Minutes approved on 18 Novemebr 2010

Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION

MEETING MINUTES

Thursday, October 21, 2010

Scheduled: 10:00 am until 1:00 pm
Atlanta Medical Center
Health Pavilion – Letton Auditorium
320 Parkway Drive NE – Atlanta, GA 30312

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order at 10:05 a.m.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Linda Cole, RN Ben Hinson Dr. Leon Haley Bill Moore Rich Bias Kelli Vaughn, RN (via tele-conference) Kurt Stuenkel (via tele-conference)	Dr. Joe Sam Robinson

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director	Georgia Trauma Care Network Commission
Ryan Goodson, TCC Lead	Georgia Trauma Care Network Commission-Absent
Carol Dixon, Administration	Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller	Assistant Attorney General
Elaine Frantz	Memorial University Center – Savannah
Rachel Ferencik	GA Health Policy Center
Michelle Archer	SOEMS Region 5
Michele West	Athens Regional Medical
Lawanna Mercer-Cobb	SOEMS/T – Region 6
Kathy Sego	Athens Regional Medical
Debra Kitchens	MCCG
Bambi Bruce	Walton Regional Medical Center
Russ McGee	SOEMS – Region 5
Lee Oliver	MCCG
Blake Thompson	Wilkes County EMS
Courtney Terwilliger	EMSAC/GAEMS
Renee Morgan	OEMS/T
Marty Billings	Metro Atlanta Ambulance Service
Liz Atkins	CHOA

Julie McInnis Spankowski	CHOA
Deb Battle	Northeast Georgia Medical Center
Kim Brown	Hamilton Medical Center
David Guthrie	CDC
Scott Sherrill	GTRI
Michael Lionbarger	CDC
Scott Maxwell	Mathews & Maxwell, Inc.
Huey Atkins	National EMS
Rochella Mood	Atlanta Medical Center
Adam Bomar	Wellstone Kennestone
Danae Gambill	GHA
Webb Cochran	Tenet
Terence Von Arkel	Doctors Hospital – Augusta
Tanya Simpson	Doctors Hospital – Augusta
Pete Quinones	Metro Atlanta Ambulance Service
Janet Schwalbe	Gwinnett Medical Center
Gina Solomon	Gwinnett Medical Center
Regina Medeiros	MCG Health
Marie Probst	OEMS/T
Jim Sargent	North Fulton Hospital
Andrew Long	Georgia 360
Rebecca Greener	MAG
Josh Mackey	GAEMS

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Dennis Ashley welcomed all present and thanked Mr. Bill Moore for hosting the meeting at the Atlanta Medical Center. Confirmation of Commission members attending and Mr. Kurt Stuenkel and Ms. Kelli Vaughn, participated by conference call. Mr. Alex Sponseller confirmed quorum status.

Dr. Ashley discussed the YES2SaveLives Trauma Campaign coverage. There have been three television commercials and two radio ads statewide to get the word out. The website is: www.yes2savelives.com. Dr. Ashley thanks the trauma centers, coordinators, hospitals, physicians and paramedics for their support.

There will be a mass mailing of approximately 800,000 brochures discussing why trauma is so important and the reasons to vote for Amendment 2 with follow up with phone calls asking how they will vote. If they say "yes" they will be contacted again before the election to encourage them to get out and vote. If you have any suggestions, information, concerns, etc. for the campaign team, you can call Nancy or Karen at the above website or contact Dr. Ashley to deliver your message. Everyone should have their yard signs, buttons and bumper stickers at this time.

The first publication for the Commission is in the American College of Surgeons Bulletin October 2010 Volume 95, Number 10 this month being distributed to 77,000 surgeons nationwide and 8,000 – 9,000 in the state called "The quest for sustainable trauma funding: The Georgia story". The article details how we got where we are today and the issues we thought were successful. Hopefully, other states can use this to see what we have all done to get to this point.

There are several other publications in the works and Dr. Ashley has submitted various abstracts to meetings, which have not yet been accepted for presentation, to some of the scientific meetings. We are currently writing up a three-year financial analysis that many here have participated in as trauma centers. Another paper is on the Readiness Cost Summit, which is really unique, and the first time it has ever been done in the country. We really want to get the word out and get it published as well. There is a need to look at outcomes and we have keyed a lot on the Alabama or Birmingham model which was from a publication in the American Surgeon where they evaluated their systems and published their data

showing mortality had decreased, as well as length of stay, and review of various ISS scores. We would like to do that in Georgia.

