



GEORGIA TRAUMA COMMISSION
Thursday, 18 May 2017

Northeast Georgia Medical Center
 743 Spring Street NE
 Auxiliary Conference Room
 Gainesville, Georgia 30501

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston	Georgia Trauma Care Network Commission, staff
Erin Bolinger	Georgia Trauma Care Network Commission, staff
Katie Hamilton	Georgia Trauma Care Network Commission, staff
Billy Kunkle	Georgia Trauma Care Network Commission, staff
Ernie Doss	DPH SOEMS/T
Renee Morgan	DPH SOEMS/T
Lori Mabry	Georgia Trauma Foundation
Deb Battle	Northeast Georgia Medical Center
Charlie Richart	Northeast Georgia Medical Center
Jesswe Gibson	Northeast Georgia Medical Center
Chad Black	EMS Region 2 RTAC/ Habersham EMS
David Newton	Gwinnett Tech
Ernie Doss	DPH/OEMST
Renee Morgan	DPH/OEMST
Dwayne Morgan	Baldwin County Fire and Rescue
Kara Allard	TQIP/NSQIP Collaborative at Emory
Keru Conley	GHA
Janet Schwalbe	Gwinnett Medical Center
Lisa Dawson	GA DPH IPP

Call to Order: 10:05 AM

Quorum Established: 7 of 9 commission members present or on conference line and quorum was established.

Welcome/Chairman's Report

Presented by Dr. Dennis Ashley

The Stop The Bleed campaign has many things going on throughout the state. Our Day at the Capital was very successful with over 4 million social media hits. This is very good for one days work. Kathy Browning, the Executive director of the Georgia Chapter of American Surgeons sent an update to ACS they select 3 chapters of 3 states to present at the annual advocacy summit held in Washington, D.C. Georgia was selected as one of the 3 for the successful day at the capital. There may be a write up in the ACS bulletin about our work as well. The access paper and the members of GRIT using the Pracht data show the survival improvements for trauma centers vs. non-trauma centers and the increase in access to care. Also the GRIT group is working on the needs-based assessment with the Dr. Pracht data currently, this is the second piece of research provided by Dr. Pracht. All of this leaves Georgia making a national impact.

Administration Report

Presented by Dena Abston

Ms. Abston began with confirming all members have completed their ethics affidavit. The Office of Budget and Planning (OPB) memo was reviewed and provides the process for giving the (55%) excise tax to the Commission and it will disburse at the need of FY. Approximately \$1.1 million has been collected and we will know in January 2018 how much of that we will get but it is the expected 55% of collections. Ms. Abston reviewed the April 2017 Super Speeder Revenue report with \$17.9 million projected and by the end of the current FY the revenue should be at an estimated \$ 20 million. Dr. Ashley asked if there was any decrease in revenue due to the new Paupers' affidavit and the criminal justice reform. At this time, Ms. Abston doesn't see its affect but believes the affect will present itself in the reinstatement fees not the super speeder fee.

Ms. Abston reviewed the updated Trauma Commission meeting schedule for the remainder of the current year and the beginning of 2018. It was noted that our August meeting will be located at the King and Prince in St. Simons' Island and will coincide with the Day of Trauma and the annual GSACS event that are both being held at the same location. Also reviewed was the updated TMD/GA COT/TQIP conference call schedule as some of those calls are now combined. There is now 1 call every third Tuesday at 4 P.M with the new combined schedule.

MOTION GTCNC 2017-05-01:

I make the motion to approve the August 2017 meeting location and the updated meeting schedule and locations for the remainder of the current year and beginning of 2018.

MOTION BY: Mr. Vic Drawdy

SECOND BY: Dr. John Bleacher

VOTING: All members present are in favor of motion.

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

Ms. Abston reviewed the Performance Based Criteria; there are no changes to the level 1 and 2's at this time. The last page was broken out into 2 criteria's and the ACS criteria was removed for the completed consultative application. There were also no changes to level 3's, 4's, or the burn centers. There is no actual change to the criteria. Ms. Abston is requesting we move forward with these changes.

MOTION GTCNC 2017-05-02:

I make the motion to approve the Performance Based Criteria.

MOTION BY: Mr. Vic Drawdy

SECOND BY: Dr. Jeff Nicholas

VOTING: All members are in favor of motion.

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

Ms. Abston asked the Commission for the approval of the March 23, 2017 minutes. Dr. Nicholas mentioned there was 1 typo. Typo noted and change reflected.

