



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Trauma Medical Directors Conference Call

Meeting Notes:

17 November 2014 at 4:00 p.m.

Attending:

Level 1 Trauma Centers	Representing Physicians
CHOA: Egleston Georgia Regents Grady Memorial NavicentHealth Memorial Health Atlanta Medical Center	Dr. Colville Ferdinand, Dr. Cassandra White Dr. Chris Dente Dr. Dennis Ashley Dr. James Dunne Dr. Vernon Henderson
Level 2 Trauma Centers	
Archbold Memorial Athens Regional Midtown Medical Floyd Medical Gwinnett Medical Hamilton Medical North Fulton CHOA: Scottish Rite Wellstar Kennestone Northeast GA Med Ctr	Dr. John Cascone Dr. Thomas Hawk Dr. Scott Hannay Dr. Clarence McKemie Dr. Romeo Massoud Dr. Steve Paynter Dr. Mark Gravlee Dr. Barry Renz Dr. Nathan Creel
Level 3 Trauma Centers	
Clearview Regional Redmond Regional Trinity Hospital Taylor Regional	Dr. Angeline Postoev Dr. Kelly Mayfield Dr. Martin James Dr. Robert Campbell
Level 4 Trauma Centers	
Crisp Regional Effingham Emanuel Medical Meadows Regional Morgan Memorial	Dr. Bruno Dennis
Burn Centers	
JMS Burn Center Grady Burn Center	Dr. Fred Mullins, Dr. Christopher Hogan, Doctors Hospital

OTHERS SIGNING IN

LeAndrea Lopez, Taylor Regional Hospital
Deb Little, Morgan Memorial Hospital
Joni Napier, Crisp Regional Hospital
Gina Solomon, Gwinnett Medical Center
Kim Brown, Hamilton Medical Center
Regina Medeiros, Georgia Regents
Jessica Langston, Georgia Regents
Walter Quiller, Georgia Regents
Allison Crosby, Trinity of Augusta
Deb Battle, Northeast Georgia Medical Center
Jim Sargent, North Fulton
Laura Garlow, Wellstar Kennestone
Tracy Johns, Medical Center and Navicent Health
Lynn Grant, Fairview Park
Jim Pettyjohn, GTC staff
Dena Abston, GTC staff
John Cannady, GTC staff

Meeting Began: 4:07 PM

Dr. Dennis Ashley welcomed everyone to the meeting.

Georgia COT Update

Dr. Chris Dente provided the following update: The COT remains quite active, mostly related to Trauma Quality Improvement. We were well represented at the national TQIP meeting in Chicago earlier this month and, for the third year in a row, had a podium presentation. We will look to make that four years in a row next year once we get the proposed state-wide research project looking at Venous Thromboembolic Disease prophylaxis in trauma up and running. Plans for increasing the number of face to face meetings of the TMDs to twice a year should hopefully come to fruition in 2015.

Research Ideas for Georgia

Dr. Colville Ferdinand suggested the following research projects for the group to consider:

- Trauma-related mortality in Georgia
- Open-vs-Tracheostomy: A review of outcomes
- "Ground-level falls" in the elderly
- Review of rural trauma care
- Effectiveness of VTE prophylaxis in multi-trauma patients with/without TBI
- Evaluation of Georgia Trauma Patients

Discussion included:

Dr. James Dunne asked about the need for IRB.

Dr. Ferdinand said the IRB approval could be covered by TQIP and further investigation is needed.

Dr. Vernon Henderson suggested doing a basic report that characterizes what trauma is like in Georgia: outcomes, number of patients being treated in trauma centers and where the need for trauma centers is in Georgia.

Dr. Ashley stated that some of the data that Dr. Henderson is suggesting is available in Dr. Etienne Pracht's "Analysis of the Georgia Trauma System" report:

http://personal.health.usf.edu/epracht/georgia/georgia_traumaSystem_report_reduced.pdf

Dr. Ashley noted a paper has been written (using the Pracht Georgia data) that was presented at the AAST in September and will be published very soon in the Journal of Trauma: survival of severely injured patients being treated in non trauma centers verses designated trauma centers in Georgia and show an 9.6% increase in survivability when patients are treated in designated trauma centers.

Dr. Ashley also stated that Pracht's Georgia data revealed a 20% increase (2008 to 2012) in the number of severely injured patients being treated in designated trauma centers. This data can also be broken down across Georgia by EMS regions.

Dr. Ashley said a second paper focusing on access to designated trauma centers in Georgia is in the works.

Dr. Ferdinand noted that the TQIP database could be queried to get a sense of how common certain injuries are in Georgia.

Dr. Henderson reiterated his suggestion to better identify the demographics of trauma injuries in Georgia and outcomes....providing data for a better focus for research and injury prevention programs. He stated getting the data is most important. He will check with the state trauma program (Renee Morgan) to see if the data is available through the state trauma registry or would it be best to get it from National Trauma Data Bank.

Dr. Ferdinand said he would continue to work with others offline to discuss the best way to move forward.

Transfer follow-up letters

Dr. Ashley said he has contacted the Attorney General's office for an opinion- if patient follow-up letters from trauma centers to referring hospitals was a HIPPA violation. Dr. Ashley says a letter of advice is forthcoming, hopefully in a week or two.

Laura Garlow noted there may be another question for legal counsel: can one center contact another center about the care and treatment on a patient both have seen for same injury? Is this communication between centers a HIPPA violation? She noted this kind of follow-up is required in the "Orange Book".

Dr. Henderson asked if this requirement would be in the Orange Book if it was a HIPPA violation?

Dr. Ashley said he would ask the additional question of the Attorney General. The Georgia Peer Review laws may cover this.

Trauma Commission Update

Dr. Ashley noted the Trauma Center and Physician Funding subcommittee planned to provide a report on a possible new funding methodology (All-readiness) at the upcoming November GTC meeting. That report will be delayed until the January workshop.

New Business

Dr. Ferdinand reported he got a request from Courtney Terwilliger for the TMD to discuss the possible use of Tranexamic Acid by EMS providers under medical direction.

Dr. Ashley said it should be looked into.

Dr. Ferdinand says he will ask his emergency physicians to work with EMS to begin discussions about the issue.

Laura Garlow noted the medication is not a benign drug and there is a 50% mortality when the medication is given after three hours post injury.

Dr. Ferdinand stated all quality metrics and cost benefits and risks should be looked at regarding this medication.

Dr. Ashley asked Dr. Ferdinand to come back with a report.

Adjourned: 4:54 PM