Approved November 16,2017

GEORGIA TRAUMA COMMISSION

Thursday, 17 August 2017
King & Prince Resort
The Retreat Room
201 Arnold Rd
Saint Simons Island, Georgia 31522

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chairman Mr. Victor Drawdy, Secretary/Treasurer Dr. Jeffrey Nicholas Dr. James Dunne Dr. John Bleacher Mr. Courtney Terwilliger	Dr. Robert Cowles (Excused) Mark Baker

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
Amanda Ramirez	Memorial Health University Medical Center
Stephanie Gendron	Memorial Health University Medical Center
Justin Barrett	Region III RTAC
Heather Morgan	Piedmont Athens Regional
Karen Pittard	Piedmont Athens Regional
Daphne Stitely	John D. Archbold Memorial Hospital
Shawna Baggett	John D. Archbold Memorial Hospital
Lynn Grant	Fairview Park Hospital
Belinda Ricks	Fairview Park Hospital
Lori Mabry	Georgia Trauma Foundation
Sharon Nieb	Surgery Prevention Research Center-Emory
Tracy Johns	Navicent Health Medical Center
Renee Morgan	OEMST
Laura Garlow	Wellstar- Kennestone Hospital

Karen Hill	Childrens Hospital of Atlanta
Dr. Regina Medeiros	Augusta University
Marie Probst	OEMST
Scott Maxwell	Mathews & Maxwell, Inc.
Todd Dixon	Coliseum Medical Center
Carrie Summers	Georgia Hospital Association
Jaina Carnes	Redmond Regional Medical Center
Cindy Hoggard	Redmond Regional Medical Center
Jim Sargent	Wellstar-Atlanta Medical Center
Aruna Mardhekar	Wellstar- North Fulton

Call to Order: 1:20 PM

Quorum Established: 1:20 PM, 7 of 9 commission members present.

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

Dr. Ashley mentioned witnessing first hand the trauma system that our state and many in the room built together as he witnessed responders in action handling a large accident on the way to todays' meeting. There was a sense of pride and accomplishment as he watched the helicopters land on the interstate and retrieve patients. What we all do in this room truly makes a difference and is important work. Dr. Ashley welcomed everyone to Saint Simons Island and began with the Chairman's' report and began by congratulating Grady Hospital on their recent ACS designation.

G.R.I.T 's most recent research update was recently published (containing the Pracht data) in the July issue of American Surgeon. The paper, " A Decade Evaluation of a State Trauma System: Has Access to Impatient Trauma Care at Designated Trauma Centers Improved?" was provided to each of the Commission members. As you read through the paper you will see the improvement regardless of what type of injury is being looked at. Access to care was increased over 20% over the past 10 years for all age groups. The system is making a difference and we will to continue to document this as we go forward. There are two additional G.R.I.T research papers being published in September, ' What are the Costs of Trauma Center Readiness? Standardization of Trauma Readiness Costs into the Georgia Trauma System." And the other paper being published also in September 2017: "Successful Incorporation of Performance Based Payments for Trauma Center Readiness Costs into the Georgia Trauma System". This data is when we did the survey 3 years ago and also a look at

the performance based system over the past six years. This paper appears to be the only one that looks at these data points so this is showing Georgia leading again in regards to Trauma patient care and access to care and time to care.

The Trauma Center Readiness Cost Survey is being re-worked with the assistance of Tracy Johns. There will be a webinar on the 31st of August for all those to attend to help understand the survey. We want honest evaluations and the data will be blinded and no one center will be singled out, there will just be averages when it comes to data. If there is an area you do not do, like Injury Prevention, that is acceptable, just fill that space with a '0', as the orange book requires funding for that, but we need real data, honest data so we have real data points to assist with making the system better in the future.

The Stop The Bleed initiative continues to grow. Georgia was one of the States' recognized at the National Advocacy Conference of the American College of Surgeons Advocacy in Washington D.C a couple months ago. Georgia for the second year in a row was chosen as a success story for the Stop The Bleed campaign. There were about 500 surgeons and staff from all over our country and this has generated a ton of calls and e-mails through our foundation and the Georgia ACS chapter. Thank you to all for the hard work put into the Stop The Bleed Initiative.

Administrative Report Presented by
Dena Abston

MOTION GTCNC 2017-08-01:
I make the motion to approve the minutes of 18 May 2017 Commission meeting as corrected.

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

Ms. Abston began the administrative report by letting everyone know the FY18 contracts and the FY17 PBP amendments have been sent to all Trauma Centers. The Stop The Bleed contract was awarded to North American Rescue and we were able to lock in a price on our kits for a full year with expiration of the prices set for June 2018. We held a 2nd Trauma Center / OEMST orientation last week at GPSTC. We reviewed the Commission side of things, hospital contracts, completion of end of year reporting, and invoicing. OEMS/T also went over items needed on their end. We consolidated Region 3 and Region 6 RTAC funds to the foundation as

well as the remaining Stop the Bleed funds for a total of around $41,000 to be held in the Trauma Foundations contract for any materials we may need going forward with that initiative.

