



GEORGIA TRAUMA COMMISSION
 January 17 – 18, 2018
 Macon Marriott City Center
 Convention Center Room 306
 240 Coliseum Drive
 Macon, Georgia 31217

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Earnest Doss Renee Morgan Farrah Parker Lori Mabry Gina Soloman John Harvey Susan Bennett Daphne Stitely Amanda Ramirez Kelli Joiner Kristal Smith Stephanie Gendron	Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff DPH SOEMS/T DPH SOEMS/T Doctor's Hospital Georgia Trauma Foundation Gwinnett Medical Center M.A.G JMS Burn Center John D. Archbold Memorial Savannah Region V EMS Region V RTAC Region IX RTAC

DAY 1: Call to Order: Dr. Ashley called the meeting to order at 8:24 AM.

Quorum Established: 7 of 8 commission members present.

MOTION GTCNC 2018-01-01

I make the motion to move to close session for staffing review.

MOTION BY: Courtney Terwilliger

SECOND BY: Dr. James Dunne

VOTING: All members are in favor of motion.

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

Administrative Report

Presented by Ms. Dena Abston

MOTION GTCNC 2018-01-02

I make the motion to move to approve the November 16, 2018 minutes.

MOTION BY: Dr. Fred Mullins

SECOND BY: Dr. Robert Cowles

VOTING: All members are in favor of motion.

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

Ms. Abston began with reviewing the November 2017 and first quarter 2018 Super Speeder revenues from department of driver services. Ms. Abston also reviewed estimated collections of FY18 and FY19 revenue projections. The suspected impact of the Pauper's affidavit is not affecting the revenue as predicted. Ms. Abston discussed the increase in funding of \$5 million. Ms. Abston refers all to page 6 showing the recommended changes to our budget for AFY2018. Ms. Abston reviewed the Commission member folders and all its content for today and tomorrows meetings. Ms. Abston reviews the excise tax collection from fireworks sales. We will see \$176,845.00 and Ms. Abston is working with OPB on this. Dr. Dunne asked if the Governor proposed the increase of \$5 million and he asked how often the house and senate go against the Governor's proposal. Ms. Abston explained the process between the Governor and the House, and through appropriations committee and then finally a combined group and we should know by the end of March our true increase in budget funding.

Dr. Ashley made mention of Dr. Harvey being here and he asked Dr. Harvey for additional comments as far as lobbying our legislators. Dr. Harvey says it would be good for the positive efforts of all our accomplishments is known to the senators and representatives as they will look on this favorably as a return on investment. Discussion on the fireworks tax had Dr. Mullins requesting that someone come speak to the Commission on the timeline of the fireworks tax revenue. Ms. Abston says she will request someone from OPB and/or Department of Driver services to come speak to the Commission on this process. Mr. Drawdy asks if we are to receive the 55% of the fireworks excise tax. Ms. Abston confirmed that this is the amount designated at this time. Dr. Mullins would like confirmation of these revenues and more of an explanation. Ms. Abston will work on having someone at our next meeting to clarify.

Mr. Drawdy reviewed the FY17 closing budget recommendations and began with discussing the additional revenue the Commission will be seeing in the amended FY17 budget. With the possibility of the additional \$5 million we are required to show how we intend to spend the additional revenue. Mr. Drawdy discussed the recent meeting with the Governor and how we can encourage our friends to talk to their legislators. Mr. Drawdy reviewed the AFY 2018 budget recommendations and how if we receive the additional \$5 million in funding we intend to spend those funds. We would increase funding to EMS/T by 3%. We would use \$ 1million to fund additional research grant opportunities to improve overall trauma care. We would assist level 1 and 2 trauma centers with the costs of their ACS verification and consultative visits. We would use \$ 195,000.00 for continuation of the statewide collaborative for TQIP and NSQIP. We would put \$ 500,000 towards the continuation of the Stop the Bleed initiative through the School Response Program and or the Law Enforcement Mutual aid project. The reaming funds would be allocated as 80% to the trauma centers and 20% to EMS for additional equipment grant funding as well as trauma education and readiness and uncompensated care claims.

