



Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

Trauma Medical Directors Conference Call: 21 May 2012

Attending:

Dr. Dennis Ashley, Trauma Commission and MCCG
Dr. Mark Gravlee, North Fulton
Dr. Mark Benak, Clearview (Formerly Walton)
Dr. John Bleacher, Scottish Rite/ Egleston
Dr. John Cascone, Archbold
Dr. Gage Ochsner, Memorial
Dr. Scott Hannay, Columbus
Dr. Vince Culpepper, Taylor
Dr. Massoud, Gwinnett
Dr. Fred Mullins, Still Burn Center
Dr. Robert Williams, Wills Memorial
Dr. Tom Hawk, Athens
Dr. Colville Fernando, MCG
Dr. Mack McKemie, Rome
Dr. Jeffrey Nicholas, Grady
Dr. Paul Parker, CHOA
Dr. Priscilla Strom, Gainesville
Mr. James Sargent, North Fulton
Mr. John Cannady, Trauma Commission staff
Ms. Tammy Smith, Trauma Commission staff

Meeting Began: 4:01 PM

Meeting Notes:

Dr. Dennis Ashley welcomed everyone to the meeting.

Dr. Ashley reported that the Commission just met Friday in Savannah and would be meeting quarterly rotating around the state. Dr. Ashley thanked Savannah for hosting the meeting. The meeting lasted about five hours due to discussion on and approval of the FY 2013 budget which is about \$15.9 million. The approved budget should be on the Commission web page soon.

Dr. Ashley asked if anyone has any questions regarding the Commission meeting or budget.

Dr. Ashley asked Mr. John Cannady to give the update for the TCC.

Mr. John Cannady reports that since the last meeting the TCC has handled a total of 255 patients. The majority of the calls have been from EMS providers calling from and en-route to the scene. 11 were inter-facility transfers and the majority of the patients have met the TSEC criteria. May is on track to be the busiest month so far with an increase in participation for Region 6. The TCC is anticipating Region 9 participating in the coming months as their RTAC plan is finalized. Communications are continuing with Region 1, and they are moving forward with forming their RTAC. Part of the goal of the TCC is not only to get the right patient to the right hospital in the right amount of time, but as the program matures, to also be able to identify trends and be able to cut back on the amount of injuries before they happen.

Dr. Ashley asked if there were any questions for Mr. John Cannady regarding the TCC.

Dr. Ashley asked Dr. Gage Ochsner to report on the Trauma Registry.

Dr. Gage Ochsner reported that after looking over data points with Memorial, Grady, and Atlanta Medical Center, he has come up with some suggestions to coordinate with the subcommittees on the commission. They are planning to get together in June with the nurse coordinators to get their input. Dr. Ochsner continued, stating that Georgia is one of the few states that has not tracked the registry criteria of patients who are released before 48 hours. This is a problem due to the many patients who are treated with trauma injuries and released before 48 hours. He stated that they checked their own data to find patients who had been released after 20, 30 and 40 hours and found 64 cases over a three month period, 1/3 of which had an ISS of 9 or greater. These patients are being excluded from the data, as they (patients) are in and out a lot quicker than they used to be. Dr. Ochsner suggested obtaining information from TQIP regarding the 180 participating facilities to determine how many trauma patients are discharged at 23 hours and not added to the registry.

Dr. Ashley responded that Dr. Ochsner made a great point. He advised that 48 hours is what the state requires and asked Dr. Ochsner how this will work when we start with TQIP? Will it matter what the state is requiring if the information is going to TQIP?

Dr. Ochsner responded that the names are tracked, but they are not a full registry entry. The numbers had to be researched, but are not state required. The data collected is not the same as for full trauma patients meeting the 48 hour registry criteria.

Dr. Ochsner and Dr. Ashley continued to discuss how to evaluate injured patients and agreed that if the majority of TQIP participating centers cut off at 23 hours, then we should re-evaluate our 48 hour number and justify it with our data of significant injuries.

