



**GEORGIA TRAUMA
COMMISSION**

Chateau Elan Resort
 Debussy 1
 100 Rue Charlemagne Drive
 Braselton, GA 30517

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chair Mr. Victor Drawdy, Secretary/Treasurer Dr. John Bleacher Dr. James Dunne Regina Medeiros, DNP Mr. Courtney Terwilliger	Dr. Robert Cowles

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston	Georgia Trauma Care Network Commission, staff
Erin Bolinger	Georgia Trauma Care Network Commission, staff
Katie Hamilton	Georgia Trauma Care Network Commission, staff
Billy Kunkle	Georgia Trauma Care Network Commission, staff
Dr. Pat O’Neal	Commissioner and Director of Health Protection, DPH
Earnest Doss	DPH SOEMS/T
Keith Wages	DPH SOEMS/T
Renee Morgan	DPH SOEMS/T
Danlin Luo	DPH SOEMS/T
Norma Campbell	DPH SOEMS/T
Tricia Newsome	Augusta University
Karen Hill	Children’s Hospital of Atlanta
Anastasia Hartigton	Doctor’s Hospital
Dr. Christopher Dente	Emory/Grady, Georgia Collaborative
Lori Mabry	Georgia Trauma Foundation
Dr. Jeffrey Nicholas	Gwinnett Medical Center
Gina Soloman	Gwinnett Medical Center
Rayma Stephens	Gwinnett Medical Center
Scott Maxwell	HCA
Kim Brown	Hamilton Medical Center
Sharon Nieb	Injury Prevention Research at Emory

Jonathan Rupp	Injury Prevention Research at Emory
Davis Wright	Injury Prevention Research at Emory
Susan Bennett	JMS Burn Center
Lisa Smith	JMS Burn Center
Shawna Baggett	John D. Archbold
Daphne Stitely	John D. Archbold
Kate Bailey	Memorial Savannah
Lisa Bowers	Memorial Savannah
Heather Macnew	Memorial Savannah
Amanda Ramirez	Memorial Savannah
Deb Battle	NGMC
Laura Wolf	NGMC
Jim Sargent	Wellstar Atlanta Medical Center
Kathie Hamby	Wellstar North Fulton

Call to Order: Dr. Ashley called the meeting to order at 10:02 AM.

Quorum Established: 7 of 8 commission members present.

Chairman’s Report

Dr. Dennis Ashley

Dr. Ashley called the meeting to order and Mr. Drawdy welcomed everyone to the meeting and to Chateau Élan. Dr. Ashley began with the Georgia Trauma collaborative of TQIP and NSQIP. This collaborative is perhaps the only one nationwide. Dr. Dente is the champion of our TQIP and Dr. Shwarma is our NSQIP champion. They have together and collaboratively developed a structure (which they are able to perform research) and is beneficial to branding. Dr. Ashley reports that he was recently invited to Louisville, Kentucky for grand rounds to talk about Georgia’s quality programs in trauma and surgery. Dr. Ashley was able to use the collaborative slides and templates and walk them through the last decade as to what we have done in Georgia in trauma, EMS, and in surgery. It went over very well as Kentucky is trying to create some similar structures as to what we have in Georgia, but they do not have the funding sources or the legislative infrastructure that we are fortunate to have. We will continue to tell our story here in Georgia and if anyone would like a copy of the presentation please let Dr. Ashley know.

The national American College of Surgeons Committee on Trauma held bi annually where all the state chairs that represent trauma along with other members in EMS, Trauma Systems Development, ATLS, and others come together in regard to trauma. This also includes surgery specific trauma related representation. This is where the orange book is written, and it is a time when we get together and plan. Within that there are committees and specifically the trauma systems development committee. This committee looks at the development of a trauma system and Dr. Ashley has been a part of the committee for some time. Dr. Medeiros joined that committee and now the Commission is well represented at this time. What they are tasked with is to come up with a tool that helps states determine our Trauma Center needs. That sounds simple but has turned out to be difficult. There has been a recent increase of trauma centers in Florida and their state system has been affected. The concept was to try and assist the nation with a tool classified as the NBATS (needs-based assessment tool). Georgia with all the work done in prior years with Dr. Pracht supplied some benchmark and considered foundational data. Georgia was able to take the NBATS1 version and compare to our numbers and supply the trauma systems group some very important feedback for comparison. They have

asked us to help with NBATS2. Dr. Ashley tells all of this to invite anyone with a data mine to get involved if they like.