MOTION GTCNC 2017-05-03:

I make the motion to approve March 23, 2017 GTC minutes with correction noted.

MOTION BY: Mr. Vic Drawdy

SECOND BY: Dr. Jeff Nicholas

VOTING: All members are in favor of motion.

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

Ms. Abston reviewed the Warren Averett report on uncompensated care claim data completed every year for Level 1's, 2's, and the burn centers. Ms. Abston reported that there were only 5 centers that had to scrub data and make changes. Page 32 of the report gives all the center data separately. The summary of all total claims is also located on page 32 and assists in the FY18 budget. The Healthcare Reform Task Force team presentation is also in your report for your review. There was information that could potentially affect Trauma centers towards the end of the report.

Budget Subcommittee Report

Vic Drawdy

Mr. Drawdy began with covering the year-end FY2017 projections, referred those to page 39, and covered them line by line reviewing the budget areas with the group. Mr. Drawdy then reviewed page 40 covering the FY2017 Closing Budget projections that include the redirected funds. Dr. Nicholas asked if the \$1 million given for the Stop The Bleed campaign is going directly for the kits or if there is also funding for the RTAC. It was clarified that the \$ 1 million was for the kits only at this time and not for RTAC rollouts. Mr. Kunkle confirmed this. Dr. Nicholas asked about the AVLS budget and was that funding still a part of the EMS subcommittee funding of the designated 20% to EMS. It was confirmed that the AVLS does come out of the EMS budget and that is just a separated line item.

Mr. Drawdy reviewed the GTC FY 2018 general proposed budget state appropriations (only) to include; the FY18 Commission office operational costs, the system development total costs, and the redirect funds. Mr. Drawdy reviewed each regional trauma advisory council (RTAC) funding. There is a \$60,000.00 funding reduction to all RTACS with the exception of Region 8 that is still working on their RTAC plan. RTAC II has requested \$ 12,500.00 for a Regional Trauma Symposium. RTAC III funding \$60,000 for RTAC Coordinator. RTAC V Krystal Smith has been working on school response pilot program. She has asked for funds to have TECC Courses and kits for pilot program. Her proposal for the Region 5 is \$48,224, which is the same in prior year. Region VI is in the process of hiring the coordinator and there is not a need for funds at this moment. Region IX, RTAC Coordinator has been in place and seems to be doing a good job. The proposal for Region IX has requested \$60,000 for a RTAC coordinator. The ACS state participation costs increased by \$ 3,000.00. The Georgia Trauma Foundation is requesting \$ 50,000.00 increase to hire a Developmental Director; they are requesting this in addition to their \$ 150,000.00 for FY2018. Ms. Mabry spoke of the need for the foundation to capitalize on fundraising and build the foundation. Dr. Cowles echoed Ms. Mabry and the need for focus on fundraising and donors. Dr. Mullins spoke of the need for the position within the foundation and was supportive of the additional funding to the foundation. Dr. Nicholas asked about sustainability of these funds for the foundation and RTAC funds for coordinator positions. Mr. Kunkle spoke on the RTAC coordinators and believes everyone is working in the right direction. It is nice to have the funded positions in place to assist, as most that are a part of the advisory councils have full time jobs and are a part of the RTAC's on a volunteer basis. Mr. Kunkle doesn't believe there is a need for 10 RTAC coordinators but does see the need to have RTAC coordinators.

Dr. Ashley discussed the need for the coordinators and the ground up building going on in most regions. Mr. Kunkle believes that his time next year there will be implemented plans in place in all areas with coordinators. Dr. Dunne discussed the importance of having a coordinator in his Region 9 due to the vast landscape and geographic size of the region, and his injury prevention coordinator and staff are already over extended and with the Stop The Bleed roll out a coordinator is vital to the success of that area. Dr. Dunne says his coordinator is just getting her feet wet and figuring out her role and has been on the job for 6 months. Dr. Dunne is uncertain that after 1 year we will have the data to do a full overview of the coordination piece and its impact on the trauma system. Dr. Nicholas asked for clarification on the continuation of funds for Region 9 or if this was something we request yearly in the budget.

Ms. Abston wanted to include the FY2017 funds of \$98,581.00 for the Performance Based pull back funds and we used same methodology as used with the readiness for redistribution back to the centers that performed at 100%. We will be re doing the contracts and awarding all those that met at 100% of the PBP for FY17 and sending those back to our trauma centers. Ms. Abston noted that ones that may have not met particular criteria have been discussed with Ms. Abston and this number is significantly lower than last years with the incentive payment initiative. Dr. Ashley and Dr. Nicholas requests an overview of the particular criteria that each level is having performance issues with so we can identify the deficiencies and make changes where necessary. Ms. Abston will have a report on this broken down by levels in August.

