MEETING MINUTES

Friday, 18 May 2012

Scheduled: 9:00 am until 2:00 pm
Mercer Auditorium of Hoskins Center Building #10
Memorial Health University Medical Center, Savannah, Georgia

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order at 9:08

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley	Bill Moore (excused)
Linda Cole, RN	Kurt Stuenkel (excused)
Dr. Leon Haley	
Dr. Robert Cowles	
Dr. Fred Mullins	
Elaine Frantz, RN	
Ben Hinson	

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director	Georgia Trauma Care Network Commission
Lauren Noethen, Office Coordinator	Georgia Trauma Care Network Commission
Judy Geiger, Business Operations Officer	Georgia Trauma Care Network Commission
John Cannady, TCC Coordinator	Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Renee Morgan	OEMS/T
Regina Medeiros	GHSU
R. David Bean	EMS Consultant Services
Debra Kitchens	MCCG
Susan Bennett	JMS Burn Centers, Inc.
Lawanna Mercer Cobb	Region 6
Scott Maxwell	M & M Inc.
Elaine Frantz	Memorial
Rena Brewer	GA Partnership for TeleHealth
Gigi Goble	GA Partnership for TeleHealth
Kelley Jo Kesler	GA Partnership for TeleHealth
Karen Waters	GHA
Courtney Terwilliger	GAEMS Emanuel County EMS
Marie Probst	OEMS/T

WELCOME TO MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER

Dr. Dennis Ashley thanked Ms. Elaine Frantz, Dr. Gage Ochsner and Memorial Health University Medical Center for their support and for providing their facility to the Georgia Trauma Commission.

Dr. Gage Ochsner on behalf of Memorial's CEO, Margaret Gill, and the Board of Directors, welcomed the Trauma Commission to Memorial and the city of Savannah. Dr. Ochsner stated that we are all aware of the great sacrifices the Commission makes to come here and take time away from their busy schedules to do this very important work in overseeing the development and the quality of a statewide trauma system. We all recognize that caring for the injured patients of Georgia is the core value of this institution, but we have a long way to go. We have made huge strides thanks to the efforts of the folks gathered here today. The final goal is that every citizen in the state of Georgia has timely access to appropriate care for his or her injuries. Dr. Ochsner stated that on behalf of this institution and all the citizens of the city of Savannah he would like to thank you for your work, sacrifice, and for joining us.

QUORUM ESTABLISHED

Dr. Ashley asked Mr. Jim Pettyjohn if Mr. Alex Sponseller was present on the conference line. Mr. Pettyjohn stated that Mr. Sponseller was not on the conference line yet and would be a few minutes late. Dr. Ashley stated that quorum was established.

WECOME INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley stated that as far as the Chairman's report he did not have a lot to report today, but he wanted to take the opportunity thank the Commission members, their staff and Mr. Jim Pettyjohn, and his staff for their hard work and preparation for this meeting.

APPPROVAL OF THE MINUTES OF THE 15 MARCH 2012 MEETING

The draft minutes of the 15 March meeting were distributed to the Commission prior to the meeting via electronic means and are also available to meeting attendees in printed form.

MOTION GTCNC 2012-05-01:
I move that the minutes of the 15 March 2012 meeting of the Georgia Trauma Care Network Commission distributed and presented here today to be approved.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Dr. Robert Cowles**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to http://www.gtcnc.org*)

ADMINISTRATIVE REPORT REVIEW

Mr. Pettyjohn stated and he and his staff have worked very hard on establishing the Commission's budget and have also been working with Ms. Carol Peirce on the Commissions Strategic Plan and the First year Operations Plan from that Strategic Plan. We are ready to do presentations on that and take your questions *(Administrative Report and Meeting Agenda posted to http://www.gtcnc.org).*

FY 2012 Expenditure Report

Mr. Pettyjohn stated that the FY 2012 Expenditure Report was posted to the Commission's website and gives you an accounting of how the Commissions funds were spent by the staff over the fiscal year. The amounts that you see in this report are good through April 30, 2012 *(FY 2012 Expenditure Report page 4 of the Administrative Report).*

Ms. Judy Geiger stated that this report shows the January approved budget that was approved at the January Workshop and the alignment of the 2012 budget. We are getting to that point in the year where we find savings in the budget that we are not going to spend and rather then lapse it we would like to redirect those dollars to the contracts. Ms. Geiger will go over that in each individual budget category. It also shows the expenditures as of April 30, 2012 and the remaining budget available.

Ms. Geiger stated that there was a reduction in three of the Trauma Center contracts due to non-compliance of Performance Based Criteria in their contracts, which amounted to $11,194.00 as a total. Those dollars will be redirected to contracts. We found effective savings in the Commission's Per Diem based on the amount of Per Diem that will be paid out through June 30th and reduced that amount by $2,100.00. We also reduced the staff travel by $3,000.00. One of the contracts that will be enhanced as a result of those redirects will be the Public Health Consultants Contract. We would like to add $20,000 dollars to that contract to facilitate Ms. Carol Peirce in moving forward with the Strategic Plan in developing the framework.

Ms. Elaine Frantz wanted to know if that $11,194 that Ms. Geiger mentioned earlier would be included in the make up of that $20,000.

Ms. Geiger stated yes, but it will be made up from other reductions as well, which you will see on the bottom of page 5 of the Administrative Report. There will be savings on the TCC contract due to a change of schedule with the TCC agents, a reduction in the TCC contingency budget, Operations Specialist travel budget, Commission Per Diem savings, and staff travel savings.

Mr. Pettyjohn stated that the money going to the Public Health Consultants contract is FY 2012 dollars and those dollars will be going into deliverables that will extend over into FY 2013. Providing those dollars to the contract now would save the Commission money in FY 2013 and enable us to add more money back to the stakeholders.

Ms. Linda Cole wants to know how much money the Commission will have remaining in the budget at the end of the year.

Ms. Geiger stated that there is $50,000 remaining in the budget to pay outstanding invoices for May through June 30, 2012 and until we know the amounts of those invoices we will not now the exact amount of dollars left over.

Mr. Pettyjohn stated that if there are additional funds left over, the plan is to add those dollars to the GH&I Audit contract and possibly renew Mr. Greg Bishop's contract for his work next year. Mr. Pettyjohn stated that the goal is to have as much of the FY 2012 dollars in contracts to proceed with the work that the Commission needs to carry through FY 2013.

Dr. Robert Cowles wanted to know why the Commission is trying to spend all of the money that they are granted, when the taxpayers in Georgia are trying to save money. He thinks the Commission should try to save money.

Dr. Ashley stated the Commission does not have enough money to accomplish what the citizens of Georgia need to have done, so what we are trying to do is take those funds and redirect them to the right spots on the budget. That is why at the end of the fiscal year we sit down and redirect those funds to areas of need. There are not really excess funds.

Dr. Haley stated that the Commission is trying to redirect those dollars to cover things that could not be covered originally.

Mr. Pettyjohn stated that we must live within the confines of the state fiscal year. If we had a trauma trust fund that trust fund would carry on and not be subject to the fiscal year and the monies would roll over. The Commission's money does not roll over, so by managing our expenditures we are fully aware of every dime, and every month we can see how much money we are going to have available to continue the Commission's work into the next fiscal year. By amending current contracts with important contractors for work in the next fiscal year, we are able to continue on despite the hard stop that the fiscal year gives us.

Ms. Geiger stated that the Commission found a lot of savings by not hiring the Assistant Compliance Improvement nurse and those dollars would be added to the TCC software enhancements contract for this year. We also reduced the travel budget of the Operations Specialist, and those dollars will be redirected to the Public Health Consultant contract. The largest savings came from the change in schedule with the TCC agents. Those savings will be added to the Auditing contract with GH&I and $10,000 of that will be added to the Public Health Consultants contract. *(Trauma Communications Budget, page 6 of the Administrative Report)*

MOTION GTCNC 2012-05-02:
I make a motion to approve the Amended AFY 2012 budget as presented.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Dr. Leon Haley**
DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

FY 2013 Draft Budget Review and Program reports

Mr. Pettyjohn stated that the budget that the Commission is presented with today is version 27 of the FY 2013 Budget *(Georgia Trauma Commission FY 2013 Budgets (Drafts) Summary & Comparison by Budget Areas, page 10 of the Administrative Report)*. The Commission has had several budgets; **1)** beginning of FY 2012, **2)** FY 2012 less 3%, **3)** amended FY 2012, when the Commission heard that we had to find 1.7 million dollars in January. The Commission approved the amended budget and we are currently working with the Amended FY 2012 Budget and that budget is in yellow. There are three separate columns. The yellow column is the Amended FY 2012 Budget. The first yellow column is the budget and the second yellow column is a percentage of the total budget. These are called budget areas and sometimes they are called program areas or sub-program areas, but for the state accounting the Commission has one program area so we are calling these budget areas. Based on experience the green column is what the staff would like to see approved in order to continue the Commission's work. The red column is another FY 2013 budget developed based on a particular Commission members concern that we should begin working to keep the stakeholders, EMS, and trauma centers physicians funding at a floor level. Mr. Pettyjohn stated that Mr. Bill Moore wanted that floor to be the 2012 funding. He met with Mr. Moore and discussed that and the staff worked very hard on it, and that is what we are going to be going through today with the two budgets. You will note at the very bottom of the green budget as compared to FY 2012 stakeholder funding, the green budget is fewer $228,787.00 dollars and the red budget is fewer $49,101.00 dollars. On this page, which generally shows the budget areas, what you see in blue reflects the difference. This is an overview of the budget format that has been used since Mr. Pettyjohn has been with the Commission, and he will go page by page through each budget area and pause to take questions. There will be presentations as the Commission moves through the budget areas.

Ms. Cole wanted to know if the Commission was going to vote on each page of the budget as we move along, or hear the whole budget first.

Dr. Haley stated that the real question is; do we need contingency funding and if so what is the right dollar amount for that contingency.

Dr. Ashley suggested that we go through the whole budget so that people can make informed decisions.

TCC Update

Mr. John Cannady stated that as of May 14, 2012 239 patient calls came through the TCC from both EMS and hospitals, and they are on pace to have their busiest month in May *(TCC Update PowerPoint attached to the meeting minutes)*. The training throughout Region 6 has been going very well and we are starting to see them come on line and are receiving more calls as well. We anticipate those numbers and the volume to increase as Region 9 comes online.

Mr. Cannady stated that Region 6 had a three car MVA in which nine total patients were involved. EMS gave the TCC information and asked them to call Augusta and make sure the hospital could handle that total number of patients. They made that call to Augusta and the hospital confirmed that they would be ready to handle all nine patients. The TCC was able to get that information to EMS while they were still on route to the scene. Mr. Cannady stated that this paints a good picture of not only our function for EMS, but also potentially the TCC having a future roll in disaster management.

