



# Georgia Trauma Commission

## Georgia Trauma Care Network Commission

*Right Patient, Right Hospital, Right Time, Right Means*

### MEETING MINUTES

**Thursday, 16 May 2013**

Scheduled: 10:00 am until 1:00 pm

Letton Auditorium

Atlanta Medical Center Health Pavilion

303 Parkway Dr., NE

Atlanta, GA

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Mr. Courtney Terwilliger Mr. Kurt Stuenkel Dr. Robert Cowles Mr. Ben Hinson Ms. Elaine Frantz Dr. Fred Mullins Ms. Linda Cole, RN	Dr. Leon Haley (Excused)

STAFF MEMBERS SIGNING IN	REPRESENTING
Mr. Jim Pettyjohn, Executive Director Ms. Michelle Martin, TCC Operations Specialist Mr. John Cannady, TCC Manager Ms. Dena Abston, Business Operations Officer Ms. Tammy Smith Ms. Lauren Noethen, Office Coordinator ( <i>Via Conference Line</i> )	Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Ms. Brittany Jones Mr. Dan Walsh Ms. Kathy Sego Ms. Gabrielle Walters Dr. Pat O'Neal Mr. Brandon Fletcher Ms. Rochella Mood Mr. Lanier Swafford Mr. Jeff Nicholas Ms. Debra Kitchens Ms. Gina Solomon Mr. Greg Pereira	Assistant Attorney General Assistant Attorney General Athens Regional Medical Center Athens Regional Medical Center DPH Southern Regional EMS Atlanta Medical Center Dawson County Emergency Services Grady Memorial Hospital MCGG Gwinnett Medical Center CHOA

Dr. Bill Bromberg Mr. Scott Maxwell Ms. Jo Roland Mr. Bruce Ziran Mr. Ethan James Mr. James Sargent Ms. Diane Kilburn ( <i>Via Conference Line</i> ) Mr. Bill Moore Mr. Mike Willingham Dr. Regina Medeiros	Memorial Health M & M Inc. Archbold Memorial Hospital Gwinnett Medical Center Georgia Hospital Association North Fulton Hospital Redmond Regional Medical Center Atlanta Medical Center Region 1 – RTAC
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**CALL TO ORDER AND QUORUM ESTABLISHED:**

Dr. Dennis Ashley, Chair, called the scheduled meeting of the Georgia Trauma Care Network Commission to order at 10:07 AM and thanked Mr. Bill Moore for providing Atlanta Medical Center’s facilities for today’s meeting.

Dr. Ashley acknowledged the passing of Dr. Gage Ochsner Chair and Trauma Director of Memorial Health University Medical Center and requested a moment of silence in remembrance.

Ms. Elaine Frantz introduced Dr. William Bromberg, newly appointed Chief of Trauma Services. Ms. Frantz provided a brief background and welcomed Dr. Bromberg.

Dr. Ashley confirmed that quorum was established, and welcomed Ms. Brittany Jones and Mr. Daniel Walsh representing the Attorney General’s Office.

**CHAIRMANS REPORT**

Dr. Ashley reported that there has been a lot of work going on behind the scenes with the various subcommittees and extended his appreciation to the Chairs and participants of each Committee.

Dr. Ashley advised that the Georgia Trauma Evaluation Committee has been established as a result of the previous Workshop which took place in Rome, GA in January of this year. The Committee has met and has been working with the Governor’s Office to establish metrics for trauma. The Committee will meet again in June to work toward this goal, and will report back at the next Trauma Commission meeting.

**UPDATE ON ADMINISTRATIVE REPORT AND APPROVAL OF MINUTES**

Mr. Jim Pettyjohn reported, advising that the Administrative Report was distributed via email and was also made available on the Trauma Commission website.

Mr. Pettyjohn requested approval of the minutes of the Georgia Trauma Commission workshop in January, as well as the April conference call.

**MOTION GTCNC 2013-05- 01:**

**I make the motion to approve the minutes of the January and April minutes of the Georgia Trauma Commission.**

**MOTION BY:**

**Ms. Linda Cole**

**SECOND BY:**

**Elaine Frantz**

**ACTION:**

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

**VOTING:**

Dr. Dennis Ashley	Yes	Mr. Kurt Stuenkel	Yes
Ms. Linda Cole	Yes	Ms. Elaine Frantz	Yes
Dr. Leon Haley	absent	Mr. Ben Hinson	Yes
Dr. Robert Cowles	Yes	Mr. Courtney Terwilliger	Yes
Dr. Fred Mullins	Yes		

Mr. Pettyjohn ascertained if there were any questions regarding the Administrative Report provided to the Commission members; there were none.

