Approved: 18 March 2015

Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Georgia Committee for Trauma Excellence

MEETING MINUTES

Wednesday, 20 August 2014
Scheduled: 11:00 am to 3:00 pm

Medical Center of Central Georgia
Peyton Anderson Education Center
Trice Auditorium
777 Hemlock Street
Macon, GA 31201

CALL TO ORDER

Ms. Gina Solomon called the meeting of the Georgia Committee for Trauma Excellence to order at 11:06 AM. No quorum was present at the time the meeting was called to order.

MEMBERS PRESENT	REPRESENTING
Gina Solomon, *Chairman*	Gwinnett Medical Center
Laura Garlow, *Vice Chairman (Excused)*	Kennestone Hospital
Elaine Frantz, *President*	Memorial Health University Medical Center
Regina Medeiros, *former chairman & Education & TAG Chairman of Subcommittee*	Georgia Regents University
Emma Harrington, *Chairman of Injury Prevention Subcommittee*	Shepard Center
Tony Volrath, *Chairman of Registry Subcommittee*	Grady Memorial Hospital
Jo Roland, *Chairman of PI Subcommittee (Excused)*	John D. Archbold Memorial Hospital
Chairman of Resource Development Subcommittee	*Vacant Chair*
Chairman of Special Projects Subcommittee	*Vacant Chair*
Chairman of Specialty Care Subcommittee	*Vacant Chair*

OTHERS SIGNING IN	REPRESENTING
Michelle Murphy	Appling Healthcare System
Julie W. Long	Appling Healthcare System
Kathy Sego	Athens Regional Medical Center
Emily Page *(Via Conference Line)*	Atlanta Medical Center
Jaina Carnes	Cartersville Medical Center
Karen Johnson	CHOA
Tracie Walton	CHOA
Dewayne Joy *(Via Conference Line)*	CHOA

Sabrina Westbrook *(Via Conference Line)*	Clearview Medical Center
Jill Brown	Coliseum Medical Center
Bruce Bailey	Doctors Hospital of Augusta
Kimberly Moore	Doctors Hospital of Augusta
Gail Thornton *(Via Conference Line)*	Emanuel Medical Center
Lynn Grant	Fairview Park Hospital
Melissa Parris *(Via Conference Line)*	Floyd Medical Center
Katie Hasty *(Via Conference Line)*	Floyd Medical Center
Liz Atkins	Grady Memorial Hospital
Sarah Parker	Grady Memorial Hospital
Tony Volrath	Grady Memorial Hospital
Dayna Vidal *(Via Conference Line)*	Grady Memorial Hospital (Burn Center)
Colleen Horne *(Via Conference Line)*	Gwinnett Medical Center
Kim Brown *(Via Conference Line)*	Hamilton Medical Center
Lisa Ulbricht *(Via Conference Line)*	Kennestone Hospital
Kim Kottermann	Life Link of Georgia
Tracy Johns	MCCG
Ashley Forsythe *(Via Conference Line)*	Midtown Medical Center
Linda Campfield-Carter *(Via Conference Line)*	Midtown Medical Center
Blake Monroe *(Via Conference Line)*	Meadows Regional Medical Center
Tammie Russell *(Via Conference Line)*	Memorial Health University Medical Center
Jesse Echols	Northeast Georgia Medical Center
Linda Greene	Northeast Georgia Medical Center
Jim Sargent *(Via Conference Line)*	North Fulton Regional Hospital
Donna Miller *(Via Conference Line)*	Phoebe Putney Memorial Hospital
Tina Wood *(Via Conference Line)*	Redmond Regional Medical Center
Emma Harrington *(Via Conference Line)*	Shepard Hospital
Melissa Johnson	Taylor Regional Hospital
Trisha Newsome	Trinity Hospital of Augusta
Renee Morgan	DPH/Office of EMS/Trauma
Marie Probst	DPH/Office of EMS/Trauma
Jim Pettyjohn	Georgia Trauma Commission/Staff
Dena Abston	Georgia Trauma Commission/Staff
John Cannady	Georgia Trauma Commission/Staff

WELCOME AND INTRODUCTIONS: Ms. Gina Solomon

Ms. Solomon welcomed everyone to the meeting and asked that they all please introduce themselves and where they are from to the group. Since there was no quorum established at this time, the meeting minutes could not be approved.

