



# Georgia Trauma Commission

**GEORGIA TRAUMA CARE NETWORK COMMISSION**

## **Trauma Medical Directors Conference Call: 19 March 2012**

### **Attending:**

Dr. Dennis Ashley, Trauma Commission and MCCG  
Dr. Mark Gravlee, North Fulton  
Dr. Mark Benak, Walton  
Dr. John Bleacher, Scottish Rite/ Egleston  
Dr. John Cascone, Archbold  
Dr. Barry Renz, Kennestone  
Dr. Gage Ochsner, Memorial  
Dr. Scott Hannay, Columbus  
Dr. Grace S. Rozycki, Grady  
Dr. Steve Paynter, Dalton  
Dr. Chris Dente, GA COT Chair, Grady  
Dr. Tom Hawk, Athens  
Dr. Colville Ferdinand, MCG  
Dr. Paul Brock, Floyd Medical Center  
Dr. Jennifer Host, Morgan  
Dr. Mack McKemie, Rome  
Ms. Karen Lowther, Lower Oconee  
Ms. Bambi Bruce, Walton  
Ms. Deb Battle, Gainesville  
Ms. Lynn Grant, Taylor Regional  
Ms. Debbie Little, Morgan  
Ms. Jo Roland, Archbold  
Ms. Gina Solomon, Gwinnett  
Ms. Regina Medeiros, MCG  
Mr. John Cannady, Trauma Commission staff  
Ms. Tammy Smith, Trauma Commission staff  
Mr. Jim Pettyjohn, Trauma Commission staff

### **Meeting Began: 4:01 PM**

#### Meeting Notes:

Dr. Dennis Ashley thanked everyone for participating in this Trauma Medical Director's conference call.

Dr. Ashley opened the meeting by reporting Region 5 (Macon) and Region 6 (Augusta) are onboard with developing their Regional Trauma Advisory Committees, moving ahead of schedule from where we thought we would be at this time. RTACs have been formed and regions have created their plans, they are on board and live. Region 5 came on toward the end of January and Region 6 shortly thereafter. Dr. Ashley advised that the Trauma Communications Center has been receiving calls since 01 January 2012 and Mr. John Cannady will give an update during this meeting.

Dr. Ashley stated he and Mr. Jim Pettyjohn visited Region I EMS Council last September/October. He and Jim presented the regionalization concept and what an RTAC is and how it works. The Region 1 EMS

Council voted to move forward and form a RTAC. They have appointed a RTAC Chairman and have begun the hard work.

Dr. Ashley stated Dr. John Harvey (EMS Region 3) gave a brief update on EMS Region 3 trauma system organization and activities at the 15 March Commission meeting in Atlanta. Region 3 has had a RTAC for several years. Region 3 is discussing how to develop a regional plan according to Commission's guidelines and coordinate with the TCC.

Dr. Ashley recognized Dr. Ochsner. Dr. Ochsner reported on RTAC activities in EMS Region 9. He commented that since all the regions are different, each will have unique aspects of their plan. Dr. Ochsner continued that Region 9 RTAC will report up to the Commission as well as the state Office of EMS and Trauma. The concept they are working with is everyone will be the same (equal importance) whether it is pre-hospital, acute care, trauma surgeons, emergency medicine, physicians, hospital administration, and nursing homes. Each player group critical, and no one is more significant. Dr. Ochsner advised that Ms. Elaine Frantz did much of the legwork, and suggested she might be willing to help anyone who was interested. Dr. Ochsner continued that after having been the Trauma Director for 17 years he wished this was something he had done 15 years ago. He suggested that all trauma medical directors get out and visit their smaller regional hospitals and meet the people, find out what capabilities their hospitals have. Showing an interest in them and building a relationship with the staff is an advantage.

Dr. Ashley thanked Dr. Ochsner for his report and complimented his hard work.

Dr. Ashley noted that Georgia was one of the few states, if not the first or second, to have TQIP statewide. He advised that staff is working with ACS to develop the Georgia state TQIP reports. The Georgia state reports will be:

1. All GA centers aggregated as one hospital compared to all TQIP centers
2. All GA Level I centers aggregated as one hospital compared to all TQIP Level I centers
3. All GA Level II centers aggregated as one hospital compared to all TQIP Level II centers

Dr. Ashley reported that he has been asked to tell the "Georgia Story" at the next TQIP conference, which will be held in Philadelphia in September or October 2012. Georgia has received recognition from ACS for its trauma system development work. Dr. Ashley thanked everyone for working hard and making that happen.

