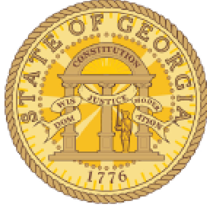

Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Trauma Medical Directors Conference Call: 20 May 2013
Attending:

Level 1 Trauma Centers	**Representing Physicians**
Atlanta Medical Center	Dr. Vernon Henderson
Egleston	Dr. Paul Parker
Georgia Regents	Dr. Colville Ferdinand
Grady Memorial	Dr. Chris Dente, Dr. Jeff Nicholas
MCCG	Dr. Dennis Ashley/Chair
Memorial Health	Dr. Bill Bromberg
Level 2 Trauma Centers	
Archbold Memorial	Dr. John Cascone
Athens Regional	Dr. Whitney Webb
Columbus Regional	
Floyd Medical	Dr. Clarence McKemie
Gwinnett Medical	Dr. Romeo Massoud
Hamilton Medical	Dr. Steve Paynter
North Fulton	Dr. Mark Gravlee
Scottish Rite	Dr. John Bleacher
Wellstar Kennestone	Dr. Barry Renz
Level 3 Trauma Centers	
Clearview Regional	
Taylor Regional	Dr. Vince Culpepper
Level 4 Trauma Centers	
Emmanuel Medical	Dr. Prasad, Dr. Headley
Lower Oconee	Dr. Brian Siddall
Morgan Memorial	
Wills Memorial	
Burn Centers	
JMS Burn Center	Dr. Fred Mullins
Grady Burn Center	Dr. Walter Ingram

OTHERS SIGNING IN	**REPRESENTING**
Dr. John Adamski	North Georgia Medical
Dr. Linda Cendales	Emory Adventist
Mr. Jim Pettyjohn	Georgia Trauma Commission/Staff
Mr. John Cannady	Georgia Trauma Commission/Staff
Ms. Gina Solomon	Gwinnett Medical Center
Ms. Kim Brown	Hamilton Medical Center
Mr. James Sargent	North Fulton
Ms. Bambi Bruce	Clearview Regional

Ms. Brandy Holton	Phoebe Putney
Ms. Gina Grnach	Tanner Medical
Ms. Elaine Frantz	Memorial Health
Ms. Deb Battle	North Georgia Medical
Ms. Shanna Stubbs	Morgan Memorial
Ms. Lynn Grant	Taylor Regional
Ms. Jo Roland	Archbold Memorial
Ms. Laura Garlow	Wellstar Kennestone
Dr. Jill Mabley	OEMS/T

Meeting Began: 4:02 PM

Meeting Notes:

Dr. Dennis Ashley welcomed everyone to the meeting, and requested a moment of silence in remembrance of Dr. Gage Ochsner.

Ms. Elaine Frantz announced that Dr. Bill Bromberg has been appointed Chief of Trauma Services, interim; and gave a brief synopsis of his background.

TRAUMA COMMISSION UPDATE

Dr. Ashley reported that the recent Trauma Commission meeting was held in Atlanta, which focused on the budget. Items for this group included funding for a standardized course for the purpose of conducting reviews. The FY 2014 Budget has not yet been finalized; however a conference call is in process of being scheduled for this purpose.

The Regional Trauma Advisory Committee has been having discussions with the various regions and working toward forming RTAC's. Region 8 extended an invitation, and is considering forming their RTAC, which will be determined with their next meeting.

The Office of EMS/T and the Commission are working with the Governor's Office and staff to develop metrics on how to measure outcomes; not just mortality but also other factors that need to be analyzed. Dr. Ashley explained the DOAA report, and the templates that were provided for the purpose of developing metrics; requesting suggestions from the Medical Directors for the upcoming meeting.

Dr. Ashley continued, advising that one or two metrics to begin with would be ideal; providing the example of how much time it takes from the scene for the patient to receive definitive care at a trauma center. In rural areas this can be difficult to accomplish. Another recommendation provided consideration for the number of trauma patients who are transported to a trauma hospital, and the impact of trauma designation upon a region. Dr. Ashley further recommended conducting the study by region rather than by state, and discussed the importance of closely examining the location of potential trauma centers.

Dr. Ashley opened the floor for discussion, requesting feedback and suggestions. Discussion ensued regarding the difficulty in gathering data within the hospitals concerning medical records. Further suggestions included researching the percentage of trauma patients which are transported to non-designated hospitals as opposed to trauma centers and what the outcome is for those patients; evaluating the impact over the previous five years of the additional trauma centers to show if the numbers have improved.

Discussion continued regarding the study conducted in Florida, and some of the issues that were encountered as the research were conducted; further expressing how Georgia will conduct their research by comparison. The designation process for trauma centers was discussed, as well as the role of the Trauma Commission in funding the trauma centers and how to determine the best location for new trauma centers. Dr. Vernon Henderson suggested creating a map to identify locations which are in need of trauma centers, and explore which non-designated hospitals are in that area that could potentially become a trauma center for that area, reducing the distance to trauma centers to 25 miles. Discussion followed emphasizing the need for more strategically placed trauma centers as oppose to more trauma centers, and the negative impact of having too many trauma centers in one location.

