



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

GEORGIA TRAUMA COMMISSION

Thursday, 18 August 2016

Hyatt Regency

Scarborough One Room

Two West Bay Street

Savannah, Georgia 31401

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chair Mr. Victor Drawdy, Secretary/Treasurer Dr. Jeffrey Nicholas Dr. James Dunne Dr. John Bleacher Mr. Courtney Terwilliger	Dr. Robert Cowles (Excused) Mark Baker

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston Erin Bolinger Amanda Ramirez Billy Kunkle Eshon Poythress Heather Morgan Daphne Stitely Peki Prince Shauna Baggett Lori Mabry Chelsea Adams Lynn Grant Sharon Nieb Misty Mercer Tracy Johns Renee Morgan Dwayne Morgan Josephine Fabico-Dulin Anastasia Harthgan Dr. Regina Medeiros Marie Probst	Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Memorial Health University Medical Center Region III RTAC Governors Office of Highway Safety Athens Regional Medical Center John D. Archbold Memorial Hospital DPH/EP/OEMS John D. Archbold Memorial Hospital Georgia Trauma Foundation Fairview Park Hospital Fairview Park Hospital Surgery Prevention Research Center-Emory Trinity Hospital of Augusta Navicent Health Medical Center OEMST Baldwin County Georgia – Fire Department Navicent Health Medical Center Doctors Hospital of Augusta Augusta OEMST

Scott Maxwell Jill Brown Todd Dixon	Mathews& Maxwell, Inc. Coliseum Medical Center Coliseum Medical Center
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Call to Order: 10:07 AM

Quorum Established: 10:08 AM, 7 of 9 commission members present.

Welcome/Chairman’s Report

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone to Savannah and began with the Chairman’s’ report. This has been a robust week of meetings with todays Trauma Commission meeting, the Day of Trauma meetings on Friday, and the Georgia Society of American College of Surgeons on Saturday, and it is great to have many trauma stakeholders coming together this week. Dr. Dunne briefly welcomed everyone to Savannah and its southern heat and asked those present to be mindful that this is an urban city and to take normal precautions. Mr. Drawdy recognized his staff members that came up to be a part of todays meeting.

Dr. Ashley discussed the Trauma Medical Directors (TMD) call on July 18, 2016 and went over what was discussed during the call. Discussion on TQIP/NSQIP, Performance Based Payments (PBP), Georgia COT, any research updates, and micro vascular hand replant were covered.

Dr. Ashley began with a TQIP/NSQIP report. Dr. Dente (TQIP) and Dr. Joe Sharma (NSQIP) are co-chairs on these initiatives and this is progressing nicely. The NSQIP folks had their national annual meeting in San Diego in July. The Georgia collaborative on the NSQIP side was unanimously accepted by stakeholders and continues to progress under Dr. Dente and Dr. Sharmas’ leadership. Dr. Dente gave an update to the commission on what progress he and Dr. Sharma have made together. They are in the final stages of the job description and reported that Emory is willing to provide space for this project manager. Things are moving in the right direction. Dr. Dente will be the commission’s contact for reporting on this initiative.

Dr. Ashley spoke on Performance Based Pay (PBP) and said we will hear more about this within the Administrative report that Ms. Abston will cover.

Dr. Ashley discussed Georgia COT and the change from Dr. Dente as state chair to Dr. Ferdinand Colville. Dr. Colville has accepted the state chair position.

Dr. Ashley presented the research update. Last week an abstract was submitted to Southeastern Surgical Congress on Performance Based Pay (PBP) and criteria that we have used over the last 7 years in Georgia. The abstract shows how PBP has evolved with percentage of payments and all the way through the types of currently used performance based criteria. The readiness cost data where we standardized and defined the American College of Surgeons criteria at that time through the Green Book, came up with a survey, and standardized definitions. We took that information, summated, and turned it in as an abstract. We wanted this data out as we are beginning another cost readiness survey so we want to compare that information. The access of data to trauma centers admitting now versus previous history has increased by 20% since we began this initiative. This information has all been submitted and it is our hope to have this published in the Southeastern Surgical Congress.

Dr. Ashley reported to the commission of requesting Dr. Pracht to look into needs for additional trauma centers and the survival advantage from being treated in a trauma center versus a non-trauma center. Dr. Pracht will be taking our data and the data from American College of Surgeons (ACS) and see how we align. Dr. Pracht has begun the analysis and has sent a brief recap to Dr. Ashley at this time. The report when it is completed is expected to be 100+ pages of information that we can use.

Dr. Ashley reported that he and Ms. Abston are going to re-energize the data sub committee. The research abstracts and new data from Dr. Pracht give plenty to look at so the sub committee will be formed and getting started with a conference call in the upcoming weeks.