The goal of the Commission is to be liquid and dynamic and put forth a plan, evaluate the plan, and make changes to the plan as we need to. That cannot be done unless we have data for evaluation, a review of outcomes and the questions on how to design those studies. This will be a very robust, difficult project and Dr. Ashley hope to put together a "think tank" made up of some Commission members as well as some of the best minds across Georgia that have experience in gathering population-based data. Volunteers are urged to express their interest in participating. Regardless of the Amendment 2 outcome, it is important to evaluate where we are, is it working, and by reviewing outcomes. Dr. Ashley will be putting together a committee to move forward with this.

APPROVAL OF THE MINUTES OF THE 16 SEPTEMBER 2010 MEETING

The draft minutes of the 16 September 2010 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 2010-10-01:
I move that the minutes of the 16 September 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

MOTION BY:	**Mr. Ben Hinson**
SECOND BY:	**Mr. Rich Bias**
DISCUSSION:	None
ACTION:	The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org*

ADMINISTRATIVE REPORT REVIEW

Mr. Pettyjohn summarized the Administrative Report including presentations to be made today, subcommittee reports to be provided, and an update from DCH Division of Emergency Preparedness and Response. *(Administrative Report Attached.)*

The FY2011 Contracts, Grants and Agreements report provides current numbers except for one invoice received today from Dr. O'Neal. We will continue to update this report monthly. *(Attached).*

PRESENTATIONS

Trauma Systems Dynamic Modeling – A Proposal: Presented by Ms. Rachel Ferencik, Research Associate, Georgia Health Policy Center. . *(Collaborative Systems Modeling on Trauma and PowerPoint Presentation included in the Administrative Report.)*

Ms. Ferencik discussed the opportunities to use system dynamics modeling to support the work of the Commission. Beyond regional levels, this would encompass statewide involvement including the Georgia legislators, policy makers and community members to talk about the importance of coordination and prevention. Ms. Ferencik discussed how using systems thinking and collaborative modeling to improve decision-making and coordination related to trauma care services and delivery. Ms. Ferencik explained systems thinking and system dynamics modeling. She explained how it could be beneficial for moving a current system to a system with idealized allocations; communicate the importance of regional coordination to local communities and elevating discussion of prevention strategies.

Ms. Ferencik described how the Georgia Health Policy Center used systems thinking to educate state legislators about issues related to health. In 2008, a system dynamics model was created on childhood obesity and was used to inform discussion on obesity in this educational program.

A collaborate systems inquiry is initiated by pooling together experts who have knowledge on the issues, training them on systems thinking, so as to create a common language, and spending up to six months creating and refining a systems map.

Ms. Ferencik is hopeful that the Commission would endorse this project. The Georgia Health Policy Center has the money from the Woodruff Foundation for the infrastructure to create the model but would need to have the Commission's involvement including other stakeholders interested in this project. She would like to create a model that is in the interest of the Commission and furthering efforts around trauma in the State of Georgia.

Mr. Hinson stated that Georgia Tech is doing some modeling and in he is in support of this. He recommends a motion to support.

MOTION GTCNC 2010-10-02:
I propose a motion for the Georgia Trauma Care Network Commission to support Ms. Ferencik and the Georgia Health Policy Center to further efforts in the interest of the Commission regarding trauma in the State of Georgia.

MOTION BY: **Mr. Ben Hinson**
SECOND BY: **Ms. Linda Cole**
DISCUSSION: Dr. Ashley asked how this project would tie in with the Commission's Whitepaper, modeling and his introductory statements about outcomes. He said the Commission has a written plan and believes we are on the right track to look at other states. Now we need to get this implemented, see if we made a difference, and then change it. How does this all tie in with where we are now?

Ms. Ferencik stated there are a variety of possibilities and would support the Commission. She would also ask Mr. Jim Pettyjohn to be involved. She wishes to bring a variety of folks together to share information and resources. Mr. Pettyjohn referenced Ms. Ferencik's "Collaborative Systems Modeling on Trauma" handout, which includes their Proposed Statement of Work, actual proposal and background. Recently, Ms. Ferencik and several of her colleagues met with Mr. Pettyjohn, Dr. Pat O'Neal and Mr. David Guthrie from the CDC regarding her proposal. Assurances were received that projects would be managed together and will be supportive to the work of the Commission in developing the state's trauma system. Mr. Pettyjohn and Ms. Ferencik confirmed to Dr. Ashley there would be both regional and statewide level opportunities.