Legislative update, they are still in legislature session and working on the 2019 budget now. As it came out of the house we are projected at 16 million. The increase in terms of this year (FY2018) amended budget did not show up on the initial 2019 budget. It is Dr. Ashley's understanding that once the super speeder revenue is reevaluated that it is possible for the next FY budget to be amended with an increase similar to this year. In the house budget there is some language about utilizing within the Trauma Commission budget (353k) utilizing existing funds to contract with the Department of Public Health's Office of Emergency Preparedness and Trauma System to reinstate 10 regional EMS training positions. This is now in the Senate and there have been a couple word changes, so it is Dr. Ashley's belief that this goes to conference committee and reports no additional information at this time. There are some letters from the Attorney General's office that will be addressed later today.

Injury Prevention Research Center at Emory

Dr. David W. Wright

Dr. Nieb introduced Dr. Rupp and Dr. Wright and thanked the Commission for the opportunity to present their message. Dr. Wright told the group that they would appreciate any collaborative opportunities with the Commission. (Presentation is Attachment A) Their task force is a statewide collaborative involving many other collegiate institutions and partners throughout the state. The presentation was a high-level overview of research from Transportation Safety to Fall Prevention. Discussion by meeting attendees and the need for a state or regional gun violence study. Dr. Rhee heard a report that the CDC was going to allow gun violence research perhaps through a coalition of grants. Dr. Nieb reported that there is a lot of interest on a collaborative of several groups. Dr. Ashley discussed that each center has some sort of Injury Prevention at their centers. Dr. Ashley wants to be impactful and sees the need to collaborate and perhaps lead a statewide gun violence initiative or research. Mr. Terwilliger suggests the group from IPRC of Emory present at the EMS subcommittee meeting. Dr. Ashley discussed the product on star and its ability for exact location so in the event of an accident the ability to locate the patient minimizes the arrival time of EMS or the initial responder.

Administrative Report

Presented by Ms. Dena Abston

MOTION GTCNC 2018-03-01

I make the motion to move to approve the January 17, 2018 minutes.

MOTION BY: Vic Drawdy

SECOND BY: Regina Medeiros

VOTING: All members are in favor of motion.

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

Ms. Abston reviewed the Super Speeder revenue with the Commission. The administrative report also included the AFY18 OPB Memo confirming the increase to our FY18 budget. Also included is the FY19 House Approved budget. Ms. Abston reports a final FY19 budget should be announced with the upcoming weeks.

Ms. Abston discussed aligning the strategic planning activities of the Commission to the OPB strategic planning reporting. Upon receipt it was noted that most all agencies begin their strategic planning initiatives at the first

of the fiscal year and Ms. Abston believes we have been aligning more with a calendar year and we should be more in line with the fiscal year. Ms. Abston suggests we follow the OPB and other state agencies reporting way. Ms. Abston has official training scheduled with OPB in April for completion of the new required protocol. Ms. Medeiros thought that we were aligned with OPB. Ms. Medeiros believes that the operation on the calendar year is a misperception. Ms. Medeiros the intent is to strategic plan in January and suggests it is probably a clarification to the minutes with the final product coming out with budget subcommittee to utilize for budgetary allocations to operationalize the actions being proposed. Ms. Abston mentioned that OPB only recommends 3 goals and that the Commission currently has 5. Ms. Aston asked for guidance with her upcoming session with OPB. She asked the Commission if she should present all 5 goals or present 3. Ms. Abston asks if the Commission would like to revisit this in May after she has received the complete training and has reviewed the templates. Mr. Drawdy believes that we chose the top 5 but that they are in an order of priority and if that is the case he suggests presenting the top 3 and allowing us to make further decisions in May.

Ms. Medeiros suggests engaging the administrators group as this is something they do all day every day and suggests that the group can provide guidance to Ms. Abston after she receives the OPB training. The administrator group can most likely help us shape our goals within the construct of what OPB is putting forward. Ms. Wallace told the group that the next trauma Administrators meeting is a conference call on Monday March 26th. Dr. Ashley says it sounds good. Ms. Abston says their documents are just basically fill in the blank. Dr. Ashley asked if there was anything that the Commission will need to do, and she requests that after her training is complete that she will review everything with the Committee and she will share documents with Ms. Wallace.

Dr. Ashley says he had one additional item in regard to strategic planning. One of the items was to incorporate ACS verification into State process. Dr. Dunne asked if the Commission had voted on this. Dr. Dunne is correct we do need to approve this. This recommendation will fall into a pay for performance criteria. Dr. Ashley requests to keep us all on the same page and since our work groups are already active and going down that road we need to support this so Dr. Ashley's recommendation is with all the work being done and has been done with OEMST and GCTE and the coordinators group coming up with this hybrid system where we work together with OEMST and the designation process. Dr. Ashley's recommendation is under the direction of OEMS/T work with the American College of Surgeons on designation of all centers within 5 years. There was clarification that the designation requirement was for level 1 and 2 trauma centers. Ms. Abston says that part of the OPB planning requirements will be to provide a 5-year plan and we will include the designation requirement within that.

