

**APPROVED**  
**03.02.2022**



**GEORGIA TRAUMA  
COMMISSION**

**GEORGIA TRAUMA COMMISSION**  
**Thursday, November 18, 2021**  
**09:00 AM to 12:00 PM**  
**Georgia Public Safety Training Center & Zoom Livestream**  
**Meeting Minutes**  
[Link to meeting recording](#)  
[Link to meeting material](#)

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

| <b>STAFF MEMBERS &amp;<br/>OTHERS SIGNING IN</b>  | <b>REPRESENTING</b>   |
|---|---|
| Elizabeth V. Atkins<br>Gina Solomon<br>Katie Hamilton<br>Gabriela Saye<br>Renee Morgan<br>David Newton<br>Kelly Joiner<br>Richard Rhodes<br>Daniel Warren<br>Gary Pinard<br>Michelle Archer<br>Cheryle Ward<br>Dr. Greg Patterson<br>Jesse Gibson<br>Matthew Vasey<br>Jackie Payne<br>Jessica Mantooth<br>Kristal Smith<br>Scott Lewis<br>Mary Beth Goodwin | GTC, Executive Director<br>GTC, GQIP Director<br>GTC, Finance Operations Officer<br>GTC, Executive Assistant<br>OEMS/T, Trauma Program Director,<br>OEMS/T, Director Office of EMS<br>OEMS/T Deputy Director<br>OEMS/T<br>OEMST/T, Regional EMS Director<br>OEMS/T<br>OEMS/T<br>Georgia Trauma Foundation<br>John D. Archbold Memorial Hospital, Rural SC Chair<br>NGHS, GCTE Chair<br>NGHS<br>NGHS<br>NGHS<br>RTAC Region 5<br>RTAC Region 1<br>JD Archebold Memorial Hospital |

|  |   |
|--|---|
| Marvin Weaver<br>Jeffery Fussell<br>Casey Broom<br>Robert Cobb<br>Ray Powers | Wilkes Country EMS<br>Air Evac Lifeteam<br>Lincoln County Emergency Services, Director/Chief<br>Lincoln County Emergency Services |
|--|---|

**Call to order: (00:00:07 on the recording)**

Dr. Ashley called the meeting to order at 09:05 AM with eight of nine members present in person and James Smith present via Zoom videoconference. Jim Atkins joined the meeting at a later time via Zoom videoconference.

**Chairman’s Report (00:00:47)**

***Presented by Dr. Dennis Ashley***

Dr. Ashley welcomed and thanked everyone for joining the meeting today. As our COVID numbers continue to decline statewide, I hope that we can get back to having a more robust physical presence together, as it’s the only time we get to have all the key players in our trauma system face to face.

Most of us just completed the three-day virtual TQIP meeting. Over the years, we have been able to improve our numbers with the help of your work. We were able to submit an abstract for a TQIP presentation on behalf of Georgia and won the best oral abstract in the trauma systems group. Thanks to Liz Atkins for writing the abstract and presenting it during the conference. Kudos to everybody; This is a high-five moment for our state.

I recently shared some changes within our GQIP leadership structure with the group. I want to make you are aware that Dr. Chris Dente has decided to pursue other academic interests and has stepped down from the GQIP collaborative leadership role. I am excited to announce that Dr. Rob Todd, Senior Vice President and Chief of Acute Care Surgery at Grady, will assume leadership for the GQIP collaborative on the trauma side. Gina and Liz are getting Rob up to speed on where we are now and setting a course for the future so we can take the collaborative to a new level.

I am also working with Liz to create a more formalized structure around the Committees. We want to ensure everyone has an equal load of work and everyone is on a Committee. We should have a proposal ready by the next meeting in March. If you are interested in joining or leaving a Committee, now would be the time to let me know.

Our first order of business is the approval of the August meeting minutes. I’ll give you a moment to review, and then I will ask for a motion to approve.