MOTION GTCNC 2017-05-04:

I make the motion to approve the FY2017 closing budget with projections and redirects.

MOTION BY: Mr. Vic Drawdy

SECOND BY: Dr. Jeff Nicholas

VOTING: All members are in favor of motion.

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

Mr. Drawdy reviewed the proposed FY2018 budget reviewing staff costs and operations and the overages. Mr. Terwilliger asked about the trauma registry support and how is that not considered hospital expenditure, as that is criteria of being a designated trauma center. Dr. Ashley advised that these costs used to be paid for by the state but the Commission has taken that cost on. The cost is center specific and Ms. Abston can get the costs of this. Ms. Morgan advised that the cost is different by level and that there are some centers that are having a hard time with the registry costs. It was decided that a level 2 cost for an annual registry support is around \$ 43,000 and does not include additional fees for outcome modules and other things. Mr. Drawdy would like to personally see how the registry works. Ms. Mabry advised that there is an upcoming registry course being held at GPSTC and all statewide registrars will be in attendance. Mr. Drawdy continued to review the budget reviewing all increases.

Ms. Abston discussed Ms. Smith and the pilot program initiative last year for the Law Enforcement Mutual Aid. Ms. Smith said the program was born out of the EMS regionalization grants in last years budget and discussed how it was distributed. The additional funding requested this year will go to fund the 2 counties that are not considered rural by the State Office of Rural Health. This additional funding will not provide kits across the board but it does supply kits to those officers that are in more situations that would require a kit. This program will save lives and has been effective in several instances to date.

Mr. Drawdy continued to review the FY18 budget. There are some proposals requesting funding in FY18 that includes the Trauma Foundation, MAG and request from Region II RTAC for a Trauma Symposium. Mr. Black presented his request for the additional \$50,000.00 in addition to the letter where \$12,500.00 was requested. The additional \$ 50,000.00 request was submitted in a second letter and Mr. Black will resubmit this request.

MOTION GTCNC 2017-05-05:

I make the motion to approve the FY2018 budget as proposed.

MOTION BY: Mr. Vic Drawdy

VOTING: 6 members present are in favor of motion. 1 member is against motion.

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

Break for lunch until 11:45 PM

Department of Public Health- Injury Prevention

Lisa Dawson

Ms. Dawson presented the desire by Department of Public Health to bring back the Splash Campaign also known as #splashga and was an initiative the First Lady had a part in creating. Ms. Dawson presented the campaigns original posters that are displayed at all public pools, etc. Ms. Dawson is working with the Shepherd Center on the new posters as they have a rash of spinal injuries that come in this time of the year.

Time to Care Metrics

Ernie Doss

Mr. Doss reported that we can do the 'time to care' metrics but that the entire process at this time is a manual process. There is an upcoming meeting on June 5th with several staff and the vendor to see how we can automate the process. Imagetrend has worked with other states to manually match records and in order to take the 2016 data and add it will have require some temporary workers but everything is being looked at as a group. Dr. Dunne asked about retracting data from GEMSIS and how we can match the data to the new system. Mr. Doss explained that there are several forms that different entities use so that data would have to be manually entered. Different entities use different data marks so the State Office is taking this information and working backwards with the data to compile the data for the time to care metric. Dr. Ashley recognized the excellent work of Mr. Doss and his team.

TQIP/NSQIP Data Analysis Team Update

Dr. Ashley/ Kara Allard

Ms. Allard has joined the team and has developed a timeline to begin work. Ms. Allard has been working closely with Dr. Dente (trauma lead) and Dr. Shwama (general surgery lead) time up with quality improvement areas timeline. There have been several areas identified that need improvement on both sides. There were several areas that came up at the spring TQIP meeting that need improvement: VAP, audit filters, AKI, return to Operating Room, renal failure. So these areas are being put on an aggressive timeline and the goal is to develop a data collection tool using existing data points related to renal failure and maximize the data being collected and generate this from the registry. WE know we are asking for a lot on top of the normal day to day of the registry staff. We are hoping to have filters put in place to identify key points such as antibiotics and their affect on renal failure. This information should be sent to the centers in a couple of weeks and we will be asking for feed back and then we will collect data and discuss these at the August meeting, Day of Trauma and work together to develop and move some of these projects forward on both the TQIP and NSQIP sides. Ms. Allard is aware this is an accelerated timeline and Dr. Ashley welcomed Ms. Allard and is excited about the timeline and good work.

