

Approved 8/16/18



Georgia Committee for Trauma Excellence

MEETING MINUTES

Wednesday May 16 , 2018

Conference Call

MEMBERS ON CALL	REPRESENTING
Liz Atkins, Chair	Grady Memorial
Karen Hill, Vice Chair	CHOA Egleston
Gina Solomon, Past Chair	Gwinnett Medical Center
Regina Medeiros , GTC	Georgia Trauma Commission
Amanda Ramirez, Co-Chair Education	Memorial University
Kristal Smith, Injury Prevention	Navicent Health Medical Center
Anastasia Hartigan, PI	Doctors Hospital of Augusta
Sabrina Westbrook, Emergency Preparedness	Piedmont Walton
Kate Bailey, Pediatric Trauma	Memorial University

OTHERS ON CALL	REPRESENTING
Karen Lightsey	Appling Healthcare
Rose Keller	Appling Healthcare
Amanda Wright	Augusta University
Jerry McMillan	Cartersville Medical Center, H.C.A
John Pope	Cartersville Medical Center, H.C.A
Jon Johnson	CHOA
Mary Alice Aubrey	CHOA Egleston
Karen Johnson	CHOA Egleston
Jon Johnson	CHOA Egleston
Tatiana Woods	CHOA Egleston
Nancy Friedel	CHOA Egleston
Tracie Walton	CHOA at Scottish Rite
Jennifer Hutchinson	CHOA at Scottish Rite

Joni Napier	Crisp Regional Hospital
Janann Dunnavant	Crisp Regional Hospital
Farrah Parker	Doctor's Hospital, HCA
Lisa Dukes	Doctor's Hospital, HCA
Tinyhra Harris	Doctor's Hospital, HCA
Kim Moore	Doctor's Hospital, HCA
Laura Hunnewell	Effingham Hospital
Gail Thornton	Emanuel County Hospital
Kristen Campbell	Fairview Park Hospital
Stephanie Duke	Floyd Medical Center
Melissa Parris	Floyd Medical Center
Katie Hasty	Floyd Medical Center
Sharon Hogue	Floyd Medical Center
Susan Campis	Grady Burn Center
Kenya Campbell	Grady Burn Center
Sarah Parker	Grady Memorial Hospital
Elizabeth Williams	Grady Memorial Hospital
Barbara Thomas	Grady Memorial Hospital
Bernadette Frias	Grady Memorial Hospital
Erin Moorcones	Grady Memorial Hospital
Debora Dabadee	Grady Memorial Hospital
Rayma Stephens	Gwinnett Medical Center
Rachelle Bloom	Gwinnett Medical Center
Colleen Horne	Gwinnett Medical Center
Barlynda Bryant	Gwinnett Medical Center
Kim Brown	Hamilton Medical Center
Daphne Stitely	J.D. Archbold Memorial Hospital
Shawna Baggett	J.D. Archbold Memorial Hospital
Karrie Page	Meadows Regional
Lisa Bowers	Memorial Health University Medical Center
Kate Bailey	Memorial Health University Medical Center
Leigh Ann Pack	Memorial Health University Medical Center
Stephanie Gendron	Memorial Health University Medical Center
Amanda Ramirez	Memorial Health University Medical Center
Michele Benton	Morgan Memorial University
Tawnie Campbell	Navicent Health Medical Center
Jordan Inez	Navicent Health Medical Center
Linda Greene	Northeast Georgia Medical Center
Denise Hughes	Northeast Georgia Medical Center
Laura Wolf	Northeast Georgia Medical Center
Karen Pittard	Piedmont Athens
Heather Morgan	Piedmont Athens
Leslie Baggett	Piedmont Columbus Regional
Jaina Carnes	Redmond Regional
Alex Jones	Taylor Regional
Cassandra Burroughs	Wellstar Atlanta Medical Center
Jim Sargent	Wellstar Atlanta Medical Center
Kathy Segó	Wellstar Atlanta Medical Center
Sarah Hockett	Wellstar Atlanta Medical Center
Rhonda Jones	Wellstar Atlanta Medical Center
Emily Page	Wellstar Atlanta Medical Center
Everett Moss II	Wellstar Cobb
Dana Bouse	Wellstar Kennestone
Jamie Van Ness	Wellstar Kennestone

