

Approved March 14, 2019



**GEORGIA TRAUMA
COMMISSION**

GEORGIA TRAUMA COMMISSION

**Thursday, 17 January 2019
Macon Marriott City Center
240 Coliseum Drive
Macon, Georgia 31217**

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston Billy Kunkle Katie Hamilton Renee Morgan David Newton Michael Johnson Kelly Joiner Tamantha Crumbie Marie Probst Lisa Dawson Mark Peters Kristal Smith Stephanie Gendron	Georgia Trauma Commission, Executive Director Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff DPH/OEMST DPH/OEMST OEMST Cardiac Care OEMST DPH/OEMST DPH/OEMST DPH/IPP RTAC III RTAC V RTAC IX

Kara Allard	GQIP
Becca Hallum	Georgia Hospital Association
Lori Mabry	Georgia Trauma Foundation
Liz Atkins	Grady Memorial Hospital
Sharon Nieb	Surgery Prevention Research Center-Emory
Farrah Parker	JMS Burn Center at Doctor's Hospital
Scott Maxwell	Mathews & Maxwell, Inc.
Karen Hill	CHOA
Kate Bailey	Memorial University
Jesse Gibson	NGMC
Dr. Charles Richart	NGMC
Janel Schwalbe	Gwinnett Medical
Gina Solomon	Gwinnett Medical
Kelly Franklin	Archbold
Patricia Newsome	Augusta University
Farrah Parker	JMS Burn Center
Susan Bennett	JMS Burn Center

Call to Order: 8:35 AM

Quorum Established: 9 of 9 commission members present.

Welcome/Chairman's Report

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone. Dr. Ashley discussed the alignment of the Commissions budget planning with the Governor's budget. Typically, the January meeting is for strategic planning, however we began planning this year at the August meeting to align better with the state budget.

Administrative Report

Presented by Dena Abston

Ms. Abston advised the Commission about the contents of the member's folders to include the Administrative report, Mr. Kunkle's system planning report along with Region 4 and Region 8's trauma plans for review and approval. Also, in the folder are the minutes for all recently held meetings.

MOTION GTCNC 2019-01-01:

I make the motion to approve the meeting minutes from the November 2018 meeting as presented.

MOTION BY: Victor Drawdy

SECOND BY: Dr. James Bleacher

VOTING: All members are in favor of motion.

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

Ms. Abston reviewed the most recent super speeder revenue report from the Department of Driver Services. Legislative session is currently ongoing with the first order of business being the transition of Governors. The Governor's budget report should be presented today, and we should have confirmed AFY2019 and projected FY2020 budget information. Ms. Abston explained to Dr. Dunne how they come up with the additional funding and the role that the Department of Driver Services plays into our budget. The budget report release will be beneficial to streamlining of our strategic goals. Ms. Abston made mention of the NBC Stop the Bleed spotlight recently and reported upon additional spotlights that the Georgia Stop the Bleed program will be a part of.

Ms. Abston reviewed the FY18 Trauma Centers funding report. It is presented by levels and covers readiness funds and uncompensated care claims. Ms. Abston briefly touched on the FY18 closing budget and advised the Commission that we would be coming in at around \$ 8,000.00 which is like last year's return. There were no additional questions for Ms. Abston from the Commission.

System Planning/ RTAC Report

Presented by Billy Kunkle

Mr. Kunkle began with an update to the Stop the Bleed school response program with over 60,000 trained at this time with over 70,000 trained in our state. ACS is reporting about 600,000 trained nationwide. We have most of our state schools training either completed or in progress with 78% of our schools in receipt of the kits. Mr. Kunkle reported. The school bus program will need an additional \$13,000.00 in funds to equip the remaining of the 20,000 school buses in state and will request funds if we do receive additional funds in the amended FY19 budget. Mr. Kunkle reported on purchasing and distribution of the blue Stop the Bleed trainer kits. Mr. Kunkle reported on the collaboration with ACS on an instructional video. There is a new version of Stop the Bleed being released at the upcoming Committee on Trauma

conference. The updated version is the same step by step, ACS is condensing the training to simplify further and is to release this in March 2019. Due to the holidays there is not progress to report on the Emergency department training or the development of the training network between the local RTACS, DPH, Emergency Preparedness, and MAG/MRC.