Mr. Ben Hinson wanted to know how the EMS agents contacted the TCC.

Mr. Cannady stated that that the primary mode of contact is by cell phone.

Ms. Elaine Frantz wants to know if there is a reason why the TCC is not getting more calls from the participating regions.

Mr. Cannady stated that it is a combination of multiple factors. They are allowing the regional RTAC's to disseminate the training and decide best how they want to get the word out. Typically that is being handled through EMS directors who inform their crews. Mr. Cannady is certain that there is reluctance from some medics to use the TCC. Some of these medics have been in the field for 15-20 years and have set patterns of operating and we are asking them to change that and change takes time. The TCC is seeing the volume of calls increase and also an increase in the number of different agencies that are calling. Mr. Cannady stated that the TCC is making progress and will continue to make progress.

Dr. Dennis Ashley stated that they had an RTAC meeting for Region 5, looked at the data they had collected, and went around the room and asked each person how they would improve on the amount of people that are calling into the TCC. Dr. Ashley informed people that when something comes out in the literature it can take years for it to become standard care and we do not want to take years, but we have to remember that the TCC just started taking calls at the end of January 2012. He stated that it is an educational process and people are still learning. At this meeting, which included EMS, hospitals, and physicians Dr. Ashley made a recommendation to his RTAC that a letter be sent out to the stakeholders, EMS, and hospitals educating them on this data and showing them which regions and services are calling in and which counties are involved or not involved as it can be seen on a map and ask the question, "What barriers are you facing?" and "What can we do to help?" Then follow-up with actual phone calls to directors of EMS services. Dr. Ashley stated that we have an action plan based on the data that we have collected so far, and that data will enable us to reach out to those other agencies. The idea is to get everybody in the region aggressively involved.

Mr. Ben Hinson stated that he would like to comment on the TCC from an EMS perspective. When the TCC started he was very vocal in stating that he thought the TCC was overstaffed, but staffing adjustments were made and it is more in line now. Mr. Hinson stated that he is very pleased with the volume of calls that the TCC is receiving, because it is much higher then he thought it would be at this point. The ambulance that called the TCC while on route to the scene of a bad accident and was able to find out that Augusta could take those patients and be ready for them even before they got there, will start using the TCC regularly, because they know it worked and was helpful. The TCC is also helping the community hospitals get patients into a trauma center. There have been cases where the small hospital calls the TCC and quickly finds out where to take the patient. Historically they would call every trauma center they could find and whoever said yes first, that is where that patient went, even though it might

be two hours further away. We have to prove that the TCC makes the job easier and not more complex, and if people have a speed dial on their phone and can call and get help, that is as easy as it can get.

Mr. Cannady stated that the TCC is a resource for EMS and the hospitals, and not there to direct and be a big brother looking over their shoulders. They want to be flexible and continue to move forward as the system moves forward, and provide the best services to those EMS providers and hospitals around the state.

Mr. Cannady emphasized the fact that the TCC collects data and he is excited about the possibilities that the data collection represents to really get a look at the trauma system and some of the trends that he sees. Mr. Cannady stated that they received 228 patients coming from EMS and 11 inter-facility transfers. They have had 210 that have gone to a designated trauma center and 29 that have gone to a non-designated trauma center and those were medic discretion type transfers.

Dr. Haley wanted to know if the medic called and the TCC gave them advice and they still chose to go to a non-designated center.

Mr. Cannady stated it was either that scenario or the medic called while they were already enroute and told them that is where they were going. Potentially as the TCC disseminates data out through the RTAC's and the regional EMS counsels take a look at that data from a QI perspective and identify those trends and ask what were the reasons for that and look at those areas where maybe they need a designated center.

Ms. Cole asked Mr. Cannady if he knew how many of those 29 patients met TSEC criteria and of those 29 were some so critical that they needed an airway or bleeding control and needed to go to the closest facility.

Mr. Cannady stated that he does not have that information available today, but he does have the ability to go back and take a look at each case.

Mr. Hinson wanted to know if all 239 meet TSEC criteria.

Mr. Cannady stated that of those 239 patients 231 met the TSEC criteria as was relayed to us by the caller.

Mr. Hinson wanted to know if some of those 29 patients that went to the non-designated trauma center may not of met TSEC criteria.

Mr. Cannady stated that the majority of those 29 did not actually meet TSEC criteria.

Mr. Cannady stated a TCC Advisory Board has been formed to advise on operations and evolution of the TCC currently and as they progress statewide. The board will include Commission members and representation from the approved RTAC's. The first meeting is scheduled for Wednesday, June 13th and will be held at the TCC in Forsyth, Georgia. At this point in time the initial representation will include Ms. Debra Kitchens from Region 5, Dr. Regina Medeiros from Region 6, Ms. Linda Cole, Ms. Elaine Frantz, and Dr. Fred Mullins.

Mr. Cannady stated that working with the TCC Advisory Board he would like to create a patient data form that the TCC would disseminate to the destination hospital have it completed and returned to the TCC. This form would assist with QI and PI not only for the TCC, but the EMS agency that called. Some of the potential information on that form would ask, "What were the injuries found on examination?" and "What was the final disposition of the patient?" This would allow the TCC to get that information back to the EMS agencies, if they so choose, so that they could see if the injuries that medics reported matched up to the ER assessment.

Ms. Elaine Frantz stated that rather then another form this might be a very good opportunity to get someone from the Office of EMS to join the TCC Advisory Board. We need to link data sources with OEMS/T, EMS, and the Commission. We need to figure out a way to have one unified data source, so we can show the legislature how we have improved trauma care and saved lives in Georgia.

Mr. Hinson stated the Commission needs to ask Mr. Keith Wages to be on the TCC Advisory Board, or perhaps someone he would appoint, because a lot of the issues we have are people communications not technological communications with OEMS/T.

Mr. Cannady stated that he would reach out to Mr. Keith Wages.

Mr. Cannady stated that the TCC does not have dollars budgeted in the FY 2013 draft budget for software enhancements. Those dollars would come out of the TCC Contingency Fund *(Trauma Communications Center FY 2013 Draft Budget page 12 of the Administrative Report)*.

Ms. Cole wanted to know if there are any more anticipated enhancements needed.

Mr. Cannady stated that he anticipates that they will need more enhancements, but exactly when and what they will be he does not know at this time.

Mr. Pettyjohn stated that the TCC Advisory Board would be involved on any enhancements to the software.

Mr. Cannady stated that the GTRI contract would not be renewed. Any SAAB enhancements would come from the TCC Contingency Fund. Additional staffing will be required as the TCC call volume increases and those dollars would also come out of the TCC Contingency Fund.

Mr. Cannady stated that the TCC would like to begin offering their services statewide beginning July 1, 2012, but again the TCC Advisory Board would assist with that and provide counsel.

Mr. Pettyjohn stated that the Commission has been providing reimbursement up to $1000.00 for participating hospitals trauma centers towards the purchase of a dedicated PC and monitor. If we go statewide $25,000 is not going to be enough. In order to manage this better we are thinking of providing up to $500.00 to some of the hospitals who do not need reimbursement. If additional funds were needed to bring a hospital on board and providing a PC and monitor, those funds would be accessed from the TCC Contingency Funds. Because we have a $100,000 dollars in the Operations Contingency we could also access those funds to provide support to get the TCC operations going statewide.

Mr. Hinson does not understand why a hospital could not afford $1000.00 to buy a computer to enable them to come on board with the TCC.

Mr. Pettyjohn stated that these are community hospitals that do not receive funding from the Commission and may be struggling to survive. We certainly do not want those hospitals to struggle to receive a number one trauma patient.

Mr. Pettyjohn stated that thanks to the expert work in Region 5 and 6 we have a very good baseline understanding of how RTAC's should be formed. As far as regionalization activities $50,000 would go to a designated trauma center in each of the other regions to begin regionalization activities *(System Development, Access and Accountability FY 2013 Draft Budget, page 15 of the Administrative Report)*.

Mr. Hinson suggested that the Commission give that $50,000 to the regional office in each of those regions so they could staff and get the RTAC's up and running. The Office of EMS is the backbone to everything that EMS is doing and they could desperately use those funds. The Commission could direct OEMS/T on what to do and they could get it done for us.

Dr. Ashley stated that the Commission would decide today on the dollar amount for the RTAC in the budget and then at a later date decide whom specifically the contract would go to.

Mr. Hinson stated that he was fine with that decision.

Mr. Pettyjohn stated that page 16 of the Administrative report is Budget Area EMS Stakeholder Allocation, which is for AVLS support for Verizon airtime and In Motion technology. The Commission in phase I provided dollars to GTRI

to buy and distribute those units and pay airtime. Last year the airtime that GTRI provided for phase I ran out, so January 2012 through June 2012 the Commission picked up the airtime. GEMA provided additional phases: phase 2, 3, and 4, which they are currently developing, and executing. Those phases will become operational at various times during the year. Due to GEMA's constraints in federal funding with this project, they are only able to provide the units and pay for the support of those units and the airtime for one year and after that year the airtime will end. Through conversations with some EMS stakeholders and the EMS Subcommittee there is a desire to have the airtime funded by the Commission for an additional year so that they can realize the fullness of the operation and the benefits of those units.

Mr. Hinson stated that he thinks we should pay for it for another year, but also thinks the Commission should continue to pay for it because as the TCC gets busier those units are going to be even more important. His only question is do the dollars come out of the EMS budget or should they come out of the TCC budget.

Ms. Linda Cole wanted to know if the Commission would be funding the AVLS units indefinitely.

Mr. Pettyjohn stated that it was anticipated that once EMS realized how invaluable the units were they would take over paying for those units. If the Commission decides to pay for an additional year we would be bringing the management of those accounts in house, and save about $38,000 dollars by not going through GTRI.

Mr. Pettyjohn stated that page 18 of the Administrative Report is the budget area Office of EMS and Trauma. We are trying to find the money to keep the stakeholders whole. You see the green budget, which shows OEMS/T a full 3%, the red budget that shows them at 2.5%. The directive through senate bill 60 is up to 3%.

Mr. Pettyjohn stated that pages 19 through 24 of the Administrative Report the budgets are in green and red and he will pay attention to mainly the green. The red reflects the same formulas for distribution beginning with a lesser amount. For instance the green budget for Trauma Centers and Physicians is $10,705,837 and the red budget is $10,848,586. On page 20 you will see that the Burn Center at Grady Hospital will most likely become a state designated burn center before the start of FY 2013, which will make them eligible for burn center funding. Emanuel Medical Center which is a Level 4 will also be eligible.

