APPROVED
04.25.22

GEORGIA TRAUMA COMMISSION

Trauma Administrators Committee Meeting
Tuesday, March 1, 2022
2:45 PM to 3:45 PM
Barnsley Resort
Meeting Minutes
Meeting Recording

COMMISSION MEMBERS PRESENT	COMMISSION STAFF MEMBERS
Dr. Michelle Wallace, Trauma Administrators Committee Chair	Elizabeth V. Atkins, GTC, Executive Director
Dr. Dennis Ashley, GTC Chair	Gabriela Saye, GTC, Executive Assistant
Dr. Regina Medeiros, GTC Secretary /Treasurer	Katie Hamilton, GTC, Finance Operations Officer
Courtney Terwilliger	Cheryle Ward, GTF, Interim Executive Director

COMMITTEE MEMBERS	REPRESENTING
Julie Barnes	Adventhealth Redmond, CMO
Sheila Bennett	Atrium Health Floyd, EVP/Chief of Patient Services
Kristen Bowman	Wellstar, COO
Dee Burkett	Piedmont Athens, Exec Director Patient Services
Brian Delashmitt	Hamilton Health Care System, EVP-CMO
April Dukes	Crisp Regional Hospital, CNO,VP PCS
Angela Gary	Northeast Georgia Health System, Executive Director Trauma and Emergency Services
Judean Guinn	Hamilton Medical Center, CNO
Stacey Howard	Fairview Park Hospital, COO
Katrina Keefer	Augusta University Health, Chief Executive Officer
Tifani Kinard	Polk medical center, Administrator
Debbie Mitcham	Northside Hospital Gwinnett/Duluth, CEO, and President
Lindsey Petrini	Wellstar North Fulton Hospital, COO
Christopher Ruiz	Doctors Hospital of Augusta, Vice President of Trauma Services
Damien Scott	Emanuel Medical Center, CEO
Jan Tidwell	Piedmont Cartersville, CNO
Frances Van Beek	Wellstar, AVP, Neuro & Trauma Services
Patrice Walker	Atrium Health Navicent, CMO
Marty Wynn	Piedmont Walton, CFO
APPOINTED DESIGNEES	**REPRESENTING**
Ralph Castillo	Morgan Medical Center, CEO
David Hoffenberg	HCA - Memorial Health University Medical Center, COO
Rana Roberts	CHOA, Director, Trauma, Transport, and Transfer Center
Stephen Shirlock	John D Archbold Memorial Hospital, Director of Nursing, Critical Care Services & Respiratory
Amy Watson	Effingham Health System, Clinical Lead/TPM/ED Director-
OTHER ATTENDEES	**REPRESENTING**
Ashley Bullington	Crisp Regional Hospital, TPM
Lynn Grant	Fairview Park Hospital, Trauma Program Director
Carey Lamphier	Grady, Burn Program Manager
Karrie Page	Memorial Health Meadows Hospital, Trauma Coordinator
Alicia Register	Crisp Regional, TMD
Barry Renz	Wellstar, MD
Jessica Story	Warren Averett, Sr manager

Call to Order: (00:00:04) on the recording)
The meeting was called to order at 2:45 PM with nineteen committee members and five committee member designees present.

Introductions: **(00:00:19)**
Presented by Michelle Wallace
Dr. Michelle Wallace, Georgia Trauma Commission member and Chief Nursing Officer for Grady Health System, started the introductions by thanking everyone for being present at our first in-person meeting. Before getting started, Dr. Wallace asked everyone to do quick introductions around the room (notated in the attendee list above).

Trauma Administrators Group Purpose and Impact: **(00:04:20)**
Presented by Michelle Wallace
Dr. Wallace stated she wanted to dedicate the bulk of the time today for Dr. Ashley to discuss readiness costs. Our main purpose as a Georgia Trauma Commission (GTC) committee is consultative. The Commission has had a strong contingent of our Trauma Medical Directors and Trauma Program Managers through the years; the arm that was missing were those of us in this room to bring our expertise to the team and guide and consult the Commission. The GTC is focused on quality, access, and finance. Finance will be our first area of priority that we will focus on within this group. Over the last couple of years, COVID has impacted the healthcare landscape but has not shifted the care of trauma patients. Trauma volumes have increased, and we cannot stop unless we go on diversion. Every one of us in this room serves as a safety net for that population of patients who need the expert care we provide. We need to keep moving trauma forward, and for the GTC, one of those biggest components is our finance readiness costs, which you got an excellent overview of this morning. If you haven't done so, please read the article (ATTACHMENT A) provided to you; it provides a great understanding of our role as an individual center.

Dr. Ashley will review the readiness costs surveys, and then we can discuss our next steps. Thank you for your time today, and we appreciate your attendance.

Readiness Costs Deep Dive: (00:07:15)
Presented by Dr. Dennis Ashley
Dr. Dennis Ashley echoed Dr. Wallaces' comments about the value the Trauma Administrators can bring to the Commission. Historically, we have not had as much participation from executives as we have today. GTC gets input from EMS, GCTE, and other committees to get information on what is going on around the state, but we input from you all as well. Today, we will be reviewing the readiness costs to help provide a foundation for allocations. As we go to the next level of increased funding, it will take everyone from the institution's financial and clinical side to understand what it takes to be trauma ready.

