



Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES
Tuesday, February 8, 2011
Scheduled: 10:00 am until 1:00 p.m.
320 Parkway Drive, NE
Letton Auditorium
Atlanta Medical Center
Atlanta, Georgia

CALL TO ORDER

Mr. Ben Hinson called the February monthly meeting of the EMS Subcommittee on Trauma to order in the Letton Auditorium, Atlanta Medical Center, at 10:10 a.m.

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Ben Hinson, Chair Subcommittee & GA Trauma Commission Member Chad Black – EMS Region Two Pete Quinones-Region Three Richard Lee – Region Four Lee Oliver – Region Five Blake Thompson – Region Six David Moore – Region Nine (via tele-conference call) Huey Atkins – Region Ten Rich Bias - GA Trauma Commission Member (via tele-conference call) Courtney Terwilliger – EMSAC Keith Wages-SOEMS	Ralph McDaniel-Region One Jimmy Carver-Region Seven Craig Grace-Region Eight

OTHERS SIGNING IN	REPRESENTING
Jim Pettyjohn Lawanna Mercer-Cobb Russ McGee Jim Barnes Dave Galbraith Melissa Lewis Mickey Moore Liz Atkins Greg Higgs	Georgia Trauma Commission, Executive Director Region 6 EMS Region 5 EMS Towns County EMS DeKalb County Fire DeKalb County Fire OEMS CHOA Trentlen County EMS

Kirk Pennywitt Jill Mabley Michelle Archer	GTRI OEMS Region 5
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Welcome and Introductions

Mr. Hinson welcomed all present at the meeting. Mr. Hinson recognized a quorum of the voting members were present.

Approval of Minutes from December Meeting

The first order of business was the approval of the minutes from the 7 December 2010 subcommittee meeting.

MOTION #1 EMS Subcommittee 2011-2-08:

I make the motion to approve the minutes from the 07 December 2010 meeting as written.

MOTION BY:

SECOND:

ACTION:

PETE QUINONES

CHAD BLACK

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

E BROSELOW IN GEORGIA

Mr. Jim Pettyjohn introduced Dr. James Broselow who presented a demonstration of the eBroselow web-based system. Dr. Broselow has been working with the State of Georgia Trauma Commission to bring the Broselow System into Georgia and will be bringing the web-based Pediatric Safety System to EMS. Dr. Broselow and his partner Mr. Peter Lazar are here today to get input from the sub-committee and plan the next steps.

Discussion

Mr. Ben Hinson asked, "how do you determine when a new drug comes out if it is included, who would be the final medical authority, and what if a medical director disagrees? If it is ACLS, the American Heart puts it out and you put in there, but what if it is a burn or trauma patient; who decides what treatment regimen you follow so if medics are using this we know we are doing what Dr. Broselow wants, the State EMS Office, or the medical director, how do you wade through this?" Dr. Broselow responded, "when we first started, everything that was input was in some major reference. For instance, when we started with PALS, we worked very closely with the American Heart Association. When you build a system, sometimes there are trade-offs, but this system breaks down and is much easier to use. It is a combination of what is published and what makes sense. Our system is simple because we are driven toward simplicity. This is first generation and now we have all the children's hospital in Georgia looking at this."

Mr. Ben Hinson asked, "how does this connect with off-line medical control, is this connected with Dr. Mabry and Mr. Wages' office at the state level, or if a medic follows this, is he going to get in trouble with his medical director at the hospital when he gets there? What is the authority we have to tell somebody to do this if their medical director has not signed off on it?" Dr. Broselow responded, "This is a tool and can be broken down; if that medical director has better reasoning, it can be changed and incorporated into the system. The system can be customized but the goal is to develop a standard for everyone."

Minutes approved on 01 March 2011

Mr. Ben Hinson questioned will the adult cardiac arrest be added? Dr. Broselow stated it is in the works, but right now this is a pediatric thing, because what he has found out is the pediatric providers struggle with dosages on pediatrics. The first project is the two adolescent doses and then the adult dose.

Dr. Broselow introduced Ms. Liz Atkins with Children's Healthcare of Atlanta. Ms. Atkins expressed her excitement about this system. Ms. Liz Atkins reported that in the roll out process, all the Level 1 facilities with pediatric commitment, in addition to both Children's campuses and Columbus, were on-board and have been tasked with the implementation process. There is some room for customization for concentration amounts of drugs and they are working on getting a consensus. Once this is received, the goal is to make it to the smallest amount of concentration. There will also be an on-line educational phase so someone can go on-line, view the program, and take a few tests and will receive CEU's. Once the Level 1 hospitals and Children's have moved forward with this, it will then be taken to the rest of the trauma centers and rolled out into the EMS regions.

Dr. Broselow stated that the licensure at this point covers Regions 5 and 6 which includes 50 hospitals and 20 EMS groups. Dr. Broselow's goal is to carry this statewide but right now this is what he is licensed for and where we will start. He noted that one other small part of the system is the capability of producing a color-coded tape that could be made available to police officers, first responders, or persons that would be the first contact with a child and who would start the process. Dr. Broselow asked the sub-committee if they liked this idea. Mr. Huey Atkins stated he feels that it would depend on the hospital's acceptance of the process and if you were using hospitals that haven't bought into it then this would not work.

Mr. Ben Hinson questioned whether or not the system captures when somebody hits it and what computer hits it? Mr. Peter Lazar confirmed that they do. He further reported this program is also available for stand-alone PC's and Blackberrys, etc.

Mr. Ben Hinson stated he felt getting it working on the free standing PC's that DCH has helped placed in ambulances is crucial so they can download and keep it. It is advantageous to capture which URL's hit it and if it is in Georgia to let the director know so that this can be tied to the PCR. Mr. Peter Lazar responded that this already exists and you can run a report and see who, what time, and to what level it is being used.

