Approved on May 18, 2017

GEORGIA TRAUMA COMMISSION

Thursday, 23 March 2016

Navicent Health
Trice 8
777 Hemlock Street
Macon, Georgia 31201

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 Mr. Courtney Terwilliger Dr. Robert Cowles	Mr. Mark Baker Dr. John Bleacher

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
Rochelle Armola	Memorial Health University Medical Center
Marie Probst	DPH SOEMS/T
Renee Morgan	DPH SOEMS/T
Lori Mabry	Georgia Trauma Foundation
Scott Maxwell	Mathews & Maxwell, Inc.
Dr. Regina Medeiros	Augusta University
Tracy Johns	Navicent Health
Kristal Smith	Navicent Health
Sharon Nieb	Emory- Injury Prevention Research Center
Tawnie Campbell	Coliseum Medical Center
Brooke Kiker	Columbus Regional
Karen Waters	Georgia Hospital Association
Dr. Pat O'Neal	DPH SOEMS/T

Call to Order: 10:06 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

Dr. Ashley welcomed everyone to the meeting. Ms. Abston and I presented to the Health and Human Services Committee before the House and Senate on our yearly accomplishments and proposed budget. If you would like a copy of the report, commission members have one in their meeting packet and you can contact Ms. Abston if you would like a copy. We emphasized the Ashley Power trauma survivor story and that was an excellent timeline to show legislature how it should operate. The upcoming budget is out but not signed by the governor. It appears we have the same funds as last year; we are still about $ 1 million short. We believe they are waiting for the amended budget and as long as the super speed revenue comes in we should be granted that additional million. We showed the improvements in survival, trauma centers versus non-trauma centers and increase in access. Our data showed that we are making a difference, and that the trauma system is getting very organized.

"Effective Regionalization of Care for Traumatic Brain Injury in Southeastern Georgia"

Presented by Dr. James Dunne

At the last Commission meeting Dr. Ashley asked Dr. Dunne to put together a report on Region 9. We had a patient that was transferred from an outside hospital with a severe traumatic brain injury. When they arrived at our facility they were hypotensive and very critical. It spurred Dr. Dunne to take into account the rural nature of Region 9 and look at it globally. So the question we proposed is, in this case is it better to come directly to our level 1 trauma center or go somewhere else and be stabilized first. So they began looking at this on a regional perspective. Dr. Dunne would like it noted that this is his work not the work of Memorial University or any one else's opinion but his. Traumatic Brain Injury contributes to almost a 1/3 of all trauma patient deaths. We know from multiple studies that Trauma systems decrease mortality by 15-20% and improve functional outcome for those treated at a Trauma Center vs. a non- trauma center. Dr. Cowles asked if this correlates with good functional recovery. Dr. Dunne said there was an 83% better functional recovery of those patients treated in a trauma center.

Looking at Region 9 in our state, it is our more rural area with many 'access to care' issues. What we want is to determine the effectiveness of the trauma system in Region 9. We did a retrospective look at Level 1 Trauma Center database; we looked at all data related to Time of Injury to arrival at the Level 1 center. There were a bunch of statistics in the data, the average age was 50 the ISS was 15. The average time for arrival to Memorial (level 1 Trauma Center) from the time of injury was over 3 hours. But if you divide this population between direct transfers to Memorial and those that transferred from another center, the data reflects we are not meeting the golden hour. Dr. Cowles asked if the transport took the full 90 minutes or if there was 30 minutes of care at the scene of the accident and a 1-hour transfer. Dr. Dunne says the view we have looked at currently is at 30,000 feet and we intend to get the answers to the deeper questions this next look at the data. When we look at risk factor there is a 4% increase with each year (age) of mortality. There are several ways to interpret all of this data, it

can be based upon the level of injury the patient is experiencing, the transport time, the arrival at the scene of the accident, etc. Many factors to dive in to and lots of data has been collected to go through. Dr. Nicholas asked if the data was broke down by the Glasgow scale. Dr. Dunne says the next level will include breaking the data down into mild, moderate, and severe. This raises the issue of access in Region 9, timely access. The only way to remedy this is to increase Trauma Center access in Region 9.

