

Approved November 8, 2018



## Georgia Committee for Trauma Excellence

### MEETING MINUTES

Thursday, August 16, 2018

**King & Prince Resort  
Retreat Room  
201 Arnold Rd  
St. Simons Island, Georgia**

MEMBERS PRESENT	REPRESENTING
Karen Hill, <i>Vice Chair</i>	CHOA Egleston
Gina Solomon, <i>Past Chair</i>	Gwinnett Medical Center
Regina Medeiros, <i>GTC Chair &amp; Special Projects</i>	Georgia Trauma Commission
Erin Moorcones, <i>Education (conference line)</i>	Grady Health System
Kristal Smith, <i>Injury Prevention</i>	Navicent Health Medical Center
Anastasia Hartigan, <i>PI</i>	Doctors Hospital of Augusta
Tracy Johns, <i>Registry</i>	Navicent Health Medical Center
Kate Bailey, <i>Pediatrics</i>	Memorial Hospital
Sabrina Westbrook, <i>Emergency Preparedness (conference line)</i>	Piedmont Walton

OTHERS SIGNING IN	REPRESENTING
Amanda Wright	Augusta University
Patricia Newsome	Augusta University
Kyndra Holm	Augusta University
Mary Alice Aubrey ( <i>Via Conference Line</i> )	CHOA Egleston
Karen Johnson	CHOA Egleston
Kellie Rowker	CHOA Egleston
Jon Johnson ( <i>Via Conference Line</i> )	CHOA Egleston

Tai Woods <i>(Via Conference Line)</i>	CHOA Egleston
Nancy Friedel <i>(Via Conference Line)</i>	CHOA Egleston
Tracie Walton	CHOA at Scottish Rite
Jennifer Hutchinson <i>(Via Conference Line)</i>	CHOA at Scottish Rite
Tawnie Campbell <i>(Via Conference Line)</i>	Coliseum Medical Center, HC
Joni Napier	Crisp Regional Hospital
Janann Dunnavant	Crisp Regional Hospital
Tinyhra Harris <i>(Via Conference Line)</i>	Doctor's Hospital
Kim Moore <i>(Via Conference Line)</i>	Doctor's Hospital
Lisa Dukes <i>(Via Conference Line)</i>	Doctor's Hospital
Farrah Parker	JMS /Doctor's Hospital, HCA
Belinda Ricks	Fairview Park Hospital
Lynn Grant	Fairview Park Hospital
Kristen Campbell	Fairview Park Hospital
Stephanie Proffitt	Floyd Medical Center
Melissa Parris	Floyd Medical Center
Katie Hasty	Floyd Medical Center
Kenya Cosby <i>(Via Conference Line)</i>	Grady Burn Center
Elizabeth Williams Mays <i>(Via Conference Line)</i>	Gardy Memorial Hospital
Rayma Stephens	Gwinnett Medical Center
Rachelle Broom <i>(Via Conference Line)</i>	Gwinnett Medical Center
Barlynda Bryant <i>(Via Conference Line)</i>	Gwinnett Medical Center
Colleen Horne <i>(Via Conference Line)</i>	Gwinnett Medical Center
Kim Brown	Hamilton Medical Center
Kelli Vaughn	J.D. Archbold Memorial Hospital
Shawna Baggett	J.D. Archbold Memorial Hospital
Heyward Wells	Joseph M. Still Burn Center
Sara Hamilton	Memorial Health University Medical
Amanda Ramirez	Memorial Health University Medical
Josephine Fabico-Dublin	Navicent Health Medical Center
Laura Wolf	Northeast Georgia Medical Center
Jessie Gibson	Northeast Georgia Medical Center
Heather Morgan	Piedmont Athens
Karen Pittard	Piedmont Athens
Leslie Baggett	Piedmont Columbus Regional
Susan Simons	Piedmont Columbus Regional
Jaina Carnes	Redmond Regional
Joe Gleason	Redmond Regional
Sharon Hogue <i>(Via Conference Line)</i>	Polk Medical Center
Alex Jones <i>(Via Conference Line)</i>	Taylor Regional Hospital
Jim Sargent	Wellstar Atlanta Medical Center
Consuela Adams <i>(Via Conference Line)</i>	Wellstar Atlanta Medical Center
Rhonda Jones <i>(Via Conference Line)</i>	Wellstar Atlanta Medical Center
Tiffany Cory	Wellstar Kennestone
Kathie Hamby	Wellstar North Fulton
Renee Morgan	DPH/Office of EMS/Trauma
David Newton	DPH/Office of EMS/Trauma
Marie Probst	DPH/Office of EMS/Trauma
Dena Abston	Georgia Trauma Care Commission, Staff
Erin Bolinger	Georgia Trauma Care Commission, Staff
Katie Hamilton	Georgia Trauma Care Commission, Staff
Billy Kunkle	Georgia Trauma Care Commission, Staff
Kara Allard	GQIP