Establish (Re) Designation Process

Presented by Renee Morgan

Ms. Morgan discussed the committee that has worked together on the guidelines to include Ms. Abston, Ms. Garlow, Dr. O'Neal, and Mr. Morgan. Ms. Garlow has presented the process and Ms. Morgan is awaiting that feedback. A one-day trauma center orientation has been created and we completed one of those in the spring. There was a lot of good feedback and it was an open meeting to review registry guideline, MOA's, and other processes. They intend to hold additional orientations as they were well received. Some of the issues with meeting PBP requirement (performance based pay) are due to turn over at the centers. Additional compliance issues are meeting attendance as well as data submission timeliness. It has been confirmed that all of our centers have submitted letters to ACS for their visit. Depending on whom you speak with at ACS the visits seem to be scheduled for late 2018, some have set dates, and some are still waiting on confirmed dates. Grady has had their verification visit and they are just waiting on the ACS report. For many of our level 3 and 4 centers we have several that are on the redesignation process and we have some moving from 3's to 2's. Ortho requirements seem to be a large problem for meeting our requirements. We are working now on helping to prepare centers that are preparing for their upcoming ACS visits. There is a new facility in Region 4 (Spalding in Griffin, GA) and they have purchased the registry. Ms. Morgan reported that they are working with some of the military hospitals like Fort Stewart. They are purchasing the registry software. Ms. Abston asked if the military hospitals would be taking civilian patients. Ms. Morgan says that they already accept some civilian patients. We hope that the performance measures for the military hospitals match our requirements even though they will not receive state funding.

Dr. Ashley mentioned that the quarterly data collection is great in preparing those for both visits from ACS and the Performance Based Requirements for state funding. Ms. Morgan and Mr. Kunkle are working on a plan to work from a regional level to get information needed through the RTAC's. There has been some funding cut from ASPR and that is what funds some of the registry costs. Ms. Morgan will be working to find these funds within her budget. Dr. Nicholas discussed the after action report cards after the consultative visits from ACS are the critical piece to get everyone performing on the same level within their level of designation. Ms. Morgan indicated that ACS is very interested in how we are using the consultative visits data and our process going forward. Dr. Nicholas suggested developing timelines on when the state will predict that they receive the formal ACS finding from the consultative visits or going off the exit interview data (after action plan) could assist in getting the hospital administration on board. Ms. Morgan says everything is going well, this is all new, and things seem to be moving cohesively in the right direction.

System Planning Report

Presented by Billy Kunkle

Mr. Kunkle has travelled around the state since being hired and has visited all but 2 regions. Region 8 is having a little trouble getting off the ground but they are working towards assembly. The coordinators are doing a great job in their respective regions. There are several ongoing projects in each region. The Stop The Bleed project is moving along. The RFP's are in and we as a group will come together and make a decision. The kits presented so far look great. Mr. Kunkle is working on logistics for the disbursement of the kits and the regional level training. There are several school educator events occurring over the next sever months and

the Trauma Commission is reaching out to these educators and we are presenting the Stop The Bleed program and are also training at these upcoming conferences.

Ms. Abston directed the commission to a copy of the Attorney General's letter of advice. Ms. Abston reported on the letter received from the Attorney General's office after we asked for advice about private and religious affiliated schools receiving the kits from our Stop The Bleed state initiative. It was stated that unless the private and/or religious affiliated schools provide to us compensation we couldn't go in with our Stop The Bleed program. Ms. Mabry asked if those schools purchased the kits, could we provide the training to them. Yes, we could provide the training as that is provided on a voluntary basis but the Trauma Commission cannot provide the kits. Dr. Ashley said if the kits were \$69.00 a kit that would provide each public school about 7 kits per school. With most of our RFP bids we have quotes between \$ 29 and \$40 so we will have more kits than originally forecasted. Mr. Kunkle explained that they were individual kits and would be placed strategically around the school and not all located together. Mr. Terwilliger asked if there would be 10 kits inside a large kit. Each classroom or hallway will have a kit. All kits will not be located together. For private schools interested in purchasing the kits Mr. Kunkle will refer those interested to the vendor we have selected. We cannot promise the same price to those interested but we can refer them to the chosen vendor for pricing. The kits were confirmed to have regular gauze not hemostatic gauze.

