

Approved August 18 2018



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## Georgia Committee for Trauma Excellence

### MEETING MINUTES

Wednesday, March 22, 2017

Navicent Medical Center  
Trice 8  
777 Hemlock Street  
Macon, Georgia 31201

MEMBERS PRESENT	REPRESENTING
Laura Garlow, <i>Chairman</i>	WellStar Kennestone Regional Medical Center
Gina Solomon, <i>Former Chairman</i>	Gwinnett Medical Center
Regina Medeiros, <i>Chairman of Registry Subcommittee</i>	Augusta University
Rochelle Armola, <i>Chairman of Process Improvement Subcommittee</i>	Memorial Health University Medical Center
Tracy Johns, <i>Chairman of Resource Development Subcommittee</i>	Medical Center Navicent Health
Lisa Ulbricht, <i>Chairman of Injury Prevention (via Conference line)</i>	WellStar Kennestone Regional Medical Center
Sabrina Westbrooks, <i>Chairman of Emergency Preparedness Subcommittee</i>	Clearview Regional Medical Center
Greg Pereira, <i>Chairman of Pediatrics Subcommittee</i>	Children's Healthcare of Atlanta at Egleston
Victor Drawdy	Georgia Trauma Network Care Commission

OTHERS SIGNING IN	REPRESENTING
<p>Heather Morgan <i>(Via Conference Line)</i>  Karen Pittard <i>(Via Conference Line)</i>  Kyndra Han <i>(Via Conference Line)</i>  Melinda Williams <i>(Via Conference Line)</i>  Karen Hill <i>(Via Conference Line)</i>  Karen Johnson <i>(Via Conference Line)</i>  Kellie Rowker <i>(Via Conference Line)</i>  Dewayne Joy <i>(Via Conference Line)</i>  Nancy Friedel <i>(Via Conference Line)</i>  Tracie Walton <i>(Via Conference Line)</i>  Mary Alice Aubrey <i>(Via Conference Line)</i>  Jill Brown <i>(Via Conference Line)</i>  Tawnie Campbell <i>(Via Conference Line)</i>  Joni Napier <i>(Via Conference Line)</i>  Anastasia Hartigan  Kim Moore  Laura Lunsford  Tinyhra Harris <i>(Via Conference Line)</i>  Laura Hunnewell  Sharon Nieb  Lynn Grant <i>(Via Conference Line)</i>  Melissa Parris <i>(Via Conference Line)</i>  Stephanie Proffitt <i>(Via Conference Line)</i>  Katie Hasty <i>(Via Conference Line)</i>  Traci Jones <i>(Via Conference Line)</i>  Elizabeth Williams <i>(Via Conference Line)</i>  Erin Moorcones <i>(Via Conference Line)</i>  Tatiana Woods <i>(Via Conference Line)</i>  Sarah Parker <i>(Via Conference Line)</i>  Pamela Van Ness <i>(Via Conference Line)</i>  Debora Dabadee <i>(Via Conference Line)</i>  Bernadette Frias <i>(Via Conference Line)</i>  Linda McCallum <i>(Via Conference Line)</i>  Barlynda Bryant <i>(Via Conference Line)</i>  Colleen Horne <i>(Via Conference Line)</i>  Shawna Baggett <i>(Via Conference Line)</i>  Karrie Page <i>(Via Conference Line)</i>  Amanda Ramirez <i>(Via Conference Line)</i>  Stephanie Gendron <i>(Via Conference Line)</i>  Leslie Baggett <i>(Via Conference Line)</i>  Brook Kiker <i>(Via Conference Line)</i>  Adam Bedgood <i>(Via Conference Line)</i>  Inez Jordan  Kristal Smith  Deb Battle <i>(Via Conference Line)</i>  Jesse Echols-Gibson <i>(Via Conference Line)</i>  Linda Greene <i>(Via Conference Line)</i>  Denise Hughes <i>(Via Conference Line)</i>  Sharon Hogue <i>(Via Conference Line)</i>  Jaina Carnes <i>(Via Conference Line)</i>  Jim Sargent <i>(Via Conference Line)</i></p>	<p>Athens Piedmont Regional  Athens Piedmont Regional  Augusta University  Cartersville Medical Center  CHOA Egleston  CHOA Egleston  CHOA Egleston  CHOA Egleston  CHOA Egleston  CHOA Scottish Rite  CHOA Scottish Rite  Coliseum Medical Center  Coliseum Medical Center  Crisp Regional Hospital  Doctors Hospital of Augusta  Doctors Hospital of Augusta  Doctors Hospital of Augusta  Doctors Hospital of Augusta  Effingham Hospital  Emory: Injury Prevention Research Center  Fairview Park Hospital  Floyd Medical Center  Floyd Medical Center  Floyd Medical Center  Floyd Medical Center  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Grady Memorial Hospital  Gwinnett Medical Center  Gwinnett Medical Center  Gwinnett Medical Center  J.D. Archbold Memorial Hospital  Meadows Regional Hospital  Memorial Health University Medical Center  Memorial Health University Medical Center  Midtown Medical Center  Midtown Medical Center  Midtown Medical Center  Navicent Health, Medical Center  Navicent Health, Medical Center  Northeast Georgia Medical Center  Northeast Georgia Medical Center  Northeast Georgia Medical Center  Northeast Georgia Medical Center  Northeast Georgia Medical Center  Polk Medical Center  Redmond Regional  Wellstar Atlanta Medical Center</p>