Anthony Vizzina Michele Evans Renee Morgan Marie Probst Danlin Luo Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Lori Mabry	Wellstar Kennestone Winn Army Community Hospital DPH/Office of EMS/Trauma DPH/Office of EMS/Trauma DPH/Office of EMS/Trauma Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Foundation
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CALL TO ORDER

Ms. Liz Atkins called the meeting of the Georgia Committee for Trauma Excellence to order at 10:06 AM. Quorum was established with 9 of 10 members present via conference line. Ms. Atkins announced changes to some of the sub committee chairs. Kate Bailey will be taking over the Pediatric subcommittee and Ms. Ramirez will be acting in a co-chair role along with Erin Moorcones at Grady for the Education subcommittee.

MOTION GCTE 2018-05-01:

I make the motion to approve the meeting minutes from the March 23, 2018 meeting.

MOTION: Karen Hill

SECOND: Anastasia Hartigan

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

DISCUSSION: There was no discussion that followed.

Sub-Committee Reports

Injury Prevention

Ms. Kristal Smith

This month there were both a full IP subcommittee meeting and also a task force meeting. The violence prevention task force is evaluating a program in terms of costs to a facility. The fall injury prevention task force was discussing how to get some programs off the grounds within the facilities. The traffic prevention task force discussed targeted counties and potential to partner with some local high schools to get some of these programs out into the community.

Traffic Injury Prevention Task Force: Lead: Rachael Broom Members: Renee McCabe, Stephanie Gendron, Traci Reese, Liana Rogers, Emma Harrington, Elizabeth Head, Allison Christou, Jamie Van Ness
Fall Prevention Task Force: Lead: Tawnie Campbell Members: Tawnie Campbell, Jamie Van Ness, Kristal Smith, Sharon Nieb, Jaina Carnes, Kathy Hamby, Nigel Clift
Intentional Injury Prevention Task Force: Lead: Jasmine Usher Members: Lynn Grant, Elizabeth Mays, Arlene Wingo

Special Projects

Regina Medeiros

Ms. Medeiros believes there is good structure and the special projects are for those projects that do not fit under the active subcommittees. Ms. Medeiros suggests if there are any items that chairs of the subcommittees have that need to be carved out and placed in special projects will be discussed with the chairs in the near future. Ms. Atkins requested group feedback on ACS site consult or Verification visits. There is no need to reinvent the wheel, there is potential to share our resources and come up with ACS guidelines together and creating a repository of information. There needs to be group input on what this looks like. Ms. Medeiros reminded the group that one of the proposals by the Commission to be discussed at their upcoming meeting is the requirement of level 1 and 2 trauma centers being ACS designated within a certain timeline. Ms. Medeiros suggests a checklist or timeline that assists with accomplishing ACS requirements prior to the visit.

Education Subcommittee

Amanda Ramirez

Ms. Ramirez thanked the group for allowing her the opportunity to be the chair for the Education subcommittee while Ms. Segó was serving the country. At the March meetings we held two courses, ATS registry and the Injury Prevention course. At Doctors Hospital there is a pediatric course and an RTTDC class will be completed at South Georgia Medical center. There are some upcoming courses, Pediatric fundamentals of Critical Care to be held at Northeast Georgia Medical center today and tomorrow. There is an additional TCAR class being held at Doctor's University on June 21 and 22nd. There is also an additional RTTDC course being held May 30th. There are upcoming ATCN courses in June at Navicent and in August at Grady. There is still a need for some RTTDC courses to be held and completed by June 30th if we can. The FY19 course proposal has at this time been submitted to the Trauma Commission. Ms. Smith discussed hosting an RTTDC course and that she has spoken to Mr. Kunkle about this and interest from Tift Regional to host. Ms. Atkins advised them to reach out to each other.