MOTION GTCNC 2018-03-03

I make the motion to move to require all level 1 and 2 trauma centers to become ACS designated within 5 years as part of their pay per performance criteria. **

MOTION BY: Dennis Ashley
SECOND BY: Regina Medeiros

Discussion:

Dr. Dunne asked what the penalty would be for the center if not ACS verified. Ms. Abston would see this being a performance-based pay item in future fiscal years. Dr. Dunne confirms that this is a level 1 and 2 center requirements. **Motion above modified to refer specifically to level 1 and 2 centers. Dr. Ashley explained that this would be a requirement, meaning in or out as a trauma center. Ms. Morgan confirmed that state

verification and ACS verification are considered the same. Future centers are not allocated, and state policy requires state designation and will accept ACS verification. Dr. Dunne explains we will need to change wording as we use state funding and we need to use ACS verified.

Dr. Ashley explains the designation clarification and funding from the Commission to centers. Ms. Morgan advised that some consultative visits are not scheduled until 2019 and the concern with the 5-year plan for some of those centers and keeping on track. It was suggested that the 5-year window may need to be assessed on individual requests. Dr. Bleacher suggested the center would just request an extension. Ms. Medeiros discussed regulatory language and the individual based case when necessary. Dr. Rhee asked if there was a timeline after consultation. Ms. Morgan says no but that so far, all centers have kept with the guidelines given during the consultative visit. Mr. Drawdy asked how many trauma centers we have right now not currently funded by the Commission. Ms. Abston says 2, level 3's and 1 level 4 are currently not funded. Ms. Morgan added the new military hospital designation but that they will never receive our funding. Dr. Rhee suggests we open funding for designation to all centers. Ms. Morgan clarified that level 4's is not designated, and ACS does not designate them. Discussion about ACS designation and the need for funding of all trauma centers of all levels in the state. Dr. Ashley agrees but we have to move slowly to get everyone on page and be methodical about our processes.

VOTING: All members are in favor of motion.

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

Ms. Abston provided legislative updates were provided in the administrative report on page 16. SB357 Health Coordination and Innovation Council of the State of Georgia was assigned to conference committee. Ms. Abston reviewed all legislative updates and gave the Commission upcoming important dates. The Governor has until May 8th to sign or veto. Dr. Dunne asked where we stand with the governor's budget to FY18. Ms. Abston reported that March 9th we received the funding. Our budget plan has to be to DPH today. Ms. Abston has requested extended pricing on the Stop the Bleed kits from our vendor, North American Rescue. We have fixed pricing through June but is seeking an extension. This pricing is extended to our state partners. Our May meeting will be hosted at Memorial in Savannah. The following day is Memorials' scheduled trauma symposium. Information on this meeting will be sent out in the next week. For the November meeting we are looking for a host in Atlanta. Metro Atlanta EMS has offered to host our meeting. The facility is in Marietta and asked if the Commission was ok with that location. Ms. Abston reminded the Commission that our meetings are always the 3rd Thursday of the month that they are scheduled in. The August meeting will be in St. Simons like last year.

Ms. Abston spoke with Ms. Story about the readiness cost survey and the data. She has reviewed some data and has some items to clarify. We will have this information that includes full reporting on the uncompensated care for reporting on at the May meeting. Ms. Medeiros suggested that the data be shared with the Administrators subcommittee on how the costs are captured. Ms. Medeiros spoke briefly with Ms. Story when she was at her facility and there were items she wanted to accomplish and for a variety of reasons she was unable to accomplish. She understands that we want a tool that can be replicated. But she understands conceptually and believes that there are significant flaws in the methodology. This data would be beneficial to share with the Administrators group, so we can come up with a consensus definition. We do not hesitate to move forward with the information for a comprehensive review, but Ms. Medeiros spoke before the meeting to Dr. Ashley about this and he was very supportive of this and the idea to shape the tool for all centers. Ms. Wallace with our Administrators group is more than happy to get involved with this data. Ms. Medeiros does have Ms. Story's information and can share with Ms. Wallace so perhaps she can be on a future call. Ms. Medeiros mentioned that the budget subcommittee has been looking at the costs of running level 3 trauma centers, center designation costs for level 2 and level 3 and making sure that we are meeting their readiness cost needs as best we can. Ms. Medeiros believes the Administrators group can assist with all of this.

Ms. Abston reported on her findings about the fireworks excise tax and funds designated for our trauma system. Ms. Abston did not get any information besides that they are tracking the funds. Ms. Abston let the Commission know that she had invited the Commission's OPB analyst to be at today's meeting for questions and they were unable to make it. Ms. Abston's hope is to have more definitive answers and a timeline at the May meeting. Dr. Dunne has asked that we try to do a face-to-face Trauma systems Evaluation and Data meeting prior to the May meeting. Ms. Abston will send out a doodle poll for times in April to do that.

