GEORGIA TRAUMA COMMISSION

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Thursday, 16 January 2020
Georgia State Capitol
Room 125
Atlanta, Georgia 30334

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman (Conference Line) Dr. Fred Mullins Mr. Victor Drawdy Dr. John Bleacher Dr. James Smith Mr. Courtney Terwilliger	Dr. Robert Cowles Dr. Regina Medeiros, Secretary /Treasurer

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins	GTC, Executive Director
Billy Kunkle	GTC, Deputy Director
Katie Hamilton	GTC, Business Operations Officer
Erin Bolinger	Georgia Trauma Commission, Office Coordinator
Karen Hill	Children's Hospital of Atlanta
Renee Morgan	DPH/OEMST
David Newton	DPH/OEMST
Leona Rittenhouse	Governor's Office of Planning and Budget
Sharon Nieb	Emory IPRCE
Scott Maxwell	M&M, Inc.
W. Scott Lewis	Region I RTAC Coordinator
Mark Peters	Region III RTAC Coordinator
Farrah Parker	Region VI RTAC Coordinator
Brian Dorriety	Region VII RTAC Coordinator
Kara Allard	GQIP
Dr. Chris Dente	GQIP
Lori Mabry	Georgia Trauma Foundation

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Susan Bennett	JMS Burn Centers
Lisa Smith	JMS Burn Centers
Gina Solomon	Northside Gwinnett
Fred Jones	Medical Association of Georgia

Call to Order: 10:05 AM Call to order with seven of nine members present or on the conference line. Quorum was established.

Welcome/Chairman's Report Presented by Dr. Dennis Ashley

Dr. Ashley began welcoming everyone to the Capitol and spoke on the vital face time with legislature over breakfast. Dr. Ashley made mention of all Governor re-appointments and congratulated Dr. Mullins, Mr. Drawdy and Dr. Cowles, on their re-appointment to the Georgia Trauma Commission. Dr. Ashley reported on the November votes and Georgia Trauma Commission (GTC) committee chair changes. Dr. Dunne follows Dr. Mullins as the new Vice Chair and Dr. Medeiros follows Mr. Drawdy as Secretary/Treasurer. We welcome Dr. Dunne and Dr. Medeiros into their new additional roles within the Commission.

Dr. Ashley gave history of the work being done between Ms. Atkins, the Governor's office and staff, Office of Budget & Planning (OPB), and the Department of Public Health (DPH) in aligning our strategic goals with the current administration's goals in our request for additional funds in the AFY20 budget. Ms. Atkins and the Commission has put in a lot of work requesting the full allocation of super speeder revenue. Our collaboration with OPB, specifically Cody Whitlock who has helped us formulate and streamline our AFY20 proposal to ensure our strategic plan aligns with what the Governor wants to achieve. Dr. Ashley reported that Ms. Atkins' collaborative work has been well received. Today the Governor will deliver his State of the State address which will reveal the status of our AFY20 proposal as well as preliminary FY21 budget.

Since our November meeting, Dr. Ashley, Ms. Atkins, Dr. Toomey (DPH Commissioner) and Dr. Rustin (Director, Division of Health Protection), had an opportunity to meet for the first time to discuss trauma care in Georgia. It was a very engaging meeting; they are extremely knowledgeable and are excited about our shared successes in collaborating with OEMS/T over the past ten years. Dr. Ashley is very encouraged about the future under Drs. Toomey and Rustin's leadership. Dr. Ashley and Ms. Atkins will meet bi-annually with Dr. Toomey; Ms. Atkins will meet quarterly with Dr. Rustin. Further down the agenda Ms. Atkins will review the newly approved FY2020-FY2024 strategic plan. Dr. Ashley thanked the GTC office staff for getting the breakfast today coordinated. Dr. Ashley acknowledged the

printout of our legislatures. Please reach out to them , touch base, and ask for continued support. It is helpful to have names/faces in front of us . Dr. Ashley thanked Representative Butch Parrish and his staff and Senator Kay Kirkpatrick and her staff, and Medical Association of Georgia for helping us secure space today to host our meeting during the opening week of the legislative session at the Capitol.

Executive Director's Report Presented by Elizabeth V. Atkins

Ms. Atkins thanked Scott Maxwell for his help with inviting key members of the legislative body this morning to our breakfast. The breakfast was very successful.
Ms. Atkins called on GTC members to review and approve the minutes from recent meetings held.

MOTION GTCNC 2020-01-01:

I make the motion to approve the minutes of 20 November 2019 Commission meeting and the 5 December 2019 conference call with the AFY2020 ASK budget request as written.

MOTION BY: Vic Drawdy
SECOND BY: Dr. Fred Mullins
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Dr. Ashley wanted to mention the packets contain a brochure and information (Attachment A) on members of the Senate Appropriations Committee, Human Development and Public Health Subcommittee and the House Health Appropriations Committee. Please reach out to them, these are the individuals we need to support trauma. Ms. Mabry will also include this information in the Day of Trauma Packet.

Ms. Atkins thanked everyone for their support and impact on the Christmas project, we raised over $400 for gifts that no doubt made Christmas a little brighter for children in our DFCS system. Next year we hope that we can support even more children.

Ms. Atkins reported on the transition to a paperless system for GTC meetings. The Commission staff is considering technology in the form of tablets or e-readers to replace the large manuals that are labor intensive to produce and not environmentally friendly.

Ms. Atkins made mention of Mr. Terwilliger's collaboration with Dr. Melissa Bemiller from Augusta University looking at the number and location of trauma centers over a sixteen-year period predating the inception of the GTC. That will enable us to visualize our footprint and trauma center access and how that has looked and shaped itself over the past sixteen years.

There is an annual attestation that each GTC member must complete yearly. Ms. Atkins will send to each member as it is part of appointment to the GTC.

The GTC amended FY2020 $6.7M request for the remainder of the super speeder funds aligns with the 4% reductions the Governor has requested of all state agencies. We worked closely with OPB and will continue to work with them as we move into FY21 budget planning particularly since we are facing the potential 6% cut that has been requested of state agencies. The good news around this is that OPB is uncertain as the reason we are not getting the full allocation given that we have historically been make whole in the amended. The amended FY and ASK can wreak havoc on our contract process, by the time we get the funds out there is very little time to be actionable. We would prefer to get all monies up front yearly and not have to ask for the additional funds in the amended budget.

The AFY2020 $6.7M request (Attachment B) is comprised of five main areas of focus: (1) provide more funding for levels III's and IV's (2) support participation in the American College of Surgeons Quality Program (TQIP and Verification and Consultation programs) for level IIIs; (3) Provision of a startup grant for Phoebe Putney, a startup level II trauma center in a defined area of need; (4) increase funds for Level I and II trauma centers; and (5) funding ambulance equipment grants. As of now, Level III and IV trauma centers get a fixed stipend based on the current formula. A copy of the detailed AFY2020 funding request is included in your packet.

There have been delays in AFY2019 4th quarter payments due to a DPH procurement/purchase order processing challenge. Ms. Atkins has notified everyone that was affected to ensure they are aware of this delay. DPH finance is working to fix this issue and process AFY2019 payments as soon as possible.

Ms. Atkins attended the Georgia NSQIP workshop on December 6th. Similar to Georgia TQIP, NSQIP struggles with data integrity such as quality of electronic medical record documentation as well as adherence to definitions. Much can be learned between the two groups as there are very similar nuances in data collection and benchmark performance.

The Atlanta metro diversion workgroup meeting is being held tomorrow. January 17th at 11AM in classroom 114 Grady Memorial Hospital. The main focus will be the reduction in bed capacity in the metro Atlanta area due to the December flood event at Grady necessitating patient evacuation and entire inpatient unit closures at Grady. This unfortunate situation in Atlanta has created the impetus for key leaders to work together on managing the flow of acute care patients in light of with frequent

saturation & diversion events occurring in the tertiary centers that impede the ability to meet the larger system's needs.