Ms. Mabry wanted to make a note before we commit to Tift that there are 2 additional courses to be funded and that there was interest from Augusta, Gwinnett, and Atlanta. Ms. Mabry advised that we needed to hear back from them first and see if they can complete a course prior to June 30th before we move on anything at Tift. Ms. Mabry advised anyone from those mentioned facilities to please reach out to her. Ms. Ramirez wanted to remind everyone of the Commission meeting in Savannah and the following day is the Memorial Trauma Symposium and welcomed all to come. Ms. Medeiros has a question/comment and wanted to make members on the call aware in the changes of the ability of the Commission to send funding to the foundation but she feels it is important to bring up now versus later in the agenda as she originally intended. She feels we need to discuss as a group and believes that this group has been a long standing powerful group and we can use this in a positive way and she feels that this group has influenced and bettered trauma care for many years and will continue to do so. There were questions posed to the Attorney General which Ms. Medeiros explained is the legal body for the Commission about providing / appropriating funds to the foundation because of a 1 line language in S.B 60. The original question was posed to the AG's office about RTAC funding but it has evolved and blossomed to include all funding to the foundation. As it stands right now, there is a Commission meeting on Thursday and as of now she does not believe anything has changed but as of now, the Commission can not expend funds to the foundation (Georgia Trauma Foundation). Because of this, we are unsure of the status or how we will use or appropriate grants funds for education mission. This is something Ms. Medeiros suggest we all think long and hard about as there may be proposals that come up and we need to make sure we are comfortable with how this all will work. Ms. Medeiros invites suggestions on how we can utilize the funds. This is unfortunate says Ms. Medeiros and the foundation has been a phenomenal partner and has worked hard on building infrastructure and she thinks that we have come leaps and bounds with this and she thinks

this is heartbreaking that this has happened and would like to discuss as a group. There is \$ 500,000 to appropriate by June and more for the following year.

Ms. Atkins was intending to wait to speak on this until after this weeks Commission meeting but does feel that there is a lot of ongoing talking already and it should be discussed. She feels Ms. Mabry has done great and has been a great partner in education efforts. The coordination and structure Ms. Mabry created in regards to registration and the seamless ease of the grant process and the faculty piece are items Ms. Atkins believes go underestimated and is a little concerned about going forward. Ms. Atkins believes we should continue to be proactive but we are in a holding until after the Commission meets on the front end of this. Ms. Medeiros believes this group has a voice, the Commission listens to us, and we need to come together and discuss alternatives. Ms. Medeiros says there is also interest in changing legislation to put things back in motion for the foundation. Ms. Medeiros doesn't believe there is a lot we can do besides talk about it, think about it, and pose questions about it. Ms. Atkins asked if Ms. Ramirez intends to attend the Commission meeting tomorrow. Ms. Bailey says Ms. Ramirez and others will be there in attendance. Ms. Atkins will not be there or able to be on the call and requests that those attending that are a part of GCTE take good notes so we can further discuss when we get the sub committee chairs together for a call.

Ms. Atkins also mentioned two additional items in Education. First, she thanked Ms. Ramirez for keeping things going on the education side, she will ensure a seamless transition between chairs and a welcome back to Ms. Kathy Sego, and it is great to have you back. Ms. Abston discussed made mention of yesterday's call with the Commission budget subcommittee, which is the Committee of Officers. Ms. Abston as far as education goes and she believes has a possible solution to the foundation is to utilize everything that foundation has established and have the Commission pay the foundations vendor's directly. As far as the concerns about the registration system Ms. Abston feels that there was never intent of any of that going away. Ms. Abston has been unable to hold a conversation with Ms. Mabry about this but she feels that Dr. Mullins, Dr. Ashley, and Mr. Drawdy were all excited about this suggestion. That way, no funding is lost, the Commission will just pay all the bills, and the only consolation is that all funds have to be spent within each fiscal year. There will be further discussion of this at tomorrow's Commission meeting but she wanted to let the group know. Ms. Atkins would like to invite Ms. Abston to the GCTE Subcommittee chair and co- chair conference call so that this can be discussed further. Ms. Mabry speaking to Ms. Atkins appreciates the support and kind words and believes we will over come this for the short term and long term and we will do whatever we can to continue our efforts in education, research, and injury prevention.

