

Approved August 16,2019



GEORGIA TRAUMA COMMISSION

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Thursday 14 May 2019
JMS Burn Center
3651 Wheeler Road
Augusta, Georgia 30909

Table with 2 columns: COMMISSION MEMBERS PRESENT and COMMISSION MEMBERS ABSENT. Lists names and titles of attendees and absentees.

Table with 2 columns: STAFF MEMBERS & OTHERS SIGNING IN and REPRESENTING. Lists staff names and the organizations they represent.

Joe Austin	Phoebe Health
Jeff Flowers	Phoebe Health
Stephanie Jordan	RTAC IV
Scott Maxwell	HCA
Dr. Christopher Hogan	Doctor's Hospital of Augusta
Karen Hill	CHOA
Bryan Hendren	Eisenhower Army Medical Center
Cassandra Cardarelli	Eisenhower Army Medical Center
Ashley Faircloth	Eisenhower Army Medical Center
Liz Atkins	Grady Memorial Hospital

Call to Order: 10:08 AM

Quorum Established: 8 of 9 commission members present.

Welcome/Chairman's Report

Presented by Dr. Dennis Ashley

Heyward Wells welcomed everyone to JMS Burn Center. This is the second time recently JMS has host and the Commission is grateful. Dr. Ashley began with a brief overview of the recent TCAA meeting held in Las Vegas and the readiness cost paper presentation "How much green does it take to be orange". Dr. Ashley was asked to participate in their reimbursement committee. Our data is being looked at by many as there is not any national data points like what we have collected in Georgia. This is a great success for trauma, and everyone is eager to see how our data compares to national data. The article is out in the Journal of Trauma and all those that participated as a member of G.R.I.T are recognized. Dr. Ashley commends the group on a job well done.

Administrative Report

Presented by Dena Abston

Governor Kemp has signed the FY20 budget. Ms. Abston reviewed the super speeder revenue report and FY18 DOR fireworks revenue and reported the \$800K will show in FY20 budget. Pg. 8 covered the merit based payment adjustments, and reductions to state health benefit plan from 35.4% to 29.4%. On April 25th, Governor Kemp signed HB 186 into law. This changes annual reporting requirements and requires them completed by October 2019 as opposed to January 1. Reporting is expected to cover an update on the state-wide trauma system

development and the impact of fund distribution on trauma patient care and outcomes. A newsletter Ms. Abston included the recent Department of Defense's Stop the Bleed Newsletter.

MOTION GTCNC 2019-05-01:

I make the motion to approve the meeting minutes from the March 2019 meeting as presented.

MOTION BY: Dr. Robert Mullins

SECOND BY: Dr. Jay Smith

VOTING: All members are in favor of motion.

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

Ms. Abston reported on some staff achievements to include Mr. Kunkle's appointment to the ACS/COT Stop the Bleed team. Mr. Kunkle is also on the Air committee. Ms. Allard has an abstract being presented in July on the GQIP collaborative. Ms. Gendron presented her TCAA poster and research to the Commission. Her research was able to pin point the highest rate of pedestrian trauma traffic in Savannah and use the findings to modify pedestrian traffic at several locations in Savannah. Ms. Gendron's findings and data extraction methods were discussed. The most impacted intersection in Savannah was able to be drilled down into local vs. out of town, pedestrian alcohol consumption levels. It was also found that 90% of the accidents were the pedestrian's fault and not the drivers. This is phenomenal work. Dr. Dunne said this is the exact thing ACS is looking for regarding injury prevention and patient care. Much discussion about how Ms. Gendron can apply her methods to other necessary trauma data findings. Ms. Gendron on non-police reported self-transport gunshot wounds and mapping high risk areas and performing outreach and bleeding control measures in the community. The Commission members were impressed with all the great work that is ongoing for trauma care in our state and for our people being seen on a national level is a great success to celebrate. Ms. Nieb mentioned that Emory and Grady are working on similar gunshot wound injury prevention and she discussed that 80% of violent events are reported to the ER and not to Police.