SUBCOMMITTEE REPORTS:

Injury Prevention Ms. Emma Harrington

Ms. Harrington reported that Fall Prevention month is September and that Fall begins on 23 September this year. The Shepard's Center is having a Spark Life Fair on 9 September 2014 with lunch being served from 12:30 to 1 pm. The fair topics will be half on healthy living and half on seniors. She requested everyone who intended to come to please RSVP with the information sent out from the flyer last month.

September will also have the first Matter of Balance class in Brookhaven. It will focus on the "fear of falling" with training available for your area or facility to become a coach.

PI/Registry Mr. Tony Volrath & Ms. Marie Probst

Ms. Marie Probst reported that nearly all centers should have already received the V5 upgrade from Digital Innovations (DI). There may be one or two centers left to receive the upgrade and training from DI.

Discussion ensued about the possibility of separating out these groups into two separate committees since the data project is coming to an end. One group would be PI and the other would be Registry. Also mentioned was the possibility of working in a committee on building templates with specific state requirements for the Registry as reports from the dashboard of the new DI software. An action plan statewide format was also discussed to be a template with tracker usage. The idea of possible webinar sessions was discussed as a way to learn the new software.

Ms. Solomon asked the group if anyone was opposed to separating the committees back into two separate ones. There were no oppositions from the group.

The discussion about webinars continued. It was suggested finding a computer lab classroom to meet and build templates as well as discussion common issues or concerns. The registry training by Pomphey was discussed. There were some concerns discussed by the group: testing out of the course prior to attending, too much information for brand new registrars, too much time outside with payment of overtime a strong concern, not mandatory, no requirement to travel. To voice concerns, there is an evaluation of the course available.

Vacant Chairs Ms. Gina Solomon

Prior to moving on to other committee reports, Ms. Solomon made a few announcements about the committees. She made the suggestion to possibly merge Resource Development (RD) with Special Projects (SP). She indicated there were several committees without chairs, which needed to be filled with chairs and members. Some goals of the RD committee could be to be mentors for new trauma centers and create documents to be helpful guides. Goals of the SP committee could be reviewing contracts, agreements or other Commission assigned duties. It was mentioned to use TAG's website as a resource for centers for the schedule of classes.

Mr. Bruce Bailey volunteered to be on the RD committee and nominated Tracy Johns as the chair. Tracy Johns agreed to be the chair of the RD committee.

Specialty Care (SC) committee was discussed as this committee also does not have a chair. SC was described, as the group that focuses of rehabilitation, children's, and burn traumas and that someone who represented one of those centers should be the chair for the committee. Ms. Solomon thanked Ms. Tracie Wheaton who has chaired the SC committee for the last 2 ½ years and will continue to be on the committee but does not want to be the chair again. Ms. Solomon recognized that Ms. Laura Garlow had done several changes to the by-laws on the committees and how they are structured and combined into different committees.

Special Projects

No chair, so special projects were put on hold until needed and no report was given.

Resource Development

No chair, so no report was given.

***Lunch began around 12:20 p.m. provided by Life Link. Kim Kottemann from Life Link conducted a presentation about trauma and organ donation during lunch.*

Life Link Presentation Ms. Kim Kotteman

Ms. Kotteman provided the group with a few handouts describing what services Life Link offers. She used a power point to present to the group. The handouts and power point presentation will be added to the minutes as Attachment #1.

Georgia Trauma Commission Update Ms. Elaine Frantz and Ms. Dena Abston

Ms. Frantz discussed the two additional Performance Based Payment criteria in the FY 2015 trauma center contracts are the quarterly review of surgeon response time to highest level of trauma activation, and quarterly review of the over/under triage rate, reported to respective Trauma Center Peer Review Committee. Which will both be new requirements of the new "orange book".

Ms. Abston reported going forward, a Commission staff member will be emailing the trauma coordinator or trauma medical director to notify them their invoice(s) have been paid and to confirm receipt of payment.

**Quorum established at 12:57 p.m.

MOTION GCTE 2014-08-01:

I make the motion to approve GCTE meeting minutes for the following meetings: 05 November 2013, 22 January 2014, and 14 May 2014.

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

Georgia DPH OEMS/T Renee Morgan and Marie Probst

Ms. Morgan gave an update on the "orange book" which will be implemented on 15 November 2014. She also gave an update on the trauma center designations.

