Approved January 17 2018

GEORGIA TRAUMA COMMISSION
Thursday, 16 November 2017
JMS Burn Center at Doctors Hospital
3651 Wheeler Rd
Augusta, GA 30909

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston	Georgia Trauma Commission, Executive Director
Erin Bolinger	Georgia Trauma Commission, Staff
Billy Kunkle	Georgia Trauma Commission, Staff
Katie Hamilton	Georgia Trauma Commission, Staff
Stephanie Gendron	Region IX RTAC
Justin Barrett	Region III RTAC
Lori Mabry	Georgia Trauma Foundation
Sharon Nieb	Surgery Prevention Research Center-Emory
Tracy Johns	Navicent Health Medical Center
Renee Morgan	OEMS/T
Carrie Summers	Georgia Hospital Association
Everett Moss II	Wellstar
Dr. Christopher Hogan	Doctors Hospital of Augusta
Dr. Anastasia Hartigton	Doctors Hospital of Augusta
Doug Welch	Doctor's Hospital of Augusta
Kristal Smith	Navicent/ Region V RTAC
	JMS Burn Center at Doctor's Hospital

Susan Bennett	JMS Burn Center at Doctor's Hospital
Heyward Wells	JMS Burn Center at Doctor's Hospital
Farrah Parker	JMS Burn Center at Doctor's Hospital
Jason Smith	BRCA- JMS Burn Center

Call to Order: 10:01 AM

Quorum Established: 8 of 8 commission members present.

Welcome/Chairman's Report

Presented by Dr. Dennis Ashley

Dr. Ashley began by thanking JMS Burn Center and Doctor's Hospital for hosting the Commission today. Dr. Mullins and Doug Welch, CEO of HCA/Doctor's Hospital of Augusta welcomed the Commission to Augusta. Dr. Ashley proceeded to announce the new governor appointed Commission member, Dr. Regina Medeiros. Dr. Ashley thanked Dr. Jeffrey Nicholas for his service and dedication to the Commission. He was very supportive and very engaged and we are very much appreciative of his work and time with the Commission. Dr. Medeiros has been engaged with the Commission for many years and we welcome her. There have been two recent reappointments, Courtney Terwilliger and myself. Dr. Ashley looks forward to working together, congratulations, and welcome.

The GRIT research update, it has been a very busy and productive year for this group. Dr. Ashley referred to a blue packet within the members report book containing the most recent published articles by the collaborative group in the American Surgeon. The first article July 2017: "A Decade Evaluation of a State Trauma System: Has Access to Inpatient Trauma Care at Designated Trauma Centers Improved?" Dr. Ashley advised that the answer is yes by 20% in all injury categories and in all age groups from pediatrics to adults to the elderly. Dr. Ashley has been trying to get this word out and the common message is the return on the investment with education across the state and all the groups (EMS, Commission, OEMS/T, and others) that make that up. The citizens of Georgia have a 20% chance of survival increase at our Trauma centers and that is the true take home message of the article. Dr. Ashley asks all to work with their legislatures to get this word out and get this information into their hands.

The next article in The American Surgeon – September 2017: "What are the Costs of Trauma Center Readiness? Standardization of Trauma Readiness Costs for Georgia Trauma Centers."

This is based upon the readiness cost surveys that were completed with 2011 data collected. Believe it or not, the states, the ACS, no one really knows what the costs of readiness is. Before this, there was an article published in 1999 from Florida data and it showed very similar trends to ours. Obviously that data is rather old but there are the trends and it appears to be the most common and most costly function of a Trauma center. The clinical support and the paying physicians on call and all specialties represented and ready 24/7. This is the most expensive piece in operating a Trauma center regardless its designation (a level 1 of level 2 Trauma center). The legislatures did not have this information prior to this; we have sent this out to legislatures. The take home message in this and (he advises all to be well versed in the articles information and talk to our legislatures and tell them) these are the costs, this is where the funds go, and the gap in funding. Dr. Ashley says the readiness cost for a level one Trauma center is $ 6.8 million, the cost of a level 2 Trauma center is $2.3 million and this is based on 2011 dollars. We just repeated the readiness survey with 2016 data and those numbers are being reviewed at this time. Dr. Ashley hopes to have this data for the upcoming legislative session. The Trauma Centers Association of America (TCAA) is interested in this data, as they do not have this data either. Dr. Fahkry with TCAA will be involved in this process and we intend to bring him in as an author on the next article. Dr. Ashley says this is all very exciting.

The American Surgeon – September 2017: "Successful Incorporation of Performance Based Payments for Trauma Center Readiness Costs into the Georgia Trauma System." This article gives the history of the last 6 years of metrics and funding based upon Performance Based Pay criteria. So, we began with 2 to 3 metrics and now we have 12 metrics that are required to be met before funding. That number is now up to 50% at risk. This speaks volume as far as funding and the Governors' staff sees that we expect things within return and are not just handing out money. This article is an excellent article but at this time Dr. Ashley does not want to confuse anyone or overload anyone with data so his focus is on the first two articles. This article is full of good information and the governor's office and staff are aware of this within our Trauma system.

In October we held our first TMD/TQIP/ GA COT combined conference call. As an agenda item, Dr. Jenny Bruggers from Wellstar- Atlanta Medical Center presented her intent to begin a study of administering ***ancepf*** or ***cefazolin*** in the field for open skeletal fractures. It is very interesting and is currently working on a voluntary basis. It does seem to appear that administering the antibiotics as soon as possible does cut down the infection rate. Dr. Ashley advised that this is of possible interest to the EMS community and Mr. Drawdy and Mr. Terwilliger. Dr. Dunne is trying to push this in Region 9. There is some push back at this time but they are working on this in that region. Dr. Ashley is not aware of the costs associated with the administering or who that cost would fall upon. Mr. Terwilliger doesn't believe it is a large expense and he would be interested talking to Dr. Bruggers or having her come to

EMSAC to talk about it. Dr. Dunne asked Mr. Terwilliger if administering the antibiotics was outside the scope of practice for an EMT. Mr. Terwilliger says no. Mr. Doss confirmed that a paramedic could administer any drugs that a physician can with the exception of some ***paralytics***. Dr. Dunne asked if a physician would have to prescribe and the answer was believed to be yes. Mr. Kunkle told Mr. Terwilliger that Dr. Bruggers is already set to come to EMSAC. Ms. Abston mentioned that CHOA would like to assist with the pediatrics side of this study and to contact Dr. Bruggers if you too would be interested from the pediatric perspective. Ms. Abston will send Dr. Brugger's contact information along with the draft protocol to all for review.