Mr. Terwilliger asked about the distribution process. Mr. Kunkle discussed the need to train the teachers and school leaders about strategically locating these kits around their school. Dr. Nicholas says this is a great opportunity for grass roots initiative for the Commission. We are the first state to take on this initiative so our efforts are from the ground up. Dr. Nicholas said at the RTAC 3 meeting discussed that school districts have meetings and if we can get on their calendars for a short interval we can reach many schools in one meeting. Dr. Nicholas explained that the ACS slide deck is too long for the intervals typically given at these meetings. Dr. Nicholas wants to know if we are only allowed to use the ACS slide show or can we condense the slides to fit into the allotted time we have to train upcoming groups. Mr. Black and Ms. Smith and the host of training volunteers at EMAG in April were able to present and train over 70 participants in a 30 minute allotted time slot. Mr. Black condensed the ACS slide show to fit the time given. Ms. Smith believes that we can train many in short periods of time and helpful resources could be an online webinar. Ms. Mabry in response to Dr. Nicholas question of the ACS slide show and is it permissible to condense or create your own slide show. Dr. Ashley says he can do the entire slide set and do it well in 30 minutes. And if you have a clinical instructor the slide show can be completed in 15 minutes. Dr. Ashley says the training with the tourniquet is the essential piece. At EMAG there were trainers demonstrating the tourniquet during the slide show throughout the audience. Ms. Mabry suggested using the CS slide show and at the beginning insert a couple slides about our state mission.

Mr. Kunkle says that for this program you can enroll online easily if you are a healthcare provider and receive the online training. Dr. Nicholas says that the regional coordinators are taking charge of this and some of the regions are using different slide shows so Dr. Nicholas will go back to his RTAC and advise them to use the ACS slide show. Ms. Mabry says the ACS website constantly adds updates and you can go online and download the latest slide show at any time. Ms. Mabry says prior to teaching in the schools the ACS slide show will add the state initiative to the beginning of the slide show.

The Commission was invited to the annual Teacher's Education Leadership Conference that is attended by all Georgia school superintendents, school nurses, and administrators. The Commission will have a booth as well as a period to train attendees.

Georgia Trauma Foundation

Presented By Ms. Lori Mabry

Ms. Mabry thanked everyone for attending the symposium at Chateau Elan. Next years event will be at Chateau Elan in March of 2018. Day of Trauma is August 18th and will precede the Commission meeting and the weekend events for GSACS. The foundation is wrapping up the FY17 education courses including the first ever class for registrars across our state. There are 56 people enrolled and our registrars are worth investing in as their quality of work predicts the quality of our data. There are some RTDC training programs going on and assisting with helping with transfer efforts to trauma centers. Ms. Mabry attended TCAA, they were asked to make comments on our Stop The Bleed efforts, and to assist other states in doing state lobby visits. South Carolina, Pennsylvania, and Texas have all looked to our state for how we operate our trauma system and there is interest to know how we make this work on a collaborative effort.

EMS Subcommittee

Presented By Mr. Courtney Terwilliger

Mr. Terwilliger advised they would be meeting in early June to finalize our budget areas. A couple things we have done differently are that we are funding 2 cadaver labs. We are talking with a gentleman about a crisis intervention program due to several recent incidents of EMS personnel taking their lives. The subcommittee is looking into these crisis health programs. Mr. Black, Tim Boone, and Shane Garrison have been working with these programs to look into these programs. Dr. Nicholas indicated that at a recent RTAC 3 meeting that Chief Grimaldi discussed what they are doing at Clayton County for crisis intervention to include pastoral services and counselors and how they work through issues of the front line personnel. Mr. Terwilliger is looking in to making sure that all our front line emergency personnel are cared for correctly for what they see and experience in this line of work.

Trauma Equipment Grant Update

Presented By Ms. Dena Abston

Ms. Abston referred everyone to page 70 of their administrative report to show the end results for the recent trauma related equipment grant. Page 70 shows the total grant funds, the agencies that applied, and the additional counties that are requesting funds. Page 71 – Page 75 give the amount of funds awarded by applied agency. There were no questions at this time.

New Business

There was no new business to report on.

MOTION GTCNC 2017-05-06:

I make the motion to adjourn

MOTION BY: Dr. James Bleacher

SECOND BY: Dr. Jeff Nicholas

VOTING: 8 members are in favor of motion.

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

Meeting adjourned at 1:15 P.M

Minutes crafted by: Erin Bolinger