Emily Page <i>(Via Conference Line)</i> Sarah Hochett <i>(Via Conference Line)</i> Aruna Mardhekar <i>(Via Conference Line)</i> Nigel Clift <i>(Via Conference Line)</i> J. Patrick O'Neal, M.D Renee Morgan Marie Probst Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Lori Mabry	Wellstar Atlanta Medical Center Wellstar Atlanta Medical Center Wellstar North Fulton Wellstar North Fulton Health Protection/ OEMST DPH/Office of EMS/Trauma DPH/Office of EMS/Trauma Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Foundation
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**CALL TO ORDER**

Ms. Laura Garlow called the meeting of the Georgia Committee for Trauma Excellence to order at 1:31 PM. Quorum was established with 9 of 9 members present in person and via conference line.

**WELCOME AND INTRODUCTIONS:**

Ms. Laura Garlow

Ms. Garlow welcomed everyone to the meeting. Attendance corrections were made to the January 2017 meeting minutes and presented for approval.

**MOTION GCTE 2017-03-01:**

**I make the motion to approve the meeting minutes as presented.**

**MOTION : Rochelle Armola**

**SECOND: Tracy Johns**

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

**DISCUSSION:** There was no discussion that followed.

**SUBCOMMITTEE REPORTS:**

**Injury Prevention (IP):**

Ms. Lisa Ulbricht

The Subcommittee has been working with Ms. Mabry and the Trauma Foundation for funding for the Injury Prevention coordinator course to allow for 7 to attend. We are looking to secure funds in the FY18 budget for this. There are 2 courses planned by the American Trauma Society for dates in August and December of 2017. If there is funding approved for this we intend to get Ms. Mabry all the participant information. If anyone would like someone from his or her trauma center to attend please contact Ms. Ulbricht. The other funding opportunity is that the foundation has been very generous in helping our subcommittee get funding towards advocacy and marketing. They are looking into creating a PSA and the costs associated with this. There is research being done as to what PSA's are already out there. There has been discussion with co branding with other agencies like the Department of Public Health. The broadcasting of PSA's is costly depending on the time slot. The focus would be to put half the money towards a PSA related to Motor Vehicle crashes and the other half of funding to go towards a PSA for Fall prevention.

Our subcommittee's goal is to implement combined CarFit (older adults) and Child Passenger Safety check events. The director of the Georgia Traffic has retired and as soon as a replacement is decided upon there will be training for new coordinators then. Current barrier is getting members trained in order to hold the events (as well as training for supporting technicians).

