Georgia Committee for Trauma Excellence

MEETING MINUTES

Wednesday, January 16, 2019

Navicent Health
Peyton Anderson Health Education Center
777 Hemlock Street
Macon, Georgia

MEMBERS PRESENT	REPRESENTING
Liz Atkins, *Chair*	Grady Health System
Karen Hill, *Vice Chair*	CHOA Egleston
Gina Solomon, *Past Chair*	Gwinnett Medical Center
Regina Medeiros, *GTC Chair & Special Projects*	Georgia Trauma Commission
Kristal Smith, *Injury Prevention*	Navicent Health Medical Center
Anastasia Hartigan, *PI*	Doctors Hospital of Augusta
Tracy Johns, *Registry*	Navicent Health Medical Center
Kate Bailey, *Pediatrics*	Memorial Hospital
Sabrina Westbrook, *Emergency Preparedness*	Piedmont Walton

OTHERS SIGNING IN	REPRESENTING
Patricia Newsome	Augusta University
Kellie Rowker	CHOA Egleston
Rana Roberts	CHOA Egleston
Tracie Walton *(Via Conference Line)*	CHOA at Scottish Rite
Jennifer Hutchinson *(Via Conference Line)*	CHOA at Scottish Rite
Farrah Parker	JMS /Doctor's Hospital, HCA
Lynn Grant	Fairview Park Hospital
Kristen Campbell	Fairview Park Hospital
Carey Lamphier *(Via Conference Line)*	Grady Burn Center
Brad Robert *(Via Conference Line)*	Grady Memorial Hospital
Bernadette Frias *(Via Conference Line)*	Grady Memorial Hospital
Zailyn Head *(Via Conference Line)*	Grady Memorial Hospital
Kelli Franklin	J.D. Archbold Memorial Hospital
Karrie Page *(Via Conference Line)*	Meadows Regional
Josephine Fabico-Dublin	Navicent Health Medical Center
Kathy McDaniel *(Via Conference Line)*	Northeast Georgia Medical Center
Jessie Gibson	Northeast Georgia Medical Center
Maria Silva *(Via Conference Line)*	Northeast Georgia Medical Center
Jaina Carnes	Redmond Regional
Alex Jones *(Via Conference Line)*	Taylor Regional Hospital
Jim Sargent	Wellstar Atlanta Medical Center
Sarah Hockett *(Via Conference Line)*	Wellstar Atlanta Medical Center
Emily Page *(Via Conference Line)*	Wellstar Atlanta Medical Center
Kathie Hamby	Wellstar North Fulton
Renee Morgan	DPH/Office of EMS/Trauma
Marie Probst	DPH/Office of EMS/Trauma
Dena Abston	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. Recognition of Northeast Georgia Medical center's ACS designation and to Jesse Gibson for all the hard work. Ms. Morgan announced that we now have a level IV in Cedartown.

MOTION GCTE 2019-01-01:

I make the motion to approve the meeting minutes from the November 8, 2018 meeting with noted attendance discrepancy.

MOTION: Anastasia Hartigan
SECOND: Regina Medeiros
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 the focus upon Day of Trauma at the Capitol in February. Ms. Smith reviewed the days schedule and there will be 3 trauma survivors there to share their stories. If you have not registered for the day, please do so and if you have folk who want to present a table that day please get in touch with Ms. Smith. There will be a 9 AM morning briefing followed by a work the rope line and an injury prevention lunch will follow in the Floyd room. Ms. Smith reported that the IP group is still working on some ongoing initiatives like the resource list and motor vehicle collisions. The resource list is a collaborative list of contacts for many types of injury prevention.

Registry Subcommittee

Ms. Johns gave an update for the subcommittee. The group has not met recently but projects are ongoing. A registry change process was talked about and approved in 2018 and 80% of the data dictionary is complete. There is intent to publish and prioritize the top 20 elements this year. There have been several good webinars hosted by Marie Probst that have been very helpful. There are some registry upgrades that will be coming through that are to be more user friendly. The central registry site gives access to your ICD 10 codes in Georgia. There was an inter center project and there is intent to do that again and provide education (web- based). Ms. Atkins commented on the inter center project and considered it very helpful. It was suggested that we involve Ms. Allard and GQIP as this is her lane and she could organize some meetings.

Ms. Atkins mentioned that all the subcommittee heads met prior to this GCTE meeting and there was DI discussion and we want to contact them and see how our needs can be met. There is a lot of struggle to get the information aggregate out of the software. If you are looking for determinations of morbidity it is really hard to drive that data out. There are disease specific registries coming out from some of the larger companies. While at TQIP Ms. Atkins did ask and no one is submitting a file from an EMR at this point and we could add this to our list. What is the interoperability between an EMR and data elements.

