APPROVED
05.19.22

GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION
Wednesday, March 2, 2022
9:00 AM-12:00 PM
Barnsley Resort
Meeting Minutes

Link to meeting material/packet*
*page numbers indicated in minutes refer to meeting packet

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Dr. John Bleacher via Zoom Mr. Courtney Terwilliger Dr. Michelle Wallace Mr. James E. Adkins Mr. Victor Drawdy Dr. James J. Smith	

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth V. Atkins	GTC, Executive Director	In person
Gina Solomon	GTC, GQIP Director	In person
Katie Hamilton	GTC, Finance Operations Officer	In person
Gabriela Saye	GTC, Executive Assistant	In person
Cheryle Ward	Georgia Trauma Foundation	In person
Olalekan Akinyokunbo	Emanuel Medical Center	In person
Naila Avery	Northside Gwinnett Hospital	In person
Rachel Barnhard	OEMST	In person
Riley Benter	AdventHealth Redmond	In person
Kim Brown	Hamilton Medical Center	In person
Ashley Bullington	Crisp Regional Hospital	In person
Nadirah Burgess	Northside Hospital Gwinnett	In person
Ralph Castillo	Morgan Medical Cenrer	In person
Leon Dent	Phoebe Putney Memorial Hospital	Virtually
Brandi Fitzgerald	Phoebe Putney Memorial Hospital	Virtually
Mary Beth Goodwin	John D Archbold	In person
Becca Hallum	Georgia Hospital Association	Virtually
Robyn Hatley	CHOG Augusta University	In person
Sharon Hogue	Atrium Polk Medical Center	In person
Kyndra Holm	Augusta University Health - Children's Hospital of GA	In person

Tracy Johns	Atrium Health Navicent medical center	In person
Michael Johnson	OEMST	In person
David Kiefer	Effingham Health System	In person
Katherine Kohler	AMC	In person
Heather Morgan	Piedmont Athens Regional	In person
Renee Morgan	OEMST	In person
David Newton	OEMST	In person
Terence O'Keeffe	Augusta University	In person
Farrah Parker	JMS Burn Center at Doctors Hospital	In person
Sarah Parker	Grady	In person
Steve Paynter	Hamilton Medical Center	In person
John Pope	Piedmont Cartersville	In person
Marie Probst	OEMST	Virtually
Alicia Register	Crisp Regional	In person
Rana Roberts	Children's Healthcare of Atlanta	Virtually
Kellie Rowker	CHOA	In person
Christopher Ruiz	Doctors Hospital of Augusta	In person
Gabriela Saye	Georgia Trauma Commission	In person
Damien Scott	Emanuel Medical Center	In person
Stephen Shirlock	John D Archbold Memorial Hospital	In person
Michael Shotwell	Piedmont Athens Regional	In person
Corydon Siffring	Doctors Hospital of Augusta	In person
Jessica Story	Warren Averett	In person
Pamela Vanderberg	Wellstar AMC	In person
Matt Vassy	Northeast Georgia Medical Center	In person

Call to order: (00:00:05 on the recording)
Dr. Ashley called the meeting to order at 12:00 PM, with eight of nine members present in the room and one member present via Zoom video conference.

Chairman's Report (00:00:20) ***Presented by Dr. Ashley***
Dr. Ashley welcomed everyone and hoped everyone had enjoyed the recent meetings throughout the last couple of days. It's been very productive, and I'm extremely impressed with all the committee work. We appreciate all your hard work. Dr. Ashley thanked all the staff that made the Winter Meeting a success.

We will start our meeting by approving the November 18, 2021, and January 26, 2022 meeting minutes.

MOTION GTCNC 2022-03-01:
Motion to approve the November 18, 2021, and January 26, 2022 meeting minutes as submitted.

MOTION BY: Courtney Terwilliger
SECOND BY: James Atkins
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections nor abstentions.

As you may know, the legislative session has started. Liz and I have been busy with presentations. We presented to the Senate Health and Human Services Committee last week, and they were very pleased with our projects and how far we have come. With that being said, I will turn it over to Liz Atkins for the Executive Director's report.

