

Approved March 8, 2018



Georgia Committee for Trauma Excellence

MEETING MINUTES

Wednesday, January 18, 2018

Macon Marriott City Center
240 Coliseum Drive
Macon, Georgia 31217

MEMBERS PRESENT	REPRESENTING
Liz Atkins, <i>Chair</i>	Grady Memorial Hospital
Karen Hill, <i>Vice Chair</i>	CHOA Egleston
Regina Medeiros, <i>GTC Chair</i>	Georgia Trauma Commission
Amanda Ramirez, <i>Education</i>	Memorial Hospital
Kristal Smith, <i>Injury Prevention</i>	Navicent Health Medical Center
Anastasia Hartigan, <i>(Conference Line) PI</i>	Doctors Hospital of Augusta
Tracy Johns, <i>Registry</i>	Navicent Health Medical Center

OTHERS SIGNING IN	REPRESENTING
Karen Johnson <i>(Via Conference Line)</i>	CHOA Egleston
Kellie Rowker <i>(Via Conference Line)</i>	CHOA Egleston
Karen Johnson <i>(Via Conference Line)</i>	CHOA Egleston
Tracie Walton <i>(Via Conference Line)</i>	CHOA at Scottish Rite
Joni Napier <i>(Via Conference Line)</i>	Crisp Regional Hospital
Janann Dunnavant <i>(Via Conference Line)</i>	Crisp Regional Hospital
Laura Hunnewell	Effingham Hospital
Lynn Grant <i>(Via Conference Line)</i>	Fairview Park Hospital
Stephanie Proffitt <i>(Via Conference Line)</i>	Floyd Medical Center

<p>Katie Hasty <i>(Via Conference Line)</i> Erin Moorcones <i>(Via Conference Line)</i> Bernadette Frias <i>(Via Conference Line)</i> Sarah Parker <i>(Via Conference Line)</i> Jasmine Moore <i>(Via Conference Line)</i> Gina Solomon Rachelle Broom <i>(Via Conference Line)</i> Colleen Horne <i>(Via Conference Line)</i> Rayma Stephens <i>(Via Conference Line)</i> Kim Brown <i>(Via Conference Line)</i> Daphne Stitely Farrah Parker Karrie Page <i>(Via Conference Line)</i> Amanda Ramirez Lisa Bowers Kathryn Bailey Leigh Ann Pack Jesse Gibson <i>(Via Conference Line)</i> Jaina Carnes <i>(Via Conference Line)</i> Alex Jones <i>(Via Conference Line)</i> Jim Sargent <i>(Via Conference Line)</i> Emily Page <i>(Via Conference Line)</i> Sarah Hockett <i>(Via Conference Line)</i> Cassandra Burroughs <i>(Via Conference Line)</i> Rhonda Jones <i>(Via Conference Line)</i> Jamie Van Ness <i>(Via Conference Line)</i> Everett Moss <i>(Via Conference Line)</i> Tawnie Campbell <i>(Via Conference Line)</i> Renee Morgan Marie Probst <i>(Via Conference Line)</i> David Newton Vic Drawdy Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Lori Mabry Kara Allard Stephanie Gendron</p>	<p>Floyd Medical Center Grady Memorial Hospital Grady Memorial Hospital Grady Memorial Hospital Grady Memorial Hospital Gwinnett Medical Center Gwinnett Medical Center Gwinnett Medical Center Gwinnett Medical Center Gwinnett Medical Center Hamilton Medical Center J.D. Archbold Memorial Hospital Joseph M. Still Burn Center Meadows Regional Hospital Memorial Health University Medical Center Memorial Health University Medical Center Memorial Health University Medical Center Memorial Health University Medical Center Northeast Georgia Medical Center Redmond Regional Taylor Regional Hospital Wellstar Atlanta Medical Center Wellstar Atlanta Medical Center Wellstar Atlanta Medical Center Wellstar Atlanta Medical Center Wellstar Atlanta Medical Center Wellstar Kennestone Wellstar Cobb Coliseum Medical Center DPH/Office of EMS/Trauma DPH/Office of EMS/Trauma DPH/Office of EMS/Trauma Georgia Trauma Commission Member Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Care Commission, Staff Georgia Trauma Foundation TQIP/NSQIP at Emory Region IX RTAC</p>
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CALL TO ORDER

Ms. Liz Atkins called the meeting of the Georgia Committee for Trauma Excellence to order at 3:01 PM. Quorum was established with 7 of 11 members present or on the conference line.