**MOTION GTCNC 2021-11-01:**

**Motion to approve the August 19, 2021 meeting minutes as submitted.**

**MOTION BY:** Victor Drawdy

**SECOND BY:** Michelle Wallace

**VOTING:** All members are in favor of the motion.

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

At this time, I'll hand the floor over to our Executive Director for the Administrative Report.

**Executive Director Report (00:08:15)**

***Presented by Ms. Elizabeth Atkins***

L. Atkins started by discussing the TQIP abstract, which represents the work of all the centers and system partners. It has generated much interest among our TQIP peers. We are also excited to welcome Gabby Saye, Executive Administrative Assistant. Moving forward, you will see more communication coming from her. I want to congratulate Emanuel Medical Center on their re-designation as a level IV and Cartersville for becoming the first ACS verified level III center in Georgia. Congratulations to Courtney Terwilliger, Dennis Ashley, and Regina Medeiros on your reappointments.

L. Atkins briefly reviewed the super speeder revenue summary located on page 12 of the meeting packet. If you look at pages 17 and 18, we need to keep track of this on a month-to-month basis, so we know what is coming in. This is the same way you would track your volume in the trauma center. While on the topic of Super Speeder, we were able to meet with Christina Long, the deputy COO for the Governor, and learned the Governor has signed House Bill 511, which means our trauma trust fund should be set up by July. This current budget year will remain the same but anticipate a change in FY2024. Our funds will no longer be in the treasury but will now be allocated to an interest-bearing trust. J. Dunne asked if all super speeder funds would go directly into the trust? L. Atkins confirmed that was correct. We should know more details as things unfold and are confirmed by next Summer. J. Bleacher stated that since we will be getting the money upfront, then we won't need to create amended budgets. Dr. Ashley briefly discussed his meeting with the Georgia Chamber of Commerce and their support of the trauma system.

A robust conversation ensued regarding trauma transfer delays. L. Atkins mentioned that our meeting in August, COVID numbers were pushing hospital capacity limits. There were reports of trauma patients having to go out of state for trauma specialty care. We had an urgent Trauma Center CEOs meeting with over 90% participation to discuss mitigating this problem. Can we create a mechanism where trauma centers within the same region can communicate on their hospital capacity status? The key points from the meeting were:

- Delineating the trauma transfer diversion
- Feasibility of a notification system for trauma transfer diversion
- Accuracy of the current system we have in place

Dr. Ashley added that when he gets the call to go on diversion, he doesn't have insight into whether other centers have the availability to take a patient. If all nearby centers are on diversion, how will this hurt the patient? Is there some way we can see where we are at as trauma centers?

Dr. Wallace recommended operationalizing the proposed changes Regional Coordinating Center (RCC), now called the Georgia Coordinating Center (GCC). The center was escalated in July 2020 due to COVID and patients not being able to access care due to the overwhelmed hospitals. We want the hospitals to use the GCC board to visualize what is occurring at the state level. D. Ashley asked if M. Wallace would recommend a workgroup. M. Wallace stated it might be a workgroup or just a couple of meetings, but it needs to be done quickly. January through March is brutal, and trauma volume has not diminished throughout the state. We are in a tight spot and have a short period to create what we need. D. Newton mentioned that the GCC advisory board has already discussed this. K. Joiner added that we want to be careful not to confuse EMS. They just see trauma diversion and not interfacility. J. Dunne asked how we can communicate our concerns within the trauma community to the advisory board? D. Newton answered that you could send the concerns to him or Rachel Barnhard. Discussion continued on experiences within members' own hospitals and concern for trauma transfer times. Dr. Vasey expressed apprehension about the amount of time the board would be updated and its accuracy. M. Wallace stated they're supposed to be updated every two to four hours or whenever there is a status change, but there is still work to be done. D. Ashley further explained that we don't have to rely on the board, but it can generate phone calls. M. Wallace expressed that we also need to consider staffing issues along with capacity. The nursing workforce is at 35% vacancy in Georgia. Almost all of us are using travelers. Dr. Ashley ended the discussion by stating Liz and Michelle will put together some talking points and send them to D. Newton for consideration to the GCC advisory board.