Mr. Jim Pettyjohn questioned what needed to be done to get the process started with Regions 5 and 6 EMS. Dr. Broselow stated that sitting down with these regions and going through the process would be beneficial and then they could decide what needed to be done next. This could also be done over the phone keeping in mind feedback is needed.

AVLS PROGRAM UPDATE

Mr. Kirk Pennywitt presented a PowerPoint presentation with an update on the AVLS Program. *(PowerPoint presentation attached)*

Discussion

Mr. Ben Hinson commented there had been conversation regarding the fact that the first 200 AVLS units could not be covered under the GEMA funding for airtime and with that, the Trauma Commission will have to fund the airtime for the first 200 units unless we can find a way to get that funded through federal money.

Mr. Huey Atkins questioned whether or not all of GEMA funding comes from federal money or do they receive local money from the state? Mr. Lee Oliver answered and said they do receive state money. Mr. Huey Atkins then asked, "can we use state money or can they re-divert money within GEMA to cover that and use the federal monies from wherever that came from?"

Mr. Kirk Pennywitt stated that he asked Mr. Ralph Reichert and he responded that he had no available state money at this time to do this.

Mr. Keith Wages stated that state money is for day-to-day operations, not grants, so they would not have near the dollars needed to fund this.

Mr. Ben Hinson stated he agreed with Mr. Huey Atkins that this is a great thought but as we have learned going through this, GEMA using FEMA money spends more time making sure everything is done exactly like FEMA wants than they do developing the program and spending the money. Mr. Ralph Reichert is continuing to look at this and will continue to look for solutions but we have to realize that it is a great thing that 1300 of 1500 units we may put out there are bought and will be maintained by federal money. Mr. Jim Pettyjohn questioned whether or not the federal money is good for two years. Mr. Kirk Pennywitt responded that his understanding is the money that GEMA is currently funding the program with is good through June 2012 and then they have other monies they will start putting into place next year that presumably is another three year sliding window. He stated that the current contract with GEMA is for a one-year period now just like the original contract was with Trauma Commission so GEMA will have to extend the contract with GTRI beginning in July 2011.

Mr. Lee Oliver stated that we potentially have the option of being at the same point with GEMA dollars and the contract expiring with GTRI and we need to realize this and make sure there is a plan. Mr. Kirk Pennywitt clarified that if GEMA does not extend their contract with GTRI in July 2011, or provide follow-on, we would be in the same situation but we have no reason to believe that this would occur.

Mr. Ben Hinson stated that from what Mr. Ralph Reichert said that if everything continues as it is now with the program requirements and the funding that appears to be available, we are good for five years unless something changes. It's not like they have to go find more money. They have to qualify but this program seems to be funded by the feds for five years.

Mr. Jim Pettyjohn asked for clarification regarding GTRI not extending air coverage outside of the period that they are under contract with the funder, in other words, GEMA could be receiving GEMA dollars through June of this year, so the question is how many units will you buy before June of this year and your airtime will be covered in your contract with GEMA for those units until June of this year? Mr. Kirk Pennywitt stated this is correct and there is enough funding to purchase between 200 -300 units. Mr. Jim Pettyjohn stated that it would take six months to get all those deployed. Mr. Kirk Pennywitt stated that based on the time that it took the first units to get deployed this would be correct.

Mr. Ben Hinson stated we are basically set up where the contract period is rigid. The installation date is moving in dynamic so we may put money into twelve months airtime but only get one month. Can we set something in the contract going forward so that it pays for twelve months of airtime rather than just paying for the airtime that happens to be invoiced in that period? It seems that in the contract every time you put one in someone's ambulance the contract should be written so that it pays for twelve months of airtime not just airtime till June 30, 2011. Mr. Kirk Pennywitt stated that it is his understanding that GTRI contracts do not allow them to pay any bills beyond their contract date with the funding source but to satisfy the objective, it might be possible to prepay the airtime for a unit at the time it is put into service for twelve months.

Mr. Ben Hinson stated anyway you do it, it is a great idea. Mr. Ben Hinson requested that Mr. Kirk Pennywitt investigate this and report back to the sub-committee. Mr. Jim Pettyjohn questioned whether or not GEMA would give the money to buy that airtime ahead of time. Mr. Ben Hinson stated that we could make it a fixed part of the installment. Mr. Ben Hinson stated that we need to purchase twelve months of airtime every time we put it in and it removes the risk of us running out of money because it is already spent. We also need to work on how not to activate the airtime cards until the services turn them on.

Mr. Jim Pettyjohn questioned whether or not the 2012 and 2013 numbers are negotiated prices or does GTRI have a contract with Verizon and In Motion for these prices so if an agency wanted to take this over themselves and pay for their own, they could receive the same price? Mr. Kirk Pennywitt stated he was uncertain whether or not they would receive the Verizon airtime rate because it is a state contract but he feels that In Motion would honor their service contract rate.

Mr. Lee Oliver questioned Mr. Ben Hinson whether it is his intent that when the airtime expires in June that the Trauma Commission will then fund it for another period based on previous discussions. The discussion has come up in Region 5 whether or not the counties would have to pay when it ends or does the Trauma Commission have the intent to fund it? Mr. Ben Hinson stated the confusion is, that what we have told providers for the whole time is that we plan to pay for your airtime as long as this is working but that was real money that the Trauma Commission was going to have to put in the budget and perhaps the people thought that's money that somebody else is going to pay and not come through the Trauma Commission. Our intent was for that to be part of the Trauma Commission budget, now is it under the Trauma Communication Center, which is where this plays or is it part of the EMS budget, and that is for the commission to debate.

Mr. Lee Oliver feels with this being said there is the potential of picking up the remaining players in their region based on that funding.