### **CALL TO ORDER**

Ms. Liz Atkins called the meeting of the Georgia Committee for Trauma Excellence to order at 2:01 PM. Quorum was established with 9 of 10 members present or via conference line.

### **MOTION GCTE 2018-08-01:**

**I make the motion to approve the meeting minutes from the May 17, 2018 meeting.**

**MOTION:** Karen Hill

**SECOND:** Gina Solomon

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

**DISCUSSION:** There was no discussion that followed.

Ms. Atkins reported on the recent subcommittee chair conference call and some overlapping of activities that the call provided insight on. One of the items discussed was Emergency Preparedness that could potentially be used more as an advisory. Ms. Atkins suggested we partner up more with our DPH folk.

### **Injury Prevention**

Ms. Smith reported on recent meeting and task force meetings (falls, violence prevention, and traffic related injuries). They are working on a resource for Injury Prevention that can be used by all of us. It is the intent of the resources is to have a repository of information, so no one is reinventing the wheel. Fall Prevention awareness day/ week/month is next month, and we are looking into creating some webinars to also share. Ms. Smith will email these out to the entire group. The Shepherd Center has a great fall prevention program. There is an increase in suicide and next month is suicide prevention month. Also, child passenger safety week is also upcoming so there are many programs to host in the next couple of months that align with these events.

Ms. Atkins mentioned the repository for ACS verification that was discussed last meeting and the need to include the injury prevention programs.

### **Registry Subcommittee**

Ms. Johns gave an update as their last meeting was held in July. Working on several items (Attachment A). The ICD-10 procedure coding list was narrowed down by a group of us that met, however, we decided to not have a state required ICD-10 procedure code list due to hospital practice variance. It is posted for everyone. We have uncovered that TQIP is only recognizing certain codes and report writing and

so facilities are only recognizing certain coded for different injuries. All of these are set as examples on the registry portal. Go to reports via the registry portal. Ms. Johns also mentioned using external cost codes for abuse. TQIP only recognizes the external cost code and it is filed under assault but if you were following proper ICD-10 code you would input first if it were 'confirmed' or 'suspected'. Ms. Karen Johnson worked on this and there may be some upcoming changes on this but unsure as to when this will occur. There is intent to do some webinars and work on validation reports in regard to **PT prophylaxis**. There will be a co-morbid registrar webinar. There is some FY19 funding to be used for registry education. Ms. Abston will add those funds to the Navicent contract and the coordination will be at Navicent. The data dictionary was sent out in June, 25 hospitals were asked to complete between 1 and 8 data definitions and then we compiled this. Ms. Johns wants to enter all into the data dictionary by the end of the month and have the executive committee review and decide on distribution. There were only 8 survey responses to the registry survey. Ms. Atkins confirms only 8 responses to the survey and requests more participation. Ms. Johns will send out again and include all TPM's. Ms. Atkins suggested sending it out to the large distribution list and let the facilities come together to determine who completes it. The PI registry subcommittee has been in discussion about data validation. Ms. Atkins asked about the variation in the registry survey like- do you include all activations in your data even though some injuries may not be considered trauma injuries. There appears to be conflicting information on this. For her facility it would more than double her registry if we did that practice. There is variation in isolated hips data as well. Ms. Atkins requests any and all feedback on this when the survey link is sent out again. We will be doing some inter facility training with our registrars. There is a lot to discuss but participation of all level centers in a small pilot will best serve us at this time.