Ms. Johns submitted the below report:

Discussion	Summary/Action
<p>The groups original goal was to develop a <u>Georgia ICD 10 Procedure List</u> that all Georgia facilities should follow. Concern was expressed that this may be difficult since populations (peds vs adult) and facility practice may make this difficult. Example: TQIP accepts 67 different ICD 10 procedure codes. Karen Johnson (CHOA) has gathered procedure lists from 5-6 facilities.</p> <p>As a state, do we want to publish an ICD 10 procedure code list and require facilities to only use codes from this list?</p> <p>Colleen Horne requested we review the procedure code list to assure that we identify procedure codes included in the Fall 2017 TQIP Data Code set to make sure our TQIP benchmark results are valid and that we can capture required Pre-Review-Questionnaire (PRQ) information. The PRQ is the long ‘application’ that must be filled out before an ACS Consultative or Verification survey.</p>	<p><u>Tracy Johns</u>: Request GCTE response for question, “As a state do we want to publish an ICD 10 list and require facilities to only use procedure codes from this list?”</p> <p><u>Karen Johnson</u>: 1) Contact Lori Mabry (Georgia Trauma Foundation- GTF). Request permission to add ICD 10 Procedure Lists to GCTE Resources section of GTF website. 2) Forward to Marie for distribution to state facilities, information on how to access ICD 10 Procedure lists once they are posted on GTF website.</p> <p><u>Colleen Horne</u>: Schedule a conference call to create a list of all ICD 10 codes (recognized by TQIP) needed to code procedures used for benchmarking by TQIP or information required by PRQ. Anyone interested in participating, contact johns.tracy@navicenthealth.org Colleen will forward invite to participate on call.</p>

Discussion	Summary/Action
<p><u>Quarterly Webinar:</u> next DPH webinar available in the next few weeks. The webinar will include input from Marie with answers to questions posed by different people around the state. Sarah Parker will give a brief intro on how to review your TQIP upload frequency report. Tracy will explain how to write a data table list to validate VTE Prophylaxis abstraction.</p> <p><u>Other Registrar Education:</u> Tracy has requested a proposal from a well-known trauma consulting firm to present webinars for education focusing on AIS and procedure coding for different body areas and data accuracy/validation.</p> <p><u>CEU Approval for Registrar Education:</u> As mentioned at the February meeting, for a nominal fee we can apply to GHIMA for CEUs credit for our Registry Webinars and Registry Subcommittee meetings. We have verbal agreement from the Education Committee to cover 2 CEUs for this fiscal year (FY18) and have requested funding for 6-8 CEUs credit hours. An agreement contract was forwarded for review and signature in April. We are not sure of current contract status.</p>	<p><u>Marie Probst:</u> Forward link for next quarterly webinar when available.</p> <p><u>Trauma Centers:</u> Make sure you can access your TQIP Report Writer program (different from regular Report Writer). You will need access to be able to build the VTE Prophylaxis Validation report included on the next webinar.</p> <p><u>Tracy Johns:</u> Tracy will follow-up on GCTE and Georgia Trauma Foundation approval/signature status of CEU Agreement with GHIMA.</p>
<p>There are 236 data fields (High, Medium or Low priority) on the Georgia Trauma Registry list. These 236 fields are prioritized as High (184), Medium (27), or Low (25) priority. We will start with defining the High priority fields not included in the NTDS.</p>	<p><u>Tracy Johns:</u> Send out request for data definitions over the next couple of weeks. The goal is to have a DRAFT version of the data dictionary ready for review by mid-July.</p>
<p>There was discussion during the Spring TQIP meeting about registry practices at different designated centers. The group requested that an anonymous survey be conducted to get a better idea of data collection practices. Sarah Parker helped Tracy create the survey in Survey Monkey.</p>	<p><u>Tracy Johns:</u> Send out data collection survey to hospitals by 5/18/18. Report findings at our July meeting.</p>
<p>The PI Subcommittee is going to change focus from Transfers Out to Data Validation. We will work collaboratively to develop data validation best practice resources. The project will kick off with a survey.</p>	<p><u>Tracy Johns:</u> Keep group up to date on progress with this project.</p>