Dr. Ashley agreed. He suggested that when speaking with the legislature, if asked about over-funding of uncompensated care, it would be wise to mention that the State's strict compliance with state registry criteria; the bar is set high to get uncompensated care.

Dr. Ashley asked if Dr. Dente was on the call, Dr. Dente is absent.

Dr. Ashley reports for Dr. Dente that the commission requested funds for the Trauma Medical Directors to have a one day meeting which was approved and placed in the budget. A resident competition and key note speaker will possibly be included in this budget, and the agenda is being worked on by Dr. Dente. Dr. Ochsner included that there may also be some educational opportunities. Possible date, August, 2013.

Dr. Ashley asked if Dr. Hannay is available, he is absent.

Dr. Ashley responds for Dr. Hannay regarding modifications of UPPL. There was a federal law that was put in place in the 60's that states that insurance companies should still pay regardless of whether or not the patient is intoxicated. However, the state or the National Insurance Commission has not enforced this law, and insurance companies have been able to decide on their own. The question is whether or not we want to pursue this with insurance companies to force insurance companies to pay the fees for these patients. Dr. Ashley advised that MCCG is considering taking off the standard of testing and not documenting this information. There is an alcohol prevention program in place which trauma patients are screened and counseling made available to patients which qualify.

There was a discussion as to whether or not alcohol screening is being done at the various trauma centers across the state. If so, is this information documented? Dr. Ochsner stated that there could be lawsuits by the patient when insurers do not pay, and that not documenting this could be an ethical issue.

Dr. Ashley asked if Savannah is still doing alcohol and drug screens. Dr. Ochsner responded that they are. Dr. Ashley reported that Atlanta Medical Center is not and asked about Grady and Augusta; Dr. Nichols reported that Grady is routinely testing if there is any suspicion of other drugs. Dr. Fernando reported that Augusta does this routinely.

Dr. Scott Hannay joins the meeting. He responded that Columbus only performs these tests upon physician request. A survey was sent out by the trauma coordinator in October of 2010 to find out which centers routinely screened for alcohol and found 38% of the centers checked routinely, the remainder only by physician order. 31% did a urine drug screen, but this could have changed since that time. Insurance companies are paying this without knowing it as a result of the intoxication not being documented, and as a result, the liability that the insurance companies would incur should not be great.

Dr. Ochsner responds that the data shows that recidivism of alcohol can be reduced by intervention but does not feel that this is being done in the way that it is expected. Patients with a positive alcohol level should be checked to see if they have a serious problem, and more attention should be made to these individuals.

Dr. Hannay agrees. If you are not screening for alcohol in some way, then your prevention programs are not going to be maximal in terms of identifying the people at risk and doing something about it.

Dr. Ashley then asked Dr. Hannay where he would like to go with this and if he would like to get legislation behind this?

Dr. Hannay replied that the insurance lobbyists are some of the most powerful in the state, however, having the directors, hospitals, and substance abuse specialists behind a legislative effort would be wise as this would benefit them as well.

Dr. Ashley asks if anyone has any legislator in mind that might have an interest.

It is suggested that all the Trauma Medical Directors get behind this as it would enhance the ability to approach any of the legislators to support this position.

Dr. Ashley asked if everyone agrees; three responded yes.

Dr. Ashley then advised that he would take it to the Commission and inquire as to whether or not there would be any problem in supporting this. Also, GHA and substance abuse people would be good allies, as well as non-trauma centers who are most likely not getting paid. Dr. Hannay will handle this project.

Dr. Hannay thanked everyone for the support.

Dr. Ashley asked if there was any old business not covered.

Mr. Cannady advised that the approved FY2013 budget is now linked on the commission web page. Click on budgets to the right of the screen to get to the PDF link.

Dr. Ashley asked if there was any new business. No response.

Dr. Ashley advised that the next conference call was scheduled for July 16th; however, he would not be able to attend. It was suggested that the conference call be changed to August 20th at 4 PM. All agreed.

Dr. Ashley adjourned the meeting at 4:40 PM.