Mr. Hinson wanted to know if the entire discussion between the green and the red budget is over $149,000 dollar difference?

Mr. Pettyjohn stated that page 10 of the Administrative Report is the Georgia Trauma Commission FY 2013 Budgets (Drafts) Summary & Comparison by Budget Areas. The difference between the Green and Red budget areas is $179,686.00.

Dr. Ashley asked if the numbers in red on page 21 budget for Uncompensated Care are in red because they will change.

Mr. Pettyjohn stated the numbers would change, as they are FY 2009 data and are just placeholders. We are currently receiving the survey back from GH&I for FY 2010 and the return is not as good as it has been. This will be addressed in next year's contracts. Part of next years Performance Based criteria in the contracts to the trauma centers will be that survey results and requests for data will be returned in a timely manner. Every year that we have performed an audit those numbers have changed. We will not be adding Uncompensated Care dollars to the July contracts instead we will wait until the FY 2010 audit is back and we are able to see the distribution. Then at the August Commission meeting in Macon that distribution will be approved and an amendment to the trauma centers contracts will be made. A one-page document will be sent to each trauma center to sign and mail back with an invoice so they can receive their Uncompensated Care dollars.

Ms. Elaine Frantz wanted to know if the Commission will have a paid for performance accountability on each recipient who receives Commission funding.

Mr. Pettyjohn stated that in the Commission's contracts with GH&I and Public Health Consultants there are deliverables that are monitored. We plan on doing an EMS audit this year by contacting all ambulance recipients in FY 2009 and 2010 and have them reaffirm that the data in the affidavit that they signed to receive those ambulances

are true and that the ambulance remains in service within the community and there is no lean on it. We will also request that they supply a photograph of that ambulance with the Georgia Trauma Commissions decal on it. In addition we require in the MOU with the Office of EMS, that EMS service providers in the state are compliant with the GEMSIS data collection. Funding should be limited only to those services that are compliant with state requirements and participate in the Commissions work. As we go statewide in our regionalization activities EMS services that receive lots of money from EMS Uncompensated Care, but do not participate at the RTAC level, would no longer receive those dollars.

Mr. Hinson stated that there are some EMS services that are trying to send information to GEMSIS but the technology is not there yet, the software is not talking. The only accountability that we are talking about is are you doing what you said you would do in the contract that you signed. We are not to the point to ask EMS if their response times improved when they received the new ambulance. I hope that is one of the questions we can have answered eventually. Now that we have the TCC, and the hospitals are updating themselves they should only get paid for Readiness for that hour if they are current on the system. That is the kind of accountability Mr. Hinson would like to see.

TAG funding

Ms. Debra Kitchens spoke to the Commission about the funds going to the Georgia Committee on Trauma for meetings as well as the Trauma Associate's of Georgia for educational purposes GTCE is asking for a total of $85,850.00 and out of that amount $70,800.00 is for six Rural Trauma Team Development courses, two, Advanced Trauma Care for Nurses courses, two, Trauma Care after Resuscitation Courses, and one Trauma Nurse Core course. The additional $15,000 is a request to do a Trauma Outcomes and Performance Improvement course *(Tag Proposal, page 27 of the Administrative Report)*.

Ms. Kitchens stated she and Dr. Chris Dente, the Chair for the Committee on Trauma for Georgia, are putting together a one day Trauma Symposium that will include a key speaker, trauma medical directors, trauma program managers, and the resident paper competition. A proposed budget was put together to cover expenses for this event. They hope to hold this meeting yearly with the Trauma Commissions support *(COT Proposal, page 25 of the Administrative Report)*.

Mr. Hinson wanted to know if Ms. Kitchens had contacted any vendors to find out if they would sponsor the Trauma Symposium.

Ms. Kitchens stated that they have not. The Continuing Medical Education Credits for Physicians are very stringent about how you have vendors come into activities. It can be done, but it is much more involved.

Dr. Ashley stated that we have never been tied together as a state as far as getting trauma medical directors and trauma coordinators together in one place, and that is what the American College of Surgeons Georgia Committee on Trauma is trying to accomplish by holding the Trauma Symposium.

Mr. Hinson stated that his concern is not the trauma care from the physicians in the trauma centers it is the trauma care from the physicians at the non-trauma care centers in rural community hospitals. He would hope that we would find a way in our development to do some very aggressive outreach to the physicians in the community hospitals.

Ms. Elaine Frantz stated that in her 40 years of nursing the RTTDC course is truly one of the best collaborative courses she has been a part of. They require that 4-5 ER physicians attend each course they provide, in addition to EMS and nurses. It has definitely done more for rural hospital care in the hospitals in those regions that have taken the course than any other course.

Dr. Ashley stated now that everyone has heard the presentations on the various budget areas we have to decide first if the Commission is voting for the green or the red budget.

Dr. Haley wanted to know what the big difference was between the green and the red budget.

Mr. Pettyjohn stated that you could see the difference on page 10 of the Administrative Report. The Commission Operations is $50,000, the System Development is $50,000, and OEMS/T Allocation is $79,686.

MOTION GTCNC 2012-05-03:
I make the motion that the FY 2013 Green Budget Draft distributed and presented here today be approved.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Dr. Robert Cowles**

DISCUSSTION: Mr. Hinson wanted to know if the Commission was still going to go through the budget areas page by page.

Mr. Pettyjohn stated that we are going to use the green budget to start with and go through those budget areas one at a time.

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

MOTION GTCNC 2012-05-04:
I make the motion that all those in favor of approving the green budget and for further discussion to look at each budget line item.

MOTION BY: **Dr. Dennis Ashley**

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

Dr. Ashley stated the Green Budget carried and the Commission would now move into the specifics of the green budget.

Mr. Pettyjohn stated that the first budget area in green is Commission Operations on page 11 of the Administrative Report with at total funding of $462,428.

Dr. Haley wanted to know if $100,000 was the right number for contingency.

Dr. Jeff Mullins did not think a $100,000 in contingency was unreasonable.

Mr. Pettyjohn stated that he would update the Commission on that $100,000 contingency amount at the August, November and January Commission meetings.

Mr. Hinson stated that history has shown that there will be a more than $100,000 dollar adjustment in January one way or the other anyways, so working on that in detail right now may be a mute point.

MOTION GTCNC 2012-05-05:
I make the motion to approve the Budget Area Commission Operations.

MOTION BY: **Dr. Fred Mullins**
SECOND BY: **Dr. Robert Cowles**

DISCUSSION: None

Motion has been copied below:

Minutes approved 16 August 2012

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Pettyjohn stated that page 12 is the TCC budget area with a total of $598,871.

Ms. Linda Cole stated that there is no discrepancy in that budget area between the green and the red budget.

MOTION GTCNC 2012-05-06:
I make the motion to approve the Budget Area Trauma Communications Center.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Dr. Dennis Ashley**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Pettyjohn moves on to page 12 of the Administrative Report, which is the budget area System Development, Access & Accountability for a total of $429,050.

Mr. Hinson stated that the regionalization activities should be run through OEMS/T. They have people in every region, and they are in the position to handle it.

Dr. Ashley stated that whether we go with the EMS counsel or we go with the trauma center he does not want any overhead fee. He does not want to be paying people to distribute money, or for doing things, because that money needs to go to the RTAC.

Dr. Haley stated that money either needs to sit with OEMS/T, a hospital, or the Commission.

Mr. Pettyjohn stated that the money intended is to offset the cost of administrative support to get this work done, which consists of arranging meetings and writing the report. He does not know if OEMS/T is interested doing this, has the capacity to do this, and can do it in the timelines that you would expect. In conversations with the hospitals they are prepared to move forward with it. He thinks that that we have a very good base data and understanding that trauma centers can do this. ACS and HRSA and all the national models really point to a lead trauma facility in each of the regions for system development, so we would be keeping with that as well.

Dr. Mullins stated that when Region 1 formed their committee they decided who was going to hold the money. Then they come to that entity with a plan. This encourages the formation of RTAC's, knowing that there is funding available to continue the system development in their region.

Ms. Elaine Frantz stated that their RTAC did not get the funding until they did all the legwork in developing a plan. Their plan was then presented to the Commission for approval and the money was provided.

Mr. Pettyjohn stated those of you who have worked with him on getting this contract know that the money is just not given to you, there are specific deliverables, and timelines.

Mr. Hinson withdrew his request, but continued to disagree. We are building all these great systems and our fundamental structure for EMS in the state is starving to death and will not be able to function, and when you cannot license ambulances or inspect them nothing we do will matter anymore.

Mr. Pettyjohn stated that the funding is for building RTAC's.

MOTION GTCNC 2012-05-07:
I make the motion to approve the Budget Area System Development, Access & Accountability.

MOTION BY: **Ms. Elaine Frantz**
SECOND BY: **Ms. Linda Cole**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Hinson wanted to know where in the discussion should the GEMSIS enhancement be brought up.

Mr. Pettyjohn stated that based on the knowledge of this enhancement and further anticipated conversations with the folks at OEMS/T the Commission would support it.

Mr. Hinson stated that at some point he would like to bring that conversation up before the close of the meeting.

Dr. Ashley stated the Commission would address that immediately after the last budget item.

Mr. Pettyjohn moved onto EMS Stakeholder Allocation budget area page 16 of the Administrative Report, which concerns funding AVLS. He stated that if the Commission wanted to fund this budget there are two things to consider, do you want to fund AVLS for FY 2013 and it will be taken out of the EMS stakeholder budget.

MOTION GTCNC 2012-05-08:
I make the motion to approve the EMS Stakeholder Allocation budget area.

MOTION BY: **Mr. Ben Hinson**
SECOND BY: **Ms. Linda Cole**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Pettyjohn states that OEMS/T budget is left at 3%.

MOTION GTCNC 2012-05-09:
I make the motion to approve the Office of EMS and Trauma budget area.

MOTION BY: **Mr. Ben Hinson**
SECOND BY: **Ms. Linda Cole**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Pettyjohn stated that on the Trauma Centers & Physicians budget area the Commission would be approving the Readiness distribution, and the Uncompensated Care bucket amount. Then the Commission we will come back in August to have you approve the Uncompensated Care bucket amount distribution, based on the calendar year 2010 Uncompensated Care survey and audit.

Dr. Cowles wanted to know if we will be approving those distributions now so we could disapprove them in August.