L. Atkins finished the administrative report and reviewed the readiness cost surveys for Level III and Level IV centers, Clark's Christmas gift donation, and 2022 GTC meeting dates.

## **Subcommittee and Workgroup Reports**

### **Injury Prevention (49:57)**

***Presented by Dr. John Bleacher and Dr. Dan Wu***

J. Bleacher introduced Dr. Dan Wu for a Cardiff Model presentation. Dr. Wu is the Interim Chief of Emergency Medicine and Chief Medical Information Officer for the Grady Health System; he is also the Associate Professor of Emergency Medicine at Emory University.

Dr. Wu reviewed the presentation handed out to each Commission Member, "Cardiff Model for Violence Prevention Organizational Readiness Project" (available on [trauma.ga.gov](http://trauma.ga.gov)). In summary, Cardiff is the cross-sectional partnership using hospital data combined with public data to facilitate community-level interventions; Dr. Wu's group is interested in expanding Cardiff through the trauma network. They are facilitating virtual interviews with stakeholders to identify existing barriers for trauma centers and law enforcement implementation and see how close trauma centers are to implementing Cardiff. At the end of the study, we will provide the centers with an evaluation and a blueprint. Our outcomes are:

- Inform the continued development of the CDC Cardiff toolkit
- Scholarship opportunities

- Addressing violence as a top mechanism of ACS verification
- Provide participating hospitals with a personalized assessment of their ability to implement Cardiff

J. Dunne asked what data goes into Cardiff. Dr. Wu answered any intentional violence. L. Atkins added that there is already an EPIC template for the collection of the data. J. Bleacher asked, how do you identify a champion to intervene? Dr. Wu answered that community partnership is what drives change. The Cardiff shows you what is happening so that you can go out into the community and ask what is going on. They will tell you precisely what is happening. The Commission thanked Dr. Wu for his intriguing presentation.

The Cardiff Model Toolkit is available at:

<https://www.cdc.gov/violenceprevention/publichealthissue/fundedprograms/cardiffmodel/toolkit.html>

**Bylaws Workgroup (1:06:30)**

***Presented by Dr. Michelle Wallace***

M. Wallace referenced the summation of changes sent to all Commission members via email and located on pages 25-29 in the meeting packet. M. Wallace proposed changes to the ByLaws:

- Strike the ballot process mentioned in Article V.d
- Replace the two-thirds to a majority for regular commission business mentioned in Article VI.

M. Wallace asked if there were any requests or conversations regarding the amendments.

**MOTION GTCNC 2021-11-02:**

**I make the motion to approve changes to Bylaws as written with the following amendments: 1) Striking ballot sentence in Article V.d; and 2) Replacing two-thirds vote to simple majority vote for regular Commission Business in Article VI, last sentence.**

**MOTION BY:** Michelle Wallace

**SECOND BY:** Courtney Terwilliger

**VOTING:** All members are in favor of the motion.

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

**Budget Subcommittee Report (1:08:35)**

***Presented by Dr. Regina Medeiros***

R. Medeiros stated the budget subcommittee has been meeting regularly to get some processes in place. She referenced the report located on page 30 for review. I do have two things to bring forth for consideration today.

The first request is the approval of the one-time readiness grants awarded to participating designated centers currently not under contract. These are from last year's amended funds. They submitted their proposed expenditure plan, and the budget subcommittee has reviewed and approved them. The requests are also located within pages 32-37 in the meeting packet for review.

**MOTION BY: GTC Budget Subcommittee**

**MOTION GTCNC 2021-11-03:**

**I make the motion to approve the one-time readiness grants.**

**MOTION BY:** Budget Subcommittee

**VOTING:** All members are in favor of the motion.

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

The second request we would like to bring forth is from the Rural Subcommittee for funding support in a one-time grant to allow all Level III and IV trauma centers to become members of the Trauma Center Association of America (TCAA). Dr. Ashley asked for any discussion. The handout and prices are listed on page 38 of the meeting packet. L. Atkins stated we could make the one-on-one financing provided by TCAA a PBP requirement for the grant deliverable. J. Dunne agreed and mentioned some Level III and IV aren't aware of the benefits that a TCAA membership has to offer.