Ms. Abston discussed that she had gathered receipts for the verification and consultative visit fees. Reimbursement would be an average of \$ 305,000.00. Ms. Allard has provided her TQIP/NSQIP proposal (administrative report pages 22 -28) please note that they have \$ 60,000.00 remaining in the budget. She has \$60,000.00 and she requests \$195,000. This was what was in the budget recommendation for this collaborative. Ms. Abston came up short with the research grant opportunities. There has been discussion with Dr. Ashley about rolling this out. There is also active discussion with DPH and OPB about the increase and the time line to utilize the funds. For the Stop the Bleed school response program we do have a list of alternative schools that we did not include in our original public-school count, as they are a separate entity from the public schools. Ms. Abston advises that we cannot ignore the alternative schools, as they may need the kits installed the most. Alternative schools are smaller than most public schools and they administer to the troubled kids. This will absorb an estimated \$ 250,000 for the purchase of the kits for these schools. Additionally, we have a list of new schools that have been added since we began the initiative at the end of 2016 that need to be incorporated. Dr. Ashley says that this was all good work and to work with the Stop the Bleed Committee on how to make all of that happen as we have the funds set aside budgetary wise. As far as the research part of that is to have a little more time. Dr. Ashley does not want to have quick grants, he wants good research, and he would want people to have time to be able to write a good grant and have them scored by researchers outside the state in blinded fashion. Dr. Ashley wants to make this a smooth system and he is looking for a partner that he can encumber those funds with and at this time he doesn't have an update to that. Ms. Abston advised we need to tell them today about how we intend to spend the funds. Ms. Abston advised that his has to be specific. Dr. Ashley asked what else was needed and was it just micro steps that are required at this time as they voted last meeting on the allocation of funds. Ms. Abston understands but she needs to be able to tell DPH and OPB where funds are going, and reporting is due today. Ms. Abston will just send I the budget codes at this time.

Dr. Ashley asks for clarification. Ms. Abston explains that we need to allocate via budget codes at this time and report that to DPH and OPB. Ms. Abston says an example would be grants. Ms. Abston says we will place those grant funds in the grant budget code and what OPB and DPH are asking for is where are those grants going. We have to encumber those funds to go somewhere. Dr. Ashley says we have until June 30th to encumber the funds. Ms. Abston will give the budget codes to OPB and DPH. Dr. Ashley says we need more time to work out where we will encumber those funds to and we have until June 30th. Ms. Medeiros, just for her own understanding and for subcommittee purposes, where do Stop the Bleed funds fall under budget code wise. Ms. Abston says all Stop the Bleed proceeds fall under general contracts. Mr. Terwilliger asks if we can get all of this done within this June 30 timeline. Mr. Terwilliger says he is uncomfortable putting \$1 million in grants if we do not know where those grants are going. Dr. Ashley reminded Mr. Terwilliger that we discussed this last meeting and the grants are going for research that is open to Trauma, EMS, Trauma physicians, and Trauma centers across the state of Georgia. Dr. Ashley explains that the only thing we are talking about here is finding someone to encumber those funds to send out the grants. Mr. Terwilliger says the grants have to be done by June 30th. Dr. Ashley advises that we have until June 30th to begin them but that is not the grant application deadline Dr. Ashley asked if this answered Mr. Terwilliger's question. Mr. Terwilliger said no it doesn't answer his question to his satisfaction but to not hold up discussion. Ms. Abston did report that there would be a second round of EMS equipment grants. It was voted on in the EMS Subcommittee to do a 2nd round of grants with the additional funds. This grant will roll out in April and we will allow 30-day deadline for submission.

System Planning Report

Billy Kunkle

Mr. Kunkle began with a Stop the Bleed school response program update. Page 29 shows lots of progress towards completion. There is a lot of scheduled training this spring. There are 125,000 currently trained. There was an event last Friday where one of our kits was used as they had a brachial arterial bleed and the school nurse and teacher had just been trained a very short time before the incident. The outcome looks great for the patient at this time. Mr. Kunkle asked if there were any questions.

Mr. Kunkle gave a brief RTAC update. There are 3 RTACS without plans in place. Region 10 I can report should be complete within the next several months. Region 8 is working and moving forward on their plan. Region 7 will need to get their plan in place and Mr. Kunkle will work with Region 7 to get everything going by June.

Office of EMS and Trauma

Renee Morgan

Ms. Morgan recognized that Dr. O'Neal had joined the meeting and deferred to Commissioner Dr. O' Neal. Dr. O'Neal thanked the group for its good work and had no special announcements. Dr. O'Neal did mention that there is a lot of legislation that is changing by the hour. He does not know of anything ongoing that would have any negative effects on our world of Trauma.