Dr. Ashley introduced Mr. Courtney Terwilliger as the newest Commission Member and gave a brief description of his background, welcoming him to the Commission.

**AFY 2013 & FY 2014 BUDGET DISCUSSION:**

**FY 2013:**

Ms. Linda Cole reported regarding the budget, indicating that it began on page 9 of the Administrative Report. Regarding the FY 2013 budget, there would be some remaining funds that the Commission would need to provide decision for reallocation (*see admin report*). Ms. Cole explained each area of the budget describing how the funds were distributed; providing opportunity for Commission members to add comment or question.

Ms. Cole explained the overview; Commission Operations, Communications Center and Development are the areas with remaining funds available. There are approximately \$7,000 surplus funds from staff costs, from other operations approximately \$37,000 for a total of \$45,000; some contingency funds were utilized and a breakdown is provided within the report.

Staff costs from the Trauma Communications Center will provide an additional surplus of approximately \$5,000. The hospital CPU/Monitors were not utilized, leaving additional funds of \$25,000. Other operations included a remaining \$22,000 in surplus funding. This leaves a total of \$52,000 remaining funds for reallocation.

Pg. 12 of the Administrative Report provides a breakdown of the system development subcategory; \$200,000 remains from regionalization activities in absence of any request from regions for support. An additional surplus of \$2,000 remains from unused contracts; in total, an excess of \$228,000 remains from this account.

Funding on page 13 became available as the decision was made to eliminate ambulance grants. The EMS Subcommittee was tasked to make a recommendation to the Trauma Commission regarding the reallocation of these resources. Mr. Pettyjohn indicated that the final column represents the recommendations from the 02 May 2013 EMS Subcommittee meeting regarding their recommendations for reallocation. Ms. Cole ascertained if the Commission members would like to vote at this time regarding these funds. Mr. Ben Hinson requested that this be further discussed with the EMS Subcommittee report.

Discussion ensued regarding the amounts of the surplus funds, and where they are located within the Administrative Report. The Commission members agreed that any vote would be regarding the distribution of funds, not the amount of funding.

Ms. Cole next moved to Pg. 14 for a discussion on trauma center distribution; the contract includes a performance clause. A surplus of \$102,000 remains to be reallocated due to hospitals who did not meet that criterion. Referring back to Pg. 9, \$324,000 for distribution with a state cut of \$300,000 which leaves a total of \$24,737 and \$102,834 which is currently not encumbered for the FY 2013 Budget and will need to be decided on today.

Ms. Cole recommended directing these funds from the FY 2013 budget to the Trauma Associates of Georgia (TAG), to allow the ability to use those resources otherwise in FY 2014. The EMS Stakeholder group will propose redistribution for their 20%; as it was a part of their funding initially.

Discussion ensued regarding the funding amounts and how TAG will utilize the resources; concerns were raised regarding the proof of retention and certifications. Ms. Debra Kitchens confirmed the courses are certified and students are required to take a test and receive a passing grade. There will be a refresher course rather than recertify, or retake the entire course. Dr. Ashley added that the certifications do not last a life time, and they will generally last four years and then require renewal. Ms. Elaine Frantz commented regarding the need for education in smaller rural hospitals, and supported funding TAG.

**MOTION GTCNC 2013-05- 02:**

**I make the motion that the \$127,571 surplus funds for the FY 2013 Budget be distributed as follows: \$70,000 to TAG for educational opportunities, and the remainder to support the digital innovations, trauma case management outcomes tracking system.**

**MOTION BY:** Mr. Courtney Terwilliger

**SECOND BY:** Mr. Ben Hinson

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

Mr. Jim Pettyjohn indicated that changes would be made to reflect this decision in the FY 2014 Budget, which would provide a difference of \$18,429.

**VOTING:**

Dr. Dennis Ashley Yes

Mr. Kurt Stuenkel

Yes

Ms. Linda Cole	Yes	Ms. Elaine Frantz	Yes
Dr. Leon Haley	absent	Mr. Ben Hinson	Yes
Dr. Robert Cowles	Yes	Mr. Courtney Terwilliger	Yes
Dr. Fred Mullins	Yes		

**FY 2014:**

Ms. Linda Cole reported regarding FY 2014, Pg. 18; explaining that the amount budgeted included increases provided by the state for retirement for employees and an increase in uncompensated care readiness cost, there was also a reduction of funds, with a total amount for allocation \$15.3 million. Ms. Cole then went through of the breakdown of the proposed budget (*see admin report*).