Dr. O'Neal urged the Commission to give serious consideration to this project as he has witnessed modeling success for outstanding state trauma systems, such as Maryland, related to processes and cost factors. He feels we can review present Commission plans and identify, by changing parameters, which of those items planned over the next five years would give us the quickest yields. Dr. Ashley particularly feels this could be useful in the area of access and changing the transport system versus the trauma center system and how these work together to get the patient to the right place quickly. This has been a major goal for the Georgia Trauma Commission all along and welcomes help in this area, particularly by modeling to see how it could work before we go down that path.

Mr. Bill Moore stated that modeling changes in law or behavior such as changing teen driving age from 16 - 18, for example, and what affect that would have on the incidence rates would be fascinating to see and could lead to policy change. Mr. Hinson suggests that we start with review of our Whitepaper and encourages changes within it if there is room for improvement based on the work we have already done.

Dr. O'Neal feels the concept of prevention is critical to the long-term yield on return-on-investment for Georgia trauma. OESM/T is very close to hiring a trauma epidemiologist who will be able to provide input

if we do go with modeling; or even if we do not, by linking databases such as medical, engineering and law enforcement to suggest things to the Commission that are not presently in the Whitepaper that we may wish to have modeled to demonstrate yield in terms of outcomes.

Ms. Ferencik stated there would be opportunities to return to the Commission for feedback as the model is developed. Ms. Ferencik would like Mr. Pettyjohn's support as a liaison for this project. A general plan would involve a six-month process or possibly longer. She suggests a 1-1/2 day training for participants on systems thinking, mapping and modeling involving a core group followed by monthly meetings lasting approximately two hours in person, or by conference calls, and more frequent meetings when the project is close to completion. She would help to identify the team players.

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

Educational and Outreach Accomplishments of Trauma Associates of Georgia (TAG)-Past/Present/Future: Presented by Ms. Bambi Bruce, Trauma Coordinator, Walton Regional Medical Center & TAG Chair *(PowerPoint presentation included in the Administrative Report.)*

Ms. Bambi Bruce introduced TAG as the Trauma Associates of Georgia, which comprises a group of trauma coordinators and trauma registrars at the centers. They were incorporated as a non-profit organization in the fall of 2000 and are members of the Georgia Committee for Trauma Excellence, a Georgia Trauma Commission Subcommittee. Their primary focus is on Trauma Education in Georgia. She discussed "who we are", "where we've been" and "where we are now".

The trauma designation requires the facilities to provide trauma education in Georgia. The trauma center coordinators decided to pool their resources to hold their own trauma conference and coordinated their first conference in Atlanta in 2002. They offered continuing education credits for physicians and nurses. Since then, they have held six additional conferences with over 1,200 attendees, which included prehospital personnel, physicians, nurses, respiratory therapists and students.

The American College of Surgeons has stated that rural trauma is a neglected disease of the 21st Century. With that in mind, and a cost of the conferences increasing, TAG decided to take trauma education on the road with three different courses. There are two, (2-day each), emergency nursing courses developed by the Emergency Nursing Association; TNCC is the trauma nursing core course, ENPC is the Emergency Nursing Pediatric Course. Both courses teach a standardized process for taking care of patients. These two courses are focused on nursing assessment and care, have an instructor to student ratio of 1:6 and provide a four-year certification. The third is a new one-day course from the American College of Surgeons called the Rural Trauma Team Development Course. This course focuses on rural centers with minimal resources and is available to anyone working in the hospital. The instructor/student Ratio for RTTDC is 1:3.

These classes are at a low cost to the students, but there are other fees such as student registration fees, instructor fees, travel, bed and board and hosting facility costs. TAG has been using their resources but this funding is presently dwindling. TAG is requesting support and endorsement from the Trauma Commission to work with Mr. Jim Pettyjohn for future educational offerings and/or grants that may be available. Mr. Pettyjohn asked if there is another Rural Trauma Team Development Course planned. Ms. Debra Kitchens said they are in the planning stages of the latest course which was just updated. This course was well received by the students targeting rural facilities.

