

**Minutes For
Georgia Transfer Center Sub-Committee
Thursday, October 29, 2009**

Attendees

P Courtney Terwilliger	P Kelli Vaughn
E Rochella Mood	P Linda Cole, VP
P Renee Morgan	P Scott Sherrill
P Lee Oliver	P Chris Threlkeld
A Debra Kitchen	P Marie Probst
P Silla Summerlin	A Marcia Moulton
P Cyndie Roberson	P Greg Pereira
A Ben Hinson	P Rich Bias
P Bob Risch	P Donald Palmisano
P Carolyn Scott	A Dennis Ashley
A David Herrin	P Jim Pettyjohn
A Gage Oschner	A John Rogers
A Keith Wages	A Kim Whitley
A Pat O'Neal	A Fran Lewis
A Karen Waters	A Joe Acker
Ad hoc member	

TOPIC	DISCUSSION/ CONCLUSIONS	Follow Up
I. Framework and Approval	<ul style="list-style-type: none"> ◆ The Trauma Commission approved the framework and whitepaper on October 15th, 2009. 	
II. Software Update	<ul style="list-style-type: none"> ◆ The paper work to write an RFP has been filed with the state. Awaiting Approval 	Linda to report back when completed.
III. Regional Trauma Advisory Council Update	<ul style="list-style-type: none"> ◆ The framework and white paper were presented to the Georgia Hospital Alliance and received positive feedback ◆ MAG is assisting with a physician meeting to present the Framework and White Paper on Nov. 12, 2009. The space holds 20 people, so an additional meeting has been scheduled for Nov. 24th. ◆ GHA is arranging a meeting with CEO's, CFO's, Trauma Coordinators, primarily within Region V to present the info on Dec. 2, 2009 ◆ Dr. Ashley is working with Glen Pearson to schedule a meeting with the GHA Board of Directors ◆ Fairview Park Hospital will be hosting an information session for hospital constituents 	<ul style="list-style-type: none"> ◆ Linda to report back on informational meeting feedback for all groups
IV. TSEC Criteria	<ul style="list-style-type: none"> ◆ Kelli Vaughn discussed entry criteria changes suggested by Dr. Oschner. There is some concern about removal of open and/ or discussed skull fractures being removed as the purpose of the criteria is entry into the Trauma System. Many smaller facilities do not have Neurosurgery available 	<ul style="list-style-type: none"> ◆ Kelli to follow up with GCTE for recommendations on changes before final product is presented to

	<p>(see attachments).</p> <ul style="list-style-type: none"> ◆ The criteria for what level facility was discussed. The "highest level" may not be necessary as there is little clinical distinction between Level I and Level II Centers. 	<p>Trauma Commission for approval.</p> <ul style="list-style-type: none"> ◆ Jim Pettyjohn to remove information about Level of Care from document. A separate document will be developed to address this.
<p>Next Meeting</p>	<ul style="list-style-type: none"> ◆ Decreasing the frequency of the meetings to monthly was discussed and approved. 	<ul style="list-style-type: none"> ◆ Lisa Fritze to send out dates of next meetings.

Black and Green text are copied DIRECTLY from BREMSS pp. 15-17, “System Entry Criteria.”

Red text is added to show a side-by-side comparison of CDC Criteria, as included in Appendix A of Georgia’s Framework. “Quotation marks” show exact CDC wording.