Discussion	Summary/Action
<p>The following topics were discussed:</p> <ul style="list-style-type: none"> • Blood Administration Data: TQIP data is only sent to NTDB. Data entered under the Patient Tracking, Ventilator/Blood tab is downloaded to the State. • Criteria for EMS Triage: The EMS Patient Care Record (PCR) is the data source for this field. If the field is NOT included/answered on the PCR, then the value for this field should be "NOT KNOWN/NOT RECORDED". Starting 4/1/18, all EMS PCRs should include this data field. • Periprosthetic Femur Fractures: Should a patient with this diagnosis be included in the trauma registry? The answer is NO since this injury has an ICD 10 code beginning with "M" not "S" or "T" as required by NTDS. 	<p>Marie Probst: Marie will share this information on her next webinar.</p>

Process Improvement Subcommittee

Anastasia Hartigan

Ms. Hartigan has been wrapping up the ED length of stay project. There are 2 centers that have asked for assistance from the subcommittee and she has reached out to both facilities as to how we can handle their confidentiality agreement. The subcommittee meets the last Tuesday of every month. There are 2 new projects we want to take on (1) reducing surgical admissions- creation of a tool kit of best practices and (2) over/ under triage and how to drive some of that down. We intend to split the subcommittee into 2 teams to tackle these projects. We do need some drivers for these projects so please contact Ms. Hartigan if you are interested. We are still in development of these items and with the help of Rayna Stephens steering that subcommittee within the subcommittee. Besides the state reports, what reports do centers use for best practices in drilling down data. There are options for education and also breaking out the geriatric data and finding opportunities there. Also looking into level 2 patients that were under triaged. All of these items are in process and being worked upon and all are welcome to join in or to send the best practices for their centers to Ms. Hartigan.

Ms. Atkins says if you have anything around non-surgical admissions in regards to best practices to please send to Ms. Hartigan. She believes we should have the report Ms. Probst reviews shown to the group in August and drill down on some of this data. Ms. Hartigan wanted to say that her center did pass the level 2 survey and they did have a higher than noted rate than the orange book for over triage. No one has said much about that, as they are more concerned with under triage. Also working with younger teams within our facilities and working on building them and teaching them. Ms. Atkins also congratulated Ms. Hartigan on her centers recent ACS verification. Dr. Dente and Ms. Allard are reviewing the TQIP survey that Ms. Johns mentioned. They are working on final questions it will contain to confirm what data may be valid and is a follow up on the spring meeting. The survey is intended to help us know what centers need. Also the survey is for deciding next steps in making sure all centers are participatory and supported efficiently to be a part of the collaborative. Ms. Atkins mentioned that Ms. Allard has been in contact with her to host a webinar on getting the patient list. The drill down list and patient list can get confused on these calls at times. Ms. Atkins explained that the drill down list is actually derived from the patient list. Ms. Atkins suggests converting the entire report to excel and then you can go back and look at different cohorts without having to do that list again. Ms. Atkins will be doing the webinar and tells the group if we need more

than one webinar then she will be glad to do more. Ms. Atkins discussed the use of the outcomes module. Ms. Hartigan agreed and also uses the outcome modules and believes that if a center is not using it that we would love to get a webinar with an expert user for anyone interested. Ms. Hartigan also wanted to make sure the group understood that this is all blinded data.

Emergency Preparedness Subcommittee

Sabrina Westbrook

Ms. Westbrook mentioned that as of April 1st they have joined the Piedmont health system. There are a lot of questions in the air about the trauma program. We have lost our trauma program manager and if anyone is interested please let her know. Walton County also has a new EMA director so there are a lot of growing pains in her area. The EMAG conference in April was great and attendance was higher than years in the past. There were people there from Las Vegas and Orlando that dealt with their recent disasters. When it comes to recent Emergency management ruling that went into place last November 17, 2017 each hospital needs to have their preparedness plan in place. One thing they are particularly looking at is confirming that staff, (any staff from environmental to nurses to ancillary) that all these areas know the emergency preparedness plan. The outcome of this showed that not every part of the hospital was well versed within the plans.