Mr. Sergeant asked is auto import worth the expense. Ms. Atkins short answer is no. Ms. Johns want to look at software and auto importing just to see what is out there so perhaps by 2021 we can be more streamlined. Ms. Atkins addressed the manual requirements to mapping issues with TQIP. The way items cross over to TQIP is entirely different than what is entered and is a mapping issue and auto import can increase propensity without a way to track it. Mr. Sargent discussed Medicare patients and the changes later in care. There was further discussion of payer source being driven by EMR. It can take 9 to 12 months to acquire Medicaid and the finance department is the best way to acquire the data. Additional treatment codes were discussed like whole blood and it was decided to be pondering if we have outgrown our existing software. MR. Sargent asked about trauma cloud and how he requested that Wellstar have access to the cloud.

There will be an additional ITDX 2019 changes webinar this Friday and they have done a power point. As far as validation there are some changes worth looking at. It appears they are proposing we validate right away. It was requested that Karen reply all to the GCTE e-mail group and to attach the power point from the webinar. Ms. Probst will attend webinar Friday.

Special Projects Subcommittee

No report given.

Education Subcommittee — Submitted by: Erin Moorcones

Upcoming grant courses

- TNCC Willis 2/19-2/20/19- course director Kathy Sego
- OPTIMAL 3/13/19- course coordinator Erin Moorcones (still a few seats remaining)

Courses that need to be scheduled:

- ENPC in Northeast Georgia- need course director (dates 4/23-4/24)
- ENPC March 5th-6th needs to be rescheduled for Tift to possibly 5/28- 5/29

Spring symposium

- Availability to assist with registration table Thursday March 14th 0900-1000 and 130-2pm if you are interested let Erin know
- Please register for the symposium and share with your colleagues

Extra/Future goals:

- Region B has grant funds to host TNCC and ENPC. Hoping to have ENPC in Hiwassee if we can find a course director.
- Working on finalizing the dates to ATCN and locations for June/August
- Development of Trauma Nurse Specialist course, state wide
- Hosting TCRN review course?

Ms. Atkins discussed that the focus of education is towards ACS help. There is a lot of great work going on at each center.

PI Subcommittee **By: Anastasia Hartigan**

Report submitted by Anastasia Hartigan, PI Subcommittee chair on behalf of the subcommittee group
2018 Year in Review:

- PI Subcommittee completed review of ED LOS analysis project and overall opportunities from improvement
    - Recommendations from this committee after extensive data review demonstrated patients with high ISS scores were being sent out of trauma centers timely and lower ISS, non-emergent patients were experiencing the longer transfer times.
        - The highest amount of delays were related to EMS transports- as the majority of patients were stable, and lower ISS and were likely not transported emergently but to centers for higher levels of care, or available specialty.
        - Marie Probst participates in all the PI subcommittee meetings sharing blinded data on this filter.
        - The group recommended that centers should continue to follow this PI filter but no longer report out to the state in the quarterly report. The recommendation was supported by the general membership and state trauma registry and leadership and removed from the 2019 quarterly PI report.
        - At the August GCTE meeting the recommendation was made to the membership and voted on accepted the recommendation to remove this PI reporting measure from the quarterly state trauma report.
- The PI subcommittee made a recommendation to replace the ED LOS PI information in the quarterly report with PI data on open fractures washout and antibiotic timing since this is a PRQ question and standard PI filter.
    - The GCTE membership was asked to vote on accepting the recommendation of adding this reporting measure to the quarterly report at the August GCTE meeting.
        - The membership voted to adopt this filter for reporting on the quarterly PI report.
        - It was determined on further consideration of this filter this item would not be added but instead focus on under triage and mortality review which was relevant to center Level I-IV.

- During the last quarter of 2018 the committee worked on two subcommittee projects:
    1. Admits to Non-Surgical- toolkit for meeting ACS Standard CD 5-18
    2. Under triage – additional evaluation tools for drilling down besides the Cribari grid for more accurate review of under triage (CD 16-7)
        - Summary documents are attached and will be made available electronically on the Trauma Foundation Website shared document area

2019 Plan and objectives:

- Identify a PI subcommittee co-chair who will serve as PI-subcommittee chair in 2020 supported by the past PI subcommittee chair during the first year of transition
- Increase membership participation by working on projects for Level IIIs and IVs as well as I & II centers (will need work groups for each)
- Provide education every other month at meetings on PI topics requested by the general GCTE membership and medical director groups.

Anastasia would like to thank the team for their participation and a special thanks to Rayma Stevens for taking minutes during our 2018 meetings after Jesse went out on maternity leave.