MOTION GCTE 2018-01-01:

I make the motion to approve the meeting minutes as corrected with regards to attendance.

MOTION: Tracy Johns

SECOND: Amanda Ramirez

ACTION: The motion ***PASSED*** with no objections, nor abstentions.
DISCUSSION: There was no discussion that followed.

SUBCOMMITTEE REPORTS:

Georgia Committee for Trauma Excellence
Report for Georgia Trauma Commission
January 17, 2018

Trauma Registry Subcommittee

- Continuing work on GA trauma data standard/data dictionary (non-NTDS data elements) with Marie Probst, OEMS&T
- Developing on a procedure list with ICD 10 codes that will be recognized by TQIP
- Education: Laura Hunnewell (Effingham), Jo C and Tracy Johns (Navicent) to present a 1 hour webinar on writing a report to list nonsurgical admissions. Target date for presentation is around March/April timeframe. Planning to develop future webinars around AIS coding, practice cases.
- Streamline the Georgia Trauma Data Set: group will identify 10-15 items and then forward to Marie/Renee (OEMS&T) to go through change process (below)

GCTE REGISTRY SUBCOMMITTEE PROCESS: CHANGES TO REGISTRY

Step 1: To Request Trauma Registry Software Changes (*before September 1st*)

- 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 3: 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

Last updated: 1/10/18

Performance Improvement Subcommittee

- The committee is working on a project around ED LOS for transfers out. The committee met in November, December, and January. They are working with Marie to discuss the goal of this project and solidifying the direction and responsibilities of this group. Further data drill down with the assistance of Kara Allard is underway to elucidate OFIs by TC level
- Kara will provide a more detailed statistical analysis per center to Marie Probst. Marie will reach out to the centers falling out of the 120-minute transfer out window. This committee will resume work in March to determine next steps with Marie.
- Working to develop a registry report to generate a list of patients sustaining injuries requiring timely transferred to a Level II or I. The report will be based on AIS codes of injuries defined in the transfer criteria poster disseminated by the GTC (below).

Injury Prevention

- ATS Injury Prevention Coordinator course to be offered as a Trauma Symposium Pre-Conference to be held March 22nd and 23rd, 2018. Grant-funded seats (course materials, travel & meals provided) were made available to injury prevention coordinators and representatives from Designated Trauma Center or hospital.
- IP PSAs - \$10,000 in funds available from the Trauma Foundation for the development/promotion of Injury Prevention PSAs. Originally focused around MVC's, falls & in light of recent national spotlight, funds will be used for STB. Would like to engage local/Georgia celebrities/athletes.
- Injury Data – committee has recognized the GA Trauma Registry as the primary source of data however, they recognize the importance of considering other trusted sources in order to characterize the frequency and patterns of injury within the community and identify the highest yield for focused prevention efforts; working with Danlin Luo, PhD MSPH, Trauma Epidemiologist with the Georgia Department of Public Health is working to aggregate Registry injury data for 2014, 2015, 2016
- Collaboration with Sharon Nieb/IPRCE (Injury Prevention and Research Center at Emory) to align IP subcommittee workgroups with 3 of the 5 IPRCE task forces.