Dr. Ashley asked Mr. Jim Pettyjohn to make a comment about where things are with the hospital contracts with ACS for TQIP so that all of the Medical Directors will know who has contracts/who does not if there is anything that needs to be done.

Mr. Jim Pettyjohn reported that of the 13 potential TQIP participating hospitals, all but 3 have an executed a contract with ACS. One of the 3 just needs to pay the fee and the other 2 centers' contracts are under legal review within their hospital. Julia McMurray and Melanie Neal from TQIP anticipate no problems in getting all the identified Georgia centers onboard and soon.

Dr. Ashley next asked Dr. Dente to report on the GA chapter of the Committee On Trauma (COT). Dr. Dente suggested that as the Chair of Georgia COT, he felt it was time to request a Subcommittee of the Medical Directors to begin deciding what other quality improvement reports would be in order. Dr. Ashley advised he would like to put that responsibility now in the hands of the GA COT. He stated the GA COT would add the "peer protection" advantage for good "quality improvement" discussions.

Dr. Dente reported that he would be happy to do this and would like to get together with Dr. Ashley and others more familiar with TQIP to plan next steps. Dr. Ashley replied that Dr. Ochsner would be a good resource as he has been with TQIP the longest. Dr. Ashley suggested the group should be thinking of where they want to go from here and how they will look at the data. He advised that he does not feel we should have to wait until 2013 to start talking about this and getting together what we want. He hopes the subcommittee will provide good direction on this.

Dr. Ashley asked if there were other volunteers willing to participate on this subcommittee. (None responded) Dr. Ochsner advised he would send out an email, and anyone who would like to talk offline should send him an email.

Mr. John Cannady reported that both Regions 5 and 6 were participating and accessing the TCC. As of today we have received a total of 106 total calls. Of those, 101 have been from EMS units and 5 have been from hospitals, for hospital to hospital transfer. On further breakdown, 34 of the EMS calls have come from the scene 33 while EMS was en-route to the hospital and 39 came after the fact to give us the patient information and get the data into the system. Mr. Cannady continued that this has been a learning experience for TCC staff and EMS. The TCC is receiving some good data, that we are looking at internally, and we are QA'ing every call that comes in. We are working with the Trauma Coordinators within Regions 5 and 6 by communicating with them on every call that we get so that they can look at those numbers too and work those within their respective RTAC to see how their plan is working. We are looking forward to the addition of the other regions and working with them and their plans as they come on board with us.

Dr. Ashley asked if there were any questions for Mr. Cannady. There was no response. Dr. Ashley thanked him for his hard work, and advised he was looking forward to the next report.

Dr. Ashley then asked Dr. Dente for an update on GA COT.

Dr. Dente reported that the COT is working toward a meeting in 2013. He and Debra Kitchens worked on a budget. They are looking at the beginning of August 2013 for a meeting with the Trauma Medical Directors, which will include the resident paper competition in 2013, as well as a meeting where the TMD can discuss other interests. He stated he would like to have a featured speaker and the meeting would be an all-day event. He noted he would like the first meeting to be in Macon. He has reached out to the Georgia Trauma Medical Directors to join COT, and if for any reason that anyone has not heard from him they should email him. He would like to get everyone involved in GA COT and use it as a forum to exchange ideas.

Dr. Ochsner asked if membership required Board Certification. Dr. Dente replied that they do not have to be board certified to be an Associate Member. To be a full member you have to be a member of the college otherwise you're an Associate or Advisory Member. Surgeons are more than welcome and the dues are nominal, and it also helps with the resident paper competition.

Dr. Ashley encouraged others to join and commended Dr. Dente on his work. Dr. Ashley informed Dr. Dente that he was trying to get some funds from the Commission to him to help cover the meeting costs. The Commission's budget will be approved in May.

Dr. Ashley reported on Senate Bill 489. It is a short bill that started in the Senate. It requires the Trauma Commission to report yearly to the Health and Human Services committees from both the House and Senate. The relevant language is:

"The Georgia Trauma Care Network Commission shall report annually to the House Committee on Health and Human Services and the Senate Health and Human Services Committee. Such report shall provide an update on state-wide trauma system development and the impact of fund distribution on trauma patient care and outcomes."

Dr. Ashley noted the Commission is 100% behind this. SB 489 passed the Senate 48-0 and has moved to the House

Dr. Ashley asked if there was any other old business that has not yet been reported.