Lastly, the ACS visit to Navicent in Macon has been very fruitful. Dr. Ashley believes this will pave the way for ACS and our state to continue to have these visits. Dr. Ashley spoke highly of Renee and said she was instrumental in this process and was a great asset to both the visit and the follow up with ACS. Dr. Ashley then opened the floor to the commission for questions.

Trauma Centers Association of America (TCAA) has been very interested with the work done here in Georgia and they want to join forces and take what we have done in Georgia to a national level. They are very impressed with our processes. Ms. Abston is spearheading this with TCAA.

Administrative Report

Presented by Dena Abston

Ms. Abston began with updating the commission on the revamped website. It is our hope to make it all more user friendly in regards to the calendar and meeting functions and we are ahead of schedule.

Ms. Abston then went over all the items in administrative report. The minutes need to be approved from the last commission meeting from May 19, 2016. Mr. Drawdy made note of two incorrect spellings in the current minutes draft and once these were corrected was set to make a motion to approve the minutes.

MOTION GTCNC 2016-08-01:

I make the motion to approve the minutes of 19 May 2016 Commission meeting as corrected.

MOTION BY: Victor Drawdy

SECOND BY: Dr. Fred Mullins

VOTING: All members are in favor of motion.

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

Ms. Abston next discussed the Super Speeder Revenues Report for Fiscal Year (FY) 2016 and the report shows \$21.5 million in revenues for FY 2016. Ms. Abston suggested that we work to get as much of this funding before the upcoming legislation session as possible.

Dr. Nicholas asked if there was any progress in the commitment to give us the full funding. Dr. Ashley said the short answer is no and suggested we start looking at those ideas that we have and continue to discuss them openly. What we have done in the past is go to the legislature during the session with good reports and slides and we show a decrease mortality rate in Georgia trauma centers by 10%; and we show an increase in citizen access to trauma centers by 20%. We present to legislature the readiness cost data at that time. Dr. Ashley estimates we receive 7.4 cents on the dollar for readiness costs and 17 cents on the dollar for uncompensated care. The argument analytically is strong but this is not a scientific argument, we are met with smiles and hand shakes in public and behind closed doors. Dr. Ashley says the senate committees he presents to say- we should give you more money. Dr. Ashley is open to suggestions from commission members on how we can receive additional funding.

Dr. Dunne asked if we have ever looked into federal funds given that Michigan and Georgia are the only state collaborators that are coordinating their trauma centers. Dr. Dunne says we should see if there are any federal grants that may be favorable. Dr. Ashley says we could look in it and that Dr. O'Neal has a good understanding on federal funding. Dr. O'Neal says federal funds for trauma funding are not optimistic at this point in time. Dr. O'Neal suggests the state legislature, administrative, and the executive branch is focused on the business community for Georgia currently. If the commission could demonstrate that there is input into budgeting on the private side through the foundation, this may stimulate more state funding for trauma care. If the foundation has ability to show donor funds generated to also support these activities there is possibility of a match in state funding.

Dr. Nicholas suggests trying to explain to legislature how the trauma funding has affected the state beyond just trauma patients. The funding has spilled over into STEMI programs for stroke patients and for people that use telemedicine. The AVLS units that the EMS Subcommittee approved and put out there are being used to transmit EKGS and the potential for telemedicine is great. We may be able to show some of these things we have done to the state legislature. Dr. Nicholas suggests we can convey to legislature that the trauma system equipment and resources our commission has funded are being used for other patient populations.

Mr. Terwilligers says the governor's office of budget and planning is working on the budget currently. Mr. Terwilliger suggests we speak to those that craft the budget, sit down with some chairs, perhaps committees in the house, or senate, and explain where we are today.

Dr. Nicholas says the grants that the EMS sub-committee funded has been given to 8 out of 10 regions throughout the state. Dr. Nicholas says the only reason 10 of 10 did not get funding was due to 2 not submitting grant requests. There is grant money going to fund projects in all regions. Some of the grants have provided alternate care first providers (police officer and first responders) training and equipment, and the tourniquet(s) initiative. There are a variety of things extended beyond the trauma population. Dr. Nicholas believes the trauma funding has helped many other sectors in our state and that we can show this to legislature.

Scott Maxwell reiterated Mr. Terwilligers suggestion, that in early summer 2016 the top 3 Health and Human Services staffers from Office of Planning and Budget met with a group of lobbyist from Trauma Centers and the Georgia Hospital Association and went through the agenda just discussed about how well the commission has done and made the point that if it is state policy to improve the Georgia Trauma Centers and to increase the number of trauma centers then we need to do a little better as a state in reimbursing the costs of those trauma centers. We are having a hard time persuading hospitals in key areas to become trauma centers given a fraction of their cost to them is one of the reasons they won't commit. The meeting went well but there were no commitments and like Mr. Terwilliger says you got to get a head of the curve to be on the governors budget.

