

Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

"Right patient, Right hospital, Right time, Right means"

Trauma Medical Directors Conference Call: 28 January 2013

Attending:

Dr. Dennis Ashley, Trauma Commission and MCCG
Dr. Mark Gravlee, North Fulton
Dr. Mark Benak, Clearview
Ms. Bambi Bruce, Clearview
Dr. John Bleacher, CHOA
Dr. John Cascone, Archbold
Dr. Gage Ochsner, Memorial
Dr. Bill Bromberg, Memorial
Dr. Scott Hannay, Columbus
Dr. Colville Ferdinand, MCG
Dr. Regina Medeiros, MCG
Dr. Jeffrey Nicholas, Grady
Ms. Fran Lewis, Grady
Dr. Chris Dente, Grady
Dr. Priscilla Strom, Gainesville
Dr. John Adamski, Gainesville
Ms. Deb Battle, Gainesville
Ms. Karen Lowther, Lower Oconee
Dr. Brian Siddall, Lower Oconee
Ms. Shanna Stubbs, Morgan Memorial
Dr. Barry Renz, Wellstar Kennestone
Dr. Jill Mabley, OEMS/T & EMSMDAC
Mr. James Sargent, North Fulton
Mr. John Cannady, Trauma Commission staff
Ms. Lauren Noethen, Trauma Commission Staff
Dr. Steve Painter, Hamilton
Ms. Gina Solomon, Gwinnett
Ms. Liz Atkins, CHOA
Dr. Paul Parker, CHOA
Ms. Annette Waters, JMS Burn Center
Ms. Brandi Holton, Phoebe Putney Memorial

Meeting Began: 4:00 PM

Meeting Notes:

Dr. Dennis Ashley welcomed everyone to the meeting. He informed the Medical Directors that Dr. Chris Dente had a prior conflict; in effort to accommodate this, the ACS COT Update was moved forward on the agenda.

ACS COT UPDATE

Dr. Dente provided an update for the ACS COT reporting that over the last few months the TQIP Committee has been organized; also the first state reports have been received. The meetings have taken place via conference call, the last of which was approximately one week ago; National COT members participated in this conference. As a state, the reports show that things are going well and all of the Level 1 and 2 trauma centers are participating with few exceptions.

Dr. Dente continued reporting, stating that the initial reports would focus toward educational objectives, ensuring data quality and understanding how the reports are generated. Others who may be interested in participating in this process are welcome. The next TQIP Conference will take place next month, having been postponed for inclement weather. The August 9th meeting in Macon, which will host the Resident Paper Competition, is still scheduled to take place as intended. This will be our first opportunity to have an assembly with the Medical Directors in person.

Discussion arose regarding the paper competition and how it would be conducted. Dr. Dente informed that the two winners would be presented.

TRAUMA COMMISSION UPDATE

Dr. Dennis Ashley provided the update for the Trauma Commission, reporting that the most recent meeting took place in Rome at the Trauma Commission Workshop which was a two day event. Dr. Ashley advised that things were beginning to come together regarding outcomes, and how these data were to be analyzed. A thirty page report had been generated, which would be provided to the Medical Directors for review. Dr. Ashley explained, The House of Appropriations Committee of the Legislature last year decided to look at trauma. Further explaining this process, Dr. Ashley indicated that this report showed an increase in trauma centers, as well as an increase in patients which transported to trauma centers appropriately. The General Assembly provided this report, which is also available on the Trauma Commission webpage. The assessment reported that data should be used to provide a more accurate insight of outcomes and provide criteria which would imply the best future plans. A new committee is being formed for this purpose, and will decide improvement measures. Dr. Ashley informed the Medical Directors that he would like for some of them to participate in this committee.

Dr. Ashley continued his report indicating that a meeting took place recently that included a representative of each RTAC, several of which have already formed. This committee will be able to bring ideas together for the first time and be able to discuss what is going on in their areas. Bringing the RTAC's together will provide an opportunity for everyone to come together rather than each doing something different, following different data sets – this will bring everyone together with some consistency.

Dr. Ashley continued, reporting that the Trauma Commission had voted to form a Georgia Trauma Foundation, a 501c3 non-profit organization. This will allow the ability to raise funds outside the general assembly. Senate Bill 60 recommends that the Commission form a foundation that is capable of raising funds that could be used for research, educational grants, public service announcements, etc.

Further discussion included better defining roles as a goal for this year, which would be incorporated into the trauma system plan.