Mr. Hinson inquired as to the ability to make changes to the proposed budget after its approval. Ms. Cole replied that there are funds that need to be encumbered by July. Mr. Pettyjohn reminded the Commission members that the May meeting for 2012 allowed for an additional follow up conference call in June for the purpose of voting for the budget. Mr. Hinson advised that he would like to discuss some options for changes; Ms. Cole suggested reviewing the budget today and revisiting for approval in mid-June; Mr. Hinson agreed.

Mr. Pettyjohn requested that questions be submitted as soon as possible. Ms. Cole advised concerns should be addressed today and then submitted to Mr. Pettyjohn as well.

Mr. Hinson expressed concerns regarding regionalization, and if those funds could be ran through OEMS/T. Ms. Cole responded that she was willing to review this, however when regionalization was started this was considered but there were challenges associated with regulatory issues. The way it is done now the funds go straight to regionalization activities.

Mr. Terwilliger ascertained if the amount approved was indicative of how it would be utilized. Mr. Pettyjohn responded that the amount is what is being approved at this time, Ms. Cole agreed. Discussion ensued regarding the challenges the regions face to coordinate activities, as well as the best way to utilize funding to improve the trauma system in Georgia; including the locations of trauma hospitals and how best to determine the location of new trauma centers. Mr. Hinson indicated that he was supportive of the funding going to regionalization activities, but would like it to be pre-determined to indicate how that will look in reference to multiple trauma centers in one region. Mr. Pettyjohn responded that there have been discussions with the regions regarding this issue, they are clear that when there is more than one trauma center within a region one will act as the fiduciary.

Ms. Cole continued the discussion for the FY 2014 budget, indicating that the initial agreement with e-Broselow provided the first year at no cost with the initial startup of fifty hospitals. This has been re-negotiated due to low levels of participation; for the eleven hospitals who participated for the entire year they will receive full funding. The remaining 39 hospitals will receive funding for six months, and will be responsible for the remaining six months.

Ms. Cole then discussed the contracts, Mr. Pettyjohn commented that this was for Bishop & Associates, Greg Bishop continues to assist with the budget as well as assistance establishing readiness cost, surveys, and to provide guidance to a possible new direction regarding the funding for level 1 and 2 trauma centers.

Ms. Elaine Frantz inquired regarding the work with Bishop & Associates on the Data Subcommittee, referring to the work with Florida, advising concern with the results of the initial data that was reported; which indicated results with invalidity and minimal correlation between the GHA ICD-9 and the hospital ISS. Ms. Frantz ascertained if this was the best way to utilize these funds.

Mr. Hinson, as Chair of the Data Subcommittee, responded that these questions would be addressed with the report of the Data Subcommittee, indicating that there were some conversations which took place outside of the meeting. Mr. Hinson agreed that there were some challenges with the data, and indicated that some things were currently in process of being worked out. Mr. Hinson indicated that he felt Mr. Bishop and Ms. Liz Atkins have been working diligently and making progress, and that the funds were properly placed for this purpose; further indicating that as this is a performance based contract, any indication that funds were not properly utilized would be reported to this Commission for reconsideration.

Further discussion followed regarding contracts and the budget for utilizing consultants, evaluating the need for continuing these contracts.

Ms. Cole continued, explaining the funds for GH&I have been moved from development into stakeholder, so that it will come out of the funds that are directed to EMS and the funds for the hospital.

For the Georgia Committee for Trauma Excellence, Digital Innovations; shows a reduction from the requested funds from \$76,000 to \$18,429. Mr. Pettyjohn advised that the amount may be divided in half between the Trauma Association of Georgia and Georgia Committee of Trauma Excellence; he advised that he required direction from the representatives regarding how to move the funds for this fiscal year forward. Ms. Regina Medeiros commented regarding the original request, indicating that there was an increase in centers. Mr. Pettyjohn responded indicating that there were 15 - Level 1, 2, 3 and Burn centers in the initial request. OEMS/T advised that there will be additional centers for this year, resulting in a total of 22 - Level 1, 2, 3 and Burn Centers. This matter will be revised and reconsidered with the June conference call.

Ms. Cole referred back to Pg. 18, indicating that with the numbers discussed and the 20/80% distribution; EMS with 20% distribution holds the responsibility of \$2.5 million, and \$10.256 distribution for trauma centers.