If you approve this budget area now the Trauma Centers & Physicians budget is 50/50 Readiness and Uncompensated Care. Of the Readiness funding 75% goes to the hospitals and 25% goes to the physicians and of the Uncompensated Care amount 75% goes to the hospitals and 25% to the physicians. The Uncompensated Care amount is a set amount because it is 50% of the total amount. We do not know the hospitals distribution of the Uncompensated Care bucket yet because it is distributed based on the calendar year 2010 Uncompensated Care Claims Survey. We have engaged Gifford Hillegass and Ingwersen as our audit firm to sample claims. They will be making sure those claims meet the criteria for Uncompensated Care and deliver that report to the Commission at the August meeting. Once the Commission signs off on that report, the distribution will be approved. We will put together an amendment and send it to each of the trauma centers with that certain dollar amount with the stipulation that they need to distribute it according to the 75/25% split. The trauma centers will sign the amendment, send the signature page and invoice to the Commissions office, and receive those dollar amounts.

Dr. Cowles wanted to know how the Commission defined the 75/25% split.

Dr. Leon Haley stated that in the Commission's first year they employed Bishop & Associates as their consultants and based upon their experience and expertise throughout the county, plus historical data from multiple states, and multiple hospitals the split was determined to be about 75% to the hospitals and 25% to the physicians.

Ms. Cole stated that all the hospitals went through a survey process and looked at what the costs were for Readiness and continue to do so.

Dr. Cowles wanted to know if the Commission is certain the hospitals are contracted with the physicians.

Mr. Pettyjohn stated that the Commission confirms each year that the trauma center has distributed the physician dollars before they receive anymore.

Dr. Haley stated that the Commission has never changed that split. The Trauma Centers & Physicians Subcommittee has discussed if that would be the right split moving forward. We will have to look at all the numbers and now that Burn Centers are included find out what the appropriate formulas are for them.

Dr. Cowles wanted to know if this budget area was approved could it be changed throughout the course of the year.

Dr. Haley stated that if this budget is approved we are going to stay with this split for FY 2013, but in the FY 2014 budget the subcommittee might recommend a new split.

MOTION GTCNC 2012-05-10:
I make the motion to approve the Trauma Centers & Physicians budget area.

MOTION BY: **Dr. Leon Haley**
SECOND BY: **Dr. Robert Cowles**

DISCUSSION: None
Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org*)

Mr. Hinson stated that there is a product from Image Trend called the Hospital Dashboard; it is web based, will take all the GEMSIS data in real time, and make it possible for every hospital to access the GEMSIS data. A hospital could actually get the PCR before the ambulance gets to the hospital. We think that the TCC can be tied into the system so Mr. Cannady and his staff can also get real time data when they need it. The cost is $30,000 for the program, and $9,600 for some annual reporting, and $4,800 a year. We would like to pay for two years of that to start with. The total cost comes in at just under $50,000.

Dr. Cowles wanted to know if every hospital could access this system.

Mr. Hinson stated that he does not know yet, but it would be very helpful to the trauma centers and the TCC. We would consider the application for other hospitals in the future. The hospitals will only be able to access data on the patients that come to their hospital due to HIPAA regulations.

Dr. Haley wanted to know how this program would help the trauma centers.

Mr. Hinson stated that once the data is in the GEMSIS, a day later the trauma people could bring up every patient that came to Grady Hospital in an ambulance and pull down the records they need.

Dr. Cowles stated that it is a retrospective study.

Mr. Hinson stated that it is real time on occasion if the EMS uses it, but he does not think that is the biggest benefit. It is more data to help us, and one place to look for PCR's for every person that came to the trauma center that day. When we get into the EMS Uncompensated Care piece, it will let the EMS folks know who is on the Trauma Registry.

Mr. Pettyjohn stated that dollars for this would come from contingency and he suggested that someone from this software vendor make a presentation at the 16 August Commission meeting. Mr. Pettyjohn asked Mr. Hinson who would own the software.

Mr. Hinson stated he thinks OEMS/T would own the software.

Mr. Pettyjohn stated if that is the case then it would be an interagency transfer of funds and we could do that with an MOU. We can figure that out at the August Commission meeting.

Dr. Ashley asked that Mr. Hinson work with Mr. Pettyjohn to get this presentation set up.

Mr. Pettyjohn stated that he and Mr. Cannady would want to make sure that the TCC's data needs are compatible with this software.

Strategic Planning and FY 2013 Operations Plan review

Ms. Carol Peirce stated that at the Commissions Annual January Workshop in Rome Georgia it was the conversation from stakeholders that resulted in a Strategic Plan for three years *(Meeting Report Georgia Trauma Commission Annual Workshop, Administrative Report page 32), (Meeting Summary Report goals and Objectives, 2012-2015 by Related ACS Priorities, Administrative Report page 34)*. Then at the March Commission meeting we all talked about the 2012-2015 Draft Strategic Plan and the feedback was favorable *(2012-2015 Draft Strategic Plan, Administrative Report page 36)*. It was suggested that we attach the resources that exist within the trauma system to accomplish those goals and objectives, and also give folks a more personal chance to ask questions and review that large document. After that March meeting we had two different conversations for people that wanted to call in and talk about the Strategic Plan and give impute. Based on the feedback that we received in March we developed the Operations Plan for FY 2013. This plan takes year one or July 2012 through June 2013 activities and lays them out by objective and identifies what kind of budget areas and accountability sections that the activity relates to *(FY 2013 Operations Plan, Administrative Report page 48)*. This document also tries to operationalize everything that the Commission wants to do in the next FY 2013. The basis of that was to take the three year Strategic Plan and decide what we are going to accomplish in the next year. We added a column called Budget area and Accountability and that column relates back to the budget area that the Commission reviewed today. The Commission wanted to make

sure that they had the resources to accomplish what was identified in their goals. Not only does this Operations Plan link back to the resources that are in the Commissions budget, but also the Commissions Trauma System goals are linking right back to the Governor's Strategic Goals for Georgia (Governor's Strategic Goals for Georgia, Administrative Report page 47). We then prioritized the actions that would need to be completed in FY 2013.

Ms. Elaine Frantz agrees with Goal C of the Operations Plan, but she wanted to make sure it was for Level I, II, and III trauma centers. That goal was originally in the ACS White Paper, which stated that we would expand trauma centers to the regions of rural areas. That goal has yet to be accomplished *(Goal C: Expand the number of designated trauma centers to achieve access to a Level I, II, III within one hour for all Georgians by June 2015, Administrative Report page 52).*

Mr. Pettyjohn stated that Goal C is written correctly.

Dr. Cowles wanted to know if you have to be a hospital in order to become a designated trauma center.

Ms. Renee Morgan stated that based on the guidelines from the American College of Surgeons you must be a hospital in order to become a designated trauma center.

Dr. Cowles stated we needed to consider what is best for the patient and not what is best for the tiny rural hospital.

Dr. Mullins stated if you were in an MVA, had fractures and lost consciousness, designation would inform EMS not to go to a Level 4, go to the Level 1, 2 or 3, or to the hospital that can best handle that injury. This will be designating that hospital so that they can handle that particular patient. That patient would be taken to a higher level of care. This is the reason we are designating hospitals.

Dr. Cowles wanted to know who would be taken to a Level 4?

Mr. Pettyjohn stated that a better question would be what is the benefit of a Level 4 and what do they provide our system.

Ms. Renee Morgan stated the Level 4 designation gives the small town facility the resources to take better care of a patient, evaluate and access those patients needs, and expedite that patient to a higher level of care. Normally EMS services already know that small community hospital cannot handle a patient that needs neurology services, and they will bypass that small community hospital and go to a level that has those capabilities. The small community hospital is there if the EMS needs them to stabilize that patient and is not a primary point of transport for critical patients. In the rural communities where they might be 60-70 miles away from a higher level of care it is critical that those people involved in those small hospitals know how to expedite the care of their patients. Through the designation we can help assure that because we require a certain level of training and education for staff members and physicians in that facility. We work out transfer patterns with them, and help make sure they have proper equipment. It gives the community strength to understand what resources are available to them.

Dr. Ochsner stated that you have to look at where your resources are best. Level 4's have a value if you look at the state where there is not a lot, because we need to have some ability to stabilize a patient. There may be a role, but it does not mean we have to be designating every hospital. That is a lesson that we should take from Mississippi. They tried to designate every hospital as a trauma center and it did not work.

Ms. Peirce stated that action one under goal C is to develop the criteria to determine the number of trauma centers needed to address the trauma care needs in Georgia. This conversation could continue as you map out where the designated trauma centers, where are the gaps, and what is needed.

Mr. Hinson wanted to know if we are approving everything on the Operations Plan.

Mr. Pettyjohn stated yes; we would be approving the goals, the actions, and our proposition of how we are going to proceed.

Ms. Peirce stated that we are hoping to approve the three-year Strategic Plan, and the one year Operations Plan today. You will keep getting updates at every Commission meeting.

MOTION GTCNC 2012-05-11:
I make the motion to approve the FY 2012-2015 Draft Strategic Plan and the FY 2013 Draft Operations Plan.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Mr. Ben Hinson**

DISCUSSION: None

Motion has been copied below:

ACTION: Approved the motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org*)

STATUS OF TELETRAUMA IN GEORGIA

Ms. Rena Brewer presented her PowerPoint presentation update on the TeleTrauma work that was started back in July of 2009. *(TeleTrauma Update PowerPoint attached to the meeting minutes).*

DEPARTMENT OF PUBLIC HEALTH/OEMST

Ms. Rene Morgan stated that they had a site visit for Emanuel Medical and they should become designated in the next few months.

They are working very hard on changes within the Registry system. They have completed a couple of pilot runs on data projects. We have managed to match the records within the trauma registry a 100% with the EMS data at one particular trauma center. As of right now we have twenty-seven hospitals participating in the trauma registry and twenty of those are designated.

Dr. Ashley wanted to know how many of those hospitals are undergoing designation now.

Ms. Morgan stated that the only new center is Emanuel Medical. There are several hospitals participating in the registry that anticipate becoming designated in the next calendar year, they could participate in the registry forever without becoming designated because that is not a requirement.

Mr. Pettyjohn wanted to know what the proposed level of breakout is on those hospitals.

Ms. Morgan stated the majority of those non-designated hospitals are Level 4's, and a couple Level 2's.

EMS SUBCOMMITTEE OF TRAUMA REPORT

Mr. Ben Hinson stated that they have not had an EMS Subcommittee meeting since the last Commission meeting. The next meeting is scheduled for the last week June. We want to do a zero based budget and defend every dollar we spend, and also create some deliverables, which may mean some radical changes. We would like to look at whether or not we are improving response times. The Data Subcommittee needs to get started so they can give

support to what the EMS Subcommittee is doing. Mr. Hinson stated that they needed another member to join the Data Subcommittee.

