

APPROVED
11.18.21



**GEORGIA TRAUMA
COMMISSION**

GEORGIA TRAUMA COMMISSION
Thursday, August 19, 2021
09:00 AM to 12:00 PM
Georgia Public Safety Training Center & Zoom Livestream
Meeting Minutes

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

| STAFF MEMBERS & OTHERS SIGNING IN | REPRESENTING |
|---|---|
| Elizabeth V. Atkins Gina Solomon Katie Hamilton Renee Morgan David Newton Kelly Joiner Marie Probst Lori Mabry Cheryle Ward Jessica Story Fred Jones John Harvey Dr. Greg Patterson Jesse Gibson | GTC, Executive Director GTC, GQIP Director GTC, Finance Operations Officer OEMS/T, Trauma Program Director, OEMS/T, Director Office of EMS OEMS/T Deputy Director OEMS/T Trauma Registry Consultant Georgia Trauma Foundation Georgia Trauma Foundation Warren Averett Medical Association of Georgia Medical Association of Georgia John D. Archbold Memorial Hospital, Rural SC Chair NGHS, GCTE Chair |

Call to Order: (00:36:05)

Dr. Ashley called the meeting to order at 09:20 AM with eight of nine members present; Jim Atkins, Michelle Wallace, James Smith, and Vic Drawdy are present via Zoom videoconference.

Chairman's Report (00:36:34)

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone and offered words of encouragement in light of the ongoing challenges associated with COVID-19. The feedback from last week's GQIP meeting was excellent; the Day of

Trauma was a success. The day started early with the Administrator's Subcommittee kickoff meeting; thirty-two c-suite level executives were in attendance on the call. The GQIP workgroups are active, and their work continues despite the pandemic. The workgroups consist of the opioid workgroup, acute kidney injury workgroup, and traumatic brain injury workgroup. Dr. Ashley concluded his report by requesting the approval of the May 20, 2021 Commission meeting minutes.

MOTION GTCNC 2021-08-01:

I make the motion to approve the May 20, 2021 meeting minutes as submitted.

MOTION BY: Regina Medeiros

SECOND BY: John Bleacher

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Executive Director Report (00:42:05)

Presented by Ms. Elizabeth Atkins

In light of the full agenda, Ms. Atkins limited her report to a brief update on the status of the executive assistant position. Panel interviews will occur Friday, August 21, 2021, at the Madison Office. The target date for the offer decision is September 1. Ms. Atkins yielded the floor to Ms. Jessica Story to explain the uncompensated care report and audit process.

Old Business

CY 2019 Uncompensated Care Report

Presented by Ms. Jessica Story

Ms. Story referenced the report beginning on page 14 in the packet. The uncompensated care claim submission and validation processes are based on agreed-upon procedures; in that respect, it is not an audit but a measure against those agreed-upon procedures. Ms. Story began by referencing the eligibility list and the reporting year, providing a brief explanation of the survey instrument and the communication process between Warren Averett and the Trauma Centers. Warren Averett then selects samples from the claims. If a center has less than 25 claims, five claims are selected for testing. Information on how those claims are selected is provided in the report. All testing this year was performed remotely using a variety of web-based technology. Page 18 lists all criteria evaluated during testing, including third-party payments, self-pay percent, and collection attempts. Trauma registry validation includes injury severity scores and national trauma data bank (NTDB) inclusion.

Exception rates at each center drive additional evaluation and include the number of exceptions, pervasiveness around specific criteria, and type of exception. A center with high exception rates may be asked to scrub data and resubmit; resubmissions may not contain any additional claims and should not include those claims that did not meet criteria. The summary findings are listed on pages 21, and 22 with a detailed summary on page 23. The comments in the graphics explain what the exception is. Page 31 represents an overview of the entire process, depicting all centers, for the original survey. Difference

1 is the number of claims WA found that did not meet uncompensated care criteria. That goes on to page 32.

On the bottom right, there is a total for the number of centers tested without resubmission. In all centers, WA found eleven claims that did not qualify for uncompensated care. One center had to resubmit its data. In conclusion of her report, Ms. Story reported that, in total, 33 claims were eliminated that did not qualify for uncompensated care. Dr. Ashley commented that this process has come a long way from the early days when we had a high number of unqualified claims. He added that this process is a strong message for the legislators that highlights accountability for our funds. The process is tight, but it doesn't mean it couldn't be better, but it is improving, and the hospital finance people understand the qualifying criteria better. Out of over 5,000 submitted claims, four hundred eighty claims were subject to testing; roughly 10% were tested. Most of the unqualified claims result from turnover in the centers and a lack of understanding of the criteria, which is primarily an educational process. In determining certain thresholds, some statistical audit tools are used. The NTDB criteria were evaluated last year but not included as a claim requirement; centers were educated that the criteria would be added for the following year. OCGA 31-11-100 defines a trauma patient as meeting national criteria.