**MOTION BY: GTC Budget Subcommittee**

**MOTION GTCNC 2021-11-04:**

**I make the motion to approve the Level III and Level IV one-time grant for TCAA membership costs.**

**MOTION BY:** Budget Subcommittee

**VOTING:** All members are in favor of the motion.

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

R. Medieros went on to discuss the grants and contracts workgroup. We are asking those we provide funding for to do zero-based budgeting. They will submit what they need to the Budget Subcommittee, and then we will review and approve to ensure it aligns with our strategic plan. It's still a work in progress, and more to come. It will be essential to have once we establish our trust fund.

My final request, we would like the Commission to consider allowing the Budget Subcommittee to move funds, as needed, among initiatives previously approved by the Trauma Commission. We would not be permitted to expend dollars on new things but move funds within approved initiatives if we have extra funds we aren't going to spend. An example is Stop the Bleed Kits, which we already have a contract with North American Rescue, with discounted pricing, and long-standing support for STB. The Budget Subcommittee would discuss it, approve it, and disclose our reports to the Commission. L. Atkins added that we are accumulating a list of already supported items and can reallocate funds. J. Smith asked if this is something you loop in the Chairman? R. Medieros answered that he is on the Budget Subcommittee so that he would be aware.

**MOTION BY: GTC Budget Subcommittee**

**MOTION GTCNC 2021-11-05:**

**I make the motion to allow Budget Subcommittee to move funds, as needed, around initiatives previously approved by the Commission.**

**MOTION BY:** Budget Subcommittee

**VOTING:** All members are in favor of the motion.

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

R. Medieros concluded her report, thanked the Chairman, and yielded the floor back to the Chairman.

**EMS Subcommittee (01:20:16)**

***Presented by Mr. Terwilliger***

C. Terwilliger referenced the EMS subcommittee report on page 39 and provided a quick summary of activities. There hasn't been a whole lot of action within meetings. We are still looking into the Learning Management System and changed directions to research content procurement and add it to the OEMS/T platform. EMS training continues across the state. We continue to get positive feedback from these classes. The EMS Leadership Course graduated its tenth class on November 11, 2021. C. Terwilliger asked if there were any questions.

**GCTE Subcommittee (01:21:40)**

***Presented by Ms. Jesse Gibson***

Ms. Gibson referenced her report on page 41. Our Subcommittees have remained active and meet regularly. We will have our first in-person option tomorrow for GCTE, and we hope to continue providing that option for the group. The GCTE leadership group is working to align committee goals with the initiatives of the entire Georgia Trauma System. One goal will surround the system-wide work of time to definitive care. Goals should be finalized during the November GCTE meeting. These are two to four-year goals.

Each GCTE Subcommittee is working to establish a succession plan with either a co-chair, vice-chair, or clear plan for who will move into the chair position, if/when vacated. This work is essential to maintain a good cadence moving forward with goal completions. You have a lengthy report by our subcommittees within the report.

The Injury Prevention group is probably our most active Subcommittee. One of the big things they are doing is Bingocize as a Falls Prevention Coalition, so we will hopefully have some feedback to provide you as it unfolds. Registry changes were submitted to V5 for 2022 updates. The group is awaiting training on Image Trend and downloading instructions for V5 users to upload to Image Trend. Pediatrics is still working on the Pediatric Radiology Project and waiting for the state to look at data before the second round of data collection begins. Education blasts through GHA have gone out to encourage compliance. They are also working on their Shock Index Pediatric Adjusted (SIPA) project. They are doing a trial to determine if that will be valuable to deploy to other centers.