Dr. Ashley reported on the annual ACS TQIP conference that was held in early November. This recent conference had about 1,500 attendees and there are over 700 Trauma centers nationwide that are represented. Georgia was very well represented. It has grown into the quality meeting for Trauma. The TQIP project/ Georgia Collaborative has a lot of great work going on. Dr. Brett Tracy from Memorial in Savannah won in the oral abstract presentation category: PI/ Orthopedic Trauma Care/ Triage, Transfer, and Rural Trauma Centers for "Blunt Splenic Injury Management at a Rural Level 1 Trauma Center". Congratulations there and good work. Dr. Ashley reported on the annual Governor's report that we give to the Governor yearly. Dr. Ashley, Dr. Mullins, Mr. Drawdy both Governor appointees, and Ms. Abston attended the meeting with the Governor on November 6th. We showed the Governor how we are moving the Trauma system forward and what we are doing in EMS across the state. We then presented the recent research and what it means and the data collection piece and explanations of the data. The Hospital Association had met with the Governor's staff around the same time as our meeting and set the stage that all the super speeder funds should go to Trauma as it was originally designed to do. The Governor's staff asked us what we would do with the extra funding, we advised we could not speak for the entire Commission without a meeting and a vote but gave some general ideas. Those ideas are not binding but we thought these were reasonable. We suggested research grant opportunities for EMS, for Physicians for Trauma programs. We could assist with the ACS consultation visits costs, as those are $16,000.00 each. If we work with OEMS/T and get those centers online via ACS that would require additional funding. The TQIP/NSQIP program continuation and the Stop the Bleed program could be expanded as well. EMS also needs equipment support and additional needs. The last part of the report for Dr. Ashley is the election of Officers. We do this every two years and I have requested Dr. Mullins and Mr. Drawdy fulfill second terms and are allowed to as pertaining to our by laws.

MOTION GTCNC 2017-11-01:
I make the motion to re-elect Dr. Mullins as Vice Chair and Mr. Vic Drawdy as Secretary and Treasurer of the Georgia Trauma Commission for an additional term.

VOTING: All members are in favor of motion.

Administrative Report
Presented by Ms. Dena Abston

MOTION GTCNC 2017-11-02:
I make the motion to approve the minutes of 17 August 2017 Commission meeting.

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

Ms. Abston reviewed what was in the administrative report this time. All approved minutes of the GTC subcommittees are behind the blue tab for review. Ms. Abston covered the recent readiness cost survey with Warren Averett. All centers participated and there were a couple centers that we asked to re scrub data. All data came to us blinded and there are clear outliers at this time. There is a small workgroup coming back together to look at the data validation. This data can be influential in showing our legislature the cost of moving a patient through our trauma system. Last month a Stop the Bleed newsletter was sent out that covered basic stats. It is our intention to have a monthly update to the Stop the Bleed program. The strategic planning will be in January at the same time as our Commission meeting. All of this is in the planning stages and we will work with Alice Zimmerman again this year. Dr. Ashley asked if we could set up a group call of stakeholders for the planning for the Commission.

Ms. Abston advised that EMAG has invited us back in 2018 to do the Stop the Bleed program again and they are hoping that we get the General Assembly presentation space this year and we will need volunteers. This will be in April of 2018. There have been several recent Senate Health subcommittee meetings on Barriers to access to healthcare in rural areas as well as in regards to homelessness. If you are interested in these recorded reports please contact Ms. Abston and she can send the presentations to you. Dr. Ashley advised that there are also some distracted driving discussion and studies going on right now. The intent is to decrease

the distracted driving and the accident rate from distracted driving. This may become another revenue source down the road. Sharon Nieb with Emory Injury Prevention research advised that she has three representatives that attend the meetings and they are happy to keep everyone informed in regards to the distracted driving. Dr. Rupp is the lead investigator on the crash injury research team that is a combination team from Emory and Grady. The group, with grant proceeds, is looking at how injuries can be reduced or prevented by providing car manufacturers safety data we have collected on the safety features. Ms. Nieb would like to present this information to the Commission. Ms. Abston will set aside some time in January for Ms. Nieb to provide an overview of current projects.

The Stroke /Trauma Senate Study Committee was discussed. Dr. Medeiros was invited to the recent meeting. But was unable to attend. This is a senate committee. Dr. Joe-Sam Robinson a former Commission member is the acting neurologist on the committee. Mr. Doss reported on this. The purpose of the committee is to look for funding mechanism for stroke care similar to the trauma Commission. Dr. Robinson reported at their first meeting along with Director Wages and others reported on the Coverdell registry. The Marcus stroke center/foundation was reported on as well. A request for 4.5 million dollars to establish telemedicine across the state was discussed to approximately 100 hospitals. There was additional funding discussion. Dr. Haas also reported. David Newton, a cardiac registrar, newly hired under Senate 102 reported on the state activities. Draft rules have been developed at this time and are in review. The team has identified 60 presumptive Level 1 and Level 2 cardiac centers. They are looking into what data elements are being collected within their registry and are working on those requirements. Mr. Doss reported on this early process and how the data and the data elements are being shared and collected within the group. Senate Bill 102 allocated approximately $106,000.00 and we will seek additional funding for the accreditation piece. The department will be seeking funds to continue this. Mr. Newton was asked to answer any additional questions. He is responsible for developing the survey tools based on what is in our state statutes. The next step is to look for funding for our subject matter experts.