**Registry**

Marie Probst

Dr. Medeiros gave her time to Ms. Probst. Ms. Probst says we have an answer for the Long ID creation for the John Doe and Jane Doe patients. The name for these patients will be John or Jane Doe and begin the LONG ID with "JODOE" then the date of birth which is "01 01 1900" then add the gender. If you have a transgendered patient you need to use the gender they physically are. The webinar has been viewed by over 25 at this time. If you have any questions before viewing the webinar please e-mail those to registry@gatraumafoundation.org. Deadline for questions for the May webinar is May 12<sup>th</sup> with the webinar on May 24<sup>th</sup>. An upcoming list of future webinar dates was discussed. Questions are asked to be sent before the webinar and will be answered accordingly.

Regarding the B5 report writer. There is NTB download help. There is an assistance program being offered for help with downloads. Ms. Probst says if you did not get this e-mail to let her know and she will forward to you. The assistance is for validation, mapping, and other things. The DI Pre Conference is September 25<sup>th</sup> and 26<sup>th</sup>. Conference dates are the 27<sup>th</sup> and 28<sup>th</sup> and will be held in San Antonio, Texas. We discussed the web portal and showed the web portal. We talked about its capabilities and discussed the dashboards. We will report more on this in the future. The data dictionary is still in progress, we are ready to do the merge, but there are some missing fields that need to be added.

**Resource Development/ Special Projects**

Ms. Tracy Johns

The developed questionnaire was sent to 40 people and so far we only have 14 responses. Ms. Johns feels we need more responses to begin making assessments. Ms. Johns reported on having started on the resource handbook; registrar chapter, program history, and trauma history in Georgia, and a designation chapter are all beginning. Ms. Johns says next they are going to begin on PI and will ask for contributors. A programmer has organized all resources so far on the web site and is working on where to upload items. We have been asked to put links to the ACS/VRC webinars and to Maries' Georgia registry webinars.

On the CSTR study group there were 11 responses and there were concerns from each and it was decided to come up with some modules that we can put on Noodle (a free learning management system) that can alleviate some of the concerns. Ms. Johns has two talks on data management that include statistics that can be added on to Noodle that go by the outline of the CSTR exam to help those taking the exam. There are other contributors as well. Ms. Mabry gave an overview of how to get to the resource documents on the Georgia Trauma Foundation web site.

Ms. Garlow asks if we can add the GCTE links to minutes and agendas as well. Ms. Mabry said that is possible. Ms. Garlow asked about info sharing and third party sharing and should we eliminate that. Ms. Mabry suggested she and Ms. Garlow draft something and discuss further. Ms. Johns did mention they are still looking for additional members to their subcommittee.

**Education**

Ms. Lori Mabry

Ms. Mabry gave the report for Amanda Ramirez as she has now taken the lead while Ms. Segó has been deployed to serve our country. The 2017 courses are all being wrapped up. There are TNCC courses on April 7<sup>th</sup> and 8<sup>th</sup>; there may be a seat still available so contact Ms. Mabry if interested. There is an EMDC course in Fannin County sometime the first week of June. This is a Commission funded course so there will be 8 spots available to the Trauma System. There is an ATCN course at Navicent on the 25<sup>th</sup>, the class is full, but there is a waiting list. We are trying to host the other ATCN

course at Memorial in the fall. We currently have a shortage of course instructors at this time so please contact Ms. Mabry if you or someone on your staff may be interested in becoming an instructor. Several advised Ms. Mabry that there are some course directors to include Mr. Pereira and Julie whom is an NP at Emory.

We are no longer receiving ASPR funding as their budget has been cut. ASPR is going to begin distributing most of their funds through the community health coalitions. TNCC and EMPC courses were a part of the ASPR funding but are lost in the FY2018 budget. Our wish is to increase the number of TCAR courses in FY2018. The Trauma Symposium is coming up April 29<sup>th</sup> at the Chateau Élan and it is a half-day symposium. The agenda will be distributed later this week.

