



# Georgia Trauma Commission

**GEORGIA TRAUMA CARE NETWORK COMMISSION**

## **Trauma Medical Directors Conference Call: 20 August 2012**

### **Attending:**

Dr. Dennis Ashley, Trauma Commission and MCGG  
Dr. Chris Dente, Grady  
Dr. Fred Mullins, Still Burn Center  
Dr. Jeff Nicholas, Grady  
Ms. Jo Roland, Archbold  
Ms. Karen Lowther, Lower Oconee  
Dr. Brian Siddall, Lower Oconee  
Dr. Colville Ferdinand, MCG  
Dr. Gage Ochsner, Memorial  
Dr. Jill Mabley, OEMS/T & EMSMDAC  
Mr. John Cannady, Trauma Commission Staff  
Mr. Jim Pettyjohn, Trauma Commission Staff  
Ms. Kim Brown, Hamilton  
Dr. Regina Medeiros, MCG  
Dr. Barry Renz, Kennestone  
Dr. Dennis Spencer, Morgan  
Dr. Walter Ingram, Grady  
Dr. Steve Paynter, Dalton  
Ms. Elaine Hall, Grady  
Ms. Shana Stubbs, Morgan  
Dr. Mark Gravlee, North Fulton  
Dr. Romeo Massoud, Gwinnett  
Ms. Gina Solomon, Gwinnett  
Dr. Fred Mullins, Still Burn Center  
Ms. Kathy Segó, Athens  
Ms. Sharon Queen, Clearview  
Dr. Mark Benok, Clearview  
Dr. Vince Culpepper, Taylor  
Dr. Tom Hawk, Athens  
Mr. James Sargent

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

#### Meeting Notes:

Dr. Dennis Ashley welcomed everyone to the meeting.

### **Trauma Commission Update:**

Dr. Ashley began the meeting by going over the recent Trauma Commission meeting, and advising the members that the budget had received a 3% cut. Dr. Ashley continued by explaining that the Super Speeder Program, the primary and only funding source, is doing better than expected. It was projected

at \$16 million and appears that it will possibly meet \$18 million. It will be requested that the \$2 million difference will be put into our budget.

### **Georgia COT Update**

Dr. Dente reported that the COT is moving forward with plans for a face to face Trauma Medical Directors meeting in Macon next year. The projected date is Friday, August 9, 2013. The agenda for this event is being drafted at this time and will likely include next year's Resident Paper Competition, as well as some items from the TQIP Committee. The TQIP Subcommittee has some conference calls planned for October which will report data regarding various trauma patients to provide the ability to compare Georgia as a state to national trauma centers. The COT will then decide how to forward that information to the Trauma Commission.

Discussion ensued regarding how the data was gathered and where it originated. Dr. Ochsner inquired as to the margin of error, and Dr. Dente ensured him that this was being considered. Dr. Ochsner emphasized the importance of going over the details of this data to ensure the validity.

### **Trauma Communications Center Update**

Mr. Cannady reported that since the center began operations in January, 438 patients have come through the TCC. The availability of the center was announced statewide beginning July 1<sup>st</sup>, and approximately 40 calls have since been received from areas outside the original pilot regions. Of the 438 patients, 366 have met TSEC criteria, the majority of which were taken to designated trauma centers. Of the 41 patients received that have not been taken to designated trauma centers, only 2 of those met TSEC criteria and were of special circumstances. 15 of the total 438 patients were inter-facility transfers. The majority of the patients were injured due to MVC.

Discussion followed regarding where the calls were coming from, who was and who was not utilizing the TCC.

Mr. Pettyjohn reported that there was Regional Trauma Advisory Committee meeting last week in Region 1. They are developing their plan and should be communicating with the TCC very soon. Trauma centers in Regions 10, 8 and 7 have also been contacted to discuss their plans for participation. Hospital Participation Agreements are being developed and clarification has been made with HIPAA regarding their requirements. They have indicated that the TCC is not a covered entity but must comply with privacy policies as a business associate of the trauma centers. An outside entity will be coming in for a risk assessment of our software to be sure that it meets the security and privacy needs mandated by HIPAA.

Dr. Ashley thanked Mr. Cannady and Mr. Pettyjohn for all their hard work on this.

Dr. Ochsner inquired as to the obstacles regarding the TCC. Mr. Cannady responded that the biggest issue was getting the word out and responding to misconceptions regarding the role of the TCC. Dr. Ochsner invited Mr. Cannady to attend a RTAC meeting for Region 9 to support the TCC, to which Mr. Cannady accepted.