Dr. Ashley asked how data was acquired for this study. The study begins at the point of injury, which was considered; when 911 is called, from a bystander or patient, or from the trip report. This is when the clock began to collect the data. Dr. Ashley wants to know how the data was collected. Ms. Armola says that they began working with a great team and lots of labor-intensive persistence. Ms. Ramirez was instrumental in collecting PCR's and the study provides a foundation for much more study. Dr. Ashley would like to see this implemented statewide. EMS upon arrival at the scene is identifying by experience. Using assessment criteria they are transporting patients accurately to the right Trauma center. We need to know the distance question as well as the outlying hospital timing issues. Dr. Dunne reports that Region 9 does a great job of 911 coverage in the region but they don't necessarily have EMS services that are familiar with a second transport when necessary. Mr. Terwilliger asked if Region 3 had the same problem. Dr. Nicholas says there is a hospital 7 miles away with very long transfer times. Mr. Drawdy asked if the Long ID will be helpful and where we are at in initiating that process.

Ms. Armola says the GCTE Process Improvement Subcommittee is going to begin researching the patient transfer issue. Dr. Dunne asked if there were issues finding information in GEMSIS. Ms. Probst said if trauma centers create a Long ID and add to the trauma registry then you could copy and paste trip reports. Mr. Drawdy asked if all hospitals participate in GEMSIS. Ms. Probst indicated that GEMSIS is for designated trauma center use at this time. Mr. Drawdy asked if we could get all hospitals in Georgia and outlying surrounding areas in neighboring states to use GEMSIS. Ms. Morgan says she is not sure how accessible or used it will be by non-designated trauma centers and that it cannot be mandated.

Ms. Johns says a problem they have ran into when using GEMSIS is the PCR's are not always there. It is hit or miss and sometimes the information is still not present 6 to 8 weeks after the patient has been discharged. Mr. Terwilliger suggests that if we find a way to identify the services that do not submit their PCR's in a timely fashion or at all and do not offer grant funds to these services that are not completing and submitting their PCR's then maybe we will increase PCR accuracy. Discussion of transport from scene to initial hospital and from initial hospital to trauma center seems to create a disconnect in PCR information especially when two transport services are involved. Ms. Johns says 2017 will be a tough year for GEMSIS but Mr. Doss informed her that 2018 would be a better year for GEMSIS and its data.

Dr. Cowles discussed the 6-hour hold times when a patient is 6 miles away and this is an incredible expenditure of funds and patient care. Dr. Cowles asks how we incentivize the transferring hospital to the appropriate facility in a timely fashion. Dr. Nicholas says there are a couple of issues here that there is a receiving hospital with lower designation that wants to charge an activation fee and they will run all the diagnostic tests they possibly can and then transfer to a higher care facility. Dr. Cowles says a legislative deal could fix this issue. Dr. Nicholas says then the issue also lies with the transport company. Mr. Terwilliger says this happens in rural areas, Dr. Cowles says he is specifically talking about a center that is 6 miles

from Dr. Nicholas' facility. Mr. Terwilliger says the turnover rate in our Emergency Rooms is high and the turnover of doctors in rural areas is very high as well. There is a training piece missing when it comes to critical trauma patients. Dr. Dunne says training is in play but you would have to visit these facilities monthly with the turnover rates.

Dr. Nicholas asked if it would appear to him that any EMS agency would have the responsibility to get a PCR uploaded just like an admitting doctor is required within 23 hours to put in their HMP. If an admitting doctor misses this mark they are subject to being penalized. Dr. Nicholas wonders if the PCR is not perceived by the EMS agency as critical information to be given to the hospital and if it is not perceived as critical it needs to be addressed and there needs to be accountability. Mr. Drawdy says this is something we are working on within the EMS community. Most of the EMS agencies use a vendor to upload their PCR's. EMS agencies across the state use multiple vendors and some provide a same day download and others are delayed. Mr. Drawdy indicates that each ambulance service is supposed to leave a PCR or a type of PCR at the facility. Ms. Kristal Smith has created a form to be used by these agencies. There is a level of accountability that is being worked on statewide at this time. Mr. Drawdy says some PCR's are 30 to 90 days out and the hope is to narrow this down to 2 weeks and then to 3 days is the ultimate goal.