There are two courses AAAM for registrars June 13<sup>th</sup> and June 14<sup>th</sup> at GPSTC. There is funding for registrars to attend from our centers. You can also pay for additional registrars to attend as well. The registration and e-mail will be coming out shortly on this. Also working on scheduling a TOPIC course at GPSTC for late June, as soon as everything is confirmed we will send everything out. We are working hard to streamline and increase participation in our courses. To make these courses successful we have had to have non-refundable registration fees. All of the new processes are being worked on and will be discussed in FY2018. PFCC is also in the works and are pediatric courses. Discussion of PCAR vs. TCAR courses came up. It was asked if one of the pediatric facilities could host a PCAR course or develop a pediatric course that addresses needs that are not currently addressed in other courses. Within our state we have great resources to tap in to. Discussion on how to meet these needs and the benefits of hosting the course continued.

**PI**

Ms. Rochelle Armola

Ms. Armola reported that there are 3 different work groups due to the influx of members for a total of 20 members. SBIRT is the first work group and they have been in contact with Ms. Johns' committee to make sure items are not being done by both groups. They are looking into defining SBIRT and clarifying the data elements and the screening vs. intervention and how is that information captured and reported. So this group is working on these pieces. They are looking into best practice for this at all level trauma centers and how they differ depending on what level Trauma Center. The second work group is working on data that is given from Marie and the State Office. Data was recently divided up, one work group is looking into transfer data, and the second group is working on the PI piece of the plan. We intend to reach out to centers and work with individual centers on their PI plans and the transfer issue.

We are also pulling together some research documents and we have asked for all to send their PI plans to us via Jill Brown so we can look into what is working and not working for everyone. Ms. Westbrook's says that they have SBIRT trouble finding anything that addresses age limits. Ms. Armola says if over 12 and TCAR says that as well.

**Emergency Preparedness**

Ms. Sabrina Westbrooks

Ms. Westbrooks wanted to remind everyone of the upcoming EMAG conference in April. If you have someone interested in attending please check to see if you can attend. Registration deadline is early April. The statewide Ever Bridge diversion notification group has been talking. It was decided that this group needs a committed manager and then needs to the definition for diversion and saturation. Once diversion and saturation are defined (which is believed to be in the works with the new administrators' group that Ms. Atkins helped to assemble) then we need to come together on how we want the information communicated between centers (text, e-mail, call, etc). This is a large undertaking and once we have committed managers for the process then we will work with Yusuf Ramon in getting to him templates. There are lots of moving parts to making this happen. There are concerns that if we put all this work into this will everyone buy in and use this consistently. Managing the contacts is a large piece at this.

Ms. Garlow says she thought that the Trauma Director/ Program Managers at each facility would be the contact for this notification group. Discussion of who gets notified and when across the state. Ms. Westbrook brought up making it the sole responsibility of the directors and managers may be the answer, may not. Diversion discussion of level 1 Trauma Centers and the effect it may or may not cause statewide. Ms. Solomon explained that there are some contact systems out there that can be used but they do not fit the trauma mode completely. Discussion of the TCC and the valuable piece of the communication it provided as well as discussion as upcoming technology. Ms. Garlow suggested Mr. Kunkle contribute to the problem solving of this particular issue. Mr. Kunkle explained that this issue is on many different radars. His goal is to review and hopefully pull all the information together.

Ms. Westbrook's would like to hear from all program managers and ask if it will be effective to send the communication to the program managers versus the Emergency Room. Ms. Garlow says the information given needs to be defined to be able to answer whom will be responsible for the received information in the centers.

**Pediatric Trauma Subcommittee**

Mr. Greg Perreira

Mr. Pereira reported that they have not met yet but they are looking a transfers and delays and transfers. The data he has received is limited as the first quarter does not show ages and the second quarter data shows about 268 delays in transfer and about 67 reported as pediatric transfers. The data Mr. Pereira is working with may not be complete. The Pediatric Trauma Society is looking at transfer guideline for pediatrics, as this is a national problem not just a Georgia problem. Mr. Pereira would like to help roll out those guidelines once they are complete.