### **Special Projects Subcommittee**

Ms. Medeiros discussed the recent influx of ACS in our state, whether via visits or verification. In the future due to our strong state network we are interested in an ACS verification tool kit. Ms. Medeiros is asking for all that are interested to be a part of this project to let Ms. Medeiros know. We need one volunteer to collate the information and handle the operational logistics and also be able to delegate the needs of the tool kit. Ms. Medeiros mentioned an example of tool kit information would be the ACS room review set up and it was great for our facility to mirror this without reinventing the wheel and other centers going through their ACS verifications and visits will really appreciate items like this. Another item is an ACS visit timeline and that information would also be well received. Ms. Medeiros asked if those interested parties to be on this project could contact Ms. Bolinger in the trauma commission office at [erin@gtcnc.org](mailto:erin@gtcnc.org). Let her know the contact area you would like to work in as well. Ms. Morgan said there are 11 centers lined up with ACS over the next year, so this will be very helpful.

## **Education Subcommittee**

Ms. Ramirez has turned the chair role of this subcommittee over to Erin Moorcones. Ms. Moorcones is seeking any and all volunteers and the subcommittee calls will be the 1<sup>st</sup> Tuesday of every month at 11:00 like they are currently structured. We have hosted one call and there is some funding changing ongoing and we will be working on this. We do have \$ 40,000 approved for TCAR with one course being hosted at Kathy Segó's facility, Wellstar AMC and we are working to set up the next course as well. We intend to get a start on this at the next monthly meeting.

Ms. Atkins mentioned the funding change and the pre-paid and upfront costs and how we intend to move processes. We may need to reallocate some of this funding to other items and hopefully by FY20 we have a new process all worked out. ATCN courses have pre-paid meal requirements due to the course structure as well. Ms. Abston advised we should follow up prior to TQIP to discuss the funding and how it will work.

## **PI Subcommittee**

Continued to work on ED LOS data with Kara Allard and Marie Probst  
Team reviewed blinded data with final determination that the majority of  
Transfer out ED LOS GT 120 minutes

- Delays related to: (highest percentage in the ISS  $\leq$  9)
  - EMS delays
  - Consults
  - Staff
  - Request made from Marie remove this report measure from the Quarterly/Annual Report
  - Recommendation for new PI measure requested from the PI Subcommittee

(Attachment B)

### **MOTION GCTE 2018-08-02:**

**I make the motion to adopt ortho reporting for antibiotic time administration and ortho (tibial) open fractures in our state quarterly reporting beginning FY19 1<sup>st</sup> Quarter reporting.**

**DISCUSSION:** There was discussion that followed.

### **MOTION GCTE 2018-08-02(A):**

**I make the motion to adopt ortho reporting for antibiotic time administration and ortho (tibial) open fractures and to agree on a standardized beginning FY19 in our state 1<sup>st</sup> Quarter reporting.**

**MOTION:** Anastasia Hartigan

**SECOND:** Tracy Johns

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

**DISCUSSION:** There was no discussion that followed.

Discussion of how we calculate over/under triage and how we can modify the state process to make this work for all of use. Ms. Rayma Stephens has been actively working on this. Discussion of the Krevari method/criteria and how it does not work well for geriatric activation criteria.

### **Pediatric Trauma Subcommittee**

Ms. Bailey is taking over this subcommittee and began by introducing herself. There will be a breakout session tomorrow during Day of Trauma for those existing and those interested in being a part of the subcommittee.