Mr. Kunkle reported in collaboration with those on the Stop the Bleed Committee would like to see a statewide training scale beyond those in the healthcare field. It is required of high school students to receive CPR training prior to graduation and they would like bleeding control training incorporated and required. It is a large task but there is discussion on how we can branch out beyond medical professionals. Dr. Ashley made mention of a local outreach coordinator that because she was not a medical professional, she was not allowed to teach the course, but she was in charge of our injury prevention and many other things and in his opinion completely capable to administer the course. Mr. Kunkle said originally ACS only wanted trauma surgeons to train. This topic has been brought up nationally at our COT meetings and there is discussion on how to allow more trained and trainers beyond the medical field and Dr. Ashley is awaiting their decision. Dr. Dunne asked if our state program was being implemented in other states at this time. Mr. Kunkle has had calls from other states, but Georgia is the leader in this and the model state for others. Ms. Smith is working on a database of Stop the Bleed instructors. Ms. Smith reported on its completion and its disbursement is coming shortly and the plan to keep it updated. Ms. Medeiros reported on the revamping of the Stop the Bleed infographic. This is a global representation of Commission funded activities. The overall numbers will adjust and there may be some Stop the Bleed not reported as it was not funded by the Commission. Ms. Medeiros wanted to acknowledge Ms. Smith's work in Region V and the instructor platform is extremely helpful. Dr. Ashley wanted to say thank you to the Committee and all of them for their hard work and kudos to all the regional volunteers. Mr. Terwilliger asked about the kits for the ED's. Those kits have been ordered and shipment has arrived, and Mr. Kunkle reported that those will be distributed soon via RTAC's. Ms. Medeiros made mention of upon completion of the Stop the Bleed school response program that how data is reported to ACS will fall upon course instructors.

Mr. Kunkle reported on region trauma plans and BIS assessments. Region IV and VIII have made significant progress. Mr. Kunkle requested the Commission review the enclosed trauma plans and acknowledged that the plans were becoming more comprehensive as the regions continue to develop and strategize future projects. Mr. Kunkle requests approval from the Commission of the plans presented for IV and VIII. Mr. Drawdy has reviewed them. Mr. Kunkle is pleased with them as presented and believes they are great foundations for development. Ms. Medeiros requests the Commission members discuss the need for perhaps a uniformed foundation for each region and then have each region build upon those components.

Ms. Medeiros believes when the RTAC's were originally established that we had a template to distribute to each region. Mr. Kunkle indicated that there was no template given to Region III when he was the coordinator but that there are basic requirements given with instructions to each region. Dr. Dunne believes each region is different and uniform requirements might not be possible. Mr. Kunkle explained that most regions share similar goals. Dr. Ashley suggests that now that we have most all regions moving forward and with a plan in place that now is the time to streamline and expand from that initial development. Mr. Kunkle agrees and sees much progress and there are teams in place that are working together now. Dr. Dunne agrees but is cautious to get too specific in regional requirements due to all the differences each region has (urban/ rural, distance, size).

MOTION GTCNC 2019-01-02:

I make the motion to approve the Region IV trauma plan as presented.

MOTION BY: Victor Drawdy

SECOND BY: Dr. Robert Mullins

VOTING: All members are in favor of motion.

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

MOTION GTCNC 2019-01-03:

I make the motion to approve the Region VIII trauma plan as presented.

MOTION BY: Victor Drawdy

SECOND BY: Dr. James Dunne

VOTING: All members are in favor of motion.

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

MOTION GTCNC 2019-01-04:

I make the motion to approve the Region X trauma plan as presented.

MOTION BY: Victor Drawdy

SECOND BY: Dr. James Bleacher

VOTING: All members are in favor of motion.

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

Mr. Kunkle believes that these plans are only a start and with further development and regional organization the outcome will be positive. Mr. Kunkle intends to discuss further in the strategic planning portion of the meeting.

Dr. Dunne asked about funds we allocate for contract positions that may not be filled in the year we allocate the funds for. Ms. Abston says we will revisit this at our spring meeting and make decisions on reallocation of funds.