In your administrative report folder is the FY17 final collected revenue for super speeders from the department of driver services at $ 21,583,418.00. Looking back over the past months everything seems to be consistent with FY16 funding, as there are no major changes to the funding at this time. We had suspected by now these changes would present itself. If the Pauper affidavit is to make an effect it appears as though it will occur now and not last year as we had predicted. Ms. Abston will work with Ms. Hamilton on a trend analysis report once there is enough time to collect data for reporting. Dr. Ashley asked if he thought we are going to hold for FY18 or will this cut show in the upcoming months due to the new law. Ms. Abston suspects that as long as the Georgia economy continues to grow and have many travelers passing through that speeding is evident. Ms. Abston also stated that the Pauper's affidavit is applicable on reinstatement fees only and she suspects many do not know the new law exists at this time. Dr. Dunne asked if people are not applying for the exception at this time. Ms. Abston says you have to be going significantly fast to obtain a super speeders' ticket. Mr. Terwilliger asked if we have seen any of the fireworks proceeds at this time. Ms. Abston projects these funds, which should be around $1 million we should see in January 2018 timeframe.

Dr. Ashley asked if there is any talk from the Governor's office/ Budget office about any additional funding or getting more of the $21million. Ms. Abston hopes our fall meeting with the Governor will be as impactful as last time. Dr. Ashley asked to set this meeting up prior to the budget talks. Mr. Drawdy asked if the meeting could be after November 3rd. Dr. Ashley asked when the governor does the budget and Dr. Mullins suggests we find out when they are working on the budget and get in there prior to the budget being finalized.

Also in your agenda is an overview of the H.R 880 Mission Zero Act and has had some action as of this July. Dr. Dunne had asked Ms. Abston to look into this at the last meeting. It also appears at this time that this particular bill does not have any Georgia support or sponsors at this time so it may be something the Commission members would like to consider speaking to their legislators about. H.R 880 Mission Zero Act is about utilizing military base hospitals for civilian trauma care. Ms. Mabry said that the keynote speaker for tomorrows' Day of Trauma events, Dr. Schreiber is also speaking on the H.R 880 Mission Zero Act. Dr. Ashley agrees that this is something the state of Georgia should support. Ms. Abston says there are no sponsors out of Georgia at this time and this appears like something we need to get behind. Dr. Ashley suggests a discussion between GSACS, the Trauma Foundation, and the Commission on how to get behind this.

Ms. Abston reviewed the readiness cost survey and discussed the upcoming webinar being held the last day of August. All Trauma centers that are contracted with us are now required to complete this survey. Some important dates we intend to stick by are the readiness webinar, the time to complete the survey by the centers; then Warren Averett will complete a cost analysis. It is our intent to have this all completed prior to the next legislative session. A proposed timeline was given to Commission members. Dr. Ashley emphasized the importance of this and those that need to attend the webinar are your Trauma Program Managers, Trauma Medical Directors, and CFO's or their designee. Even though this is a lot of financial data if you turn this over the CFO they most likely will not have all the clinical expertise needed. Navicent with Ms. Tracy Johns just completed this survey. There is a need for other departments involvement. Ms. Johns asked if we expect all levels 1-4 whether they are designated or not as it was not specified. Ms. Abston says that only Commission contracted Trauma centers are whom they have sent to in the past and whom have been required to participate. Ms. Johns says that there are some facilities that are designated but do not receive State funding. Ms. Abston says we would love for those centers to participate but we cannot require it of them and it would be on a volunteer basis if they chose to participate. Dr. Ashley says anyone is welcome to participate that is designated. One of the metrics for the contracted centers is to complete the readiness survey.

Ms. Abston told the Commission that Trinity Hospital of Augusta will no longer participate in the Trauma system and included the letter she received from them. Ms. Abston included a list of upcoming Senate Health meetings and encouraged Commission members that can participate to participate. Mr. Terwilliger says he will send the house updates to Ms. Abston that he receives. The task force that is working on the Health Care reform is meeting soon and those dates are also included in the Administrative report. Also in the Administrative report is the closing budget report, a Stop The Bleed update, and the last is the EMS Subcommittee budget.

Mr. Drawdy reviewed the FY17 closing budget for the Commission drawing attention to the bottom lower right. If you recall the last budget was going to return around $ 7,000 however this particular budget shows a return of only $ 4,562.00 which is phenomenal as anything under $ 10,000 is considered excellent. Mr. Drawdy asked if there were any questions. Dr. Ashley told Ms. Abston that she and her staff is doing an excellent job. Ms. Abston says this amount of money is the lowest turn back to date for the Trauma Commission since it's beginning. Ms. Abston drew attention to strategic planning updates and reminded the Commission that we are scheduled to be in Macon in January 2018.

GTC Strategic Planning Update(s)

Presented by Ernie Doss

Mr. Doss has some information to share about the Time to care metrics project.

He reported that earlier this year we had found ways to manually work the data for the Time to Care project. There are ways to automate the manual data and he is working with Mr. Kunkle on this. In addition, we are working with the IT department within the Department of Public Health, and we are using a data analytics program called 'Click'. Servers are being set up and Mr. Doss feels comfortable that by the time of our January 2018 meeting we will have some data to show.
This will be information taken from the DI and matching with EMS to match up pieces that may be missing. Manually we can do it but we are using the program to perhaps automate the process for the larger share of the work. Mr. Doss is working with Mr. Kunkle and Ms. Abston. Mr. Terwilliger asked if there is a timeline. Mr. Doss says we have completed a proof of concept and hoping that data will be available to discuss in January. The project is working on how to get this working on the current national data set. We are setting this system up to where it is working forward but we would also like to get some of the back data also working. Dr. Dunne asked if we were collecting the data from the point of accident to the trauma center. Dr. Ashley proposed a timeline of a trauma patient and asked if we would be able to see that timeline. Mr. Doss confirmed that this is correct, we will be able to query the data, and we will be able to look at other metrics that will also be within the data system.