System Planning/ RTAC Report

Presented by Billy Kunkle

Mr. Kunkle began with an update to the Stop the Bleed school response program with 86% of our schools in receipt of the kits. Mr. Kunkle reported. There are about 4,000 kits in warehouse and an additional 14,000 kits ordered. Mr. Kunkle reported on Dekalb County and the need for 132 schools to still be trained there but that those schools nurses have been through the bleeding control training twice. Discussed road blocks with the county contacts and is working to get these schools trained. Fulton County only has 3 schools left and it is

completed. The goal is 100% completion by 3rd quarter 2020 with mainly Dekalb and Clayton remaining. Mr. Kunkle reviewed the map of the school bus project. Region Nine is near completion. At this time over 8,700 school bus drivers in our state have been trained.

Mr. Kunkle reported on the tourniquets to the Emergency Rooms. We will put 5 in each Emergency room across the state. Dr. Ashley says the value in this is being seen as you will have many drop offs to an ER that require immediate bleeding control. Mr. Kunkle is developing the metrics behind implementing and disbursing these items to our ED's across the state. Mr. Kunkle wants to report the number of individuals trained and the placement of the kits within the ED's as they are placed.

Mr. Kunkle reported on the RTAC's and the Stop the Bleed project and how it pulled our regional agencies together and made it successful. There will be a trauma symposium and trauma lab in Region 7. We hope this gets people's attention and we are hoping to utilize that as a catalyst to generate activity in that region. Ms. Medeiros asked if there were any challenges at this time that the Commission can help with. Mr. Kunkle believes that with great communication and the ongoing organizational development and structured reporting that we are impacting trauma care in a positive way.

Office of EMS and Trauma Report

Ms. Abston reported as Ms. Morgan and Mr. Newton were at NASEMSO and unable to be in person reporting. There were no updates from Ms. Morgan. Region 6 and 4 directors have started work and the Region 5 coordinator will begin mid-July. They intend to conduct interviews in Region 7 soon and reported on Mr. Wages retirement as of June 1. They are working on becoming completely staffed. Dr. Dunne would like the state office to provide where we are at with the ability to get data from the EMS data base regarding time to treatment. Dr. Dunne says we still do not have time to care, time to treatment data and he wants to request a timeline as we need that data from a state standpoint. Dr. Dunne says if the state can provide a clear timeline and a way to the data it would be extremely helpful. Dr. Ashley in addition to the timeline he would like to know barriers and needs because we are growing frustrated not getting this data. If we knew barriers we could perhaps help. Dr. Dunne says the Commission is giving lots of funding to the state and we need a return on our investment. Mr. Terwilliger requests we share our need with the new Commission of Public Health, Dr. Toomey. Ms. Abston asks if the Commission would like to send a formal letter to Dr. Toomey. Mr. Terwilliger suggests we have a meeting with Dr. Toomey prior to our August meeting.

Dr. Ashley has requested time with her and was told a maybe for June. Ms. Abston also has items to be discussed. One of the Commission offices hurdles with DPH right now is less than two weeks ago we were told we have no budget analyst and there is no one on the budget side to assist us right now. This is a roadblock in issuing payments and funding new contracts at this time. Ms. Abston mentioned the background work with OPB and the ongoing issues with DPH on the budget side and the accounts payable side. Ms. Abston would like those items added to the meeting list with Dr. Toomey. Dr. Ashley requests a list compiled and to include some background education of those items. Mr. Terwilliger believes it would be a good idea to draft a formal letter and include meeting topics and send prior to meeting. It was decided that the time to care metric is the most important to cover.