As far as disaster exercises that hospitals are required to have yearly. With the recent effects of Irma it reminded Ms. Westbrook that if you have an actual event that can qualify as your yearly exercise as long as you have properly documented it. If your facility has a water leak or something that requires patient transport you can use this also as your yearly training. So you can have training or you can log your actual event and that satisfies the requirement. ASPR courses are still available but they are now through your regional coalition.

Ms. Atkins mentioned region 3 's upcoming preparedness for the Super Bowl. She mentioned there would be a lot of testing and training in her region for the large event.

Pediatric Subcommittee

Kate Bailey

Ms. Bailey has been in communication with Norma and Tracey and there are some items in the pipeline. There has been discussion of some pediatric projects through the EMS-C and there is some P.I and discussion of working on immobilizing during a pediatric trauma. Ms. Bailey is just getting started and is really excited. She would like to compile an action plan of short and long-term goals.

Georgia Trauma Foundation

Ms. Lori Mabry

Ms. Mabry The trauma research grant is open and available on the website and has a deadline was May 4th. This grant is offered across the continuum of care. We have some really great applicants this year and the submissions increased from 7 to 13. There will be finalized information (reviewing and scoring) on these by June 15th so be on the lookout for this.

Ms. Mabry also reminded everyone of the Day of Trauma in August and room block for the weekend. The resident paper competition, the application process is up and running. The initial e-mail had incorrect date of July 15th so a e-mail went out yesterday to correct that to June 15th. The SBIRT data that Ms. Hartigan mentioned is on the foundation website the information to access it has changed. The log in is still GCTE but the password is now: traumarockstars. All committee documents should be there.

Georgia Trauma Commission

Ms. Dena Abston

Ms. Abston reminded the group the Commission meeting is tomorrow and the agenda will be very budget heavy. All reports are separated out and the budget support and all items are on the website and were sent to Commission members yesterday. We have been moving servers here at the office and we lost 2 weeks of e-mail. All other emails are archived and there were some bugs found. Everything now is supported separately and thank you all for putting up with this this month if there were any inconvenience. There were only 5 centers that had PBP turn around and very little re direct of funds. In the Commission report we have added the performance based payment criteria of including an ACS visit. There may be some language change on this but the Commission will review it tomorrow. After everything is reviewed and passed tomorrow Ms. Abston will send out all the revised contracts. The 2019 contracts will follow right behind the FY18 amended contracts.

OEMS/T Update

Ms. Marie Probst/ Ms. Renee Morgan

Ms. Probst says everyone should have received feedback forms for the last quarter. If you did not receive yours please let Ms. Probst know. We will share this information at the August meeting if time is allotted. Ms. Probst has been working with the registry and process improvement subcommittees as she hopes to be able to uncover the reasons for the higher numbers of triage and the surgical admissions that are showing up more heavily in our quarterly reports. Ms. Atkins asked if the central site data requests are coming from the GCTE group or external. Ms. Probst explained they are coming from several places to include Ms. Atkins facility, Grady, a surgeon she has had requests from Navicent in regards to acute kidney injuries and then she has had a request from Region 1 in regards to patient transfer data. We do not share facility names but we will send them the indicated level of trauma center they came from or went to.

Ms. Morgan wanted to discuss further on the data. Ms. Morgan says anyone at a center can contact them for data. If you are not affiliated with a designated center then there is a requirement to go online and request the data, as it is not free to everybody. The data is also never given center specific and is blinded or given aggregately. Ms. Morgan also mentioned David Newton and his new role with DPH that will be beneficial to all of us. Ms. Morgan reminded anyone with personnel changes to please let them know. Ms. Morgan will also work with Ms. Abston to have another course at GPSTC to help those centers with new hires again. There are ongoing tabletop reviews with centers right now. Wynn Army Hospital at Fort Stewart has come on as a level 4 Trauma Center. There are two additional army bases that will also over time become designated centers.

New Business

Ms. Liz Atkins

No new business to report. The Trauma Administrators group is still working on getting an expanded group, they are a very busy group of people.

Meeting was adjourned at 10:12 A.M