TQIP/NSQIP Data Analysis Team
Presented by Kara Allard

Ms. Allard gave a TQIP/ NSQIP collaborative report next. We have identified key data points to collect from the Trauma registry and some manual entries as well with the help of Ms. Atkins from Grady. Ms. Allard visited all Trauma Centers and collected Q1 2017 data, various metrics, with data from them and will present tomorrow. The goal is to try to identify some correlations in the certain inputs with some acute kidney injury in patients we are seeing. Over the next couple of months we intend to do some more collecting of data and get a larger sample size. Ms. Allard will do the data analysis and then we can have some ways to identify key areas to address that we can put a protocol together for and implement in January. At the annual meeting in July in New York we met and discussed NSQIP data collection and there are several on board for data sharing, it was a very productive meeting. On the TQIP side there is a protocol where most centers have either adapted or implemented three guiding principles that will reduce accidents statewide. NSQIP is also looking at a project ISCR (Improve Surgical Care & Recovery). So TQIP and NSQIP have a combined project as well as individual projects at this time. Dr. Ashley says great work and he is excited to look at the data tomorrow.

Establish (Re) Designation Process
Presented by Renee Morgan

Ms. Morgan reported that she, Ms. Abston, Dr. O 'Neal, and Ms. Garlow have been working on their Strategic planning tasks of reviewing and revising the designation process. We have been

reevaluating our current designation process and we have sent out to all the Trauma Program Directors a draft for their review. We are experiencing a lull right now with summer and vacations, etc. Dr. O' Neal is also reviewing the process. We are looking at some new implementation and how we will go down the road with our Level Three and Four centers since they are not involved in the ACS verification process. As of July it was reported that all centers have applied for or had an ACS visit at this time. It appears no dates are confirmed for our centers at this time. We are working diligently on our Three's and Four's and their re-designation and this is moving along. We are looking at doing some preliminary visits and preparing centers prior to their ACS visits. Everything is being fine-tuned and since this is a regulatory process everything we come up will be required to go through the legal department. Dr. Ashley wants to publicly congratulate Dr. O' Neal on his appointment to Public Health Commissioner.

System Planning Report

Presented by Billy Kunkle

Mr. Kunkle began with a Stop The Bleed update and feels that we are really getting our message to all areas of our state. There is plenty of opportunity for this project going forward. We have purchased 29,000 kits at around $ 35 for each kit. We also purchased 660 training kits and those are being produced now to be delivered. The training arms were built by Wyatt Newton as part of his Eagle Scout project he assembled our training arms. We have also purchased and distributed about 20 booklets per school on the Stop The Bleed program. There were some additional funds remaining and we have put them with the foundation for future use or needs in regards to this program. The final delivery of kits will not occur until late November or early December. As far as the training has gone, we have hosted training sessions at many events over the summer and the School Nurse association conference we were able to train over 400 school nurses. There is a lot of excitement for them in knowing they are receiving training and resources for the initiative. Also, another 400 people were spoken to in Tifton this summer. During the conferences we worked booths and held classes. We still have several more conferences and we have established some training sessions for teachers at the beginning of the school year. At this time we suspect we have trained about 2,500 people at this time. Dr. Nicholas asked if Mr. Kunkle would like to comment on the nursing response at one of the schools.

Mr. Kunkle says there is statewide participation between schoolteachers, nurses, and others at this time. A head nurse at a recent event in North Atlanta made the comment to Mr. Kunkle that the nurses at that school would not be able to use the tourniquets as that is out of the scope of practice for her school nurses. Her reasoning was that they had recently held an AAHA first aid class and that there was no training of tourniquet use and after a follow up discussion it is still being discussed. There is no scope of practice with a tourniquet, says Dr. Ashley and he commended Billy for his care in handling the situation. We do have a process in

place to keep data on usage of the kits. Dr. Dunne asks in addition to finding out of the kits used can we also know that the kits were successful for them. Mr. Kunkle confirmed that they are asking this when it is reported that a kit has been used. Dr. Ashley suggests we find a way to recognize when a kit is used. Perhaps an email group can figure out how we recognize those being used and we will need some success stories throughout this process. Mr. Kunkle has also spoken with the National Bleeding Control.org headquarters and they are working on some dynamics of how to work together and be beneficial partners to each other. In addition, Ms. Mabry has posted to the foundation page an updated power point about our Stop The Bleed program and educates everyone as to why we are doing this. There is also some media coverage in the Atlanta area as well as Augusta, Macon, and we endorse this coverage as it helps gets the word out. Mr. Kunkle would like that those that do talk to the media please let them know this is a statewide initiative not a facility specific initiative or an EMS agency specific. Ms. Mabry wanted it known that we are currently the only state that has a statewide Stop The Bleed program. We are creating the template as we go and we have had a phenomenal response and the momentum is picking up. There have been some instances of freelance training where some EMS agencies are going out and doing their own thing, some hospitals are doing the same, and we need to talk this out and make sure we are not overlapping in our efforts.

Mr. Terwilliger has done quite a few CPR and First Aid courses and at this time the tourniquet training is not taught. Mr. Terwilliger says we need to reach out to Red Cross and other services that teach First Aid and have some dialogue about teaching tourniquet use. Dr. Ashley says the October COT meeting he will bring this up and ask the chair of the National COT to interact with agencies and get some changes made to their first aid curriculum. Dr. Ashley understands that we are changing culture here as over the years we have told people to not use tourniquets and now we are changing this policy. Dr. Ashley suggested we get the AHA/Red Cross/ American Heart Association groups talking about tourniquet use. Dr. Dunne says the ATLS course sponsored by ACS /COT does not have tourniquet use in the curriculum.

