



**GEORGIA TRAUMA  
COMMISSION**

**17 May 2018**

**Memorial Health University Medical Center  
Mercer Auditorium  
4700 Waters Avenue  
Savannah, Georgia 31404**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chair ( <i>conference line</i> ) Mr. Victor Drawdy, Secretary/Treasurer Dr. John Bleacher Dr. James Dunne Regina Medeiros, DNP ( <i>conference line</i> ) Mr. Courtney Terwilliger	Dr. Robert Cowles

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Renee Morgan Stephanie Gendron Lori Mabry Kate Bailey Lisa Bowers Heather Macnew, MD Amanda Ramirez Keri Conley	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 Region IX Coordinator Georgia Trauma Foundation Memorial Savannah Memorial Savannah Memorial Savannah Memorial Savannah Georgia Hospital Association

**Call to Order:** Dr. Ashley called the meeting to order at 10:10 AM. Dr. Dunne welcomed everyone to Savannah and to Memorial Hospital. Shane George, CEO of Memorial former CEO of Doctor's Hospital also welcomed everyone to the meeting and the Memorial's campus.

**Quorum Established:** 7 of 8 commission members present or attending via conference line.

### **Chairman's Report**

Dr. Dennis Ashley

Dr. Ashley began with good news with his report. A couple of weeks ago we found out the most recent readiness cost survey of our trauma centers that was just completed and data was collected. The audit firm, Warren Averett has looked at everything with the financial eye and has looked at outliers and cleaned the data up. We submitted an abstract of this data to the American Association of Surgery and Trauma. This is the largest trauma meeting in our country and it is very difficult to get on. We were accepted with this abstract for an oral podium presentation. We will have until September to complete the manuscript this and this should guarantee us an article in the journal of Trauma. Dr. Ashley hopes by the next Commission meeting in August to have the slide show completed to show the Commission.

The research grant work being done as you know is \$1 million and it's been a dream of Dr. Ashley's to have a significant amount of funding for research grants and 1 million is a good start as we have never had this amount before. The grant process in general is not a program process it is real research to where there is a hypothesis and there is something you are studying, and your research will prove or disprove that, and its intent is to make trauma care better in the state of Georgia. The topics to be considered for this research grant are things that are specific to Georgia that would help patient care. The grant is open to EMS researchers, Trauma or non-trauma surgeons that take care of trauma patients, it can be open to injury prevention through rehabilitation. We intend to blind the received grants upon receipt and conduct outside scoring. Dr. Ashley would like to pick a panel of 3 that are outside the state of Georgia to score the grants. After this we would vote as a Commission on the grants.

We thought this would be a good project to run through the Georgia Trauma Foundation as they are already set to handle grants and a process is in place. Unfortunately, with the question that was submitted several months ago to the AG's office about RTAC's has spilled over into a lot of other stuff. It does not look like we now can do these grants directly through the Georgia Trauma Foundation. Dr. Ashley has been working with Chad Black who is chairman of GAEMS and we think we will be able to encumber the funds with GAEMS. The GAEMS board is interested in collaboration with the Commission. The goal would be to have the Georgia Trauma Foundation to use this as a stepping board to go out and ask for funds from the private sector for next year and really increase our research grant funding. This could make Georgia have a really strong grant program across the continuum of care and take some of the burden off what we have to do as Commission members in regard to funding. Dr. Ashley has developed a rough draft scope of the grant opportunity.

Mr. Terwilliger asked if we know what the trauma death rate is as compared to other states. Particularly his interest is in rural Georgia. Do we know how we compare nationally. If that data is already out there and if not, Mr. Terwilliger would like to make some calls out to gain some interest in this sort of research. We do know from Dr. Pracht data that if we can get the patient to a Trauma center that they typically survive. There has been a struggle getting data out of the state office of EMS and the time to care metric. Dr. Ashley thinks Mr. Terwilliger is headed in the right direction with that thought process and he knows that both of their goals for several years has been getting that time to care data. Dr. Ashley made mention of some older data that basically

says if Georgia could cut their trauma death rate by 20% they would be among the national average for trauma death rate. The 20% amounts to around 700 lives saved annually Mr. Terwilliger discussed the rural areas rates and he will talk to some folks, perhaps someone working towards their PHD. Dr. Ashley things that is a great idea. Dr. Dunne asked if we would be duplicating efforts with the time to care metric. Dr. Ashley believes Dr. Dunne is correct and if he were to take on this type of project he would ask the state office prior to beginning the research. Dr. Ashley reminded everyone that the grants will be blinded and scored by out of state support so the grant itself could be scored low or high but the information about who submitted the grant would be blinded.