Lower Oconee Community Hospital of Glenwood, Georgia has closed and has lost their trauma center designation as a result. It is possible they may reopen as an urgent care facility, but will not regain their trauma center designation. Wills Memorial Hospital has decided to de-designate from a Level IV trauma center.

Ms. Morgan also reported that there are a couple of hospital's that are interested in becoming designated during fiscal year 2015, South Georgia Medical Center of Valdosta, Georgia as a possible Level II and Winn Army Community Hospital of Fort Stewart, Georgia as a possible Level IV.

Ms. Morgan indicated that she sent an email notification with new designation criteria with the contracts to all current designated trauma centers to remain designated. She asked that if you did not receive an email from her to contact her. The comprehensive annual report for the fiscal year may need to contain more information from the registry. Every year the Commissioner receives a report, which indicates the status of the trauma centers, and contract compliance report.

Ms. Probst reported that V5 installation is nearing completion with just a few trauma centers remaining to receive the software. The current registry subcommittee will be working to build

reports to show aggregate data and will be available through the web portal. The Data dictionary is ready to be merged into the software. The old repository needs feedback and work. It was suggested to use the historical repository as the last few pages of Data dictionary. She suggested this could be the next project the registry subcommittee works on.

Education and TAG Dr. Regina Medeiros

Dr. Medeiros reported the Day of Trauma (DOT) was very successful with 69 physician representatives with only one of those were not from a designated trauma center and another that was not a physician. Next year, the DOT will be hosted by Grady with possible addition of registry retreat added to the DOT agenda as a breakout out session.

TAG has three Rural Trauma Team Development Courses (RTTDC) scheduled in Cartersville, Douglas, and Winn Army. Almost all of the Emergency Nursing Pediatric Courses (ENPC) and Trauma Nursing Care Courses (TNCC) have been scheduled with the expectation of two. Jill Brown at Coliseum Medical Center will be hosting a TNCC course in middle Georgia and Kathy Sego at Athens Regional Medical Center will also be hosting a TNCC course. Rebecca Concord at the Medical Center will be hosting an ENPC course and Greg Pereira will be hosting an ENPC course as well as a Pediatric Care After Resuscitation (PCAR).

Other Items

Ms. Liz Atkins from Grady Memorial Hospital will be hosting the 2015-Day of Trauma conference. She also mentioned that Grady has been honored to give a main podium presentation for the final abstract and oral presentation at the National Trauma Quality Improvement Program annual conference.

Next Meeting: 19 November 2014 (day before the Commission meeting) located in Atlanta.

Meeting adjourned: 1:42PM

Minutes crafted by Dena Abston

Catastrophic Brain Injury Guidelines (CBIGs)

What are CGIBs?

CBIGs are a set of orders developed to:

- Address the predictable consequences of brain death,
- And preserve organ function and the option of donation for the family.

What are the predictable consequences of brain death?

- Hypotension due to destruction of the vasomotor centers of the brainstem,
- Diabetes insipidis due to destruction of the hypothalamus and its connection to the pituitary, and
- Hypoxemia due to the inflammatory mediators released during the herniation process.

When should CBIGs be started?

CBIGs should be started when:

- Further active therapy is determined to be futile.
- Active neuroprotective therapy stops, such as cooling treatment, mannitol, pentabarb.

Examples of situations are:

- In the trauma bay when the trauma surgeon first sees a patient with a catastrophic brain injury and says there is nothing to be done to save the patient,
- In the ICU when the patient with an ICH and severe hypertension suddenly drops their pressure and loses pupillary and corneal reflexes,
- When the physician is planning to do brain death testing or at the time that the physician does a brain death exam and writes the first note.