Mr. Terwilliger discussed a level of frustration concerning RTAC coordinators who are trying to improve the level of trauma care and the regional coalitions along with the regional directors. Mr. Terwilliger sees this as three different entities that are intending to all do the same thing, the same common mission of improving trauma care. Mr. Terwilliger points to that being three different funding streams as well and requests we explore around the table regional needs and how we focus on fixing regional issues utilizing all 3 funding streams. Mr. Kunkle spent time this week with Ms. Joiner, and agrees we need to look into working together and combining priorities. Dr. Ashley thinks it is a good idea to pull these three together and asks Mr. Kunkle to begin exploring this further. Identify who they all are and make sure all relationships know each other if they do not. It is noted that there are several established regions where everyone is working together like Region V.

Georgia Trauma Foundation Report

Presented by Lori Mabry

Ms. Mabry gave an overview of the research grant process, the contractual arrangement and the signed letter and terms and conditions of the grant process. All grant recipients have agreed and have until June 30th to get back with any revisions to budget if necessary. The funds will be awarded after that deadline. Dr. Dunne asks what the follow up plan with these recipients is. Ms. Mabry explained that the terms and conditions require quarterly reports both financially and project update and will come to the Commission at the November and March meetings until the research is complete. Once complete those grant recipients will present their findings at an upcoming trauma symposium after the study is complete. It was determined that the facility is the responsible party in these grants. Dr. Ashley commended Ms. Mabry for a job well done for our first time. There has been a lot of positive feedback in this process from the out of state reviewers to the recipients. Ms. Mabry sent thank you notes and feedback of award recipients to all on the decision panel. Dr. Ashley believes there were plenty of good ideas presented and suggests if the Commission elects to do these grants again we can hold a grant writing workshop. Ms. Mabry reported on the upcoming day of trauma in August 15th and 16th at the King & Prince in St. Simons. Dr. Michael Chang, chair of TQIP and

National COT chair. The meeting will be more quality focused and working more with the collaborative to provide quality level education. Registration and Hotel information is all on the foundation website. The Trauma foundation gala is June 15th. Ms. Mabry and Ms. Atkins present the Education report (Attachment A). The presentation covered the courses offered across the state, a geographic map of courses completed to date, the course targeted audiences and the need for more pediatric trauma care (PFCCS). The report also reported on requested FY20 course funding. There was discussion of making courses accessible all across the state and it was mentioned that many travel to the courses. Dr. Ashley likes the maps as they show legislature how we coordinate state wide efforts in education and all that we do. Dr. Ashley suggests we may need to make the TOPIC course a PBP requirement as things change so often with the orange book and this course is current and undergoes updates often. Dr. Dunne asks why we would mandate ACS verification but also mandate taking this course to get prepared for ACS verification. He thinks it would be up to the hospitals to do what they need to meet that standard. Dr. Ashley suggests this is a good point, he was just so impressed with the course that he feels like everyone should be in it. It is almost like an ACS review and he is not bringing any PBP recommendations at this time. Ms. Atkins suggest this course might be something the administrators should participate in. Ms. Johns, adding to this, suggests that any and all centers that are coming on to the trauma registry should all take this course within a certain number of months. ATCN courses are going to continue through the beginning of the new FY. Ms. Mabry presented the FY 20 education requests.

5 minute break

MOTION GTCNC 2019-05-01:

I make the motion to approve the meeting minutes from the March 2019 meeting as presented.

MOTION BY: Dr. Robert Mullins

SECOND BY: Dr. Jay Smith

VOTING: All members are in favor of motion.

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

GCTE Report

Presented by Liz Atkins

Ms. Atkins reported on PBP requirements. The goal is to make this all more meaningful and not make too many dramatic changes for the first year. Moving forward we need to make this an ongoing discussion we begin early and requests the TC Admin group drive his and begin work in August. Discussion about meeting participation requirements and GCTE participation and MS.