Mr. Terwilliger has some additional comments but will mention them during the budget discussion. Dr. Ashley explained there will be lots of budget discussion and the way the budget subcommittee works is for Ms. Abston to screen on the front end on items requested for grant funding. The budget subcommittee looks over the items and the items we know need discussion we bring forward to the group. Dr. Bleacher asked with the research grants if this is for grant applicants in Georgia only. Dr. Ashley believes we need to be very respectful to Georgia. Ms. Mabry offered to share her research grant templates.

The next TMD quarterly call will be July 17<sup>th</sup>. We recently held the Trauma Systems Evaluation Committee conference call and Dr. Ashley was very impressed with the call and the engagement of those on the call. Mr. Kunkle began with reviewing the recent call details beginning with the RTAC coordinator discussion. 5 regions have requested having an RTAC coordinator and the accountability of those in the RTAC position. There was also discussion of the EMS councils and as we know the Region 6 issues and the filing of the lawsuit there. There are a lot of questions to be answered and that there is interest for support and structure in each RTAC currently. Dr. Ashley remembers from the call that the RTAC's should perhaps stand alone or report to the EMS councils. Dr. Ashley did not want to make a mandate to make all work a certain way if some RTAC's work well with certain regions then he would not want to change that. Mr. Terwilliger has had many recent discussions about this and was asked what has changed, he said things have changed but what has not changed is EMS law 311. Mr. Terwilliger gave the history of the current on goings in his region as his region has always felt like an arm of state government. The zoning issues at hand were brought to court. When they requested guidance from Dr. O'Neal the request was forwarded to the AG's office and long story short it was determined that the EMS council doesn't have any state legal representation. Mr. Terwilliger says if you look in the law, these EMS councils do not exist other than DPH can designate a local coordinating entity to manage zoning. There are two additional wrinkles in the fabric (1) the \$ 997,000 that was in our Commission budget has been allocated to Public Health and they are actively working to hire the regional trainers and Mr. Terwilliger is unaware of the structure there (2) the OEMST put funds into Emergency Preparedness and they have coalitions and they are not consistent with the regional councils. So, they are putting funding into training for emergency preparedness like pandemic flu. Trauma is huge part of this. Mr. Terwilliger would like to have some coordination between trauma and emergency preparedness as they both are a hand in hand function when it occurs. We have different people and different funding streams to work on this and it seems to me that we could work well together. Mr. Kunkle would like to get all the group together in a round table and work on coordination as a group. Mr. Kunkle says that most RTAC's do not want to separate from the EMS councils as there is a bigger need to continue those relationships and the existing structure. Mr. Terwilliger discussed different regions that have 501© 3.

Ms. Conley from the Georgia Hospital Association spoke on the various regions and set up. Much of the money for Emergency Preparedness and out to the regional coordinating hospitals and these regions are what the coalitions are based on. There is a lot of overlapping work that could be streamlined with Public Health and others. Ms. Conley requests being included in these conversations going forward and we can figure out how coalitions can get their funding as they are not true entities at this time. Mr. Terwilliger believes this may take some sort of legislation whether it is EMS council/coalition/RTAC. Dr. Dunne agrees as the regional disaster coalitions have different foot prints than trauma, so they overlap, and it is a mess. Ms. Ramirez discussed in Region 9, the relationships that the trauma programs have built with EMS were relationships built from the

ground level. Region 9 is boots on the ground and the relationships were hard to build but we continue to see them grow now in a positive way. There is still some meeting overlapping in this region. Mr. Drawdy expressed that due to previous administration no one knew how to include the RTAC with the coalition in Region 9. Dr. Dunne says regardless of what direction Region 9 proceeds, we will still attend our regional council meetings. The RTAC's were devised by the Commission and funded by the Commission, it makes sense for them to report to the Commission.

The council is an EMS specific entity whereas trauma covers a wide range of issues including EMS. Mr. Kunkle believes every region is made up differently and each region has a different relationship with their EMS councils and they all have different types of trauma centers. Mr. Kunkle suggests we leave as a regional entity and if there are coordinators within a region should report to the Commission but work hand in hand with their trauma centers and EMS councils within their regions. Mr. Kunkle further discussed that it was the Coordinators job to align the Commission goals with their regional plans. Ms. Medeiros agrees with Mr. Kunkle that there are a lot of factors into what happened in Region 6 and there were multiple factors. Ms. Medeiros would like to see more of a joint hand in hand between the Commission and the Regional Coordinator. There needs to be oversight by Mr. Kunkle to confirm that the requirements set forth by the Commission are being accomplished. Ms. Morgan gave a brief overview of the RTAC's and their inception. Some areas are very strong within their councils and some are not. There was a great division at one time between the EMS and the Trauma Centers and there was a line in the sand. Both suffered, the council and the RTAC's. There was also a changing of the guard in the EMS world and here at the Commission and now there is opportunity to get this back together.

