

Approved 16 April 2009

State of Georgia Georgia Trauma Care Network Commission Meeting Minutes

Thursday, 19 March 2009

Georgia State Capitol – Room 216
Atlanta, Georgia

CALL TO ORDER:

Dr. Dennis Ashley, Chair, called the scheduled regular monthly meeting of Georgia Trauma Care Network Commission (GTCNC) to order in Room 216 of the Georgia State Capitol Building in Atlanta at 1014. All GTCNC members were present.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Linda Cole, RN Dr. Leon Haley Ben Hinson Dr. Rhonda Medows Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn, RN	

OTHERS SIGNING IN OR PRESENT	REPRESENTING
Rich Bias Paula Brown Rena Brewer Randy Clayton Rebecca Greener John Harvey Ethan James Art Kellerman John Kiely Fran Lewis Seth Millican Renee Morgan, EMT-P Dr. J. Patrick O’Neal, Director Jim Pettyjohn Tori Rodriguez Alex Sponseller Courtney Terwilliger, EMT-P R. Keith Wages Mary Eleanor Wickersham	Medical College of Georgia – Health Office of Planning and Budget Georgia Public Television GOHS SHSP Medical Association of Georgia Medical Association of Georgia/ GSGS Georgia Hospital Association Emory University GA Online New Service Grady Health System Brock Clay/ GaEMS DHR DPH Office of Preparedness DHR DPH Office of Preparedness GTCNC Georgia Partnership for TeleHealth, Inc. Attorney General Office EMSAC / GAEMS / Emanuel County EMS Georgia Association of EMS, Inc. Office of the Governor

ADMINISTRATIVE REPORT:

APPROVAL OF THE MINUTES OF THE 19 February 2009 MEETING:

The minutes of the meeting of 19 February 2009 had been distributed prior to the meeting via electronic means.

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MOTION GTCNC 2009-03-01:

I move that the minutes of the 19 February 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.

MOTION BY:

Dr. Robinson

SECOND BY:

Ms. Cole

DISCUSSION:

None.

ACTION:

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

Mr. Pettyjohn presented the Administrative Report.

- Mr. Pettyjohn noted changes in the day's agenda: Mr. Hinson will present his GTRI vehicle locator system update immediately following Ms. Cole, followed by Dr. O'Neal's DHR report then on to Dr. Robinson's presentation of stroke system development
- Dr. Ashley acknowledged the agenda changes.

BYLAWS SUBCOMMITTEE REPORT:

Mr. Stuenkel reported he felt the bylaws development subcommittee's work was complete. He remarked that each GTCNC member received the final draft of the bylaws by email. Mr. Stuenkel acknowledged Alex Sponseller's (Attorney General's Office) and his work with the subcommittee. The subcommittee reviewed several drafts and other agencies/ bylaws during the development phase and before finalizing the draft iteration before the GTCNC today. He asked for questions and that he was recommending the bylaws be adopted by the GTCNC.

MOTION GTCNC 2009-03-02:

I move that the bylaws as presented today be adopted.

MOTION BY:

Dr. Medows

SECOND BY:

Dr. Robinson

DISCUSSION:

Kelli Vaughn asked Dr. Ashley that if the bylaws were approved at his meeting, would the GTCNC then elect the two new officers as described in the bylaws, Vice-Chair and Secretary? Kurt Stuenkel stated the subcommittee's recommendation is to wait until the next GTCNC meeting for nominations/elections of officers. He noted that the bylaws call for election of officers at an annual meeting, specified as occurring in November, and that the GTCNC may want to elect officers in the interim knowing that new elections would occur in November 2009. He noted there is plenty of work for the officers to do now to assist the GTCNC and Dr. Ashley. Dr. Ashley suggested the GTCNC wait for nominations and elections until a future meeting. Ms. Vaughn noted that the GTCNC chair is appointed by the Governor and asked if SB 60 mandated that chair be a surgeon? Discussion ensued without reaching agreement on an answer for Ms. Vaughn's question.