OEMST Report

Presented by David Newton
Renee Morgan

Mr. Newton (Attachment A) updated the Commission on staff additions, documentation guidance, and Cardiac Care designations/ license manager, and our data. Dr. Dunne asked what the role of the 10 regional training coordinators that are being hired by OEMST are. Mr. Newton reported that the legislative intent of these positions is to perform community needs assessments for para medicine programs. They will also be responsible for training and advising on mobile integrated healthcare. These will be helping with PHTLS courses and other trauma related courses. On documentation guidance, the first one put out was on opioid(s) and is to help in coding ICD-10 specific coding. There will be additional resources released for Stroke, STEMI, Cardiac Arrest, and Trauma. We want to be able to aggregate better so this will help medics in code entering. Those mentioned are still in the development stages. Mr. Newton reported on License Manager which will go live July 1st of this year. It will be used for licensing of agencies and medics as well as designations for cardiac, trauma, stroke, and perinatal. The OEMS/T staff is all in training as of now for this. Mr. Newton believes this software will provide a significant decrease in PCR's created per accident. In some instances, there can be as many as 6 PCR's created for one patient, especially if Fire (separate agency) and EMS arrive and transport to Hospital A only to be flown to Hospital B (definitive care). As long as a facility is able to access hospital hub, they will be able to pull the PCR by name. Dr. Ashley asked if this would solve our definitive care issue. Mr. Newton says it will not solve but this will help and they are working on an automated process to define the definitive care metric as we do not want anyone having to manually configure the time to care metric. Mr. Newton reported on how they will address incorrect information. An example would be if someone input Male and pregnant- a validation tool will pop up requiring corrections.

Ms. Morgan reported on the updates to the google map. Ms. Morgan reported on our centers and the re-designations. We are averaging two new centers per year. Dr. Dunne asked about

the trauma center gaps and coverage and suggests we identify potential centers that would fill our gap in trauma care coverage. Ms. Abston discussed the requirements of new centers and the data , we require for a full year prior to designation. It was asked if there are any national guidelines for trauma center placement vs. population. Dr. Ashley said the short answer is no. NBATS released a study a couple years ago and they based the study upon population, distance to centers, etc. In Georgia, we looked at our data and identified this gap of need, what was found once comparing data that it overestimated in larger concentrated populations and under estimated in the more rural less populated areas. The tool has been tweaked and is being tested now. Ms. Medeiros suggests we look at old and new data and see what gaps we have filled.

10-minute Break

Georgia Trauma Foundation

Presented by Lori Mabry

Ms. Mabry reported on the upcoming fundraising event in June in Atlanta at the Porsche center. Also upcoming is the Spring symposium March 14th and 15th at Chateau Elan. The half day symposium has been moved to Friday morning. There is an optimal course being provided the day before and there are still some spots available. Keynote speaker, Dr. Eileen Bulger, chair of COT, we are very excited to host her. Trauma Awareness day will be held in February at the Capitol. We hope as many of you as possible can attend. Ms. Mabry reported on the trauma research grants. There are 17 applications asking anywhere from \$30,000 to \$1 million. Those are currently being reviewed and scored by our outside panel. Ms. Mabry hopes to have results back in early February to allow time for our group prior to March meeting. Dr. Dunne asked about the outside panel. Ms. Mabry says that information will be disclosed in the report the commission will receive once all work is complete by the outside panel. Ms. Mabry's reported that all of this information about upcoming events and education are in the Commission packet and online.

GCTE Report

Presented by Liz Atkins

Ms. Atkins reported about a retreat of the subcommittee chairs yesterday and discuss 2018 achievements and setbacks and what we want to accomplish in 2019. Relative to what the Commission will come up with the GCTE would like to create a charter and get the work done in 2019. GCTE is a group of volunteers and with ACS verifications and the day to day it can be tasking to complete the work like the data dictionary, but we need to work on completing what we feel is beneficial to our system. Having a charter will allow GCTE to hold more accountability. GCTE believes they are reaching a lot in the education but need more in the rural areas. They'd like to increase engagement in the rural areas and there is a format being created to help us streamline. We also will be working on a course instructor database. We want to create a

statewide standardize trauma education program. A lot of our rural centers have physicians that could be of any practitioner set which means these areas need strong nursing units to assist the doctors in transfers. Ms. Hartigan who leads our PI subcommittee has developed the under triage and the admission non-surgical tool kit. The tool kits are shared with the group and available for the centers to use and should be helpful for your ACS visits. There is a lot of work and this is a volunteer basis committee, so we are working with this group to get some attainable goals set with those dedicated to the results. For registry subcommittee, last year the change process was approved for data elements. It takes NTDS well over 90 days to make changes and update software. This would require someone to look through a ton of ICD-10 codes.