Dr. Mullins has concerns about the theory of serving two masters. Currently RTAC coordinators report to the Council, this is true for some regions and now they also will report to Mr. Kunkle for the Commission. Mr. Terwilliger confirmed to Dr. Mullins that the RTAC Coordinators will answer to the Commission. Ms. Medeiros asked if it would work if there was a dual reporting mechanism in place. Dr. Mullins has used that model and doesn't believe it is very effective and we should empower the RTAC's. Ms. Abston says in order to have the RTAC's as he is requesting that they would have to establish themselves as a true business entity. Dr. Mullins thinks that maybe we should do this if want to continue the RTACS. Ms. Medeiros suggests that the RTAC's have mission statements and put some formal structure in place. Dr. Mullins requests that Mr. Kunkle go to each Region and assess each region and report back to the Commission on the status of each. Mr. Kunkle did this assessment in January.

Mr. Kunkle explained that as of that assessment in January all RTAC's had clear direction and they have to do a BIS assessment every several years and they need to look at their trauma plan and identify things going forward to improve the assessments. This has also been communicated clearly as a defined expectation of the Commission to the RTACs. Dr. Dunne believes that RTAC's main overall focus is making sure the patient from the initial trauma/ accident all the way to the trauma center is take care of effectively and as quickly as possible and all those that are a part of the RTAC should have the same goal. Dr. Dunne feels we need to work together and there needs to be direction to the RTAC coordinators and that direction should come from Mr. Kunkle, the RTAC chairman and that RTAC coordinator. They strategically plan together and make sure everything aligns as such.

## MOTION GTCNC 2018-05-01

**I make the motion for FY2019 to continue the RTAC pilot program in the three existing functioning regions (and coordinators) and the 2 vacant regions to be hired by and reporting to the Trauma System Planner with the exception to Region 9 which we will allow to operate as it does currently functions.**

**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

## Administrative Report

Presented by Ms. Dena Abston

## MOTION GTCNC 2018-05-02

**I make the motion to move to approve the March 22, 2018 minutes.**

**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

Ms. Abston reviewed the administrative report and its contents. All meeting minutes from any and all sub committees are located in the member's report in the back. Ms. Abston reviewed Super Speeder revenue with the Commission. Ms. Abston reviewed the excise fireworks revenue report and reminded the Commission we are set to get 55% of those funds. Ms. Abston also reviewed the recent legislative updates. All of this information is located in the Administrative report pages 1 through 7. Ms. Abston reported to the Commission about current and ongoing initiatives. The Commission office has transferred into a new server and e-mail system and a standalone server for our website. Everything will be separated, and we are up and running at this time. Ms. Abston reported on a recent meeting with OPB about the amended fiscal FY18 budget funds. Ms. Abston reviewed the projections with OPB and gave them an annual report. Ms. Abston also took OPB the recent research articles to date. OPB requests that Ms. Abston come back following the GTC August meeting. They would also like for us to begin looking at an amended FY19 budget if we were to receive a similar amount of funding as to what we received this year. Dr. Ashley told Ms. Abston that this was great work and her relationship with OPB is growing stronger. This is very positive and the need to be proactive is very positive. We need to be thinking about some projects and we have time to think about this between now and our August meeting. If you have any ideas prior to the next meeting, please send them to Dena.

Ms. Abstons conversation with OPB was understood that as long as we keep up the development of trauma in rural areas, children focused initiatives, and EMS grants we will continue to receive more funds. OPB is very receptive and we need to be prepared for the extra funds. In March, Wyatt Newton did receive his Eagle Scout for the assembly work he did in our Stop the Bleed school response program. Ms. Abston also reported on the recent cadaver labs and how they have come together and have completed two cadaver labs at this time