Administrative Report Presented by Dena Abston

Ms. Abston stated the Administrative report was sent to everyone electronically, posted to the website, and is in your packet. Also in the packet is a report of our presentation to the Health and Human Services Committee. The minutes from the last meeting in January, the 2-day strategic planning workshop is also in the packet for the Commission members.

MOTION GTCNC 2017-03-01:
I make the motion to approve the minutes of 21 & 22 January 2017 Commission meeting as written.

MOTION BY: MR. VIC DRAWDY
SECOND BY: Dr. Robert Cowles
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Ms. Abston continued the Administrative report, with an overview of the Super Speeders' Revenue report for February 2017. Ms. Abston then diverted to Mr. Drawdy of the budget subcommittee for a report. Mr. Drawdy reviewed the budget with the Commission mentioning the new line item, which is the additional $1 million Mr. Drawdy will come back to. In regards to the Commission operations, those costs have declined over the recent years. Mr. Drawdy covered the stakeholder distribution items; AVLS, etc. Discussion of the area of the state in need of additional trauma services and centers and what Dr. Dunne covered in his research and how to get that area the services it needs to cut back on transfer times. Also discussed was the meeting with Governor Deal and the Stop The Bleed campaign. Governor Deal's wife is a school teacher and he was very interested in this program. Mr. Drawdy reported tat the Commission is interested in putting the Stop The Bleed kits in every public school in Georgia for starters and that we will be putting out an RFP for the kits costs.

Dr. Dunne asked if the additional $1 million is solely for the kits or is to also include the training costs or if that is volunteer driven. Mr. Drawdy says the Trauma Foundation, the Commission, and efforts of Kristal Smith combined have already trained 84 schools the ' train the trainer' model of the Stop The Bleed initiative. Ms. Smith reported that all regional hospitals and EMS services have been participating and school nurses and athletic trainers as well. This is currently a grass roots effort and a team effort that is making this successful. Ms. Abston advised that an RFP would be sent out to allow all to apply to supply the kits. Ms. Abston has reached out to the Department of Education, has their support, and intends to send a letter of recommendation to the local levels.

Dr. Cowles asked if this was for public schools only and that the Commission is neglecting the private schools by segregating against the tens of thousands of students who attend private schools. Ms. Abston advised that the public schools are the starting point. Dr. Cowles says he has an issue with this. Dr. Nicholas asked if the goal was to eventually get these kits in private schools as everyone pays taxes. The goal is to eventually get them in all schools in the state of Georgia. Ms. Smith advised that after performing a risk assessment and that public high school should be the starting place.

Dr. Ashley suggested that we pick public schools to begin this initiative. A good point is brought up by Dr. Cowles and Dr. Nicholas and can defer this to the AG's office to get a ruling. Dr. Ashley says it seems cleaner to begin and deal with the public schools since this is coming out of the general fund and Dr. Ashley may be over simplifying this and may not have the right answer on this and eventually Dr. Ashley wants to have kits in all schools statewide. Dr. Cowles thinks this is a very bad idea s the Commission represents 100% of all people in the state. Mr. Drawdy suggests we go to High Schools first (both public and private). Ms. Smith says the $1million if we were to get the kits for $60 each could net us 16,000 or more kits and sending out the RFP could drive costs lower than $60 a kit. Ms. Smith suggests we could also lessen the amount of kits installed in each school to get more kits to all schools. Mr. Terwilliger says he agrees that all kids (public or private school attendees) are at risk. There may be constitutional issues and that we should ask the AG office to look into this for us. There may even be support from private foundations as well. Ms. Mabry agrees that our goal should be to not exclude any type of school but pending legal advice. Mr. Terwilliger agrees with Ms. Smith that perhaps we install fewer kits initially, come back, and install more depending upon funding. Ms. Mabry says there are some kits already in some schools as well. There are 789 private schools in the state and 65% of these are religious schools.