Ms. Morgan gave a brief report on we have increased a level 4 to a level 3. Crisp Regional is now a level 3. Georgia has now designated its first military base, Fort Stewart into a trauma center. There is movement forward on designation of other military hospitals in Georgia. Ms. Morgan would like to acknowledge Dr. Dunne for his assistance in this process, helped with preliminary review, and helped their surgeons and staff. Ms. Morgan also would like to acknowledge our regional EMS directors, Mr. Wages and Mr. Doss. Everyone has worked very well on these designations. There is a lot of success working with the foundation on the webinars that Ms. Probst has been doing. Ms. Morgan discussed the consultation visit schedule and preliminary review of PRQ's. We have a new center coming on as a level 3 within the next couple of months.

Dr. Dunne asked if there is any way that he can find out the needs-based assessment to see if a center that would like to be designated can receive funding. Dr. Dunne asked if we had areas of need across the state. Dr. Ashley says he will share the Dr. Pracht data from that study and that there are a lot of pockets in South Georgia. Mr. Terwilliger asked how many facilities that provide data but receive not funding from the Commission. There are 5 designated that do not receive funding and then there are 5 that we receive data from that are not designated. We must have 1-year worth of data to even apply to become designated. Ms. Morgan says most of these facilities are typically level 3's or 4's. Ms. Medeiros suggested that Mr. Terwilliger might be alluding to having the budget subcommittee perhaps provide a level of support for data collection and submission. Ms. Morgan agrees as long as we clarify that it is only for the state designated centers. Ms. Morgan has learned from past that some centers send data intermittently and not regularly. Also, if we were to support financially we would need to treat this as a reimbursement cost. Ms. Morgan advised the cost was minimal when we attempted the pilot in the Columbus area and we could not get it going.

Mr. Doss reported on the data transition of GEMSIS. All agencies are expected to be complete within the week. Mr. David Newton has been re writing our validation rules. We are working with our vendor to get these updates out and we have been working on the data dictionary. Mr. Newton has been working on NHITSA

which is the national data base. That project is going well. Several other projects are ongoing. Dr. Dunne asked for confirmation that the old GEMSIS version does not communicate with the new GEMSIS version. Mr. Doss confirmed this is correct and is due to the differences in the data dictionary. So, our state elected to try not to migrate their data, so we have two data sets. Dr. Dunne encourages in the future that if we upgrade that we make sure the old data can be migrated.

Dr. O'Neal wanted to report that the CDC received an additional \$806 million and the NIH received \$ 3 billion more so the opportunities there on the research side are fairly significant. He also mentioned that the state is in the process and reporting tomorrow at the STEMI conference that the cardiac is being modeled on the Commission's structure.

Georgia Trauma Foundation

Lori Mabry

Ms. Mabry welcomed everyone to Chateau Elan. Ms. Mabry made mention of a pop-up event this evening hosted by the Stop the Bleed committee in this room from 6:30 to 7:30. If you did not register for the event you were not told about this but please add it to your day and stop in. Symposium registration will be open again tomorrow morning. For attending physicians, please stop by on Saturday to receive your CME credits. Ms. Mabry also thanked all that participated in our Trauma Awareness Day at the Capital. The trauma research grant is open and available on the website and has a deadline of May 4th. This grant is offered across the continuum of care. As far as education all courses with the exception of the RTTDC courses are either hosted or complete and will be all completed by June 30th. There are 4 or 5 RTTDC courses to still be funded so we are working on scheduling and logistics with the centers that will host.

Georgia Committee for Trauma Excellence

Karen Hill

Trauma Registry Subcommittee

- Complete State Data Dictionary
 - Organizing into new structure and putting together all previous data info into a data base.
 - Determine how many items left to define and ask people to define the remaining fields.
 - Prioritize our work by defining all the state defined HIGH PRIORITY fields.
 - Other State Data Dictionaries can aid in helping us define our data fields.
- Develop Registrar Education: suggested topics AIS, Procedure coding, TQIP Education, Report writing, PI
 - Tracy has started this process by giving a short lesson on how to write a Data Table report for one of the questions that designated centers have to answer on their quarterly DPH, OEMS-T Report. This lesson was tagged onto Marie's webinar.
 - Requesting assistance for a committee member to lead the effort to provide Registrar education.
 - Gain American Healthcare Information Management Association's (AHIMA)/Georgia Healthcare Information Management Association's (GHIMA) approved continuing education credits for our Registry meetings and other educational presentations. The Georgia Trauma Foundation will pay for 1 CEU approval fee for FY18 (ends June 2018). They will request money in their budget to pay for application for at least 10 CEUs for FY19 (July 2018 – June 2019).
- Start an ICD 10 Procedure List Reference
- Six to ten people have volunteered to help with this or any of the other goals. In need of a few people with the passion for what needs to be accomplished such as procedure coding standardization and will organize the group to accomplish their goal. We need input from Adult and Pediatric centers and all levels of designation. Several resources have been pulled together to help jump start this project.
- Define Process for Registry Data Changes