Atkins believes if that requirement was not there, we would not have as much participation. Same with the COT and the needs for participation. The FY20 quarterly submission reports (data) also show performance. Changes noted are the 1's and 2's- we increased the overall risk to the readiness dollars from 50% to 85% and mostly this is due to added criteria and the increase in some percentages of some of the criteria. (1) Engagement (2) Clinical and Quality Outcomes (3) Processes and Resources. For engagement we added participation in the TC Admin group and these dates for upcoming FY are all on the calendar. For clinical and quality outcomes this is relative to the TQIP/GQIP collaborative as the level 1's and level 2's are the participants. We added deadlines to assist Ms. Allard in getting her data timely. For processes and resources (ACS stuff) is the search and response and activation and trauma registry record closure requirements of 85 records closed within 60 days of discharge. We changed some dialogue there since this is an ACS requirement data must be in timely.

Dr. Dunne asked if the hospitals have to submit data to COT for drill down is that what is being mandated under clinical quality outcomes. Ms. Allard asks for 2 things a matrix and for whatever cohort we are drilling down she asks for those to be submitted for March 1st for March meeting and August 1st for August meeting. Dr. Dunne suspects there may be issues with releasing this data for some hospitals. Ms. Medeiros says there are some administrations that do not want to share this date. Dr. Dunne said this is correct. We do not want to set anyone up for failure. Perhaps we should re-word this in regard to participation. We will change it to read: If you are participating in a data sharing these are the new deadlines for submission. Discussion of language and penalization due to administration was discussed further. It was discussed that it was a large workload on the data abstraction. Discussion of Orange book requirements for IP and TPM's. The registry requirement, the Administrators buy in Ms. Atkins covered the changes to level 3 and 4 requirements mainly participation in TQIP or TMD calls was noted. Ms. Atkins would like to work in collaboration with the level 4's to get the RTTDC courses going. The level 1's are responsible for these courses and getting into these rural areas. Mr. Terwilliger agrees that resources should be shared. It is noted that level 4's have very limited resources. Dr. Dunne has some reservations about mandating new PBP requirements. Mr. Terwilliger supports the concept of working the level 1 and level 4's together. Discussion on how to get more RTTDC courses going in the areas that need it most. If we can use our map data to show visually the gaps, we need to fill. Dr. Dunne asks if this is a proposal or a vote today. Ms. Abston says if we want these in the FY20 budget we need to vote today. Ms. Abston requests the budget information in March, but this topic needed more time. Dr. Ashley explained this has gone through the proper channels, GCTE, TC Admin group and now presented to us. Actual content is the same and we do need to vote on this as it will apply for FY20.

MOTION GTCNC 2019-05-02:

I make the motion to approve the FY2020 PBP criteria as presented by GCTE.

MOTION BY: Regina Medeiros

SECOND BY: Dr. Jay Smith

VOTING: All members are in favor of motion.

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

Discussion of lack of engagement and the need to move some process measures to outcome measures. Many centers are self-propelled with the ACS verification and some centers have stalled after the consultative visits. There are a lot of ACS requirements and this seems to be our largest area of issues. Dr. Ashley believes we are maturing, and the ultimate goal is for every center to get full funding. Ms. Atkins suggest if we begin working on FY21 in August we will be better prepared. Ms. Medeiros suggests we present this at the TC Admin group in August.

EMS Subcommittee Report

Presented: Courtney Terwilliger

Mr. Terwilliger discussed the handout presented to the Commission covering the EMS AFY19 budget and a full report of to date project for EMS since FY2016 (below). Mr. Terwilliger talked about the new course that is being looked in to. There are two companies that we are looking at that have a developed curriculum, one is out of University of Texas Southwestern and the other is out of Minnesota. We have talked to Dr. Fowler's group out of Texas and both are physician lead courses. They are accredited course and will mainly be an online course with some in person clinicals. The roadblocks is how you market the course to the areas we want to address. We are looking at doing two pilots and contracting with both groups. We have cost sheets for both and the group out of Minnesota has a pass rate of 97% and has been hosting this class for 7 years. The group from Texas has a 100% completion rate but has not been holding the course for that long. Dr. Ashley asked if these are medical students attending these schools that go through this process. Mr. Terwilliger says there are several medical schools that have integrated EMT training in the course study. The long term goal would be to help fill spots in rural communities that can apply online to take the course and commit to working with that region after graduation and fill the gaps where we are short in the EMS community. Ms. Abston said when we were reviewing the budget there is an additional \$ 265,000 for the EMS subcommittee to allocate. Ms. Mabry asked if the EMS Subcommittee had an EMS Subcommittee and discussed getting the EMS community at the table with the other education subcommittees. Mr. Terwilliger said he would like to discuss further. Dr. Ashley thinks there could be benefitted to having all continuum of care around a table discussing education opportunities. Ms. Medeiros says this can also keep us from developing silos.