Dr. Ashley says and this is just his opinion that if it gets in the governors budget he doesn't believe the house or the senate will remove it, this is not binding but this is his understanding.

Dr. O'Neal says he will emphasize what Mr. Terwilliger says and that it would be good to go back to OPB (Office of Planning and Budget). Dr. O'Neal explains that right now our governor is trying to figure out the legacy he will leave for the state of Georgia as his term is coming to a close. Dr. O'Neal says what has been done for our trauma

program and for expanding the concept to aid with stroke care, infectious disease treatment, burn care, and all other programs. Dr. O'Neal wants to see these initiatives continue and they are certainly worth the additional funding and are defining to our governor and his legacy. Dr. Ashley suggests he and Dr. O'Neal meet offline to discuss Dr. O'Neals' spearheading of the Ebola treatment, infections, and how going through that process has made all emergency services better and discuss some common language used and carry this forward. Dr. O'Neal said that our work that has occurred in our state has gone beyond our state. The international inspection of the airport in Jacksonville Florida that just occurred to see how they handle medical conditions that come in via aviation is a recent example. Dr. O'Neal explains how those in Florida approached him about some of our methods. What we are doing in Georgia is being noticed by other states, and it is in their interest to learn of programs like IDTN (Infectious Disease Transportation Network) and how we have implemented it here in Georgia. All of this should be a reflection back on the Trauma Commission and its good work. Dr. Dunne says that Dr. O'Neal's point of the governor's legacy is a key point here and has traction.

Dr. Ashley welcomed Dr. Rhee to Georgia on behalf of the entire commission. Dr. Rhee has been in Atlanta for 8 weeks. He suggests looking for state or federal funding ideas in conjunction with first responders. Dr. Rhee suggests the hemorrhage control kits be disbursed in the public arena beginning with places like the Atlanta airport, stadiums, or schools. He suggests the governor or legislature might be interested in funding this. The kits can be small or large and we can work with the vendors so there is some philanthropy on their end and make this a collaborative effort and if this goes through it could be a very good way to market the trauma program in our state.

Dr. Nicholas advised Dr. Rhee that these kits are already doing some of what Dr. Rhee suggests now. In Region V, the tourniquet kits have gone out to some first responders but this is an initiative that would be worth broadening. Dr. Ashley says this has not been a statewide initiative but could be. Dr. Nicholas suggests getting a collective list together of all the things we do from education funding, patient data, EMS education, first responders courses, extrication class funding and compile a list of accomplishments and brainstorm how to re-address our methods.

Ms. Abston says we report those metrics yearly to OPB but she does agree that the list of accomplishments would be helpful and she will work on this. Dr. Bleacher says we should make a list of items we can't accomplish right now without additional funding. Dr. Ashley says the road block he has ran into when trying to respond to the Governors request and when we tell them we need to increase the readiness costs from 7 cents to 10 cents we need to be specific with the costs and show why we need the additional funding. All the education we can provide costs money. Dr. Ashley says we should put together a list of funding requests and ask for the funding we need and if it is \$21.5 million we need to be able to really show why we request the additional funding.

Dr. Dunne suggests we highlight the risks of what we want done that currently can't be done and we focus on those risks. Then explain what we are doing, what we could be doing, and what we are not doing and explain in laymen's term if we don't do 'x' this has the potential of happening. We need to highlight what we are doing and the risks of what we are not doing and the potential increase in mortality rates. Dr. Ashley asks Ms. Abston to schedule a call. We will call for some volunteers and together we will work on this list. Dr. Ashley says we can then make some rounds and go to the Governor and Senate and House.

Mr. Terwilliger says the sooner the better on these discussions, as right now is the time. Mr. Terwilliger discussed the letters received for how the tourniquet kits have saved lives already. Mr. Terwilliger said the GAEMS committee is trying to meet with GEMA and our Law Enforcement community to discuss these things. Mr. Terwilliger suggests if we can get funding from that \$21 million that would be very helpful with this initiative. Our goal is to have every police officer ready and able to help another police officer and they are very interested in this due to the active shooter issues. The positive spillover is that GEMA and Law Enforcement community will have training if they are the first on the scene.

Dr. Rhee had a couple more comments. When he went to Georgia Tech a couple years ago they gave CPR instruction to every student over the course of a couple of days. In the state of Arizona no one was carrying a tourniquet when Dr. Rhee arrived and when he left years later, the 14 police precincts in Tucson were equipped and the state was also equipped and every one had a hemorrhage control kit on all state levels. Dr. Rhee said it was not just about the equipment though it was also about the education and the training, but also about the marketing. It was first page news that the State of Arizona was equipped and in today's times with mass shootings, and current events this really creates positive communication and shows its importance. There were no further comments.