Subcommittee and Workgroup Reports

Bylaws Workgroup (1:04:10)

Presented by Dr. Michelle Wallace

Dr. Wallace referenced the summation sent to all Commission members via email on August 4. Page 4, Article VII, removed language regarding dissolving subcommittees. The Commission Chair may appoint a non-Commission member to serve as a subcommittee chair. The language is consistent with Commission Officer terms; chairs may serve for a term of three (3) years and may be reappointed for a second term, not to exceed a total of six (6) years. Page 4, Article IX, amendment of bylaws review to occur every three years instead of annually.

Dr. Ashley opened discussion for the bylaws changes as they do not require a motion. Mr. Terwillger asks if the Commission Chair can appoint or dismiss an ad hoc committee or subcommittee. Dr. Ashley and Dr. Wallace confirm that the Commission Chair may appoint any subcommittee. A lengthy discussion continued around the practice and benefits of term limits and the potential impact on the EMS subcommittee. Key points included:

- The greatest impact of the term limit language is to the EMS subcommittee, which has a longstanding chairman;
- Term limits were consistent with how most organizations operate concerning those positions and consistent with Commission Officer term limits;
- Term limits support succession planning, which is presently lacking
- Allowing a one-off for a particular subcommittee as it opens the door for inconsistency in other decisions;
- A longstanding chair's ideas can ossify, and there may not be fresh ideas that can flow in

- The EMS subcommittee is thriving, it would be great to grow other leaders into that, but this is particularly important in other subcommittees that lack that strong leadership;
- Term limits are where the controversy lies, without which, there would be no opposition to the bylaws revisions as they are industry standard;
- The addition of a vice-chair is a very positive aspect; this has been successful with the rural group chaired by Dr. Patterson and Dr. Register as the vice-chair;
- The group is sensitive to the needs of the EMS subcommittee and suggested that if the bylaws revisions pass as proposed, nothing changes.

The term limits proposed would start as of today, as day one. So, in essence, unless otherwise removed at the Chair's discretion, Mr. Terwilliger would potentially have an additional six years to lead the EMS subcommittee. Mr. Terwilliger has served as Chair of the EMS subcommittee since 2013.

MOTION GTCNC 2021-08-02:

I make the motion to accept the bylaws subcommittee proposed revisions as written

MOTION BY: GTC Bylaws Subcommittee

AMENDMENT TO THE MOTION 2021-08-02:

I amend the motion to strike the last sentence of Article VI of the bylaws revisions; the term limits maximum of six (6) years.

AMENDMENT TO MOTION BY: Mr. Courtney Terwilliger

AMENDMENT TO MOTION SECOND BY: Mr. Vic Drawdy

VOTING: Three in favor, five opposed

In favor (strike the line): Drawdy, Adkins, Terwilliger

Not in favor (not strike the line): Smith, Wallace, Medeiros, Bleacher, Ashley

ACTION: The amendment to the original motion 2021-08-02 **FAILED**.

ORIGINAL MOTION GTCNC 2021-08-02:

VOTING: Seven in favor, one opposed

In favor: Smith, Adkins, Wallace, Medeiros, Bleacher, Terwilliger, Ashley

Opposed: Drawdy

ACTION: The motion **PASSED** with no abstentions.

A concern was raised about requiring a two-thirds vote of all Commission members potentially being a barrier to conducting business when not all members can be present. Chairman Ashley tasked the bylaws subcommittee with amending that requirement to a 2/3 of Commission members present for consideration at the next Commission meeting in November.

Budget Subcommittee Report

Presented by Dr. Regina Medeiros

Dr. Medeiros referenced the preliminary AFY 2022 and FY 2023 budgets for submission to the Governor's Office of Planning and Budget on pages 41 and 42. These require a vote and are brought forward to the Commission on behalf of the budget subcommittee.

MOTION GTCNC 2020-08-03:

I make the motion to approve the AFY 2022 and FY 2023 proposed budgets as presented.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Dr. Medeiros referenced the report on page 40 and highlighted the work of the contracts and grants workgroup to establish a process for each recipient of Commission funds to submit requests in a consistent format for consideration each year. There were no questions for the budget subcommittee.

EMS Subcommittee (02:10:16)

Presented by Mr. Terwilliger

Mr. Terwilliger referenced the EMS subcommittee report on page 43. The FY 2021 funding for education has been expended within the fiscal year, providing 104,690 hours of EMS continuing education. In partnership with DPH procurement, the RFP process for a learning management system is moving forward. AVLS replacement units were acquired as per the approved FY 2021 reallocation plan. Mr. Terwilliger encourages everyone to look at the Arbinger Foundation program. Mr. Terwilliger referenced the EMS education course listing on page 45; there were no questions for Mr. Terwilliger.