To date there have been 5 trauma skills labs with 3 more scheduled at this time. To date, 30% of attendees are nurses, we will not turn anyone away but there is a desire to discuss sharing the costs of these labs, everyone is welcome to attend. There has been extreme positive feedback from the labs held thus far from all that attend, and we hope to hold more of these and cover the state and all regions of the state. Discussion of using the AFY19 funds to pay for the AVLS equipment and use the FY20 funds for EMS trauma equipment grants.

FY2016

- Leadership Program Completed
- CAT Tourniquet – Research completed on how many Tourniquets were needed – More than stated in Contract needed. K. Littleton able to negotiate lower pricing which enabled us to purchase 2400 Tourniquets. We are in the process of getting these delivered to the Services. There were not any funds in the contract for delivery.
- Tactical Emergency Casualty Care Program – We delivered 7 classes - more classes than stated in the Contract: Habersham, Bulloch, Dougherty, Coffee, Tift, Barrow and Habersham #2
- Trauma Triage Program: Continuation of 2015FY Funds of Trauma Triage Bags and Triage Tags - 191 Services received equipment 2,400 Triage Bags and 24,000 Triage Tags delivered
- Trauma Symposium delivered at the 2016 Educators Conference with 104 attendees
- EMR Program Delivered 57 Classes - this was 20 more classes than the Contract called for: Baldwin, Bleckley, Burke, Cobb, Coffee, Richmond, Decatur, Emanuel, Fayette, Bibb, Hart, Heard, Jasper, Jefferson, Lamar, Lumpkin, Macon, Bibb, Madison, Monroe, Montgomery, Newton, Oglethorpe, Pulaski, Rabun, Rockdale, Screven Talbot, Telfair, Troup, Union, Dade, Washington, Wilcox, Wilkinson, Worth, Ben Hill, GPSTC, Morgan, Walker, Miller, Truetlan, Emanuel, Newton, Camden, Coffee, Charlton, GPSTC, Toombs, Heard, Jackson, Jeff Davis, Madison, Columbia, Bulloch, Tattnall, Wayne, Newton
- Trauma Courses - 36 classes delivered – 18 more than in the Contract: Bibb, Rockdale, White, Telfair, Wilcox, Ben Hill, White, Tift, Washington, Appling, Dodge, Rabun, Bleckley, Muscogee, Washington, Newton, Candler, Dawson, Toombs, Dougherty, Lee, Chatham, Bryan, Newton, White, Colquitt, Coffee, Chatham, Stephens, Rabun, Madison, Hart, Habersham
- EMS Instructor Techniques: One combined class due to time constraints 41 people in class
- GEMSIS: 10 classes delivered across the state. 1 in each Region. Plan - in combination with 2017FY funds we plan to do 2 classes at the GEMSA Educator

Conference and combine GEMSIS training with new Georgia Educator platform explanations

- EVOC – Delivered 4 classes Emanuel, Lowndes, Habersham and Fayette 76 EVOC Instructor Trainers graduated
- Just Culture – Program delivered 1 large course held at Lake Blackshear
- North American Heavy Rescue Symposium – This is occurring June 4-7, 2019. To date we have 57 scholarships awarded with rooms secured at double occupancy