including one in South Georgia, in Moultrie. The cadaver lab program also gives 9.5 hours of CME and would fulfill the 2-year requirement for most EMT's. The EMS instructors received 4 hours of instructional credit and there was also 2 hours of CME's for nurses. Mr. Drawdy reminded the Commission that this specific region in Georgia, the gap in care, is where our Governor would like us to focus and some of the EMT's were so thankful for the opportunity and many have thanked the Commission for all the gained knowledge of the course. There have been several requests since this one across the state that we will work with the EMS subcommittee on establishing this year. Ms. Abston reminded everyone of the next meeting in August at the King & Prince on St. Simon's Island. We will meet from 8 Am to 1 PM to allow a block of time to discuss our strategic goals and lunch from 1 to 2 with GCTE following until 5 PM. Mr. Terwilliger encouraged a block of time (60 minutes) for us to talk about the OPB and the potential budget increase in FY19. Dr. Dunne suggested we begin an e-mail chain prior to our meeting. Dr. Ashley suggests Ms. Abston collect responses from Commission members on the potential budget increase for AFY19. We can discuss at the August meeting and also, we will need to block time in November as we will need those decisions if we do receive addition funds for January. Ms. Abston reported on the FY18 and AFY18 Equipment grants for EMS agencies. Ms. Abston told the Commission of the NBC news contact about our Stop the Bleed initiative. They are working with Northeast Georgia Medical Center and Ms. Abston will update the Commission as to those dates of when that segment will be filmed. They would like to film our training program and Ms. Abston will update the Commission as to when those items are decided. Ms. Abston reported on next week's travel to the NASEMSO meeting in Rhode Island along with Mr. Kunkle and Ms. Morgan and many from OEMS/T. Ms. Abston reports this is very beneficial and with the amount of us attending we will all be able to attend different breakout sessions. For FY19 Performance Based Payments (pg. 7 of Administrative report) would be the additional requirement to Level 1 and 2 trauma centers to have their verification and ACS consultative visits. Ms. Abston reminded the Commission that this was voted upon in last meeting.

## **System Planning Report**

Presented by Mr. Billy Kunkle

Mr. Kunkle report on the regions and the amount of work to improve trauma care is happening. Region 8, 10, and 7 are the only regions without plans in place. Mr. Kunkle believes Region 8 and 10 will have their plans ready for review by our January 2019 meeting. Region 8 is making strides forward in their BIS assessment. There are 9 of 10 regions applying for our current Regional System Improvement grants. Region 7 has been less active as they have just had their regional program director retiring. Mr. Kunkle is looking to get that region reactive and engaged in the near future. Mr. Kunkle would like to highlight Region 9. Her entire region is coded red for completion of Stop the Bleed minus 1 county which is scheduled to have training completed. Dr. Ashley recognized Region 9 and Ms. Gendron our RTAC 9 Coordinator has really moved the needle on this and has proven successful in her efforts. Mr. Kunkle also included the RTAC quarterly reports in the Commission member folders for review.

Mr. Kunkle discussed the additional \$ 500,000 for the Stop the Bleed school response program. Pages 18 and 19 behind the orange tab in the Commission book refer to all proposed items to utilize the funds for. There are 18,000 school busses in the state. Mr. Kunkle gave a rundown of the proposed budget items to include \$ 80,000.00 for kits to be installed in alternative schools and newly built schools; \$8,249.70 to install bleeding control cabinets in OPB and state offices to include the Department of Public Health; \$19,420.50 a request by Mr. Terwilliger to place tourniquets in all Emergency departments (139 in the state) and training of tourniquet use : \$49,969.00 requested by Chad Black of Region 2 to place tourniquets in those police departments that did not receive prior to now ; \$54,421.00 requested by Marty Billings, Region 3, Metro Atlanta Ambulance Service, to purchase and stock a mobile education trailer with the Stop the Bleed program ; \$49,975.00 by Kristal Smith Region 5 wants to bring the school response programs to our colleges; \$45,075.00 Region 9,

Stephanie Gendron requesting to install bleeding control kits on fire trucks and training. These are the funding requests that we have received. It is noted now that we will need to spend the \$ 80,000.00 and the \$ 8,249.70 to complete the project of installing kits in all public and alternative schools. The Commission is ok with this expenditure.

Mr. Kunkle after receiving the proposals was presented with several questions to include these requests seem region specific. Also, not all regions had requests submitted so the question of should we make this a regional grant, so all can apply so it was requested of me that I come up with a different recommendation of utilizing the funds. Mr. Kunkle reviewed his proposal and began with the need to install kits upon school busses (Page 19) for \$ 269,000.00. Mr. Kunkle also proposes a continuation of this program so in that he would like to provide 1 training kit for every school in the state. He requests \$ 25,000.00 for education technology and is proposing to produce a training video for Stop the Bleed. Mr. Terwilliger asked Ms. Mabry that he had seen he thought in her proposal funding for a video. Ms. Mabry said she is not working on a video, there is a company that has created an online program at this point and ACS has been working on this but there is a cost quoted \$15.00 per teacher and there are \$115,000 teachers in the state of Georgia. (\$1.75 million) If we did our minimum required teachers of 10 per school it would cost \$50 per teacher. Ms. Medeiros asked if the price of \$ 15 per person include receipt of kit by every person trained and Ms. Mabry said no. Discussion of sustainment training and the costs of that. Discussion of training equipment and how we can get some in the hands of our trainers to keep for continuing training. Kunkle believes if we cannot locate an existing video that we can utilize Emory or one of our colleges technology centers and produce a video that we can put on our website or e-mail to school nurses so that we can keep this training fresh and cohesive throughout the state. One of the items addressed by OPB was how we are sustaining this program, so it is important to continue the training and keep stock of kits. Mr. Kunkle continued to review his proposal with \$ 20,000.00 to install bleeding control kits with tourniquets in all Emergency Departments across the state and \$ 10,000 to install in state offices to include OPB and DPH. Dr. Dunne asked if from a fiscal perspective is it required to be spent within the fiscal year. It is our goal to do this and use the funds as given within each fiscal year.