Dr. Nicholas says the reason he brought this up is because it is like a glacial change in process and not a small task. Having an ATLS handbook revised can be a lengthy process. Dr. Nicholas is curious if it would be helpful perhaps to have a letter from the Commission that we can send to school superintendents that perhaps display the current science and training behind this. Dr. Nicholas says some of the feedback received in his area was that they do not train on tourniquet use. Dr. Ashley suggested we work on the letter and Mr. Kunkle says he will work on the letter. Mr. Kunkle says they do have a letter at this time but if we had a letter that had several endorsements that would be more effective.

Ms. Garlow suggested considering involving Dr. O 'Neal in the letter. His endorsement would be very beneficial. Dr. Ashley requests involving Dr. O Neal and forming a combined effort of the EMS community, the Commission, and the Department of Public Health as endorsements.

Mr. Terwilliger says he has seen tourniquets put on superficial cuts. The gentleman had a two-inch cut on his thigh and a tourniquet was unnecessary. Dr. Nicholas says everything that is bleeding these days is getting a tourniquet and probably what we need to emphasize in the training is that the tourniquet really has a role in pulsatile bleeding, a wound that has failed direct pressure. Dr. Nicholas says he cannot speak for all centers but extremity wounds are coming in with tourniquets these days.
Dr. Dunne said that the misuse of tourniquets can be turned into teaching moments and once the patient has arrived perhaps a nurse or doctor can train the EMS person on proper tourniquet usage and placement, it is not a time to criticize but time to train. Dr. Dunne says the more accurate training we can get out there the better.

A training kit with the Trauma Commission logo was presented to the Commission. Mr. Kunkle explained that the teaching points he is getting out to the schools with the kit delivery are (1) need to be able to teach all staff how to utilize the kits (2) and the location and placement of the kits as they are small and can be lost. The school nurses are whom we are delivering to and are making responsible for and we are explaining that location of kits is key but that it is up to the schools discretion in placement of the kits. Ms. Mabry added that there is an acknowledgement agreement signed with kit delivery.

RTAC Updates
Presented by Billy Kunkle

Mr. Kunkle report on the Regional Trauma Advisory Councils and their updates. He has visited all regions with the exception of Region 1 since Ms. Abston resides in Region 1. There is a monthly conference call now with all RTAC coordinators. Several regions have paid coordinators and are a tremendous asset to Mr. Kunkle. Region 3 has a new coordinator, Justin Barrett; he also works in EMS community in metro Atlanta. Emily Hall is in Region 4 and is our new coordinator and Trisha Newsome is also new but catching on quickly. Next meeting there will be standardized regional reports given.

Region 1, Jana Cairnes completed an exceptional RTAC report for her region and they did their BIS assessment in July. They want to increase their BIS assessment score. Mr. Kunkle would like to help in increasing all region(s) BIS scores. Region 2 is doing great with Chad Black up in the Gainesville area. They have their upcoming Trauma Symposium and you should have an e-mail or mailing by now on its details. Region 3 has their new coordinator and has completed 2 RTTDC courses in the metro Atlanta area. They are also working on another course at Piedmont- Newton and are waiting on ACS approval on that. Region 4 reports that Steve Fulton has taken over for Paul Beamon, they have their trauma plan draft written and we should expect to approve their plan in January. Region 5 has Kristal Smith and she is really an asset in her area and across the state. Region 6 has Trisha Newsome now and is working on a

new BIS assessment and updating their plan. Region 7 reports their BIS assessment is complete and they held a meeting last week to talk about where to go from here and how to make things happen. Region 8 has had some start up funds for over a year ago and has not utilized these funds yet but Mr. Kunkle intends to reach out and help them. Region 9 is going well, Stephanie Gendron is great in her role, and they are working hard on the Stop The Bleed training. There are plenty of schools in the Savannah area looking for trainers to come to their schools on October 9th. If you can volunteer please let me know, as Stephanie will be on maternity leave. Region 10 is completing their BIS assessment over the next couple of weeks. Mr. Kunkle asked if there were any questions. Mr. Drawdy applauded Mr. Kunkle and all his work in the short months he has been with the Commission.

Ms. Mabry wanted to bring everyone up to speed on the paid RTAC coordinators. The trauma foundation has taken on 2 of these contracts to assist in compensation but she suggests there are things to be worked out in this area, as there is not a streamlined process. Ms. Mabry is happy to fill the gap at this time but if this will be a long term need of the foundation then we need to have some discussions about this. Mr. Kunkle explained that one of the regions funds went to a hospital. Mr. Kunkle would hope that anyone put in that position would hold accountability. If we run the funds through the foundation it appears to be a better methodology. Mr. Kunkle is supposed to put together an organizational chart about this.

Mr. Terwilliger expound on how the RTACs report and whom they report to. Dr. Ashley suggest Mr. Kunkle take this on. Dr. Nicholas backed up and explains that the trauma system improvement grants had to go via a hospital. As we transition our position in Region 3, Mr. Kunkle was with CHOA, and when he transitioned out of his prior position, CHOA did not really want to handle this anymore. So we understood that and have had talks with Ms. Mabry and the foundation about handling things through her foundation. Dr. Nicholas says you cannot predict coordinators longevity so these positions are often filled and it works out for a long run and some for a short term. Dr. Nicholas says it would be great to standardize the process and if Ms. Mabry and the foundation are willing to take this on we need to further our discussions on this. Mr. Kunkle thanked Ms. Mabry for her willingness to help always. Dr. Nicholas says there are a lot of items that we could smooth out with a process in place.