ATTACHMENT #1

Date	Time	CATASTROPHIC BRAIN INJURY GUIDELINES FOR AGE 16 AND ABOVE
		1. Sodium Chloride 0.45% IV : Replace urine output ml/ml
		2. If urine output is above 500 ml/hr start Vasopressin
		a. Vasopressin 10 units in 1 liter normal saline (0.1unit/10ml) to run at 0.5 units/hr
		b. Titrate to maintain urine output 100 – 200 ml/hr
		3. Vasopressors
		a. Start Dopamine and titrate up to 20 micrograms/kg/min to maintain BP above 90mmHg
		b. Add Neosynephrine at 100-180 mcg/min and titrate as needed to maintain systolic BP above 90mmHg
		4. Ventilator Orders
		a. Maintain O2 sat above 90%
		b. Increase FiO2 as needed
		c. If O2 sat is below 90% and FiO2 is 100%, do ABG's and STAT Portable CXR and notify physician with results. Indication: Hypoxia
		5. Labs : BMP and CBC every 12 hours
		6. Change IV Fluids a. If K^+ is below 3.5 mEq/L give 40mEq KCL IV (20mEq/100ml premixed bag) and give 0.45% Normal Saline with 20 mEq/liter at same rate as #1
		b. If K^+ is below 3.0 mEq/L give 40 mEq KCL IV (20mEq/100ml premixed bag) times 2 doses and give 0.45% Normal Saline with 20 mEq KCL/liter at same rate as # 1
		c. If Na is above 150 mEq/L change IVF to D5W and do accuchecks every 2 hours. d. If the glucose is above 200 start insulin drip (Use Adult IV Insulin Drip Physician Orders)
		e. If Hgb has dropped more than 1.5 grams and is below 9gm/dl, notify MD and type and screen if not already performed
		7. Temperature
		a. Maintain temperature at greater than 92 Fahrenheit (32.2 Celsius) with warming blanket. Warm IV fluids as necessary.
		b. Cooling blanket for temperature greater than 100 Fahrenheit (37.7 Celsius)
		☐ 8. Consult Palliative Care
		Physician's Signature: _____ **ID#** _____

CATASTROPHIC BRAIN INJURY GUIDELINES FOR AGE 16 AND ABOVE

3/11

PATIENT

ATTACHMENT #1

Impact of Compliance with the American College of Surgeons Trauma Center Verification Requirements on Organ Donation-Related Outcomes

Darren J Malinoski, MD, FACS, Madhukar S Patel, SCM, Stephanie Lush, RN, MSN, M Lynn Willis, MHA, Sonia Navarro, Danielle Schulman, MPH, Tasha Querantes, MBA, Ramona Leinen-Duren, Ali Salim, MD, FACS

BACKGROUND: In order to maximize organ donation opportunities, the American College of Surgeons (ACS) requires verified trauma centers to have a relationship with an organ procurement organization (OPO), a policy for notification of the OPO, a process to review organ donation rates, and a protocol for declaring neurologic death. We hypothesized that meeting the ACS requirements will be associated with improved donation outcomes.

STUDY DESIGN: Twenty-four ACS-verified Level I and Level II trauma centers were surveyed for the following registry data points from 2004 to 2008: admissions, ICU admissions, patients with a head Abbreviated Injury Score ≥ 5, deaths, and organ donors. Centers were also queried for the presence of the ACS requirements as well as other process measures and characteristics. The main outcomes measure was the number of organ donors per center normalized for patient volume and injury severity. The relationship between center characteristics and outcomes was determined.

RESULTS: Twenty-one centers (88%) completed the survey and referred 2,626 trauma patients to the OPO during the study period, 1,008 were eligible to donate, and 699 became organ donors. Compliance with the 4 ACS requirements was not associated with increased organ donation outcomes. However, having catastrophic brain injury guidelines (CBIGs) and the presence of a trauma surgeon on a donor council were associated with significantly more organ donors per 1,000 trauma admissions (6.3 vs 4.2 and 6.0 vs 4.2, respectively, $p < 0.05$).

CONCLUSIONS: Although the ACS trauma center organ donation-related requirements were not associated with improved organ donor outcomes, involvement of trauma surgeons on donor councils and CBIGs were and should be encouraged. Additionally, incorporation of quantitative organ donation measures into the verification process should be considered. (J Am Coll Surg 2012;xx: xxx. © 2012 by the American College of Surgeons)

The shortage of organs available for transplantation continues to be a public health crisis. As of November 2011, there were more than 112,000 patients on the Organ Procurement and Transplantation Network (OPTN)/United Network for Organ Sharing (UNOS) waiting list and only 28,000 transplantations were performed in the last year.[1] One of the contributing factors to this gap between needed and available organs is a static number of deceased organ donors over the past several years.[1] However, when one considers that more than 75% of families consent to organ donation when approached by an appropriate requestor (Organ Procurement and Transplantation Network data January 2008 to June 2010)[1] and that approximately 41% of the adult population in the United States is currently registered to be an organ donor on a state registry,[2] it is evident that the desire to donate organs is prevalent in both our patients and their families.