2017FY

- Leadership Program Complete all students graduated 25
- Tactical Emergency Casualty Care Program: to date 6 classes delivered: Walton, White, Douglas, Laurens, Toombs, Harris - 4 scheduled: Barrow, McDuffie, Crisp & Muscogee (10 deliverable in contract)
- GEMSIS – refer to 2016FY
- CISM – Program was on hold due to Governor creating a CISM office – waiting to see what Program would be developed
- Trauma Symposium – delivered at 2017 GEMSA Educators Conference
- EMR Program (These classes were advertised at the same time the funds for 2016FY went out) : on the contract 38 classes to be delivered Presently: 25 completed: Bibb, Bleckley, Chatham, Clayton, Clinch, Cobb, Colquitt, Dekalb, Dodge, Elbert, Emanuel, Fulton, Glynn, Johnson, Jones, Laurens, Oconee, Paulding, Pierce, Pulaski, Rabun, Screven, Talbot, Twiggs, Ware, Monroe 9 Classes in Progress: Sumter, Colquitt, Bartow, Newton, Coffee, Mitchell, Chatham, Wheeler, Randolph
- Just Culture Program – funds combined with 2016FY to deliver one large class
- Trauma Course Program – in contract 18 Courses to be delivered. Completed 11 classes: Wilcox, Newton, Telfair, Clinch, Muscogee, Dougherty, Emanuel, White, Clayton, Troupe, Sumter In Progress 12 classes: Franklin, White, Clinch, Habersham, Gilmer, Bibb, Chatham, Ware, Oglethorpe, Newton, Fannin, Bibb
- EVOC Program: Contract calls for 4 classes - 3 delivered Chatham, Putnam, Upson. Scheduled Murray County

2018FY

- Leadership Program completed
- EMS Instructor Techniques Course - Per Contract delivered 2 classes but used funds from the 2016FY contract to fund. We do have 1 class scheduled to be conducted at GPSTC in August 2019.

- AMLS Program: Contract calls for 5 classes without Admin Fees: 1 class delivered in Dougherty - 4 more scheduled

2019

Leadership Program underway 2nd Module in Gainesville - May 14 – 18, 2019

Trauma Symposium (underfunded at \$9000) Plans to deliver this class at 2019 GEMSA Educators Conference in October 2019 with 2016FY funds completing budget.

MOTION GTCNC 2019-05-03:

I make the motion to approve the FY2020 budget as presented by EMS Subcommittee.

VOTING: All members are in favor of motion.

GQIP Collaborative

Presented: Ms. Kara Allard

Ms. Allard gave an overview of project related items and her proposed budget which is in the administrative report. For TQIP, the next drill down has been sent out recently and we will work further on this in August. For VAP project we are still working with work group and we have identified some outliers and at the upcoming Day of Trauma symposium we will release version 2 of the VAP guidelines and are trying to be considerate of all we have compiled. For AKI are still working on the predictive tool and we should be able to run the report that Navicent / Ms. Johns originated we will test this and send out. For NSQIP the Acute Renal Failure data collection is tapering off but there is ongoing data work. We will start collecting variable related to Opioids. We just sent out a list yesterday and will start collecting prior to July. An abstract was selected and will be presented this summer at the ACS conference in D.C. We have finalized the pediatric imaging guidelines and will be sending out soon. Looking forward to seeing this distributed.

Injury Prevention Subcommittee

Presented: Dr. John Bleacher

Dr. Bleacher reported that since March the newly formed IP Subcommittee has held two conference calls. The first meeting was a brain storming session and we had well represented areas of care on the call. A very large part of ER visits and hospitalizations come from falls. There are some programs we can piggy back off of that are already in place and provide some infrastructure. We discussed how to limit this initial roll out and focus on hot spots which seem to be mainly rural areas. We wanted to have a combination of both rural and urban and we decided on potential screening process at risk for falls and the first thought was EMS as they