Ms. Abston continued with Page 3 of the Administrative report. Page 3 was a list of all the active subcommittees and supported committees and foundation(s) of the Georgia Trauma Commission. Ms. Abston added the data subcommittee and Dr. Ashley would chair this. Ms. Abston asked for volunteers for a co-chair for this committee and she is hoping some members of our EMS Subcommittee will join. She told the commission that Mr. Drawdy has agreed to be the chair as commission representative for the Georgia Committee for Trauma Excellence (GCTE) to which there was applause. Ms. Abston requests this list be approved at this time. Dr. Nicholas volunteered at this time to Co-Chair the Data Subcommittee and there will need to be one more volunteer for co-chairing.

MOTION GTCNC 2016-08-02:

I make the motion to approve the revised Georgia Trauma Commission active subcommittees roster of members as presented.

MOTION BY: Courtney Terwilliger

SECOND BY: Dr. James Dunne

VOTING: All members are in favor of motion.

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

Ms. Abston proceeded with the job descriptions for the Trauma System Planner and RTAC Coordinators. In March or April it was approved to hire a Trauma System Planner and in May it was approved to hire RTAC coordinators for Regions III, VI, and IX. Ms. Abston wanted everyone to review the job descriptions and she explained there would be an interview group consisting of some commission members, OEMST, and EMS personnel for the Trauma System Planner position. Ms. Abston welcomed commission members to add or change job descriptions and for members to address this now or later. Ms. Abston then went over the RTAC job description and said that it was a generic description and some regions will have additional job duties as needed per each regions specification. Dr. Ashley wanted to clarify the interview group for the Trauma Systems Planner position and the group should have representation from several areas. Ms. Abston is thinking a minimum of 5 representatives from the commission, OEMST, and EMS.

Ms. Abston presented the FY2017 Performance Based Payment (PBP) Criteria and noted that the highlighted (in red) were the changes from FY2016 made to the FY2017 PBP requirements. The changes have all been presented. Ms. Abston requests these be approved so she can complete the contracts. She noted the readiness cost surveys and the changes to those have been addressed as well.

MOTION GTCNC 2016-08-03:

I make the motion to approve the FY2017 Performance Based Payment (PBP) criteria as presented.

MOTION BY: Victor Drawdy

SECOND BY: Dr. Fred Mullins

VOTING: All members are in favor of motion.

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

Ms. Abston continued covering the information in the administration report folder given to each commission member. Ms. Abston told the commission at this time she has asked a representative from each region to provide an updated RTAC report beginning with Region I.

RTAC Reports

Ms. Carnes began with RTAC I update with the DART team progress reporting that we have 23 trucks ready to deploy for disaster situations. They have trained over 200 people in both pediatric and tactical courses this year. They are working on bringing regional data along with EMS and GEMISIS data and came to agreements as to how to submit that data and work as a group. Signed confidentiality agreements were executed and the first reports came out in April and those submitting the data confidentially are working together to handle injury prevention better and to make sure patients are sent to the correct trauma centers based on their needs. They have also held some active shooter training and have formed an Air medical subcommittee to help with helicopter transport. Dr. Ashley commended Ms. Carnes on all the good things going on and the progress of their initiatives in Region I and said there is a lot of good work coming from this region.

RTAC II was to be presented by Chad Black who was absent from the meeting and Ms. Abston provided an update for him. They are in the final stages of getting together their regional plan to submit to the commission by the next meeting in November and did mention they are hosting a trauma symposium in Gainesville at Northeast Georgia on November 11, 2016.

Mr. Kunkle reported on RTAC III next by first thanking the commission for the opportunity to work on this. Since the last meeting there have been discussion regarding issues with by-laws and confidentiality and being able to do process improvement. So we have renamed our by-laws so we can continue to operate under Region III council and operate under them and thanks to Regina from Region VI we have worked on the confidentiality aspect as well. In August there was a workshop to get things going. RTAC III consists of 50-60 people at this time and is a group of robust individuals and everything at this time is working well. At that meeting they also established the sub committees and the chairs of each sub committee and the goals of each committee so things are now in place to get things approved and going forward.

Mr. Kunkle requested commission approval for the trauma plan and indicated it will be an evolving document. The assessment was completed and the average score was 2.7 and now the scores have gone up due to having a written trauma plan. It is Region III intentions to complete a full reassessment down the road to continue to improve these processes. Dr. Nicholas wanted to recognize how much work Mr. Kunkle has done with all the RTAC coordination and he has done an excellent job of pulling it all together and creating a structure to move forward. Each sub committee is engaged and has outlined what they would like to do within the region and each region is now working on the execution of these things. Dr. Nicholas is pleased with the commissions' willingness to fund these coordinator positions for the RTACS particularly in Region III. Dr. Nicholas says these coordinator positions are critical and he hopes the commission continues to

commit to this in the future. Dr. Ashley wanted to recognize both Dr. Nicholas and Mr. Kunkle and is very appreciative of all the work being done.