The ACS trauma systems committee work groups are working on revising the essential trauma system elements white book. Both Dr. Ashley and Ms. Atkins are participating in workgroups, Dr. Ashley is serving on the trauma plan & metrics workgroup and Ms. Atkins the statutory authority workgroup. The timeline for revisions is aggressive. Dr. Ashley stated we are due for another system review and we most likely will be evaluated under the new criteria if the project is completed within the timeline set forth by the ACS. Through this project, ACS will be well positioned to collect a repository of data on trauma funding mechanisms across the country.

The Governor has called a 2:00 pm meeting for all state agency heads today. In addition, the Governor will deliver his State of the State address at 11:00 am this morning. Ms. Atkins will be attending and will update the group on information from this meeting.

Ms. Atkins referenced SB60, which is now known as O.C.G.A. § 31-11-100 to 103 which describes Georgia Trauma Commission definitions, composition, responsibilities and the Georgia Trauma Trust Fund. We will take some time at the March meeting to reacquaint ourselves with the content of this document. It is probably a good idea to review it annually, at our November meeting since that is where we conduct our annual business.
As a reminder, reports and presentations for the March GTC meeting are due by February 27th in order to meet the goal to have meeting information available 2 weeks prior to the meeting date.

Ms. Hamilton explained the new process for increasing transparency in financial reporting that reflects how our funds are spent down. We are developing a more thorough tracking report. These reports provided details by budget area that give us the ability to monitor expenditures more closely throughout the year. Dr. Ashley thanked Ms. Hamilton for all the hard work put into developing a more comprehensive financial reporting process. Dr. Ashley expressed appreciation for being more cognizant on our budget and meeting more regularly for forecasting. Mr. Drawdy asked about the new format and detail included in each line item of the tracking report. Ms. Hamilton was able to export to a CSV file to create columns using identifiers to track spending more efficiently.
Ms. Atkins showed the super speeder revenue update and noted that there is work being done to put all Super Speeder revenue in a graph to more easily identify trends in revenues and collections. Dr. Smith asked about the reinstatement fee's and collection timeline of those.

Ms. Atkins referred the GTC to the FY2020 – FY 2024 Strategic Plan (Attachment C) in the GTC member books and made mention of ensuring alignment with Governor Kemps strategic plan. The Strategic Plan identifies our system priorities and will serve as our operational blueprint. The bulk of the changes from the original document center around making the objectives measurable and within GTC's span of control.

AGENCY MISSION/AGENCY VISION/ AGENCY CORE VALUES

Mission, vision and values remain the same and were not changed from the original document. Ms. Atkins reviewed read them verbatim from the document.

STRENGTHS, WEAKNESSES, OPPORTUNTIES AND THREATS

Ms. Atkins reviewed the environmental scan SWOT (strengths, weaknesses, opportunities and threats). Ms. Atkins covered SWOT and asked if there were any questions. Strengths include collaboration with all 159 counties, strong partnership with Office of EMS & Trauma, a small staff with diverse backgrounds, and Mr. Kunkle's lead on our Georgia Stop the Bleed program which has received national attention and collaboration.

A few of the weaknesses mentioned include small staff size, lack of specialized trauma care in all EMS regions, long standing legacy processes, information-technology infrastructure and contracting practices.

In terms of opportunities, while our footprint is large, we have potentially more work to do to expand our stakeholder group, i.e. rehabilitation. Dr. Ashley mentioned that in his recent meeting with Dr. Toomey, she encouraged the GTC to connect with Commissioner Barry about rehab transfer delays. Commissioner Barry may be able to develop a process to fast track some of these approvals and transfer patients timelier. In terms of injury prevention, there is an opportunity to define the GTC's integration within the current state infrastructure as well as other injury prevention groups such as IPRCE. Dr. Nieb of IPRCE appreciated recognition of these gaps and overlaps and how we can work together to be more efficient, Dr. Nieb recommended a meeting to continue discussions around furthering our existing partnership. The injury prevention summit in March may be the best venue to discuss further.

In considering threats, perhaps the one that impacts our system most is lack of dedicated funding source. Super speeder and fireworks excise tax are allocated to the general fund and could potentially not be allocated to trauma. There is still a significant risk for trauma center to drop out of the system, particularly in our rural areas. Budget reductions limit our ability to expand on funding to the eight trauma centers that are not currently funded. There is conflict around the equitable distribution of funding (rural vs. urban) which prevents us from having a holistic view of our system and agreement on priorities.

GOALS & MEASURABLE OBJECTIVES

Quality

In the interest of time, for the goals section, Ms. Atkins stated she would focus on the major changes. GOAL 1 – Quality- Measurable objective is to establish a State Trauma Advisory Committee (STAC) and hold biannual meetings for calendar year 2020. There was a former statewide group that met but is no

longer in existence and the time is right to re-organize and re-energize that group. The purpose of the STAC is to serve the GTC in an advisory capacity to inform the GTC on options for operational and system improvements. We will have to ensure broad range representation to help optimize, and detail purpose and scope. A major benefit of a STAC is to provide collaboration for all Regional Trauma Advisory Committees and serve as an umbrella that regional committees report up to.

Measurable objective 2 is focused on creating a dashboard for tracking and reporting of funded education efforts. Many challenges exist in student retention for some of our funded educational efforts. Mr. Newton explained there are new rules to report on data of every pre-hospital course held and cancellations and tracking of students. Course attrition needs to be better understood in order to focus our efforts on mitigating identified barriers and improve completion rates of EMR and EMT programs.

Dr. Ashley asks if Strategy 3 (barriers to participation in grant funded educational offerings, e.g. poor turnout) ties into the work Mr. Terwilliger is doing with respect to increasing rural provider attendance at educational offerings. Mr. Terwilliger has several physicians attending the trauma skills lab tomorrow being held in Swainsboro at the technical college. Georgia Hospital Association is interested to see how many will be in attendance at the Swainsboro course tomorrow.

Trauma Care Access & Data

Next, Ms. Atkins reviewed goal 2 trauma care access & data. Having access to high quality data will help drive our strategic initiatives. The GTC was restricted on what we could do with our AFY20 request which precluded the ability to ask for a data platform & resources to do statewide benchmarking. Dr. Dente and Ms. Allard have researched data platforms. Ms. Atkins explained that this would essentially enable us to do our own real-time benchmarking and offer us the ability to course correct. Our national benchmarking, while very valuable for center-specific performance improvement, is retrospective in nature, often up to eighteen to twenty-four months leaving little opportunity to make real-time adjustments. Dr. Dente spoke on requests for data and turnaround on data points is slow. He suggests investing in our own platform to include data, infrastructure and reporting tools. We have looked at DI and Arbor Metrics which can both accomplish what we desire but they are costly.

Ms. Atkins noted that having our own data tool would give us the ability to dig deeper and uncover issues within the trauma system. Ms. Atkins added that significant effort is required to drill down into the data and often times the majority of things TQIP deems as unexpected outcomes are not necessarily in agreement with the trauma centers' adjudication of the case. TQIP's risk adjusted model is proprietary which presents additional challenges in being able to understand incongruencies. Dr. Bleacher asks if we are considering another platform besides TQIP. We are not going away from TQIP, as that is required participation in ACS verification. However, benchmarking is changing, most notably with the recent formation of the registry vendor alliance. Dr. Dente says TQIP does cover a number of

important topics and is valuable but we, as a state collaborative, can do more. TQIP compares at a National level and we are far enough along where we are in ready for some fine tuning at the state level. We want to benchmark statewide. Dr. Ashley views this as gross tuning (TQIP) and fine tuning (data platform state based). Dr. Bleacher raised several considerations: if we were to adopt a state platform would the GTC pay for it, how would we administer it and would it be cost-shared among trauma centers. Dr. Ashley says that is yet to be determined and there remains many unanswered questions. We need more time to develop what a statewide benchmarking platform would look like. Dr. Ashley (referencing the Michigan model) suggests studying their process. Dr. Dente says if we invest in the resources, we need to set expectations for the work. Dr. Dente added that we are doing what we can and have maximized our dedicated time commitment with limited staff. Dr. Ashley says we are moving closer, not many states can do this. Pennsylvania is another example of a state with a good model with PTOS database. Georgia is seen as a leader and is widely published and has had numerous podium presentations on our statewide collaborative but we need to move forward. Many more details will need to be sorted out before we can move forward.