Dr. Ashley believes the message should be combined and he has spoken to Dr. Robinson. Every dollar spent on trauma is a dollar spent on stroke/ cardiac. The same EMS guys have to start at the scene whether it is trauma, STEMI, or stroke; we are all tied together in this. Mr. Newton's research will show that the cardiac side of level 1's and level 2's (and stroke) are also the same for the trauma centers. Dr. Ashley agrees saying that the 3 go hand in hand. Mr. Drawdy asked if they have already designated the hospitals for telemedicine. Discussion of hospitals that use REACH. Mr. Terwilliger says there are also to rural studies going on currently within the house and the senate. The data is being reviewed in regards to EMS transport times and other factors.

Ms. Abston continued reviewing the Administration report. So far for FY 18 funds are at $4.6 million and will send out the October information via e-mail as it was just received. Ms. Abston

has her staff completing a trend analysis. Dr. Ashley asked if we have received our firework revenue yet. Ms. Abston says once the Amended FY18 budget is presented typically in January, we should know about the firework funding. There are funds currently but they have not been released to the Commission at this time to date from the Fireworks tax. Funds began collection in the middle of FY2016 so there are FY17 funds (full fiscal year) as well as FY18 funds (half a fiscal year) due to us. The amount forecasted from FY17 is estimated to be around $ 500,000.00. The Department of Revenue holds the answers at this time to these funds and the disbursement. Dr. Ashley requests to continue asking and he will include this information his legislative report during the general session. The Mission Zero Act has had some movement within the House (Federal government) it appears to have a couple more co-sponsors and the Senate also has the same bill being presented at this time. Both bills being presented are similar and Ms. Abston believes that this will be a new way of integrating civilian and military care. Ms. Abston proceeded to review the rest of the administrative report and opened the floor to questions. Dr. Cowles asked if we were still not educating the Private schools. Mr. Kunkle advised that we have been educating the Private schools we are just not purchasing their Stop the Bleed kits. Mr. Kunkle advised that those private institutions are purchasing their own kits at the locked in rate with North American Rescue. The continued pricing at this time is good through June 2018. Dr. Cowles asked where the money is coming from to fund the kits for the public schools. Mr. Drawdy says the funding came from the additional $1 million we received last year. Mr. Drawdy advised that when they met with the Governor, his wife, a schoolteacher that was the funding we spent upon the kits. We have been providing the instruction to any and all for free. Dr. Cowles would like to reiterate that 40% of the children in the state of Georgia are educated in private schools and their parents are taxpayers. Mr. Kunkle agrees and is aware of the need. The Attorney General's office advised that we are unable to provide the kits at no cost to the private schools but we can provide the instruction and training to them. Dan Walsh, our Attorney General representative is present today and Dr. Ashley asked if there were any comments.

Mr. Walsh wanted to be clear that it was not a policy determination by the attorney general but was a letter from him, Mr. Walsh and based upon well-established Georgia provisions and statutory law. This would violate the gratuities clause if we provided the kits to private schools. There is not an absolute prohibition. There would have to be consideration in return. Mr. Terwilliger asked if we are training them and our request is that they use those kits to protect the citizens of our community, it appears to him that that would be a consideration. Dr. Ashley says if we do not give kits to anyone until they complete training so if we ask or request that these people come to training then they can have the kit to save the citizens lives, would that not meet the gratuity rule as we are getting their time and they are serving as an agent to use the life-saving equipment and technique. Mr. Walsh advised if the Commission would like a more detailed ruling that he could take this back to the office for additional review and he is not able to give an opinion today.

Dr. Dunne is hearing that we are excluding private schools and the kits provide a security. The gratuities clause, we can assure will be accomplished with the provided training. Ms. Abston will ask for the opinions of this in letter format and submit to the AG's office for further review. Mr. Walsh advised as he said in the letter, 'In order for the proposed transfer not to conflict with the Gratuities Clause in the Constitution the state agency has to receive "a benefit… that is sufficiently substantial to avoid being an unconstitutional gratuity". Mr. Walsh also mentioned the private schools that have religious affiliation or sectarian organization. Dr. Ashley asked that we will ask a specific question to the AG's office and see if we cannot open this up to the private schools.

Trauma Administrators Group

Presented by Ms. Liz Atkins for Michelle Wallace

Ms. Atkins reported that the Trauma Administrator work group had their first face to face after the reinvigoration of this group on October 12th. She gave a brief synopsis of the meeting details. There were 13 present representing all levels of Trauma centers as well as attendees from the Commission, the foundation and the Georgia collaborative. Diversion was one of the initial tasks and is a major concern in Region 3. They also believe this group can be very instrumental in the next readiness survey and they are also seeing the major human capital requirement for the Stop The Bleed initiative. The group agreed that the trauma staff is not enough for the masses we are attempting to reach and there will need to be outreach within the centers to different departments like your nurses or ICU staff, etc. This admin group is here to support and align themselves with the commission's strategic goals and also input they can provide. The next conference call is scheduled for later in this month and there will be some upcoming face-to-face meetings in 2018. If you are at a designated trauma center please go back to your facility and make sure that your senior representative is involved. Ms. Wallace would like to have a smaller sub group that can assist with the agendas.

Dr. Dunne asked if this group is C suite and above? Ms. Atkins confirmed and said that this would be the case for most Level 1's and 2's but your level 3 and 4 centers may have CEO's that wear several hats. But the involvement of these persons is instrumental. Dr. Dunne asked if Ms. Atkins could expand on the diversion issue and Region 3's dilemma and the effect of diversion on Atlanta. Ms. Atkins said that there are major efforts since the issue last year. None of the work is done yet but what they would like to do is define saturation and diversion. Dr. Cowles asked in regards to the diversion do you experience any pushback based upon insurance or finances of those patients that are being diverted. Ms. Atkins advised that her facility accepts any and all and she doesn't have any experience in that. Dr. Cowles asked if and when Grady goes on diversion are other institutions pushing back because patients do not have the right means to support it. Ms. Atkins says we are supposed to be tracking this but we