Dr. Ochsner reported for the Registry Subcommittee Report. Dr. Ochsner reported that Dr. Ashley, Dr. Dente and he are reviewing the data fields of the current state trauma registry and comparing what GA

requires to the NTB data requirements. The Commission also has a subcommittee (Georgia Committee on Trauma Excellence) that is looking at the data set. He suggest these two subcommittees collaborate in their work. Dr. Ochsner noted that the Trauma Medical Directors need to be involved in what data their trauma registry is collecting.

Dr. Ashley confirmed no action was needed today, Dr. Ochsner agreed.

Dr. Ashley asked if there was any new business.

Dr. Ochsner reported concern there was an issue in North Georgia, where Erlanger (Tennessee trauma center) is receiving \$600,000 from the state while there are two Level 2 Trauma Centers that are not far away. He asked if Erlanger be funded again this year. He continued with; "How does that affect other nearby out of state trauma centers?" Dr. Ochsner informed he understood that a CEO from Erlanger has joined the RTAC for Region 1.

Dr. Ashley responded that the funding did not come from the Commission and that he had no authority or control over it. Dr. Ashley stated his understanding that the funding was taken out of the budget last year, but somehow it found it's way back in. The Commission has no vote over these funds, and it is not in the Commission's budget.

Dr. Ochsner then asked if it was not the charge of the Commission to ensure an appropriate distribution of the resources, especially if it was involving trauma.

Dr. Ashley agreed that it should be a part of the Commission, but that is not the reality. Region 1 has volunteered to form their RTAC and Erlanger has volunteered to be a part of that as well as share their data with the Georgia state trauma registry.

Dr. Ochsner replied that Jacksonville is not on their RTAC but they do get some of their patients. Rome, a Level 2, is losing patients to Erlanger.

Dr. Paynter (Hamilton) reports that he has a similar situation in Dalton. They have General Surgery, General Trauma but one Neurosurgeon and are on divert every other day if not more often and those patients are being sent to Erlanger, as well as any complex Ortho. Some of the patients are being flown to Erlanger when they could come to his facility by ground quicker. So they do lose some patients to Erlanger, however his hospitals' Neurosurgeon is part of Erlanger's group and Erlanger does see some of their more complex patients.

Dr. Rozycki asks if it has been considered for letters to be written from Trauma Medical Directors representing the Commission regarding Chattanooga and whether or not the Trauma Commission will be able to have to control of the funding.

Dr. Ashley responded that would be a reasonable idea.

Dr. Cascone asks the question of whether or not this funding arrangement with Erlanger opens a Pandora's box for other out of state hospitals to receive Georgia funding.

Dr. Ashley responds that his concern is for the amount of funding. He stated Erlanger is doing a great service. This was a political decision and we do not know how or why the funding amount was chosen. Dr. Ashley agreed that this could open a Pandora's box.

Dr. Ochsner responds that Jasper County is the poorest county in Georgia and does not get the same rate of funding, and would like to know why one trauma center is being paid such a high amount for what they are doing.

Dr. Ashley agreed, but could not answer the question as to why.

Dr. Paynter replied that they were unaware for some time of the funding that Erlanger was receiving.

Dr. McKemie replied that the issue in Rome (Floyd) is that they have coverage for everything except their Orthopedic Surgeons will not take the more complex cases and they send those patients to Erlanger. They would like to stop this, but it is very expensive to keep the doctors their..

Dr. Ashley responds that it is the first step to understanding a Region's issues to get everyone together to talk.. When everyone is in the room, gathered to discuss the issues, you can discuss how you are going to take the best care of the patients. Every region is different.. If Erlanger is going to be receiving trauma patients from Georgia, it is important that they are at the table to discuss what is going to happen.

Mr. Jim Pettyjohn reports that the funding for Erlanger is \$600,000 and they will be receiving this in FY 2013 if the current budget is approved and signed by the Governor. He stated the money comes from the Department of Community Health, not the Department of Public Health.

Dr. McKemie asks if this is for non-trauma/General Care as well as trauma.

Mr. Jim Pettyjohn responds that it provides a helicopter service for Northern Georgia. They are willing to share all their registry data for all of injuries initiated in Georgia. The Office of EMS and Trauma is charged with maintaining the Georgia trauma registry and have been requested to work with Erlanger to download this data.

Dr. Ashley asks if there is any other new business.

Dr. Ashley adjourned the meeting at 4:48 PM.

Meeting notes crafted by Tammy Smith.