Dr. Nicholas hears the concept of putting 'x' number of kits in each school so he suggests targeting a number of students per kit. Is there any data driven as to why or how many kits should be installed in each school. Ms. Smith says at this time she is unaware of any research about this. Ms. Mabry suggests like with AED's that they are installed by time, meaning an AED unit needed to be no more than 3 minutes from any point in the building. There are several factors and this is why it is being broke down by regions. Dr. Dunne asked Ms. Smith if kits were in all high schools. Ms. Smith advised that the risk assessment showed High Schools to have the higher risk and that several middle school and elementary schools have taken it upon themselves to already purchase the Stop The Bleed kits and install them in their facilities. Ms. Mabry says there are 60 to 80 willing participants at this time that are very passionate about the initiative.

MOTION GTCNC 2016-03-02:
I make the motion to approve the spending of the $1 million funding towards the Stop The Bleed initiative to install kits in all schools in the State of Georgia pending (1) advice from the Attorney General's office and (2) the initiation of the RFP for the kits.

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

Dr. Nicholas asked how we are going to implement this. Mr. Drawdy says this will be handled via RTAC's. Ms. Abston suggests that this initiative will bring our RTAC's together statewide. Mr. Kunkle says many RTAC's are already working on this and the newer RTAC's are gaining momentum in this initiative. Dr. Ashley suggests the work group needs to come back with some of the nuts and bolts of this and before we get into the geographic distance of the kits and we need to get the department of education at the table of this work group so we can all work together on the needs and the training and it is best to get them involved up front.

Ms. Abston asked everyone to look at page 27- $16.3 million will be our FY2018 budget and this is just awaiting the Governor's signature. Ms. Abston says we will be working in house and with the budget subcommittee prior to the May GTC meeting. Ms. Abston was asked by Dr. Dunne to look at the United States H.R 880 Mission Zero Act, this is currently sitting at the house and health committee and is provided for all Commission members review. Also included in your packet are the Strategic Planning Outcomes that were worked on with Ms. Zimmerman for review. Dr. Ashley updated the Commission on the TQIP/NSQIP strategic plan. A coordinator has been hired and her physical location is at Emory who has donated the computer, time, and space at no charge. She is working with Dr. Shwarma and Dr. Dente and assembling the office at this time. Dr. Dente has asked everyone to send in their data and we are on track with this strategic initiative.

Ms. Morgan reported to the group of the re-designation and designation process. Ms. Morgan, Ms. Abston, and Ms. Garlow have collaborated together to have 1 document that integrates all requirements. Currently the group is in draft form and our hope is to utilize the consultative visits in a way for PI and that center to move towards their verification visits while still managing those facilities that are not in the process. The group is trying to integrate all of these items into 1 document, 1 process. Our goal is to provide 1 document to all facilities. Those that are applying have to have their notice to the college by April 15, 2017. Ms. Morgan is pleased that the centers that are currently going through some of these processes have been willing to share their strengths and weaknesses so those going forward have the advantage. As soon as the final document is in place we will submit to the Medical Director's group. The College of Surgeons is working on getting teams together for new consultative visits, as there is an influx of re-designations and new visits requested by the ACS at this time.

Georgia Trauma Foundation Presented By Ms. Lori Mabry

Ms. Mabry wanted to formally thank everyone for their participation for the Trauma Awareness Day at the Capitol. There were over 150 from the trauma community and over 200 people were trained that day from Legislative to Girl Scouts. Ms. Mabry says it was resolved that the first Tuesday in February is now Trauma Awareness Day going forward. We have received all trauma research grant applications and Ms. Mabry and team will be selecting those this week and notifying the winners next week. The upcoming Trauma symposium is scheduled for the last weekend in April and coincides with the TQIP meeting. Ms. Mabry gave an overview of the Symposium schedule. The TQIP meeting is open but a required confidentiality agreement for those that attend as there will be information sharing.