TRAUMA COMMUNICATIONS CENTER UPDATE

Mr. John Cannady provided the update for the Trauma Communications Center. Mr. Cannady began by reporting that for the first year of the TCC, having become operational January 1, 2012. During this first year the TCC received 738 trauma patients throughout the state, the majority of which were received from Region 5. There was a decent amount received from Region 6; however the call volume from Region 4 ranked the second highest. This is significant as Region 4 as only recently voted to begin creating their RTAC. The TCC has received calls from seven of the ten regions across the state. Of the 738 total calls, 661 met trauma system injury criteria, 22 were burn patients. Of the 661 trauma system patients, 556 patients were transported to level 1 trauma centers, 12 patients to level 2, 24 patients to level 3, 27 to a level 4, and 35 to a non-designated hospital. It is the policy of the TCC for those patients who meet the trauma system criteria and are transported to a non-designated hospital; the TCC will make contact with the destination hospital to offer assistance in the transport of that patient to a trauma center. Furthermore, it is the policy of the TCC to continue to make contact every thirty minutes until notification is made that the patient has either been transported or will not need to be transported.

Discussion during the Trauma Commission retreat included the need for education and the ability to get the word out that the TCC is available, not only to EMS providers but to local community hospitals as well. There have also been some discussions regarding the improvement of technology to increase the ability to communicate.

Dr. Ashley requested that the Medical Directors work as ambassadors of the TCC to help educate paramedics as they bring trauma patients into their facilities, inquiring as to whether they made contact with the TCC.

V5 REGISTRY TRANSITION

Dr. Ashley informed the Medical Directors that the Trauma Coordinators requested time to present regarding changes within the registry.

Ms. Liz Atkins reported to the group, informing the Medical Directors that the INTRAC Software, a DOS based program, has been outdated and in need of replacement. The V5 Registry, a newer version of this software, would replace this system. This new system would provide the ability to maintain custom data points and data language that are already in place with the current software. The purchase of this software will include a credit since the INTRAC Software was only recently purchased. This will provide the ability for statewide reporting in a systematic vocabulary. The INTRAC Software will be eliminated, and this appears to be the best replacement. Plans for transition will take place possibly by April or May, but more likely toward the end of summer.

Dr. Ashley encouraged the Medical Directors to maintain communication with their coordinators regarding this change.

Dr. Regina Medeiros requested further discussion regarding the time change for trauma criteria. Dr. Medeiros felt that the 23/24 hour change was causing issues, and requested that it be delayed to 24 hours due to the hours and minutes placement on the screen, and it would be best to delay this change until the V5 Registry has taken place.

Dr. Ashley asked if any of the Medical Directors had any comments. Discussion followed, indicating that this would be necessary to move forward. Dr. Ashley suggested that the Medical Directors take a vote.

Motion #1 - Trauma Medical Directors 28 January 2013

To change the trauma registry criteria to 24 hours rather than 23:59, and to delay the change until the V5 Registry transition has taken place.

Motion By: Regina Medeiros

Second By:

Action:

The Motion *PASSED* with no objections, nor abstentions.

EMSMDAC

Dr. Jill Mabley reported regarding a discussion which took place at the last EMS Subcommittee which suggested placing fluid warmers in the ambulances; this would be endorsed by the EMS Doctors. The quarterly meeting will be taking place tomorrow; Dr. O'Neil and Dr. Mabley will be presenting a new set of EMS Clinical Guidelines, which are not mandated but available for any EMS service that would like to use them. These will post on the website, www.ems.ga.gov. Protocols are open for discussion if there is any disagreement. The protocols will possibly be available on this web site as early as next week, and feedback is welcomed.

State Commissioners mandate that this council include a trauma surgeon. This position has recently become available; Dr. Mabley extended the invitation to the Medical Directors to become a part of this council, indicating that these are regular quarterly meetings.

NEW BUSINESS

Dr. Paul Parker reported that there were many students searching for non-paid research hours, if anyone had any specific questions to propose to these students, who are primarily PHD students, to please submit request for consideration as research projects for these students.

Dr. Brian Siddall inquired as to the protocol for emergency helicopter flights, regarding what criteria are used for calling them to the scene, who takes responsibility and how should they be utilized properly. Dr. Ashley requested that Dr. Mabley address this question. Dr. Mabley responded that this was up to the local Medical Director to make a policy. Some EMS Medical Directors leave it up to the people on scene, others monitor very carefully. The state can make recommendations, but does not mandate how this occurs.

Discussion followed regarding issues that arise as a result of these protocols, and Dr. Mabley suggested Dr. Siddall offer to educate the local Medical Director in his area, possibly offering a one hour in service.

Dr. Ashley further suggested researching the helicopter appendix included in the plan for Region 1, as it contains a specific plan for helicopter usage that may offer some helpful ideas to be incorporated. This appendix can be found on the Trauma Commission website. Dr. Mabley also offered the website for the NAEMST, under policies there is a consensus about when to launch.

Dr. Ashley adjourned the meeting at 4:49 PM.

Meeting Notes Crafted By Tammy Smith