Mr. Hinson commented, citing Senate Bill 60; that he would like to add 3% for OEMS/T, from the top at 15.9; providing another \$18,000 to them while lowering the stakeholder distribution amount. Ms. Cole ascertained confirmation from council regarding SB 60. Mr. Pettyjohn replied that SB 60 allowed up to 3% of the allocated funds, which was 15.3; Dr. Ashley agreed.

Mr. Kurt Stuenkel reported in absence of Dr. Leon Haley providing a statement regarding the Trauma Center and Physician Funding Subcommittee recommendations for FY 2014 distribution of funds (*Pg. 29 of admin report*).

Mr. Stuenkel explained that due to the number of additional lower level community based trauma centers (level 3 and 4), and the decrease in funding it has become necessary to combine readiness and uncompensated care funding into one standard amount. The Trauma Center and Physician Funding Subcommittee recommends keeping the current formula in place for Level 1 and 2 trauma centers for FY 2014, and provide an opportunity over the next year to obtain all perspectives before significant changes in funding methodology are made on top of the reductions in funding that have occurred over the last few years. The Subcommittee further recommends that the trauma centers and their respective trauma physicians be allowed to determine the best distribution methodology for the physician portion (25%) of the annual uncompensated care claims reimbursement funding;

best for that trauma center. The trauma centers trauma committee will approve the distribution and report their methodology and confirmation of distribution to the Commission annually.

**MOTION GTCNC 2013-05- 03:**

**The Trauma Center and Physician Funding Subcommittee recommends beginning in FY 2014 that the trauma centers and their respective trauma physicians be allowed to determine the best distribution methodology for the physician-portion (25%) of the annual uncompensated care claims reimbursement funding; best for that trauma center. Further, the trauma center’s trauma committee will approve the methodology for distribution. A report on distribution methodology and confirmation of distribution will be provided to the Commission annually.**

**MOTION BY:** **TRAUMA CENTER AND PHYSICIAN FUNDING SUBCOMMITTEE**

**SECOND BY:** **N/A**

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

**VOTING:**

Dr. Dennis Ashley	Yes	Mr. Kurt Stuenkel	Yes
Ms. Linda Cole	Yes	Ms. Elaine Frantz	Yes
Dr. Leon Haley	absent	Mr. Ben Hinson	Yes
Dr. Robert Cowles	Yes	Mr. Courtney Terwilliger	Yes
Dr. Fred Mullins	Yes		

Mr. Stuenkel requested that Mr. Pettyjohn distribute this information accordingly to the trauma centers and their trauma committees, Mr. Pettyjohn affirmed.

Mr. Stuenkel continued the report, inspiring discussion regarding the Commissions obligation to fund a trauma center or not based on location. Concerns were raised about geographical implications that could cause anti-competitive initiatives that would reward hospitals based on their history rather than rewarding a hospital who may potentially provide better care. Clarification was made that the Commission does not validate the location of trauma centers, and that this simply reserves the right to refuse funds to a trauma center based on its existence. As more trauma centers are formed, the level of funding distribution will decrease. Mr. Stuenkel reminded the Commission members that this policy already exists as a way to control the growth of the system and the ability to rationally allocate funding. This can be revisited if necessary.

Ms. Cole commented that there is a need for additional trauma centers in the southern part of the state, and additional trauma centers should be placed where the need is imminent; further expressing concern that as more trauma centers become designated the funds become further reduced and there is less incentive for those areas that are in need; Ms. Frantz agreed.

Dr. William Bromberg advised that this was an issue with Florida, as new trauma centers are added and taking traditional systems down; new policies had to be put in place to prevent the system from collapse.

Dr. Ashley advised the role of the Trauma Commission is very well defined, "as stewards of the Commission we are to oversee the funds of the trauma system and stakeholders; EMS, physicians and trauma centers"; further adding that OEMS/T designates the trauma centers, not the Trauma Commission. Decisions have to be made how these centers will be funded; these policies were created to provide guidance so that this is accomplished in a fair and rational manner that offers credibility.

Ms. Cole concluded the budget discussion, and thanked Mr. Pettyjohn and Ms. Abston for all of their hard work. Mr. Pettyjohn requested clarification regarding the conference call to finalize the budget, verifying that this would take place within the first few weeks of June; and requesting that any questions be submitted in the next couple of weeks, it will then be distributed for review. Mr. Terwilliger advised that if there were concerns that were in need of change these items should be sent to the Commission members for review before this meeting takes place. Ms. Cole suggested that these items be submitted by the end of May; Mr. Hinson requested that this be delayed until the first week of June due to the impending holiday. Discussion followed regarding the process for distributing the information. Mr. Pettyjohn advised that he would work with Ms. Cole to assemble a new draft, Ms. Cole agreed. Dr. Ashley confirmed that any questions should be submitted prior to the conference call.