are first responders typically, next are the trauma centers. The road block to incorporating this into the trauma centers was the screening fatigue of having too many screening tools in the trauma center but we felt like we could identify a few centers willing to incorporate a project. Next group would be the primary care physicians as most falls happen at home and are elderly so getting a group together to do the screenings would be helpful. Next are community outreach programs that could incorporate the screening. Our thought is if we could identify these 4 core groups to do the screening as at risk patients are identified, we could make referral to evidence based programs that are in place through AAA, like Tai Chi programs like A Matter of Balance. As far as measuring the effectiveness of making these screenings and referrals we thought one way to start data collection would be seeing how effective we were to see these at risk patients and enrollment numbers. We intend to determine a budget considering the printed material costs, education on how to do the screening, funds for instructors for the AAA programs out there, facilities to host the courses, and infrastructure for data collections and measuring outcomes. Dr. Ashley commended Dr. Bleacher for taking this on and this is a great start and a new frontier for the Commission. Dr. Bleacher needs guidance on contractual agreement and assistance in identifying key players who would be willing to assist in the screenings. Ms. Medeiros asked if we needed to make a decision on to where the funds are going. Secondly, Dr. Omar Danner vice chair for COT has an IIP subcommittee and we need to make sure Dr. Danner is added to this committee or that they are pulled together. Ms. Nieb says having Dr. Danner is a great idea as he is very involved in Injury Prevention. Ms. Abston will work with Dr. Bleacher on the contract and fund allocation.

Budget Subcommittee

Presented: Mr. Vic Drawdy

Mr. Drawdy reviewed the budget and the amended budget and funds Commission received from super speeder revenue and firework excise tax. Mr. Drawdy covered Commission operations, office expenses, salary information and travel increase costs, there were no questions. Mr. Drawdy reviewed the budget for System Development & Access covering RTAC expenses, the advanced burn life support courses, ACS state participation costs and MAG, GQIP, and contingency funds.

Mr. Terwilliger has some concern about MAG not falling into our wheelhouse. If we intend to fund medical reserve corps, we need to open our doors to other reserve corps. Dr. Smith is involved with MAG and his belief is that MAG has been involved in our Stop the Bleed initiative and other training and education state wide. Ms. Medeiros does not discount MAG as they trained on her campus the Stop the Bleed program. But like Courtney she suspects and has been asked why if we fund them (MAG) are we not funding others and is not suggesting we look into funding them all. If we continue to fund them, we need to look into how this MRC helps coordinate in our trauma effort. Dr. Harvey she has known for a long time and believes it is a strong group

and is good at what he does. Perhaps if they took on a leadership role in training MRC's and if you think about it this could involve another huge cadre of volunteers for initiatives like Stop the Bleed. Dr. Smith says his presentation was made at a prior meeting and if these feelings occurred why were they not taken up during his presentation. Mr. Terwilliger needed more time to study the MAG presentation. Dr. Smith says he is the new guy on the board and just wanted to make sure he was not missing anything. Mr. Terwilliger is not voting against this budget or asking for the funding for any presented to be removed but suggests we consider more going forward. Ms. Medeiros said after the presentation and request for funds the head of her MRC came to her and asked to talk as a Commissioner, and he asked that question. Ms. Medeiros said she told him the background and how Dr. Harvey had been a long time participant in the world of trauma, but I really did not have an answer for him as to why we do not consider other MRC's. On behalf of her regional MRC she said she would bring this up for discussion. Dr. Smith doesn't believe any of this is unreasonable but if we need a more concise break down of line items in budget, we need to ask for those items. And from another point we do need to consider how we include all MRC's or consider our funding for requests. Dr. Dunne says it make sense to span this out to everyone but suspects this should be an agenda item we discuss further. Dr. Dunne says along the lines of Ms. Medeiros about MAG that he has been at these meetings and been an active participant and delivers and he has never really bothered to think about the unintended consequences of funding that specific project. Mr. Kunkle brings up the MAG budget and the need for more definitive explanation of some of the items listed. There appears to be as the items are presented duplicate administrative costs as there is administrative costs and then an additional breakdown for office budget items and that should be included in the administrative costs. There are many MRC's in our state, but they appear to be very localized across the state and to his understanding MAG is a state wide plan. Dr. Smith speaks on the alert system that is sent for any potential disaster and the process for saying you're available and if you can mobilize. It was decided that if Dr. Harvey can come speak in more detail at an upcoming meeting, we will have better answers for those that request funding for their MRC's. Dr. Dunne suggests we have more conversation offline.