Mr. Pettyjohn stated that Washington County received an EMS Vehicle Grant Award of around $72,000 in FY 2012 and they have found a vendor that will provide them with a chassis of an ambulance that they can put their box on and have a new ambulance all for about $59,000. The conditions of the grant are that we would reimburse up to the grant amount for the purchase of one vehicle. After they spend that $59,000 they want to use the remaining dollars for another chassis and rebuild another ambulance. So their grant dollars would go to the purchase of two ambulances verses one, and therefore they would get a better deal with their grant dollars.

Mr. Hinson stated that he would support that because they are using the money to get more ambulances.

MOTION GTCNC 2012-05-12:
I move to make the motion that we accept that modification to that individual grant awarded to Washington County EMS.

MOTION BY: **Mr. Ben Hinson**
SECOND BY: **Dr. Leon Haley**

DISCUSSION: None

ACTION: Approved the motion ***PASSED*** with one objection by Dr. Robert Cowles, and no abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

Mr. Pettyjohn stated there was an issue pertaining to the transfer of two grant ambulances from Brooks County Regional EMS too a new company South Georgia Ventures.

Mr. Alex Sponseller stated the issue was that if Brooks County Regional EMS were to claim bankruptcy and the trustee found common ownership between them and South Georgia Ventures and relatives of Brooks County Regional EMS had transferred assets, the trustee could take those assets and include them as part of the bankruptcy proceedings and they could be liquidated.

Mr. Sponseller and Mr. Pettyjohn spoke to the people from both companies and looked at their documents to make sure that there was no relationship between the two companies and found no common ownership. Based on the documentation that was provided, Mr. Pettyjohn and Mr. Sponseller were satisfied that South Georgia Ventures is an independent company.

Mr. Hinson wanted to know what the rules are that the Commission has set up for transfer of assets. For example, if company A owns ambulances and is the 911 provider and company B becomes a 911 provider can the ambulances be transferred as long as they are debt free?

Mr. Sponseller stated the original terms of the grant stipulated that the new provider has to be the EMS provider for that 911 area.

Mr. Hinson wanted to know what the process was to transfer the two ambulances.

Mr. Pettyjohn stated after Mr. Sponseller and he investigated the new company and found there was no connection between South Georgia Ventures and Brooks County Regional a contract approving the transfer of the ambulances was sent to South Georgia Ventures for them sign, they sent it back to the Commission's office and he signed it as well as Dr. Ashley.

GAEMS CONTRACT REPORTS

Mr. Courtney Terwilliger presented information on the Educational classes that have been provided through GAEMS *(GAEMS PowerPoint attached to the meeting minutes)*.

Mr. Pettyjohn stated that as part of the curriculum for the Leadership Training Course, the TCC would present the Commission's role in regionalization.

Mr. Terwilliger stated that the Leadership Course took a tour of the TCC and then next week Mr. John Cannady will talk to them about the trauma program and how EMS integrates into that.

THE GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE

Ms. Elaine Frantz stated that GCTE met in March and their next meeting will be in June. The June meeting will be Mr. Greg Pereira's last meeting as the Chairman. Dr. Regina Medeiros was elected as the Chairperson beginning in July. A nomination was made for Ms. Debra Kitchens to be the Vice Chair, but has not been approved yet. Ms. Frantz stated that she is one of the officers as a Commission member. Several of the subcommittees have met, and Ms. Frantz will report on their progress in August. We reviewed the NTRACS and Version 5 was just posted. Version 5 includes a webinar with all trauma registrars, trauma coordinators, and managers in the state. It was reviewed and a proposal for the support of version 5 will be submitted to the hospitals.

Dr. Medeiros stated that they are working very diligently with Ms. Marie Probst to make sure that the data that you are receiving and the data that they are using to drive their decisions is high quality and she thinks looking at Version 5 will move them closer to that. Dr. Gage Ochsner's group is looking at the different data elements. One element that Version 5 contains that the old versions do not is the selection process for the choices of the drop down screens are locked. Once we as a group across the entire state make a decision on the options for drop downs that selection is final. The current version allows each individual center the ability to amend or change their options. We were concerned that we were not comparing apples-to-apples and this will force apple-to-apple comparisons. As a group if something comes up and somebody is not sure which option it goes in, we will have a discussion and everyone will come to a mutual decision as to where it will go. The end result will be consistent data across the state, which will enable us to do benchmarking.

EBROSELOW PROGRAM UPDATE

Ms. Linda Cole stated the eBroselow program has no tax implications for this year, but would for years going forward *(eBroselow letter: Updated Follow-up to Contract, Administrative Report page 65)*. The program does ask for a five-year commitment, the first year of which there is no funds required because it is accessing the funds that the Commission already designated for eBroselow in previous budgets that we have not totally exhausted. Those unused funds will be applied to the states fiscal year 2013. If we move forward with this program it would be with the understanding that the Commission would fund the following years. It will include up to fifty hospitals, at $3,750.00 per hospital, which would be about $187,000 every year for the remaining four years paid to eBroselow.

Mr. Pettyjohn stated that this would be a separate agreement made every year and the caveats would be based on appropriate funding. We are not allowed to lock into a five-year period. It would be the Commissions decision every year.

Ms. Coles stated that one year of this program would not be enough to make a decision. Ms. Cole thinks it is a phenomenal product and supports it, but if the Commission does not think it will continue with funding in years two through five she would vote to cut it loose.

Dr. Haley wanted to know if Ms. Coles had gotten a formal assessment from the hospital in order to understand their feelings on this product.

Ms. Coles stated Ms. Frantz, Dr. Medeiros and several of the trauma centers had started rolling it out and decided there was too much work involved if it was only going to be supported for one year.

Ms. Frantz stated that the program was rolled out at Memorial Hospital and she and several of the nurses went through the training. Ms. Frantz was overwhelmed by how incredible the software program is and thinks it is definitely worthwhile, as did the hospital.

Dr. Medeiros stated that Georgia Health Sciences University has used it and rolled it out. They brought it to their RTAC and every non-designated participating hospital voted for it. Her staff liked it as well, and thought it was a huge asset.

Mr. Hinson stated that his company has had separate meetings with Dr. Broselow and talked about building this out for a real time device in the back of an ambulance. You should not have to use arithmetic in the middle of medicine to figure out a formula on the dosage for a particular drug. Mr. Hinson is a big fan of this program and thinks it is one of the best things we could do to improve care of patients.

Ms. Cole stated that it is not mentioned in the letter, but Mr. Peter Lazar is going to develop a component of this program for EMS providers and because it would be a pilot program it would be at no additional charge.

Ms. Cole stated that in order to move forward with this program the Commission needed to agree to support it in the coming years.

Mr. Pettyjohn stated that the Commission could do a no cost contract amendment with eBroselow this year, and if the Commission would approve that no cost contract under the terms of the eBroselow letter dated February 10, 2012 we could move forward with that.

MOTION GTCNC 2012-05-13:
I move to make the motion to approve a no cost contract amendment for one year with eBoselow under the terms of the eBroselow letter received from Mr. Peter Lazar dated February 10, 2012.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Mr. Ben Hinson**

DISCUSSION: None

ACTION: Approved the motion ***PASSED*** with one objection by Dr. Robert Cowles, and no abstentions. *(Approved minutes will be posted to www.gtcnc.org)*

RTAC UPDATES

Ms. Debra Kitchens stated that RTAC V met last week and as part of their ongoing education created a laminated sheet containing the CDC field triage criteria questions that EMS can answer and relay to the TCC operator. We printed off enough copies of that criteria to give to the EMS service providers and hospitals and are in the process of dispersing those copies. The number of calls to the TCC of have picked up and one of the reasons for the increase in calls is that AirEvac helicopter transport has come on board and has been calling in their transfers and transports from the scene *(Region 5 EMS Trauma Regionalization Pilot Update, Administrative Report page 66).*

Dr. Regina Medeiros stated that RTAC VI has been meeting on a regular basis and she feels they have made great progress. At our last meeting we did ask EMS if there were any issues or concerns pertaining to the TCC and what their feelings were. The larger service that transports trauma patients to MCG had not completed the training and did not want their medics to call the TCC until all of their medics were trained. Ms. Medeiros expects the call volume to increase significally once they complete that process. The other smaller services have completed the training and are calling into the TCC. We do have a hospital that it is in the process of becoming a designated Level 3, they are entering their data into the trauma registry and all there ER physicians are coming in to be certified *(Region VI Trauma Advisory Committee Commission Update May 2012, Administrative Report page 70).*

Ms. Elaine Frantz stated that Region IX's Education Pre-hospital Injury Prevention Subcommittee met and the PI and QA Subcommittee's meet next week. The Medical Oversight Subcommittee will meet in June for the first time. We

are having an Injury Prevention meeting right after the Commission's meeting today. Several EMS providers were present at the Prehospital Injury Prevention Subcommittee meeting and they realized that they needed a stronger presence. They discussed becoming more unified in sharing information on how transports are made. Dr. Frank Davis who is Chair of this Subcommittee stated that there are silos that exist in regard to data, and without that data we cannot measure what we are doing, and therefore cannot make it better.

Ms. Frantz stated that Meadows Regional in Vidalia is in the designation process and they would qualify to become a Level 3 trauma center. Effingham has started the designation process.

Ms. Frantz stated EBM Care is a software company based in New York. They have developed software for Total Brain Injury Evidence based clinical pathways and it has had excellent success. The president of EBM Care and their neurosurgeon Dr. Beverly Walters came to Memorial and presented the product. This company also went to the state and discussed this software with the Governor and Lieutenant Governor and they were very excited about this software because it would help outcomes for TBI patients in Georgia. House Bill 742 was passed to fund this software and the governor signed off on it in the amount of $350,000, and for all Level 1 trauma centers to start using as of July 2013. The cost to each hospital would be $100,000. Ms. Frantz was concerned about the cost but was assured that EBM Care would go to the state every year to fund it. Ms. Frantz has asked that EBM Care make a presentation at the August GTCNC meeting. This software will be of no cost to the Commission, but will cost the State of Georgia $350,000.

Mr. Pettyjohn stated that a search had been performed for House Bill 742 legislation, which was signed by the Governor, and that information could not be found. We have put some queries out to enable us to see exactly what the stipulations of the Bill are and as soon as we get that information it will be shared with the Commission.

Dr. Haley stated that he does not know about this product at all, but Grady's Level 1 trauma center is in the middle of a 28 million dollar NIH grant on traumatic brain injury and he can guarantee that Grady will not accept this software in any way shape or form if it were to interfere with that grant.

Dr. Ashley stated that he does not claim to know a lot about this software only what was presented to him.
The EBM Care software gives all the protocols and guidelines in the book for neurosurgery. The computer in the ICU would prompt you for example if your patient has a certain GCS score, as to whether the guidelines say you should consider putting in a monitor. It walks you through the guidelines. You do not have to follow the guidelines, but it is a visual reminder of them.