Ms. Morgan says the TQIP in Georgia is not applicable to the level III's and level IV's. Ms. Atkins says that is why we have asked for the funding to support level III ACS designations. Dr. Dente discussed that level III's are difficult because they all look so different, all are resourced very differently. This is not unique to Georgia as they struggle on a national level as well. Dr. Ashley says TQIP has been incorporating the level III's over the last several years. ACS has a strong desire to have level III centers at the table. Dr. Ashley says it will be great for Georgia to have our level IIIs involved in national benchmarking. Ms. Hill says we need to consider pediatric benchmarking if we embark on a statewide benchmarking program. Dr. Dente says TQIP is helpful for Level I's and II's, but we would need to do more on a state program level to dig deeper on data of level III and IV trauma centers.

Dr. Ashley mentioned Dr. Bleacher and Ms. Hill's pediatric imaging guidelines. When we can track and collect data on this, we can show the decrease in imaging at our rural centers which can ultimately help save lives.

Ms. Atkins reviewed the second measurable objective under trauma access & data: completion of an ACS systems consultative visit. Mr. Newton added that NHITSA EMS assessment is recommended prior to ACS system consultative visit. He expects this to be completed October 2021 which aligns well with our target timeframe of June 30, 2022 for our state ACS system consultative visit.

Finance

Goal three is Finance. The GTC budget subcommittee has recently been re-established with a regular meeting cadence.

Objective one is to decrease contract deliverable time. This will require timely execution of contracts so that funds may be encumbered and ultimately expended in timely manner.

Objective 2 is to decrease the open purchase orders that remain open from previous FYs. Procurement in a state of transition at DPH- they are migrating to new software and this has caused posed some challenges however when the process is complete it should streamline things.
Measurable Objective 3- assess current trauma funding scheme and implement revised trauma center funding scheme for the FY2023 contract cycle.

O.C.G.A. § 31.11.102 defines the funding formula for the first two years of the GTC's existence. After the initial two years, the funding methodology can be changed subject to a 2/3 vote by the GTC. Some items to consider include the level IIIs and IVs that are funded by stipend and not a percentage. These centers do not benefit from amended fiscal year funding increase unless the GTC chooses to give them additional funding. The potential exists to revise uncompensated care funding as it is costly and cumbersome to administer ($50,000 annually to audit firm). There are some avenues to explore about applying the uncompensated care funds to readiness funds and further discussions will happen through the budget subcommittee.

This concludes the review of the FY2020 – FY2024 strategic plan. Ms. Atkins asked the Commission if there were any questions about the Strategic Plan. There were no questions at this time. Dr. Ashley complemented the format and the pillar breakdown with measurable objectives under each goal. It is great to see a range of some immediate some long-term goals. Ms. Atkins reiterated this is our agency strategic plan that will ultimately optimize current processes. Ms. Atkins discussed that a state trauma system plan through collaboration with our agency partnerships, namely OEMS&T, will define broader system priorities and will
align with the GTC strategic plan. The five-year strategic plan was approved on December 11th, 2019 by Governor's Office of Planning and Budget.

Ms. Atkins meets with the Governor's Office of Planning and Budget on a monthly basis. Dr. Ashley asked as to how once we complete goals, we will update our plan with new ones.
Ms. Atkins suggests if we spend a little time each meeting, we can work concurrently on our strategic plan. If we complete a measurable objective, we can add new goals and evolve our plan over time as we complete existing goals. Ms. Atkins states we can bring barriers to our meetings to engage key stakeholders in discussions and work to break down barriers.

Mr. Drawdy asked if the $5.4M in uncompensated care can be moved to readiness or performance-based payment program costs. Ms. Atkins says the GTC can change this by a 2/3 vote of GTC members. O.C.G.A. § 31.11.102 defines only the first two years funding allocation. Dr. Ashley explained O.C.G.A. § 31.11.102 by paraphrasing how funds have to be spent when the GTC was initially formed. Dr. Ashley states we have the ability to update our funding formulas and it is time to re-evaluate our current formulas. We have evolved to a point now where we should refine them. Dr. Ashley does believe we are bound to some small percentage for uncompensated care. The way to make this easier is to have these funds in the form of readiness because it is cleaner, easier, already audited data and

published. If we funded mostly in readiness and less uncompensated care (global numbers) the GTC can fund a center at same amount (of what uncompensated care formula would provide) but with less paperwork and make it easier for the center. Dr. Smith asked if the GTC created that cumbersome uncompensated care paperwork. Dr. Ashley gave history of the audit process and claim validation criteria and he added that there has to be a method to validate the claims according to the criteria. He further explained that we asked trauma center's to be in charge of percentage of funds that go to physicians and we ask trauma centers to be responsible for, and to document the distribution of those funds.

Dr. Ashley added (re: physician piece of uncompensated care) that there is not a way to audit uncompensated care claims for physicians unless you create a Medicaid program. So, we asked trauma centers to be in charge of 25% of their funds that are supposed to go to trauma care physicians. The physicians have to show they treated uncompensated care patients, and there are rules in defining a "trauma" patient and what constitutes uncompensated care. The trauma centers developed a process whereby the trauma program managers compile a list of all patients in the trauma program that is shared with the center's finance department. Finance identifies trauma patients meeting the uncompensated care claim criteria. They send this list back to the trauma program managers and ask physicians to review and attest to patients they treated that are on that list. Those are the patients they are deemed reimbursable under the uncompensated care claim rules. Then the request is sent to the hospital to be collected on. There are a lot of steps in this to confirm you are paying the right person. Dr. Smith agrees we should discuss a less laborious way. What we have been hearing from our facilities is that they'd like the funds to be utilized as they deem fit. So, if the trauma committee at your hospital (per contractual language) votes to distribute funds differently, it is permissible. To be clear, we are not doing away with uncompensated care, there are many moving parts to this, we just want to find a better, less complicated way to get the funding to the centers.

Dr. Ashley says we are nowhere near the amount of funds to truly reimburse all readiness costs. The data shows a level I trauma center is $10M and a level II trauma center is $5M and we are nowhere near that. We provide about seven cents on the dollar to our centers for readiness costs. Even if we doubled readiness payments, or that we will pay 10% of readiness for level I's, we are at the same place we are now without hurting anyone. We can pick a number and still be under cost. Mr. Terwilliger agrees states readiness costs help rural counties more. Dr. Ashley asks for whomever would like to sign up for this to let Ms. Atkins know as this will be a heavy lift. Ms. Atkins suggests regular review of funding methodology. Making things simpler is the goal, we know our centers and EMS would appreciate this. Ms. Atkins also made mention of biannually payout with quarterly reporting as a possibility of making things easier while keeping us compliant with the language in O.C.G.A. § 31.11.102.

OEMST Report Presented by Renee Morgan & David Newton

Ms. Morgan (Attachment D) provided an update of trauma center site visits including ACS consultative, verification and re-verifications visits. There has been some corrective action based off of the results (number of deficiencies) of the ACS consult visits. John D. Archbold in Thomasville has been granted provisional level III (based off of their ACS consultative visit) they will have a state designation visit within this year under the level IIII criteria. There are some level II centers that are potentially better suited to Level III criteria based off of ACS consultative visit recommendations. We are seeing high turnover in trauma coordinators in the level IV centers which has resulted in delays in quarterly reports. As is common in rural centers, the trauma coordinators in level IV center often serve in multiple roles and trauma falls down on the list of priorities. There is little administrative support in these hospitals. Ms. Morgan reported on a more formalized process of sending designation letters out to state designated centers. OEMS&T is following up on corrective action plans. Ms. Morgan is looking into deficiencies and quarterly reports will now require a corrective action plan in resolving identified issues. Ms. Atkins and Ms. Morgan have identified centers that are struggling and plan visits to them together so we can speak to administration and clinical teams, increase engagement and provide mentoring to centers in need. By the next Commission meeting we hope to have made some of these visits. This will be an ongoing performance improvement process. We did receive official letter of intent from Phoebe Putnam, Dr. Dent has been hired as the Trauma Medical Director for Phoebe. Dr. Dent was an original member of the state trauma committee prior to the formation of the GTC. They now have an online registry program that will help level III and IV's. OEMS&T is piloting an online registry program. Updates will be provided as they become available.