are to track what happens to that patient. If we are not involved in the patient's continuum of care we could call the facility that patient was sent to but in reality this is something she does not have an answer to that. Her facility accepts any patient at this time. Dr. Medeiros explained that some of the more rural centers or level 3 or 4 centers may have diversion difficulties and EMS may have deliver issues. Ms. Atkins says the volume of transfer patients that she sees is over 100 a month and for some Trauma centers that is their entire trauma registry for that month. What we begin to see in the transfer and delay process is the patient care factor and somehow we need a transfer infrastructure.
Dr. Dunne believes the diversion status will be intimately tied with resource and cost. Memorial used to have a blanket acceptance policy regardless of capacity. This was not good for patient care. Per ACS, you have to have a surgery room available 24-7 but what happens if you have 3 gunshot wounds at 3 AM. There needs to be some look into costs of diversion and the reason why. Ms. Atkins says that some call things diversion and some call them saturation and both need to be defined. Dr. Cowles says that it appears that better communication leads to less confusion and provides better patient care. Dr. Cowles believes this Commission should really look into this. Dr. Dunne also discussed NBATS and the need for more trauma centers. Dr. Ashley believes reinvigorating this administration group is key and we will take into consideration any of those needs that come from this group. Dr. Mullins asked what centers go on diversion/saturation in Georgia; he believes we need to begin there with those centers. We can perhaps find a pressure release valve by drilling down from there. Ms. Atkins suggest along with this is defining saturation and diversion and communicating those definitions that the Administrators know some of the reasons for diversion and can be instrumental in this. Dr. Dunne says there seems to be a uniform issue with using the word diversion. Dr. Cowles says we can locate areas of needs to support, that this is a conduit to the legislators, and we may be able to direct those funds to where they are really needed. Dr. Ashley says we can secure additional funding if we can go to legislators and tell them what we are missing. Dr. Mullins requested Ms. Atkins be in charge of this. It was suggested by next meeting to have definitions of diversion and saturation. Dr. Ashley requests that all administrators get a copy of the recent readiness survey and review it and he would be happy to discuss at the next scheduled meeting for the group. Dr. Ashley requests that those be well versed in this prior to legislative session. Dr. Bleacher asked if this component is part of the pay per performance measure. Dr. Mullins says we would have to define first and Ms. Atkins confirmed that the orange book has a defined measurable outcome of 5 % for diversion. Dr. Dunne says there is even confusion as to what that 5% means for diversion. Ms. Morgan says the state says there are all types of diversion. She says most hospitals are good about notifying EMS when they are on diversion. One thing that has helped over the year is that we did have the hospitals looking at who was activating the diversion status and they came up with a better system of who activates the diversion. Mr. Drawdy also suggested that he is interested in knowing the EMS thoughts about diversion. Mr. Terwiliger says he is interested in WALL time as well. Ms. Atkins

agrees that that is a significant issue and may be a little hard to quantify but the biggest concern is operative care needed and the timeliness of that.

Strategic Planning Updates

Presented by Ernie Doss, Kara Allard, Renee Morgan

At last years Strategic planning session we were able to narrow down and work on 3 items that we believed, as a group were to be the focus. Time to care metrics reported by Mr. Doss. He says we are in the process of having all EMS/Ambulance agencies move to GEMSIS 3.4 data set and we have a hard date of March 31, 2018 to have this completed by. The system is live today and we are obtaining data within it. The next phase will be to have all agencies reporting on the version we need to get the reporting to you. The January meeting there will be very little new to report. Mr. Doss by the May 2018 meeting to have an update for us on the conversion.

Ms. Allard reported on the TQIP/NSQIP collaboration beginning with information in the admin report on page 23. The TQIP collaborative lunch was recently held in Chicago at the annual TQIP meeting. There are a couple of things going on to include the AKI and VAP (ventilator associated pneumonia) projects on the TQIP side and on the NSQIP side there is work on acute renal failure. Ms. Allard referred to page 25 and reported that she only had 25% of the data from participating centers on the AKI (Acute Kidney Injury) patients. There was a data collection tool sent out and the data was sent back, collated, and put into this presentation. There were a total of 133 patients and not all patients had complete data. 11 centers participated and submitted their AKI patient data. 2 centers had no AKI patients and 3 centers were unable to provide the AKI patient data we requested by today's report. Ms. Allard reviewed her report and the presentation is attached to the end of the minutes. Dr. Ashley complimented Ms. Allard and her report and said in summation this project has really moved forward and was only in planning phase last January. We have had some bumps on the curve like AKI and VAP and tools have been developed to capture this data and to move forward and see what we can do to decrease that rate. There is a guideline developed and going live January 1, 2018. In less than a year's time we have really moved forward and made progress and there is more to come on all of this. Ms. Allard says the goal for her AKI guideline is to have that live July 1, 2018. For NSQIP they are working on acute renal failure, are collecting some of the same variables, and this data is being collected and collated. There will be additional reporting in the future. For NSQIP the kickoff meeting will be in two weeks. They have already hosted a pilot and they are looking at the overlaps between the trauma and general surgery side. The quality and safety conference ACS puts on will be in July 2018 and has been opened to trauma programs as well. If anyone has any abstracts from their centers they are due by the end of January 2018.

Ms. Morgan reported on a strategic planning update, they were tasked with updating the re-designation process and Ms. Garlow, Ms. Abston and Ms. Morgan have been working together on. The document is pretty much complete and to clarify is just an update to an existing process. The document will be used to track or report out on any consultative visits and or deficiencies, etc. The template is almost complete, Dr. O'Neal will need to review and approve the changes made, and the document will be presented at the January meeting in Macon. The initiative is on target for completion.

Break for lunch at 11:43 A.M.
Reconvene: 12:10 P.M.