Mr. Lee Oliver asked is the TCC going to use the GTVC or the SAAB software product or is this known at this point? Mr. Kirk Pennywitt stated it is not known at this time because the software award is still under protest but the winning software, whatever that will be, will be used primarily to view the hospital status information. Either GTVC or the In-Motion would be used to view the vehicle status and vehicle location information and either can feed into the SAAB system.

Mr. Ben Hinson replied that when we began putting this together one of the big pluses was the GTVC system and that was a year or so before the fully dynamic web base capability of In-Motion was out. That was kind of an add-on and we want to get the SAAB, if they are the victorious vendor, the GTVC and the In-Motion to tie together so you are looking at layers on the screen. One of the things that GTVC does is it gives all the different layers you could look through on the screen and you could put the SAAB and In-Motion on there and tie it on one master screen and the functionality of it, we don't know yet. What our challenge will be is that we don't want to let whoever is sitting at the table at the TCC that day decide how to use it because then our data will start to get transient.

Mr. Lee Oliver questioned whether or not there is a timeline on the contested award? Mr. Kirk Pennywitt responded there is a timeline and that the vendor's bid typically has a time limit on it but they are expecting the decision any day now.

Mr. Jim Pettyjohn asked whether or not the cost estimates include the five additional log-ins. Mr. Kirk Pennywitt stated yes.

Mr. Ben Hinson thanked Mr. Kirk Pennywitt for this presentation.

UPDATE FY 2010 EMS FUNDING PROGRAMS UPDATE:

FY 2010 EMS Vehicle Equipment Replacement Grants

Mr. Jim Pettyjohn reported that for the year 2010, there were 29 awards made. He has received plan budgets and invoices approved for 19 of the 29. We are working with the remaining 10 to get those approved. Decals along with sample press releases have been sent out to those whose invoices have been approved. We have a very good relationship with DCH and no delays have been anticipated.

First Responder Training Grants

Mr. Courtney Terwilliger reported there were 5 First Responder courses on-going with 3 in process and 2 being completed. Jump bags have been shipped and delivered to Jefferson County and their community was very appreciative of this.

An email was sent out yesterday to regional coordinators to encourage those to get their program started. Program approval along with their starting roster needs to be sent to the regional coordinator and the process will be started. Reflective vest will also be provided and this will be within budget.

Trauma Care Related Equipment Distribution

Mr. Courtney Terwilliger reported 16 requests have been processed which is 12 percent of the total services. When the affidavit is received it is verified with what was awarded and an email is sent to the treasurer for processing of payment. A check is usually sent out within two days of receiving the affidavit.

Mr. Courtney Terwilliger reported that he has received several requests for variances. Douglas County Fire and EMS requested a variance to be able to purchase a Quick Trach Emergency Crico Kit (non-surgical cric kit) made by Rusch.

MOTION #2 EMS Subcommittee 2011-2-08:

I make the motion to expand the list of equipment to include a Quick Trach Emergency Crico Kit (non-surgical cric kit).

MOTION BY:

SECOND:

ACTION:

COURTNEY TERWILLIGER

PETE QUINONES

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

Mr. Ben Hinson stated he would present this to the Trauma Commission for their approval at their next meeting.

MOTION #3 EMS Subcommittee 2011-2-08:

I make the motion to ask the Trauma Commission to allow the Sub-Committee on EMS to expand the equipment list as needed.

MOTION BY:

SECOND:

ACTION:

HUEY ATKINS

COURTNEY TERWILLIGER

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

Mr. Courtney Terwilliger reported that Douglas County has requested an expansion for an inflatable car seat for infants under 20 pounds or similar device to transport infants under 20 pounds when a personal car seat is unusable or unavailable. Mr. Courtney Terwilliger states he feels this one falls outside of the scope of the intent of the grant because this equipment is already required by the State of Georgia. There was no motion made since this piece of equipment did not meet the requirements.

MOTION #3 EMS Subcommittee 2011-2-08:

I make the motion to expand the equipment list to include MedSpec Prosplint packs, which have multiple splints that are re-useable and include pelvic stabilization device, tourniquet device, and a pressure infusion device.

MOTION BY:
SECOND:
ACTION:

COURTNEY TERWILLIGER
NONE
The motion ***FAILED*** due to no second.

Discussion:

Mr. Courtney Terwilliger reported a request had been received from Clinch County EMS to expand the list to include Medspec Prosplint packs that have multiple splints that are re-useable and includes pelvic stabilization device, tourniquet device and pressure infusion device.

Mr. Lee Oliver stated that this equipment is also a part of the required equipment by the state and would not meet the requirements.

Mr. Ben Hinson asked Mr. Courtney Terwilliger to respond to Clinch County letting them know this decision and that simply it appears that these are required items even though differently packaged.

MOTION #4 EMS Subcommittee 2011-2-08:

I make the motion to expand the equipment list to include a Trauma MCI trailer.

MOTION BY:
SECOND:
ACTION:

COURTNEY TERWILLIGER
NONE
The motion ***FAILED*** due to no second.

Discussion:

Mr. Courtney Terwilliger reported a request had been received from Grady Health Systems EMS to expand the list to include a Trauma MCI trailer for a purchase price of \$13,159.50. This request was received from Mr. Michael Coleman and included a list of potential uses. Mr. Courtney Terwilliger states that most of the equipment on the trailer would be equipment that is required to be carried on an ambulance.

MOTION #5 EMS Subcommittee 2011-2-08:

I make the motion to expand the equipment list to include pulse oximeters and probes.

MOTION BY:
SECOND:
ACTION:

HUEY ATKINS
LEE OLIVER
The motion ***PASSED*** with no objections, no abstentions.

Discussion:

Mr. Lee Oliver stated that we are trying to raise the level of care and these would raise the level of care if the services didn't already have it but what if we are replacing units. Mr. Ben Hinson stated that some of what is being bought is replacing equipment. Mr. Courtney Terwilliger stated his concern is how valuable are pulse oximeters to the critically injured trauma patient.