Mr. Hinson suggested review for the possibility of tying the readiness cost for the hospitals to the TCC as updates, referencing the importance of keeping the EMS up to date on the hospitals status. Using these funds to reward hospitals for keeping their status current will assist in ensuring accuracy for EMS personnel. Ms. Cole clarified that this would then be included as pay for performance, Mr. Hinson agreed. Mr. Pettyjohn indicated that this was something that the TCC was already looking into.

Dr. Ashley thanked Ms. Cole and Mr. Pettyjohn as well as everyone who has been involved, indicating that this has been hard work and is very detailed; advising that there has been Budget Subcommittee meetings and discussions and a lot of hard work that has brought the budget to this point, for the purpose of cutting down on discussion here.

Discussion followed regarding Uncompensated Care for state trauma registry patients, and the number of patients which are uncompensated. Dr. Ashley advised that with SB 60 the guidelines are stringent, and the trauma registry is well organized and clearly states which patients qualify.

Mr. Pettyjohn suggested moving forward with the EMS Subcommittee as there are items pertaining to the budget within the report. Dr. Ashley agreed.

#### **EMS SUBCOMMITTEE:**

Mr. Hinson reviewed the minutes of the EMS Subcommittee (*see Pg. 35, and 45 of the admin report*) for the meetings which took place on 07 March 2013 and 02 May 2013.

Referring to the 02 May 2013 meeting, Mr. Hinson stated that Mr. Courtney Terwilliger presented a proposal for the reallocation of funds, which the Subcommittee voted on and approved. Having disagreed with the unanimous vote, Mr. Hinson advised that he would like the Trauma Commission to consider an alternate proposal.

Mr. Hinson advised the EMS Subcommittee requested memorialization and appreciation be extended to the family of Dr. Gage Ochsner.



Mr. Courtney Terwilliger provided a review of the recommendation of the EMS Subcommittee *(see Pg. 51 of the admin report)*.

Mr. Pettyjohn requested verification that the funding amounts *(found on page 13 of the admin report)* accurately represented the motion of the EMS Subcommittee; Mr. Terwilliger advised that he believed they were accurate however they should be checked for corroboration.

#### MOTION GTCNC 2013-05- 04:

**The EMS Subcommittee recommends accepting the proposal by Courtney Terwilliger (Pg. 51 of the admin report) to include ten first responder classes, with remaining funds for equipment grants; additionally \$66,000 will be allocated for the GEMSIS project, specifically for enhancing the ability to collect data as identified by the GEMSIS study group.**

**MOTION BY:**

**EMS SUBCOMMITTEE**

**SECOND BY:**

**N/A**

#### **DISCUSSION:**

Discussion ensued regarding the proposed funding on the original spreadsheet versus the changes with the additional five first responder classes recommended, as well as the funds allocated for GEMSIS. Further discussion followed regarding the process for the equipment grants and how it is allocated; indicating that equipment has to be related to trauma. Questions arose in regard to quality assurance; Mr. Terwilliger advised that there have been discussions regarding specific pieces of equipment, however a decision has not yet been made in regards to what the specific equipment should be.

Mr. Hinson provided review of his recommendation for the reallocation of funding *(see Pg. 63 and 52 of the admin report)*.

The Commission members evaluated and discussed the options before them, ascertaining information for future plans for EMS. Mr. Terwilliger and Mr. Hinson indicated that they both felt strongly regarding their position, while each conceded the other presented beneficial concepts.

Ms. Cole felt that there needed to be a vision for the future of EMS. Mr. Terwilliger clarified that the feasibility study would design this vision, while Mr. Hinson's request included a logistics study. The feasibility study will create a plan to find the pieces of the puzzle which will indicate what needs to be studied, and then determine what the best course of action is to improve trauma care based on those answers.

Discussion continued citing concerns for the best course of action for EMS, and how to improve the system moving forward. Suggestions were made regarding who should conduct the study and how that determination

should be made. Mr. Terwilliger commented that taking the time to do this would delay the study, as the ground work has been conducted for this.