Dr. Bleacher wanted to make sure that this is ok to do and would like confirmation that housing the RTAC funds does fulfill the mission of the foundation; education, research, and injury prevention. Dr. Bleacher would like an opinion on this from the AG's office. Dr. Dunne says that we should direct this to Mr. Kunkle. Also to determine, is there sustainment funding and what avenue works best for that. Dr. Dunne suggests we let Mr. Kunkle work on this and report on this at the November Commission meeting. Mr. Terwilliger also agrees we need this process worked out. Mr. Kunkle agrees and will begin work. Dr. Ashley says another part of the pilot was to see what we could do with what we have. There should be a lot of information out there for you to determine what the current and future needs are.

Ms. Mabry asked if she could be involved in this process as the foundation is filling the gap at this time but wants to discuss the long term objectives and what the RTAC goals are and if those goals are being met or not. Dr. Ashley suggests by the November meeting that we have recommendations on the project and a final report should be given at the January meeting. Dr. Nicholas also reemphasizes Dr. Bleachers request to get a legal opinion on confirming that the mission of the foundation is being met with RTAC coordinator funding being housed there.

Office of EMS and Trauma Update

Presented by Ernie Doss

The largest things we'd like to report on is David Newton has come to work as a Cardiac Care registrar for the OEMS/T office. This project is getting started and we are excited for Mr. Newton joining us and he will also be helping on the Time To Care metrics project. Our GEMSIS data set is live, there is live data in it today, and the process is rolling out to vendors and servicers to get them moved over to their data set. We have talked about a date to give to vendors and servicers and that will be March 2018. SKEMA is now out there and Mr. Doss is in the process of notifying vendors that they can complete their software building. Mr. Doss also reminded the group that the office has relocated.

Ms. Morgan wanted to tell the group about the orientations being held. There have been 2 so far and there has been really good feedback from the centers. The quarterly reports have been updated and those updates will be shared tomorrow with the Trauma Medical Directors and program managers. Those reports should now fall in line with other reporting schedules. We have been able to give both positive and negative feedback to our centers as far as how the Trauma Registry is being used. Ms. Probst has begun some registry webinars and there has been positive feedback from those webinars. Everything has been posted on the foundations website on the calendar.

There is a heightened interest in trauma center designations some level 3 and 4's in pretty rural areas looking for assistance or other resources that are in dire need of support or will be looking at closures. Ms. Morgan has a website link to share if you are interested that will show some of the rural trauma team development needs. The military bases in Georgia are going through some issues with the registry. It took 2 years to get the registry approved by the military and working for them. Dr. Dunne and Ms. Morgan visited Fort Stewart, it appears the biggest roadblock is the federal government component vs state government component. We have been in active conversations with them and moving forward but whatever support you have for those military bases please keep Ms. Morgan in the loop if you know of any updates as it mainly concerns the level 3 and 4 centers. Dr. Ashley asked if Trinity was out and Ms. Morgan says she sent a letter to them but does not see them staying in the trauma system.

Georgia Trauma Foundation Update

Presented by Lori Mabry

Ms. Mabry welcomed everyone to Saint Simons Island and gave event details for the remainder of the Day of Trauma and GSACS weekend events. For tomorrow there is a great day full of speakers and topics. There will be a morning TQIP meeting and a Stop The Bleed update to the masses. There is some basic to advance training going on with our registrars tomorrow with our Pennsylvania trauma team members. The Georgia Trauma Symposium will be hosted along with the TQIP meeting at Chateau Élan in Braselton and it will be held in late March 2018 and we will begin program planning next week. If anyone would like to assist in the planning please e-mail Ms. Mabry to get involved. The foundation will be working on filling the new position prior to the end of the year. Education is robust and the process has changed, we have now set up a scholarship application process where anyone can apply for as many courses as they like and a committee will select students. There is also a deposit process now for those that have been no shows in the past, this presents a little skin in the game. Amanda Rodriguez is the Co-chair of Education Committee and success and attendance rates have drastically increased with these requirements in place.

Trauma Awareness Day was resolved to be the first Tuesday in February going forward in Georgia, please save the date. If there is an initiative that this Commission would like us to go lobby for then we need to get these ideas from you soon so we can begin work. We will be working again with the Georgia Chapter of the American College of Surgeons and Ms. Browning. Ms. Abston reminded everyone that March 22 will be the Commission meeting and it will be held at Chateau Elan and coincides with the other events there that weekend.

Georgia Committee for Trauma Excellence Subcommittee Update

Presented by Laura Garlow

Registry Webinars: The registry subcommittee, in conjunction with the Georgia Trauma Foundation, created a platform to standardize delivery of a registry webinar designed to update all users on changes to registry and provide a forum for a Q&A session for all registry users. Live webinars are presented every other month and session recordings are posted to the Trauma Foundation website for easy access. An email was created to allow registrars to submit questions to be included in upcoming webinars.

Registrar Education: There continues to be strong commitment for continuing education for registry staff. A grant funded AAAM course was recently offered through the Education Subcommittee. A dedicated track for registry education will be offered during the upcoming Day of Trauma featuring Guest Lecturer Nathen McWilliams from PTSF. This educational offering will also be recorded and made available for all registrars throughout the state via the Trauma Foundation's website. Also in collaboration with the Trauma Foundation and the Education Subcommittee there will be a special preconference at the spring Trauma Symposium. We will be offering the American Trauma Societies Trauma Registrar course. Details will be forthcoming.