Mr. Terwilliger asked if some of these funds could be used to encourage some rural hospitals to upgrade their level from 3 to 2. Ms. Morgan discussed that some of these centers left as soon as funding left but that there could be some rural hospitals that could greatly benefit from the additional funding. Mr. Drawdy wanted to mention that DPH consider the trauma Commission the most efficient of their attached agencies. DPH applauded the efficiency of the Commission. Mr. Drawdy turned the attention towards FY17 available funding, went over each line item, and asked if there were any questions. Dr. Dunne asked pending approval if there would be additional detail to the proposal. Ms. Abston confirmed that this plan for the projected funds will help us prepare and allow us to do some work prior to the approval of the AFY17 budget. Mr. Drawdy asked the Commission to review and pending no changes to the legislation agree to the budget subcommittee's recommendations for the proposed AFY2017 funds. The tight frame to administer these funds is very tight once the Governor's budget is approved.

VOTING: All members are in favor of budget subcommittee's recommendations for AFY2017 budget.

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

Mr. Drawdy also made mention that only \$6200 that will be returned to the general assembly and anything under \$ 10,000.00 is very encouraging. Ms. Abston asked members to review the FY17 trauma center funding report. Ms. Abston and Ms. Hamilton compiled the report showing what funds are being used for. Ms. Abston says for FY19 she would like to work on how the funds are actually reported. Ms. Abston would like to create a template that the centers can submit to show us where the funds were spent in amore detailed format. There will be conversations about this in the future and we will institute better ways to report accountability. Ms. Abston also went over the performance based pay scorecards and what was commonly missed amongst centers and found one of the most commonly missed requirements was meeting attendance. Ms. Medeiros has a question about the level 1 quarterly review of the surgeon response time to highest level of trauma activation and record closure of at least 80% within 60 days of discharge and how it specifies that 7 of 10 satisfied this requirement. Ms. Medeiros asked if this was surgeon response or record closure and why the two items were not listed separately. Ms. Abston says those should have been listed separately. 2 centers had record closure times and she believes 1 missed surgeon response time and will break that out separately next time. Dr. Cowles asked about tracking the accountability. Ms. Morgan says this is monitored and we help these centers through these items individually. Dr. Cowles says if there is no true accountability than there is no true reason to track items. Ms. Morgan explains that there is a process in place where we remove funds for those that do not meet the requirements. We take all funds from the low performers and award those centers that meet all criteria.

Dr. Bleacher asked about the centers that have been unable to meet the peer review surgeon attended meetings. Dr. Bleacher asked if since funds can be used for call pay could the funds also be used to pay for the surgeons to attend these meetings. Ms. Abston says that ACS requires attendance so she is uncertain she would fund attendance pay. Dr. Cowles says a doctor's time is valuable as professionals that they are and he finds it reprehensible that we would consider not paying that. Dr. Bleacher says that personally at his trauma center, those that just don't attend there is no mechanism to require them to go. Dr. Dunne says there are some centers nationally that are ACS verified that pay their trauma liaisons a stipend. Dr. Dunne says you want people involved within the trauma center and that this should be left up to the trauma centers to decide how they would spend that money. Dr. Mullins says they are spending more than we are giving them for readiness costs as long as criteria are met the centers should be able to spend as they see fit.

Ms. Abston reviewed the 2018 and 2019 Commission meeting schedule.

MOTION GTCNC 2018-01-03

I make the motion to move to approve the 2018 and 2019 calendar dates for Commission meetings.

MOTION BY: Vic Drawdy

SECOND BY: Dr. Robert Cowles

VOTING: All members are in favor of motion.

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

Ms. Abston asked the Commission to review the list of active Subcommittees and supported committees and foundation. There are some minor changes to a few of the subcommittees with the new Commission member addition. Ms. Abston reviewed which members are on each and mentioned the rejuvenation of the Trauma Systems Evaluations and Data subcommittee. Ms. Abston made mention of the Trauma Center Administrators subcommittee in need of a chair. Dr. Ashley asked the Commissions' opinion as to who would chair this since at this time we do not have an administrator on the Commission. Ms. Medeiros will be interim chair of the Administrator group.

MAG Contract Update

Presented by Dr. John Harvey

Dr. Harvey introduced Mark Wright, new MAG staff, and participant of MAG MRC. He is a marine and fits right in with the team. They have changed the structure a little and moved the MRC from MAG C6 under the foundation as a number of physicians have wanted to donate across the state. Dr. Harvey wanted to thank the Commission and presented the plaque to the members in honor of what the Commission has done for the MRC development. Dr. Harvey mentioned the good working relationship with Dr. O'Neal and there is an increased interest in physicians. (MAG report ATTACH A at end of minutes).