Stop The Bleed Update
Presented by Mr. Billy Kunkle

Mr. Kunkle presented an update to the Stop the Bleed program and the power point will be attached to these minutes. The recent newsletter in early October was released. Phase 1 is complete and we are in Phase 2. We have had 5 states contact us within the past 5 weeks as the word is getting out. Phase 2 is now where we are and we have 104 of 159 actively involved in training with 13 counties completely trained. We have over 12,000 in the state at this time trained. We are reaching out more to EMS in each region to assist with Phase 2 as there is more need for teachers beyond our trauma centers. The kits are in production and the first 13,000 kits are in process of shipment. The regional coordinators are handling the training and they branch that out to the trauma centers, and the EMS in their regions. Region 8 is having a challenging time getting their RTAC going but they are gaining speed. Dr. Ashley wanted to point out that this project is less than 1 year old and with 104 counties involved, this is a great start and seeing this much work going on. Dr. Medeiros asked if Mr. Kunkle was getting the support he needed. Mr. Kunkle said yes at this time everyone seems to be working together and for 7 months there has been a lot of activity. He expects by the January meeting that all the remaining counties will have the Phase 2 training going on. Dr. Medeiros asked if there was a list or roster of the train the trainers that are providing the training. Mr. Kunkle went over the requirements to be a stop the bleed trainer and in summation any EMS or nurse is capable of becoming an instructor. Dr. Medeiros suggest there be a central location so anyone can identify who the trainers are, one of the things we should insure is quality of delivery of content. Mr. Kunkle reminded Dr. Medeiros that the program was established not by us so it would be hard for us to go back to them as they set the requirements as to whom can be a trainer for this and who cannot. Dr. Dunne asked if there was concern that training was inadequate. Dr. Medeiros says upon observing some of the instruction that she just wishes the Mr. Kunkle and several others could be cloned as they are great instructors, and it would be helpful to have a list of instructors that we know are delivering the superior level of instruction we want to provide to the state of Georgia. Ms. Smith says we have used the train

the trainer program and provided the instruction Ms. Smith says they have had some go through the course that have no intentions of leading the course. We have talked about developing a repository of instructors. Mr. Kunkle says the regional coordinators have a handle on whom they feel can lead the instruction. Atlanta has 800 schools in their area and that is our concern is currently. There are tracking devices in place like the evaluation form we ask students to complete. Ms. Drawdy says Region 9 is doing an excellent job of facilitating the training. Mr. Kunkle advised that we bought 29,002 kits and that equates to 12.6 kits per school. Delivery to regions whom are ready should begin over the next two weeks.

Dr. Dunne asked about replacement kits, usage, and tracking of the kits. Mr. Kunkle says each school is responsible to provide a roster, a participation agreement, and the last portion is receipt of the kit. All of these will be in file before delivery of the kits. We are asking our regional instructors to also assist with coordinating the location of the kits and strategically placing those kits accordingly. Dr. Bleacher asked if everyone has opted in to the program at this time. Mr. Kunkle confirmed that all are participating and that there was some initial kickback from only 1 school system in the beginning. Mr. Kunkle reviewed the process of getting the Commission kit pricing and anyone that orders an additional kit will have our logo upon the kit. Ms. Abston advised that the Department of Natural resource has ordered some our kits to use in state parks.

Mr. Kunkle gave RTAC reports. There was a meeting held yesterday for the RTAC coordinators. One of the goals is to give a working template to each region and to be able to present to the Commission to provide consistent reporting. The template covers BIZ assessment completion, trauma plan completion, and what current goals are they working on. We have spoken before about having these metrics. The BIZ assessment is the best metric so far that exists for the regions. These need to be completed every 3 to 5 years as decided by the Commission. I also want to review the status of current and ongoing projects and a financial report. Mr. Kunkle reviewed the trauma plans, at this time 6 are completed, 3 are in progress, and 1 is just beginning their trauma plan. Discussion of RTAC coordinators in each region as well as an organizational chart was presented. The organizational chart shared with the Commission shows dysfunction and Mr. Kunkle invites all to assist with repairing the organizational chart. Dr. Bleacher asked about the foundation and the funds for the Region 3 and 6 coordinators as he does have concern about the foundation administering those funds, as he does not feel that is the mission of the foundation. Mr. Kunkle agrees. Dr. Bleacher asked if there is a plan being set up to contract directly with the Commission for those positions and Mr. Kunkle confirmed that this was the case.

Mr. Terwilliger asked where the regional councils come into play. Technically everything listed on the chart is a subcommittee of the regional councils. So all should be reporting to their regional council says Mr. Terwilliger. Mr. Kunkle suggests we have continuity and he doesn't suspect we will keep people in these positions if we are not more coordinated or if they feel

that the position is a short-term position. Mr. Kunkle presented his chart proposal but it is a mere suggestion. He is aware there is not a need for a full time RTAC coordinator for each region. Mr. Kunkle is open to suggestions. Mr. Terwilliger believes the RTAC positions we have employed were pilot programs. It was suggested we sit down and review how effective the pilot program has been. Dr. Ashley commended Mr. Kunkle for this report as this is what we wanted upon hiring a system planner. This is a great topic to continue working on prior to the January strategic planning meeting and work on face to face then. Mr. Kunkle says the important piece of this is it needs to be a coordinated streamlined reporting function as it is very confusing at this time for our existing coordinators. Dr. Dunne advised that there is not a 1 size fits all for this due to the differences each region has. Discussion of how region 9 should report and he believes Mr. Kunkle's role is a support to each coordinator and to help each person in those roles be effective and successful. It was decided that an RTAC work group would be created and would hold a conference call prior to the January meeting. Dr. Medeiros reminded everyone this was a pilot program and we need to have some preliminary discussion of pilot results. It was decided a small working group would continue these discussions and have more to share in January. The group was created and charged with coming in January with 2 viable ideas that we can work with at the Strategic planning.

Office of EMS and Trauma Update

Presented by Mr. Ernie Doss, Mr. Renee Morgan

Mr. Doss reported on the GEMSIS update and re introduced David Newton our new cardiac registrar. We have made our final comments to the general counsel office and are awaiting that. All major vendors for the data set have committed to a March 31, 2018 deadline. Ms. Morgan reported on registry related items. Current work on the data dictionary and report preparation for the centers is ongoing. All facilities now get a feedback report on their quarterly reports. There was a recent re-designation for a level 4 and there are several scheduled. There are some new facilities interested in coming on board and they have purchased the registry and are level 3's and 4's. Ms. Morgan is also working to integrate the reports with spreadsheets to be prepared for their designation visits. The registry needs will be looked at for next year's budgeting. At this time Ms. Morgan does not see any significant changes but is looking into streamlining some collection components and eliminate the unnecessary data we are collecting. After the first of the year there will be a site visit to Fort Stewart. A representative came from Fort Gordon, Ms. Morgan is working hand in hand with the military bases in getting them on board, and Dr. Dunne is also assisting in this endeavor. Dr. Dunne asked the representative if it is a directive from the military or is this just applicable to the Georgia military bases. The representative believes this is a global effort and they are working towards having all military hospitals trauma ready. Mr. Doss says in the past we have accepted data and we will begin collecting the EMS agencies data located on the base. Mr.