MOTION #6 EMS Subcommittee 2011-2-08:

I make the motion to expand the equipment list to include the S.A.L.T. device, Supraglottic Airway Laryngopharyngeal Tube.

MOTION BY:
SECOND:
ACTION:

HUEY ATKINS
PETE QUINONES
The motion ***FAILED*** .

Discussion:

None.

Treutlen County Request:

Mr. Jim Pettyjohn introduced Mr. Greg Higgs from Treutlen County. Mr. Higgs stated that Treutlen County did not go with the AVLS because they don't have the money to fund it down the road if they had to. He stated they were very fortunate that their county was approved for one of the vehicle grants. He has decided to purchase a van type unit under the allowed purchase price, which would leave approximately \$4,900.00, and he would ask for approval to use the remaining funds to purchase new radios.

Mr. Jim Pettyjohn clarified that the money for Treutlen County was from the 2010 budget and if the money is not used by Treutlen County there is no chance to re-distribute this to any other use.

MOTION #7 EMS Subcommittee 2011-2-08:

I make the motion to allow Treutlen County EMS to use the excess funds over the cost of their ambulance to replace radios in their fleet before the ones they have now becomes outdated and un-useable.

MOTION BY:
SECOND:
ACTION:

COURTNEY TERWILLIGER
CHAD BLACK
The motion ***PASSED*** with no objections, nor abstentions.

Discussion:

Mr. Ben Hinson thanked Mr. Greg Higgs for communicating with the sub-committee regarding this.

Mr. Huey Atkins stated he doesn't have a problem with this request due to the timing of what is going on in the industry with rebanding but he feels it is something the sub-committee needs to be careful with in the future. He thanked Mr. Greg Higgs for coming to the sub-committee for approval.

Minutes approved on 01 March 2011

Mr. Ben Hinson stated this is not a change in the policy. This is an exception only for Treutlen County on this date. There will not be many services that will purchase a unit under the amount allowed.

Mr. Jim Pettyjohn stated that all EMS grant invoices that are submitted are monitored. The Commission's process requires back-ups, a signed purchase order, and a grant that is approved. Mr. Jim Pettyjohn stated that the grant with Treutlen County would have to be amended and asked that they do not purchase the radios until the grant has been amended.

Uncompensated Care

MOTION #8 EMS Subcommittee 2011-2-08:

I make the motion to adopt the rural county listing as described by the state legislature in the Georgia Medicare Rural Hospital Flexibility (Flex) Emergency Medical Services (EMS) Network Grant Program which will then give the 50% bonus on mileage payment on EMS uncompensated care. (see attached)

MOTION BY:
SECOND:
ACTION:

HUEY ATKINS
PETE QUINONES

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

FY 2011 COMMISSION BUDGET DISCUSSION

Mr. Ben Hinson reported that the budget has been radically slashed for the continuing 2011 budget and the FY2012. (*Amended budget is attached*)

Mr. Jim Pettyjohn reported that the amended budget presented is taking the budget numbers received from OBP and applying it to what has already been expended and what is left. Mr. Jim Pettyjohn reported that the Trauma Commission has not approved this yet. He reported we need to move forward with this so that this can be taken to the Trauma Commission for approval and we can move forward. Mr. Ben Hinson stated that if for some reason the top line moves in the Commission then the line below would be moved.

Mr. Blake Thompson stated he felt that the money remaining for equipment grants are moved into the vehicle grant money.

Mr. Courtney Terwilliger stated he would either move the money into the vehicle grant or the first responder grant.

MOTION #9 EMS Subcommittee 2011-2-08:

I make the motion to move the remaining money in the Trauma Care Related Equipment as follows: \$46,764.36 to Vehicle Equipment Replacement Grants for a total of 9 ambulances and \$49,676.55 to First Responder Training. Also, if we don't get at least 9 qualified vehicles that we move that money back to the First Responder grant. (Revised Budget attached)

MOTION BY:
SECOND:
ACTION:

BLAKE THOMPSON
HUEY ATKINS

The motion ***PASSED*** with one objection.

Discussion:

Mr. Huey Atkins questioned, "Are we still looking at opening up the first responder training to include EMTB classes?" Mr. Courtney Terwilliger states he feels that maybe after two years with the First Responder grant that we look at moving forward with an EMTB class. Mr. Huey Atkins suggest that we go back to our regional council meetings and see if there is an interest or desire for an EMTB class.

Mr. Lee Oliver questioned whether or not there are 9 rural services out there that haven't received an ambulance. Mr. Jim Pettyjohn stated he felt there were 9 that could use them.

Mr. Ben Hinson stated that we can get this process done and in 45-60 days if we don't have 9 qualified applicants the budget can be amended and move it back to training before the end of the year.

Mr. Jim Pettyjohn reminded everyone that this budget is not true until the Governor signs it and it is different this year. Mr. Jim Pettyjohn reported that OBP contacted him and stated that the budget is directly linked to super speeders revenues, which is \$10.5 million dollars. No one was invited to testify in front of the Appropriations sub-committee of the House or the Senate. Everyone knows we are getting this amount of money and there is no other money. Mr. Jim Pettyjohn feels that we are solid in knowing that the amended budget that came from the Governor is the bottom line.

Mr. Ben Hinson stated he wanted the sub-committee to move forward with a hard number but with the understanding that the Trauma Commission has to approve it. Mr. Courtney Terwilliger stated that instead of talking numbers we need to talk percentages.

Mr. Pete Quinones stated that the Region 3 council has asked him to ask for an increase in their uncompensated care percentage since they will never be able to participate in the vehicle grant because they don't meet the criteria.

Mr. Lee Oliver agrees with Mr. Pete Quinones in that Region 3 has a much lower chance of getting a vehicle than rural regions just by the criteria. Mr. Jim Pettyjohn stated that this was experienced in the first year because all those folks applied and all the Region 3 services were at the bottom of the list.