Performance Improvement Subcommittee

- The subcommittee continues to work on the timeliness of care goal of transfer out in 120 minutes. At this time, we have not moved forward with any new projects related to the tracking of compliance with the 120 minutes for patient transfer. Due to the concerns and limitations of sharing unblended data the group members and other centers expressed all data is being culminated by Kara Allard then shared with Marie Probst. Marie agreed to evaluate the data and reach out to centers with specific cases falling outside the 120-minute goal and inquire if they would like the subcommittee to assist them with PI projects to help decrease the transfer out timeframes. The subcommittee members feel the 120-minute goal is a good standard for the patient with multiple or significant injury requiring specialty or higher-level trauma care.
- During the TQIP call this month there was discussion regarding a new project in conjunction with the registry committee. More information will be forthcoming after the Spring TQIP meeting.

Pediatric Subcommittee

- The Pediatric Sub-committee is in discussions around moving forward from the transfer delay project
- RCH completion of Hospital disaster preparedness checklist developed by EMS-C
- Great collaborative between EP, EMS and Trauma the has the potential to improve MCI outcomes for pediatric patients

Injury Prevention

IP Coordinator Course

- ATS Injury Prevention Coordinator course to be offered as a Trauma Symposium Pre-Conference to be held March 22nd and 23rd, 2018.

IP PSAs

- \$10,000 in funds available from the Trauma Foundation for the development/promotion of Stop the Bleed PSA.
- *Ad Hoc* Stop the Bleed PSA Working Group to include: Kristal Smith, Lynn Grant, Stephanie Gendron, Renee McCabe, and Rachael Bloom. Group will meet during IP Coordinator Course.

Injury Prevention Data

- IP Subcommittee reaffirmed importance of insuring that injury prevention efforts are data driven.
- Discussed **GA Injury Characteristics Report** assembled by Danlin Luo, PhD MSPH, Trauma Epidemiologist with the Georgia Department of Public Health. Included Georgia Trauma Registry injury data for 2014, 2015, 2016.

IP Subcommittee Task Forces

- Three mechanism specific working groups (Task Forces) to address those top issues as indicated by Trauma Registry data.
- Subcommittee members assigned to task forces based on strengths and/or interest.
- Meeting dates set.
- Determined initial meeting objectives for three Task Forces.

Traffic Injury Prevention Task Force:

Lead: Rachael Broom

Members: Renee McCabe, Stephanie Gendron, Traci Reese, Liana Rogers, Emma Harrington, Elizabeth Head, Allison Christou, Jamie Van Ness

Fall Prevention Task Force:

Lead: Tawnie Campbell

Members: Tawnie Campbell, Jamie Van Ness, Kristal Smith, Sharon Nieb, Jaina Carnes, Kathy Hamby, Nigel Cliff

Intentional Injury Prevention Task Force:

Lead: Jasmine Usher

Members: Lynn Grant, Elizabeth Mays, Arlene Wingo

Education Subcommittee

- Formalizing the criterion for each class (course-specific criteria to establish)
 - Requesting direct supervisors contact info in case multiple apply from each center: The direct supervisor may approve staff participation.
 - Identifying champions of each class: Erin Moor cones is the ATCN champion. TNCC champions as well as RTTDC champions will be identified. This will ensure target audience, participants, course directors, coordinators, faculty etc.
 - Deposit return procedure: Must successfully complete course before deposit is returned. Historically, grant funded courses have been challenged with no-shows e.g. for retests, day 2 of class.
- Discussed possibility of hosting TCRN faculty course
- 4 RTTDC's on FY18 that we are hopeful will be completed by the end of June.
- Dena approved the reallocation of the \$9000 from FY17 GTF Education contract (3 RTTDC's) are to TCAR course at Doctor's Hospital in June.

Special Projects Subcommittee

- No report

Emergency Preparedness

- No report

EMS Subcommittee

Courtney Terwilliger

Mr. Terwilliger reported on the most recent EMS subcommittee meeting. We had a good presentation from Global Emergency Response. This is a working pilot project app in Region 2 right now. It is a patient tracking and triage application that will have the capability to identify and transmit patient information.

We are waiting to see how this turns out in that area. The vehicle locator system (AVLS) continues to become more robust. There are some units being replaced and there are some agencies who have never been a part of AVLS are coming on to the system. There will be some additional AVLS training at the upcoming GAEMS

leadership conference next week at Lake Lanier. We have also been looking into First Net. AT & T received the national contract for First Net. In his region they are testing the AT&T capabilities to confirm its footprint in comparison to Verizon's footprint. The advantage, if First Networks out is in the event of a disaster our access is guaranteed. There was some discussion about the supplemental budget as well as a good discussion on the equipment grants.