Newton showed the Commission the new interactive maps located on the Office of EMS and Trauma website and also posted to the Commissions' website. The interactive map shows EMS and designated trauma centers through the state.

Georgia Trauma Foundation
Presented by Ms. Lori Mabry

Ms. Mabry went over upcoming important dates and ongoing education the foundation has currently in the works. February 14, 2018 will be our trauma awareness day at the Capital, we will have the entire south wing of the capital that day to serve breakfast and additional information on this, and sign-ups will follow. Please wear red and white for the day. We have not received news on the grant award yet from the state advocacy group. There were 23 grant applicants this year, last year we competed with 3. The trauma symposium is schedule with the spring TQIP in March along with the Commission meetings at the Chateau Elan in Braselton, Georgia. Registration is open for these events in the next couple of weeks.

Georgia Committee on Trauma Excellence
Presented by Liz Atkins

Ms. Atkins began by mentioning that yesterday was her first meeting as chair of GCTE. There is a shortage of interested parties in regards to a succession plan for our committee. GCTE was one of the first organized groups to move these ideas forward so she asks that we go back to our centers and work on involvement in these important roles. Currently in the works are registry criteria and our attempt to scale back on data element collection and align more with NTTB inclusion criteria. There is growing discontent with the DI5 report PRQ report writer, these reports are relied upon a lot with the upcoming ACS visits and this is being figured out currently in a small group setting. The software is there to help us so we need to figure out why when we download the package it is not working. AIS coding webinar is being discussed, as we would like to have some experienced coders on a webinar and we can get education to the masses that way by working some cases together. We are hoping by matching up the experience and non-experienced coders that we can figure out best practice and share our experiences.

For the injury prevention group, they are requesting an IP coordinator course at the March symposium. Ms. Smith is also working on recruiting new members and they are trying to use our state database to figure out our top 2 injuries and marrying that data with state office data and we hope to organize our self around those efforts. We also need to work on interconnecting new people within their regions. The education group is working on getting

speakers for the spring symposium. The PI work group is looking at SBIRT (which is required for ACS) and all centers have a little struggle with this and also looking at the time to care metrics and the delays. Ms. Atkins believes this data along with the trauma administrators group could work together on some solutions. The pediatric group has been very active and is currently working on a pediatric trauma course and there are some transfer guidelines in the works. Dr. Santore is working on those initiatives. Ms. Atkins advised the need to align ourselves with the Commissions strategic goals that we come together on in January. Dr. Ashley commended the work and suggests the question you may have on the DI,V5 and bring the software developers in on your concerns. Ms. Atkins advised that they have been talking about analytics tool that can provide to us our lead measures.

EMS Subcommittee Report

Presented by Courtney Terwilliger

Mr. Terwilliger reported that the EMS subcommittee has met a lot this year. The FY18 budget was reviewed. The regional improvement grants are occurring again this year, most all applied for the grant last year and we will review that process and last-years reports and proceed with these again this year. Equipment grants for 1.3 million will occur again and some cadaver labs for $120,000 for 2 courses were discussed but Dr. Nicholas had some concern of this and their costs. GAEMS board member Nick Adams has been in contact to do 2 cadaver labs in metro and South Georgia. If some South Georgia centers would like to sponsor this we are happy to talk with you about partnering. AVLS upgrades were for $ 187,000 and some EMT instructor classes are also in the FY18 budget. Mr. Terwilliger asked if there were any questions.

Mr. Terwilliger reported on Critical Incident Stress Management and moving some FY17 funds. Also Vizitech software, there were problems in configuring state-wide distribution and the logistics so this became difficult on an equitable basis so we looked to the Critical Incident Stress Management and have a desire to co partner with law enforcement and first responders as this is truly an issue many carry with the demands of these types of jobs. So, the initial funds set out for this is to begin discussions with the other groups that could benefit from this and see if we can collaborate on a project together. Mr. Terwilliger presented a map and AVLS update and the capabilities of the AVLS system to include speed tracking and locater services. This system is also used to input trip reports and we transmit reports that way. Dr. Dunne asked what Phase 1 through 6 and Phase 7 and 8 mean. Mr. Terwilliger explained each phase from the AVLS inception via the Commission and then working with GEMA and the evolution of the AVLS throughout the state. Dr. Dunne asked for additional information. Mr. Terwilliger explained that Phase 1 was funded by the Commission, phases 2 through 6 were funded via

GEMA, and the final phases were funding via the EMS subcommittee. Mr. Terwilliger recapped that Phases 1, 7, and 8 were all funded by the Commission. There are upcoming extrication courses as well as there is a leadership class graduating in Statesboro tonight. There are expected residual funds to do additional courses so if you know someone interested in doing another course please notify Kim Littleton. Just Culture courses, we are trying to get those completed in January or February 2018. 3 TECC classes completed and or scheduled and there are additional education courses approved and in the process of being set up. The 2017 scope of work is completed and approved and the 2018 scope of work we expect approved in December 2017. We have done some work on how the EMS subcommittee works and we created a flow chart. Mr. Terwilliger handed this out to all members and reviewed the flow chart. He covered from the appropriation of funds from legislature to the Commission and how funds are disbursed from there via the EMS subcommittee.

Mr. Terwilliger mentioned that there is a small problem in Macon County and he is not sure where the miscommunication stems from. When they do the EMR classes some services have elected to request a variance so that instead on an EMR class they can do an EMT class instead. In Mr. Watson's rural area there is a lot of this occurring. The Macon EMT course, a relatively small county began the class with only 10 students. This is against our rules. He asked Mr. Watson why he began the class without the required number of students. Mr. Watson explained that Mr. Fletcher told him it was ok to do so. As we know, this is not ok to do and now we have 10 students half way through the EMT course and Mr. Terwilliger would like to make a motion to give Macon County a variance as we typically do not allow the course to begin with less than 12 students.