### **Georgia Trauma Commission**

Ms. Dena Abston

Ms. Abston gave a brief overview of the GTC meeting held this morning. Super Speeders funding was over 21 million for FY18. Not much of an increase. We have been working with the Senate school safety committee and there are several upcoming meetings around the state. Some of the recommendations we made were to expand the school safety program and school bus program. We also want to equip all classrooms with a Stop the Bleed kit. Ms. Abston reviewed the administrative report. The application from the trauma research grant is available to interested parties. We are also happy to announce that we are filling some RTAC positions, we have a Region 9 and will have Regions 1,4, and 6 staffed shortly.

### **OEMST**

Ms. Renee Morgan

Ms. Morgan wanted to introduce Mr. David Newton her new deputy director. Ms. Morgan made mention of some open positions and their respective areas. We now have 31 trauma centers.

### **Life Link of Georgia**

Ms. Kim Kottemann

Ms. Kottemann reported on Life Link's year end data. (ATTACH C) Ms. Kottemann reminded the group that she can pull data for anyone who requests it and she mentioned that some have requested data or assisting with data drill down for ACS verifications or re designation visits.

**New Business**

There will be a decision about the November GCTE meeting and we will send out to everyone due to the discrepancy with many on that date.

**MOTION GCTE 2018-08-03:**

**I make the motion to adjourn the meeting.**

**MOTION: Liz Atkins**

**SECOND: Tracy Johns**

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

**DISCUSSION:** There was no discussion that followed.

*Meeting adjourned at 3:55 PM*

*Minutes Crafted by: Erin Bolinger*

## **GCTE REGISTRY SUBCOMMITTEE PROCESS: CHANGES TO REGISTRY**

### **Step 1:** To Request Trauma Registry Software Changes (*before September 1<sup>st</sup>*)

- Identify need for change
- Evaluate function of change, usefulness for all users and possible improvements to base change in practice on.
- Prepare an example with definition of field, options, screen placement and/or parameters
- Email example and request to OEMST

### **Step 2:** Review and Discussion by OEMST and Registrar Subcommittee (*September-October*)

- OEMST and DPH Epidemiology review request
- OEMST and Registrar Subcommittee chairs review request
- Registrar Subcommittee chairs present request to Subcommittee or provide another option to requestor
- OEMST contact DI for evaluation of change, provide cost and timeline for implementation
- OEMST summarizes information above and makes final decision on requested changes.

### **Step 3:** Obtain Approval (*December-January*)

- Registrar Subcommittee chair(s) present evaluation to GCTE Executive Committee
- Approval by GCTE Executive Committee who then
  - secures funding source for cost of changes
  - determines implementation date considering software changes and education for trauma centers
  - determines due date for evaluation of changes

### **Step 4:** Implementation (*March-June*)

- Payment to DI to begin work for the change by users via their individual contracts.
- Distribute summary of upcoming changes, data definitions (if applies) and implementation timeline to Trauma centers.

### **Step 5:** Evaluation of Change (*Date assigned by GCTE Executive Committee*)

- Registrar Subcommittee evaluate effectiveness of change

# GCTE PI Subcommittee Report

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FALL MEETING KING AND PRINCE RESORT

AUGUST 16, 2018

# PI Subcommittee 2018 Q1 & Q2 Work:

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Continued to work on ED LOS data with Kara Allard and Marie Probst

Team reviewed blinded data with final determination that the majority of Transfer out ED LOS GT 120 minutes

- Delays related to: (highest percentage in the ISS ISS  $\leq$  9)
  - EMS delays
  - Consults
  - Staff
- Request made from Marie remove this report measure from the Quarterly/Annual Report
- Recommendation for new PI measure requested from the PI Subcommittee

# Proposed Ortho Report for 2019 GA Trauma Report

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Center Letter	Registry Number	Activation Level	Age	Time to OR Washout (minutes)	Time to Antibiotic admin (minutes)	Reason for Delay	Notes	Case Reviewed