### **MOTION GTCNC 2018-05-03**

**I make the motion to approve the proposed budget request to utilize the \$500,000 given for our statewide school response Stop the Bleed program.**

**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

Dr. Dunne has concern about the buy in from emergency rooms. He feels that if emergency rooms are not willing to spend \$ 400 to stock their facility with bleeding control kits he has apprehensions that they will use the ones we give to them. Mr. Kunkle is hopeful that this builds relationships within our Emergency departments. Mr. Terwilliger believes this is also an opportunity for tourniquet education. There was discussion about the costs of keeping kits and the ongoing training. Mr. Kunkle suspects no more than 20 kits will be used per year which is a small cost to us of less than \$ 1,000.00 a year to maintain. Mr. Terwilliger also likes Ms. Smith of Region 5 's proposal to get these kits and or program into our colleges across the state. Ms. Medeiros believes these are great proposals and she reviewed them prior with Mr. Kunkle, but we need to determine who is the point of contact on these projects. Is it Mr. Kunkle or there needs to be clarification and expectations for the Stop the Bleed Committee. We need to think if at one point the Commission will get out of

the Stop the Bleed business. Perhaps the Georgia Trauma Foundation is a better house for it and how we can sustain the larger programs. Dr. Ashley feels the committee should meet and talk and put together a 1 to 2-year plan and outline who should be involved. Dr. Ashley believes the committee still has work to do here and should provide the Commission with guidance and or recommendations. Ms. Medeiros also believes that there are several colleges and universities that are already doing some sort of similar project so there are many silos in this initiative and she suggests still collaborating on a repository of information that can be shared by all. She suspects we may be duplicating efforts if we do not do this.

*Lunch Break for 20 minutes*

Meeting Commenced at 1:03 P.M

### **Budget- AFY18 Closing & FY19 Proposed Report**

Presented by Mr. Vic Drawdy

Mr. Drawdy reviewed the AFY2018 closing budget with the Commission. There were no comments. Ms. Abston reminded the Commission that the EMS subcommittee meeting was meeting /June 4<sup>th</sup> to discuss the \$125,000.00 remaining that will need to be spent prior to end of the Fiscal Year (June 30, 2018). Ms. Abston will bring a confirmed closing budget to the August meeting. Mr. Drawdy then reviewed the proposed FY19 general budget. This also include the fireworks excise tax collection. At this time \$353,690 is collected fireworks revenue at this time. Ms. Abston says they will give these funds to us at the top of the FY. Dr. Dunne asked why the decrease in system development funds and it was noted that we received the additional \$5million in our amended FY18 and could stand to receive that amount or a different amount at the amended FY19 budget that will come out in Spring of 2019. Mr. Terwilliger discussed the trauma registry support to trauma centers and should that cost come off the top of budget. Dr. Ashley commented that the trauma registry is something that is a requirement of all our centers and originally came from OEMS/T and Dr. O'Neal made this a requirement. Ms. Medeiros added that as someone that works closely with Dr. O'Neal about data elements that we tried to have removed and there are several mandated that they remain, and this is utilized at the state level. Mr. Drawdy reviewed the funds available for stakeholder's distribution for AVLS support, EMS stakeholders at 20%, Trauma Centers UCC audits, Georgia Trauma Nursing education request, and the 80% to trauma centers and physician stakeholders.

Ms. Medeiros wanted to make a comment that regards the systems development costs. Is there a variation in amount by region that you can explain. Drawdy says that the breakdown will come within the report. Dr. Bleacher asked about the Trauma Nursing Education request. Mr. Drawdy explained that this was originally handled by the foundation but with the AG's ruling we need to figure out if the Commission will be handling. Ms. Abston explained that on the budget subcommittee all the other day Ms. Abston proposed that the Commission handle the payments and utilize the foundations web portal to continue streamlining the vacation. Ms. Abston suspects this is the easiest as we can pay the vendors for the foundation. Ms. Mabry would like to comment that it comes down to education and research and unfortunately, we have not held a board meeting between the AG's ruling and today's meeting. Ms. Mabry encourages the Commission to look back at Senate Bill (S.B) 60. Ms. Mabry realizes that SB 60 was written prior to the Commission being around and the foundation being around and does SB 60 align with our goals of the Commission and our goals of the foundation. She suggests we start on this immediately because it is hindering the work we have built in the



system we have built. Right now, Ms. Mabry cannot say yes to organizing the research and education without some board insight, legal insight, and accounting insight and we are a 501C3 non-profit organization. They do have some other legal program requirements when it comes to funding. Ms. Mabry wants to always support the Commission and doesn't believe this is any fault of the foundation or the Commission. Ms. Mabry says she is speaking without board advice and she thinks the risk is much greater to find work arounds than to just forgo programming until this is all figured out. Ms. Mabry would like us to be cautious and get back to working together on our joint efforts.