Mr. Newton explained the new web-based registry system, same model used for cardiac registry, will collect TQIP data and hospitals can export their TQIP data from this platform. It is the same model as GEMSIS elite that we purchased at state level. Mr. Newton reported that there are no per center cost. The platform is web-based and easier use. For new centers onboarding to our program, there is no purchase required of registry, the office will provide a log in and password to the center so they can begin collecting data. Mr. Newton did say the LONG ID is not a national field and will have to be added to the dataset.

Ms. Atkins suggests Mr. Newton collaborate with GCTE leadership on a data migration plan. When she was chair of Process Improvement Subcommittee, in June of 2013, the state migrated from Digital Innovations NTRACS software to Digital Innovations v5 software. The migration project was complex, and many centers lost data in that transition because it was too cumbersome and expensive to do a full migration. Once all centers transitioned to v5, the GTC funded the purchase of the DI Outcomes module (performance improvement data warehouse that works with the registry). Before the funding of the PI software, many centers had their own home-grown versions of PI (paper binders, spreadsheets, etc.). Many centers are now using this electronic performance improvement data base

for ACS consult and verification visits. Many centers have purchased report writing packages that facilitate pre-review questionnaire completion for ACS consults and verification visits. This is just an example of the significant considerations before transitioning to a new software. Mr. Newton made clear of specifics in the contract to confirm (1) inclusion of all Georgia state dictionary data elements and (2) they must import all legacy data for all hospitals. Mr. Newton advised he ensured that contract protects all data. Level IV's will benefit from this web access. Ms. Atkins says these contractual elements may not be helpful as it is not uncommon, as in the migration to v5, that the vendors agree to contractual elements before there is a comprehensive understanding of what centers desire to import. Ms. Atkins and Mr. Newton will coordinate to ensure there is alignment with the goals for the state that meet the needs for the centers.

Georgia Trauma Foundation Presented by Lori Mabry

Ms. Mabry (Attachment E) reported on the trauma research grant activities. All awarded grants are funded (six at a total of $990,000), all projects are underway and the GTC will be provided a progress update at the May 2020 meeting. The foundation will fund two more $10,000 grants and will post to the foundation website 1/31/2020.

Georgia Trauma Foundation received twenty-five letters of intent for the injury prevention grants. We are very pleased to see that several are first time grant applicants and that some were from rural areas. We are looking forward to seeing the full applications which are due February 7th. We hope to have the award announcements out by March, but we may need to adjust the timeline to allow for the external review to take place if all twenty-five projects move forward to the final step of a full external review.
The foundation has fully executed all FY2019 education and are immersed in FY2020 education.
Trauma Awareness Day at the Capitol is Thursday, February 20,2020 at the Freight Depot, please RSVP on the Georgia Trauma Foundation's website. Trauma Awareness Day will feature an injury prevention showcase with survivors speaking.
The spring symposium and meetings will take place March 18th – 20th at Chateau Elan. Chateau Elan has undergone extensive renovations both their meeting spaces and guest rooms. In addition, they have a new coffee shop located in the lobby. New for this year is the Injury Prevention Summit that will offer an opportunity for statewide collaboration and networking. GCTE IP task force groups have invited speakers. TOPIC course will also be held that Wednesday. The GTC and GCTE meetings will take place on Thursday and the Symposium Friday. A full brochure inclusive of all events will be coming out via e-mail later this week as well as posted to the GTF website.

Georgia Committee for Trauma Excellence Presented by Karen Hill

Ms. Hill (Attachment F) gave a report of GCTE subcommittees that have met since the November 2019 meeting. The trauma registry subcommittee, under the leadership of Ms. Johns, is still working on completing the state data dictionary. The performance improvement subcommittee, under the leadership of Ms. Hartigan, is focusing recent meetings on compiling plans and strategies for 2020 with an increased focus on level III and IV inclusion. The pediatric subcommittee has completed the Pediatric Imaging guideline toolkit and is in processes of deploying this statewide. Ms. Norma Campbell, Director of EMS-C has agreed to assist with statewide distribution. There is also a great video for this as well. The injury prevention subcommittee is working on upcoming events like our program at the Capitol Ms. Mabry mentioned and the Summit to be held in conjunction with our March meetings. The education subcommittee (Attachment F) provided a list of all scheduled courses. They are still seeking some ENPC champions for course directors.

EMS Subcommittee Presented by Courtney Terwilliger

Mr. Terwilliger (Attachment G) reviewed the upcoming online EMS training pilot project. There is an urgent need in Georgia for EMS personnel. We experience high turnover and we are uncovering the reasons for the turnover. Reasons include work conditions, the low pay rate, and other healthcare profession opportunities. In our rural areas there is very little EMT and EMS training available. We believe a potential solution can be an online EMS training course. Mr. Terwilliger explained the pilot process including providers of the education and the four sites that will participate in this pilot. We will report in the fall on this pilot. Dr. Ashley asked about EMT training online and hands on for EMT's. The 40-60 hours are in classroom. What we have found over the years, EMT-A course pass rates average approximately 60 -75% since 2011, even predating 2011 to the EMT-I exam. Some do really well some schools do not perform well. We need to uncover these reasons however; it has been very difficult to identify a root cause. The goal is to collect data based on the identical instruction in the pilot programs. All four pilot sites have the same levels of program evaluation so we should be able to acquire some good data.

GQIP Presented Ms. Kara Allard

MS. Allard gave some highlights from the November NSQIP meeting. Dr. Jonas Goldberg from Illinois was featured speaker and the focus of the day was on Opioids and pain management. Opioids are widely used in the general surgical population. There was some group discussion around custom variables, data collection and developing some specific opioid prescribing recommendations for various operative procedures based on the Illinois/Michigan/Hopkins group study that many are

looking to in altering their opioid prescribing patterns. GQIP sent this out to last Friday are we are awaiting feedback. Nothing current exists for trauma injury opioid prescribing guidelines, perhaps due to the complexities of a trauma patient. Trauma center deliverables for the Spring meeting have been distributed including the drill down on unplanned admits to ICU. External data validation instructions were just sent out last week to our centers and will be due prior to the end of the fiscal year. External data validation is part of the Performance Based Pay Criteria but there are no funds tied to this deliverable for FY2020 year required data submission. The American College of Surgeons (ACS) reached out to GQIP requesting a case study on our statewide renal failure project for publication in ACS bulletin. Ms. Allard will submit end of day tomorrow and it will be published this spring, very exciting for Georgia. Typical protocol is to submit and then be contacted by ACS so to have ACS contact us to submit is great for our State of Georgia.

MOTION GTCNC 2020-01-02:

I make the motion to adjourn the meeting.