I. SYSTEM ENTRY CRITERIA

Patients are to be entered into the Trauma System following a trauma incident based on the following criteria:

A. **Physiological criteria:**

1. A systolic BP < 90 mm/Hg in an adult or < 80 mm/Hg in a child five or younger. **SAME.** “< 90” Children under five unspecified.
2. Respiratory distress - rate < 10 or >29 in adults, **or < 20 or > 40 in a child one year or younger.** **SAME.** “<10 or >29 (<20 in infant < one year)”
3. Head trauma with Glasgow Coma Scale score of 13 or less. **SAME.** “<14”

B. **Anatomical Criteria:**

1. The patient has a flail chest. **SAME.** “Flail chest”
2. The patient has two or more obvious proximal long bone fractures (humerus, femur). **SAME.** “Two or more proximal long bone fractures.”
3. The patient has a penetrating injury of the head, neck, torso, or groin, associated with an energy transfer. **DIFFER.** “All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee.”
4. The patient has in the same body area a combination of trauma and burns (partial and full thickness) of fifteen percent or greater. **ABSENT FROM CDC CRITERIA.**
5. The patient has an amputation proximal to the wrist or ankle. **SAME.** “Amputation proximal to wrist and ankle.”
6. The patient has one or more limbs which are paralyzed. **SAME.** “Paralysis”
7. The patient has a pelvic fracture, as evidenced by a positive “pelvic movement” exam. **SAME.** “Pelvic fractures.”

PLUS, CDC CRITERIAL ALSO SAYS:
“Crushed, degloved, or mangled extremity,” and
“Open or depressed skull fracture.”

C. Mechanism of the patient injury: “Mechanism of injury and evidence of high-energy impact.”

1. A patient with the same method of restraint and in the same seating area as a dead victim. DIFFERENCE. “Death in same passenger compartment.”
2. Ejection of the patient from an enclosed vehicle. SAME. “Ejection (partial or complete) from automobile.”
3. Motorcycle/bicycle/ATV crash with the patient being thrown at least ten feet from the motorcycle/bicycle. DIFFERENCE. “Motorcycle Crash >20 MPH.”
4. Auto versus pedestrian with significant impact with the patient thrown, or run over by a vehicle. DIFFERENCE. “Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20 MPH) impact.”
5. An unbroken fall of twenty feet or more onto a hard surface. SAME. “Adults: >20 ft (one story is equal to 10 ft.); Children: >10 ft. or 2-3 times the height of the child.”

PLUS, CDC CRITERIAL ALSO SAYS:
“High-Risk Auto Crash—Ejection, (partial or complete) from automobile.”
“Vehicle telemetry data consistent with high risk of injury.”

D. EMS Provider Discretion:

1. If, the EMS provider is convinced the patient could have a severe injury which is not yet obvious, the patient should be entered into the trauma system. SAME. “EMS Provider Judgment.”
2. The EMS providers suspicion of severity of trauma/injury may be raised by the following factors:
 - a. Age > 55 years of age SAME. “Older Adults: Risk of injury death increases after 55.”
 - b. **Age < five years of age DIFFERENCE. “Children: Should be triaged preferentially to pediatric-capable trauma centers.”**
 - c. Environment (hot/cold) ABSENT FROM CDC CRITERIA

- d. Patient's previous medical history **ABSENT FROM CDC CRITERIA**
 - 1. Insulin dependent diabetes
 - 2. Cardiac condition
 - 3. Immunodeficiency disorder
 - 4. Bleeding disorder
 - 5. COPD/Emphysema
- e. Pregnancy **DIFFERENCE**. "Pregnancy > 20 weeks."
- f. Extrication time > 20 minutes with heavy tools utilized **ABSENT FROM CDC CRITERIA**
- g. Motorcycle crash **CDC ADDRESSES IN PREVIOUS SECTION, NOT THIS SECTION.**
- h. Head trauma with history of more than momentary loss of consciousness. **ABSENT FROM CDC CRITERIA**

PLUS, IN THIS SECTION CDC ALSO SAYS:

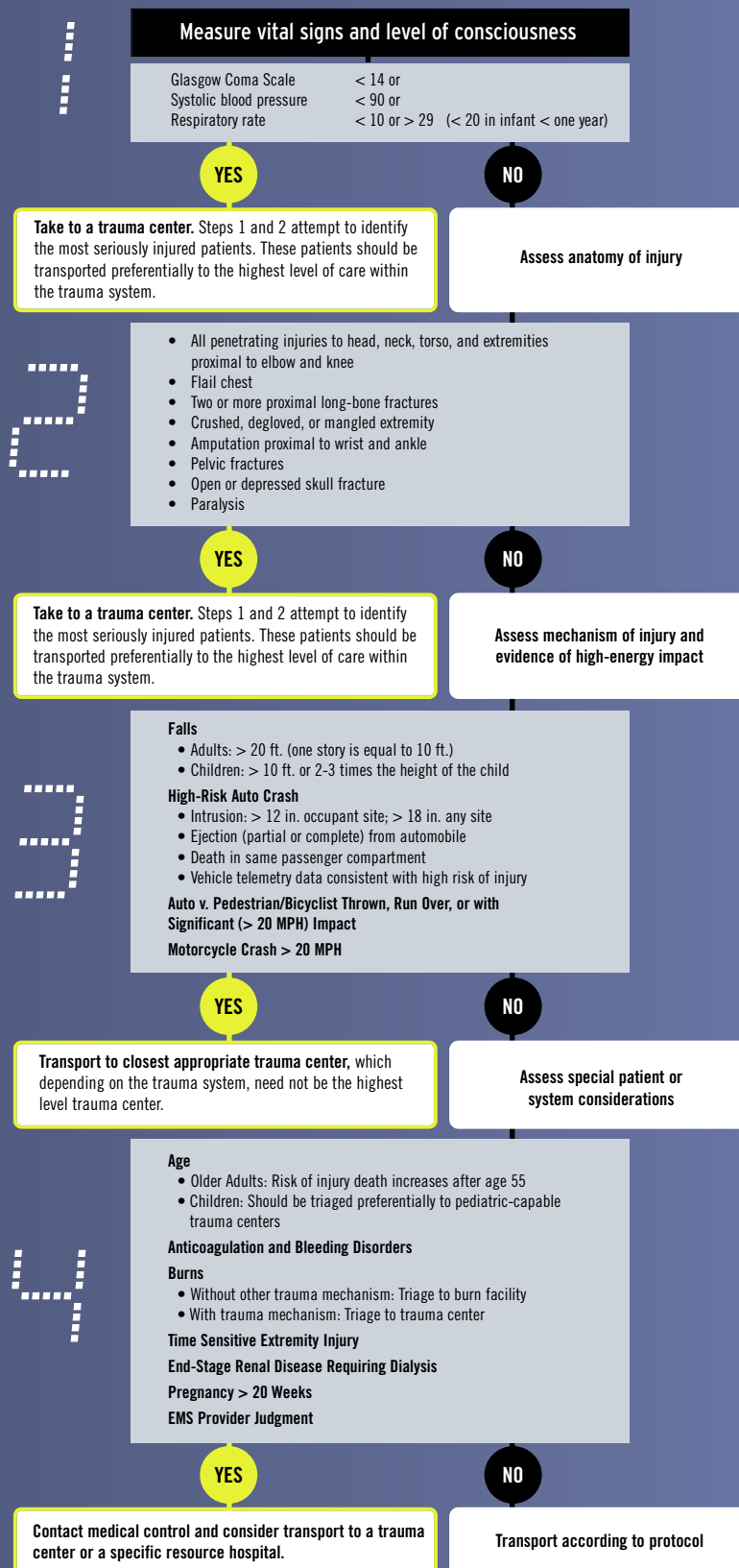
"Anticoagulation and bleeding disorders."

"Burns: Without other trauma mechanism, triage to burn facility. With trauma mechanism, triage to trauma center."

"Time sensitive extremity injury."

"End-stage renal disease requiring dialysis."

FIELD TRIAGE DECISION SCHEME: THE NATIONAL TRAUMA TRIAGE PROTOCOL



When in doubt, transport to a trauma center.

For more information, visit: www.cdc.gov/FieldTriage