TQIP Data Validation Project: Four Georgia TQIP participating hospitals underwent an external data validation audit by the ACS TQIP team. The process was so helpful we have asked that a special session be created during the Day of Trauma to share the states aggregate findings and to review the new Frequency Submission Report .

Education Committee

We have started with a scholarship-based attendance of our programs. Deposits will be required to attend classes and returned upon completion. The purpose is to increase attendance, and has proven successful with TNCC already.

For FY17 courses, TOPIC was a success in June. TCAR is being held at Grady on 10/17-18/2017. TNCC will be at Meadows on 10/26-27/17. ATCN is being held at Grady 11/18-19/2017. Check the foundation website or contact us directly for more information.
We do have FY17 funding available for RTTDC courses, as well as FY18 funding available for RTTDC and ENPC if anyone is interested in hosting those classes at their facilities. Our next meeting is this week at the Day of Trauma. It was noted that RTTDC seems to be a statewide problem. Dr. Ashley says the course is great and it is what the non trauma center needs as to how to identify and transfer patients quickly that have life threatening injuries. Dr. Ashley says this is a complex issue, the subcommittee says they are also working on repairing this. An AAST paper published from a previous medical resident who is now at Vanderbilt, they basically told the hospitals in the regions that we will provide a free course, they sent out proposals, and then they let them sign on from there and built it from the ground up. They built relationships that way. Look at the paper, Brad Dennis wrote.

Pediatric Committee

The pediatric group discussed the time of transfer with the performance improvement sub-committee since we were going to investigate the same issue. The state data was incomplete since the pediatric question was not asked in the first 2 quarters of data sent out by Marie. The pediatric group and performance improvement group were going to touch base with a plan after the next set of complete data was sent out by Marie.

Resources and Special Projects Committee
They have been working on updating and revising the Trauma Readiness Survey.

Emergency Preparedness Subcommittee
The Emergency Preparedness Subcommittee is keeping abreast of the new CMS requirements regarding Emergency Preparedness in Healthcare Facilities. Attended a seminar at EMAG in April in regards to this and information gathered there indicated that CMS is looking for each facility to have a functioning Emergency Preparedness Plan, have conducted the required exercises, etc. To simply have these things "in the works" will not be enough to satisfy the requirement. They must be in place and all requirements in compliance fully
As was announced at last meeting, ASPR has experienced significant budget cuts and as a result, the ASPR Calendar has gone away. Most of the classes listed there are still available and there is still funding for many of them but this funding will be channeled through the Regional Coalitions and they will be responsible for requesting and hosting these classes. Make sure each of you is in touch with your Regional Coordinating Hospitals and active in your Regional Coalitions in order to take advantage of the classes offered through them AND to be aware of any upcoming Regional Exercises. It is very easy for any facility to piggyback onto these Regional Exercises and therefore satisfy the CMS and JCAHO requirements
Since January 2017 the GCTE PI Subcommittee has worked on two major projects under the direction of the GCTE Committee leadership. Project one involved standardizing the SBIRT Trauma Registry elements in V5, defining SBIRT and creating an SBIRT toolkit to assist trauma programs creating SBIRT compliance. Project two focused on the opportunities identified through review in the quarterly report PI indicator: ED length of stay the 120-minute timeframe in patients being transferred out.

PI Subcommittee
The subcommittee was led by Rochelle Armola, Trauma Services Director at Memorial through July 25, 2017. The Committee had standing monthly meetings and breakout groups 1 and 2 met regularly to work on the two projects to report back to the full group. From this work a SBIRT resource toolkit has been created to be reviewed by the GCTE committee members for upload to the Georgia Trauma Foundation resource site in a file for SBIRT.
The PI subcommittee transfer group 2 needs additional members from the Level III and IV centers to assist with developing a PI plan(s).
The subcommittee would ask the GCTE Committee, Marie Probst and Renee Morgan for decisions and assistance on the following items:

1. Review and recommendations or approval on the SBIRT toolkit for final upload
2. Registry field response determination for SBIRT screen for consistent reporting at all level trauma centers for SBIRT
3. Clarify the 120-minute indicator further considering their urgency for transport over vs need for specialized care (either by ISS or physiological criteria)

Additionally, the GCTE members will need to vote on a new PI Subcommittee leader with Rochelle's departure. Recommendations for a replacement are being sent from our committee members to Laura Garlow as well. In the interim Rochelle, with Laura's permission asked Anastasia Hartigan to manage meetings and ensure the group reports were not missed while new leadership is voted in for the remainder of the term of service. We ask that that vote occur at this meeting if possible so our group does not lose momentum.

Pediatric Committee

The pediatric group discussed the time of transfer with the performance improvement sub-committee since we were going to investigate the same issue. The state data was incomplete since the pediatric question was not asked in the first 2 quarters of data sent out by Marie. The pediatric group and performance improvement group were going to touch base with a plan after the next set of complete data was sent out by Marie.

EMS Subcommittee Update

Presented by Courtney Terwilliger

Mr. Terwilliger encouraged the Commission to refer to page 15 and refer to FY2018 budget and asked the Commission to review how the EMS Subcommittee voted and approved to spend the funds for FY2018. We have had several meetings and the week before last week we approved the scope of work to do these things presented in the budget. So we are set to begin this process. We will have right off the top the AVLS funding for that system support. There is a map in your packet you can refer to and see where we are at with the AVLS project If you look at Region 5, 10, 6 on the map, all 3 regions have AVLS units in all 911 operating trucks in those regions. The goal is to have every 911 service equipped with the AVLS capability. We also intend to spend funds on the Leadership classes and then funds of $ 46,000 for each region for some Regional Improvement grants; if a region choses not to participate then other regions will get more funds as appropriated. You will notice a large gap in training courses on this budget. We still have funds from last year and are still holding courses like PHLTS/ITLS/EPC/GLS but utilizing previous year funds to support those.