MOTION GTCNC 2016-08-04:

I make the motion to approve the RTAC Plan for Region III developed in July 2017.

MOTION BY: Victor Drawdy

SECOND BY: Dr. Fred Mullins

VOTING: All members are in favor of motion.

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

Ms. Abston had a report from region IV from Paul Beamon delivered by Ms. Abston. RTAC IV met last month and they are getting some funding from EMS to do some additional training courses. They are moving forward with their regional plan and their next meeting on that is in September. They have two hospitals in their region that are entertaining the level III trauma designation (Newnan and Spaulding Regional) Ms. Abston said Renee may want to speak to these things later. That concludes the provided report.

Region V RTAC report was given by the new chair Todd Hixson, COO for Coliseum Medical center and a critical care nurse so he is ready to serve in this capacity. As far as ongoing projects, they are working on updating their regional trauma plan to align with the states trauma plan. Other ongoing projects include; updating the resource description for Region V, and updating the commission and GA Helicopter EMS base locations maps. They are also working on pre hospital destination guidelines also. The updates are intended to align with the state trauma program as well as guidelines for inter facility transfer of patients. Benchmark monitoring is going on, timely Patient Care Reports (PCR) and GEMSIS is assisting in further development of the PCR. Mr. Hixson said EMS reports are being created in 10 minutes or less and they are working on this process, and making sure these are being called in from the field or hospital. As far as education and improvement performance, Region V has developed and had approved by EMS regional council .The training materials have been developed and the EMS education should roll out in the next 1 to 2 weeks. As far as trauma commission grant projects, we have the law enforcement mutual aid grant for deputies and officers to provide immediate care (point of injury training) for victims of trauma. Over 500 police officers, deputies, and 1,000 school staff members have been trained to date, over 80 schools in 20 counties are participating with a projection of 60 more schools to participate this year. Mr. Dixon reported that they are continuing with refresher courses this year. Next RTAC sub committee meeting is September 8, 2016 and the RTAC Region V meeting is set for October 12, 2016.

Region VI reports was given by Dr. Regina Medeiros and Mr. Terwilliger. Dr. Medeiros says they are currently looking at candidates for their regional coordinator position and they are also working on aligning their trauma plan with the state trauma plan with updates and revisions. They are continuing to look at (patient intake) times and transfer times between lower level and higher-level trauma centers and working on finding the data around those delays. Dr. Medeiros discussed the RTAC funding and let Mr. Terwilliger explain how they are using their grant money for FY2017. Mr. Terwilliger said they applied for and were approved for a grant and are using that grant on decon courses. The goal is to have trainers in each of the 13 counties and those trainer will be selected from EMS personnel and a couple of counties that have licensed first responders and EMS and fire department that will be trained. The goal is to provide the decon training in every county in the region and to have 525 decon kits to supply after training is completed. Law Enforcement is priority but there are also industrial groups we have to consider, both are target groups for this initiative and at the end of this training we will know how many we have trained and know of any success stories.

Region VII report was provided to Ms. Abston to report on. Region VII is working on the final phases of the trauma plan for their region and are hoping to present to the EMS council in October. Columbus Regional is in the process of hiring a RTAC coordinator from the funds received from the startup grant. GAEMS and EMR/EMT grants applied for and 6 were awarded in their region. 160 students began the process and 100 students completed the training. Region VII was awarded a regional trauma system improvement grants and they will be continuing those 100 students on to advanced EMT programs throughout their region.

Region VIII was provided by Ms. Abston. Region VIII is just now trying to hold their first RTAC meeting in September on the 7th, following their EMS council meeting.

Region IX was provided by Dr. Dunne. Dr. Dunne says things are moving along and Renee from the state office has been extremely helpful with her guidance. Dr. Dunne believes that Region IX has floundered somewhat over the years and we are working towards rejuvenation and building excitement. They had the region IX RTAC meeting tied into their Annual Trauma Conference in April 2016 and this was well received and sub –committees and chairs of each have been established and we are having our first conference call in September 2016. Dr. Dunne says we have a sparse population over an extremely large landmass which is the opposite problem that of Region III. Region III has a dense population with a small land mass. It has been difficult to coordinate all our hospitals due to this, we have one Level I trauma center and now three Level IV's with Bacon County just coming on. We are trying to assist Vidalia in turning the level II into a level III trauma center, which will help. Dr. Dunne believes we need to engage more stakeholders in this process and get them more involved. Dr. Dunne believes the RTAC position will be vital to Region IX to move forward and to keep the energy moving forward. Amanda Ramirez said that the Region IX air providers have expressed an

interest in an Air Sub-Committee. Dr. Dunne says things are functioning more efficiently with the partnership of his EMS council at this time.