Ms. Armola believes that these items can be included in Jesse's group in PI. Lets divide the efforts over a conference call (pediatric sub committee and PI sub committee members) so everyone is on the same page. Mr. Pereira says there is a huge piece of the data missing from non-trauma centers across the state. Mr. Pereira discussed if a pediatric needs an airway the patients should go straight to the children trauma centers. Ms. Solomon says that 90% of what she transfers out goes to children's. Definition of what injuries should be transferred (broken bones vs. head injuries) to a pediatric trauma center vs. what can be treated at other centers.

Ms. Johns proposed a poster created that could assist with pediatric transfer guidelines. Plenty of discussion about transfer issues was held. Delay and hospital specific procedures continue to be hurdles that the group will work through.

**Georgia Trauma Foundation**

Ms. Lori Mabry

The trauma research grants were a success with 7 applicants and the decision for whom those funds will be awarded to will be announced in the upcoming week. Ms. Mabry thanked everyone for the participation and enthusiasm behind the Trauma Awareness day at the Capital. The Stop the Bleed campaign is going strong and there is a group working on the campaign and currently discussing the education strategy about how to implement the training within our communities. Ms. Mabry suggests Mr. Kunkle, she, and Ms. Smith can coordinate with the RTAC's and find the best strategy.

Ms. Solomon says American Trauma Society's' Trauma Awareness Day is May 17<sup>th</sup> and their platform is the Stop The Bleed campaign.

**Georgia Trauma Commission**

Ms. Dena Abston

Ms. Abston updated the group on the first GTC/ OEMST orientation course. There were 30 attendees from all level of care facilities. We reviewed report completion, contract requirements, pay per performance, and a general overview of how things operate. We will be looking to do this either once a quarter or on an as needed basis. Ms. Garlow (Wellstar- Kennestone) and Mr. Sergeant

(Wellstar- Atlanta Medical Center) attended and gave perspective and it was a very helpful day. Mr. Sergeant also brought his Chief Operating Officer and it was worthwhile to see how the state operates. Ms. Abston is looking at other dates in late April or May and she asks for centers to send their needs to her to determine if the course is needed this upcoming quarter. Ms. Johns asked is a webinar could be done about the orientation that we could put the link on to the Trauma Foundations GCTE web page space. Ms. Abston thinks this is a great way to get our centers confident in their state requirements.

For performance-based payment there are a couple items that will affect this. The readiness cost survey, 5% of criteria will be on invoice submission dates, and uncompensated care claims just like in the past. Ms. Abston says most likely the survey will go on the FY18 contract. The report card the centers are receiving from Ms. Probst is the same report that is given to the Trauma Commission to not require 2 reports from the centers. Ms. Johns asked if this is calculated over the year or over the quarter. Ms. Abston says this will calculate over the year. Ms. Abston says the Commission says if 3 of 4 quarters are met she is ok with that. Ms. Medeiros says there is a system in place that works right now and if the state reports are acceptable to the Trauma Commission than this should continue as it works.