The cadaver lab was a new thing that one of the members brought to us after being involved in one up at Erlanger in Tennessee. We put $ 120,000.00 in there to hold 2 cadaver labs. There were some folks who raised objections based on the scope of work, as to how many the classes will host from the information in the Scope of Work. Those numbers will be better than the Scope of Work indicates. Another objection was why are you using Erlanger and his response was that they are actively doing it. Mr. Terwilliger says if you know of other facilities having cadaver lab courses to please talk to him. We want to see how well this turns out and how much bang we can get for our buck. There are some funds ($ 187,000) for some additional AVLS units. Also, we have

$ 22,400 to do some EMT instructor courses. The only other piece to the puzzle was we had put funds out there to do some videos last year. The concept was to capture videos in the trauma centers and put these videos on a learning management system platform. We have yet to find a learning management system that will work for us and so far nothing came together with our partners down at GPSTC. So what we did was take some of those funds and put them in to the Regional Improvement Grants.

With the remaining funds we are trying to develop a Critical Incident Stress Management program/system and we recognize it is a significant problem for first responders, EMT, firefighters and all personnel in this line of work- and I am sure the same is for trauma bay. We recognize this as a significant problem. So there were funds long ago for something through the ASPR grant but we did not have funds for sustainable programs just some classes. We know we cannot do it alone and that we will need to combine/partner our efforts with pre-hospital world. The initial meeting will be the big boy; the colonel of Georgia State Patrol, Public Health folks, and the Sherriff's association to see if we can gain support for this. We suspect this to be a 3 year development period but we will need partners in this, interdisciplinary, if you will. We want all the important players at the table. The guy that wanted to do this for us is a little angry as we have not given him any money at this time. So we are using Tim Boone at this time, he is a PHD from Georgia Tech. The next step to this is to pull all the important men and women together to start developing a concise and consistent plan. Mr. Terwilliger asked if there were any questions. There were no questions.

Ms. Abston reminded the Commission there was a need to approve the EMS Subcommittee budget. All were in favor and support of the FY18 EMS Subcommittee budget and this did not require a motion.

New Business

Presented by Dr. Dennis Ashley

Dr. Ashley asked if there was any new business. The only new business he has is a plug for Navicent Health's upcoming trauma symposium on November 2nd. This year's focus is 20 years of disaster medicine. Dr. Abraham and the Trauma director in Florida and those that worked the Orlando Pulse Nightclub disaster and host a discussion about all lessons learned from that. Dr. Ashley asked if anyone else had anything new. Mr. Terwilliger says he does.

Mr. Terwilliger has resigned from GAEMS as of last week because of this issue over conflict of interest that has vexed him for several years and as his favorite movie character has said, "the strain was more than he can bear." So he is going to make a motion here in a minute. We are an advocacy board essentially, we are appointed by constitutionally elected officers of the

State; Governor, the Speaker, and Lieutenant Governor, before I was appointed they checked me out, they may have missed a few things, but they did nominate me to be a part of this Commission. So what his motion is today is, as a matter of policy it will not request any additional examination of any individual member unless the Commission during a regularly scheduled meeting calls for the same examination of all members of the Georgia Trauma Network Care Commission. So basically, Mr. Terwilliger is asking that is there is an examination of one member that there is an examination of all members. Dr. Ashley says it sounds good to him. Dr. Mullins asked if this was a motion and if so he would second it. Ms. Abston asked if this was a motion to change policy. Mr. Terwilliger says he uses the term policy, depending on your terminology but he means, policy, rule, expected behavior, but he uses the word policy.

MOTION GTCNC 2017-08-02:

I make the motion to as a matter of policy it will not request any additional examination of any individual member unless the Commission during a regularly scheduled meeting calls for the same examination of all members of the Georgia Trauma Network Care Commission.

MOTION BY: Courtney Terwilliger
SECOND BY: Dr. Fred Mullins
DISCUSSION: see below
VOTING: No vote occured
ACTION: Motion Rescinded after discussion

Dr. Ashley opened for discussion, his first question is, it states unless we ask for everybody. So an example, a new Commission member shows up next week, he may be on the board of something (trauma center, vendor, EMS), and so are you saying that we would have to turn around and ask all existing members to complete a conflict of interest every time? Mr. Terwilliger says we have an ethics form we complete. A new Commission member doesn't just show up to this board. By the time they are elected to serve they are vetted and theoretically understands his/her background. Mr. Tewilliger believes we need to develop a form to list all our affiliations and make this available to all members. If anyone has a conflict from that, all he is asking is that we are equitable across the board and not treating any member different from any other member. Dr. Dunne asked if there is a policy regarding the Commission in place for this. Dr. Ashley says he doesn't recall this being a policy nor knowing of it in the by-laws. Mr. Drawdy suggests this may be something we need to ask the AG's office about and get with the 3 that appoint and perhaps research this that way. If a new Commission member comes on with a great big conflict of interest it will be difficult to work with them. Dr. Ashley says we serve at the pleasure of the legislature and have no control as to whom they put on the Commission. Dr. Ashley says if we complete a form or we questioned them upon arrival. Regardless, we cannot remove them. Where we would have control, we would need to play by

State Government and AG rules that if we make a deal and work with a vendor that perhaps the new Commission member owns is something we can control with the disclosure. Legal counsel, our AG will be the only ones that can decipher this.