MOTION BY: Vic Drawdy
SECOND BY: Dr. James Smith
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Commission meeting ended at 12:16 PM

Minutes crafted by Elizabeth M. Atkins, Dr. Regina Medeiros, and Erin Bolinger

Attchment A

Senate Health & Human Services Committee

Ben Watson – R (Savannah) Chair

Dean Burke – R (Bainbridge) Vice Chair

Greg Dolezal – R (Cumming) Secretary

John F. Kennedy – R (Cumming) Ex-Officio

Gloria S. Butler - D (Stone Mountain)

Bill Cowsert - R (Athens)

Steve Henson - D (Stone Mountain)

Chuck Hufstetler – R (Rome)

Lester G. Jackson - D (Savannah)

Kay Kirkpatrick - R (Marietta)

William T. Ligon, Jr. - R (Brunswick)

Nan Orrock - D (Atlanta)

Renee Unterman - R (Buford)

Larry Walker, IIII - R (Perry)

House Appropriations: Health Subcommittee

Butch Parrish - R (Swainsboro) Chairman

Darlene Taylor – R (Thomasville) Vice Chair

Matt Dollar – R (Marietta)

Pat Gardner – D (Atlanta)

Lee Hawkins – R (Gainesville)

Carolyn Hugley – D (Columbus)

Jesse Petrea – R (Savannah)

Ron Stephens – R (Savannah)

Attachment B

Georgia Trauma Commission AFY20 Proposal

System Component	Initiative	Description - System Enhancements	Rationale & Future Implications	Alignment with Governor's Strategic Plan	Cost
Level III Trauma Centers	TQIP & ACS Consultative Support	Enable funding to support participation in American College of Surgeons (ACS)Trauma Quality Improvement Program (TQIP) - $19K for ACS Consult & $7879 for TQIP = $26879 total per center) $196K for all Level III Trauma Centers	Supports O.C.G.A. § 31.11.100 - 103 requirement for ongoing monitoring and quality surveillance for designated trauma centers; enables Georgia to look at quality outcomes for injured Georgian's and help promote best practices across our entire state	Lower costs, improve quality, and increase access to quality healthcare in every region	$ 200,000
Level III Trauma Centers	Increase base funding	Increase base funding for Level III Trauma Centers by $20k (35%) per center to support Trauma Medical Director and Trauma Program Manager participation in state & national TQIP meetings	Current funding level does not provide adequate support for Level III participation and integration within the state trauma system	Increases collaboration among stakeholders and supports quality improvement initiatives	$ 80,000
Level IV Trauma Centers	Increase base funding	Increase base funding for Level IV Trauma Centers by $5k (35%) per center to support the Rural Trauma Team Development Course initiative as well as offsetting costs of other critical components of the rural trauma center	Current funding level does not provide adequate support for education or operational components of the trauma program	Develop skilled workforce to provide lifesaving care at Georgia's most rural trauma system care entry points	$ 20,000
Rural Trauma Centers	System expansion	Start-up grants for new centers in targeted underserved areas	Targeted, data-driven system expansion into underserved areas	Strengthens rural Georgia & increases access to quality trauma care	$ 300,000
Unfunded Trauma Centers	Funding expansion	Only 26 of 34 designated centers are currently funded through the Georgia Trauma Commission; a one-time injection of funding for each nonfunded center to cover trauma registry and readiness costs	To provide support for the 24% of our trauma centers that are currently unfunded due to limitation in current funding.	Strengthens rural Georgia & increases access to quality trauma care	$ 750,000
Level I & II Trauma Centers	Increase base funding	Increase readiness funding to trauma centers	Augments the current seven cents on the dollar rate at which the current funding methodology provides	Ensures continued access to limited critical resources of tertiary trauma care	$ 4,289,437
Pre-hospital	Equipment grants	EMS equipment grants	Provides for life sustaining equipment on for each 911 response ambulance in Georgia	Provides access to life sustaining equipment to all Georgians	$ 1,123,977
			TOTAL		**$ 6,763,414**

FY19 Super Speeder Revenues (HB 160)		
Super Speeder Fines	$	16,450,602.00
HB 160 Reinstatement Fees	**$**	**7,045,223.00**
Total	$	23,495,825.00

HB 160 Reinstatement	$	7,045,223.00
Governor's Reductions		4%
Reduction Amount	**$**	**281,808.92**
Total	**$**	**6,763,414.08**

AFY20 Breakout of Cost to Fund Designated Trauma Centers Not Included in Current Funding Methodology

LEVEL 4	**FUNDING COSTS**	
POLK	$	13,676.00
APPLING HEALTHCARE	$	13,676.00
WINN ARMY COMMUNITY HOSPITAL	$	13,676.00
LEVEL 3		
HCA FAIRVIEW PARK	$	57,353.00
HCA CATERSVILLE MEDICAL CENTER	$	57,353.00
WELLSTAR COBB HOSPITAL	$	57,353.00
LEVEL 2		
DOCTORS HOSPITAL OF AUGUSTA	$	265,627.00
PEDIATRIC CENTERS		
CHILDREN'S HOSPITAL-AUGUSTA UNIVERSITY (LEVEL 2)	$	265,627.00
TOTAL	$	744,341.00

Includes Readiness & Registry Funding; Excludes Uncompensated Care

Attachment C

GEORGIA TRAUMA COMMISSION

STRATEGIC PLAN – FIVE YEAR

FY 2020 – FY 2024

410 Chickamauga Avenue, Suite 332
Rossville, Georgia 30741
706-841-2800
georgiatraumacommission.org

EXECUTIVE DIRECTOR
Elizabeth V. Atkins, MSN, RN, TCRN
Liz.Atkins@gtcnc.org

CHAIRMAN
Dennis W. Ashley, MD, FACS
Ashley.Dennis@navicenthealth.org

GEORGIA TRAUMA COMMISSION

AGENCY MISSION

The Georgia Trauma Commission is dedicated to improving the health of Injured Georgians by ensuring access to quality trauma care, coordinating key trauma system components and educating trauma care providers across the multidisciplinary continuum.

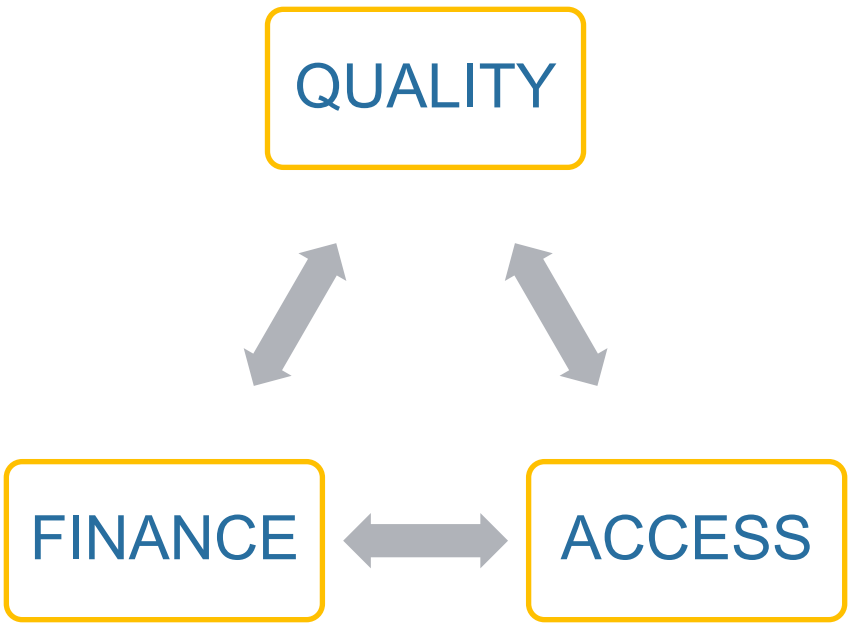
AGENCY VISION

The Georgia trauma system will become a top tier trauma system that provides the highest quality care and education through discovery and innovation.

AGENCY CORE VALUES

- **STEWARDSHIP**
  Manage resources responsibly and bring value to patients and taxpayers
- **INTEGRITY**
  Demonstrated thorough accountability, ethical behavior, transparency, and reliability
- **INCLUSIVITY**
  Ensure teamwork, collaboration and inclusion of a diverse stakeholder group

CORE PILLARS



ENVIRONMENTAL SCAN

STRENGTHS

- The Georgia Trauma Commission works collaboratively with other entities and agencies across all 159 counties
- High level of trauma stakeholder engagement
- Strong partnership with Office of Emergency Medical Services & Trauma
- Highly skilled, experienced staff
- National recognition of Georgia's Stop the Bleed initiative focused on public school distribution of bleeding control kits and coordinated training efforts

WEAKNESSES

- Small staff for large number of institutions & agencies served
- Lack of specialized trauma care in every Emergency Medical Services region
- Impact of potential proliferation of trauma centers in areas with demonstrated access without increasing access in underserved areas
- Long standing legacy processes around operational processes (IT infrastructure) as well as contracting practices (fund requests, accountability for meeting deliverables).