MOTION GTCNC 2017-11-03:
I make the motion to approve a variance for minimum student requirement from 12 to 10 students specifically for Macon county for the current EMT course that is an active course.

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

Mr. Terwilliger thanked the Commission for the variance and said he would relay this information. Mr. Terwilliger reported on the communication issues between the Commission, GAEMS, and GEMSPF. There has been much angst with this but things are under control. GEMSPF is under new leadership and he believes on the right path. Dr. Dunne asked Courtney to clarify when he says foundation who he was referring to. Mr. Terwilliger said it was the

preparedness (GEMSPF) foundation. The foundation is the entity that actually gets the money to do the courses. We had some confusion on some extrication equipment and Mr. Kunkle helped us figure that out and went and retrieved the trailer. The previous leadership didn't care for all of us as we pressed to get items done. GAEMS had invoiced, but all of this aside, everything came to a head and the past chair resigned and we are now in a good spot. Mr. Terwilligers directed everyone to page 13 of the Governor's report that happened in Twiggs County. Twiggs County is one of the only counties in Georgia without its own EMS agency. A couple of EMS meetings ago we had lots of representation like Representative Epps and Lucas and they asked us for ambulance funding. There have been on going conversations with them and Mr. Terwilliger is in favor of doing this but suggests that if they do this they need some new money. Ambulance grants left some with hard feelings and we do not want to go back down that path. Ms. Smith advised that this situation has changed recently. Ms. Smith says for the first time they are providing a subsidy to Navicent EMS and you can see their new station from a school where Ms. Smith just recent taught the Stop the Bleed program. Mr. Terwilliger suggested this to be very recent and he was not aware. So, the Twiggs County issue may be resolved. Mr. Doss says that Twiggs County is still carrying ongoing discussions with telemedicine. Mr. Terwilliger says they are working with a doctor there to get the telemedicine piece moving. Mr. Terwilliger is for more money in rural Georgia for equipment and he is not pushing this funding to the Commission. Mr. Drawdy says that Twiggs County has a 25-minute response time from Navicent. The Stop The Bleed kit was utilized and laid the groundwork with the Governor as Twiggs has such a long response time.

Dr. Ashley explained that one of his goals of the EMS subcommittee for 2018 was to get the money out as quick as we can to the EMS community. So, the equipment grants where it appears we put most of the EMS funding, what is the plan on getting the money out? Last year the Commission office put the grant out and he would like to know where we are at with that. Mr. Terwilliger advised that at the next EMS subcommittee meeting that he intends to hold in early December we should sign off on a scope of work and then a contract and then we get it done. Dr. Ashley asked for more details on the scope of work. For us to spend money said Mr. Terwilliger we have to produce a scope of work that specifies how we intend to spend the money. The subcommittee voted to put the scope of work back to the foundation for the equipment grant. Theoretically, we will have a contract done in December and we should be able to move on in January says Mr. Terwilliger. Dr. Dunne believes a scope of work is a service rendered not a piece of equipment ordered or sold. Mr. Terwillger says a scope of work defines how we plan to administer the grant. Dr. Dunne understands. The scope of work documents how we intend to go about administering the grant, as it is a non-competitive grant. We basically divide the full budget amount against the total number of ambulances in the state. This is a reimbursement grant that EMS agencies require specific trauma related equipment to be purchased with the funding. Ms. Abston said last year we hit 157 of 159 counties. Dr. Mullins asked what we did with the residual funds. Ms. Abston explained there

were no residual funds and that we had to ask for more funds as some ambulance counts changed and some agencies that had never participated before elected to participate this time.

Historically, says Mr. Terwilliger, what we do with any additional or leftover funds is we allocate to another project that is similar or we roll over to the next years' equipment grant. Dr. Medeiros asked two questions. What was the turnaround time for the Commission office to administer the 2017 equipment grant and were 100% of the allocated dollars for equipment. Ms. Abston explained the intake and process of the equipment grant within the Commission office and how it was worked in to the natural flow of daily work and also confirmed that the Commissions office takes zero fee's to do such work the time frame was 60 days for applications and 45 to 60 days for all funds to be disbursed. A total of 3 months from the beginning of the grant to the final disbursement of grant funds to participating EMS agencies. Dr. Ashley asked Mr. Terwilliger why we would not just proceed via the Commission and there would not be any administration fees like there would be if we had the foundation administer the grant. Mr. Terwilliger says at the end of the day the funds will all go to EMS agencies. Dr. Ashley just asked for clarification, as if he understands this correctly in 2016 the administrative fees were about $ 140,000.00 and that is going to a foundation or GAEMS. Dr. Ashley says, in 2017, the equipment grant was done without any administrative fees so those funds went right into the agencies. Dr. Ashley asks why we would change this process when the Commission office was able to administer at no cost in 2017. Dr. Ashley's' ultimate goal is to give the guy in the ditch on the frontline more equipment. Mr. Terwilliger says this is his goal also and this year the scope of work will only carry a 5% administration fee not a 10% administration fee. The funds at the end of the day go to the foundation but what they try to do is put those funds back into the EMS community. Mr. Terwilliger explained the only reason the EMS community gets any funding is due to GAEMS. When Senate bill 60 was debated originally years ago, the bill did not mention EMS funding at all. Mr. Terwilliger, Josh Mackey, Seth Millican; all three worked with Cecil Staten to put funds for EMS in there. Ms. Terwilliger says all funds that were allocated to EMS was basically because GAEMS lobbied for us. Last year Mr. Terwilliger received notification that Peach care ambulance was going to quit paying EMS for advanced life support ambulance costs and they would just pay us at the basic rate and if we wanted different we would need to file an appeal. Mr. Terwilliger spoke with Mr. Mackey and we met with Peach care and were able to stop that from happening. Mr. Terwilliger says that move in itself saves more money than any trauma Commission funding the EMS community receives. Dr. Dunne advised that this is a lobbying function. Mr. Terwilliger says that was not lobbying, that was trying to keep our industry to be in a position where we can survive. Mr. Terwilliger believes if it were not for GAEMS classes that currently going in Macon County would not even exist. Dr. Medeiros says this is all a little grey for her. She feels that if 1.3 million is allocated for equipment grants that the full 1.3 million should be spent on equipment grants and this is not to discount GAEMS' work as the work is important but she suggests we find a more visible way to allocate funding to them if we intend to fund them. Dr. Medeiros after listening to the discussion. Dr. Mullins asks if the fee is a line item.