Dr. Ashley recommended that all of the Trauma Medical Directors be advocates for the TCC and work together to get the word out by inquiring as to whether or not EMT's used the TCC, and encouraging them to do so.

Discussion arose regarding data and how the TCC is able to keep track of patients and the loss of data when the TCC is not utilized properly. Additionally, for FY2013, participation with regionalization is a requirement for EMS funding.

Dr. Siddall discussed some concerns EMT's expressed regarding liability and ethics when transporting via helicopter. Dr. Ochsner and Dr. Mabley responded that there is no liability for the EMT, as he has provided a higher level of training by allowing the helicopter to take the patient.

Dr. Ashley gave some examples of how patients could have been transferred quicker through the TCC with inter-facility transfers, explaining how it is one call to the TCC rather than several calls shopping for a hospital to meet their needs.

### **EMS Advanced Airway Training Needs**

Dr. Mabley reported on behalf of the state EMS Medical Directors regarding a concern for difficult airway management with trauma patients. She stated that over the last couple of years it has been noted that there is a decreased opportunity to have medics rotate through hospital ER's and OR's, and stressed the importance of working with live humans as a part of training. She requested that the committee consider requiring hospitals who receive funding from the Trauma Commission provide access to EMS training.

Discussion ensued regarding the current level of students, liabilities, and what would be the best way to address this issue, including the possibility of providing Respiratory Therapy as a resource for training.

Dr. Mabley requested that any doctors who had suggestions on this matter to contact her by email. Dr. Ashley asked that Mr. Pettyjohn provide Dr. Mabley a list of members of this committee, and that each member get back to her regarding what their capabilities are at their respective hospitals. In this, Dr. Mabley will be able to construct a chart showing where intubations could take place and what assistance each hospital could provide.

Dr. Mabley thanked Dr. Ashley and the members for providing this assistance. Dr. Ashley inquired as to the number of students, and Dr. Mabley responded that she would have to get back to him with that information.

### **Insurance Laws and Alcohol Levels**

Dr. Hannay was unavailable for this report; Dr. Ashley informed that this discussion would be tabled for the next meeting.

### **New Business**

Dr. Ashley informed the directors of a discussion that came up at the recent Commission meeting. Dr. Ochsner had recently devised a concept to standardize our statewide registry; many were using the mandatory data points from the state and then reporting to NTDB, then adding TQIP and filters. Dr. Ashley recognized that Dr. Ochsner did a nice job of putting this together and coming up with a new list of data points. Dr. Ashley asked Dr. Medeiros to provide a report.

Dr. Medeiros reported that the Medical Directors group had gone through each data element of the registry and indicated the ones that they wanted to keep and the ones that could be eliminated. She stated, "The one that was sent over to us to review from a logistical standpoint and a workload standpoint to see how that would affect our work flow and we pretty much are in agreement with what the Medical Directors had recommended, there were a couple of data elements that we have requested be added back to the list, they have to do with pre hospital transport information and the reason that we are requesting those be added back is so that we have record for the EMS Uncompensated Care Reimbursement Program. Because, if we don't have that EMS provider name and number in the system then they don't end up getting put on the state registry and those transports would not qualify for reimbursement."

Dr. Ochsner inquired as to whether this was regarding pre hospital to the outside hospital or pre hospital to the inner hospital. Dr. Medeiros replied that it was referring to both.

Dr. Medeiros continued by advising that there is work being done with Digital Innovations (D.I.), the company which creates software for our registry, and more information would be provided soon. She informed that the goal is to build into the system a minimum data set required by the state so that all elements will be available as the hospital chooses to collect.

Discussion ensued regarding recommendations.

Dr. Medeiros continued that another thing that was supported was the move from 48 hours to 24 hours for patients to meet trauma registry criteria. She advised that only one center was not in support of this. This issue is concerning trauma patients who are discharged before 48 hours, which skews data.

Discussion ensued regarding whether it should be 23:59 hours, or 24. The question aroused as to the national average. Dr. Medeiros indicated that she would look into this. Dr. Ochsner advised that he would like to see a report before making a decision; he would then make a recommendation to the Medical Directors requesting support.

Dr. Ashley asked that the recommendation be submitted to each of the Medical Directors before the next meeting for review. Dr. Ochsner asked Mr. Pettyjohn if he would remind him of this.

Dr. Ashley asked if there was any other new business. There was none.

Dr. Ashley adjourned the meeting at 5:00 PM.

Meeting Notes Crafted By Tammy Smith