Mr. Ben Hinson stated that one of the issues that have never been brought up is that the effort of the Trauma Commission has been heavily weighted in favor of the rural counties. It was never a vote or a decision, it just worked that way. Where are you helping trauma patients the most? There has been a favorable prejudice for rural providers since the beginning because the map shows that's where the problem is. Mr. Ben Hinson feels that at some point this group needs to work on balancing the urban/rural thing. We need to have the discussion within the sub-committee about this.

EMS VEHICLE EQUIPMENT REPLACEMENT PROGRAM APPLICATION

Mr. Jim Pettyjohn reported that a draft had been sent out to this subcommittee. Mr. Jim Pettyjohn stated in that draft, vehicles purchased after January 1, 2011, are eligible to be paid for through this upcoming FY 2011 grant. The 2010 grant has a program ending date of December 2011. Mr. Jim Pettyjohn is hoping that this one can be December 2012.

Mr. Ben Hinson stated that the sub-committee is empowering Mr. Jim Pettyjohn to make changes in the grant application where clarification needs to be made.

AIR AMBULANCE REGULATIONS IMPLEMENTATION UPDATE

Minutes approved on 01 March 2011

Mr. Keith Wages reported that OEMS and Trauma is accepting applications for licensure for air ambulances and have been for several months. Correspondence was sent to all air ambulance providers in the state requesting that all be licensed no later than June 30, 2011. There is no obligation on any provider to wait until the deadline to submit their application. The OEMS is ready to issue those at anytime and are working with providers in their respective regions. Air ambulance services with multiple locations will have to decide which one will be their base location. One service has been licensed thus far and by counts five more to go.

Mr. Blake Thompson questioned, "Are the services outside the State of Georgia being required to apply for licensure?" Mr. Chad Black responded, "No that we did not do this because some of the services that come into the state are the only services available in certain areas and this would keep them from servicing these areas."

OLD BUSINESS

None

NEW BUSINESS

Mr. Chad Black reported that Mr. Ralph McDaniel is under the impression that due to the new chair of his region that he is no longer a part of this committee and we need to clarify this. Mr. Ben Hinson stated that the way state government works is if you are appointed you are in that position until someone is designated to replace you.

Next meeting will be held in Atlanta with time and date to be announced.

Meeting adjourned: 12:40 p.m.

Georgia EMS Automatic Vehicle Location System (AVLS) Program Update

8 Feb 2011

Current AVLS Status (as of 7 Feb 2011)

- Total of 27 of 30 providers and 195 of 237 vehicles in Regions 5 & 6 are participating. => 90% agency participation rate, 82% vehicle coverage.
- 191 AVLS units across 26 EMS organizations distributed to-date, with an additional 4 units and 1 organization to be delivered this week.
- 144 AVLS units across 17 agencies currently online as of 7 Feb 2011. 10 agencies are still pending completion of installation and/or activation.
- 9 of 11 Region 6 agencies are participating, with 95% of units currently online.
- 18 of 19 Region 5 agencies are participating, with 67% of units currently online.
- 10 agencies have received installation reimbursements totaling \$19,970 for 74 vehicles, at an average installation cost of \$270 per vehicle.

AVLS Unit Distribution by Organization

Provider	AVLS Units Delivered	Delivery Date	AVLS Units Online as of 2/7/11	Notes
Region 5				
Dodge County EMS	4		0	Order rec'd 7 Feb 2011. Units should ship week of 7Feb2011.
Hancock County EMS	2	shipped 12/9/10	0	Preliminary order received 22 Nov 2010, units shipped 12/9/10.
Hearland EMS, Inc.	20	11/5/10	15	Units delivered 5 Nov 2010.
Houston	14	8/4/10	0	12 of 14 units installed (but not configured) as of 19 Nov 2010.
Jasper	3	9/29/10	3	All units configured. Units installed in-house, no reimbursements anticipated.
Johnson	3	9/29/10	3	All units configured.
Laurens	10	8/4/10	11	Completed. Reimbursed \$2,525 on 12/10/10. Rec'd Form 1000 for 10th unit on 16Dec2010. 10th unit shipped 5Jan2011. Purchased 11th unit on their own.
MCCG	24	10/8/10	23	All units configured. Reimbursed \$7,200 on 12/9/10.
MidGeorgia	39	9/1/10	39	All units configured, running parallel config w/ Mentor gateways.
Monroe Co. EMS	5	shipped 12/9/10	0	Preliminary order received 19 Nov 2010, units shipped 12/9/10.
Peach Co EMS	3	shipped 1/13/11	0	Order for 3 units rec'd 15Dec2010, shipped 13Jan2011.
Putnam	5	8/4/10	5	Completed. Units installed in-house, no reimbursements anticipated.
Taylor Regional Hospital EMS	3	shipped 12/9/10	0	Preliminary order received 26 Nov 2010, units shipped 12/9/10.
Telfair	4	8/4/10	3	All units configured.
Washington	4	9/29/10	0	Units delivered on 9/29/10.
Wheeler	2	11/5/10	1	Units delivered 5 Nov 2010.
Wilcox Co. EMS	4	shipped 12/9/10	0	Preliminary order received 19 Nov 2010, units shipped 12/9/10.
Wilkinson	3	11/5/10	0	Units delivered 5 Nov 2010.
Region 5 Totals	152		163	18 Participating Region 5 Providers, 67% of vehicles online.
Region 6				
Augusta Fire Department	2	shipped 12/9/10	0	Preliminary order received 22 Nov 2010, units shipped 12/9/10.
Burke	12	8/4/10	12	Completed. Reimbursed \$2,418 on 10/19/10.
Emanuel	5	8/4/10	5	Completed. Reimbursed \$1,010 on 12/9/10.
Jenkins	3	8/4/10	3	Completed. Reimbursed \$989.95 on 9/30/10.
Lincoln	3	8/4/10	3	Completed. Reimbursed \$897 on 9/16/10.
McDuffie	6	8/4/10	6	Completed. Reimbursed \$1,770 on 9/30/10.
Scriven	4	8/4/10	4	Completed. Reimbursed \$903 on 11/29/10.
Warren	3	8/4/10	3	Completed. Reimbursed \$885 on 9/15/10.
Wilkes	5	8/4/10	5	Completed. Reimbursed \$1,475 on 10/12/10.
Region 6 Totals	43		41	9 Participating Region 6 Providers, 95% of vehicles online.
Total Participating Vehicles	195		144	27 Total Participating Region 5 & 6 Providers, 73% of vehicles online.