Our registry vendor is not meeting our needs and it may be time to discuss other software that could help us more. Discussion of eliminating fields and retaining only key ACS required fields. Ms. Morgan explained that the codes are fixed at this time as they occur and then it is communicated out as how to code it. The injury prevention subcommittee has task force that are doing excellent work and because of the established task force no one is having to reinvent the wheel. We have not launched the Stop the Bleed PSA, but we are repurposing those funds for Day of Trauma at the capital. Kate Bailey, our pediatrics subcommittee chair is here to discuss the pediatric imaging guideline developed. The guidelines discuss dosage safety and we will get this information out to the trauma centers and those that are safely imaging children. Ms. Atkins also reported on the collaboration between OEMST, GCTE, and the Commission and make sure the language is consistent and that all are being held to the same criteria.

Discussion of overcrowding in the Atlanta area and diversion. Discussion of long-term patients and hospital length of stay and issues with intaking new patients when a facility is already at capacity. Ms. Atkin believes this is something that needs to be discussed and we need to figure out how to add additional facilities or whatever the answer might be. Dr. Dunne says that this is also occurring in the rural areas and that he has known ICU to be not accepting new patients for a week or more at a time. Ms. Medeiros referenced Page 30 in the Commission book in regarding the Pediatric Trauma imaging guidelines the pediatric subcommittee worked on. It is requested that the Commission endorse the guideline. There is unnecessary imaging prior to transferring to a pediatric trauma facility. Dr. Bleacher explained that 2/3 to 3/4 of patients that come to Children's Hospital of Atlanta have been transferred from another facility and it is his belief that the standards and protocols in the adult centers are more imaging based and radiation exposure has different meaning to a child with growing bones. Dr. Bleacher requests that if prior to a pediatric patient transfer that if a facility plans to do an imaging that they are imaged appropriately and if there is any question about it just delay the imaging until arrival at a pediatric facility. Dr. Dunne says that in adult hospitals the same thing exists and is a constant challenge when a rural non specialized hospital does any imaging and they arrive at a facility like Memorial we have to re do the imaging again. Discussion came about with requested changes to the presented pediatric imaging guidelines. Dr. Dunne does have concerns about the legalities of the Commission endorsing a treatment guideline. It was discussed that a guideline is a suggestion but not a protocol or a mandate. Dr. Richter discussed rearranging some of the guideline. Dr. Dunne asked about the plain film usage being a national guideline. Dr. Bleacher said yes. Dr. Richter said only a pediatric radiologist should handle this procedure. There was also discussion about how we can expand pediatric trauma care education across the state.

Dr. Cowles wanted to discuss diversion and believes it needs to be addressed in a large way. He requests we have a discussion during strategic planning session despite his absence.

EMS Subcommittee Report

Presented: Courtney Terwilliger

Mr. Terwilliger reported on challenges in the rural community. Funds are dispersed differently, and it is a distinct shift in how it has been prior. His area is looking into this further. Mr. Terwilliger reported on the AVLS program and is proud of the AVLS network. At this time almost every county in Georgia is utilizing the AVL system. Mr. Terwilliger attached Mr. Tim Boones most recent AVLS report. Mr. Terwilliger would like to discuss cadaver labs in the afternoon strategic planning session.

GQIP Collaborative

Presented: Ms. Kara Allard

Ms. Allard referred to Page 22 of the Commission packet and gave a brief overview of high-level goals and activities for FY19 and supporting information as to what projects are completed at this time. MS. Allard gave an overview of the Acute Kidney Injury guidelines. GQIP is also working on establishing online and ongoing education resources in support of data quality. There is a web-based presentation and a refresher of TQIP. Ms. Medeiros discussed the definition difference between centers and from a registrar perspective it is challenging to understand some of the components of the definition. They have put a group together of specialists that in a room decided if a patient was truly a VAP patient or not and they decided if that was data to be included on the registry. Much discussion about difference between hospital and trauma centers definition of VAP. Requirements for antibiotics and what other centers in other states are doing and are we adhering to the CDC requirement. Dr. Ashley believes this is a good discussion as there is a difference between hospital reporting VAP and trauma centers reporting VAP. He wants to come together with his hospital on the VAP issue. He believes that nationally this is a discussion and an issue for many trauma program directors. There is not a lot of published data at this time, but we should blind data and look at this. Discussion of preexisting pneumonia prior to hospitalization and discussion on VAP continued.