OPPORTUNITIES

- Expand collaboration with other entities and agencies across Georgia
- Inclusion of rehabilitative services in stakeholder group
- Develop/Define Georgia Trauma Commission's role within existing injury prevention infrastructure | maximize partnerships (do we fit in with existing infrastructure within the state, is current infrastructure too broad)
- Transparency in financial reporting for all funded stakeholder entities

THREATS

- Lack of dedicated funding source – funds from super speeder and fireworks excise tax are allocated to the general fund
- High risk of trauma centers dropping out of the trauma system
- Budget reductions limit ability to provide training to improve clinical skills
- Managing the expectation gap about Georgia Trauma Commission's role within the trauma system
- Conflict around equitable rural vs. urban funding distribution limits the ability to remove barriers and stalls progress aimed at improving outcomes for all Georgians

GOAL ONE - QUALITY

Develop, maintain and expand partnerships to foster collaboration around outcomes for injured patients

MEASURABLE OBJECTIVE 1

Establish State Trauma Advisory Committee (STAC) and hold at least two meetings by December 31, 2020

- **STRATEGY 1**
  Identify members for multidisciplinary advisory group, consisting of appropriate representation of stakeholder groups across the full spectrum of care to guide recommendations for trauma care delivery to optimize trauma care across the continuum
- **STRATEGY 2**
  Detail purpose and scope of work for STAC to ensure focused and efficient meetings in order to achieve desired outcomes
- **ANTICIPATED BENEFIT(S)**
  Provides platform for collaboration between Georgia's regional trauma advisory council and facilitates stakeholder input into system improvements
- **COST ESTIMATE**
  No additional costs anticipated

MEASURABLE OBJECTIVE 2

Create dashboard to enable tracking and reporting of funded education efforts with associated geo mapping of coverage by June 30, 2021

- **STRATEGY 1**
  Develop process for monthly reporting of the number of personnel trained through the grant process
- **STRATEGY 2**
  Survey EMR and EMT dropouts to determine reasons for program non-completion (e.g. travel, secured alternative means of employment)
- **STRATEGY 3**
  Survey hospital based clinical staff to determine barriers to participating in grant funded educational offerings
- **ANTICIPATED BENEFIT(S)**
  Identifies gaps in educational offerings & aids in targeting areas for future program offerings
- **COST ESTIMATE**
  No additional costs anticipated

GOAL TWO - TRAUMA CARE ACCESS & DATA

Provide data, research & evaluation of the Georgia Trauma System to inform strategic decision making & resource allocation

MEASURABLE OBJECTIVE 1

Secure data platform for statewide risk adjusted benchmarking by June 30, 2024

- **STRATEGY 1**
  Create a study committee to evaluate existing data platforms and make a recommendation with budget and timeline for implementation
- **STRATEGY 2**
- Develop targeted research agenda to address high priority system needs identified by STAC
  ANTICIPATED BENEFIT(S)
  Enables more contemporary risk adjusted outcomes reporting to trauma centers; facilitates quicker improvements in care delivery
- **COST ESTIMATE**
  Data platform cost estimate $150,000. Additional funds will be required for personnel to assist with data analysis as well as ongoing software maintenance fees

MEASURABLE OBJECTIVE 2

Complete ACS Trauma System Consultative Visit by June 30, 2022

- **STRATEGY 1**
  Complete trauma system gap analysis (date)
- **STRATEGY 2**
  Convene a multidisciplinary working group to compile and complete the documents necessary for the system consultative visit (date)
- **STRATEGY 3**
  Survey hospital based clinical staff to determine barriers to participating in grant funded educational offerings
- **STRATEGY 4**
  Use system consultative visit report to drive revisions to trauma system state plan
- **ANTICIPATED BENEFIT(S)**
  Critical analysis of the current system status including its challenges and opportunities and provides recommendations for system improvement and enhancement
  COST ESTIMATE
  $65,000, included in AFY2019 budget

GOAL THREE - FINANCE

Create a transparent, concurrent financial reporting process to include business intelligence tools that support real time decision making and support stakeholder financial accountability.

MEASURABLE OBJECTIVE 1

Decrease contract delivery time from x days from the start of fiscal year 2019 to y days from the start of fiscal year 2022

- **STRATEGY 1**
  Re-establish quarterly (at a minimum) budget subcommittee meetings to establish and evaluate funding priorities
- **STRATEGY 2**
  Develop budget submission template for use with all GTC contracted entities
- **STRATEGY 3**
- Expand performance-based pay criteria reporting that is inclusive for all programs and stakeholders that receive funding
- **STRATEGY 4**
  Set cadence for performance-based pay criteria development and approval to include key deliverables summary, score card and associated support tools by June 30, 2020
- **ANTICIPATED BENEFIT(S)**
  Improves customer service for stakeholders, supports compliance with contract deliverables & facilitates timely invoicing for funds
- **COST ESTIMATE**
  No additional costs anticipated

MEASURABLE OBJECTIVE 2

Decrease the number of open purchase orders from x for FY 2019 to y in FY 2022

- **STRATEGY 1**
  Develop transparent concurrent financial reporting process for all stakeholder distributions to include open purchase orders, encumbered and unencumbered funds
- **STRATEGY 2**
  Collaborate with Georgia Department of Public Health Finance team to optimize procurement process
- **ANTICIPATED BENEFIT(S)**
  Ensures timely payment for programs/services & optimizes use of available funds
- **COST ESTIMATE**
  No additional costs anticipated

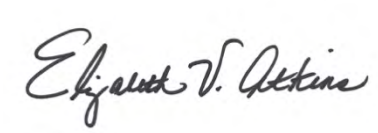
GOAL THREE - FINANCE

Create a transparent, concurrent financial reporting process to include business intelligence tools that support real time decision making and support stakeholder financial accountability.

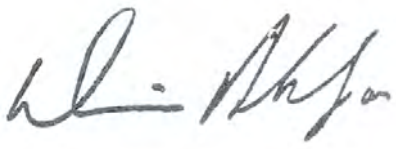
MEASURABLE OBJECTIVE 3

Assess current trauma funding scheme and implement revised trauma center funding scheme for the FY2023 contract cycle

- **STRATEGY 1**
  Establish meeting frequency for GTC budget subcommittee to enable more facile business decision making
- **STRATEGY 2**
  Expand GTC budget subcommittee to include broad representation of stakeholder group
- **ANTICIPATED BENEFIT(S)**
  Safeguards fair and equitable distribution of funds
- **COST ESTIMATE**
  Project itself does not incur costs but amendments to funding scheme (e.g. bringing more trauma centers into the funding pool) is expected to cost an additional $750,000-$1M to include registry support, readiness funds and uncompensated care



Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director, Georgia Trauma Care Network Commission



Dennis W. Ashley, MD, FACS
Chairman, Georgia Trauma Care Network Commission

Approved by Office of Planning and Budget 12.11.19

GEORGIA TRAUMA COMMISSION

- **Dennis W. Ashley, MD, FACS, FCCM**
  Chair, Georgia Trauma Care Network Commission
  Milford B. Hatcher Professor
  Chair Department of Surgery
  Mercer University School of Medicine
  Director of Trauma and Critical Care
  Medical Center, Navicent Health

- **James R. Dunne, MD, FACS**
  Vice Chair, Georgia Trauma Care Network Commission
  Chief of Trauma & Surgical Critical Care
  Memorial University Medical Center

- **Regina S. Medeiros, DNP, MHSA, RN**
  Secretary/Treasurer, Georgia Trauma Care Network Commission
  Trauma Program Director
  Augusta University Health

- **John C. Bleacher, MD, FAAP, FACS**
  Chief, General Pediatric Surgery
  Medical Director, Trauma Services
  Children's Healthcare of Atlanta

- **Robert S. Cowles III, MD**
  Founder, Cowles Clinic Center for Urology

- **Victor L. Drawdy**
  NRP Program Director
  Air Evac Lifeteam

- **Fred Mullins, MD, FACS**
  President and Medical Director
  Joseph M. Still Burn Centers, Inc.