Dr. Ashley would like to see that legislation for House Bill 742 if Mr. Pettyjohn can find it.

LAW REPORT

Mr. Alex Sponseller, Assistant Attorney to the state of Georgia, stated that there were some changes made to Open Meetings in the last session. A lot of the changes were just clarifications of how the Act was already construed. For example what happens if board members bump into each other in the hallway at an event. That has been clarified to say it is not considered an open meeting. Also if you were traveling somewhere and you were on a bus, or in a plane, and there is a quorum of people present, that would not constitute an open meeting. When you are at a civic event, or you are before the General Assembly making a report and you are all as a quorum with those board members present that is not considered an open meeting either.

Mr. Sponseller stated that when votes are taken you have to note who is making the motion, who seconded it, and identify any persons voting against it. If you go into Executive Session, which the Commission would do for personnel evaluations, you have to take minutes of that Executive Session, however those minutes can be kept confidential.

Mr. Sponseller stated they also amended the Open Records Act. Previously anybody could be subject from getting an email with a request to produce records. Now you can designate one person in the agency to be responsive to open records requests. The amendments have also increased penalties for violations of these Acts.

Mr. Pettyjohn stated that he received an inquiry from Ms. Karen Waters of the Georgia Hospital Association, concerning some hospitals that have expressed to them a concern as to whether the TCC meets the HIPAA and IMPALA criteria. We had a conference call with Ms. Temple Sellers General Counsel, VP of Legal Services Georgia Hospital Association, as well as Mr. Alex Sponseller, and there was confusion about what the status of the Commission is concerning the TCC via HIPAA as to whether we are a covered entity or not. Through further conversations with Ms. Temple Sellers, she suggested that we speak with a private sector attorney, Ms. Gina Greenwood. Mr. Pettyjohn met with Ms. Greenwood for about one and half hours and she gave him some very good advise for further discovery and discussion. We are working through those issues with the Attorney Generals Office, who is the Commission's counsel and we hope to have that information by the end of June, as the Commissions HIPAA coverage and policies will need to be included in the new contracts for FY 2013.

Mr. Pettyjohn stated that on May 29th Mr. Cannady, Mr. Scott Sherrill our software person, and himself are going to have a meeting at Floyd Medical Centers Compliance Office, with officers of the HIPAA Compliance. The counsel that we received so far stated that if we patterned our role and our compliance around HIPAA according to hospitals that would be enough, with the understanding that because we transfer protective health information we might need a Business Associate Agreement. We are working on that and hope to have some very good advise. Mr. John Cannady has been doing some research and we know that we need Compliance of Privacy Officer, and policies. All the TCC agents have had HIPAA training. The Commission has either had their BIS signed by the trauma centers or we have signed theirs. Mr. Pettyjohn stated that he will continue to march this forward.

Mr. Pettyjohn stated that Mr. Cannady, Ms. Michelle Martin, and he visited the Alabama TCC three weeks ago, and found it very helpful to go back and walk through the process again and see their operation. The Alabama TCC shared some documents with us in which Dr. Richard Wild clarified some EMTALA (Emergency Medical Treatment and Active Labor Act) concerns. We are still digesting that information and do not want to use his words without his approval. Mr. Pettyjohn stated that he wanted to clear up any issues there might be with EMTALA.

Mr. Hinson stated that he understands EMTALA and he was in the room when CMS wrote that regulation. There has never been an EMTALA violation with an ambulance in the United States, but people have spent millions of dollars preparing for EMTALA. There is a paragraph contained in EMTALA stating that if you have locally approved transport protocol in place EMTALA does not apply.

Mr. Pettyjohn stated that the protocol also has to be publicized so that everyone is aware, and it has to be part of the plan.

Mr. Hinson stated if the TCC puts out that information than it is done.

Mr. Pettyjohn stated that Dr. Wild agrees with that, but we want to make sure that folks support us beyond a shadow of a doubt, so we are going that extra mile.

Ms. Cole wanted to know if the Commissions Subcommittees review would be addressed today.

Ms. Frantz stated that the Commissions Subcommittees could be addressed at the August meeting, as there is not a sense of urgency.

Dr. Ashley suggested that the Commission members look at the list of subcommittees and if there is a subcommittee that you would like to be a part of you can email him. If he cannot get the committees filled he will email you and ask for volunteers. We do not have to have a Commission meeting to appoint new members it can be accomplished through emails *(List of subcommittees, Administrative Report page 63)*.

New business: None

NEXT MEETING Thursday, 16 August 2012 in Macon

Adjourn: 1:24 pm

Minutes crafted by Lauren Noethen

Minutes approved 16 August 2012

Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

May 18, 2012

TCC Update
And
FY2013 Budget

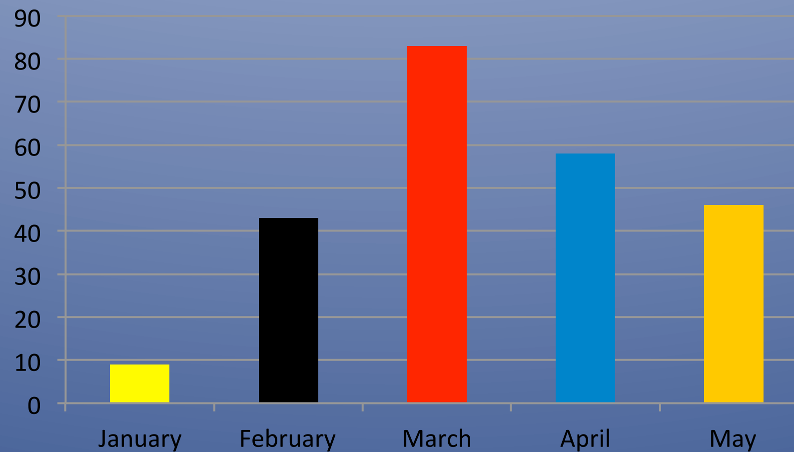
Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

TCC Update

Total Patients Entered Through TCC Since First Call on 1/21: 239 (As of 5/14)

Patients Meeting TSEC criteria: 181



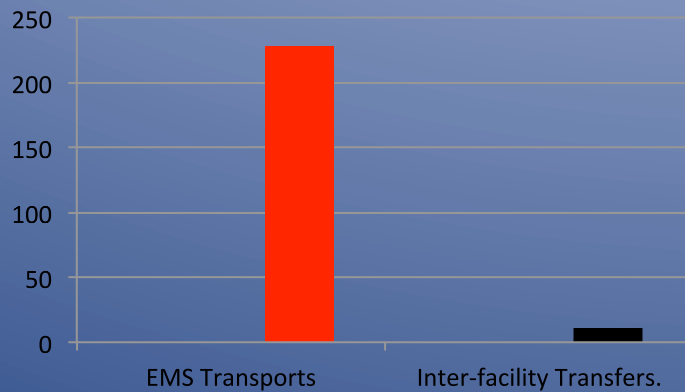
January	**9**
February	**43**
March	**83**
April	**58**
May (As of 5/14)	**46**

Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

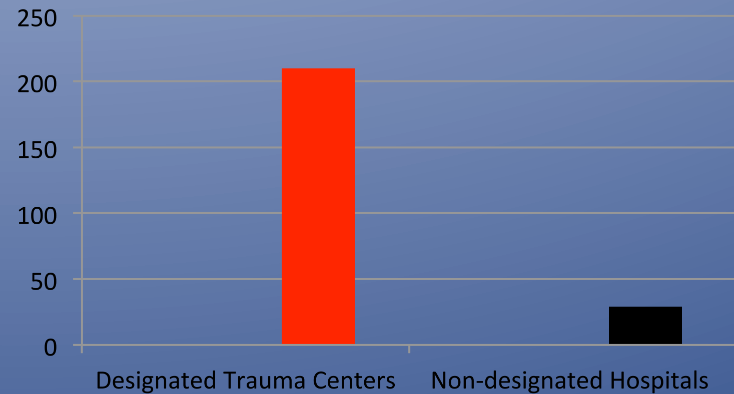
TCC Update

EMS Transports -v- Inter-facility Transfers



EMS Transports	228
Inter-facility Transfers.	11

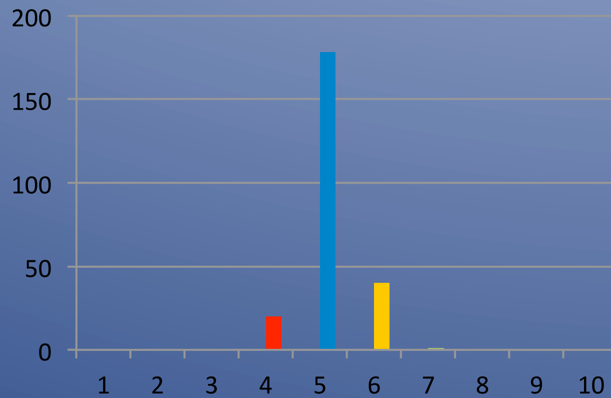
Destination Hospital Type



Designated Trauma Centers	210
Non-designated Hospitals	29

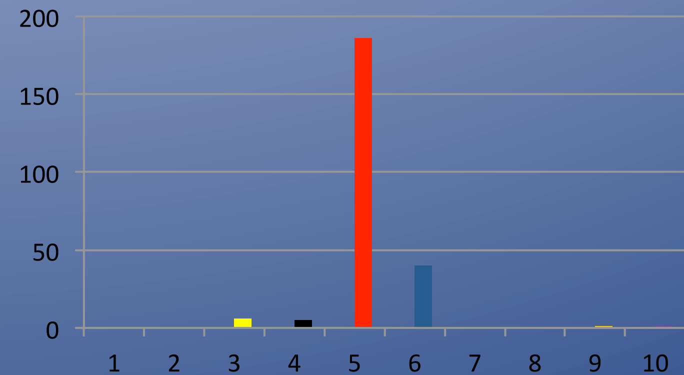
TCC Update

Patients by Originating Region



Region 4	20
Region 5	178
Region 6	40
Region 7	1

Patients by Destination Region



Region 3	6
Region 4	5
Region 5	186
Region 6	40
Region 9	1
Region 10	1

Georgia Trauma Commission
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TCC Advisory Board

- Board Will Include Commission Members, Representation From Approved RTACs, and Commission Staff.
- The TCCAB will advise on the operations and evolution of the TCC statewide.
- First Meeting Scheduled for June 13th at the TCC.

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TCC Data Collection

- Unique Patient Identifier (Assigned by the TCC)
- TCC Contact Date/Time
- 911 Access Time
- Patient Demographics
- Injury Type
- Time of Arrival at Destination
- Agency Incident Number
- Agency PCR Number
- Registry Information (when appropriate)

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TCC Data Collection

Will work with the TCCAB to establish a "TCC Patient Data Form" to be returned to the TCC by hospitals.