ACTION:

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

EMS VEHICLE REPLACEMENT GRANTS UPDATE:

Mr. Stuenkel reported that during last month's GTCNC meeting, the hospital capital equipment grant subcommittee, which he chairs, was given the charge to score the EMS vehicle replacement grant applications and provide the GTCNC with recommendations for awards. That charge has proven to be quite "daunting." There were a total of 153 applications submitted. An initial sorting and scoring has been accomplished. Staff from Floyd Hospital accomplished a "quality check" rescoring of all the applications. Mr. Stuenkel stated that the subcommittee is not ready to make any recommendations today. He noted that the subcommittee could be ready soon. He went further to say that if the chair wanted to call a special meeting in the next couple of weeks, recommendations could be made then or all could wait until the next regular scheduled GTCNC meeting in April. Dr. Ashley stated he was concerned about timing and the need to get the contracts moving for the awardees. He asked Ben Hinson to comment. Mr. Hinson stated he too was concerned with timing and that the awards were important to announce ASAP. He also felt that a conference call meeting of the GTCNC to approve recommendations could be accomplished. Dr. Ashley asked Mr. Stuenkel to come up with a date ASAP to have the conference call meeting and for staff to ensure proper public notice was made for the meeting.

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MOTION GTCNC 2009-03-03: **I move that there be a GTCNC special meeting via conference call, if possible, in order to approve the EMS vehicle replacement awards.**
MOTION BY: Dr. Medows
SECOND BY: Bill Moore
DISCUSSION: None
ACTION: The motion **PASSED** with no objections, nor abstentions.

Dr. Ashley recognized and acknowledged that Senator Staton had just entered the room and asked Sen. Staton if he would like to make comments to the Commission and the people gathered.

Senator Staton related that there are only seven days left in the legislative session after today (19 March.) The \$23 million superspeeder dollars plus an additional \$10 million (\$33 million total) is in the House FY 2010 budget for trauma. No dollars have been added to the proposed budget based upon the Speaker's Bill (ad velorem and sales tax changes) perhaps because it will take some time to build up and might not show until the 2011 budget, if passed.

Sen. Staton said there needs to be a "call to action." The superspeeder Bill needs to pass in the Senate. In the House the \$10 car tag Bill needs to pass. This Bill has already passed the Senate. He stated he is worried about the last days of the Session and a possible disagreement between the Speaker's Bill and the House-passed the \$10 car tag legislation. He stated the stakeholders really must make contact with their Senators and Representatives and to clearly tell them that we cannot let this legislative session pass without a more permanent fix for trauma funding.

GTCNC member thanked Sen. Staton for his work and contributions to trauma care and system development in Georgia.

BIRMINGHAM REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM (BREMSS) REPORT PRESENTATION

Linda Cole addressed the GTCNC using a PowerPoint presentation (attached.) Highlights of the Alabama report presentation include:

- Ms. Cole reported on a visit by GTCNC members to Alabama to see the Alabama Trauma Transfer Center (ATCC) at the Birmingham Regional Emergency Medical Services System (BREMSS) headquarters at the University of Alabama and said she would like to make a proposal for establishing a similar transfer center in Georgia.
- In the BREMSS area a decrease in average length of stay for ISS 15 or greater patients went from 16 to 9 days and can be attributed to the implementation of the trauma transfer center.
- Only 10 to 12% of injured patients (most severely injured) are entered into the Alabama trauma system. The remaining +/- 90 % trauma patients are treated in local community hospitals
- Heavy quality improvement and system improvement processes and monitoring of the ATCC
- Trauma Centers determine their own diversion status and transfer center can not override trauma centers' diversion status decisions
- Transfer center to accommodate stroke and cardiac patients in the near future.
- Transfer center assigns unique identifier number (no HIPPA issues)
- Transfer center does not provide medical direction only patient destination management
- Transfer center serves as communication link or hub in mass casualty situations
- Software has a robust report writing function and Quality Improvement is a big focus at BREMSS
- Trauma system entry criteria are developed at the state-level.
- Utilize regional trauma advisory councils
- Trauma Centers determine diversion status, trauma system patients are routed by a single transfer center and all aspects of the system are monitored by a robust quality improvement process