Heather Morgan reported for RTAC Region X said they had a kickoff back in August partnered with UGA and worked on the business aspect of things. Now the data is in and we hope to work on our plan in September now that we have a baseline. We hope to look for ideas together as far as injury prevention.

Ms. Abston gave a summation of all RTAC efforts. There are 5 regions with approved RTAC plans. Those are Regions 1/3/5/6/9 and Ms. Abston reported that Regions 2/4/7/10 are all in the works and that Region 8 needs to get going on their plan. Dr. Ashley says that having these RTAC plans are a part of the Trauma Commissions strategic goals. Region VIII has to actively meet to be considered moving along towards their RTAC plan and to help the commission meet its strategic goal. Mr. Drawdy asked Ms. Abston if members in Region VIII are working towards a plan or do they need help. Ms. Abston says she is aware of their EMS council meeting regularly and they are trying to make the RTAC meeting follow the upcoming September EMS meeting.

Dr. Nicholas says that in Region III they coordinated RTAC meetings with EMS council and they spent time figuring out where the RTACs would live and function and it was extremely helpful to his region as they had stalled with progress at one time. Being a part of the EMS council helped smooth things out and to minimize travel and to encourage the participation by all those already in attendance and that so far has worked well. Ms. Abston says Regions 1/2/6 all do the same thing, they hold them the same time as the EMS meeting. Dr. Dunne says this is a great idea and helps with not duplicating the work.

Ms. Abston touched briefly on the prior Trauma Readiness Cost Survey and there was one done a couple years ago. This updated survey will be in collaboration with the Trauma Association of America (TCAA) and with Warren Averett. Ms. Abstons idea behind this is to update it so it stays relatively the same and so it can be published over time with the changes. Ms. Abston then will have Warren Averett come in, pick random sample of what has been submitted, and go through those so the information is validated and makes for a better outcome on reports.

TCAA is going to try to take our survey template and take it to a national level. Dr. Nicholas asks if this will happen sometime in the year 2017. Ms. Abston says this will take place soon within the next 6 months is her hope. Dr. Nicholas thinks it is important to give people a lead-time to assess the readiness and give ample time for this initiative, especially for larger centers. The information of assessing the readiness cost requires a lot of people to be pulled together at our centers and to do a deep dive into all readiness costs associated with trauma takes a large effort. Dr. Nicholas just wants to clarify that this is to get real results and not superficial information. If we intend to

accomplish this in 2017 we should provide a timeline to all involved so they know as much in advance as possible.

Dr. Ashley has recently met with TCAA and wants Georgia to take the lead and look at survey we have. This was done on the green book he reminded us. This new survey was done on the orange book, and those items will need to be added that were not apart of the green book. We know each process will take time and we are trying to figure out the timeline right now and then we will get with all the centers for their input on the timeline and what all is involved and then build a consensus. Dr. Ashley says there will be time to complete and time for Warren & Averett to audit and we think we will have enough time to do all of this. If we do run short of time, in your contract it will say that percentage of funding is based on actually having the time to do it. Ms. Abston will handle all of this in the fine print of the contracts.

Jennifer Ward with TCAA has asked Ms. Abston to sit on the systems board for TCAA and Ms. Abston has accepted the role and is looking forward to working with them. Dr. Ashley says TCAA was very complimentary to Georgia and our program and that the nation has struggled with and Georgia is very far ahead in data compared to other states and TCAA hopes to learn from our state.

Georgia Trauma Foundation

Presented By Ms. Lori Mabry

Ms. Mabry thanked everyone for the help in getting to the Day of Trauma set up this year. We have 136 registered for our Day of Trauma here in Savannah and only expected 100. Ms. Mabry briefly touched on some house keeping items in regards to the nights welcome reception and tomorrows meeting locations as well as breakfast. A couple updates on the foundation is that they are looking for outside funding outside of the commission and one of the things Ms. Mabry wanted to make sure we had occurring in our programs in each area in regards to education, research and injury prevention. With the acquisition of TAG in April our education programming is robust. We have hosted several courses and have many upcoming and scheduled. We are getting ready to roll out a trauma research grant; there will be 2 available. Each grant is up to \$ 5,000.00 each and they will be posted on our website under the programs tabs after tomorrow. As far as injury prevention we met with GCTE leadership recently and we feel the foundation will be best in the messaging department for upcoming trauma focused programs. Fall Prevention week is in September so we plan to focus on fall prevention in September. May is Trauma Awareness month, the American Trauma Society will pick a theme, and we will work on our messaging for that. Ms. Mabry then discussed the spring symposium after the success of the day of Trauma and combining those events and this is being worked on and will be discussed more in the future.