Ms. Medeiros thanked Ms. Abston for her resolution proposal for how to fix the situation the foundation finds itself in. Ms. Medeiros believes Ms. Abston will do everything possible to make that successful, but as someone who has been a part of the education subcommittee and its planning since the beginning and as the chair person who ran TAG before we transitioned this over to the foundation. Ms. Medeiros believes there is a tremendous amount of tedious minutia surrounding the programs annually through this program. There are a lot of upfront payments and costs so one of the drawbacks to Ms. Abston's solution is the inability to pay up front expense related to the course and therefore all expenses would have to be invoiced after the fact. Ms. Medeiros asks who will front the dollars to our vendors that require the upfront payment like catering vendors. Ms. Medeiros does agree with Ms. Mabry and we should perhaps consider holding off on education programming for this year and we would continue to do the Day of Trauma in the fall and that Ms. Abston can work directly with the Georgia COT and the COT can incur the initial expense and then can be reimbursed from the Commission as this is a very successful program that she believes we can do cleanly. The other thing to consider is the live simulcast of the Arizona conference. That can be invoiced directly from the Arizona folks to Dena and then our centers can decide on which one will host. Ms. Medeiros says she proposes we hold off on any another educational funding's until we either have an amendment (SB 60) or consider utilizing remaining funds to increase support for the TQIP collaborative as that is really beginning to take off.

Dr. Dunne would hate to not do education throughout the state. He wants to figure out a solution. Dr. Bleacher asked if this was an interpretation of a single word in SB60. He suggests we are talking about the intent of the word 'raise' and that it states the foundation must utilize funds it has raised to provide education, etc. He believes there needs to be clearer understanding of this as he says it appears that perhaps the foundation was to get startup funds and operational funds and then be weaned off of the commission funds. Dr. Bleacher doesn't think the foundation has been in remiss to raise money, but he knows the infrastructure is in place to host the education, he believes we could implode this entire thing that has been working well. Dr. Bleacher suggests a time table to wean the foundation off the Commission if that is the case. Ms. Medeiros suspects we can come up with a solution. She suggests a year will go by quickly and we should course correct from the beginning versus a band aid fix. Ms. Ramirez the chairman of the education subcommittee for GCTE reminds the group of the labor-intensive requirements of setting up these educational courses and we need to think of whom will handle this. Much discussion about the responsibility and execution of educational courses as well as discussion of hospitals that host the courses. Mr. Drawdy believes that taking education off the table is not the way to go and that there are some hospitals that may agree to host and then be reimbursed. It was said by several that rural hospitals do not have that capability. Ms. Abston reemphasizes that we can have the foundation do the work and the Commission can pay for the courses. Ms. Ramirez is not concerned with the funding as it is understood that the Commission can pay the vendors, it is the coordination of all the pieces to put on the course. Ms. Abston said the foundation would still handle those parts and the Commission would pay the vendors direct. Dr. Dunne believes the issue is the upfront funding. Drawdy believes not all will have this issue, but some will pay the upfront costs and be reimbursed.

Ms. Abston says as long as the course is scheduled 30 days in advance the Commission can pay the vendors. Ms. Medeiros says there are a lot of moving parts to these educational courses. Ms. Medeiros doesn't believe that there are many rural areas begging for this course and suggests we do this correctly from the beginning. She says that we need to keep in mind this is only a handful of educational courses that we are considering putting off and if there is a need we know about from an area we will make a course happen for those but that these details need to work out prior. There is a very strong GCTE Education subcommittee that can assist with this and we can work on a plan. Ms. Medeiros suggests leaving some dollars on the budget for line item, but she is afraid if we piece meal this we could ruin what we have built. Dr. Dunne says it sounds like we are dealing with two issues, the coordination of the courses and (2) the upfront costs for the courses besides the legal implications that the foundation can't do this anymore. Ms. Medeiros believes that is a good summation of the issues.