Trauma System Planner Report

Presented by Billy Kunkle

Mr. Kunkle began with a Stop the Bleed update. 8\$ of public schools have kits in place with an additional 5% waiting on the kit delivery. The program is moving well, there have been some issues, but things are being worked out. Mr. Kunkle reviewed the current Stop the Bleed map showing the progress of the statewide project. Some regions have experienced logistical issues, those have been addressed, and progress is occurring in those areas. Dr. Ashley discussed metrics of success for the Stop the Bleed program and how RTAC's truly work as the maps show that those areas that have established RTAC's are accomplishing far more than those areas where there is no established or newly forming RTAC. Dr. Ashley believes the RTAC's are a positive thing. Mr. Kunkle says most he has spoken to are engaged in this. Region 8 is going to see significant change with new

leadership in place. They are working on allocation of their funds and they have collected 18 letters of support. Mr. Kunkle has been very involved in Region 8 and believes their regional trauma plan could be complete within the year. Dr. Ashley intends to use these maps when he goes to legislate. Dr. Ashley requests the Stakeholders report and to continue updating that and sending out. Mr. Kunkle also explained the Google earth map and Ms. Smith was a big help and initiator of this and completed Region 5. Some hospitals are unable to gain access to Google earth. Ms. Abston will be adding a Stop the Bleed webpage within our Commission website to where you can access the updated map and make the Stop the Bleed tab very accessible for website visitors. Dr. Ashley requests the Stop the Bleed button on the front page of the website. Mr. Kunkle says the original project completion date of June 2018 due to the amount of stakeholders and involvement in all regions will not meet the original deadline. Mr. Kunkle believes we are well on our way to completing a significant portion this statewide effort in a timely manner.

Dr. Dunne asked how the Stop The Bleed Committee is working or will work and is the Committee being formed an answer to those problems. Dr. Ashley gave the Stop The Bleed history, prior to its formation our Region (5) injury prevention coordinator; Ms. Smith was already working on bleeding control. From that Ms. Smith requested a grant and began creating a bleeding control kit and this was a region specific project but she was reaching schools and law enforcement and others. Dr. Ashley came in with the American College of Surgeons national campaign, Stop The Bleed, last year and we took off from there rebranding that. Prior to that Ms. Smith had trained with volunteers over 1,000 in her area on bleeding control. So that was the ground level committee and when we came together the regional and national program there formed an unofficial committee. Those one that committee worked on what would go within our bleeding control kits were still an informal committee. Once we got off the ground, there began to be some communication issues and things got a little sideways. We had statewide involvement and the trauma foundation, the Commission, GSACS and so we had to formalize this into a subcommittee of the Commission so now that is chaired by a Commission member and directly reports to the Commission and give Mr. Kunkle guidance and direction formally under the Commission.

Mr. Kunkle reminded the Commission we are working on an all-volunteer front with this initiative and the importance of those volunteers to really make this happen. Some of the questions we will pose at this afternoons Stop The Bleed meeting will be. Where do we go from here with the volunteer workforce and the program itself and the time consumption factor. Mr. Kunkle says looking at the \$5 million additional funds and the program will be discussed. Mr. Kunkle says we are teaching at the private schools and those schools are purchasing their own kits. Ms. Ramirez in region 9 says that they are training several private schools in their area and was able to secure a grant for the private schools in their region. The kit pricing will be available through June 2018 and many are taken advantage of the pricing. The EMA agencies in Savannah are also working to train all community workers including law enforcement and court employees. Dr. Harvey suggested furthering the Stop The Bleed program into higher learning schools and colleges.

Mr. Kunkle provided the quarterly RTAC reports to the Commission. These will be updated and provided quarterly to the Commission. This will be the reporting structure going forward and if anyone would like to see anything additional to these reports to let Mr. Kunkle know. Region IV RTAC plan is now ready for approval and included within your Commission packet. Steve Folden, Fayette County is the new RTAC chair, it should be noted that this region does not have a trauma hospital within their territory. Mr. Kunkle worked with Mr. Folden, EMS director of Fayette County and a work group developed their plan collaboratively.

MOTION GTCNC 2018-01-03

I make the motion to approve the Region IV Regional Trauma Advisory Council (RTAC) plan.

MOTION BY: Vic Drawdy

SECOND BY: Dr. James Dunne

VOTING: All members are in favor of motion.