Mr. Drawdy continued reviewing the budget noting the Trauma Foundations increase of \$50,000 for FY20. Mr. Terwilliger asked why the increase and Ms. Mabry explained that the FY18 increase to hire an assistant was unused until the end of CY 18 so Ms. Mabry did not need to expend those funds in the FY19 proposal but is requesting those funds now for FY20. The developmental position was asked to be clarified by Dr. Dunne. Ms. Mabry says at this time she is contracting out for this work to keep costs of benefits, and this is for a grant writer. Mr. Drawdy reviewed the expenses of OEMS/T and Mr. Terwilliger requested we tie this to a deliverable to require giving the data to us we have requested. Dr. Ashley suggests we tie this to the time to care metric. We have to remind OEMS/T to take our funds by the end of the year. Dr. Smith asked what this was based on. Dr. Smith, for clarification, just wants to make sure we are saying that we have to remind them to take the funding we give them. Dr. Ashley suggests there are several

metrics they have that we are flying blind on. There should be some metrics there, this data is very helpful to the Commission and we need it. Ms. Medeiros suggests we really discuss in the future our funding mechanisms for those that request Commission funding. It was decided that we would work on Commission deliverables and discuss all of this further. It was decided that all on the Commission wanted to explore of all this further and a work group would be developed to help create a format of our expectations for those we fund. The work group will be led by Mr. Kunkle and he will set up a conference call. Ms. Johns would like to have timely PCR uploads. This is a concern as they request this data digitally and some are handing over paper PCR's. It was discussed that all services should be uploading PCR's electronically.

Mr. Drawdy continued reviewing the budget. Page 11 (comparative funding levels) that is the table that guides you on the general readiness costs and not in the PBP. Then he covered uncompensated care claims and Dr. Dunne will speak to as to why Memorial Hospital is highlighted. Dr. Dunne explained the Warren Averett audit to confirm uncompensated care claims for each of our centers. During 2017, Memorial was sold, and our old billing data company was no longer our new data company and the old company took our data with them when they left therefore, we can not verify our uncompensated care funding. The hospital has lawyers involved attempting to get the data we need to run our uncompensated care claims. Dr. Smith asks how much variation in those costs have there been year to year. Dr. Smith suggests if we have estimations of what you previously got is there something we can do as the Commission to alleviate this issue on retrieving the data. Dr. Dunne says over a span of 5 years the amount has been unchanged but would like it noted that the hospital went from a non-profit to a for profit hospital, but this is concerning 2017 data which was still the non-profit hospital. r. Smith asked Dr. Ashley if

MOTION GTCNC 2019-05-04:

I make the motion to approve allowing an estimation of the past 5 years of historical uncompensated care data if a hospital is unable to provide required data to Warren Averett. If data is retrievable, we will use confirmed costs from Warren Averett.

MOTION BY: Dr. Jay Smith

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of motion. Dr. James Dunne abstained from vote.

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

MOTION GTCNC 2019-05-05:

I make the motion to approve the FY2020 Georgia Trauma Commission budget as presented with noted changes.

VOTING: All members are in favor of motion.

MOTION GTCNC 2019-05-06:

I make the motion to adjourn meeting.

MOTION BY: Regina Medeiros

SECOND BY: Dr. James Dunne

VOTING: All members are in favor of motion.

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

Meeting adjourned 2:37PM

MOTION GTCNC 2019-05-07:

I make the motion to go into closed session for staffing review.

MOTION BY: Vic Drawdy

SECOND BY: Regina Medeiros

VOTING: All members are in favor of motion.

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

Closed Session adjourned 3:03PM

Minutes crafted by Erin Bolinger