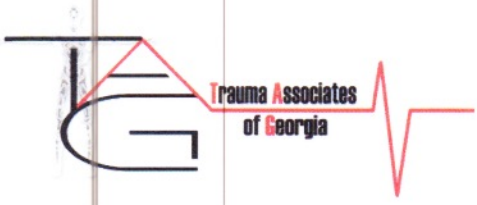

Jim Pettyjohn, Executive Director
Georgia Trauma Care Network Commission
14355 West Highway 136
Rising Fawn, Georgia 30738

August 5, 2011

RE: Proposal AAAM AIS Scoring and Rural Trauma Team Development Courses

Dear Mr. Pettyjohn,
I would like to thank the commission for their support of the Trauma Associates of Georgia (TAG) and for partnering with us in our education efforts. TAG has a long standing history of commitment to education and we are excited to be able to work to enhance trauma care injury scoring and the coordination and delivery of trauma care in the rural setting.

Attached please find a proposal for conduction the Association for the Advancement of Automotive Medicine Abbreviated Injury Scale Scoring Course. This course will be offered to address the finding of the audit conducted by Gifford Hillegass & Ingwersen which identified that there were inconsistencies of injury scoring for all designated trauma centers. The goal of this course offering is to ensure continuity in severity determination through consistency of scoring.

Also attached please find a proposal to conduct three Rural Trauma Team Development Courses (RTTDC). As the state begins to roll out the regional trauma plans and connects each region to a broader statewide system it is imperative to reach out and ensure our rural partners are educated and informed. The RTTDC is an excellent venue in which to develop rural trauma teams and incorporate education related to regional protocols and plans.

TAG looks forwarding to working with the GTCNC to meet our educational objectives. If you have any questions please do not hesitate to contact us.

Sincerely,

Bambi Bruce, MSN, RN, CNS

Bambi Bruce, MSN, RN, CNS
Trauma Coordinator/TAG Chair
Walton Regional Medical Center
330 Alcovy Street
Monroe, GA 30655
office# 770-267-1781
bambi.bruce@hma.com

Proposal: Rural Trauma Team Develop Course for Georgia

Background

According to the American College of Surgeons (ACS) rural trauma is the "neglected disease" of the twenty-first century. Disparities exist in trauma morbidity and mortality based on a rural or urban care setting. The relative risk of a rural victim dying in a motor vehicle crash is 15 times higher than in urban areas. Injury-related deaths are 40 % higher in rural communities than in urban areas. In an effort to reduce these statistics an ad hoc Rural Trauma committee of the ACS Committee on Trauma developed a course designed to assist rural hospital with the development of their trauma teams. Thus the Rural Trauma Team Development Course (RTTDC) was developed and is currently being implemented.

Purpose and Aims

The purpose of the RTTDC is to improve the quality of care in the rural community by developing a timely, organized, and rational response to the care of the trauma patient as well as to develop a team approach that addresses the common problems in the initial assessment and stabilization of the injured.

Goal: increase efficiency of resource utilization and improve the level of care provided to the injured patient in the rural environment.

The aims are as follows:

1. Describe the components of Georgia's trauma system including development and implementation of regional trauma plans;
2. Identify the components of an efficient system;
3. Describe what is necessary to develop a rural trauma team;
4. Review recommendations to prepare rural hospitals in Georgia to provide quality cost effective care for critically injured patients;
5. Outline the components of the Primary Survey, Decision for Transfer to Definitive Care, and Secondary Survey; and,
6. Demonstrate and review return demonstration of the Primary Survey, Decision for Transfer to Definitive Care, and Secondary Survey.

Method

The RTTDC is a one day, eight hour course which is taught at the rural hospital. Ideally each facility will provide three individuals to form the core of a trauma team consisting of a Trauma Leader (physician or physician extender), Team Member One (a nurse), and Team Member Two (may be filled by a variety of staff). In addition to those core staff other personnel form the facility should attend including respiratory, radiology, laboratory technologists, additional nurses, pre-hospital personnel etc. The maximum number of participants per course will be capped at thirty.

TAG will provide three GTCNC funded RTTDC courses this fiscal year.

BUDGET

The GTCNC has awarded TAG grant funds in the amount of $10,530.00 for three RTTDC courses. Each course will be provided at a cost of $3,510.00 each.

Course expenses are as follows:

Books: RTTDC Text Books 30 at a cost of $50.00 each for a total of $ 1,500.00
Honoraria* for faculty: $500.00 per instructor; four instructors per course for a total of $2,000.00

Total Cost per Course: $3,500.00

*Honoraria for faculty to include all expenses associated with traveling to and from course in addition to any lodging required to be available for course.

Proposal: Association for the Advancement of Automotive Medicine Abbreviated Injury Scale Scoring Course

Background

The Abbreviated Injury Scale (AIS) incorporates current medical technology providing an internationally accepted tool for ranking injury severity. The AIS © is an anatomically based, consensus derived, global severity scoring system that classifies an individual injury by body region according to its relative severity on a six point scale.

The AIS has been continuously improved since its inception. The current edition, AIS© 2005 Update 2008, is significant in its total restructuring of injury classification for both upper and lower extremities, and the pelvis, body regions that are significant in nonfatal long-term impairment and disability. The new classifications provide a tool to record injuries in these body regions with greater precision and detail.

In 2010, the Georgia Trauma Care Network Commission (GTCNC) retained the services of Gifford Hillegass & Ingwersen, LLP to conduct an audit of injury scoring among designated (Level I) trauma centers in Georgia. The findings of the audit concluded that there was a lack of consistency in ISS determination from all Centers as well as the inaccurate use of ISS scoring procedures.

Purpose and Aims

In order to address the finding of the audit the Trauma Associates of Georgia (TAG) requested grant funds from the GTCNC in order to conduct an AIS course in Georgia. The overall purpose was to establish consistency of injury scoring for all designated trauma centers in Georgia and ensure continuity in severity determination.

The aims are as follows (AAAM):

1. Understand the structure, organization and contents of the Abbreviated Injury Scale
2. Abstract injury data
3. Rule out information that is not codeable
4. Distinguish between injuries and outcomes
5. Apply injury coding rules and guidelines specific to each body region
6. Apply rules for calculating the Injury Severity Score (ISS) for multiple body region injuries

Method

An Abbreviated Injury Scale Scoring Course, conducted by the AAAM, will be held at Georgia Health Sciences Medical Center on October 10 -11, 2011. There will be a total of 36 registrations available for the course. Two spots will be reserved for each designated trauma center. If all registration spaces are not filled TAG will make the determination as to who the open spaces will be offered to. Registration will be limited to Designated Trauma Center staff, centers whose designation status is pending (those who received trauma center start up grants but who have not yet completed the process) and members of the State Office of Trauma and EMS.

Budget

The registration cost for the course is $750.00 per participants. TAG proposed a course be held for a total of thirty six participants for a total cost of $27,000.00. Each participant will be expected to cover their own cost for travel and lodging. The host site will provide lunch during the two day course.

Summary

The designated trauma centers will be developing guidelines and procedures for injury scoring following the successful completion of the AAM AIS course. Success will be measured through a repeat of the audit process originally conducted by the GTCNC after course completion and implementation of the guidelines for scoring.