

MINUTES
Georgia Trauma Care Network Commission

Thursday, 18 September 2008

Weaver Board Room
 Payton Anderson Health Education Center,
 The Medical Center of Central Georgia
 Macon, Georgia.

Members Present	Members Absent
Dr. Dennis Ashley, Linda Cole Dr. Leon Haley Ben Hinson Dr. Rhonda Medows Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn Others documented as present: Dr. Pat O'Neal Renee Morgan Alex Sponseller Greg Bishop	Bill Moore

Chairman, Dr. Dennis Ashley, called the meeting to order at 1006.

Dr. Ashley called attention to the 18th Annual Trauma Symposium sponsored by The Medical Center of Central Georgia on Thursday 06 November in Macon. Everyone is invited.

Dr. Ashley recognized Alex Sponseller, as the Attorney General's representative and stated Mr. Sponseller is available for questions.

Greg Bishop reported that the administrative subcommittee has contacted all the trauma centers and they have agreed to support the administrative needs of the Commission. Administrative support for the Commission should proceed rapidly.

Greg Bishop talked about his idea for a "brain trust" for the Commission... the notion of an informal advisory group for the Commission and how that could be of significant benefit as

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the Commission proceeds ahead.

Greg Bishop went on to say that his firm is getting some significant resistance from the targeted hospitals and his overtures to get them interested in becoming a designated trauma center. Mr. Bishop suggested a group of Commission members visit these hospitals and lay out the arrangement rather than an outside consultant. This discussion with hospitals would include the concept of a transfer system and addressing the common fear that these hospitals would get more trauma patients if they were a designated trauma center. Mr. Bishop explained that targeted trauma centers means hospitals that are already seeing a large number of trauma patients. He said he was reluctant to even name these facilities. Dr. Robinson stated he felt the idea of the state undergoing tort reform might negatively impact these hospitals and their consideration for trauma center designation. Malpractice issues discussion ensued. Mr. Hinson stated the transfer system is a big part of the GPS ambulance notification. Discussion on transfer systems ensued.

Dr. Ashley asked what Mr. Bishop needed from the Commission to proceed on with the transfer system ideas. Mr. Bishop said he needed informal authorization to work with a brain trust, the pediatric work group and pull a group together to vet the resulting ideas and then report back to the Commission.

Linda Cole spoke of her work with the pediatric subcommittee and that work with the states pediatric trauma centers regarding coordination. All have transfer centers and the coordination of those will help get the injured child to the care it needs quickly. Ms. Cole spoke about "PEWS" Pediatric Early Warning Signs a concept started in UK and now beginning in the US. It is working with EMS to come up with a PEWS score (objective data) to differentiate as to whether EMS needs to take the injured child to the closest hospital or the closest trauma center. She said her hospital is now beginning to study the PEWS program. She continued on that using the peds transfer centers as a start and then moving on to adults would be one way to start with state transfer system development. More trauma transfer system discussions state central location verses hospital based transfer systems.

Subcommittee Reports

Data subcommittee

Subcommittee met via conference call with Sarah O'Leary (CDC and DHR) and John Carter (Emory.) Dr. Carter and Ms. O'Leary, working with each Georgia County for pediatrics (under 18 year of age) for 1999 through 2006, injury data. Mr. Hinson spoke of death rate by county and how one small county has a horrendous death rate due to I 75 going through the county. Mr. Hinson stated that one of the big issues for the data subcommittee is to provide the Commission with the best data to better understand all the quoted statistics. Need to make sure the Commission knows what they are quoting and where that data came from.

Mr. Hinson spoke to the great work MCG is doing for EMS and the uncompensated care funds for EMS. He spoke of the challenges of using the trauma registry to identify qualifying patients.

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Mr. Hinson asked Dr. O’Neal about the money going to GEMA for EMS capital equipment awards. Dr. O’Neal stated the Governor has frozen all action on hospital capital equipment, EMS capital equipment and GPS funds.

Mr. Hinson spoke of the Commission retreat and stated a one-day retreat in Atlanta would be best. He also spoke of the need for the data subcommittee to meet with Greg Bishop to develop an exact report format for reporting how trauma fund dollars have been spent.

Hospital capital grants

Kurt Stuenkel asked Dr. O’Neal to clarify whether the capital grant dollars were frozen too. Dr. O’Neal affirmed that those dollars were frozen as well. He went on to say that essentially \$9 million of the trauma trust fund has been frozen. Or all money not yet encumbered by contract. Discussion on contracting with hospitals ensued. Dr. O’Neal suggested the capital grant process continue and prepare for the possibility that the funds would be unfrozen. Mr. Stuenkel stated he would need to have new communication with the trauma centers about the frozen funds. Discussion on the frozen funds, state funding, budgeting, contracting and money dispersal processes ensued. It was determined that the capital grants process would continue in the hope that the funds would be released. A conference call will be scheduled with the trauma centers to explain the application process.

Ben Hinson made the observation that with the dollars being frozen, EMS has not received any money form the trauma trust fund while the hospital and physicians have...or will soon...that money was encumbered before the freeze took effect.

Pediatric planning

Linda Cole reported the pediatric subcommittee continues to work toward developing the state pediatric trauma plan. In addition to transfer coordination, the subcommittee is also addressing transportation issues too. EMS is involved in those planning activities.

Ms. Cole asked Dr. Ashley about developing bylaws. Dr. Ashley asked Mr. Sponseller about the need for bylaws. Mr. Sponseller said it was entirely up to the Commission whether there were to be bylaws or not. Mr. Sponseller was asked if he could offer up a set of bylaws that could be seen as a draft. He agreed that he could. Dr. O’Neal suggested the Commission look at TBI bylaws as a place to start. Mr. Sponseller stated the Commission is not required to have bylaws. He continued on and said the statute (SB 60) does not require the Commission to have bylaws. Dr. Haley stated in the short term bylaws may not be that important but over time bylaws would be very important. Dr Ashley suggested that the bylaws action be tabled for now and that they be brought back up at a later date and before there is a turnover of Commission members.

Dr. Ashley stated he would like the Commission members to attend upcoming trauma meetings and forums events. Discussion ensued. Dr. Ashley spoke of the upcoming trauma symposium at the Andrew Young School of Policy in October and the importance of Commission members attending. Discussion ensued about the various upcoming trauma

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events in the state.

Dr. Ashley asked about a need for a white paper to be written on the Commission's first 100 days. Discussion ensued. This white paper became a report to the legislature. Greg Bishop was asked to begin to develop the report. Mr. Bishop agreed.

Mr. Hinson spoke to the need for EMS to get funding. He made the motion Commissioner Walker be informed that when and if the funds are released, if she has any options, the EMS vehicles grants be funded first, followed by the hospital capital grants then the GPS system. Motion seconded by Dr. Haley and Mr. Stuenkel. Discussion ensued. Motion passed unanimously.

Ms. Vaughn informed the group of the upcoming 7th Annual Georgia Trauma Conference on March 6th at the Georgia International Convention Center, in Atlanta.

Discussion ensued at when and where the next Commission meeting will be held. Decision was made to have the next Commission meeting on 21 October after the Andrew Young Trauma Symposium and then have the afternoon devoted for the trauma Commission retreat.

Meeting adjourned at 1134.