Requiring Rapid Transfer to a Major Trauma Center

The objective is to identify and then transport Trauma System patients to an appropriate hospital for definitive care within an optimal time. These patients should preferentially be transported to the appropriate level of trauma center within the trauma system.

“WHEN IN DOUBT...TRANSFER OUT!”

TRAUMA TRIAGE CRITERIA (ADULT AND PEDIATRICS)

Neurologic

- GCS < 14 or lateralizing neurological signs
- Penetrating injury to head/neck or open skull fracture
- Spinal fracture or spinal neurological deficit
- Paralysis

Hemodynamic

- Hemodynamic instability
- SBP < 90mm/Hg or age appropriate hypotension
- RR < 10 or > 29 (Adults)
- RR < 20 (Infants < 1 y.o.)

Cardio-vascular/Thoracic

- Injury to carotid, vertebral artery, aorta or great vessels.
- Cardiac rupture
- Pulmonary contusion with P/F < 200
- Flail Chest
- Penetrating injuries to torso associated with energy transfer

Abdominal/Pelvic

- Penetrating injuries to abdomen or groin associated with an energy transfer
- Pelvic fractures, as evidenced by positive “pelvic movement” exam

Extremities

- Fracture or dislocation with loss of distal pulses
- Two or more obvious proximal long-bone fractures
- Crushed, de-gloved, or mangled extremity
- Amputation proximal to wrist and ankle

**Criteria above based on CDC Field Triage Criteria and ACS *Resource for Optimal Care of the Injured Patient* (2006)

If your trauma patient meets any of the above criteria OR care for that injury exceeds local capabilities, transfer to a trauma center utilizing existing relationships or established transfer agreements

or

For assistance with the transfer of trauma patients call the Georgia Trauma Communications Center (TCC) at:
Statewide Toll Free: 866-556-3314

The TCC has up-to-the-minute information on Trauma Center resource availability and will connect you to an accepting Trauma Center.