For the ACS visits, once an application has been submitted and the Commission has received the confirmation of the visit from your center or from ACS then this will be counted as " Criteria Met". Discussion about the timeline of past visits and paying for past performance when it comes to the previously completed ACS visits. Ms. Abston says when this criteria was implemented it was intended to get everyone on the same page with the ACS or the state. Mr. Pereira says pediatric TQIP is an example; they did not get a ' met criteria' they just got additional points tied to other criteria in other categories. Ms. Abston understands what Mr. Pereira is saying and it is something to consider for future contracting as this is paying for past performance not paying for current performance. Ms. Medeiros says the reason this was put in there is that the cost barrier to the consult visits was the costs. This is more of an oversight than a decision to be unfair. It is important to bring this up especially with the Pediatric Centers to make sure that all centers are treated fairly based upon the state criteria required of them. Ms. Garlow asked Ms. Abston, for centers that have had verification visits this fiscal year and consultative visits this fiscal year, what kind of documentation is needed. The submitted application or the agenda from the visit are both acceptable documents. May 18<sup>th</sup> is the upcoming GTC and GCTE meetings with both meetings held on one day. All of these upcoming dates are on our website. The August meeting will be the 17<sup>th</sup> and will partner with the Day of Trauma; this is still being worked out logistically. The November meeting will be on the 16<sup>th</sup> of November in the Atlanta area. We have launched our new website. The website is easier to navigate and we are excited about it. There will be some strategic planning updates during tomorrow Commission meeting. Several items are moving forward very well. Metrics like the Time to Care have been sent to Mr. Doss to assist us in getting some good reporting. Dr. Ashley has been working with the TQIP/NSQIP group to assist with data projects. The re-designation process is going well and an outline and general guidelines are being worked on for all level trauma centers. The group is working on simplifying processes for all centers.

Ms. Abston introduced Mr. Billy Kunkle, our Trauma System Planner and we are thankful to have him. He will be instrumental in our system development and already has several tasks as well as he has taken on some tasks today. He will be considered the standing state-wide RTAC leader and he will assist in all facets of getting those RTACS that are not up and running and work with those RTACS that are running. Mr. Kunkle requests invites to anything going on in your region that he can be involved in or helpful with. If you have any projects, please let Mr. Kunkle know.

Ms. Abston reported on the legislative visits last week in front of House- Health and Human Services Committee and the Senate as well. The presentations were given and we were asked to come back to the Capital over the summer and set up another Stop The Bleed training. Senator Hunterman specifically requested that her staff be trained. The bleeding control kits are installed in the capital. The report is available for all to review that was given to Legislature.

**Deep thoughts from Victor J Drawdy**

Mr. Vic Drawdy

You may not see the fruit of your labor today but tomorrow it will grow, and in years to come you have no idea how your hard work will pay off in the future. Keep up the good work and thank you for everything you all do.

**QEMS/T Update**

Ms. Marie Probst

Ms. Probst reviewed quarterly reports she reminded the group to use the revised quarterly reports for the 3<sup>rd</sup> and 4<sup>th</sup> quarter reporting. The reason is because we need the ages in the table for # 6. The pediatric transfer information and delay data is important for the reporting. There were no added tables; the burn centers have a new quarterly report they are using. As we go along we are tweaking that report. The information being received is great and next year we will have good burn data. The record completion rates for level 1 centers show improvement. Record completion rates show improvement. For under triage the averages look to be around 15%-20% and these are level 1-center reports. The under triage for the greater than 65 years of age was shown. Surgeon response times look good. Non-surgical admissions after review show above the threshold. Centers should be reviewing all that are above the threshold.

(See attached report from Ms. Probst.)

**New Business**

**Laura Garlow**

Ms. Atkins was unable to attend today but we have talked about the Administrator's call. External Data review is in process and is at one of our facilities and we look forward to hearing those results. For those that are interested in the Health Information Technology at your center, there are business cards in the back. Please give Donna a call or e-mail and share your interest in sponsoring a student or two. Ms. Garlow did a session about registry a couple of weeks ago to graduating students. Several of these students have already scheduled their RHIT. This is a good opportunity. Ms. Garlow asks those that call in to please e-mail her for attendance credit. GCTE meeting in August we will entertain motions for Office of Vice-Chair and in January 2018 Liz Atkins will become chair.

**MOTION GCTE 2017-03-02:**

**I make the motion to adjourn the meeting.**

**MOTION: Tracy Johns**

**SECOND: Gina Solomon**

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

**DISCUSSION:** There was no discussion that followed.

***Meeting adjourned at 5:00 PM***

*Minutes Crafted by: Erin Bolinger*



