



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Trauma Medical Directors Conference Call: 16 September 2013

Attending:

Level 1 Trauma Centers	Representing Physicians
Atlanta Medical Center Egleston MCG Grady Memorial MCCG Memorial Health	Dr. Vernon Henderson Dr. Paul Parker <i>No Representing Physician</i> Dr. Chris Dente Dr. Dennis Ashley/Chair, GTC Chair Dr. Bill Bromberg
Level 2 Trauma Centers	
Archbold Memorial Athens Regional Columbus Regional Floyd Medical Gwinnett Medical Hamilton Medical North Fulton Scottish Rite Wellstar Kennestone	Dr. John Cascone Dr. Thomas Hawk Dr. Scott Hannay Dr. Clarence McKemie Dr. Romeo Massoud Dr. Steve Paynter Dr. Mark Gravlee <i>No Representing Physician</i> Dr. Barry Renz
Level 3 Trauma Centers	
Clearview Regional Effingham County Hospital Taylor Regional	<i>No Representing Physician</i> <i>No Representing Physician</i> Dr. Robert Campbell
Level 4 Trauma Centers	
Crisp Regional Emmanuel Medical Lower Oconee Morgan Memorial Trinity Hospital Wills Memorial	<i>No Representing Physician</i> <i>No Representing Physician</i> <i>No Representing Physician</i> <i>No Representing Physician</i> <i>No Representing Physician</i> <i>No Representing Physician</i>
Burn Centers	
JMS Burn Center Grady Burn Center	Dr. Fred Mullins <i>No Representing Physician</i>

OTHERS SIGNING IN	REPRESENTING
Ms. Elaine Frantz Dr. John Adamski Dr. Pricilla Strohm Ms. Deb Battle Ms. Lynn Grant	Memorial Health Northeast Georgia Medical Northeast Georgia Medical Northeast Georgia Medical Taylor Regional

Ms. Gina Solomon Ms. Kathy Sego Ms. Laura Garlow Mr. Jim Pettyjohn Mr. John Cannady Ms. Tammy Smith	Gwinnett Medical Athens Regional Wellstar Kennestone Georgia Trauma Commission/Staff Georgia Trauma Commission/Staff Georgia Trauma Commission/Staff
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Meeting Began: 4:02 PM

Meeting Notes:

TRAUMA COMMISSION UPDATE

Dr. Dennis Ashley reported that the next meeting was scheduled to take place in Atlanta at the AMC South Campus 21 November 2013; further extending an invitation to any Trauma Medical Directors who would like to attend. There is no further update for the Trauma Commission at this time.

TRAUMA COMMUNICATIONS CENTER UPDATE

Mr. John Cannady reported for the Trauma Communications Center; for the current year 590 patients have been received through the TCC; this is an increase from last year. Furthermore, last year approximately 33% of calls were received after-the-fact; meaning that the ambulance had already transported and arrived at the hospital, calling only to report the information to the TCC. This year, the percentage has decreased to approximately 20% of calls which are received after-the-fact; suggesting that the TCC has begun to be recognized as a valuable resource for trauma patients.

Mr. Cannady continued, stating that during a phone call with a helicopter service it was relayed how valuable the TCC is for their pre-destination recommendations. Transport times for helicopters are not as limited for transport selection to trauma centers for their patients, and therefore have utilized the TCC for trauma center availability and expressed their appreciation for the assistance which they received. There has also been an increase in the amount of calls received from helicopter services from 10% of calls last year, to approximately 43% this year.

Additionally, there have been ongoing discussions regarding the future of the TCC with Dr. Ashley and the Office of EMS and Trauma, the Georgia Hospital Association and the Georgia Emergency Management Agency. There has been no debate regarding the value of the resource availability information for the trauma centers, however there has been some discussion regarding how the TCC fits in with the EMS community.

Dr. Ashley added that this would be a good time to let the Medical Directors know what the EMS has access to now. Mr. Cannady agreed, adding that the EMS community now has the ability to have access to the Resource Availability Display. This can be provided through the EMS Directors by request, and placed in their individual agencies or dispatch centers. To request this, send an email request to Michelle Martin, at michelle@gtcnc.org.

REVIEW OF TRANSFER POSTER

Dr. Ashley advised that the poster was emailed this morning to the Medical Directors, and was based on previous discussions regarding sending out a letter to the non-designated hospitals regarding what information they should consider for the purpose of transferring a patient. This is a first attempt to get this information out, and is being presented for the purpose of discussion and concepts for improvement.

Dr. Bill Bromberg extended his appreciation for everyone's thoughts and discussion regarding the concept of this poster. Adding, a major source of potential delay is in keeping patients at hospitals longer than they need to be there, before sending them to a higher level of care. The thought behind this is to get the word out as best possible, to let it be known that the Level 1 and 2 trauma centers are open for business, and it is best to transfer them sooner rather than later. Also, to assist in the decision to transfer early without unnecessary work-up. A letter will be drafted to be mailed with the poster to support the collaboration that the goal is to get the right patient transported to the right place in the right time.

Dr. Bromberg continued, adding that he is now in possession of an accurate list of contacts and addresses for the hospitals throughout the state and felt that once this poster is complete and a letter is drafted the information can be distributed.