Ms. Abston had a couple items to add. The next EMS meeting is March 28th following the GAEMS leadership conference. The office has rolled out the EMS equipment grants. We have received 164 applications. We have 2 non-participating agencies; Jekyll Island (governed by the state) and Seminole County put their 911 zone out for bid and Grady and Community are putting in proposals for that so with that up in the air they did not apply for grant funds.

On March 11th we partnered with the Metro Atlanta conference and provided the first cadaver lab skill training session. Trained almost 200 folks and the budget was significantly lower than anticipated. This was very well perceived, and we are looking at the second cadaver lab to be the second week of May in Moultrie, Georgia. There is a large gap in education on the western side of our state, so we are taking this course to that area. There will be landing zone practice and training sessions on the cadavers. We may turn the second day into a small trauma symposium. This education is really needed in that area.

TQIP/NSQIP Collaborative Report

Presented by Dr. Chris Dente

GQIP (new name for the combined TQIP/ NSQIP collaborative) provided a report that is found within the report. The goal of this collaborative is to support all member hospitals in quality initiatives to improve the trauma and surgical outcomes of patients in Georgia. With the initial funding of \$ 194,628.000 there were many items that TQIP accomplish (key initiatives) over the past year. Dr. Dente thanked the Trauma Foundation for their help in tomorrow's meetings and told the group we would further discussion tomorrow. The full report is found on pages 20 to 28 of your Administrative report. The meetings tomorrow in them morning is open to all and the afternoon sessions are closed as there will be data sharing. Dr. Ashley thanked Dr. Dente for all the progress with this collaborative.

Legal Update

Presented by Monica Sullivan

Ms. Sullivan came to provide an update to the advice given in November and the Commission asked the Department of Law whether the Georgia Trauma Foundation could fund RTAC coordinators with funds received from the Commission. After analyzing the statutory section that governs the Commissions duties and responsibilities, we determined that the foundation did not have the authority to fund those coordinators with funds received by the Commission. Ms. Sullivan asked if there were any additional questions on that.

Mr. Walsh also provided an update to the Stop the Bleed program this week and asked Dr. Ashley if the Commission would like him to speak on it. He realizes the information is new and members may have not had a chance to look over the advice. Dr. Ashley has not had a chance to read the entire advice and with that caveat of this being new requests Mr. Walsh to summarize the letter for the Commission members. Mr. Walsh said there was a request for advice last year as to whether the trauma Commission could use state funding to provide the Stop the Bleed kits to private schools. Under the gratuities clause of the constitution it was determined that there would need to be a public benefit for this to satisfy the gratuities clause. Dr. Cowles had a follow up request was asking whether there is a public benefit from training in the schools and the private school children receiving care prior to arriving at a trauma center. It was determined that this type of public

benefit could be sufficient under the gratuities clause but that there are some important conditions that would attach to that. (1) Commission should be able to substantiate a good expectation that these benefits would exist (2) the Commission should consider the expense to the state, the greater the expense, the cost, for the kits for private schools the greater the expense to the state. (3) It would be important that the trauma Commission show that the private schools are unwilling or unable to purchase the kits (4) and that we would encourage the trauma Commission to be cautious in approach as this surest way to satisfy the gratuities clause is to have the private schools pay in exchange for the kits and we would be able to continue to provide more guidance upon this the more developed the program becomes.