NEXT STEPS FOR GEORGIA- DEVELOPMENT OF A TRAUMA TRANSFER CENTER PRESENTATION

Linda Cole continued with her presentation. Highlights of the Next Steps for Georgia presentation include:

- Short term recommendations include: Through collaboration with current partners and utilizing existing resources; development of a service line capabilities communication tool, which is web-based for trauma centers to communicate available resources and accessible to all hospitals and EMS.
- Develop a trauma transfer subcommittee of the GTCNC

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- Develop State trauma plan (rules and regulations) in collaboration with OEMS/T
- Pilot a trauma transfer center in one specific region of Georgia
- Pilot project to begin in EMS Region 5
- Investigate to see if federal recovery plan has dollars to assist in transfer center development

GPS TRAUMA DESTINATION INFORMATION SYSTEM PRESENTATION

Ben Hinson addressed the GTCNC using a PowerPoint presentation (attached.) Highlights of the presentation include:

- Trauma Destination Information System will include digital medical record.
- Alabama system was simple and worked exceptionally well.
- No one to be forced to participate.
- System will only recommend to EMS vehicle where to take the patient. Hopefully overtime all will want to participate.
- Tool to help field medics to make decisions
- BREMSS costs ~\$350,000 a year to run the whole thing.
- Transfer center participation will be voluntary.
- Each ambulance will have a GPS locator device.
- Utilizes a “logical algorithm within the data base” to make decisions based upon as much information as possible i.e. weather, traffic, hospital bed availability, location, service line availability, etc.
- Final decision on destination remains with field medic
- System is not: a centralized dispatch system; a basis for centralized medical control of EMS; a system to take control of local EMS operations and centralize them; or, a system to monitor EMS performance.
- Has positive implications for stroke and STEMI care system development as well

Discussion points included:

- Cost of system and complexity of technology and actual benefits ...is it worth it?
- Need to visit Louisiana to see how they have evolved the Alabama model
- GTRI (via the GTCNC contract) will be asked to survey all available “off the shelf” software and first goal will be to get GPS locator on all ambulances
- Dr. O’Neal asked the GTCNC to consider the possibility of centralized medical control implementation in the event of disasters and mass casualty events or public health emergencies
- Hospitals too must be able to access trauma transfer center for patient transfers
- Birmingham has obtained EMTALA relief by using the ATCC system
- Most of GTRI contract now is “overview” and buying GPS devices to go in ambulances to hook up with dispatch centers if they wish too.

MOTION GTCNC 2009-03-04:

I move that there be created a Trauma Transfer Center Subcommittee to begin work on accomplishing the aforementioned and described short, moderate and long term initiatives.

MOTION BY:

Linda Cole

SECOND BY:

Dr. Haley

DISCUSSION:

Dr. Ashley asked Ms. Cole to clarify short, moderate and long-term goals:

Short term:

Work with existing resources and partners to develop service line capabilities communication tool, which is web based and for hospitals to communicate available resources available to all trauma centers, hospitals and EMS.

Moderate term:

Over the next year: implement a trauma transfer center pilot project, convene a Georgia Trauma Commission trauma transfer center subcommittee, identify Regional Trauma Advisory Councils (trauma service areas,) and develop State trauma rules and regulations. Trauma transfer center subcommittee will develop: trauma system entry criteria, transfer center operations concepts, and quality improvement programs. The subcommittee will also create the transfer center pilot project plan.

Long-term:

GPS vehicle locator system development as described by Ben Hinson and detailed in the GTCNC/ DHR/ GTRI contract.

Linda Cole will be the chair of the trauma transfer center subcommittee and will bring back recommendations and reports to the GTCNC.

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

DHR DPH OFFICE OF PREPAREDNESS REPORT:

Dr. O’Neal presented the DHR DPH Office of Preparedness Report.