Executive Director Report (00:03:12) ***Presented by Elizabeth Atkins***

We are deep in budget season right now at the capital, so I have some screenshots (packet pages 17-18) from the governor's budget report. The amended FY budget will be voted on shortly, and the FY budget has already started its process. The most exciting report this year is that you see a trauma care trust fund under dedicated state revenues. Now, we have an interest-bearing trust fund. It was a heavy lift to make that happen. You see that 13,594,359 that I have highlighted is dedicated going into our trust fund this year.

Further down the report, you will see the FY 23 dedicated funds, which will be allocated to the FY 23 budget. Next, you will see the amended budget, which they will be voting on this week for FY 22. If you're not familiar with the process, we get a base budget of around 14 million, then an additional 8 million. The biggest change is our total for FY 23 is 21.4 million, no more vetting for our money. We have dedicated funds now because of the language set in the code that states the Super Speeder money should go towards the trauma system. We have had many discussions about what initiatives are occurring and what we need to fund.

Liz Atkins reviewed the Super Speeder Summary (page 19-21). The green line on page 20 indicates our amended budgets, the additional mid-year funds we receive to bring us up the 20 million dollar mark. Now it becomes important to track our progress month over month (page 22). If there are no questions, we will move into a presentation from Jennifer Ward with a TCAA presentation.

Jennifer Ward congratulated everyone on the achievement of having dedicated funds. We are one of the few states that have that. This (23-45) may serve as a refresher for current TCAA members but will provide an overview for those who are not. Ms. Ward gave a detailed presentation on the following topics:

- TCAA Mission, Vision, and Values
- TCAA history
- Current membership overview
- Initiatives

- Services and Benefits
- Upcoming Webinars
- Online Education Navigation
- Helpful TCAA Resources

After the presentation, Liz Atkins asked what the two main focus points are in your advocacy day? Jennifer Ward answered that it is constantly changing, but right now, it's getting mission zero appropriated and improving trauma student care grants from 220 million. Advocacy day will take place March 16-17 virtually. Dr. Ashley asked if Jennifer could elaborate on the 5 million project and how it might affect us. The 5 million project is mission zero, separated into different things, and has money going to military teams and trauma centers. It will help to ensure trauma care readiness by providing federal grants that can be used to integrate military trauma care providers into civilian trauma centers. 5 million doesn't sound like very much money, but it is what you have to start, and then you can add on. The 220 million is the improving system track that I touched on earlier. Dr. Ashley asked if that is something Georgia and EMS centers have access to. We have a trauma coalition that includes all our partners, so they know what is going on. As soon as we are closer to approval, we will send out an application and tell you what you need to do.

Dr. Ashley thanked Ms. Ward for presenting and stated it's great having someone advocating for the system at the national level. Liz Atkins added that level III and IVs are now TCAA members and should have been able to attend the finance consultation Tuesday morning. The manual is developed by TCAA fellows and is very valuable. Please download it when you get a chance.

Jessica Story with Warren Averett was asked to present the level III/IV readiness cost results (46-53). Ms. Story provided a brief background of Warren Averett's history with the Georgia Trauma Commission. We have been working with the Commission since 2008 on various projects. You are probably most familiar with the uncompensated care validation we do every year. Today, I'll be reviewing the readiness cost that we performed on level III and IVs for the calendar year 2019 data. The final results only include costs that are required in the Orange Book. Ms. Story went on to give a detailed explanation of the report.

Dr. Dunne had a question regarding the costs associated with clinical medical costs. Would those positions be eliminated if someone decides not to be a trauma center, or would you need an orthopedic surgeon to still be at the facility? Were those costs associated with on-call in-house costs? Ms. Story answered that on-call was not a requirement, which is not included in the costs. Some centers did have those costs, but that is not reflected in the report. Dr. Ashley clarified that this looks at their call obligation pay. If a center decided not to be a trauma center, the surgeon wouldn't go away, but they wouldn't be mandated to be on call.