Regions 5 & 6 Non-Participating Organizations

Non-Participants to-date	# of Vehicles	Notes	Other Notes
Region 5			
Treutlen Co. EMS	2	Won't participate.	
Region 5 Non-Participating Vehicles	2	2 Region 5 vehicles are Definite No's	
Region 6			
Gold Cross EMS, Inc.	39	Won't participate.	Already have IMT AVLS units installed.
Jefferson Co. EMS	1	Won't participate.	Covered by Gold Cross, already have IMT AVLS units installed.
Region 6 Non-Participating Vehicles	40	40 Region 6 vehicles are Definite No's	
Total Non-Participating Vehicles	42	3 Providers	3 Definite Non-Participating Providers

AVLS GTRI Program Funding Issues

- GTCNC/DCH contract with GTRI for \$996,452 put in place for 1 Jun 2009 – 30 Jun 2010. This contract was later no-cost extended through 31 Dec 2010.
- In May 2010, GEMA awarded a contract to GTRI for Jul 2010 – Jun 2011 to extend the AVLS program statewide.
- In Dec 2010, GEMA clarified that their DHS-based funds could not cover the 200 AVLS units purchased under Trauma Commission State funds. The GTCNC/DCH contract was then extended by GTCNC through 30 Jun 2011.
- Additional funding of \$72,842 was added by the GTCNC in Jan 2011 to cover estimated AVLS service costs through Jun 2011.
- At this time, it appears that GEMA will not be able assume the continuing costs of the first 200 AVLS pilot units under their federal monies. The GTCNC needs to be prepared to finance these costs.
- Estimated costs of the Region 5 & 6 systems will be approximately \$170K for FY2012 and \$173K in FY2013. Details shown on slide to follow. *Note that these are unofficial estimated costs, and based on no service-fee increases.*

Future GTCNC AVLS Service Expenses

- **Question:** *[Want] a better understanding of the how the money was spent in the AVLS program. Why we are having to take money out of the current EMS budget to pay for air time that was allocated through the AVLS project?*
- **Answer:** GTRI's original contract with the GTCNC was for a one-year period (thru 30 Jun 2010). The agreement to pay for the participants' airtime for three years was not part of GTRI's contract and was not built-into the original cost. Indeed, the exact hardware and service costs were unknown at the time the original contract was put into place, as the RFP had not been developed at that time. Also, GTRI cannot obligate or pay for services beyond the duration of its contracts. The original intent was for GTCNC to continue to expand the AVLS program in subsequent years via follow-on contracts, to include the continuing service costs.
- GEMA was able to assume continuation of the AVLS program in Jun 2010 via its MCI (Mass Casualty Incident) mandate under DHS-funding. GEMA clarified in Dec 2010 that it could not **supplant** a previously State-funded program under Federal monies.
- Thus it becomes necessary for GTCNC (or some other agency) to continue to fund the service costs of the original 200-unit Pilot Program.

Estimated FY12 and FY13 AVLS Expenses

AVLS Anticipated Annual Expenses		
FY12		
Expenses for 1 Jul 2011 - 30 Jun 2012	Cost (200 AVLS Units)	Notes
Verizon Airtime @ \$42/mo	\$114,579.36	\$37.99/mo plus ~\$4 in fees plus GT OH @ 13.67%
InMotion Service @ \$12.50/mo	\$34,101.00	currently pd thru 30Jun2011
5 oMM logins per agency @ \$180/agency	\$2,557.58	currently pd thru 31Dec2011
GT Tech & Admin support @ 1day/mo	\$18,672.96	
TOTAL ANNUAL COST	\$169,910.90	
FY13		
Expenses for 1 Jul 2012 - 30 Jun 2013	Cost (200 AVLS Units)	
Verizon Airtime @ \$42/mo	\$114,579.36	\$37.99/mo plus ~\$4 in fees plus GT OH @ 13.67%
InMotion Service @ \$12.50/mo	\$34,101.00	\$12.50/mo for 200 units plus GT OH @ 13.67%
5 oMM logins per agency @ \$180/agency	\$5,115.15	\$180/agency/yr for 25 agencies plus GT OH @ 13.67%
GT Tech & Admin support @ 1day/mo	\$19,233.15	(3% cost-of-living increase)
TOTAL ANNUAL COST	\$173,028.66	

Note: The costs shown here are unofficial and for informational and estimating purposes only. The GTRI Office of Contract Administration is the only source for official GTRI cost estimates.

Future AVLS Equipment Support

- **Question:** *How are the AVLS participants/users, who have no relationship as purchasers of their product, going to interact with Garmin and In Motion?*
- **Answer:** During AVLS unit activation, In Motion will request the name of an agency representative to serve as that agency's primary POC with In Motion. In Motion will provide support through that POC (or their designated substitute) throughout the duration of the AVLS support contract in accordance with the terms of the In Motion equipment warranty.
- Garmin PND (Personal Navigation Device) warranty support is handled via the Garmin Support web site. Each agency is encouraged to register the serial numbers of their Garmin units through this web site. However, even if the unit is not registered on the web site, Garmin can look up the purchase date of the PND unit based on its serial number, and will provide service for the PND throughout the period of its warranty.