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

Mr. Kunkle reported that regions 7,8,and 10 are not yet complete on their plan but Mr. Kunkle expects completion within the year. (Trauma System Report ATTACH B) Dr. Ashley said that this is great work.

Georgia Trauma Foundation, Inc. Report

Presented by Lori Mabry

Ms. Mabry gave a foundation report. Trauma Awareness day at the Capitol is upcoming. We will have a packet with talking points and a list of your legislators. We are installing additional bleeding control kits in the Capitol and a formal agenda will be coming to you via e-mail within a week along with an invite to lunch with your legislators. March Spring symposium will be held at Chateau Élan in Braselton. There will be pre education courses before the symposium. The research grant will be available online and live February 2nd with a deadline of May 4th. There is a lot of education ongoing and there will be a first full foundation annual report to be distributed at the March meeting. The only course that we have struggled with is the RTTDC (rural trauma team development) course. We have been committed to adding them to the calendar and we keep asking for funding and we do not want to stop the efforts but this has been difficult to coordinate whether it is getting the trauma centers their availability to go or just getting into these rural hospitals. Ms. Mabry has been talking with the office of rural health separate from the Commission on how we can get into these areas and get these courses into these centers. Ms. Mabry says the only outstanding contracts she has are due to the RTTDC courses and the inability to complete them so she is working on how to fulfill those and is open to any ideas on this. Ms. Mabry will talk to the Commission staff about this but the foundation did purchase stopthebleedga.org and stopthebleedga.com. Ms. Mabry can provide a link from those to the school response program, and easily link to the maps. Ms. Mabry reminded all to RSVP to the day at the Capitol so everything will be ready upon arrival.

GCTE Report

Presented by Gina Solomon for Liz Atkins

Trauma Registry Subcommittee

- Continuing work on GA trauma data standard/data dictionary (non-NTDS data elements) with Marie Probst, OEMS&T
- Developing on a procedure list with ICD 10 codes that will be recognized by TQIP
- Education: Laura Hunnewell (Effingham), Jo C and Tracy Johns (Navicent) to present a 1 hour webinar on writing a report to list nonsurgical admissions. Target date for presentation is around March/April timeframe. Planning to develop future webinars around AIS coding, practice cases.
- Streamline the Georgia Trauma Data Set: group will identify 10-15 items and then forward to Marie/Renee (OEMS&T) to go through change process (below)

GCTE REGISTRY SUBCOMMITTEE PROCESS: CHANGES TO REGISTRY

Step 1: To Request Trauma Registry Software Changes (*before September 1st*)

- Identify need for change
- Evaluate function of change, usefulness for all users and possible improvements to base change in practice on.
- Prepare an example with definition of field, options, screen placement and/or parameters
- Email example and request to OEMST

Step 2: Review and Discussion by OEMST and Registrar Subcommittee (*September-October*)

- OEMST and DPH Epidemiology review request
- OEMST and Registrar Subcommittee chairs review request
- Registrar Subcommittee chairs present request to Subcommittee or provide another option to requestor
- OEMST contact DI for evaluation of change, provide cost and timeline for implementation
- OEMST summarizes information above and makes final decision on requested changes.

Step 3: Obtain Approval (*December-January*)

- Registrar Subcommittee chair(s) present evaluation to GCTE Executive Committee
- Approval by GCTE Executive Committee who then
 - secures funding source for cost of changes
 - determines implementation date considering software changes and education for trauma centers
 - determines due date for evaluation of changes

Step 3: Implementation (*March-June*)

- Payment to DI to begin work for the change by users via their individual contracts.
- Distribute summary of upcoming changes, data definitions (if applies) and implementation timeline to Trauma centers.

Step 5: Evaluation of Change (*Date assigned by GCTE Executive Committee*)

- Registrar Subcommittee evaluate effectiveness of change

Last updated: 1/10/18

Performance Improvement Subcommittee

- The committee is working on a project around ED LOS for transfers out. The committee met in November, December, and January. They are working with Marie to discuss the goal of this project and solidifying the direction and responsibilities of this group. Further data drill down with the assistance of Kara Allard is underway to elucidate OFIs by TC level
- Kara will provide a more detailed statistical analysis by center to Marie Probst. Marie will reach out to the centers falling out of the 120 transfer out window. This committee will resume work in March to determine next steps with Marie.
- Working to develop a registry report to generate a list of patients sustaining injuries requiring timely transferred to a Level I or II. The report will be based on AIS codes of injuries defined in the transfer criteria poster disseminated by the GTC (below).