Dr. Ashley ascertained what the \$10,000 for the feasibility study would accomplish in six weeks that would prevent a delay in this study. Mr. Terwilliger advised that there have been discussions with J. Fitch and Associates, a nationally known EMS consultant. The goal is to look at EMS and redesign with the potential of becoming involved with medicine; researching the necessary equipment that is needed on the ambulance for the EMT which will allow the ability to be able to treat patients without the need for transporting, or for having the ability to transport straight to the appropriate trauma center. The \$10,000 will set up a structure that will begin a three year process; the first year will assess where things are right now, the second year will determine where things should be, and the third will create a plan to get there.

Mr. Ben Hinson rescinded his proposal in support of Mr. Terwilliger; indicating an agreement to be able to begin this study and then meet with the EMS Subcommittee to determine what further studies are needed for the future.

**ACTION:** The motion *PASSED* with no objections and one abstention by Mr. Courtney Terwilliger.

**VOTING:**

Dr. Dennis Ashley	Yes	Mr. Kurt Stuenkel	Yes
Ms. Linda Cole	Yes	Ms. Elaine Frantz	Yes
Dr. Leon Haley	absent	Mr. Ben Hinson	Yes
Dr. Robert Cowles	Yes	Mr. Courtney Terwilliger	abstained
Dr. Fred Mullins	Yes		

Dr. Ashley commended the EMS Subcommittee on their progress, stating that even while there are some differences of opinion within the EMS system on how to make things better, there has been great progress made toward a vision of the future.

**DPH OEMST:**

Dr. Pat O'Neal provided a report, informing the Commission members that Ms. Renee Morgan has been working on a project concerning emergency preparedness funds and the trauma plan for Georgia. The intended objective of the project is to utilize initiatives that are already in place regarding mass casualty and emergency preparedness; ensuring consistency within the trauma plan and acting as an infrastructure for other plans. The goal is to have this completed by June; however there is still much work to be done.

Dr. O'Neal continued, informing the Commission members of concerns within municipalities around the state, and particularly in the metro areas, regarding open zoning for the purpose of creating improved EMS response times for a particular area while negatively impacting the remaining zone. The Atlanta area alone has received four requests for zone changes within the previous month.

Dr. O'Neal recommended that the Commission review research which has recently been conducted with the Governor's Office of Highway Safety, regarding a project which allowed the analysis of data with the trauma registry. The research identified motorcycle accidents occurring from 2005 – 2011 in the state of Georgia where the patient was transported to a trauma center. The findings revealed an increase of motorcycle accidents, while showing a reduced death rate. Dr. O'Neal added that there is still research to be completed to analyze

these findings to discover if the results are due to an improvement within trauma care, helmet use, etc. This type of information is important to show an impact for what is trying to be accomplished within the trauma system. The Georgia Trauma System Evaluation Committee has struggled with the process of how to identify any significant difference in the care of patients with traumatic injuries when transported to a trauma center as opposed to a non-designated hospital.

Steps are being taken through federal funding and the Department of Community Health to create the Georgia Information Network. The goal of this network will be to share electronic medical records and health records with hospitals - between the trauma centers and non-designated hospitals. Initially regarding immunization; linking the state registry with the immunization network, so that when the doctors provide immunization in their office and put the information into their electronic medical record, it will automatically populate the registry. The same technology can be applied with the trauma registry with the appropriate funding; will assist in the assessment of trauma centers and non-designated hospitals.

Dr. O'Neal completed his report, recommending that improvement be conducted within the structure of the trauma system in Georgia by observing other states which are more advanced with their systems, and creating a methodology for determining where trauma centers are needed and how many. Creating too many trauma centers will create an issue with proficiency; a combined effort with the Commission will assist in assuring that the design is optimal for the state, while indicating any limitations.

Discussion ensued regarding the needs for this research, as well as the issues with the municipalities and zoning.

Dr. Ashley called for a ten minute recess at 12:32 PM.

Dr. Ashley called the meeting back in session at 12:49 PM.

## **REPORTS:**

### **TCC UPDATE:**

Mr. John Cannady reported for the Trauma Communications Center, indicating that there have been 281 calls received from January to April, an increase of approximately 100 calls received at this time last year. Of the 281, 104 were received from helicopter services, primarily coming from one agency - Air Evac; which transported predominantly within Regions 5, 6 and 9. Additionally there has been one hospital to hospital transport received from Region 1, and one from Region 3; with a total of seven inter facility transports this year. The TCC anticipates further increase as Region 1 finalizes their plans in the coming month.

