

Trauma Medical Directors Conference Call: 26 September 2011

Attending:

- Dr. Dennis Ashley, Trauma Commission and MCCG
- Dr. Vernon Henderson, AMC
- Dr. Mark Gravlee, North Fulton
- Dr. Mark Benak, Walton
- Dr. John Bleacher, Scottish Rite/ Egleston
- Dr. John Cascone, Archibold
- Dr. Barry Renz, Kennestone
- Dr. Priscilla Strom, Gainesville
- Dr. Gage Ochsner, Memorial
- Dr. Scott Hannay, Columbus
- Dr. Jeff Salomone, Grady
- Dr. Vince Culpepper, Taylor Regional
- Dr. Grace S. Rozycki, Grady
- Dr. Steve Paynter, Dalton
- Dr. Chris Dente, GA COT Chair, Grady
- Dr. Paul Parker, Egleston
- Dr. Tom Hawk, Athens
- Dr. Colville Fernando, MCG
- Dr. Romeo Massoud, Gwinnett
- Dr. Paul Brock, Floyd Medical Center
- Mr. Chad Taylor, Floyd Medical Center
- Ms. Bambi Bruce, Walton
- Ms. Janet Schwalbe, Gwinnett Medical Center
- Ms. Judy Geiger, Trauma Commission staff
- Ms. Shawn Hackney, Trauma Commission staff
- Mr. Jim Pettyjohn, Trauma Commission staff

Meeting Notes:

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

Dr. Ashley reported a conference call had been held with the staff of TQIP, Dr. Gage Ochsner, Dr. Scott Hannay, Mr. Jim Pettyjohn, Dr. Avery Nathans, and himself to discuss the issues of how TQIP will be ran. Dr. Ashley gave a brief re-cap of the issues discussed stating that TQIP will be a contract with each hospital; The Commission will not be involved and will not know the hospital's number that is assigned; the identifying number will be between the institution and TQIP only because anything that comes through The Commission is considered "open records" under the Open Records Act.

Dr. Ashley reported that coming on as a whole state, there were some uncertainties about how to write the reports and the decision was made to start simple by basically having the state reports with Level 1's and Level 2's together to be able to compare them with the National TQIP data and see how Georgia is doing as a state. Dr. Ashley reported this would give us a lot of data looking at various data points with

Georgia trauma centers combined and we could also look at each level separately so they can see how they are doing compared to the national average.

Dr. Ashley stated the taxpayer's dollars are funding the development of this statewide system and we have to make sure we show accountability as we proceed. We have discussed forming a sub-committee of ER Trauma which would be chaired by Dr. Chris Dente, who is the State COT chair. The COT is not subject to the Open Records Act. Dr. Dente is organizing the first annual COT meeting which will be held in the spring of 2013 and the Sub-Committee of ER Trauma could meet at this same time to discuss various issues such as, what to do with the data, what data needs to be presented, and how do we get to the next level of performance improvement. Dr. Grace Rozycki responded that for anyone to have any meaning out of this, everyone needs to be on the same page for recording complications. Dr. Dente stated the first step is getting everyone up and running with TQIP which is a process within itself. Dr. Gage Ochsner stated TQIP has standardized reports and this would be a great place to start with our data. Everyone agreed that a three or four year general process is acceptable.

Ms. Janet Schwalbe, Gwinnett Medical Center, reported that when they looked at their contracts they wanted to make sure peer review was protected. The Commission is appointed by the Governor and you have to make sure that your data is not used outside of peer review. Ms. Schwalbe has asked for changes to be made in The Trauma System Development Services Agreement, which is the contract with The Commission, on Page 14D, adding the language, "exclusively for peer review purposes under Georgia law". There has been discussion with Ms. Melanie Neal regarding The American College of Surgeons Agreement asking for language to be added when they talk about the data contributed to the AMS that this data is exclusive for peer review under Georgia law including but not limited to purposes of quality improvement. Additionally adding that The American College of Surgeons COT not disclose any data to any other participant that identifies a specific hospital. Dr. Gage Ochsner reminded Ms. Schwalbe that TQIP is done by numbers and you will only know your particular hospital's number.

Dr. Ashley stated the first step is to get the changes made in the Trauma Commission's Contract about performance improvement and suggested contacting Mr. Alex Sponseller, Attorney General's Office, for wording suggestions. Mr. Jim Pettyjohn stated he has contacted Mr. Sponseller to give an opinion on the statutes of peer review versus performance improvement and when it is received he will get this information out to everyone. Performance improvement covers everything and is a broader term than peer review and once some definitive language is founded, it will be forwarded.

MOTION #1 Trauma Medical Directors 2011-9-26:

I make the motion:

Phase One: Get TQIP at all trauma centers and get it functional;

Phase Two: We will work with the ACS office to get the aggregate data state reports for the Level 1's and Level 2's to be presented; and

Phase Three: We will ask Dr. Dente, as Chair of the COT, to appoint a Sub-Committee of the Medical Directors to make sure they can start to provide future directions on Performance Improvement.

MOTION BY:	DR. DENNIS ASHLEY
SECOND:	DR. CHRIS DENTE
ACTION:	The motion PASSED with no objections, nor
	abstentions.

Dr. Dennis Ashley reported Region 6 presented their Trauma Regionalization Plan at the last Trauma Commission and that it has been approved. Region 5 will be having their third Regional Trauma Advisory meeting on October 5 with the hopes to approve the completed plan to be presented to the Trauma Commission at their next meeting for approval.

Dr. Gage Ochsner reported that Region 9 will be having their first RTAC meeting in October to begin working on the development of their regional plan.

Next Conference Call date and time to be announced.