- Suggested reporting format
- Need to have a standard report to run data

# Example of Ortho Report from the Registry:

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Registry Number	MRN	Patient Name	Patient Arrival Date & Time	ED Arrival Date and Time	Admitting Service	Admitting Physician	ABX Admin Event	ABX Admin > 60m	Time to Admin (Mins)	Location ABX Given	ICD-9 TIB Washout (79.66;86.22;86.28)	ICD-9 Time to Tib Washout Mins	ICD-10 TIB W/out(0QB8;0QBH;3E10&03/3E1U)	ICD-10 Time to Tib Washout Mins	Ordering Provider	Record Initial Closed By	Dx - AIS
Blinded	Blinded	Blinded	1/18/2017 7:27	1/18/2017 7:27	Trauma	Blinded	1/18/17 07:30	NO	3	Emergency Department	_____		0h 3m	3	Trauma	Blinded	fibula fx - above joint; suprasyndesmotoc; isolated shaft, tibia shaft fx - complex; comminuted; segmental - open, fibula fx - above joint; suprasyndesmotoc; isolated shaft - open
Blinded	Blinded	Blinded	1/21/2017 6:17	1/21/2017 6:17	Orthopedics	Blinded	1/21/17 10:14	YES	237	Operating Room	_____		4h 9m	249		Blinded	penetrating inj hip/buttock - superficial; minor, penetrating inj upper arm - superficial; minor, tibia shaft fx - complex; comminuted; segmental - open, fibula fx - above joint; suprasyndesmotoc; isolated shaft - open

# Procedure Code 3E03329 Anti-biotic

**Trauma Data Editor**

Demographic | Injury | Prehospital | Referring Facility | ED/Resus | Patient Tracking | Providers | Procedures | Diagnoses | Outcome | PI | Memo | Custom

ICD9 | ICD10 | ICD9/10 | Notes  Section Complete

Add Multiple Procedures...

**Procedures ICD10**

Record Edit Browse

ICD10 Procedure Code

Location

Operation #

Start  @

Results

Service

Physician

Narrative

s	Service	Phys	N...
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input checked="" type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>
ve	Emerg...	1910	<input type="checkbox"/>

# PI Subcommittee TANS Project Team Objectives

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Identify project team members (email Anastasia by 6/30/18 if you want to be on this project)

Members identify a project leader/co-leads (volunteer or elected by project team by 7/6/18)

7/10/18 meeting discuss plan for project team, roles and responsibilities; timelines and objectives

Objectives for this team:

- Create a best practice tool kit for meeting CD 5-18 requirements
  - Write and overview explanation for the toolkit
  - Create a repository for trauma admission guidelines and decisions trees
  - Registry reports for case identification and review
  - Geriatric admissions to non-surgical services

# PI Subcommittee Undertriage Project Team Objectives

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Identify project team members (email Anastasia by 6/30/18 if you want to be on this project)

Members identify a project leader/co-leads (volunteer or elected by project team by 7/6/18)

7/10/18 meeting discuss plan for project team, roles and responsibilities; timelines and objectives

Objectives for this team:

- Review trauma criteria for all centers goal to combine and recommend 1 adult and 1 pediatric criteria for adoption
- Create a best practice tool kit for meeting CD 16-7 requirements
- Level II geriatric undertriage
- Injuries related to undertriage percentages



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# LifeLink<sup>®</sup> Foundation



**9.8** Million  
Population

- 45% of adult population is registered as an organ donor
- 274 organ donors saved more than 800 lives in 2015
- 159 counties in Georgia & 2 in South Carolina



**57%** of adult population in LifeLink of Florida service area is registered as an organ donor

- 207 organ donors saved more than 600 lives in 2015
- 15 counties
- 4.7 million population



**104** Organ Donors **300 +** Lives Saved

- 23% of adult population is registered as an organ donor
- 4 million population

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# Saving More Lives

## Recovered Organ Donors in Florida, Georgia and Puerto Rico



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# Trauma Center Donation Outcomes Comparison