Mr. Cannady continued, indicating that there has been outreach from the Georgia Department of Corrections inquiring possible assistance for transporting inmates and how the TCC could be utilized for this purpose. The DOC is aware that their initial contact remains with E-9-1-1 for any transport.

Mr. Hinson commented that the TCC should proceed with caution regarding working with DOC, as the transporting of inmates is contracted. Mr. Pettyjohn replied that DOC was not requesting the TCC assist with transporting inmates. Mr. Cannady added that the initial contact was regarding issues with transport in which the inmate was transported to a facility that appeared inappropriate for their medical needs. The DOC was

advised that TCC does not dispatch or tell the EMS where to transport, but provides information regarding the trauma centers.

Mr. Cannady continued his report, advising the EMS interface for the Resource Availability Display has been deployed on the test site and is currently being examined to ensure that it is working properly. Once this is complete, SAAB will be able to make this live within two to three days.

Mr. Hinson commented that he felt that this would be a great improvement for the success of the TCC.

Mr. Cannady added that there have been some discussions with Trauma Medical Directors regarding specific specialties such as hand surgery and re-implantation. It will be possible for the RAD to be utilized as a resource for maintaining information on these specialties where there is a need identified across the state. More discussion on this will take place with the upcoming Trauma Medical Directors meeting with Dr. Cendales.

Mr. Hinson responded, indicating concerns for recommendations based on specialties apart from the trauma center. Dr. Ashley replied that this will be discussed further on the conference call with the Medical Directors, as it has been indicated that there may be an issue across the state concerning the need for re-implantation of a finger or hand, because it is so labor intensive and there are so few surgeons who specialize in the field. If this is regarded as an issue, then a determination will need to be identified to resolve it. Mr. Cannady has been asked to provide information to the Medical Directors regarding what trauma centers have this capability.

Dr. Regina Medeiros commented regarding some of the issues trauma centers face throughout the state when attempting to locate a specialist, expressing a need for identifying those hospitals that may be able to provide recommendation for the best method of accomplishing this.

Mr. Cannady continued his report, referring to the spreadsheet (*see page 34 of the admin report*); which provides a sample report which lists a model of trauma centers and few services provided through the RAD. This is to show the available resources over a set time period, which can be linked to the essential services based on the designation level to show the time that the resource is available. This information is self-reported by the trauma centers, and will also allow the ability to track when a trauma center has shown availability but chose not to accept the patient. The information can then be provided to the Trauma Medical Directors for further evaluation and recommendations.

#### **GCTE:**

Dr. Regina Medeiros reported that GCTE met yesterday, each of the Subcommittees discussed their accomplishments thus far. The Education Subcommittee reported that 463 health care providers have been educated on care of the trauma patient through grants received from the commission. The PI and Registry Subcommittee have made advancements regarding both data metrics and reportable outcomes within the registry. The first wave of installs and web-based training for the new Georgia V5 Registry is set to begin in June 2013.

Dr. Medeiros gave a brief update on behalf of Mrs. Renee Morgan for OEMS/T regarding updates to the designation process. OEMS&T is working with members of the GCTE to develop a comprehensive guideline that will outline the process of designation for both new centers as well as those who are preparing for re-designation; an electronic manual for site visits, which will include tools to help with site visit preparations, will also be created. These materials will be posted on the TAG website.

Dr. Ashley commented that this was a milestone, and complimented the hard work of those involved.

**EMS SUBCOMMITTEE:**

*(See page 8).*

**DATA SUBCOMMITTEE:**

Mr. Ben Hinson reported for the Data Subcommittee, reviewing the minutes of the meetings with the assistance of Ms. Elizabeth Atkins *(see admin report, page 64, 69, & 72).*

Mr. Hinson commended the volunteers on the Subcommittee and the work conducted by Mr. Greg Bishop. He further indicated a desire to analyze additional sources of data while continuing this project.

Dr. Ashley inquired regarding the Florida study and how the methodology would relate to Georgia's research. Mr. Hinson replied that the Georgia study will review how Florida conducted their research and determine what will work best for Georgia. Ms. Atkins added that the Florida researcher indicated that the survival risk ratio will have to be calculated based on Georgia data.

Dr. Ashley ascertained a deadline for the data coefficient for Georgia; Ms. Atkins replied that Mr. Bishop was in process of scheduling another call with the Florida researcher to determine the database required to find the survival risk ratio, as there was an indication that some methods held a higher level of reliability. Once the best method for Georgia is determined, Florida will then be used as a comparative. Mr. Hinson added that he felt that the survival statistics should be the same regardless of geography; however the statisticians indicated that the modifiers could determine reliability within the data.