Mr. Terwilliger asks if we can leave this in the budget. Terwilliger suggest the foundation and its board get together and go back to their core purpose. His concern is that the foundation is tasked with raising money and should have a foundation meeting and really decide the core values of the foundation and see if that is a part of the mission of the foundation. He believes we can find a way to make this happen and the foundation needs to determine if we have taxed them or if we are a hinderance to what the foundation is trying to accomplish. Ms. Mabry says the education is time consuming but in the same breath it is building the need for the foundation. When Ms. Mabry was brought on board to charged with this thing and we set forth a mission of injury prevention, research, and education. Ms. Mabry says all these things fall within our mission and that is where the waters have gotten murky. If you go back and review Senate Bill (SB60) the foundations creation has nothing to do with our mission of injury prevention, research, and education it is wrapped up in a paragraph about transportation that we have nothing to do with. Ms. Mabry says her vote and suggestion is that we step back and look at SB60 for revision and look at the relationship as to the foundation and the Commission and what they look like together and have a clearer statement of our mission. Ms. Mabry reemphasized that education is a part of the foundations' mission and has been wildly successful with an increased participation rate in education from 60% to almost 100% participation in just 18 months. Ms. Mabry says there are waiting lists with 100's of nurses wanting into these courses. It hurts her to say we can't do the education program for the Commission, but she does believe the risk is greater for the foundation and the Commission to try and find a work around instead of just addressing the bigger picture. Dr. Dunne asks if she speaks of SB60. Ms. Mabry believes this is what has caused this as the Attorney General's has attended every meeting that the Commission has provided funding to the foundation and we have reported on but then we ask one question about RTAC funding and it has taken us down this path. Ms. Mabry says the RTAC funding was a short-term fix and we need to think this out. Ms. Mabry says if the foundation does all the work for education and research and payment is by elsewhere that may have legal implications as well that she needs to consult with her foundation's attorney on. If she is doing programming work and there is no flow of funds how this balances out. As of now the 990 form is very balanced with programming and operations and if that is the case it will be all operations with no programming support.

Dr. Ashley asks Ms. Abston and Mr. Drawdy if we left the funds on the line item if we do not spend it can we do a redirect. Ms. Abston says that is acceptable but not something OPB likes to see. Ms. Abston says OPB looks at nursing education and what we spend and would not like to see us spend less than we do now. Dr. Ashley says leave the funds in for education. Ms. Abston says we have to figure out the August Day of Trauma. Ms. Medeiros says Georgia COT was going to pay the Augusts costs and invoice the Commission. Ms. Abston says the Commission already has a contact with where our meeting is being held and she would just

pay them direct. Ms. Mabry reviewed educational programs including the Southwest Acute conference that do not require coordination and could continue seamlessly but the others have programming work incurred. Dunne says that that course is no longer a CME requirement.

Mr. Drawdy continued to review the budget and operation costs. Mr. Terwilliger would like to speak on the cost of the Strategic Planning workshop when we address new business today and the benefits of the time spent. Mr. Drawdy reviewed Staff Costs and Development and Access costs of the RTAC's. Discussion about differences in RTAC salaries and locations and believes all should make the same salary. There needs to be some standardization in the job expectations and the difference in salary costs. It was agreed that each region is different but there should be some consistency in job description and salary. There was much discussion and it was agreed that it is so early in the RTAC process that we are still developing the process. Mr. Terwilliger considers the RTAC still a pilot program and he doesn't mind us learning a little bit, but he is not too sure about the Region 1 need for an RTAC. Ms. Abston says the reason Region 1 is requesting is that their RTAC has established subcommittees and lots of work is ongoing. Region 1 does a time to care at every meeting. Ms. Abston explains Region 1's process and the data they share in both regional council and RTAC meetings. Mr. Kunkle explains that the manpower in to pulling the data is what we are missing in most regions. Dr. Dunne believes we need to consider the regional canvas and travel expenses. Dr. Dunne believes we need to have a flat salary and a separate travel budget based on area. Mr. Terwilliger says with all this in mind this is still a pilot program. In his region there is still ongoing learning of the RTAC role. Mr. Kunkle does believe we need a base salary and to take into consideration the regions for travel expenses. Mr. Drawdy referred back to the budget and asked the Commission if there were any issues with the RTAC line items.

Dr. Dunne believes we need to define our state wide RTAC plan for RTAC coordinators.

#### **MOTION GTCNC 2018-05-04**

**I make the motion to make the RTAC 1 and RTAC 6 coordinator positions salary to each be \$46,750.00.**

**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

Mr. Drawdy continued to review the System Development and Access line items for the FY19 budget. There was discussion also about the Time to Care metrics data and retrieving the data from OEMS/T. It was discussed that Dr. Ashley and Dr. O Neal should talk. Mr. Drawdy also reviewed the EMS stakeholders budget area. There were no questions.