D. Dunne asked about the Pediatric Radiology Project. He thought that was completed, are we struggling to initiate those guidelines? Jesse answered she thinks they have instituted the guidelines but now

focusing on the data collection and the analysis. R. Medieros asked when do you anticipate presenting and publishing the data? Jesse mentioned she thinks they have published some data but will ask them at tomorrow's GTCE meeting. J. Bleacher expressed excitement around the SIPA project and implementing the tool to improve the treatment of Shock in the pediatric population.

**Level III/ Level IV Rural Trauma Workgroup (1:28:37)**

***Presented by Dr. Greg Patterson***

Dr. Patterson highlighted some of the key projects the Subcommittee has been working on and reviewed on page 44. We developed our cost of care survey, which was distributed, data collected, and currently in the analysis and validation process by Warren Averett. We will hopefully have preliminary data to share by the end of the year. We have engaged the Pennsylvania Trauma Foundation to provide Consultative visits for level IVs, similar to the ACS visits for levels I-III centers. We have confirmed dates for these visits to be held October 10-14 next year. Grants and course development for trauma providers in the pre-hospital and hospital setting are still ongoing. The March PAWS retreat at Lake Blackshear has been set for February 1<sup>st</sup> and 2<sup>nd</sup>. We are trying to re-engage the TMDs and Administrative group on access to the specialty care process. Looking down to #8 on the report, we have developed a resource tool to address the transfer issues to levels III and IV, which provides current phone numbers and contact information, services provided across the state. We hope to update the tool yearly. I also wanted to thank the Commission for supporting the TCAA membership for Level III and LIV.

Dr. Ashley mentioned we did vote on the TCAA membership and approved it. We appreciate what you all are doing, and it's energized us to get you involved.

**Trauma Administrators Subcommittee (01:33:30)**

***Presented by Dr. Michelle Wallace***

M. Wallace gave a brief update. We would like to have finance and business be a part of the group, the collaboration of the two would bring a lot of value. We will have four upcoming meetings, two in-person and two virtual. The first in-person meeting will be at Barnsley, and Liz added a finance workshop for the group. J. Dunne asked if the CFO would be required to attend? M. Wallace answered no, it would be one person or designee. We are working on getting co-chairs for our levels II, III, and IV. If there are other items for the Administrative group to address, please send them to me to include in our upcoming meeting agenda.

**Trauma Data Subcommittee (01:36:28)**

***Presented by Dr. James Dunne***

J. Dunne referenced the data report on page 47. The goal of the workgroup is to improve the time to care metric. What was encouraging from our last meeting, we have access to every step of the process, and we realize now there is incomplete data, so the sample size is small. One of Liz's recommendations was to go back to the GCTE groups to look at the data input for the registry, especially the EMS arrival times. Shoutout to Gina Solomon and the state drilling down on patient records to the level of detail we have now. Gina added that there is potential for improvement. L. Atkins mentioned that we also want to involve the GCTE PI group to set a threshold for scene time, so if it's over a specific time, we can drill down on those cases.



## **Trauma System Partner Reports**

### **Georgia Trauma Foundation (01:40:06)**

***Presented by Dr. John Bleacher***

J. Bleacher referenced the PowerPoint included in the electronic packet, starting on page 48. He introduced Cheryle Ward, Interim Executive Director of the Georgia Trauma Foundation. Over the past few months, we have renewed our goals to raise money for projects that improve trauma care in Georgia. We are refocusing on a multiprong approach to philanthropy and diverse revenue streams. Our board should be 9-13 people; we are currently at three, so we have an open opportunity to add members from diverse backgrounds. We are in the vetting process to make offers for additional board members and consider succession plans. We plan to have a fundraising Gala this upcoming April 30. We're also creating networks of people that can contribute to the Foundation in a variety of ways. We are focused on the goals the Foundation needs to have. C. Ward added to the diversification of our revenue streams mentioned was special events. Still, we will also be pursuing relationships with corporate entities, bringing funding through grants, fundraising at trauma meetings, and peer-to-peer fundraising. We're excited about things to come and encourage you to participate.