Further discussion included the difficulty in obtaining PCR reports, and the possibly of establishing EMS enumeration as a metric; requiring complete reports to be submitted to the trauma centers. Dr. Ashley indicated that he would take this suggestion back to the Evaluation Committee for consideration.

TRAUMA COMMUNICATIONS CENTER UPDATE

Mr. John Cannady reported for the Trauma Communications Center, indicating that there has been no change in call volume since the last report and the numbers remain steady. There has been an increase in the number of helicopter calls received; from January through April a total of 281 calls have been received which is an increase of approximately 100 calls from this time last year. Of the 281 calls, approximately 100 were received from helicopter transport services.

Discussion followed regarding the type of calls received, and how the helicopters are utilizing the TCC. Dr. Brian Siddall inquired regarding the helicopters and who decides where they transport their patients too, indicating a concern that while Lower Oconee is a trauma center patients are sometimes taken further out to other trauma centers. Dr. Siddall ascertained how to become more involved in the patient assessment. Dr. Ashley replied that Dr. Siddall should bring this up with his regions RTAC meeting for discussion for indication how the region would like this handled.

Further discussion ensued regarding mass casualty situations, and the need for formulizing a plan with GEMA to determine the role of the trauma doctors regarding the coordination and planning. Dr. Ashley responded, indicating that he believed this planning occurred on a different level with homeland security and public health. Dr. Ashley agreed that it would be a good idea for the trauma doctors to be involved in this plan. Dr. Jeff Nicholas added that Grady is a regional coordinating medical center for mass casualty, with a command center which is run by Ms. Charlotte Clark, who additionally runs two regional disaster drills per year; other centers are invited to participate. Dr. Ashley suggested this be an agenda item for discussion with the August COT meeting; further suggesting an invitation be extended to Dr. O'Neal to provide information regarding how the trauma doctors can participate. Dr. Nicholas added that the next disaster drill is currently being planned for October, possibly the 9th or 10th, and will involve chemical exposure with mass casualty. *(Update: Dr. Nicholas has advised that the date has been changed to August 8th. This will involve a Chempack drill for a scenario of multiple casualties wit organophosphate poisoning and will involve the poison control center to gain experience with the use of the Chempacks.)*

Dr. Colville Ferdinand reported concerns regarding criteria for re-implantation. The *Optimal Resources* book, which is due for release, mandates that all level 1 trauma centers be capable of providing micro vascular care at all times or provide a transfer agreement with another medical center. Discussion followed regarding the differences with the previous manual, and the complications associated with the new protocols. Dr. Ferdinand ascertained the best method for providing resources for these situations.

Discussion followed regarding which hospitals had the capability for re-implantation, citing Dr. Linda Cendales at Emory with a specialization with micro vascular hand transplant surgery. Dr. Cendales expressed that this was correct, however there is a need in the state to review this closer, and extended her services to assist with patients across the state.
Discussion continued regarding the hospitals which currently have doctors which specialize in hand surgery, and the concerns which result from the length of time needed to perform the surgery; citing issues with diversion and funding. Suggestions included utilizing the TCC to aid in maintaining information regarding which hospitals were capable of assisting. Dr. Mullins indicated that the Burn Center has a hand re-implantation center, taking patients from throughout the southeast with 24/7 coverage; this is based out of the Jackson, JMS Burn Center, however it is planned to have the capability in Augusta by January 1st to provide hand peripheral nerve surgery, and re-implantation. Dr. Cendales advised that she would collect data regarding the locations where hand surgeries could be performed and report back to this Subcommittee.

Dr. Ferdinand recommended forming groups which can provide coverage for the hospitals which can provide care for these patients. Dr. Ashley suggested that Dr. Mullins, Dr. Cendales and Dr. Ferdinand work together on this and report back their findings, the doctors agreed. Dr. Ashley advised that this would be on the agenda for the next meeting.

NEW BUSINESS

Mr. Jim Pettyjohn advised that Trauma Commission was presented with, and approved, a proposal by the Trauma Centers and Physician Funding Subcommittee; beginning in FY 2014, the distribution of 25% funding of uncompensated care reimbursement for physicians is to be decided by the trauma center and their respective trauma committee to determine how best to distribute the funding. The centers may use methodology that has been utilized in the past or they may develop a new plan that will need to be approved by their trauma committee, requiring that the methodology be shared with the Commission and provide a documented report regarding how the funds are distributed.

Questions arose regarding the distribution and how the process is conducted; Mr. Pettyjohn indicated that he would provide a report to the Medial Directors regarding how the funds were distributed including the funding amounts.

Dr. Ashley adjourned the meeting at 5:04 PM.

Meeting Notes Crafted By Tammy Smith