Potential additional data will include:

- **Injuries found on examination:** Will aid in overall QA/PI processes. (Can be returned to transporting agencies for additional agency specific QA processes.)
- **Patient Status**: ie. admitted, discharged, etc.

Will work with GTCE to develop a timeline for the return of the Data Form to the TCC.

Georgia Trauma Commission

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TCC Staffing

- Nurse/PI position delayed.
- TCC agent staffing has been adjusted to reflect current TCC call volumes. (Pg. 13 of Administrative Report)
- TCC will still maintain double coverage during highest volume call times.
- Single coverage on weekends and during other low call volume times.
- TCC administrative personnel will perform duties as call agents and back-up call agents.
- TCC contingency fund will allow for flexibility to increase agent coverage to accommodate anticipated heavier call volumes.
- By managing staffing to reflect lower call volumes, have realized a savings in Agent salaries. (Pg. 14 of Administrative Report)
- TCC Advisory Board will provide counsel into future agent staffing plans.

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TCC Staffing

Quick Comparison

- Total Readiness Payments Level 1: $418,197
- Total Readiness Payments Level 2: $250,918
- Total Readiness Payments Burn Center: $209,098
- Total Proposed Call Agent Salaries: **$193,866**

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Hospital CPU's and Monitors

- Original SAAB contract with GTRI provided funding for dedicated CPU's and Monitors for all trauma centers statewide as well as all hospitals participating with Region 5 and 6 RTAC plans.
- Hospitals were reimbursed for up to $1,000 for the purchase of a dedicate computer.
- Trauma Center and non-designated hospital participation with the RAD is integral to the success of the TCC.
- FY13 provides for $25,000 for CPU reimbursements for up to $500 towards the purchase of a dedicated CPU for hospitals within the anticipated additional active RTAC's.
- Additional CPU funding can be covered by the TCC contingency fund.

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Misc. TCC Operational Expenses

- **TCC Office Supplies and Printing ($5,000)** - Encompasses all regularly used office supplies and allows for the printing of informational materials.
- **Building Lease and Utilities ($14,362)** – Contracted through GPSTC.
- **GTA ($16,000) –** Includes voice and data lines.
- **AT&T Cellular Accounts ($6,500)** – Encompasses the emergency cell phone lines and statewide toll free number accessed by TCC callers.
- **SouthernLINC Account ($1,130)** – Provides two “push-to-talk” lines. Will be reviewing these lines as part of the 6 month hard budget review.

Georgia Trauma Commission

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SAAB Software, Licensing, and Enhancements

FY13 Software Annual Licensing Fee: $47,120 (Year 2 below)
FY13 Annual Technical Support Cost: $31,813 (Year 2 Below)

FUTURE YEARS				
Ongoing Annual Licensing fees (years 2-5)	**2nd Year**	**3rd Year**	**4th Year**	**5th Year**
TCC - ongoing annual licensing fees	$47,120	$49,005	$50,965	$53,004
Hospitals - ongoing annual licensing fees (cost per hospital)	$0	$0	$0	$0
Ongoing annual Technical Support cost (years 2-5)	**2nd Year**	**3rd Year**	**4th Year**	**5th Year**
TCC - ongoing annual technical support fees (years 2-5)	$31,813	$33,085	$34,409	$35,785
Hospitals - ongoing annual technical support fees (cost per hospital years 2-5)	0	$0	$0	$0

No designated funds for future system enhancements.

No GTRI contract for FY13.

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SAAB "Merge Migration"

Required security updates and other unforeseen server interruptions can potentially cause a system shut-down.

"Merge Migration" solution addresses need for continual uninterrupted TCC system functionality.

- Creates a second, mirrored server operating both simultaneously and independently from the original server.
- Changes made on one server are "merged" to the second server.
- In the event of a single server malfunction, the user is seamlessly transferred to the second server with no loss of data or functionality.
- Possibly will require an additional level of SAAB support.

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TCC Contingency Fund

Will be used for:

- Future software enhancements and additional costs.
- Staffing adjustments as recommended by the TCCAB. (Based on call volume.)
- Additional CPU reimbursements as needed.
- Other TCC needs.

6 month hard budget review to identify and release additional funds from contingency to stakeholders.

Next Steps

- Visit to the TCC by the end of May from representatives from the Governor's Office of Planning and Budget to discuss TCC operations and Trauma System Planning.
- Creation of TCC Advisory Board.
- TCC Statewide Roll-Out Beginning July 1st

Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION

TCC Statewide Roll-Out

Beginning July 1st, the TCC will provide services to any EMS agency or hospital across the state needing assistance with a trauma system patient.

For any EMS Service calling into the TCC from anywhere in the state:

1. We will provide service line availability information for trauma centers upon request.
2. We will provide a communications link to a trauma center for any EMS personnel requesting a communications link.
3. We will provide trauma center recommendations for any EMS personnel making a recommendation request.

For any hospital calling into the TCC from anywhere in the state:

1. We will provide service line availability information for trauma centers upon request.
2. We will provide a communications link and assist with trauma system patient transfers to any trauma center across the state upon request.

TeleTrauma Update

Presented by

Georgia Partnership for TeleHealth

May, 18, 2012

Gigi Goble

Rena Brewer, RN, MA

Advantages of TeleTrauma

- Enables the rural trauma team to virtually add a trauma specialist to their response team.
- Utilizes real-time visual link which greatly enhances the trauma specialists ability to participate in care.
- Improves communication and improves continuum of care.
- Improves relationships between health care providers.
- Aids in the initial evaluation, treatment, and care of the patients which can improve outcomes and reduce cost.

Phase I :

Urban: Medical Center of Central Georgia

Rural:

Dodge County Hospital

Fairview Park Hospital

Peach Regional Medical Center

Taylor Regional Hospital

JUL 2009 – NOV 2010

Deliverables met: Equipping of Sites, Training, Launching Services, Distance Learning, UGA Evaluation Completed

Results of Phase 1

73% indicated that using telemedicine is a good idea

80% reported that using telemedicine is a positive step

87% reported they plan to use telemedicine for trauma in the future

53% noted that using telemedicine increases their effectiveness

58% found system useful in their jobs

67% reported using system makes it easier to evaluate patients

Overall satisfaction was reported to be 69%

2 additional Level I Trauma Centers, 1 Pediatric Specialty Center and 14 Rural Hospitals

MCG Health, Inc

Memorial Health University

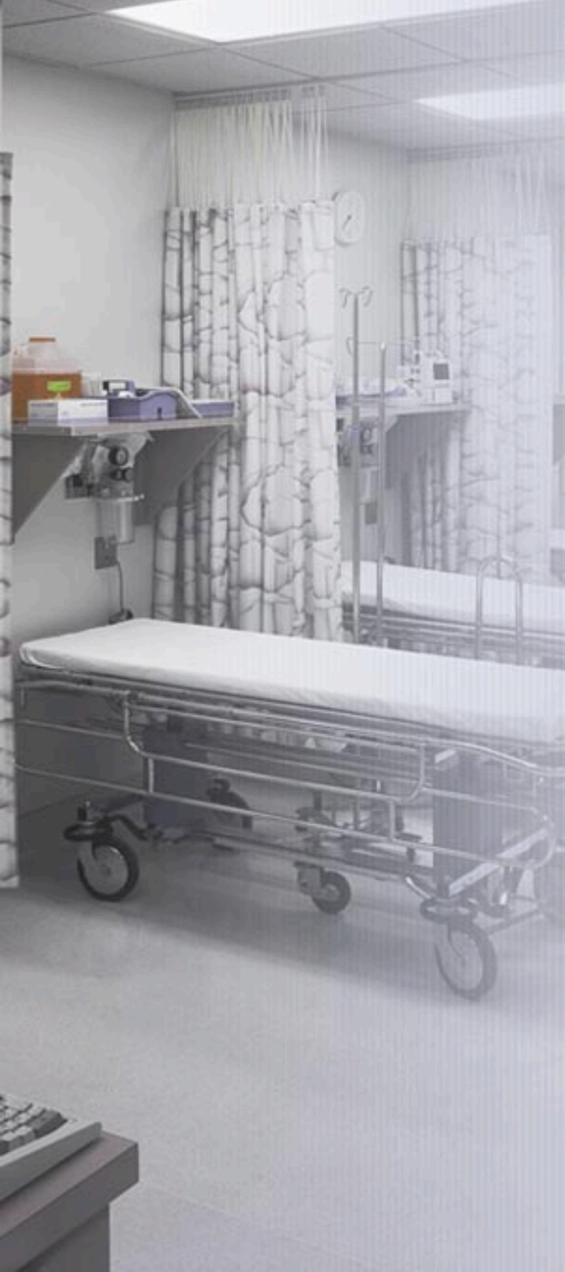
Children's Healthcare of Atlanta

Bacon County Hospital – Candler County Hospital- Effingham County Hospital- Satilla Regional- Coffee Regional- Chatuge Regional- Habersham Medical Center- Perry Hospital- McDuffie Regional- Washington County Hospital- Burke Medical Center- Jefferson Hospital- Emanuel Medical Center-Upson Regional

DEC 2009 – DEC 2010

Deliverables met: Equipping of Sites, Training, Launching of Services

Current "ED Equipped" Sites from Phases I & II:



Urban:

Memorial Health University

Children's Healthcare of Atlanta

Rural:

Taylor Regional

Peach Medical

Fairview Park

Emanuel Medical

Jeff Davis Hospital

Bacon County Hospital

Washington County Hospital

Effingham County Hospital

Satilla Regional Medical

Chatuge Regional Hospital

Miller County Hospital

Coffee Regional Medical

Upson Regional

GTCNC/ GPT TeleTrauma Funding:

				Grant Funds	Non Grant Funds
GPT Grant Coordinator				8,000	18,000
5 Original Pilot Sites	Network Fees	TeleTrauma Coordinator		40,000	
Travel				2,000	
Computers:	Hardware	Software	Network Equipment	150,000	436,000 USDA
Sub Total				**200,000**	**454,000**
Monthly Fees	9 Rural Sites	12 months	575/month	50,000	
TOTAL				**250,000**	**454,000**

Credentialing

ED Staff Resistance to Change

24 / 7 Trauma Coverage

Rural ED Physician Turnover

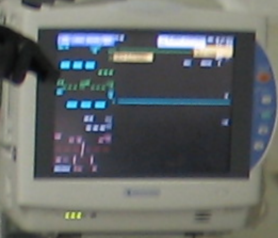
Sustainability beyond grant

TeleTrauma Lessons Learned……

- **It's takes more than technology,** it requires buy-in by everyone involved, including physicians, nurses, and administrators .
- **Technology is intimidating & expensive;** Much training and "hands on" practice are required in order for staff to achieve a functional level of comfort. As the technology becomes friendlier and less costly, the expectation is that telemedicine / teletrauma will become a norm, rather than the exception.
- **A Multi Use Approach is a Must,** trauma services first….. but other ED needs can be met via telemedicine; emergency psychiatric evaluations, telestroke services, pediatric emergent care. "Added value" & needed administrative support comes from a multi disciplinary approach.
- **Teletrauma evolves and requires time to mature**; short term grants provide the seed money and foundation for continued growth and success.