Dr. Greg Patterson asked if the Commission would redo all center surveys since newer standards are rolling out. To Dr. Dunne's comment, many trauma centers don't pay for additional resources, I don't get called pay, but our hospital expects us to do it. I would recommend a sub-note to the study to distinguish who pays for it and how much. For the level I and II study, the biggest category is the call pay associated with the medical staff; that isn't the case for us. Dr. Ashley stated that they would be interested in redoing the survey. We have learned how to do the survey now and can understand what's going on.

Committee and Workgroup Reports

Budget Committee Report (00:57:57) ***Presented by Dr. Regina Medeiros***

Dr. Regina Medeiros referenced the AFY Proposed Spend Plan (page 56). Dr. Ashley and Liz have presented our Spend Plan at the capitol, and it has passed the house. As of now, it is still sitting in the Senate for a final vote. We feel very confident in the dollar amount that will be allocated, so we are requesting on behalf of the Budget Committee to approve the AFY 2022 Spend Plan. Please let me know if you have any questions on the allocation line items.

> **MOTION BY: GTC Budget Subcommittee**
> **MOTION GTCNC 2022-03-02:**
> **I make the motion to approve AFY 2022 Spend Plan as submitted.**
> **MOTION BY**: Budget Subcommittee
> **VOTING**: All members are in favor of the motion.
> **ACTION**: The motion ***PASSED*** with no objections nor abstentions.

We are working on our grants and contracts workgroup and have some recommendations for minor adjustments. The recommendations will go to the Budget Committee to review.

EMS Committee Report (01:00:39) ***Presented by Courtney Terwilliger***

Courtney referenced the committee report (page 57) and pointed out our two projects. We have added both T-Mobile and Southern Link to our AVLS vendor list. T-Moble has reached out to us and has offered to host a sub-committee meeting at their Innovation Center in Atlanta. We have scheduled a conference call with their healthcare staff to discuss our needs and how current technology might help us. As far as EMS training, in the last FY, our dollars provided 104,000 hours of in-service credit to the EMS Community The EMS Leadership Course has selected this year's class and will begin the training on March 1.

Level III and IV Committee Report (01:04:12) ***Presented by Dr. Greg Patterson***

Dr. Patterson reviewed the committee report (page 59). We have completed our readiness costs surveys presented during the Barnsley Meeting. The ACS consultative process is ongoing. Hopefully, we will continue to work on the ACS Rural initiative to get our system looked at from the rural standpoint

by fall. They are working with the questions we submitted to them and have at least another phone call to establish a process. We have our consultative visits scheduled for level IVs in October. MARCH PAWS is ongoing and may have a working prototype with test classes before our August meeting. We are re-engaging our trauma medical directors to update the access to the specialty care process; This was a low-hanging fruit we tackled early on by publishing all trauma center contact information that Level III and IV centers could reference. We have tabled a couple of projects: IRB for rural centers, hip fracture care, and geriatric care.

Georgia Committee on Trauma Excellence (GCTE) (01:08:39) ***Presented by Tracy Johns***

Our primary focus was aligning our goals under initiatives with our five different subcommittees in the last quarter. The goals we've developed are: decreasing time to definitive care, decreasing the incidence of AKI, and increasing trauma awareness. We're working on getting better data, and we've looked at our registry data to add data fields this year. We are also working on reports to help time to definitive care. For AKI, We've got a predictive calculator that we're looking at doing some prospective data analysis with.

Trauma Administrators Committee (01:10:53) ***Presented by Dr. Michelle Wallace***

We had our Administrators committee yesterday, and it was our first full in-person meeting. There was lots of engagement, and we presented the readiness cost survey. We asked members what they wanted to focus on. We will be planning to meet again in April and looking to establish co-chairs from each level. It was great to see the enthusiasm and the amount of participation involved.