Georgia Committee for Trauma Excellence- Subcommittee Report

Presented By Ms. Laura Garlow

Ms. Garlow updated the commission on their recent meeting. They intend to align the GCTE with the strategic goals of the Georgia Trauma Commission that have been established. GCTE identified the following ways for possible opportunities to facilitate achievement are: streamlining the re- designation process, pediatric data analysis, and developing new trauma resource documents. We reviewed the current committee structure and we will be revising to add a specific committee devoted to pediatric trauma care. Also we discussed how to best disseminate information and increase participation and the commission has offered one of their conference lines to increase participation and ease travel concerns. We recognize there are lots of redundant resources and specifically in the injury prevention arena and we need to be mindful of the new individuals in these organizations and try to disseminate and coordinate the information to all. She also thanked Mr. Drawdy for his new role with GCTE.

Trauma Center Data Update

Presented By Ms. Renee Morgan

Ms. Morgan announced we have a new Level IV trauma center, Appling in Baxley. They have been contributing data for 5 years so it was a slow moving process. In September there will be a level III becoming a level IV. There will be information shown tomorrow about current processes and how we plan to integrate the consultative visits. There are 6 facilities currently giving data but are not working towards accreditation at this time.

Office of EMS and Trauma Update

Presented By Dr. Pat O'Neal

Dr. O'Neal wanted to mention that we had an opportunity for one of our EMS educators who are working on a doctorate degree to do a study of air ambulance utilization in the state of Georgia. He has given recent presentations to the department of public health (DPH) and other groups summarizing his findings and Dr. O'Neal would like Ernie Doss to give us a brief summary as he has attended one of the recent presentations.

Mr. Doss used the GEMIS data from 2014-2016 and began by searching for every service with the name 'air' in it. He looked at 67 different columns and his first cache came up with over 20,000 rows of information. He began to clean up the data and take out services that did not pertain and his final number came to 13,000 in good data, then he used Google Earth to figure out flight paths and then he cleaned up the data further. So he came to the conclusion that Region IV had the most ambulance transports, lower south Atlanta area. So this data is useful in determining trends, needs, and heavy trauma months. Some of the regions can start looking at the air ambulance data now.

Hospital Hub/ Imagetrend Project Update

Presented By Mr. Ernie Doss

Mr. Doss continued on the subject of data. He is working hard for his January 1 transition for GEMSIS 3.4, they are meeting every other week with Imagetrend to make sure they are on schedule. Validation rules have been sent and there are a couple of other meeting dates sets. Mr. Doss reported we have successfully imported into the national data set 1.9 million ambulance trips in 2015. This is one of the highest numbers imported into the national system and Georgia ranks 5th or 6th for information input. Mr. Doss believes the data is there and others are using it now. Mr. Doss says the time is now to begin using our data to improve processes and systems. Dr. Ashley agrees that this information is accurate and having some EMS in the room hearing the presentation will make the data even better. As of yesterday there are 20,569 licensed medics as of yesterday in the state of Georgia. There are 269 licensed ambulance services. Renewal cycle opens up in October. Office of EMS and Trauma is moving at the end of December and is excited about the move. It will disrupt services in December for about 2 weeks but they will notify in advance.

Dr. O'Neal says the integrity of data on the EMS side is of major importance to us. Dr. O'Neal would like to have the data move electronically from the GEMSIS system to the trauma registry, this will be a tremendous time saver. Over time we will want to share with the legislature and the governors office as to how we can use information technology (IT) to be more efficient and cost effective. The study being done about air ambulance is just the beginning. Dr. O Neal suggests looking at the appropriateness of utilization of our air ambulance services. Based on a lot of information we have received this will need a more careful look that may require policy changes. Whether those changes occur at the RTAC level or via recommendations of the Trauma Commission or the office of OEMST or it may take all three. The work done is just the beginning baseline. Dr. Ashley says this is exciting having this data come up. There is no summative yet but very close.

EMS Subcommittee on Trauma Report- FY 2017 Funding Distribution

Presented By Courtney Terwilliger

Mr. Terwilliger says we have held three sub-committee meetings since last the Trauma Commission meeting. We have had meetings with vendors on the AVL system and continue to look at equipment that may be more user-friendly and cost effective. We have discussed FY2017 AVL replacement request; 90 units in Region V and 40 new units to Region VI. We have worked through the scoring applications and they will be using an impartial group to do the scoring. We granted \$298,0000.00 to use for regional process improvements. This is a new process. We sent out applications to all the regions to apply for grants, we asked each region to tell us what they would like to do in their area to improve trauma care. We ended up awarding 8 grants, one region did not apply, and one region did not meet the criteria, as it was a regional grant

request so criteria was not met. Several wanted to buy extrication equipment; there were about \$ 600,000.00 in requests. Mr. Terwilliger was pleased with the outcome of the approval of the grants. Most grants have been discussed through regional reports and those should get going quickly. The FY2017 budget has some things Mr. Terwilliger would like to explain further. The surplus equipment grant money and what was funded is in those minutes from the June 29, 2016 meeting. It was agreed upon to purchase an extrication trailer for the EMS division. Discussion was about the stakeholders' budget. We discussed the GEMSIS work and the grant we got through the trauma commission for GAEMS and the work we have done with GA Southern. There was a report from Mr. Fletcher and Ms. Littleton about the number of EMR/EVOC/TECC/ITLS courses we have done and all additional educational courses either completed or scheduled for completion.