Ms. Allard reporting on the trauma group and statewide results of TQIP data validation survey and results are included on the packet as an overview. Based on the surveys it was found that most importantly we must educate the registrars and program managers on how data validation ties in with data quality.

MAG

Presented: Dr. John Harvey

Dr. Harvey presented annual report to the Commission (attachment B). MAG MRC has 100 uniformed deployable employees. This includes 70 physicians and 30 non-physicians. Dr. Harvey reported on its state responses and the ongoing training and educational efforts.

Dr. Harvey requests \$250,000 from the Commission in the FY20 budget to be used to continue its efforts across the state.

(Lunch – 20 minutes)

Pulsara Presentation

Strategic Planning

Presented: Ms. Dena Abston

Ms. Medeiros reviewed the goal dashboard and presented the format to the Commission. Discussion of items that we accomplished and items that we are still in process with. This dashboard should help with transparency and accountability. Ms. Medeiros and group reviewed line for line each of last year's strategic planning goals for FY18 by quarter. We will discuss at our August meeting FY20 plans and goals. Mr. Kunkle reviewed the Stop the Bleed campaign – the School and School Bus response programs, and its goals and sustainability cost to further the program. The Commission intends to complete these programs in this FY and complete or near completion of the installation of the Stop the Bleed kits in all Emergency Departments in our hospitals across the state. Mr. Kunkle reviewed and believes all requests will be completed in its quarter on time noting that some goals are already processes in place or items in process.

RTAC Optimization FY20 goal with end results being all councils reporting and operating properly. Quarterly targets and action steps were presented, and it is believed to be achievable by Mr. Kunkle. The Time to Care metric with end results being captured time for definitive care at trauma center. David Newton is the owner of this strategic plan and he explained where he is in the data migration and software install and training.

GQIP analysis, infrastructure, and participant engagement is the next FY19/20 goal discussed. Ms. Allard and Dr. Dente are its drivers. Ms. Allard reviewed in depth Q1 goals and confirmed all are met. Q2 results are ongoing with completion of creation of a webinar. Items still to be worked on include education courses like the TCAA registry course, AAAM AIS course, etc. Ms. Allard wanted to present the GQIP goals today prior to taking additional time to compile expenses. Discussion on using amended budget funds for strategic goal completion of software platform is plausible. Ms. Abston received word that we just received the governors AFY recommended budget with an additional 5.8 million to the Commission. The AFY budget will be approved in early February.

The final strategic goal addressed was the ACS verification for all Level I and II trauma centers. Currently Q1 goals are either completed or in process per Ms. Morgan. There was much discussion. Dr. Ashley suggests we stay on top of these goals and work to complete all of them this year so we can develop new goals for next year. Ms. Abston reminded the Commission of the \$100,000 we need to spend. It was suggested by Dr. Ashley to develop a work group to discuss and build concrete recommendations and have those out to the Commission two weeks prior to the March meeting. Dr. Ashley reminded the group that March we have some heavy lifting with the research grants and the injury prevention items and believes those two items will fill our meeting in March. It was decided that a work group would be created, and a doodle poll sent out. Ms. Abston brought up the blinded grant applications and Dr. Dunne suggests we go with the reviewer's advice. Ms. Mabry will compile and send everything out to the Commission in the next couple of weeks.

Other Business

Presented: Dr. Dennis Ashley

Mr. Terwilliger wanted to address the Attorney Generals response to the regional council liability question asked by the Commission. Terwilliger feels better about the RTAC work with the councils with the understanding he has. With that being said he feels there is some overlap of work going on in our state. Some people doing the same work, etc. 16 hold a position with Emergency Preparedness Healthcare coalition. He invited those of the Emergency Preparedness Healthcare Coalition to next RTAC meeting. It appears they are teaching a different bleeding control protocol than the Commission is and Mr. Terwilliger would like to work together with them. Cadaver labs are a home run. We need to host more in rural areas as they are very helpful.. Dr. Dunne says the RTTDC course provides what the cadaver lab provides and physician participation from these rural areas is very low. We need to figure out a way to get these physicians to attend a RTTDC course or cadaver lab.

MOTION GTCNC 2019-01-05:

I make the motion to adjourn meeting.

MOTION BY: Victor Drawdy

SECOND BY: Dr. James Bleacher

VOTING: All members are in favor of motion.

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

Meeting adjourned

Minutes crafted by: Erin Bolinger