Trauma System Performance Committee (01:13:25) ***Presented by Dr. James Dunne***

Our main focus as a committee is time to definitive care and how long it takes a patient at the scene to get to an appropriate trauma center. The data has been difficult to capture, but the entire committee has done a great job disseminating the available data. Dr. Dunne started to present the April-October Trauma Registry Data Report (69-73). Through this data, we can determine significant delays from patients going to a referring hospital then to definitive care. We've never been able to get the numbers we needed until now, and we can try to figure out solutions. One of the problems we are encountering is obtaining accurate data. Only about 16% of records were complete for analysis.

From a statewide standpoint, we will have to look at the amount of transport available. There are not enough ambulances to transport people from one hospital to another. We have people sitting at these critical access hospitals for hours. Dr. Dunne referenced page 68, which breaks down the amount of time from dispatch to time of definitive care and the amount of record data available within each stage.

Some of the solutions are to increase our data capture, have hospitals build a relationship with their referring hospitals and EMS, and work on process improvement initiatives. We are also working on an armband project, an OEMST initiative to connect records from referring hospitals and EMS.

Vic Drawdy added that ERs have had difficulty finding a facility to accept a patient in the past couple of months, and EMS agencies are traveling long distances for transfers. How much of the time attributed to the scene to the final destination is attributed to trying to locate a facility? Dr. Dunne stated that COVID exposed our weakness in the surge capacity of our tertiary centers. Instead of going to the closet facility, they have to travel further. Tracy Johns stated that it's not only bed shortages but staffing shortages. Hopefully, we will be able to see more information once we obtain better data. Dr. Dunne stated that ISS scores break the data out, and we can see that EMS knows where to go and is transferring people correctly.

System Partner Reports

Georgia Trauma Foundation: (01:39:37) ***Presented by Cheryle Ward***

Our main priorities in the foreseeable future will be focused on board expansion and mission fulfillment. We want to make sure we are doing what we were created to do, raising money to help advance our state's trauma system. Historically, we have been focused on education, which we have done well. Earlier, TCAA mentioned when people hear foundation, they immediately think you don't need money. You give money. As a foundation, for us to give money, we have to make money. As we move forward, you will be hearing more details about what we are doing.

Dr. Ashley added that the foundation was able to add two new board members, which was voted on at that last meeting.

Georgia Quality Improvement Program (GQIP): (01:42:54) ***Presented by Gina Solomon***

We are happy to have Dr. Todd here with us today. He's learning on the fly and has been a great addition. I have a brief update on workgroups. They gave a robust report yesterday and continue to move forward. We did some polling questions during our GQIP meeting, and it appears we are on the right track. We hope we get more calls for volunteers to get some more engagement. The benchmarking platform is still a work in progress. We were waiting on security assessments but have moved passed those and now working on the contract phase. We are continuing to meet with the AG's office special council on peer protection data and use policies. We have started the confidentiality policies and agreement, which is key to moving forward as we start to look at de-identified data. Recently, we engaged some TMDs from centers from around the state to help us move new and old projects forward. For arbormetrics, I included a timeline and hope to kick off in May with the project build phase(77).

Office of EMS and Trauma (OEMST): (01:45:47) ***Presented by Renee Morgan/David Newton***

David Newton updated the Commission that Michael Johnson has been promoted to our Deputy Director for Systems of Care. Kelly Joiner will be the Deputy Director for EMS in our office. We have received the armbands for our project and have been working with Rachel and Cassie, our manager, to

implement the pilot. The original funding for this came from the Governor's Office of Highway Safety, and they came back and said the armbands are only to be used for MVCs. Crashes only account for about 5% of our EMS data, so we would have to find another funding stream for the rest of the armbands. They currently cost 17 cents apiece. We have projected we need about 901,000 armbands, based on the number of 911 calls last year. We will discuss the armbands a bit more and how we can incorporate them into the GCC.

For EMS agencies, we're also working on our timeline for the next version of NEMESIS, which has better integration with things like the trauma registry. Dr. Dunne stated that anytime we change a version, we cannot incorporate the previous data in the new version. Mr. Newton stated this new version only has additional elements with additional choices, so it will still be in the same system.