A report from DART that was up in Region 1, on July 21/22 2016, the trauma commission was funding what we called a GEMSIS work group. They had 4 meetings last year and have worked with Dr. O'Neal at GPSTC and thanks to Angie, the head person from Utah came down and we decided the important factors to focus on were the trip report, the timeliness of trip report (Timeliness is getting information to the physicians and nurses that are making the decisions and to make sure they have access to information from the trip report in a timely manner), and make sure we get an accurate trip report to the state in a timely manner so the data can be collected by those interested in it. The information has to be accurate. National Data Set NEMSIS 3.4 is rolling out on voluntary basis in January 2017, Mr. Terwilliger thinks some of the smaller vendors will no longer participate. Mr. Terwilliger says if you are interested in this work to come talk to him and be a part of this. We have asked David Newton to come speak to the group and discuss the data accuracy and usage as we use it now. Mr. Newton did the report at the EMS in GPSTC on Tuesday and it was very well received. David Wells attended and discussed the regionalization of a rural ambulance service. They did a study and Mr. Terwilliger will send the link to the study with caution to not print due to its length. There are about 30 to 40 pages that are key and it has some great work. GA Southern funded study called EMS 20/20 and it is Mr. Terwilligers' hope that we can combine all of these data studies and come up with a true collaboration for the EMS division. Mr. Terwilliger then went over the FY2017 budget that was approved by the EMS committee and asked everyone to review it and Dr. Ashley made this open for discussion.

Ms. Abston said in 2017 it is her hope to keep some of these initiatives in house to lessen the administrative fees on top of the funding for EMS so that EMS can keep all of that funding in their system and not applied to administrative fees. Ms. Abston hopes to work with Mr. Terwilliger to contract directly with some vendors to cut out some of these costs.

Dr. Dunne asked if it was Mr. Terwilligers' understanding that all first responders in the state of Georgia will have tourniquets kits and hemorrhage control kits on their rigs. Mr.

Terwilliger brought up the Georgia Tech statewide surveys on disaster preparedness. There were 35 table top drills and 2 multi regional/ multi service drills and we had the different services respond from outside both county and region and one of the things we came up with was the need for a consistent triage and treatment system. This fell much in line with Hartford consensus and what the CDC was doing and we came up with several methodologies to apply in the event of disaster. Mr. Terwilliger said that EMS has gotten funding over the course of 2 years for the purchase of 40,000 triage tags and a lot of states have been buying triage kits, but if you read what the Hartford consensus suggests and the MUCK group suggest that not only you should be doing triage but also identifying and treating life threatening injuries. Ms. Littleton designed our own bag with several others and went to vendors for pricing. The kits contain hemorrhage supplies, tourniquets, needles for chest decompression, chest seals for that patient that has a repairable chest wound, it also has little pockets on the back and the goal is to have light sticks in those areas for night drills as well as night accidents. So we gave an application and every service (911) that requested as approved for one. Fire departments also applied for these, we reached out to licensed medical first responders, and we put out 2,000 of these red bags and have been distributed to these units. The extrication work that the state of Georgia is doing Mr. Terwilliger believes it is the best in the nation. We also want to begin training the hospitals on the tags; there is a DVD that explains the bag and the second part of the training DVD is about triage process. We do not have anymore of these kits in stock but the vendor is willing to produce more and Mr. Terwilliger can provide that information. All bags have not been distributed at this time but that is in motion to have all distributed.

MOTION GTCNC 2016-08-05:

I make the motion to approve the FY2017 EMS funding distribution as presented.

MOTION BY: Courtney Terwilliger (Chair)

VOTING: All members are in favor of motion.

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

New Business

Presented by Dr. Dennis Ashley

Dr. Ashley at this time has no new business. Ms. Abston reminded the commission the next meeting for the commission will be in November in Atlanta at Atlanta Medical Center and details of time and specifics will come at a later date. Ms. Abston will notify the commission of those details. Ms. Abston reminded the commission to provide updated contact information that we intend to not share with anyone but the commission members.

Dr. Ashley wanted to make a note that this may be the first meeting in our history that finished early.

APPROVED 17 November 2016

Meeting Adjourned: 12:40 PM

Minutes crafted by: Erin Bolinger