Hospital	Fiscal Year 2018				Fiscal Year 2017			
	Organ Donors	From trauma pts	% from trauma	Tissue Donors	Organ Donors	From trauma pts	% from trauma	Tissue Donors
Grady Health System	46	32	70%	30	32	22	69%	27
Memorial Health	26	18	69%	11	27	12	44%	12
Wellstar Kennestone Hospital	22	7	32%	21	26	10	38%	39
Wellstar Atlanta Medical Center	20	17	85%	7	11	4	36%	4
Medical Center, Navicent Health	19	9	47%	9	36	15	42%	19
Augusta University Medical Center	13	6	46%	n/a	14	8	57%	n/a
Piedmont Columbus Midtown	13	3	23%	11	9	3	33%	9
Northeast Georgia Health System	11	9	82%	11	9	4	44%	14
Gwinnett MC, Lawrencerville	11	3	27%	11	2	0	0%	19
Children's Healthcare, Scottish Rite	8	6	75%	0	14	2	14%	0
Piedmont Athens Regional MC	8	3	38%	10	7	1	14%	5
Children's Healthcare, Egleston	8	6	75%	0	4	4	100%	0
Wellstar North Fulton Hospital	6	4	67%	11	4	1	25%	8
John D. Archbold Memorial Hospital	3	1	33%	2	3	2	67%	3
Hamilton Medical Center	3	1	33%	5	3	0	0%	7
Floyd Medical Center	3	3	100%	6	3	1	33%	9
Doctor's Hospital, Augusta	3	1	33%	4	3	1	33%	8
Redmond Regional Medical Center	2	0	0%	0	3	0	0%	5
Crisp Regional Hospital	1	0	0%	2	0	0		2
Fairview Park Hospital	1	0	0%	2	0	0		1
Taylor Regional Medical Center	0	0		0	0	0		1
Effingham Hospital	0	0		1	0	0		5
Emanuel Medical Center	0	0		2	0	0		1
Piedmont Walton Regional	0	0		0	0	0		4
Meadows Regional Medical	0	0		1	0	0		0
Appling Healthcare System	0	0		0	0	0		3
<b>Total Donors from Trauma Program</b>	<b>227</b>	<b>129</b>	<b>57%</b>	<b>157</b>	<b>210</b>	<b>90</b>	<b>43%</b>	<b>205</b>
<b>LifeLink of Georgia FY2017 Totals</b>	<b>298</b>	<b>132</b>	<b>44%</b>		<b>282</b>	<b>93</b>	<b>33%</b>	

## Trauma Program Donation Outcomes Fiscal Year 2018

Hospital	Organ Donors	Donors from trauma pts	Referrals from Trauma	CMS Eligible from Trauma	Trauma Donation Rate PIPS CD16-9
Grady Health System	46	32	126	43	74%
Memorial Health	26	18	66	21	86%
Wellstar Kennestone Hospital	22	7	29	9	78%
Wellstar Atlanta Medical Center	20	17	67	19	89%
Medical Center, Navicent Health	19	9	43	13	69%
Augusta University Medical Center	13	6	55	11	55%
Piedmont Columbus Midtown	13	3	13	3	100%
Northeast Georgia Health System	11	9	39	11	82%
Gwinnett Med Ctr, Lawrenceville	11	3	21	4	75%
Children's Healthcare, Egleston	8	6	28	9	67%
Piedmont Athens Regional MC	8	3	17	3	100%
Children's Healthcare, Scottish Rite	8	6	26	6	100%
Wellstar North Fulton Hospital	6	4	16	4	100%
Hamilton Medical Center	3	1	2	1	100%
Doctor's Hospital, Augusta	3	1	11	1	100%
Floyd Medical Center	3	3	11	4	75%
John D. Archbold Memorial Hospital	3	1	7	1	100%
Redmond Regional Medical Center	2	0	0		
Crisp Regional Hospital	1	0	1		
Fairview Park Hospital	1	0	0		
<b>Total Donors from Trauma Programs</b>	<b>227</b>	<b>129</b>	<b>578</b>	<b>163</b>	<b>79%</b>
<b>Total LifeLink of Georgia FY2018</b>	<b>298</b>	<b>132</b>	<b>620</b>	<b>166</b>	<b>80%</b>

# Just Ask!

- ACS Site Visits
- Data
- Speakers

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