Georgia Trauma System Report: RTAC Updates Presented By Billy Kunkle

Mr. Kunkle is excited for his new role and has already attended several RTAC meetings. From talks with different regions there is a need that he intends to fill. Region 1 is working on new BIS assessment, several members are being added, and the next DART class is May 4th-5th. Chad Black sent in a report for Region II and they are heavily involved in the Stop The Bleed program, have upcoming training events, and are working at EMAG in April. Region II has requested some additional funds for their upcoming trauma symposium and we will discuss this more in detail later. Region III is also working on the Stop the Bleed initiative, they have over 1,000 public schools alone in this region. Region IV is looking for a coordinator and they have the funds to do so. They have already taken a look at Trauma plans from other regions to give them a starting point. Region V is working on re-evaluating their membership and the need for more active members and adding additional education courses at this time. Region VI is looking for a coordinator, they need to re do their BIS assessment and are aware of the need to re look at this. Region VII has a new coordinator, Ms. Kiker. They are working on their BIS assessment. Region VIII is being met with in April to see how we can kick-start that area. Region VIIII is working on pulling everything together and they have a new coordinator. Once they are up and running, Mr. Kunkle intends to go meet with this region and see where he can help. Region X is finalizing their operating guidelines and structure and moving along nicely. Mr. Kunkle discussed the HRSA document and says it recommends a new BIS assessment yearly. Mr. Kunkle is unsure this is needed and the group recommendation was in agreement with a 3-5 year period.

Office of EMS and Trauma update Presented by Dr. Pat O'Neal

Dr. O'Neal mentioned that the Trauma Registry is partly funded by the ASPR grant. The ASPR grant is going away so there is a need for a funding source. There is a meeting scheduled this afternoon to find additional funding for this. Also, today, the largest statewide Emergency exercise began and will go on for a full week called, Operation Vigilant Guard. This was spearheaded by the Department of Defense. This is an ongoing training that will last throughout the week with many coming to observe the process.

Ms. Morgan added that the interaction between the RTAC's and the Emergency Preparedness activity. This is becoming more (from a federal level) that these regional activities take place. There is a need to integrate these programs into the RTAC's. This will be a large

focus over the next several years. GHA is supporting all of this and it is important to work together. Dr. O'Neal says that each hospital has a healthcare coalition and he suggests someone from the trauma department sits on these boards at each hospital. Dr. O'Neal suggests working through your RTAC coordinators and Trauma Managers' to become a part of the healthcare coalition in your hospital. Dr. Ashley asked how we become a part of the healthcare coalition. Ms. Smith is working on this already and will keep Dr. Ashley informed of the process.

Dr. O'Neal also reported about the OEMS/T move and reported they will be moving over the next several weeks to a newer building on the south side of Atlanta. Keith Wages is working for NASEMSO in a national capacity along with his state role and he is travelling a lot currently.

EMS Subcommittee on Trauma Presented by Mr. Courtney Terwilliger

Mr. Terwilliger reported that 162 AVLS units have been distributed. A recently held EMS Technology week was held in February. There was training in Atlanta and in Forsyth as well as training in Macon. Many different technologies were presented to include pre-hospital use of sonography and there were several AVLS 'guru' courses to ensure there were folks in each region that were able to really understand the AVL equipment and train those that need more knowledge. The EMS Subcommittee also met this week and approved several new items for the EMS Trauma Related Equipment list for grant funding. There was discussion on FY18 funding.

FY17 EMS Trauma Equipment Grant Update Presented by Ms. Dena Abston

Ms. Abston gave an update on the FY17 EMS Trauma Related Equipment grant that we began in late December and the deadline was in February to submit their grant requests. We had over 136 agencies from the state of Georgia apply for the grant funds and those that never submitted an application have been contacted by one of my staff members and allowed to still apply for the grant proceeds. At the time of this report we have only 20 agencies that have not submitted but intend to and things are going well with this grant. Funds will come in the form of a check or an ACH credit if the agency already is set up for payment from the Department of Public Health. Once we see payment (within the DPH accounting software) has been disbursed we are contacting the agency directly to let them know to expect their funds. At this time there are 10 paid out and received and over 120 within DPH to pay.

Minutes crafted by: Erin Bolinger