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 1st 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 **By: Kate Bailey**

Ms. Bailey's first focus has been the pediatric imagery guidelines (attachment A). Ms. Bailey will be presenting these guidelines to the Commission tomorrow and request that they adopt our guidelines. If this occurs, Ms. Bailey will send out to all trauma centers statewide.

Ms. Atkins discussed the need for the subcommittees to have co-chairs in place to assist with the organizational side of the committee. Ms. Atkins also discussed the strategic planning and the need to achieve yearly goals and utilize our quarterly meetings to discuss our road blocks or progress. An example of a project that has really taken years is the data dictionary. It was suggested that we compile a top 20 and get those pushed out. It is suggested that we create a charter document that shows the focus of each subcommittee and we talk specific quarterly action items and if an item is no longer relevant to our mission we move on from those ideas.

Georgia Trauma Commission By: Dena Abston

The FY20 PBP criteria is welcomed from the subcommittee. Dr. Jay Smith from Gwinnett Medical center was appointed to the Commission from the lieutenant governor. All should have received their readiness information from Warren Averett, please respond to Ms. Story and let me know if you have any questions.

OEMST Ms. Marie Probst

Ms. Probst reminded everyone of the download due in December and the completion and submission of the 2nd quarter reports. There are 3 updates being released from DI. Phase 1 should be released at this time and if you have not received the update please contact DI and let them know. Phase 2 is set to be implemented this month and the final update (Georgia) should be at the end of the month. All items that the registry subcommittee worked on and sent to DI will be seen in the Georgia update. There has been some confusion but that final phase will have those updates. Phase 1 was NTDS and ACS updates, phase two is more of the same. The links for the webinars have all been posted to the web portal and are available to all ad are accessible by date. The FY17 and FY18 that was presented at the November meeting is out there for review. Our trauma epidemiologist will be working with Emory on their research, looking at timing of facial injuries. There is an issue in timely repair of those injuries. The raw data has been sent to be prepared for research. That data was blinded level one data only, no pediatric data was asked for.

Ms. Morgan mentioned the recent ACS for Northeast Georgia Medical Center and also Polk Medical becoming a level 4 center. This make 32 specialty centers now in our state. There are several interested parties. Over the next year Ms. Morgans' goal is to catch everyone up despite several obstacles from consults to verification visits. Most all centers by the end of 2019 will have had either consult or verification visits for all level 1 and 2 centers. There will be two additional military bases, Fort Gordon and Eisenhower and both will be level 4 center designated.

New Business

Discussion about performance-based pay criteria was addressed. After reviewing FY19 contracts we can review the language and measurables. WE need to work to ensure that our needs that are evolving are reflected in the criteria. If we intend to make some new programs sustainable it may be necessary to add those specific items and participation for items like IRR to the PBP criteria to ensure that we get the work done. This will help also with our TQIP data. Ms. Atkins mentioned the recent collaboration and how well it worked for all. We can work with OEMST office to have the quarterly match with everything. Please send suggestions to Ms. Abston by March so we can work in May on this.

MOTION GCTE 2019-01-02:

I make the motion to adjourn the meeting.

MOTION: Karen Hill
SECOND: Regina Medeiros
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
DISCUSSION: There was no discussion that followed.

Meeting adjourned at 5:20 PM

Minutes Crafted by: Erin Bolinger

Unnecessary imaging can be harmful to children.

Not all pediatric injuries require imaging. To limit unnecessary imaging, ensure each exam is absolutely necessary based on patient condition, these imaging guidelines, and physician discretion.

Check Before You Scan

If…

Altered mental status
Loss of consciousness for more than 5 seconds
Physical exam evidence of injuries centered on the head and neck region

For Children UNDER 2
- Scalp hematoma (other than frontal)
- Palpable skull fracture

For Children OVER 2
- Vomiting
- Signs of skull fracture
- Severe headache

do a Head CT

If…

unable to clinically clear C-spine

do Plain Films

If plain films are abnormal, transfer patient to a pediatric trauma center.
If patient meets Modified Memphis Criteria for obtaining a CTA of the neck, or there is concern for blunt cerebral vascular in jury based on established guidelines, then reconstruction of the cervical spine is appropriate HOWEVER you still cannot clear spine based on CT alone

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If…

Abnormal CXR in blunt trauma (widened mediastinum)
Penetrating trauma with concern for major vascular injury

do a Chest CT Angiogram

If…

Positive FAST
Abdominal wall bruising/ seat belt sign
GCS <14 with concern for abdominal injury
Thoracic wall trauma
Complaints of abdominal pain and/or tenderness to palpation
Decreased breath sounds
Inability to fully assess the abdomen with concern for abdominal trauma

do an Abdomen/Pelvis CT with contrast

If your facility does not have the resources to treat the injury, send the patient to a facility with pediatric trauma services. Call your local/regional pediatric trauma center for additional guidance.