- **James Smith, MD, FACEP**
  Emergency Department Medical Director
  Gwinnett Medical Center

- **Courtney Terwilliger**
  EMS Director
  Emanuel Medical Center

Attachment D

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., **Commissioner** / Brian Kemp, **Governor**

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

TRACKING AND RESOLUTION PLAN

- DPH will send official letters to trauma centers that have been verified by ACS to reflect Georgia designation.
- Follow up on current corrective action plans and obtain corrective action plans from centers that had recent consults with deficiencies identified.
- Future quarterly reports will include a status on active corrective action plans from those centers.
- Regular scheduled meetings between DPH and GTCNC.
- Visits to centers by Trauma Program Director and GTCNC Director to assist struggling centers on needs assessments.

Hospital Name	Last Designation Site Visit (GA)	Expiration Date	ACS Consultative Visit	ACS Verification Visit	ACS Re-verification	ACS Status (Current)		Georgia Visit	Comment
DD	4/1/08	6/13/22	5/1/18	6/13/19		ACS Verified- revisit 6/2022			
C	8/1/12	4/1/20	3/1/13	12/1/14	4/1/17	ACS Verified- revisit 2020			
E	3/1/05	4/1/22	2/1/13	4/1/16	7/1/19	ACS Verified - revisit 7/2022			
F	3/1/10	3/1/13	3/2/13	schedued		Pending ACS Verification visit 3/4/2020			Pending ACS Verification visit 3/4/2020
A	6/1/11	6/1/14	3/28/19	6/18/20		Pending ACS Verification visit 6-18-2020			Pending ACS Verification visit 6-18-2020
R	11/1/14	2/1/21	12/1/15	2/18/18		ACS Verified revisit 2/21			
K	3/1/08	3/1/11	4/18/18	not scheduled			12/22/22	Need state visit	
L	6/1/12	6/1/15	6/1/16			Pending ACS Veirfication 6/11/2020			
M	6/1/08	8/1/11	8/18/18	not scheduled		Consult on 8/18/18		Need state visit spring of 2020	
G	12/1/09	9/1/12	2/1/19			ACS Consult on 2/01/19		Changed status to Level III state visit summer 2020	
O	12/1/13	12/1/16	no consult	12/5/18		ACS Verified revisit 12/2021			
H	12/1/10	12/1/13	11/7/19			Pending ACS Verification visit report			
J	11/1/10	11/30/13	2/13/19			Pending ACS Verification visit 2021			tabletop on 10/2017
N	11/1/11	11/1/14	8/1/16			Pending ACS Verification visit 3/23/2020			Pending ACS visit 3-23-2020
P	11/1/07	8/1/21	9/1/11	9/1/15	6/7/18	ACS Verified - revisit 6/2021			
HH	5/1/18	5/1/21	N/A	N/A	N/A	N/A		Redesignation 5/2021	
V	11/7/17	11/7/20				Possible ACS Consult		Redesignation 11/2020	
DD	9/1/16	9/1/19	N/A	N/A	N/A	N/A		Redisignation 11/19 completed	Awaiting final DPH letter
Q	11/1/08	11/1/11				Possible ACS consult		Due State visit spring 2020	Tabletop 03/05/2018
U	11/9/18	11/1/21						Redesignation due 11/2021	
S	6/2/11	6/1/14						State vist spring 2020 (reduce to Level IV)	
JJ	8/19/19	8/1/22		N/A	N/A			Redesignation 8/2022	
CC	5/23/16	5/23/19	N/A	N/A	N/A	N/A		Fall of 2019	Being scheduled for spring 2020
W	10/25/17	10/25/20	N/A	N/A	N/A	N/A		Redesignation due10/2020	
X	6/13/12	6/13/15	N/A	N/A	N/A	N/A		Need state visit summer 2020	
Y	4/30/14	4/30/17	N/A	N/A	N/A	N/A		Need state visit spring of 2020	
Z	12/3/10	12/3/13	N/A	N/A	N/A	N/A		Need state visit spring of 2020	
GG	1/7/19	1/1/22	N/A	N/A	N/A	N/A		Redesignation 1/2022	
EE	2/27/18	2/27/21	N/A	N/A	N/A	N/A		Redesignation 2/2021	
B	9/14/11	10/28/21	9/30/16	10/28/18		ACS Verifified - revisit 2021			
I	8/30/11		2/1/18			ACS Verification visit 4/27/2020			
KK	N/A	N/A	5/1/18	6/13/19		ACS Verified -revisit 6/2022			
BB			ABA	ABA	2/20/19 visit	Verified by ABA - revisit 2/2022		Verified by ABA - revisit 2/2022	
AA			ABA	ABA	8/1/19	Verified by ABA - revisit 8/2022		Verified by ABA - revisit 8/2022	

Attachment E

www.georgiatraumafoundation.org

GEORGIA TRAUMA FOUNDATION	QUARTERLY REPORT - 12/30/2019
RESEARCH	
Trauma Research Grants:	
- FY19	Foundation Funded: Two (2) $10,000 Grants Commission Funded: Six (6) Grants totaling $990, 000 (Next report in May, 2020)
- FY20	Foundation Funded: Two (2) $10,000 will be awarded in 2020, applications avaible on website on 1/15/20
Discussion/Feedback	*Will the Commission fund more research in the future?*
EDUCATION	
Trauma System Education	All upcoming dates and locations in GTCE report and posted on website
- FY20, Q1	Day of Trauma, ICD-10 Trauma Coding Course,
- FY20, Q2	TCAR Southwestern Trauma & Acute Care Symposium (4 locations, 5 dates)
Discussion/Feedback	*Working with decreased budget*
INJURY PREVENTION	
Injury Prevention Summit	Pre-conference event, March 18, 2020, Chateau Elan, Braselton
Injury Prevention Grant Process	Received 25 Letters of Intenet by December 20, 2019 deadline. Application submission deadline is Feburary 7, 2020.
Discussion/Feedback	
TRAUMA AWARENESS DAY	
Trauma Awareness Day & Injury Prevention Showcase	Feburay 20, 2020, Georgia State Capitol & Georgia Freight Depot RSVP to attend on website
Discussion/Feedback	
BI-ANNUAL MEETINGS	
Georgia Trauma Symposium & Spring Meetings	March 18-20, 2020 - Chateau Elan, Braselton Registration open on website.
Day of Trauma	August 7, 2020 - King & Prince, St, Simons Island
Discussion/Feedback	*Still looking for topics, speakers, vendors*
NEW PROGRAMMING	
Camp for Traumatically Injured Children	Partner with Camp Twin Lakes, Summer 2021
Discussion/Feedback	*Planning committee will be formed in early 2020*
FUNDRAISING	
Time Out for Trauma Gala	June 27, 2020 Porsche Museum & Experience Center, Atlanta
Development Director	Now Hiring for position
Discussion/Feedback	*Upcoming campaign for camp and more events in 2020*

Attachment F

Georgia Committee for Trauma Excellence
Report for Georgia Trauma Commission
January 16th, 2020

Trauma Registry Subcommittee

- Meetings:
  - Our meeting schedule for FY2020: 7/11/19, 9/12/19, 11/7/19, 1/9/2020 *(peds focus)*, 5/7/19
  - Our next meeting is on January 9, 2020
- Working on completing the State Data Dictionary.