Dr. Vernon Henderson commented that he felt that this is great and added concerns for patients who are being treated at hospitals who are running unnecessary tests without the capability to care for the patient. Assistance was requested for drafting the letter with the appropriate tone to present to the hospitals. Discussion followed regarding suggestions for the letter and the poster, and what should or should not be included to avoid misinterpretation. Dr. Henderson added that the hospitals do not need to make a case for transfer; "when in doubt send them out", Dr. Ashley and Dr. Bromberg agreed.

Dr. John Cascone questioned if there were other hospitals that experienced difficulties regarding transporting patients; expressing that emergency room physicians are sometimes asking questions which lead the hospitals to believe they need to run additional tests before transporting. Discussion ensued regarding difficulties and appropriateness of transporting patients as well as how the transfers are handled as well as the various methods hospitals utilize for the purpose.

Dr. Ashley commented that he felt this was on the right track, streamlining the process is the first step, followed by putting it in writing and getting the posters and letters out, and the third a change in culture to include follow up phone calls with the area hospitals to ensure that they received it and ascertain if they have any questions; Dr. Henderson agreed. Dr. Ashley encouraged the Medical Directors to become instructors for the Rural Trauma Development Course, adding that it was one of the more beneficial courses. Dr. Bromberg advised that he had a document which provided information regarding the course, adding that he would email it to Dr. Ashley to disseminate to the group.

Dr. Bromberg questioned if the Trauma Communications Center phone number would be the correct number to have on the poster; Mr. Cannady responded, indicating that this was a question for the Medical Directors to determine, adding that the intended role of TCC is to be a one call resource to assist hospitals with these types of needs. The TCC has real time information which can quickly connect a non-designated hospital to a trauma center that is listed as available.

Dr. Paul Parker commented that there has been a long standing call center in operation at Children's Healthcare of Atlanta. Initially there was much resistance to the call center; however it has been very beneficial in assisting in transports, recording messages for follow-up and keeping records. Mr. Cannady added that the TCC also records calls and as an agent available 24/7. The TCC has a good working relationship with the transfer center at CHOA, assisting with patients who do not meet the age requirements for pediatric health care. Discussion followed regarding the benefits of the TCC and their role in assisting the transport of trauma patients. Dr. Henderson stated that this seemed to be a great

idea, adding that if the Medical Directors choose to implement it that there should be an inclusion for determination of how the call center affects the transport time. Mr. Cannady responded that this information is tracked and includes follow-up for any instance of patient refusal.

Dr. Bromberg questioned how this could fit in every area, providing an example of Memorial Health, which is the only trauma center in the area. Dr. Ashley replied that perhaps this is not mutually exclusive, and could exclude contact numbers and only provide the necessary data. Another option would be to include the TCC number to use when in doubt, or when an ER doctor is not sure and would like assistance. Another option would be to create the poster with a blank area which could be individualized with area trauma center information; this does not need to be decided today. Discussion continued regarding the value of the TCC, indicating that there were positives and negatives depending on the area of the hospitals.

Dr. Ashley suggested that Dr. Bromberg incorporate some of the recommendations from today's meeting into the poster; Dr. Bromberg questioned who created the poster initially, complimenting the great work that has gone into the design thus far. Mr. Cannady indicated that the poster which has been the focus of this discussion was created at the TCC, and he would be happy to continue the work by integrating the suggestions provided here today. Dr. Bromberg suggested that he, Dr. Henderson and Mr. Cannady work together on this project; communications will proceed via email and the final product will include a checklist to include with the packet. Dr. Ashley requested having the final attachments available to vote on at the 18 November 2013 TMD Subcommittee meeting; Dr. Bromberg felt that this time line was appropriate.

Dr. Parker suggested the blood pressure reading include instruction for pediatrics; less than 90 for age appropriate hypertension because most pediatrics is less than 90. Dr. Ashley requested that Dr. Parker participate in the communications for this poster design so that these types of details are not missed; Dr. Parker agreed to assist; adding that it should be kept simple. Discussion followed regarding the differences between adult and pediatrics and whether or not two separate posters should be made; Dr. Parker did not feel that it needed a separate poster, but should not be too detailed. The Doctors agreed that the poster should include the words "When in doubt send them out". Mr. Cannady indicated that the information used was provided through the CDC field triage and ACS resource for optimal care in a paraphrased format.

Discussion ensued regarding how this could be used to assist in the data gathering for determining the amount of time it takes a patient to reach definitive care. Dr. Ashley questioned if the Medical Directors would be interested in looking at their own hospital transfers; building a timeline manually over several months to determine the timelines in different parts of the state to show areas of improvement. Dr. Henderson suggested consulting the Nurse Coordinators for this; Dr. Ashley agreed and felt that this was a good idea. Dr. Ashley advised that he would contact Dr. Regina Medeiros to discuss this; requesting that Ms. Elaine Frantz assist with this; Ms. Frantz indicated that she would contact Dr. Medeiros.

GEORGIA COT

Dr. Chris Dente reported that the first meeting of the Georgia COT took place in August, and is in the planning stages for next year's meeting which will take place in Augusta with the intention of becoming an annual meeting, and possibly quarterly moving forward as an extension of this group. There are two papers from the paper competition which will be presented at the Region 4 Competition in November.

Dr. Ashley commented that the meeting went great, and commended Dr. Dente's work on this. Dr. Dente advised that there are also preliminary discussions planned to take place coming up later this week regarding contracts.

NEW BUSINESS

None.

Dr. Ashley adjourned the meeting at 4:53 PM.