Indications for Trauma Patients Requiring Rapid Transfer to a Major Trauma Center

The objective is to identify and then transport Trauma System patients to an appropriate hospital for definitive care within an optimal time. These patients should preferentially be transported to the appropriate level of trauma center within the trauma system.

“WHEN IN DOUBT...TRANSFER OUT!”

TRAUMA TRIAGE CRITERIA (ADULT AND PEDIATRICS)*

Neurologic

- GCS < 14 or lateralizing neurological signs
- Penetrating injury to head/neck or open skull fracture
- Spinal fracture or spinal neurological deficit
- Paralysis

Hemodynamic

- Hemodynamic instability
- SBP < 90mm/Hg or age appropriate hypotension
- RR < 10 or > 29 (Adults)
- RR < 20 (Infants < 1 y.o.)

Cardio-vascular/Thoracic

- Injury to carotid, vertebral artery, aorta or great vessels.
- Cardiac rupture
- Pulmonary contusion with P/F < 200
- Flail Chest
- Penetrating injuries to torso associated with energy transfer

Abdominal/Pelvic

- Penetrating injuries to abdomen or groin associated with an energy transfer
- Pelvic fractures, as evidenced by positive “pelvic movement” exam

Extremities

- Fracture or dislocation with loss of distal pulses
- Two or more obvious proximal long-bone fractures
- Crushed, de-gloved, or mangled extremity
- Amputation proximal to wrist and ankle

*Criteria based on CDC Field Triage Criteria and ACS *Resource for Optimal Care of the Injured Patient* (2014)

**If your trauma patient meets any of the above criteria
OR
Care for an injury exceeds local capabilities,
Transfer patient to a trauma center.**

Pediatric Subcommittee

- The Pediatric Sub-committee is reviewing transfer delays in coordination with the PI subcommittee.
- They are specifically drilling down on pediatric transfers that took more than 2 hours to transfer over the last 3 quarters of available data.
- Pediatric transfers (0-14 y/o) represent 1/3 of the transfers while this age group represents less of the overall population

Injury Prevention

- ATS Injury Prevention Coordinator course to be offered as a Trauma Symposium Pre-Conference to be held March 22nd and 23rd, 2018. Grant-funded seats (course materials, travel & meals provided) were made available to injury prevention coordinators and representatives from Designated Trauma Center or hospital.
- IP PSAs - 10,000 in funds available from the Trauma Foundation for the development/promotion of Injury Prevention PSAs. Originally focused around MVC's, falls & in light of recent national spotlight, funds will be used for STB. Would like to engage local/Georgia celebrities/athletes.
- Injury Data – committee has recognized the GA Trauma Registry as the primary source of data however, they recognize the importance of considering other trusted sources in order to characterize the frequency and patterns of injury within the community and identify the highest yield for focused prevention efforts; working with Danlin Luo, PhD MSPH, Trauma Epidemiologist with the Georgia Department of Public Health is working to aggregate Registry injury data for 2014, 2015, 2016
- Collaboration with Sharon Nieb/IPRCE (Injury Prevention and Research Center at Emory) to align IP subcommittee workgroups with 3 of the 5 IPRCE task forces.

Education Subcommittee

- No report this quarter

Special Projects Subcommittee

- No report this quarter

Emergency Preparedness

- No report this quarter

Office of EMS and Trauma Update

Presented by Ernie Doss

Mr. Doss reports that they we are able to receive continued funding from GOHS (Governors Office of Highway and Safety) for our data collection system. He and Mr. Newton have been working on this project and this includes the time to care metric. They are rapidly approaching the data set transition from v2 to v3.4. All vendors in Georgia have been contacted and are testing with them. Mr. Doss explained the new data language and its compatibility. The new language is capable of communicating with all systems that function on HL7. Mr. Doss explained that centers customize their data systems but the language will still be the same.