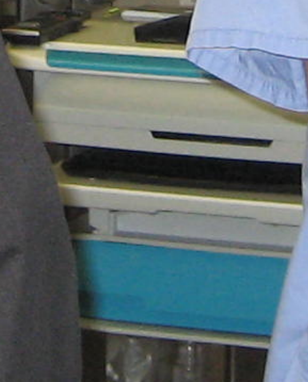
We appreciate all that you are doing for the citizens of Georgia and GPT will do all that we can to educate and support teletrauma & other services across our state and beyond. We know that telemedicine will continue to play a key role in meeting the healthcare needs of underserved citizens of our great state.

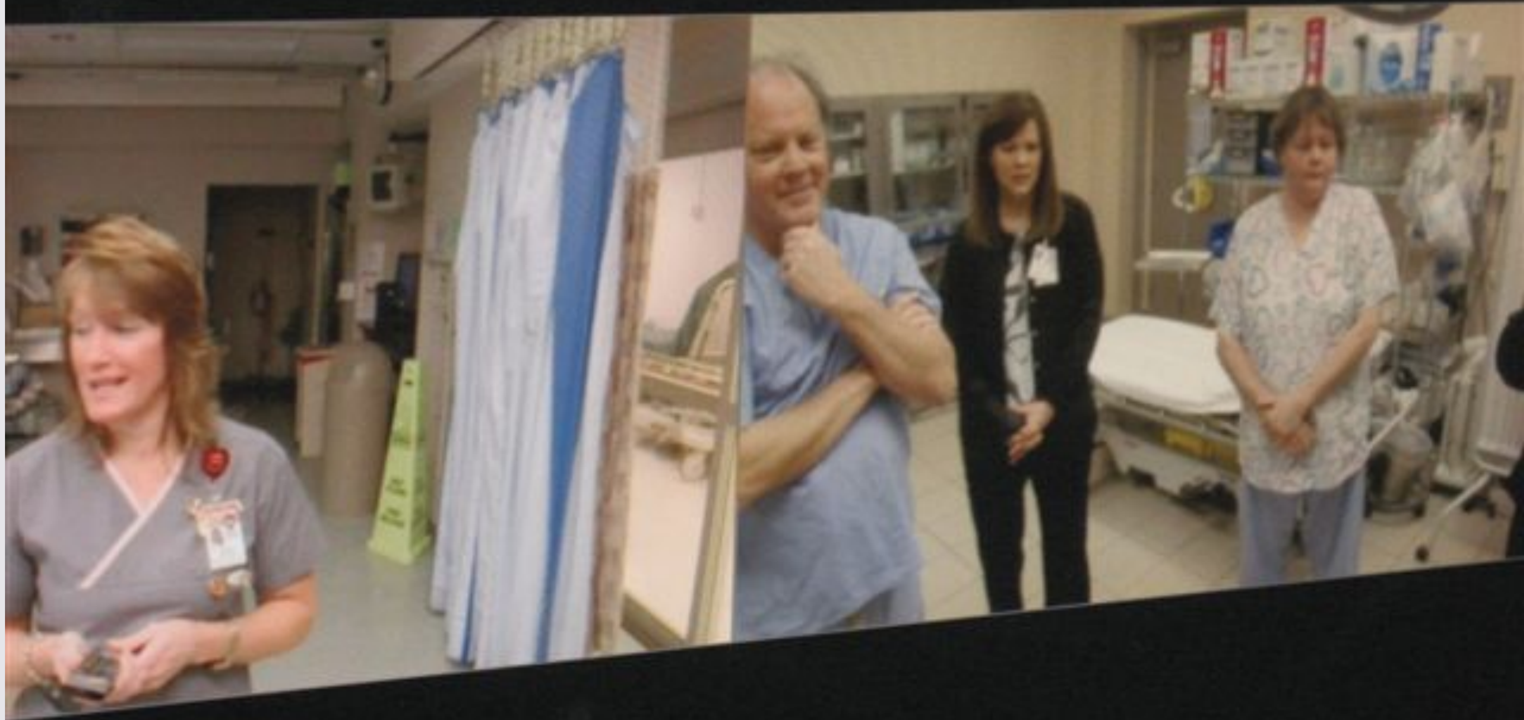
MEDSTATION
System 2000
VIZIO


Bed #6

VIZIO

PACE

AutoFocus




The Georgia Association of Emergency Medical Services

GAEMS

“Dedicated to Quality Pre-Hospital Care”

First Responder Training

- Sixty Two Classes Have Been Completed
- 1,368 Students Started Training
- 1,035 Have Successfully Completed
- 76% Success Rate for Students

First Responder Training

- Three Classes Conducted at the Georgia Public Safety Training Center
  - One for the Georgia State Defense Force
  - Two done to Support Law Enforcement Training Efforts

First Responder Training

- Each Student was provided:
  - Training
  - Textbook
  - Jump Bag
  - Safety Vest

FY 2010 Money
62 Courses
1035 Successful Students

Blue = Completed Courses

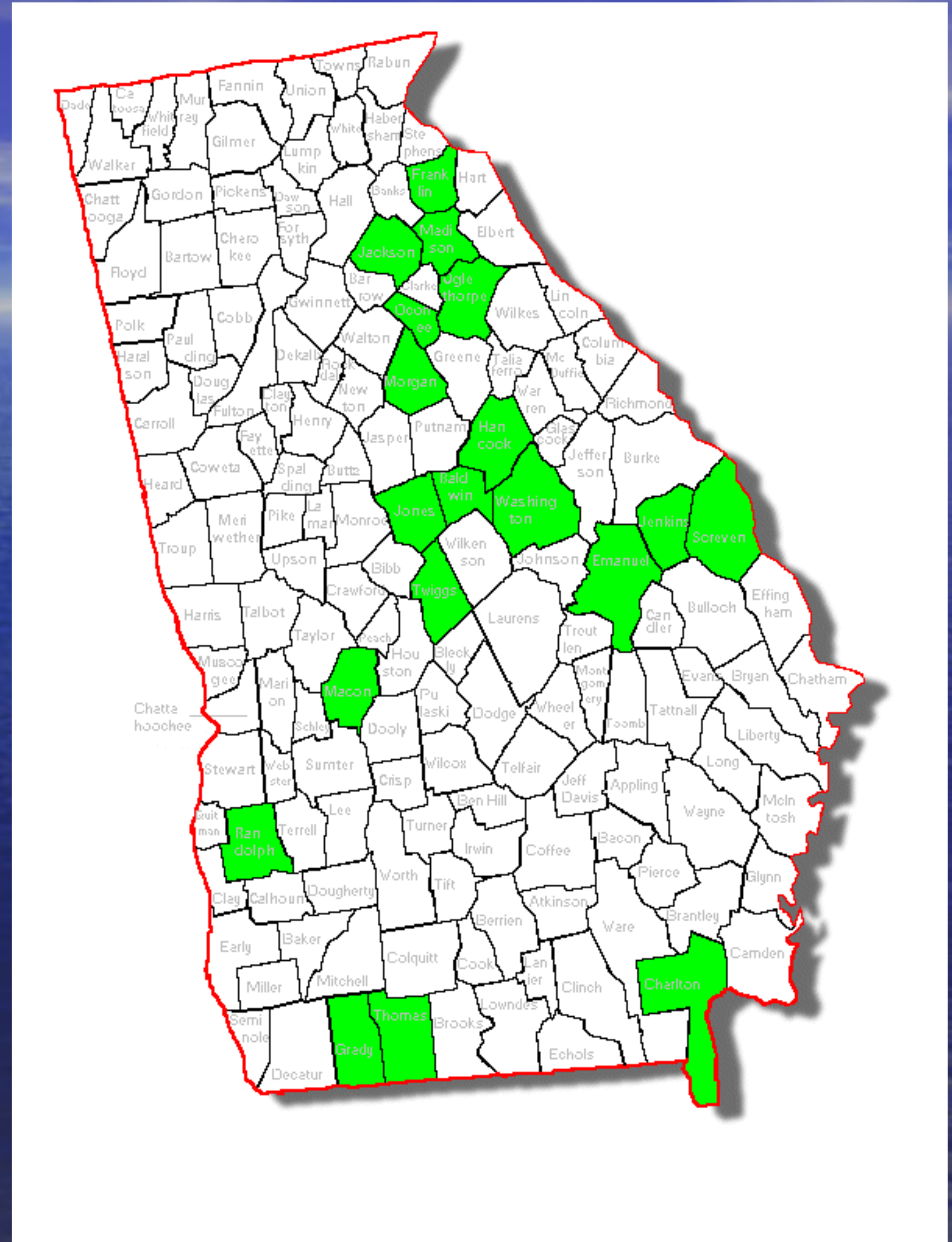
Red = Forfeited Courses

Grants

- Forfeits
- Completed

FY 2011 Money
19 Classes

Projected 317
Additional
First Responders



Equipment Grant

- FY 2010 Money
  - We still have some money
  - Suggest Unspent Money Roll into the 2012 Equipment Grant Funding

FY 2012 Money

- Prepared to Send Grant Packages for
  - Equipment Grant
  - First Responder Grant

FY 2012 Money

- PHTLS/ITLS
  - Planning Complete – Course Locations Set
  - Classes will begin in the Near Future

FY 2012 Money

- Extrication Training
  - Initial Meeting Held on March 16 & 17
  - Second Meeting Planned for June 3 & 4
  - Discussions with EMS, Fire GEMA and Others Concerning Long Term Planning

FY 2012 Money

- Extrication Training
  - Course to be Conducted in the Late Fall
  - May be Specific to Instructor Training to Support Future Success of the Program

FY 2012 Money

- Leadership Training
  - First Week at Georgia Southern University
    - Week of March 26th
  - Second Week at GPSTC (this week)
  - Third Week at Lake Blackshear near Cordele
  - Fourth Week at Georgia Southern University

FY 2012 Money

- Leadership Training
- 27 Students
  - 20 From Federally Designated Rural Counties
  - 5 From Urban/Suburban Counties
  - 2 Regional Program Managers from SOEMS/T

Thank You for Your Support