Summary of GTCNC GTRI Contract Expenditures

- GTCNC/DCH contract with GTRI for \$996,452 comprises five sub-tasks: three are AVLS-related and two are TCC-related, as shown below.

Task	Description	Est. Cost	Actual Cost	Variance	Variance %
D6035.1	AVLS Rqmts & RFP	\$47,950	\$82,878.09	(\$34,928.09)	-72.84%
D6035.2	GTCC Rqmts & RFP	\$119,393	\$129,542.25	(\$10,149.25)	-8.50%
D6035.3	GTCC Ops Prep	\$48,968	\$46,700.71	\$2,267.29	4.63%
D6035.4	AVLS Purch. & Installation	\$531,091	\$498,686.88	\$32,404.12	6.10%
D6035.5	AVLS SW & Deployment	\$249,050	\$242,064.90	\$6,985.10	2.80%
	Total	\$996,452	\$999,872.83	(\$3,420.83)	-0.34%

- *Note: The Actual Cost shown in the table above are based on Jan 2011 figures, and include \$17,726 in expenditures made in Jan 2011. The project was **not** over-run as of 31 Dec 2010.*

Summary of GTCNC GTRI Contract Expenditures – AVLS Equipment Only

- The details of the major AVLS equipment expenditures in the D6035.4 sub-budget are shown below:

Task	Description	Est. Cost	Actual Cost
D6035.1	AVLS Rqmts & RFP	\$47,950	\$82,878.09
D6035.2	GTCC Rqmts & RFP	\$119,393	\$129,542.25
D6035.3	GTCC Ops Prep	\$48,968	\$46,700.71
D6035.4	AVLS Purch. & Installation	\$531,091	\$498,686.88
D6035.5	AVLS SW & Deployment	\$249,050	\$242,064.90
	Total	\$996,452	\$999,872.83

AVLS Equipment-Related Expenses (D6035.4) Detail

AVLS Hardware	\$403,758.82	200 AVLS systems, test cables, power supplies
Verizon airtime	\$44,390.89	Airtime Jul-Dec 2010
IMT AVLS Service	\$25,000.00	AVLS Service Sep 2010 - Jun 2011
IMT oMM login upgrade	\$4,647.91	Upgrade to 5 oMM logins per agency 1Jan-31Dec2011
Install Reimbursements	\$19,969.95	Reimbursements to 10 agencies (74 vehicles) to-date
FedEx Delv. Charges	\$236.34	Shipping charges
Misc. Expenses	\$682.97	
TOTAL	\$498,686.88	

Summary of GTCNC GTRI Contract Expenditures – AVLS Equipment & RFP

- We may also view the AVLS expenditures based on both the cost of the equipment as well as the cost of the RFP development, evaluation, & award (D6035.1 & D6035.4):

Task	Description	Est. Cost	Actual Cost
D6035.1	AVLS Rqmts & RFP	\$47,950	\$82,878.09
D6035.2	GTCC Rqmts & RFP	\$119,393	\$129,542.25
D6035.3	GTCC Ops Prep	\$48,968	\$46,700.71
D6035.4	AVLS Purch. & Installation	\$531,091	\$498,686.88
D6035.5	AVLS SW & Deployment	\$249,050	\$242,064.90
	Total	\$996,452	\$999,872.83

AVLS RFP- & HW-Related Expenses

AVLS RFP & Equip. Est. Total	\$579,041.00	<— Sum of Sub-budgets D6035.1 & D6035.4
AVLS RFP & Equip. Actual Total	\$581,564.97	<— Sum of Sub-budgets D6035.1 & D6035.4
Variance	(\$2,523.97)	
Variance %	-0.44%	

Summary of GTCNC GTRI Contract Expenditures – All AVLS-Related Costs

- Finally, we can view all AVLS-related expenditures (HW costs, RFP development, and AVLS software development and personnel costs) in total as shown here:

Task	Description	Est. Cost	Actual Cost
D6035.1	AVLS Rqmts & RFP	\$47,950	\$82,878.09
D6035.2	GTCC Rqmts & RFP	\$119,393	\$129,542.25
D6035.3	GTCC Ops Prep	\$48,968	\$46,700.71
D6035.4	AVLS Purch. & Installation	\$531,091	\$498,686.88
D6035.5	AVLS SW & Deployment	\$249,050	\$242,064.90
	Total	\$996,452	\$999,872.83

AVLS All-Related Expenses

AVLS RFP & Equip. Est. Total	\$828,091.00	<— Sum of Sub-budgets D6035.1, D6035.4, & D6035.5
AVLS RFP & Equip. Actual Total	\$823,629.87	<— Sum of Sub-budgets D6035.1, D6035.4, & D6035.5
Variance	\$4,461.13	
Variance %	0.54%	

AVLS Software Training

- One-day training sessions on use of In Motion oMM software being planned for Regions 5 & 6 (one day of training in each region). Tentative dates of late Feb or early Mar 2011.
- Trainings will be videotaped for later reference.
- Web-based training should be developed as long-term goal.
- GEMA is planning training and exercise use for GTVC software to be announced at a later date.

Viewing Vehicle Status using oMM & GTVC

- Users may view their vehicle location using either In Motion's onboard Mobility Manager (oMM) web software or the GTVC client software.
- In Motion originally provided two oMM user logins to each organization – one for the IT POC and one for the Dispatch user. Additional logins available at \$120/yr per seat extra cost, or \$180/yr per agency for five (5) logins per agency.
- GTRI purchased the oMM login upgrade on 12/9/10, allowing 3 IT-user logins and 4 Dispatch-user logins per agency.
- GTVC provides unlimited user logins, but must be installed on each client workstation (i.e., is not browser-based).
- Use oMM to view vehicle status, messaging, geo-fencing, and other dispatch-related functions. More useful for agency fleet-management functions.
- Use GTVC to view vehicle locations in combination with other information such as hospital locations & status, ongoing incidents, resource availability, GIS data, etc. More useful for operations, exercise, training, & planning.

