



# Georgia Trauma Commission

*Right Patient, Right Hospital, Right Time, Right Means*

Trauma Medical Directors Conference Call  
Meeting Notes:  
19 September 2016

Level 1 Trauma Centers	Representing Physicians
CHOA: Egleston Georgia Regents Grady Memorial Medical Center/Navicent Health Memorial Health Atlanta Medical Center	Dr. Amina Bhatia Dr. Colville Ferdinand Dr. Chris Dente Dr. Dennis Ashley (GTC Chairman) Dr. James Dunne Dr. Vernon Henderson
Level 2 Trauma Centers	Representing Physicians
Archbold Memorial Athens Regional Midtown Medical Floyd Medical Gwinnett Medical Gwinnett Medical Hamilton Medical North Fulton CHOA: Scottish Rite Wellstar Kennestone Northeast GA Med Center	Dr. Greg Patterson Dr. Thomas Hawke Dr. Scott Hannay Dr. Clarence McKemie Dr. Romeo Massoud Dr. Jeffrey Nicholas Dr. Steve Paynter Dr. Mark Gravlee Dr. John Bleacher Dr. Barry Renz Dr. Greg Strauther
Level 3 Trauma Centers	Representing Physicians
Clearview Regional Redmond Regional Trinity Hospital Taylor Regional	Dr. Melanie Cox Dr. Kelly Mayfield Dr. Robert Scheirer Dr. Robert Campbell
Level 4 Trauma Centers	Representing Physicians
Crisp Regional Effingham Emanuel Medical Meadows Regional Morgan Memorial	Dr. Vincent Culpepper Dr. John Sy Dr. Brad Headley Dr. Michael Williams
Burn Centers	Representing Physicians
JMS Burn Center Grady Burn Center	Dr. Fred Mullins

OTHERS SIGNING IN	REPRESENTING
Dena Abston Erin Bolinger Courtney Terwilliger Dr. Amy Wyrzyawski Dr. Christopher Hogan Regina Medeiros Karen Hill Tracie Walton Lynn Grant Melissa Parris Deb Battle	Georgia Trauma Commission Georgia Trauma Commission GTC Member, Emanuel Medical Center Atlanta Medical Center Doctors Hospital Augusta University CHOA CHOA Fairview Park Floyd Medical Center Northeast Georgia Medical Center

Jim Sargent Heyward Wells Misty Mercer Rochelle Armola Heather Morgan Kim Brown Tracy Johns Katie Hasty Jana Cairnes Alex Jones Gina Solomon Liz Atkins Melanie Cox Laura Garlow Aruna Mardhekar	AMC Doctors Hospital Trinity Hospital Memorial Health Athens Regional Medical Center Hamilton Medical MCCG Floyd Medical Center Redmond Regional Taylor Regional Gwinnett Medical Grady Clearview Regional Wellstar Kennestone North Fulton
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Meeting Began: 4:04 PM

#### Commission Update

Dr. Ashley welcomed everyone to the call. Since the last commission meeting there is not much to update the group on. Dr. Ashley opened the floor for any questions.

#### TQIP/NSQIP

Dr. Dente gave a timeline on the hiring of the project manager. The timeline will consist of hiring within the next two to three months. Dr. Dente meets with Dr. Sharma next week to finalize the hiring process. The position will then be reviewed and posted. Dr. Dente has several projects ready for the new hire and is excited about what this will do for our future work. Dr. Ashley opened up the call for any questions; no one at this time had questions.

#### Georgia COT Update

Dr. Colville, the new state chair for Georgia COT, reported he is getting acclimated to the new role and had a training conference call. The Day of Trauma meeting in Savannah went really well. Dr. Colville discussed tomorrow's conference call agenda. The committee's the members will serve on, a request for volunteers and how the call will go.

Dr. Ashley wanted to poll the interest in getting with Dr. Colville about Pneumonia in the ICU and several on the call showed interest in participation. Grady Hospital, Memorial, Georgia Regents, and Gwinnett expressed an interest. Dr. Dente suggested that each center have a specialist that can disseminate and be the voice. Dr. Colville is working on broadening the trauma committee by asking others to support the ongoing program. Dr. Colville then opened for questions.

Dr. Ashley reports the AAST just concluded meeting and he was appointed to the multi institutional trial committee and attended the first committee meeting last week. Dr. Ashley heard how the AAST receives requests and how it looks at multi institutional trials. Dr. Ashley would like to take some of this state work we have and submit it to the AAST for possible funding. If AAST accepts, they set up the infrastructure for when you report your data it is automatically organized and streamlines the data. Dr. Ashley suggests that we look into this and work on support from the AAST.