GCTE Subcommittee

Presented by Ms. Jesse Gibson

Ms. Gibson referenced her report on page 46. The GCTE is working on developing strategic priorities to align with other state partners. Two priorities include the time to definitive care and acute kidney injury projects. The goal is to finalize a plan by the November meeting of the GCTE. The GCTE will vote on registry data recommendations tomorrow to eliminate data points that are not utilized and enhance registry workflow. Ms. Gibson referenced the work of the injury prevention group, led by Kristal Smith, highlighting the recent virtual Stop the Bleed training blitz across Georgia. Over 1,000 folks from 80 counties with 312 schools participating in over 45 sessions. Ms. Gibson referenced the report available on that. TCRN review class Aug 5th and 6th. TNCC was held at Martin Army Hospital in August. Pediatric group looking at metrics and education on the pediatric radiology guideline. The group is also looking at education on the pediatric shock index. Ms. Smith offered comments on the successful collaboration and the next iteration of the virtual STB training blitz. Dr. Ashley asked how the group achieved broad participation. Ms. Smith underscored the partnership, with all partners sharing the reminders for registration. In addition to the 45 sessions, 30 instructor orientations were offered. Increasing the instructor pool to provide more education is vital, and a plan to deploy currently stored kits. We hope to have a plan in place for kit deployment for the November meeting.

Level III/ Level IV Rural Trauma Workgroup (2:31:07)

Presented by Dr. Greg Patterson

Dr. Patterson highlighted a few of the initiatives that have gained momentum at the meeting last week included in the report on page 48. One of the issues is trauma transfers to definitive care. A resource tool has been created that lists all Georgia trauma centers, including contact information, transfer center information, websites, and other information that would be handy to centers that need to refer to definitive care. At last week's meeting, the group discussed the readiness cost survey tool developed specifically for level III and IV centers. The goal is to complete the survey and prepare a preliminary analysis by January before the legislative session begins. TQIP-based projects on geriatric care and hip fracture care have been tabled for the moment. Dr. Patterson mentioned the budget requests for consultative visits for level III and level IV centers and underscored those visits' value for the centers. Having had a consult visit as a level II center, Dr. Patterson explained that having an external authority make recommendations to your hospital leadership about education or resource that you need to have makes a significant difference. The allocations for consult visits were approved, preliminarily, for the upcoming amended budget. Dr. Ashley commended the work by the rural subcommittee as it represents a significant effort to tackle some of the challenges of rural trauma care.

Trauma Administrators Subcommittee (02:41:36)

Presented by Dr. Michelle Wallace

The kickoff meeting that occurred last Friday went well, with nearly every center represented. The discussion included the purpose and overviews of critical initiatives. Dr. Wallace is developing the subcommittee charter and purpose. Administrators' group meeting cadence will align with the Commission. A meeting of co-chairs is planned for October. Dr. Wallace discussed identifying the knowledge gaps to develop an executive leader orientation. The concern is for continuing engagement of the high-level senior executives on the calls, or possibly senior leaders will delegate. The next full subcommittee meeting is on November 18. Dr. Wallace wants to work with Chairman Ashley on precisely the Commission's desires around finance input from the administrator's group. Dr. Ashley sees this as an opportunity for all the executives to be as educated as Dr. Wallace is on trauma center finance related to patient care. Ms. Atkins suggested a TCAA finance workshop for the spring 2022 meeting as the TCAA has recently revised the trauma center finance course.

Trauma Data Subcommittee (02:48:56)

Presented by Gina Solomon

Ms. Solomon referenced the subcommittee's report on page 51. The group continues to drill down on the desired time to definitive care metric in two main categories: Scene to definitive care and trauma transfers to definitive care. The group discussed optimal EMS scene time and establishing a process to review cases that exceed a pre-determined threshold. For the transfer group, drill down on major injury (ISS > 16) is the focus. A PI tool was developed to identify and group barriers for those cases not transferred or transported promptly. The most recent iteration of the central site report will be evaluated next week at the twice-monthly collaboration between GQIP and DPH OEMST team.