AVLS oMM (onboard Mobility Manager) Logins Details

The GTCNC has purchased an increased number of concurrent oMM logins for each agency. Concurrent sessions allow the same username and password to be used up to the limit of the number of sessions configured.

The original arrangement was:

- IT-user: 2 sessions (second session needed to run background reports)
- Dispatch-user: 1 session

The new configuration is:

- IT-user: 3 sessions
- Dispatch-user: 4 sessions

Each login uses the same username and password as already assigned to each agency. If an agency would like individual usernames and passwords (and permissions) assigned to each login, they may contact In Motion directly and they will set that up on the spot at no additional charge. All additional logins are currently active using the shared usernames and passwords.

AVLS Units On-line as of 7 Feb 2011



Note: AVLS unit locations have been randomly shifted by 0-5 miles on this map to avoid displaying true vehicle locations.

Additional Questions?

RURAL COUNTIES LISTINGS

DEFINED BY POPULATION OF 35,000 OR LESS OR AS DEFINED BY STATE LEGISLATURE*

The purpose for the Georgia Medicare Rural Hospital Flexibility (Flex) Emergency Medical Services (EMS) Network Grant Program is to provide for the development of Regional EMS collaboratives to address widespread EMS barriers to the provision of pre-hospital health care and to establish a network of providers who are fiscally responsible and sustainable. The following counties listed below are eligible for funding under this RFGA:

- | | | |
|--------------------------|-----------------------|------------------------|
| 1. Appling County | 38. Grady County | 75. Pike County |
| 2. Atkinson County | 39. Greene County | 76. Pulaski County |
| 3. Bacon County | 40. Hancock County | 77. Putnam County |
| 4. Baker County | 41. Haralson County | 78. Quitman County |
| 5. Banks County | 42. Harris County | 79. Rabun County |
| 6. Ben Hill County | 43. Hart County | 80. Randolph County |
| 7. Berrien County | 44. Heard County | 81. Schley County |
| 8. Bleckley County | 45. Irwin County | 82. Screven County |
| 9. Brantley County | 46. Jasper County | 83. Seminole County |
| 10. Brooks County | 47. Jeff Davis County | 84. Stephens County |
| 11. Bryan County | 48. Jefferson County | 85. Stewart County |
| 12. Burke County | 49. Jenkins County | 86. Sumter County |
| 13. Butts County | 50. Johnson County | 87. Talbot County |
| 14. Calhoun County | 51. Jones County | 88. Taliaferro County |
| 15. Candler County | 52. Lamar County | 89. Tattnall County |
| 16. Charlton County | 53. Lanier County | 90. Taylor County |
| 17. Chattahoochee County | 54. Lee County | 91. Telfair County |
| 18. Chattooga County | 55. Liberty County* | 92. Terrell County |
| 19. Clay County | 56. Lincoln County | 93. Toombs County |
| 20. Clinch County | 57. Long County | 94. Towns County |
| 21. Cook County | 58. Lumpkin County | 95. Treutlen County |
| 22. Crawford County | 59. McDuffie County | 96. Turner County |
| 23. Crisp County | 60. McIntosh County | 97. Twiggs County |
| 24. Dade County | 61. Macon County | 98. Union County |
| 25. Dawson County | 62. Madison County | 99. Upson County |
| 26. Decatur County | 63. Marion County | 100. Warren County |
| 27. Dodge County | 64. Meriwether County | 101. Washington County |
| 28. Dooly County | 65. Miller County | 102. Wayne County |
| 29. Early County | 66. Mitchell County | 103. Webster County |
| 30. Echols County | 67. Monroe County | 104. Wheeler County |
| 31. Elbert County | 68. Montgomery County | 105. White County |
| 32. Emanuel County | 69. Morgan County | 106. Wilcox County |
| 33. Evans County | 70. Oconee County | 107. Wilkes County |
| 34. Fannin County | 71. Oglethorpe County | 108. Wilkinson County |
| 35. Franklin County | 72. Peach County | 109. Worth County |
| 36. Gilmer County | 73. Pickens County | |
| 37. Glascock County | 74. Pierce County | |

* Indicates legislatively mandated rural county this only applies to Liberty County.

EMS Stakeholder Allocation: FY 2011 Amended Budget		
Available EMS Budget	\$ 1,161,848.80	
EMS Subcommittee on Trauma Support: \$4200 for Subcommittee support (minutes) \$600 conference call and \$600 printing support.	\$ 5,400.00	
AVLS Anticipated Expenses 01 January 2011 - 30 June 2011	\$ 72,843.00	
Total for existing programs distribution		\$ 1,083,605.80
	% of FY 2010 Total	
EMS Uncompensated Care Program	26.30%	\$ 284,988.33
EMS Vehicle Equipment Replacement Grants	55.90%	\$ 605,735.64
First Responder Training	8.90%	\$ 96,440.92
Trauma Care Related Equipment	8.90%	\$ 96,440.92
Total :	100%	\$ 1,083,605.80

EMS Stakeholder Allocation: FY 2011 Amended Budget		
Available EMS Budget	\$	1,161,848.80
EMS Subcommittee on Trauma Support: \$4200 for Subcommittee support (minutes) \$600 conference call and \$600 printing support.	\$	5,400.00
AVLS Anticipated Expenses 01 January 2011 - 30 June 2011	\$	72,843.00
Total for existing programs distribution		\$ 1,083,605.80
EMS Uncompensated Care Program	26.3%	\$ 284,988.33
EMS Vehicle Equipment Replacement Grants	60.2%	\$ 652,500.00
First Responder Training	13.5%	\$ 146,117.47
Total :	100%	\$ 1,083,605.80