Dr. Ashley reviewed the presentation (00:09:37-00:36:20, ATTACHMENT B). The presentation reviewed how the ACS defines trauma center readiness costs. Dr. Ashley started with an overview of Level I and II survey definitions, timelines, and results.

Concern was expressed (00:22:37, slide 17) over the amount reported for outlying hospital education. The amount reported for the whole state for Level I and II was $25,500. Many hospitals reach out to other hospitals to provide resources, and you see there is not a lot of money being spent on it. The patients benefit from Levels III, IV, and non-designated trauma centers doing a good job preparing the patient for the next level of care, and I would think money should be invested in the education. These initiatives should be rural-driven and urban-supported. Dr. Ashley stated we need more funding to go up from $25,000. We asked people to fill the survey out and not be afraid to put zero because we don't want you to inflate the numbers. This is true data and what people are spending.

There was discussion regarding the center's having a dedicated outreach and community person and the possibility of their role being miscategorized in the survey. The Commission may think there aren't any resources contributed to outlying hospital education when centers do have a person dedicated to that role.

Dr. Regina Medeiros clarified that the project was not to discover what you were not doing. Level I and II data collected is older and was before ACS verifications requiring outreach positions within the Orange Book. The Commission is not pointing out what you're not doing but showing you that you are doing your best with what you have. It shows the legislators that in order to be most effective, we do need more money than the seven cents on the dollar. Dr. Ashley stated these are averages across the state, one center may have one or two outreach coordinators, but the number gets diluted if other centers don't have any. Jessica Story added that if it was not a requirement in the orange book, it's not included in these numbers, so that could be why you have these costs that you're spending.

Dr. Ashley continued the presentation. The final results for level I and II readiness costs were (00:26:37):

Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
Level I	**$10,078,506**	**Clinical Medical Staff**	**Education and Outreach**
Level II	**$4,925,103**	**Clinical Medical Staff**	**Education and Outreach**

Dr. Ashley then reviewed the most recent data for Level III and IV readiness cost survey (00:29:09-00:36:10), which indicates:

Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
Level III	**$ 1,715,025**	**Trauma Surgeon Staff**	**Education and Outreach**
Level IV	**$ 81,620**	**Trauma Director**	**TMD Participation Costs**

Dr. Ashley asked if there were any questions. Dr. Wallace thanked Dr. Ashley for the fantastic overview of what we spend as healthcare systems to be ready for trauma patients.

Group discussion and next steps: (00:36:42)
Presented by Dr. Michelle Wallace
We would like to hear from you and what you think some of the focuses need to be this administrators group. Some ideas and discussions from the committee were:

- A suggestion is to look at the financial resources distributed to the Level III and IV trauma centers. We need more expertise in the financial side of trauma, how we can benefit from support and education from the Trauma Commission, and learn how we can optimize our savings and profits.

- Look at the costs of keeping a physician on call. The data shows the highest cost to readiness is physicians. In the past versions of the group, we talked about is there a way for us to affect those costs what we can do at this level to have some kind of shared savings. There are struggles with finding coverage, and we're either going to pay additional costs or go on diversion.

- Is there technology available to help patients stay in their community? Would the Commission be able to support a resource to help solve the capacity issue in the state? Damien Scott from Augusta University added that their facility has used telemedicine to help with their capacity issues. We would love to see more projects around this. Administrator support is half the battle. The other part is getting physician buy-in. Since we accelerated everything because of COVID, now we can take a step back and think about what would make sense long-term and maybe form our own as a state of expertise. The state has done a great job with telemedicine in terms of reimbursement. It would make more sense to pay the provider 125% for a live visit because there is more effort. If the reimbursement goes back to pre-COVID, where you are getting paid less, it will end. Dr. Wallace recommended leveraging our legislative partners. We need to advocate for things, such as rates, costs, and scope of practice.

- Can this group work more collaboratively and strategically on education efforts? What are we doing, and how are we using our staff? Suppose the big centers all committed in their regions to help lead. In that case, we could utilize our educational resources a lot better and free up time to do more education in facilities that need that extra attention. MARCH PAWS is a rural initiative for clinical training not separated by physician, EMS, or nursing. It's a big step in the collaboration and a flowing system of trauma care throughout the state.

- How do we make sure all the great work done isn't lost with turnover and newcomers within our group and our facilities? We've all taken a hit over the past few years. We had people doing extraordinary things pre-COVID, then once those people had to be redeployed, we saw we couldn't sustain quality. How do we support and hardwire those things so we can continue to move the needle forward? How do we maintain trauma competency in today's critical staffing climate?

- We need to talk about diversion and come together as a team to solve the issues we're facing. Maybe look at what other states are doing? Is there is some type of system where there's always somebody active within a certain region?

Dr. Wallace stated ultimately, we have the work we need to do within the Commission that has been long-standing, such as our finances and funding. But, we also have work to do with deficiencies within our healthcare system. Thanks for all the great feedback. Next steps, you have a breakdown (ATTACHMENT C) of trauma center funding allocations that we didn't get to today, and we will take a deep dive into that information and what it means for you. We will send out a SurveyMonkey to set up our next meeting towards the middle to end of April before our next Commission meeting. Please keep thinking about what this group can do. We are all different and have different needs. Thanks for your participation today. I look forward to working with you all in the future.

Meeting adjourned at 03:55 PM.

Minutes Respectfully Submitted by Gabriela Saye