Dr. Ashley did have a question (Page 3, Paragraph 3) it says, "If schools are able and willing to pay for the kits or can easily achieve the expected benefit just as well through alternative means, then giving them away for free is unnecessary to fulfill the Commission's statutory purpose". Dr. Ashley believes there is some confusion still here about in (his mind) this is not seen as giving something for free. Dr. Ashley advises that kits are not received until there has been training, that they have to show up, be present, and there is a cost associated with that. So, we are asking them to donate their time and money to provide a service for us (i.e., Commission) as part of that commitment we are asking them to take this tool and save a life. Dr. Ashley still gets hung up on that one phrase of giving for free and this is not free, there is a cost. Mr. Walsh says he does understand this component of this. The caveat that in order to demonstrate that we are satisfying the public benefit analysis under the gratuities clause. The argument is stronger if you can show that the private schools are not willing to pay anything in exchange for the kit. Dr. Dunne thinks it is duplicitous for us to have to prove that the private schools will not pay for something, he suggests the easier thing to do is to explain the benefit to the state that if they do get the kit what the state will save in money. Dr. Dunne's question to Mr. Walsh is what does the state place on the life of a citizen. If we save a 16-year-old child from bleeding out at their school how do we put a monetary value on that. The easiest way to do this is if we stop the hemorrhage soon enough it decreases his morbidity and will show a decrease in hospital costs and without the kit the child would bleed to death. Mr. Walsh advised that nothing in this advice does not say not to get the kit. The surest way to withstand an analysis under the gratuities clause is for the private schools to pay for the kits. So, if the private school pays for the kit then you don't have the monetary scrutiny, we are saying that if you are reluctant to do that and believe there is a public benefit that satisfies the clause if you can show that the school is unable to or unwilling to pay for the kits. Mr. Walsh mentioned previous cases that help support the argument GA Constr. Art. III, VI, (a) Garden Club of GA v. Shackleford, 274 Ga. 653654 (2002). Mr. Walsh believes this is the strongest argument to avoid scrutiny, nowhere in the advice given does he see where we are putting a value on a child's life. Either the private school is willing to pay the cost for the kit or you are willing to show where the school is unable to pay for the cost of the kits. Dr. Dunne asked if we just need a letter from the school stating such. Mr. Walsh is not as familiar with how the program is being administered. He cannot speak to that but as the program becomes more developed they are more than happy to provide more guidance on this.

Dr. Mullins says if there is a school shooting, which there have been 10 in recent years in Georgia. There is public event of these kits. There are several avenues of public benefit. Mr. Walsh acknowledges that there is public benefit they acknowledge to this and the letter just says the Commission should have a good faith means to substantiate that expectation that there is a public benefit. Dr. Dunne is asking what is legal under the constitution and wants to know yes or no if it is legal or not legal. Dr. Mullins asked whom we need to ask for a yes or no answer. Mr. Walsh says when you are looking at a yes or no question you look at certain factors. So, we are giving an answer to the question, is this a type of public benefit and we said yes according to certain conditions present. Mr. Walsh asks if you would like to ask a follow up question you may do so. Dr. Ashley asks what the original question was. Mr. Walsh says there were 2 questions and 2 answers. Ms. Abston submitted a question and in a separate letter Dr. Cowles states his views and asks a question as the follow up. Dr. Ashley says it sound to him like we can for the betterment and safety of our citizens in Georgia that we can request that they donate their time and have a cost associated with that. They come to our course at their

expense and when the course is complete we leave a kit for Stop the Bleed. Dr. Ashley says this is his opinion and he says to give kits to the private schools.

Mr. Terwilliger would like us to protect every kid everywhere. He would like to see our kits hit the colleges. He has talked with the local private school in his area and they are purchasing some kits. Dr. Bleacher recapped the Commission's initial thought on the kits in private schools and that all citizens of Georgia are tax payers regardless of what type of school our children attend. Mr. Terwilliger taught the course at this church last week and 10 kits were sold. That church is well protected tonight. All the faith-based discussion I have had they are willing to pay for the kits. Dr. Dunne says you can make the same claim for public schools, why can't they pay for kits. Mr. Terwilliger says he will not go down that road, as his wife is school superintendent. Dr. Dunne is going to say this but doesn't want to talk about it. There is an additional hurdle, the religious private schools. For the non-religious private schools Dr. Dunne believes we should proceed with kits to them. Ms. Mabry said several private schools have purchased kits.

Dr. Nicholas reported that in Region 3 there are several schools that are not participating in the program. Dr. Nicholas wants to know if we will have a surplus of kits. Some of the private schools he has been in are interested in putting the bleeding control kits in every class room, not just the 12 we are giving out to each school. Dr. Nicholas question would be, if the school purchases X amount of kits could we distribute additional kits to these schools if they are interested in outfitting their school. Mr. Kunkle advised that we need to purchase additional kits and there is no surplus as there are more public schools online now. Discussion about kit matching ensued. Discussion about kit enforcement and the willingness to pay for kits and if a school is unwilling to pay for the kits then the Commission would not be the enforcer of removing kits. Ms. Abston will compile a list of private schools that are not religious. Discussion of religious vs non-religious private schools ensued.

Several from the audience reiterated the belief that there should be no difference in public vs private school kit delivery. Dr. Richart emphasized that it is taxpayer funds being utilized for this program and we should put kits in all schools, as kids are our most precious assets. Several other comments came from the audience and seemed to mirror the belief that all schools should be equipped with the bleeding control kits. Dr. Ashley thanked everyone for their comments and invited anyone with additional questions about this to submit them to the Commission, so they can be addressed.

New Business

Presented by Dr. Ashley

Dr. Ashley presented Dr. Jeffrey Nicholas his Commission member thank you plaque for his service to the Commission. We appreciate his achievements within the Commission and his work for the state of Georgia.

Meeting Adjourned: 1:08 PM

Minutes crafted by Erin Bolinger