### **GQIP Update (01:44:54)**

***Presented by Ms. Gina Solomon***

G. Solomon gave an overview of her report on page 51. For the workgroups:

- AKI: Predictive algorithm updated. ISS predication subproject in development. Poster presentation on AKI work accepted at TQIP conference.
- Opioid: Initial draft of multimodal guideline completed and shared with workgroup for feedback.
- TBI: Investigating the feasibility of additional data asks from centers. Attempting to pull together a list of state TBI inpatient rehab resources.

Benchmarking platform and data central site security assessment are still in process. Draft contracts were submitted to the AG Office to begin review and edit. The build process will take approximately 21 weeks after contract implementation. Bi-weekly meetings are in progress with the special counsel and AG office regarding peer review protection and data use policies. NSQIP completed the first sharing of individual center deciles from the July SAR report. The winter NSQIP meeting scheduled for January 14 at Augusta. G. Solomon acknowledged the work Dr. Dente has done getting the program started us this far, she looks forward to working with Dr. Todd to get him up to speed on the history of the program and give us some direction.

### **Office of EMS & Trauma (01:47:53)**

***Presented by Ms. Renee Morgan***

R. Morgan referenced the report on page 53. As mentioned earlier, it's exciting Cartersville received ACS verification, the first level III in our state to so. It was a great visit, and John did a great job preparing. Emanuel has redesignated as a level IV and Wellstar Paulding is designated as a new level IV and expects to become a level III in the future. There is still a need for site survey reviewers, and we have trouble finding reviewers for the higher level centers. I emailed the updated list of centers with all centers (available on [trauma.ga.gov](http://trauma.ga.gov)). J. Dunne asked how the state is doing the site visits (in-person vs. virtual). OEMST does not have the security level of technology for the record review required for virtual visits.

We have considered doing the chart review on-site and the rest virtual, but it's currently in person. Ms. Morgan thanked everyone for the outpouring of support after the recent loss of her husband.

**Winter Meeting Update (01:52:25).**

***Presented by Ms. Gina Solomon and Ms. Liz Atkins***

G. Solomon and L. Atkins referenced the Barnsley meeting draft agenda on page 52. The venue is fantastic, and it will lend itself to much-needed collaborative work between the different committees. We are not offering a virtual option. We want to bring everyone back together for group work and brainstorming. This is primarily a meeting for the Trauma Program Manager, Trauma Medical Director and the Appointed Administrative Committeere representatives. The finance workshop will be focused on the needs of the administrators but TPMs and TMDs are welcomed and encouraged to attend. The workshop facilitator is fantastic and has a wealth of experience in trauma center finance. The Commission members discussed the various finance roles that could benefit from this information. Due to the venue's limited space, the workshop will be limited to those who are required to attend. We can set up a virtual workshop for those others who may be interested but are unable to be accommodated due to size limitations of: 1. the venue, and 2. Workshop with one facilitator. J. Dunne commented on the value of having the administrators there to get some context on what the charges mean. It gets complicated quickly. It's beneficial to have experts on both sides clinically and financially. L. Atkins suggested facilitating a separate webinar for the coders so the information can trickle down to them. R. Medeiros recommended a survey at the end of the workshop to see the group's needs or indicate their barriers. This is a retreat to get together and dig in; we will have the readiness costs survey results for the level III and IV trauma centers to review as a prelude to tackling the reiew of the current trauma center funding formulas.

The group briefly discussed the impact of COVID on data and the recent TQIP fall report findings. Dr. Ashely stated there was no new business submitted for considerations and asked for a motion to adjourn.

**MOTION GTCNC 2021-11-06:**  
**I make the motion to adjourn.**

**MOTION BY:** Regina Medeiros

**SECOND BY:** James Smith

**VOTING:** All members are in favor of the motion.

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

Meeting adjourned at 11:30 AM

*Minutes Respectfully Submitted by Gabriela Saye*