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 based on CDC Field Triage Criteria and ACS *Resource for Optimal Care of the Injured Patient* (2014)

**If your trauma patient meets any of the above criteria
OR
Care for an injury exceeds local capabilities,
Transfer patient to a trauma center.**

Pediatric Subcommittee

- The Pediatric Sub-committee is reviewing transfer delays in coordination with the PI subcommittee.
- They are specifically drilling down on pediatric transfers that took more than 2 hours to transfer over the last 3 quarters of available data.
- Pediatric transfers (0-14 y/o) represent 1/3 of the transfers while this age group represents less of the overall population

Dr. Santore is instrumental in the pediatric transfer on a national level. It was suggested by Ms. Atkins that the Pediatric subcommittee converse with the PI subcommittee to make sure no one is doing double work on the transfer initiative.

Education Subcommittee

Ms. Ramirez began with discussing the FY16 close out of education budget. The only items holding up the FY17 and FY18 years are the RTTDC courses. Discussion of the RTTDC course and the need for the rural centers to be more receptive and then for our trauma centers (that are at capacity and holding) and our trauma surgeons are experiencing difficulty in getting out of their facilities to be able to teach the course 2 hours down the road. Ms. Ramirez has been working with COT chair to perhaps come up with an incentive to make the course better received. The course is essential, especially for regions like hers (Region 9). The problems that we see in our region specifically could be solved or buffered by the RTTDC course. There are 7 RTTDC courses to be placed at this time and we urge those that have committed to host a course to please get those scheduled. Ms. Ramirez reported that the subcommittee will be meeting monthly again and are in the process of scheduling and making sure the subcommittee meetings do not overlap due to some subcommittee members being a part of several of the groups. The group intends to have course ownership in place, which will help Ms. Mabry in the back-end work with coordination of the courses. There are still about 20 TCAR spots in Macon in February.

Ms. Medeiros says there was some miscommunication about ATLS. The 10th edition of ATLS is not available and the roll out is on hold due to an issue in the textbook. Ms. Medeiros will share any additional information she receives on this. Mr. Sargent discussed the RTAC funded courses in Region III have been held. There were 9 courses held.

Special Projects Subcommittee

Ms. Medeiros discussed her appealing to everyone for Special Projects. There is a list of members and Ms. Medeiros would like confirmation that you do want to participate in the group.

Emergency Preparedness

- No report this quarter

Ms. Morgan has an update to the Emergency Preparedness for those that normally participate in EMAG the funding stream has changed for this and this now goes through your regional coalitions. If

you do not know who your regional coalition is, you can contact Ms. Morgan if you are looking for funding to attend. This is a big change and all the federal funding is being sent to the coalitions.

Ms. Atkins decided there would be a subcommittee chair conference call to get everything aligned with the Commission and the special projects we are in process with. Discussion about antibiotic administration and data request forms on a statewide level. There is also a registry email set up for database and registry requests. Ms. Johns will talk with Ms. Mabry about having a simple data dictionary through the foundation website. Ms. Johns requested those that are interested in helping with the registry development to please contact her.

Georgia Trauma Foundation

Ms. Lori Mabry

Ms. Mabry began by thanking this group for the Kathy Segó donation care package. If you have any requests for educational courses we need to add to our current education roster please e-mail those to Ms. Mabry by February 15th so she can request those items and the funding for FY19. There are several more e-mail blasts to come that will cover all the upcoming events. The trauma research grant will be up and live on February 2nd with a deadline of May 4th. The research grant application will be electronic this year. If you have any problems while you are applying please contact Ms. Mabry. The amounts the research grants will range from \$2500 to \$10,000.00, this is across the continuum of care, and applicants of all areas should apply. March 31st is National Stop the Bleed day. They are going to brainstorm what they would like to do for that day. Lots of ideas were flowing for how to acknowledge this day and to perhaps create a PSA and use some state celebrities to put a message together. Regina says her organization is in planning process for that day and perhaps we can get a compilation of the activities being hosted across the state that day. Ms. Mabry discussed the day of trauma events and the logistics of the day and the volunteer trainer schedule for the afternoon training session.