Mr. Terwilliger intends for the motion to just treat all members fairly. Dr. Ashley says so an example, Commission member x has a potential conflict of interest and we have asked AG to look into it also, while you are looking at that can you look at everyone's conflict of interest to make sure we are all safe. Dr. Ashley says he can go along with that. Mr. Drawdy says maybe he should have been looked at the same time Mr. Terwilliger was looked at. Dr. Mullins said the reason you two, (referring to Mr. Terwilliger and Mr. Drawdy) are here at this table is because you are representing EMS. Mr. Terwilliger told Dr. Mullins that Mr. Drawdy represent EMS, that Mr. Terwilliger (he) was appointed by speaker of the house to represent small Rural Hospitals. Dr. Mullins says regardless you are an important part of the Commission (to Mr. Terwilliger). Dr. Bleacher asks if someone would need to recuse him or herself from that vote. Dr. Ashley says we need to get specific. So as a Commission, we decide we want to work with vendor X and this is a good deal, here are some funds to do this for the state, then it dawns on us (worst case scenario) that commission member owns vendor X so we would need to ask at that time a legal opinion of the AG's office if that would be a conflict of interest and have them answer that question and if they say yes that is a conflict then we would have to do business with another company because of the conflict of interest.

Dr. Bleacher says, what Mr. Terwilliger is asking is at that time when we have asked the AG's office that the rest of the Commission will need to state that they don't have a conflict of interest. Mr. Terwilliger says, well if they examine one member they need to examine all members. Dr. Nicholas says on some level, everyone sitting at this table has a conflict of interest. Several here work for hospitals that receive money from the Commission; any EMS agency receiving funds is also a potential conflict of interest. So the concern he has with voting for Mr. Terwilligers motion is that this puts the Commission at potential risk for replacing those on the Commission with those without expertise in the field. Mr. Terwilliger doesn't see that in his motion. Mr. Drawdy says we should seek the rule of the AG office. Mr. Drawdy says he will follow the AG's ruling. Dr. Nicholas says we complete a yearly form for them. Dr. Mullins thinks that if the AG office does see a conflict of interest, they go ahead and look at everybody at that point. Dr. Dunne says in his region a great example in regards to RTAC coordinators, he voted for his own RTAC coordinator. And did they think at that time to consult the AG's office and should he have abstained from that vote or not have even voted.

Mr. Terwilliger looks at this Commission as an advocacy board. Dr. Nicholas point is well taken as we do have a conflict as we believe in improving the trauma care level through the hospitals and centers and EMS and nurses, it what we do. To Mr. Terwilliger that is not a conflict that is a movement to better care. Mr. Terwilliger would really love the state law changed to be called an advocacy groups so that people who do have a passion for it are

allowed to vote for the tings they believe are right. Mr. Terwilliger will never question anyone that has been appointed to this Commission by elected officers of the State; Governor, the Speaker, and Lieutenant Governor. Dr. Mullins suggest we just get AG's opinion on the whole thing. Dr. Ashley asked Ms. Abston where our AG was and Ms. Abston says you have to request them to attend the meeting and she was unaware of the request to begin with. Dr. Mullins says you can take this, talk about it for days, and get in all kinds of details and we should ask them where we stand. Mr. Terwilliger says he would vote against that, as you should never ask a question if you do not know the answer.

Let's just say you ask and the AG office says you all have a conflict. Mr. Terwilliger says we all do to some extent. We are all trying to improve the trauma care and we are all affiliated. Mr. Terwilliger doesn't suspect elected officers of the State; Governor, the Speaker, and Lieutenant Governor has any problems with that. If we ask the AG office if we have a conflict and they say ` absolutely' then we wont be able to make a motion or have a vote. Now all Mr. Terwilliger is asking, he is not asking for what we want to do -he thinks what we are now asking stands to dissolve the organization. In the beginning and now, they know what they are doing. They had a system in place from the beginning. All Mr. Terwilliger is asking is that if we ask about a conflict of interest that every member get the same look. Dr. Nicholas asked if as sitting member we annually provide our conflict of interest forms to the AG's office. Dr. Nicholas says this form is standard.

Ms. Morgan says just stating from history that she believes this is set up as an advisory board and the law was vetted that way. The original appointments took place this way and they specifically have sought experts in the field for the Commission. Ms. Nieb with the Injury Prevention research center at Emory but she used to be a part of a non-profit that had a board that reported to us and was a part of Piedmont Healthcare. What their general counsel did was complete a form annually and a policy that all signed that required anyone with a $ 10,000 interest or more would need to be reported. So policy was developed that all members signed so that you could control that. Ms. Johns asked if this vote is even within the scope of this group and she is not sure where this is originating or why this is coming up but it should be referred to those who developed the Commission. Dr. Mullins asks that we table this discussion. Dr. Ashley asked Mr. Terwilliger if he would table or put the motion on hold until we can discuss the confusion over the motion or we vote on it if we want to. Mr. Terwilliger wont kick up a ruckus about voting or not voting. He just wants consistency and has an agreement on how we intend to do that. The hospital authority has a form and you list your affiliations and promise you wont utilize your position for personal gain and believes that may solve his problem. Mr. Terwilliger rescinds his motion at this time. There was no additional new business at this time.

Meeting Adjourned: 3:49 PM

Minutes crafted by: Erin Bolinger