Dr. Ashley reported the Georgia Research Institute for Trauma (GRIT) has had several publications; Dr. Dente's published work with the GRIT study group in the Journal of American College of Surgeons, Dr. Colvilles paper was just accepted to the ACS, and a third poster with GRIT collaboration has been submitted, and Ms. Atkins reported that she is presenting a poster at TCAA in upcoming weeks. Dr. Ashley said in addition, an abstract with GRIT study group is also in submission process. Dr. Ashley believes we are making a significant impact with research.

Ms. Atkins said in working on the poster for TCAA, measurements of success and Ms. Mabry sent some great poster templates, and they can be used in the future. Dr. Dente wants to brand the GRIT and use the poster

template for future poster presentation templates. Ms. Mabry reported the logos are all complete and the templates are almost done and it will be no problem to make a power point slide template for future use.

Dr. Colville said he is still looking into the Re-implant issue and to create a survey of needs in the Southeastern region (other states included) and reach out for input and come back together as a group and have discussions.

#### Research Update/ Quarterly Report

Ms. Elizabeth Atkins reported on behalf of Marie Probst and Renee Morgan, a Quarterly Report overview. This was discussed at the Day of Trauma meetings held in Savannah last month but due to timing these items were not covered in depth. A power point was sent to those on the call for review. The Statewide Trauma Program Review covers; record completion rates, educational offerings, Injury prevention offerings, emergency preparedness activities, trauma surgeon response times, non-surgical service admissions, burn centers, GCTE meeting attendance, and review of the Trauma Activation Criteria. The power point slide presentation details record completions for level 1-trauma centers. Ms. Atkins says the point of this is to make sure you are reviewing this information with your program managers and comparing to the state information to make sure the information aligns and is accurate. 80% of all trauma records should be closed within 60 days of discharge. The slides in the power point presentation indicate an entire year of reporting. Ms. Atkins touched on what is considered education offerings. The information in the presentation is center based specific. Ms. Atkins noted slide 32 and the information about the Trauma Activation Criteria Evaluation. There may be opportunity to streamline some of the dialogue for TAC (Trauma Activation Criteria). Lastly, an observation by Ms. Atkins; there is good partnership between OEMST and the Trauma Centers and the information being shared is fruitful and continuing to improve. Consistent Activation Criteria is important for all admissions (NON-surgical) and the work being done is in the right direction.

The goal from OEMST is to provide a quarterly report that allows you and your center time to go back and compare your information to the state information prior to reporting due dates. Dr. Ashley congratulated all those that have worked on this together. Slide 32 (TRAUMA activation criteria evaluation) especially brings to light the needs to streamline triage criteria to state criteria. Dr. Dunne says this is a good practice but that the information for his center specifically was inaccurate so confirming the data is essential to correct reporting. Ms. Atkins will work with OEMST/DPH to continue to report meaningful and accurate information. Dr. Ashley noted this is a great start in getting more organized as we go along and this is all impacting patient care in a positive way.

Dr. Henderson proposed a question about under triage rates and criteria for Level 1 trauma activations. At this time this report is not tied to the under activation triage rates. Dr. Nicholas discussed the need for further research and collaboration on triage reporting. Dr. Nicholas says that most of the under triage patients are over 65 and the difference between a level 1 and level 2 activation is the attending surgeon response time differences. The same response team was present and even with this level of support they are still under triaged with level 2 activation(s). The triage criteria used in the field versus the triage criteria once the patient is in our care can display different needs. Dr. Nicholas says we CAT scan the patient and find additional injuries not found in the field assessment before intake. Dr. Nicholas thinks that it is a good idea for all the program managers in the state to look into and see what we can collectively come up with a state over/under triage protocol. This was warmly accepted by Dr. Ashley and says we can take the methodology used by Jim in his paper, establish a group analysis, and look into improving the activation criteria. Dr. Nicholas along with Ms. Solomon will work to get this going and work with Ms. Atkins as well. Ms. Atkins believes this is one of our biggest opportunities to help on the ACS (American College of Surgeons) and designation specifics. CHOA brought up the fact that most of their patients, being children with no ISS (Injury Severity Score) are being admitted and would this methodology include CHOA's (Children's Hospital of Atlanta) patient population. Dr. Ashley suggested we make this a work group or sub committee and on the next TMD call report back to the group on getting this done.

#### New Business-

Dr. Ashley asked if there was any new business. No new business reported.

Adjourned: 5:16 PM

CRAFTED BY: ERIN BOLINGER