Georgia Trauma Commission

Ms. Dena Abston

Ms. Abston reported on the schedule of the strategic planning. Ms. Abston says all items in concern to today's meetings and the planning are on the web site. There is a \$5.3 million budget increase recommendation. If this is approved all contracts will be amended for the fund increase. The FY19 increase recognizes the excise fireworks tax. Ms. Abston gave an overview of the timeline and process of the budget approval. The budget subcommittee has recommended for the AFY18 as areas to increase funding or fund. There will be a very condensed timeline (end of March until June 30th to expend funds) so things will move quickly during that time.

The readiness cost survey work is still in process with Warren Averett staff. Ms. Abston is aware that everyone is ready to have the full report in hand. The newly formed TC Admin group especially with the tasks being presented to them. Ms. Abston expects to have the full report before the March meeting. Ms. Atkins encourages that we get a handle on the level 3 readiness costs. The data set that we did this on she believes there will be clear costs differences. Ms. Abston says this audit component will really allow us to focus in on the true validated costs of services. Ms. Ramirez asked about the overall participation in the survey as it was mandated for Level 1 and 2 centers to participate in the survey but she wanted to clarify that it was not the same for level 3 and 4 centers. Ms. Ramirez wanted to confirm participation and how many of the level 3 and 4 centers did participate and did all of them do so. Ms. Abston cannot confirm without seeing the final report but the initial reporting back shows all centers or some type of data upon each center in our system at this time.

OEMS/T Update

Ms. Marie Probst

Ms. Probst gave thanks to the subcommittees for the work being done and the data they were able to provide to them, they enjoy being able to send data. The trauma registry update should have been received by now by all, if it has not been received there is an update to install. Ms. Probst suggesting calling the tech support for DI. Someone on the line spoke up saying that they called tech support just last week, was told there was a problem with it, and were unable to install it for them until they worked the problem out. Ms. Probst had not heard this and advised to stay in touch with them if you do not receive the updates. The quarterly reports are being shared from report writer now and this is thrilling that it can be shared from user to user. Ms. Marie would like to talk with Ms. Atkins about some of the reports she runs that would be perfect reporting format for several. The admin report that Ms. Atkins creates in report writer is perfect for deliverable # 6. Ms. Probst appreciates everyone that has been sending deliverable # 8 (ED length of stay) in excel format it is very helpful. The fourth webinar for 2017 was completed and the e-mail was sent to everyone. If you did not receive this it would be due to your hospitals website perhaps blocking. Ms. Mabry says she will add the webinar to the website. Ms. Atkins will get with Ms. Probst about the reports. Ms. Atkins says there is utility in purchasing the PRQ report writer package but all reports have to be gone into and amended. The reports are written very generically and altered for whom is using it.

Ms. Morgan gave an update on the ACS consultative and verification visits. Ms. Morgan is notified when those dates are set but if the centers could also keep her updated. The revised designation project from last year's strategic planning is in legal now for review. Ms. Morgan is offering tabletop reviews to any of the centers. Depending on when consultative visits are scheduled, perhaps Fall 2019 if that is the case there will need to be a more official process perhaps done prior to the ACS consults or visit. Piedmont, HCA, and Wellstar are working with the office on the facilities they have acquired that are within our trauma system. Ms. Morgan is working with those on a corporate level. She will say answer this question, each hospital is required to carry their own registry. As a system they can keep 1 registry if that is how they operate but for us, they will still be required to keep separate database and not a central repository for registry. Trauma center designation is also a separate process for each hospital meaning if hospitals merge it does not make the non-trauma designated center a trauma designated center by default. Ms. Morgan spoke of the military hospital trauma conversion is coming along with a hospital near Ft. Stewart being the first in February to be official. Much discussion about this and that in disaster they will open up to civilian population. Ms. Atkins suggested we needed to discuss further emergency preparedness and communication statewide as the communication process is not effective right now.