**RTACs:**

**REGION I:**

Mr. Mike Willingham reported for Region 1, indicating that the RTAC has been meeting now for approximately one year. A meeting was held in September which included volunteers from the Regional EMS Council and accomplished a great amount of work. The Subcommittees have been formed and are functioning with the assistance of the volunteers. The Education Committee met and has reprioritized goals to determine short term and long term goals, as well as creating a training program for the hospital and pre-hospital setting based on the priorities of the CDC trauma triage protocols - the activation of the TCC as it is mandatory. Region 1 hopes to have this training complete by the first of June and the hospital and EMS services training complete by the end of September. A Data Committee has also been established and will be working on tracking some basic data sets. Mr. Willingham concluded his report by extending his appreciation for the support that has been extended by the Commission.

**REGION III:**

Mr. Pettyjohn advised that Region 3 will present at the August meeting of the Georgia Trauma Commission.

**REGION V:**

Ms. Debra Kitchens reported for Region 5, advising that a copy of agency calls has been provided (*see page 77 of the admin report*). Mr. Alan Smith and Ms. Kristal Smith will be present at today's RTAC Coordinating Group meeting. Mr. Smith has been working toward establishing communication with hospital providers and EMS to develop an interest with the RTAC meetings. The next meeting is scheduled to take place in June in Perry, GA.

**REGION IX:**

Ms. Elaine Frantz reported for Region 9, advising that the transfer center guidelines which were shared in January have now been distributed throughout the region. The PI hotline should be launched within the next month; it is currently awaiting compliance and final approval. It will provide a specific dedicated line for EMS or hospitals to call with concerns or questions regarding patient transfers, which will then be followed-up on with a letter. The second annual meeting was held in February, and will be electing a new Director. The next meeting, and Subcommittee meetings will meet next in July.

**REGION VI:**

Mr. Courtney Terwilliger provided a packet to the Commission members, which was created by the Burn Center to provide information regarding appropriate transfer protocols (*see attached*); explaining that there were concerns expressed previously during a Trauma Medical Directors meeting regarding a need for information in rural hospitals that may have questions regarding when to transport a patient. Mr. Terwilliger suggested a combined effort with Ms. Kitchens and Ms. Medeiros, and Mr. Cannady to develop an algorithm so that the CDC field triage criteria are clarified for hospitals to know and understand the procedures.

Mr. Terwilliger presented to Dr. Ashley a book entitled *Iron Heart*, by Brian Boyles. He explained that the author wrote that he had passed away three times and this book was based on the patient's point of view, what he heard around him from the doctors and nurses when they believed he could not hear. Mr. Terwilliger recommended that all trauma doctors, nurses and medics should read this book.

Dr. Ashley expressed his appreciation to Mr. Terwilliger; adding that the Medical Directors had discussed creating these posters and then found that the Burn Center already had them. Dr. Ashley further expressed that he felt that these posters will be very helpful.

**GEORGIA TRAUMA FOUNDATION:**

Mr. Pettyjohn reported that the application from the attorney was received last week for review. It will be provided for the board members to review and will report back to the Commission in August.

**NEW BUSINESS:**

Dr. Ashley referred to page 76 of the administrative report; a letter submitted by Dr. Colville Ferdinand as a request to re-appropriate funds provided through a grant.

**MOTION GTCNC 2013-05- 05:**

**I make the motion to accept the proposed re-allocation of grant funds submitted by Dr. Colville Ferdinand of the Georgia Regents Medical Center.**

**MOTION BY:  
SECOND BY:**

**MS. LINDA COLE  
DR. FRED MULLINS**

**DISCUSSION:**

None.

**VOTING:**

Dr. Dennis Ashley	Yes	Mr. Kurt Stuenkel	Yes
Ms. Linda Cole	Yes	Ms. Elaine Frantz	Yes
Dr. Leon Haley	absent	Mr. Ben Hinson	Yes
Dr. Robert Cowles	Yes	Mr. Courtney Terwilliger	Yes
Dr. Fred Mullins	Yes		

**Meeting adjourned:** Dr. Dennis Ashley, Chair of the Georgia Trauma Commission declared the meeting adjourned 1:33 PM

The Next meeting of the Georgia Trauma Commission will take place on 15 August 2013 at MCCG in Macon, GA.

Minutes Crafted By Tammy Smith