Disclosure information: Nothing to disclose.

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Abstract presented at the Pacific Coast Surgical Association 82nd Annual Meeting, Scottsdale, AZ, February 2011.

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From the Department of Surgery, Cedars-Sinai Medical Center (Malinoski, Schulman, Salim) and OneLegacy (Navarro, Leinen-Duren, Querantes), Los Angeles, CA; and the Department of Surgery, University of California Irvine (Patel, Lush, Willis), Orange, CA.

Correspondence address: Darren J Malinoski, MD, FACS, Cedars-Sinai Medical Center, 8635 West 3rd St, Suite 665w, Los Angeles, CA 90048. email: darren.malinoski@cshs.org

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DONATE LIFE Georgia

Join Georgia's Organ and Tissue Donor Registry and

HELP SAVE LIVES!

Today, more than 121,000 children and adults await life-saving transplants in the United States. More than 4,100 of them are in Georgia. You can make a difference in their lives by becoming an organ and tissue donor. Not only do organ donors benefit those in need of life-saving transplants, but they also make a difference in the lives of those awaiting the precious gift of tissue transplants.

YOU HAVE THE POWER TO DONATE LIFE

When making a decision to designate yourself as an organ and tissue donor, consider these points:

DONATION SAVES LIVES

- Heart transplants save the lives of patients with coronary or congenital heart disease.
- Kidney and/or pancreas transplants enhance the lives of patients with end-stage renal failure, diabetes or polycystic kidney disease.
- Lungs breathe new life into patients with cystic fibrosis and pulmonary fibrosis.
- Tissue transplants can restore life, mobility and flexibility to cancer patients and those with debilitating sports injuries.
- Donated corneas can restore the sight of someone suffering from blindness.
- Skin grafts can aid and even save those who have been severely burned.
- Organs and tissue that cannot be transplanted can be donated for research and will help scientists find ways to treat and cure diseases that affect the body's vital organs such as Alzheimer's and cancer.

Learn more by visiting

www.DonateLifeGeorgia.org today!

GET THE FACTS

If you are not ready to make a decision about donation today, please consider these facts:

- One organ donor can save up to 8 lives.
- One tissue donor can enhance the lives of dozens more.
- Each day, 18 people die in the United States due to the lack of organ donors.

You can join Georgia's donor registry at any time by visiting www.DonateLifeGeorgia.org. When you join Georgia's donor registry, you are making and documenting a decision that only you can change.

In addition to designating your wishes on your driver's license today, we encourage you to visit the statewide registry where you can document your exact wishes. By creating a profile on the Web site, you will be able to modify your designation at any time.

If you do not have a driver's license or access to the internet, you can still join Georgia's donor registry by completing the form below and mailing it to Donate Life Georgia.

Visit www.DonateLifeGeorgia.org today!

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs, tissues or eyes;
(b) _____ only the following organ, tissues, or eyes

_____
specify the organs, tissues, or eyes

for the purpose of transplantation, therapy, medical research or education; (c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

_____
If applicable, list specific donee; must be arranged in advance

_____
Name: First, M.I., Last

_____
Address

_____
City, State, Zip

_____
Driver's License Number

_____
Email Address

_____
Mother's Maiden Name

_____
Donor signature

_____ _____
Date Signed Donor Date of Birth *and* Gender

Please complete and mail to: Donate Life Georgia, P.O. Box 942322, Atlanta, GA 31141

WHEN SHOULD I CALL LIFELINK® FOR INITIAL ASSESSMENT OF ORGAN DONATION?

CMS regulations require you to call within one hour of these triggers being met.

If your patient is intubated and shows evidence of the following:

- Coma
- Stroke
- Hypoxia
- Brain Tumor
- Cerebral Injury
- Near-Drowning
- Cerebral Edema
- Cerebral Hemorrhage

AND

Any of the following criteria are met:

- GCS≤5, not sedated
- Unresponsive or posturing
- No pupillary or corneal reflex
- No cough or gag
- No spontaneous respiration
- Discussion of DNR or withdrawal of support

OR THE FAMILY ASKS ABOUT DONATION, PLEASE CALL LIFELINK IMMEDIATELY.

Donor Referral Line:
1-800-882-7177

Thank you for continuing to support the option of organ, eye, and tissue donation.

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