Rachel Barnhard discussed the GCC website and the requested changes. We are looking to update and edit the current website within the hospital status dashboard. Transfer diversion statuses, emergency department, and service line members' statuses are expected to be included in the hospital dashboard on the new software platform we are working to procure. In the meantime, we are working with our GCC management to see if those statuses and other associated changes can integrate into the current web platform in the format it's already in. It is now at the hands of the developers, and the timeline build out on the integration is dependent on them. We are waiting on how long it will take and some cost estimates. GCC has a huge user base at this point, and education is needed before we make the change live.

Dr. Dunne and Liz Atkins clarified what we are looking for in two categories: 1) trauma transfer diversion-if you're tertiary care, you can't accept transfer patients, 2) EMS Diversion with trauma exception-we can't take anyone right now except for trauma patients.

Ms. Barnhard stated that the separate new platform would encompass EMS and hospitals, which we will tell everyone more about as we move forward. The new platform will take more time, so for the current ask, we are working to integrate that into our current platform, but it's not as simple as adding those options in the drop-down. This did go to our GCC advisory board and the time diversion task force. Both committees have looked at the request. Some things we are working on are limiting the view from the public and making it visible to log-in users.

Dr. Ashley asked if their request was approved. Ms. Hand answered that the necessity of it was understood and agreed upon. I wouldn't say approved is the correct word, but we are working towards implementing it. We're in the mock-up phase and will want to agree on what will look, work best, and make sense to most users making the selection. The biggest feedback we get is working on the definitions of things and ensuring it comes with clarity once we put it there. Once we establish definitions, we can reach out to the Commission to review. As of now, we do not have a timeline.

Dr. Ashley expressed concern about the unknown timeline. We're drowning. How do we get the word across to them that we need this in weeks instead of months? Dr. Wallace added the operating arm of GCC is through Grady. We have challenges and are working on a rebuild. The Trauma Administrators have a lot of interest in this, and we need significant hospital representation.

Ms. Barnhard added that the public and EMS should not see the transfer diversion status for confusion reasons. It is not just trauma. It's all diversions-neuro, neo-natal, etc. We are looking at which ones are causing the most problems right now.

Courtney Terwilliger asked if GCC could tell us who makes the calls and how many calls they get. Ms. Barnhard clarified we are not a dispatch center. If someone calls as trauma, we have no way of knowing if it's truly a trauma. GCC is set up as a communication center. We get ambulance calls to see where they can go, and the entire call is recorded. The ambulance crew has a limited amount of data visible. GCC has more information regarding how many transports have gone to that facility. Liz Atkins stated we need to make sure Level III and IV are informed and can put GCC on our agenda to keep the dialogue open.

Renee Morgan presented some other OEMST updates. We have been able to get reviewers scheduled. We will have a site visit for our first designated trauma center in region four by the end of this month. We have three designations scheduled within the next month. Valdosta and Lagrange are potential areas of interest. Colquitt is aiming for level IV but may be able to go up to III. LaGrange is a IV, but has some backup call schedule issues.

Dr. Dunne asked if there were any designation visits accomplished in 2021. Ms. Morgan stated there weren't any site visits due to a shortage of reviewers and their inability to leave their facility. We were able to do some re-designations and are exploring to set up virtual visits. Dr. Dunne asked Ms. Morgan to send the status of Level III and IV designations and redesignations completed in 2021 to Liz Atkins.

Tracy Johns stated she had sent in two different applications to become a reviewer, but had difficulty with their process and updated forms. She suggested they work on a streamlined process to facilitate the reviewer application process. Ms. Morgan will follow up to see what they can do.

Dr. Ashley asked if there were any new business items for discussion. No items were brought forward for discussion, and Dr. Ashley asked for a motion to adjourn.

MOTION GTCNC 2022-03-03:
I make the motion to adjourn.

MOTION BY: Vic Drawdy
SECOND BY: James Adkins

VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections nor abstentions.

Meeting adjourned at 11:50 AM

Minutes Respectfully Submitted by Gabriela Saye