Mr. Terwilliger says yes in the scope of work the fee is a line item. Mr. Terwilliger advised that all initiatives have an administrative fee. Dr. Mullins suggest just making a line item for GAEMS /GEMSPF fee's separate from the initiatives. Dr. Ashley says this still does not fix the problem that these funds are not going to the paramedics on the front line. Mr. Terwilliger says there is work involved and to say there is no cost to the state is not completely true.

Dr. Cowles asked Ms. Abston to quantify the time spent doing the EMS equipment grant work. Ms. Abston said 40 to 60 hours total was spent. Once roles were delegated in the Commission office the grant work was just worked into our daily routines. Dr. Cowles did some basic math on the numbers given by Ms. Abston and several Commission members agreed that the administrative fee is costly. Dr. Dunne asks if the administration fee applies to other items on the budget. Mr. Terwilliger advised that everything on the list minus the AVLS carries an administrative fee of 10%. Dr. Cowles says the total 2.7 budget has a 10% administrative fee. This is incorrect. The AVLS does not carry an administrative fee so it is about 2 million that carries a 10% administration fee. Dr. Mullins asks what all GAEMS does what is their function. Mr. Terwilliger says GAEMS is similar to GHA on a much smaller scale. GAEMS holds the educators conference in Savannah and leadership courses and seminars. Dr. Cowles asked if GAEMS represents the entire state EMS population and Mr. Terwilliger said there are about 20,000 in the state. Dr. Cowles asked how many are GAEMS as far as membership is about 2,000 members. Mr. Terwilliger says we represent members and non-members. Ms. Abston advised that the Commission administers the AVLS project. Ms. Abston also reminded everyone of the work she did solo on the Regional System Improvement grants. Ms. Abston said the only complaint she received after administering the FY 2017 grant was that some agencies complained that the application was too lengthy. The application was 3 to 4 pages long but came with about 20 pages in attachments as we included everything in the original send out. We reached 157 of 159 counties and Jekyll was the only agency that did not end up participating. There were 3 services that due to some internal county funding issues they were unable to purchase the equipment direct so we purchased the equipment for them and had the equipment delivered to them. All of these things were effective in our delivery of the equipment grant. The accountability piece was also easier to contain in house.

Dr. Ashley says this is a logistical decision for him. If we can incorporate the duties into our work it is difficult for him to justify an administrative fee. Dr. Dunne agrees and reminds everyone that with last years grant we had more apply than we had money for. Mr. Terwilliger reminded the Commission that last year the Commission office extended the deadline and gave additional time for those to apply. Ms. Abston said the reason that we extended the initial deadline was when we reported to the EMS subcommittee it was requested that we reach out to those agencies that we had not heard from and we extended the deadline 15 days as some rural agencies have very little infrastructure. Ms. Abston and the Commission office received several thank you letters. We cleaned up old e-mail addresses and streamlined information.

We could have begun to administer this grant on June 1 of last year but here we are still struggling, as there has not been a decision about the administration of this grant. Dr. Cowles is concerned that if we continue to not utilize these funds in a timely manner that the legislature will think we do not need as much of the funds that are allocated to us. Mr. Terwilliger says there are issues and we have worked through them and some issues are on the foundation and some are on the Commission. There were contract delays and when you run into issues like this it can cause great delay.

Dr. Ashley has some institutional history and then he will sum this all up. The way this all began was when Ben Hinson was the EMS representative. The idea when this began was we had funding but we had no staff. In the beginning, there were no rules and Dr. Ashley asked Cecil Staten for the guidelines and he was told they would need to write their own guidelines. So, then they asked the hospitals as they were mandated by SB60 to give funds for trauma care, Physicians, EMS funding, uncompensated care, etc. At that time GAEMS was a place that we could put money to get those funds to EMS. Stood up early on and graciously assisted us in disbursing EMS funds and it was a great partnership in the beginning and now we have gotten sideways. Dr. Ashley feels that now it appears that all funds should flow through GAEMS and that was not the original intent of the Commission. So now we need to readjust back to the original goal of what we were trying to do. The EMS subcommittee was formed to come back and advise the Commission and we do that with regional EMS representation. Ultimately the Commission has the vote in the end. We have gotten way off course of the mission of the EMS subcommittee, as field experts then that is what is intended to come back to the Commission and we are supposed to be good stewards of the state and disburse as we agree as such. The fiduciary body, the executive director of the Commission is responsible for these funds. This is just Dr. Ashley's opinion and how he sees the 10-year history as to how we got where we are today.

MOTION GTCNC 2017-11-04:
I make the motion to have the Executive Director of the Commission take the recommendations that are voted on at the EMS subcommittee and bring them to the Commission for approval and then it is up to the Executive Director as the fiduciary responsible party on how to administer those funds.

MOTION BY: Dr. Dennis Ashley
SECOND BY: Regina Medeiros
VOTING: 7 are in favor of motion. 1 member is not in favor of the motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Dr. Mullins asked if the attorney general have anything to say on this. Dr. Mullins has some questions about lobbying and GAEMS. Mr. Terwilliger says GEMSPF does not have any lobbying. Dr. Ashley says Mr. Terwilliger brings up a good point, when an EMS agency gives to a state agency we are a little different as the Commission controls this. So, when the EMS subcommittee approves their budget and decides on how they want to spend their funds, and the Commission votes upon this. The executive director cannot change it once voted upon, those funds are secured for the EMS community.

New Business

Presented by Dr. Ashley

There was no new business at this time.

Meeting Adjourned: 2:25 PM

Minutes crafted by: Erin Bolinger