No updates- No meeting in December

Performance Improvement Subcommittee

The original list of requests were:

1. Custom reports in Report Writer
2. Hypothermia effects on trauma patients
3. Site visits information
4. More support for Level III & IV
5. OPPE
6. SBIRT process for PI
7. PIPS process
8. TQIP reports
9. NSA and geriatric trauma
10. Demonstrate Loop-closure
11. Share poster presentations from site visits

- For 2020:
  - We will continue with the current leadership of Anastasia Hartigan as the PI Subcommittee Chair
  - November and December meetings will be focused on our strategies and plans for 2020.
    - An increased focus on the needs for the Level III and VI centers will be part of that planning.
    - John Pope from Cartersville Medical Center has volunteered and will be assisting with the collaboration of these centers and back to the main group.

Pediatric Subcommittee

- The Pediatric Sub-committee has completed the Pediatric Imaging Guideline Toolkit and continues with distribution. Norma Campbell, Director of EMS-C, has agreed to help with state-wide distribution as she has a comprehensive list of hospital contacts
- Kara has purchased the images for the educational video in the toolkit and has put background music to it.
  - We had multiple requests for the guideline toolkit after the TQIP presentation and will now be able to share it

Injury Prevention

The last Injury Prevention Subcommittee Meeting was held on December 12th.

Currently, we are working on planning this year's Trauma/Injury Prevention Day at the Capital on 2.20.20 and Injury Prevention Summit slated for 3.18.20 to be held in conjunction with the Trauma Symposium in the spring.

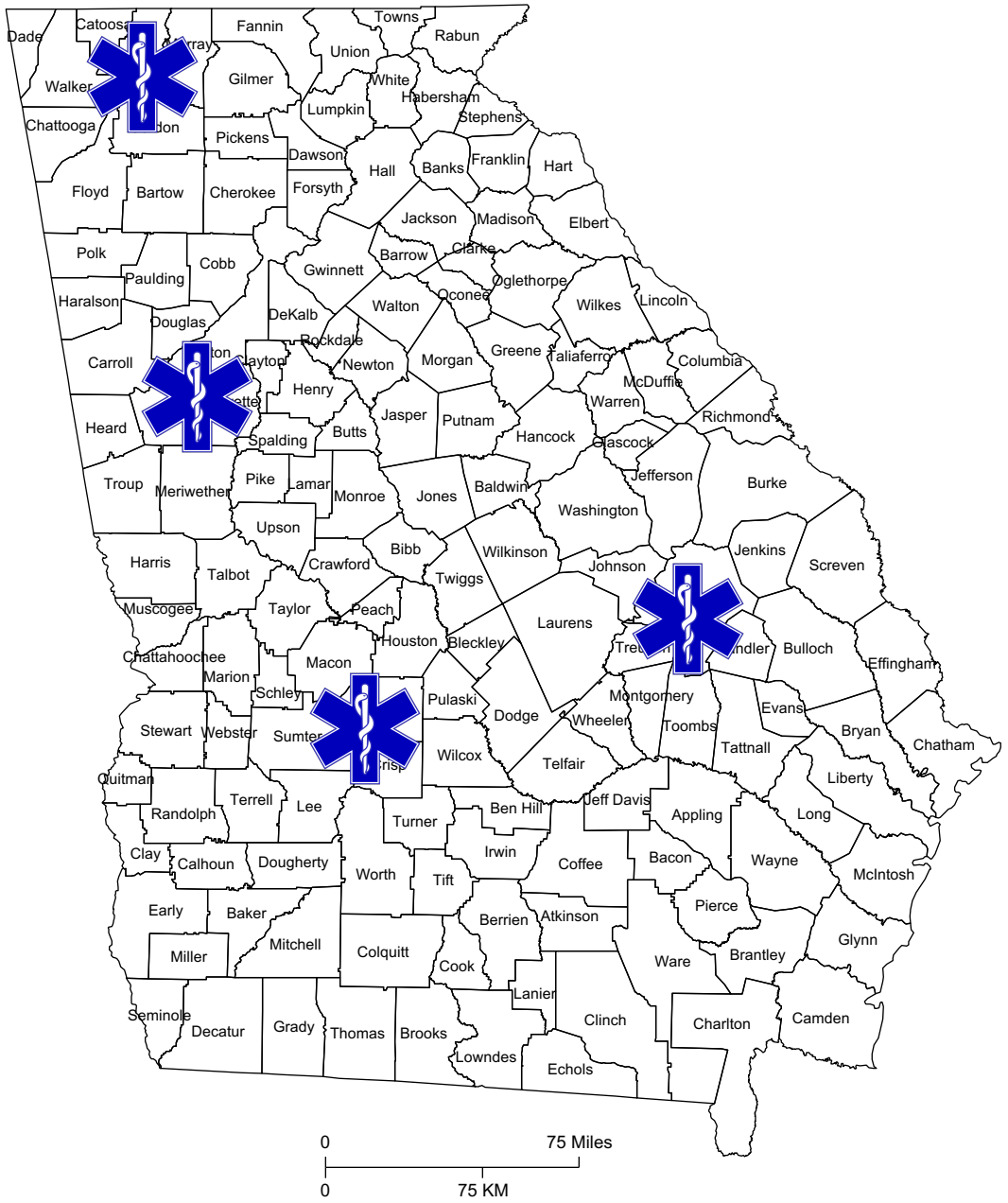
Education Subcommittee

The Education Subcommittee has been able to get some courses scheduled for early 2020. The spreadsheet has been provided to the GTC.
The subcommittee is still in need of some ENPC champions to direct these courses.
We are confirming TCRN review date for May.

Report respectfully submitted by:
Karen Hill, BSN, RN, CPEN
Chairman, Georgia Committee for Trauma Excellence

Attachment G

Georgia Trauma Care Network Commission Online EMS Training Pilot Project



The Need

- Urgent Need in Georgia for EMS Personnel
  - High Turnover
    - Pay
    - Work Hours and Conditions
    - Other Opportunities in the Healthcare Professions
- Lack of Availability of EMT Training Programs
- Cost of the Training
- Poor Pass Rates on National Registry Boards
- High Turnover Rates

Potential solutions

- In 2019 Governor Kemp Added EMS Programs to the Critical Needs List
- Pilot On-Line EMS Training
- State Office of EMS Working to Improve Education Process
- Legislature Allocated Funding for 10 Regional EMS Training Officers

Advantages of the On-Line Training

- Easy For Any EMS Agency to Use
- Less Costly for the Student
- Could be Replicated in High School Environment

Pilot Design

- Two providers
  - Allied Health Training, Minneapolis, MN 10 years experience
  - University of Texas Southwest Medical School, Dallas, TX 3 years experience
- Each program delivered in two sites (one site using 6 week vs. standard 12 week format)

Summer 2020 Pilot Evaluation

- 3 levels of Evaluation
  1. Student Perceptions (smile sheets)
  2. Course and NREMT Quiz and Exam results
  3. Supervisor evaluations/HR stats after 6 months and 1 year

     Also agency management perceptions of contribution to Agency effectiveness

     And Instructor perceptions and feedback
- After Level 1 and 2 evaluation conference in May/June we propose to begin another set of four adjusted classes, based on the preliminary feedback developed

Fall 2020 Final Report on Initial Pilot Project

GTCNC, through **GEMSA**, ~20 person pilots of a hybrid, online/hands-on training program to prepare selected people to take the National Registry Examination for EMT Certification. Students recruiting by the 4 agencies doing the training. Graduates are to be hired by GA EMS agencies if not already employed there.

In addition to the online classes students receive 40-60 hours of hands-on training, clinical ride-along, and NREMT Skill Tests at one of four selected agency classrooms under GA State Certified Instructors.

<u>Four sites:</u>

Dalton – Hamilton Healthcare EMS

Training began in January in Dalton. A 12 week version of the course will graduate in April 2020

Newnan – Coweta County Fire & EMS

Training began in January in Newnan. A 12 week version of the course will graduate in April 2020

Swainsboro – Emanuel County EMS

Training began in January in Swainsboro. A 12 week version of the course will graduate in April 2020

Albany – Gold Star Ambulance

Training began in October in Albany. A six week version of the course will graduate in January 2020