Ms. Morgan gave an update to the re-designation process. That is now with legal for review and once that is approved the final document will be presented. It is mainly working with the hospitals to establish a corrective action plan after ACS visits. The ACS visits are running into 2019 and Ms. Morgan has requested the updated schedule for Georgia. There has been 1 re-designation of a level 4 and that hospital is being elevated to a level 3 and is currently in the formal process of this. Quarterly reports have been updated to match the trends. They are working to align their needs with the TQIP needs and are reviewing data elements to help streamline for our registrars. There are 3 strong hospital associations that are in Georgia: Piedmont, HCA, and Wellstar. Over the course of the last several months some hospitals have been acquired by these entities. Piedmont is now managing Athens Regional and Clearview. Wellstar has 3 centers (Atlanta, North Fulton, Kennestone) and has worked with us to set up a plan to get some of these rural hospitals on board. Ms. Morgan says they are working on gaps and how we can fill them.

EMS Subcommittee Update

Presented by Courtney Terwilliger

Mr. Terwilliger gave an update and the last meeting was held just a week ago. Dr. Ashley discussed the new arrangements that the Commission voted on. He drew a map and what came from that was a challenge to work with more rural health facilities and EMS agencies in rural areas and their capabilities to transport to specialty centers and the standard of care. The state office of rural health did a project (collaboration) with the Association of county commissioners on looking at barrier to merger/collaboration to create multi county systems. It was a very good report. Most of the issues boil down to autonomy, control, and access and not logistics. Every county government wants control of their assets. Dr. Ashley says he agrees that these are the larger issues and if they can be resolved that's half the problem. Mr. Terwilliger explained the political aspect of the challenges and how this changes year to year based upon elections.

TQIP/NSQIP Collaborative Update

Presented by Kara Allard

Ms. Allard submitted a presentation on the TQIP/NSQIP collaborative. Ms. Allard has been with the collaborative for almost 1 year. TQIP has collected and analyzed 1 year of data and has worked to match cohort for further analysis. Also in development are AKI guidelines with a go live target of July 1st 2018. The goal of the AKI guidelines are to also be adapted to general surgery as much as possible. NSQIP is also in the process of collecting data with a planned review in March 2018. Also in the works are the ventilator associated pneumonia projects, site visits, future project proposal (pediatric) template. Ms. Allard presentation is attached to the minutes (ATTACH C).

Adjourned for lunch at 12:17 PM.

***Strategic Planning with Alice Zimmerman from 1:00 to 2:35 PM

Minutes crafted by Erin Bolinger



**GEORGIA TRAUMA
COMMISSION**

GEORGIA TRAUMA COMMISSION
 Thursday, January 18, 2018
 Macon Marriott City Center
 Convention Center Room 306
 240 Coliseum Drive
 Macon, Georgia 31217

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Earnest Doss Renee Morgan Farrah Parker Lori Mabry Liz Atkins Gina Soloman Susan Bennett Daphne Stitely Amanda Ramirez Kelli Joiner Kristal Smith Stephanie Gendron	Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff DPH SOEMS/T DPH SOEMS/T Doctor's Hospital Georgia Trauma Foundation Grady Memorial Hospital Gwinnett Medical Center JMS Burn Center John D. Archbold Memorial Savannah Region V EMS Region V RTAC Region IX RTAC

DAY 2: Call to Order: 8:42 AM

Quorum Established: 8 of 8 commission members present.

RTAC Discussion

Mr. Kunkle lead the RTAC discussion beginning with the organizational chart on page 25 in the administrative report and began by discussing the chain of command and suggests the coordinators report to the Trauma System Planner so that the planner is able to ensure that the goals of the Commission are being completed at the individual RTAC levels. The coordinators can then work side by side with their EMS regional councils. Dr. Mullins believes the System Planners job is to be a liaison, gather information, and bring that to the Commission. Much discussion was held about how to make this process effective. Each region is different at this time. There was discussion about the original intent of the RTAC's. Mr. Kunkle is requesting guidance in the administration of the RTAC positions. There is not any consistency, Mr. Kunkle believes those that have RTAC coordinators are more effective, and there is a need for these positions. Mr. Kunkle is not necessarily saying there is a need for 10 RTAC coordinators but that the areas that have a functioning RTAC are more effective in our Commission initiatives. Ms. Smith discussed the pilot regional programs and the data collected off the original 3 established RTAC's and she recommends looking at the original evaluation and not omit that work already done.

Strategic Planning Session

Presented by: Alice Zimmerman

Combined with yesterday's Strategic Planning See attached Strategic Planning initiatives and completed worksheets provided by Ms. Zimmerman. Attached are all Strategic Planning documents (Attach D)

Minutes Crafted By: Erin Bolinger