Ms. Atkins gave an update to the TC Administrator group and that region 3 is really ramping up with the diversion and saturation issues in that area. Ms. Atkins sent out the TC Admin group minutes from the fall meeting to all the trauma program managers. Ms. Atkins spoke with Dr. Ashley and Ms. Wallace and it was suggested that we might need to fund a real research effort around this perhaps with Georgia Tech as they have industrial engineer manpower and are able to help figure out triggers but also solutions in regards to dissemination. The current communication tools are not working. Ms. Atkins, during the NCAA championships, said she was in her command center at Grady and was very nervous about the capacity if something were to happen because we were all so full. Ms. Atkins says we cannot solve the bed issue within the facilities but we have to identify triggers to start putting things in motion and there is a need for expertise. MS. Abston asked if Georgia Tech would be willing to participate in the Trauma Systems Evaluation Committee. Ms. Atkins and Ms. Abston will discuss. Ms. Ramirez asked who is the best to sit on the TC Admin group. Ms. Atkins says someone you report to that has a C Suite role. We are aware of how busy everyone is. But we need to have your decision makers and a back-up for them. We will work on compiling a list and Ms. Wallace wants to have a small work group to create an agenda to meet in March together.

TQIP/NQIP Collaborative Update

Ms. Kara Allard

Ms. Allard began with the VAP project. 8 centers have updated their guidelines to meet the 3 minimum criteria for prevention, diagnosis, and treatment. She also noted that many are talking to their respiratory teams and administration and she asked to be kept posted if there are any roadblocks. This is a prospective data collection so Ms. Allard asks those to please keep thinking about what level of participation based on your resource availability you have in terms of collecting data on everyone that gets a VAP work up or those patients that develop VAP. We want to be cognizant of everyone time and availability, Ms. Allard says there will be an e-mail from her in the next couple of weeks asking about participation.

The IRV piece that ties into the AKI work and the desire to publish the data Ms. Allard will be working on a global IRV. Ms. Allard asked if anyone has done and previous research here in Georgia where they have used a global IRV and would like to share that information would be welcomed. AKI data sets have been sent to everyone for review. She has some validation requests and she is aware LONG ID's are new for 2017 and if there are any questions to please get with her. She would like this data along with COHORT back by February 19th so there is time to dig in for analysis. MS. Allard asked if anyone would like to see anything specific TQIP wise at the spring meeting to please let her know and she will work with Dr. Dente for approval on that. Ms. Medeiros asked what the intent was behind the batch COHORT and what was to be accomplished from that data. Ms. Allard says we have good data on those that develop AKI and we know from data that 75 % of patients that developed AKI with contrast. Ms. Allard says with the data we have, we do not know if that is high in trauma patients in comparison and what contributes to the AKI. MS. Medeiros says there is tons of literature today about AKI and wants to know by our research and data collection what are we adding to what is already out there. Ms. Allard says it will be Georgia specific and she can field these questions to her data analysis. Ms. Medeiros wants to make sure we are doing things of relevance and we need to look at the intended outcome. She feels like this is a question for Dr. Dente or Dr. Shwarma. Ms. Atkins says these are major data elements to get on a matched pair. Much discussion about data and the data set was what she thought the intent of the TQIP collaborative was meant for. Ms. Johns says she has someone who is taking the data of AKI patients for the past couple of years and he has done statistical analysis. He did some over sampling of the positives because there were not that many. He was able to come up with the risk factors from what is collected in our registry. Dr. Ashley has now asked him to figure out the largest contributing risk factors. Ms. Johns would suggest her data person speaking with the TQIP collaborative data person. Suggestions about marrying the TQIP data set with the state data set.

MOTION GCTE 2018-01-02:

I make the motion to adjourn the meeting.

MOTION: Tracy Johns

SECOND: Regina Medeiros

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

DISCUSSION: There was no discussion that followed.

Meeting adjourned at 4:50 PM

Minutes Crafted by: Erin Bolinger