#### **MOTION GTCNC 2018-05-05**

**I make the motion to approve the FY19 budget.**

**VOTING:** Six members are in favor of motion. One member , Mr. Terwilliger voted against the motion.

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

## **Office of EMS and Trauma Report**

Presented by Ms. Renee Morgan

Ms. Morgan began her report by letting the Commission know that she has three centers to come on board this year, 2 level 3's and Fort Stewart which is a level 4. The registry is becoming very robust and with the cardiac care and stroke and the pediatric components are all coming on at state level and all are being mirrored after our trauma registry and data. Ms. Bayakly reported recently at a national conference on our registry and we are still unique, and we are being looked at on a national level. OEMS/T is doing a lot of table top exercises prior to designation and consult visits. The majority of hospitals that are scheduled with ACS are on the books and scheduled into the Spring of 2019.

## **Georgia Trauma Foundation**

Presented by Ms. Lori Mabry

Ms. Mabry reported we are wrapping up so 2018 education and there are 2 scheduled courses into FY19 and we can use our residual funds to make these happen regardless of what is happening with the Commission. All classes are on the calendar on the GTF website. The research grant deadline just ended, and the platform is built to perform these grants in the future. We raised the grant amount to \$ 10,000.00. We received 13 applications this year across the continuum of care. The August Day of Trauma is that registration is open and if anyone wants to submit a paper the deadline is June 15<sup>th</sup>. After the upcoming foundation board meeting Ms. Mabry expects to report on that at the August Commission meeting held the day prior to Day of Trauma. Ms. Mabry also hopes to sit down and look at SB60 to see if we can do anything this upcoming legislative session.

## **EMS Subcommittee**

Presented by Mr. Courtney Terwilliger

Ems small group met May 16<sup>th</sup> on some lagging small projects and to get some permission on some residual funding. The meeting was very productive and a lot of was accomplished to include some GEMSIS state office training. We also intend to develop two training videos that Kelly Joiner in Region 5 is assisting with. We will be doing 1 to 2 classes per region for training on the power of the GEMSIS data base. They are working with regions on CAN reports and finding turnaround time and travel time. The cadaver labs have been very successful and helpful across the state. We are interested in hosting several more of these across the state and Mr. Terwilliger's goal is to get this to South Georgia. We have identified some tech schools willing to host. There are still PHTLS classes and we are also accepting applications in the upcoming weeks for our Just Culture program. EMSAC and the subcommittee are interested in updating and revising EMS trauma protocol. There is intent to reach out to trauma surgeons and pediatric trauma surgeons to get this going.

## **TQIP Update**

Presented by Ms. Kara Allard

- Ms. Allard gave an update to the VAP project. Interim analysis to be conducted since centers have implemented their guideline. Over the next few weeks we will talk more about what this will

look like and send instructions. First cut on this data will be very global but the hope is that as people streamline we can make some sense of this. Cassandra developed a template to use which we are going to rely on for this. We will get together over the next couple weeks to map out over the summer meeting what this will look like. Any feedback on problems or concerns they have with regards to implementing their guidelines at their center. Ms. Allard gave an AKI update and the drill down exercises. Couple of the goals for the collaborative is to develop some educational tools, including the drill down that Liz presented on at the spring meeting so each center can be empowered to use this and become familiar with it. What we would like to do is have every center choose a cohort to drill down upon- and as a collaborative develop a survey to assess your findings. E.g. number of patients who had less than 10% probability of developing the outcome. Will allow centers to start to use the driller and get familiar with the modeling that TQIP does. Gives good insight into the kinds of patients the models pick up on and also identifying projects for your institution that need to be worked on. For pediatrics there have been contact with 3 centers and we hope to get off the ground with a pediatric project. Dr. Ashley asked about the protocol for pediatrics to talk about over use of radiation or x-ray's and is we can learn from CHOA and then develop a statewide protocol would be ideal. Ms Allard says this is a possibility and will talk to CHOA. Dr. Dunne says for his hospital it would be very helpful for a pediatric discussion to help us adult trauma understand. The next call for TQIP is June 19<sup>th</sup>.

### **New Business**

Presented by Dr. Ashley

Mr. Terwilliger asked if we had been in receipt of the January 2018 strategic planning information from Ms. Zimmerman. Ms. Abston said yes, we are in receipt and the TC Admin group wanted to review and work with that information. There has been scheduling conflict in doing so. OPB did ask several weeks ago about the plans. Mr. Terwilliger says this meeting today has been more beneficial than the two days we spend in Macon in January every year. Mr. Terwilliger would like to have all our planning completed at the August or November meeting, so we can go to our legislatures during the right time. Dr. Ashley agrees we should move our planning up. It was decided we would begin our August session at 8 :00 AM to allow for several hours of FY19 and possible AFY19 budget discussion. The next meeting will be on Thursday August 16, 2018 at St. Simon's Island. It was decided the Commission would create a wish list at the August meeting and know our goals for the upcoming year and prior to legislative session.

Meeting Adjourned: 2:56 PM

*Minutes crafted by Erin Bolinger*