- **CONTRACTS:** Dr. O’Neal said he is concerned about getting all GTCNC contracts written and approved in the next two to three weeks. He reminded the GTCNC that the outstanding funds are FY 2008 dollars and that the FY 2009 fiscal year is up on 30 June. The 2008 dollars must be obligated by 30 June and cannot be carried over once more.
- **TRAUMA CENTER FUNDING REPORTS:** Dr. O’Neal stated the importance of getting this report out to everyone (had only hard copies at meeting) for it shows how much each trauma center received of the FY 2008 dollars and what the money was spent on. There are three trauma centers that have yet to report final data so the information for these centers are lacking.
- **EMS UNCOMPENSATED CARE FUNDING:** Total of \$1,398,375.68 distributed to EMS services for uncompensated care. The remaining \$ 81K+ was prorated out to all applying EMS service for trauma – related educational opportunities. Rich Bias, from Medical College of Georgia, stated that there were only 40 EMS services that submitted invoices for uncompensated care funding and that tomorrow, checks will begin going out in the mail to most of these services. All remaining services should receive checks in a matter days.
- **HOSPITAL CAPITAL EQUIPMENT GRANT AWARDS CONTRACTS:** Final contract drafts completed by DHR and are to be reviewed for completeness by Jim Pettyjohn and will be sent out very soon to the trauma centers.
- **AMERICAN COLLEGE OF SURGEONS CONSULTATION REPORT:** Renee Morgan passed out to the GTCNC copies of the ACS consultation report received by OEMS/T on 18 March. Renee informed the GTCNC that as they read the report they should be aware of the cross-references to the HRSA Model Trauma Systems Planning and Evaluation document of 2006. (<http://www.facs.org/trauma/hrsa-mtspe.pdf>) Dr. Ashley asked all GTCNC members to review the ACS documents.

“THE GEORGIA TRAUMA SYSTEM AS A MODEL FOR A STATEWIDE STROKE SYSTEM” PRESENTATION

Dr. Joe Sam Robinson used a PowerPoint presentation (attached) to make the point that Georgia is developing a trauma transfer center and communications model that will have national importance. That model offers benefit to and could be expended to other areas of emergency care where the societal benefits are great. He continued to report that stroke incidence in Georgia is far higher than the national average. He continued with recommendations that Georgia needs to invest in stroke prevention and treatment to get the state’s levels to the national average. Just like trauma, stroke treatment times and the interdisciplinary communications required are life saving. He likened the “structural difficulties that exist in the American healthcare system” and those effects on poor trauma care to limited and adequate stroke care as well. He compared the dispersal of stroke centers in Georgia to the locations of trauma centers. Dr. Robinson said the reason for a lack of stroke centers in Georgia is due to poor reimbursement for stroke care. He compared this reimbursement issue to the state’s trauma system and location of trauma center throughout Georgia. Dr. Robinson also stated appropriate triage of patients to stroke centers is also important and is a particular problem in Georgia. He concluded by saying that as Georgia develops the trauma transfer center model and communications systems, there is also tremendous benefit for considering incorporating stroke care as well.

Discussion ensued re utilization of telemedicine and other advanced system technologies in stroke care. Dr. Robinson also stated that tort-reform, which would include stroke care and the new diagnostic and treatment modalities are imperative.

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UPCOMING STAKEHOLDER MEETING

The Georgia trauma system stakeholders meeting will be held on Thursday, 02 April 2009 from 1000 until 1200 noon. The meeting will be held at the W. T. Eversole Auditorium, which is on the first floor of the Peyton Anderson Health Education Center, 877 Hemlock Street, Macon, Georgia, 31208

NEXT MEETING:

The next meeting of the GTCNC will be held on Thursday, 16 April 2009 in Macon. Venue will be announced.

OTHER BUSINESS:

None.

ADJOURN:

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1155.

ATTACHMENTS:

- GTCNC bylaws as adopted- Kurt Stuenkel
- BREMSS and next Steps for Georgia PowerPoint presentation- Linda Cole and Ben Hinson
- Georgia Trauma Center Funding Reports- Dr. Pat O'Neal
- American College of Surgeons Consultation Summary- Renee Morgan
- "The Georgia trauma system as a model for a statewide stroke system" PowerPoint presentation- Dr. Joe Sam Robinson