Trauma System Partner Reports

MAG Medical Reserve Corps (02:57:58)

Presented by Dr. John Harvey

Dr. Harvey referenced the report, and PowerPoint included in the electronic packet, starting on page 52. He discussed the MAG MRC early mobilization in response to COVID to support hospitals, nursing homes, food banks, testing sites for approximately sixty days. Over 75 people were deployed throughout Georgia. This deployment was recognized up through all levels of state government, Department of Defense, DPH, and others. Several members received a special commendation associated with their performance in the COVID response. The estimated economic benefit to the state was \$1,022,000. Over fifty doctors were deployed to deliver vaccinations and counseling to discuss vaccination risks. The estimated financial benefit to the state for that effort was \$183,000. A training event was held for new MRC members in March in Warner Robbins. A verticle drill was conducted with over 250 people participants inclusive of MRC members, medical and nursing students, first responders, among many others. The calculated economic benefit was approximately \$70,000. Dr. Ashley asks if these responses, training, and exercise will enable a more effective mass casualty response. Dr. Harvey responded that the widespread team deployment in addition to the GEMA deployment has demonstrated the MAG MRC has an engaged membership that is willing to deploy. Dr. Medeiros asked if the MRCs qualified for any CARES act federal funding. Dr. Harvey responded that they did not receive any CARES act funding.

Georgia Trauma Foundation (03:11:10)

Presented by Ms. Lori Mabry

Ms. Mabry reiterated the great turnout last week, with over 100 people attending in person and over 80 attended virtually. This was our best-attended Day of Trauma to date. The casual reception the night before was well received. Many attendees voiced the need to unplug and connect with colleagues, even if just for a day. All presentations are available online. The spring meeting location was researched extensively. The Barnsley Resort is about 45 minutes northwest of Atlanta in Adairsville, GA. Corporate events are held Monday through Wednesday, necessitating moving the Commission meeting from a Thursday to a Wednesday. Wednesday, March 2, 2021, would be the potential date of the Commission meeting. The plan is to move away from a symposium-based meeting and evolve towards a system-focused meeting. Vendors care less about the content but want to be where the stakeholders are going to be present.

The Commissioners voiced no opposition to altering the meeting date to accommodate the Barnesly contract. Ms. Lori will provide an update on that meeting format by the November meeting. Ms. Mabry turned her attention towards the strategic focus in the report, starting on page 114. The strategic focus has shifted to a two-tiered model inclusive of both the foundation tier and collaborative tier. Ms. Mabry walked through both of the tiers; details are included in the packet. She mentioned the launch of the new Foundation website. Dr. Ashley officially welcomed Cheryle Ward, Director of Philanthropy for Georgia Trauma Foundation.

GQIP Update (03:27:30)

Presented by Ms. Gina Solomon

Ms. Solomon gave an overview of her report on page 125. She referenced the Arbormetrix project timeline that depicts the target kickoff date of December 2021. Dr. Medeiros commented on the excitement around the Arbormetrix project, specifically the opportunity to access more contemporary data. Dr. Ashley mentioned, comparatively, TQIP is course tuning, whereas Arbormetrix represents fine-tuning. Ms. Solomon clarified that Arbormetrix does not negate the need for TQIP. TQIP serves as the national benchmark; Arbormetrix is our internal, statewide, risk-adjusted benchmark. Arbormetrix offers the ability to bring benchmarking down to the level IV trauma center level. TQIP does not offer risk-adjusted benchmarking for level IVs.

Office of EMS & Trauma (03:36:48)

Presented by Mr. David Newton and Ms. Renee Morgan

Mr. Newton referenced his report on page 127. Ms. Morgan says COVID has impacted OEMSTs ability to do site visits, and they are not set up to do virtual visits at this time. She has a level IV site visit set up for September 13. Fort Gordon has an ACS site survey visit upcoming. There was some discussion around the ACS verification site visit timeframes and how the OEMST handles centers with many deficiencies in ACS consultative visits who remain state designated as a trauma centers. Ms. Morgan explained that she requires the centers to submit corrective action plans to the OEMST, and her office performs site visits.

Ms. Joiner referenced the letter on page 127 describing the TRAIN platform collaboration invitation. She described the review process for content and listed the types of programs and targeted audiences that can be provided or added to TRAIN for access. The program is easy to use with a laptop and PowerPoint; they can convert for content providers. Course completion goes to the license management system so they can track continuing education. The emergency preparedness program funds TRAIN. Upon the launch of TRAIN, over 20 courses were available; there are 31 courses available today. Content can be locked down if it's proprietary. The system can do pre and post-testing. Dr. Ashley sees value in recording presentations such as the uncompensated care claim submission & validation process and the sessions presented in partnership with GTC and DPH OEMST to educate centers on contractual processes.

Dr. Ashley thanked all subcommittee chairs, members, system partners, and all those involved in trauma care for their work to move all of this great work forward. He called for any other final comments or remarks before requesting a motion to adjourn.

MOTION GTCNC 2021-08-04:

I make the motion to adjourn.

MOTION BY: Courtney Terwilliger

SECOND BY: John Bleacher

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Meeting adjourned at 12:42 PM.

Minutes Respectfully Submitted by Elizabeth Atkins