SUBCOMMITTEE REPORTS

EMS Subcommittee on Trauma – Mr. Ben Hinson reviewed the October 5, 2010 EMS Subcommittee meeting held in Macon. *(Attached to the Administrative report is the draft 05 October meeting minutes and EMS attachments.)* Mr. Hinson requests the Commission's approval, *(see page 5 of EMS Minutes)*, as we develop AVLS and GPS systems. When the data is warehoused/maintained, the EMS Subcommittee is concerned about the discovery regarding plaintiff's attorney's looking for information they can sue over. Some Georgia laws provide immunity, particularly to GAEMA for some data. The EMS Subcommittee would like the Commission to instruct Mr. Alex Sponseller and the Attorney General's office, if appropriate, to look at drafting legislation to provide immunity from discovery of the data that we are gathering about ambulances so that someone cannot sift through the records to look for problems in an EMS system. That could decrease the willingness of certain organizations from participating. Mr. Hinson proposes the following motion:

MOTION GTCNC 2010-10-03:
I propose a motion to recommend the Georgia Trauma Care Network Commission to request Legislature to broaden the law passed two years ago that gave immunity to GAEMA for recorded data information and provide similar protection to EMS and the AVLS ambulance location data.

MOTION BY:	**Mr. Ben Hinson (as a subcommittee motion)**
SECOND BY:	**Not required**
DISCUSSION:	None
ACTION:	The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org*

Mr. Hinson continued. Another motion passed at the last EMS Subcommittee meeting for the allowance of uncompensated care reimbursement for Georgia patients being transported to the most appropriate designated trauma center that is not in the state of Georgia, particularly in the northwest and some in the southwest parts of the state. EMS would be allowed to include collections for their service to transport patients out of the state if that is the most appropriate destination for uncompensated care.

Mr. Alex Sponseller has done a great job confirming that we can do this within the realm of SB60, which says it will pay for uncompensated care for trauma patients on the Georgia Trauma Registry or National Trauma Registry. Thus, patients outside Georgia in trauma centers would be on the National Registry. Hospital and physician payments can only be made for hospitals that are designated within Georgia. Hospital care would not be included outside Georgia. EMS uncompensated care for patients that are picked up inside Georgia and transported outside of Georgia would be eligible for reimbursement. As EMS develops the uncompensated care package for EMS services and how we manage, we would like to include these patients being treated outside of Georgia for trauma care. Mr. Hinson proposes the following motion:

MOTION GTCNC 2010-10-04:
I propose a motion to allow services that transport SB60 qualifying trauma patients to designated Trauma Centers outside of Georgia to qualify for the Commission's EMS Uncompensated Care program reimbursement in FY2011 as long as an appropriate qualifying facility in Georgia was not closer or bypassed.

MOTION BY: **Mr. Ben Hinson (as a subcommittee motion)**
SECOND BY: **Not required**
DISCUSSION: Mr. Jim Pettyjohn asked Ms. Renee Morgan if the National Trauma Registry participation would require the trauma center to provide date to the National Trauma Data bank for the border states. Ms. Renee Morgan stated that she was aware of this available information from Erlanger in Chattanooga and Tallahassee, Florida but would have to check on others. Mr. Hinson said this caveat would need to be met and a process will be developed that will be the responsibility of the EMS agencies to get documentation that states the patient is on the National Registry. Mr. Moore confirmed that the available uncompensated EMS budget would remain the same, but would be reallocated to accommodate.

Mr. Stuenkel questions whether this will push us further down the road for the out-of-state trauma centers to question medical care costs for Georgia residents that they are caring for in their hospitals. Mr. Hinson stated that in the research Mr. Sponseller provided, it is very clear in SB60, we cannot make payments for care rendered at out-of-state hospitals, (non-Georgia trauma care centers) in their facility through the Georgia Trauma Commission. It does not matter whether they are Georgia residents or not. Mr. Sponseller confirmed this is correct.

Ms. Linda Cole stated that she read in the EMS minutes that there would be an affidavit stating the EMS service did not bypass a Georgia trauma center or go further to get to an out-of-state trauma center. Mr. Hinson said if we have a good trauma system, the patient will only go out of state if it is the appropriate place to take the trauma patient and does not anticipate bypassing a Georgia trauma center to go out of state for this purpose. Also, a Georgia trauma center will not be bypassed because an EMS provider would suggest there was a better chance to get paid for their services. EMS uncompensated care reimbursement is very minimal.

Dr. O'Neal said we need to keep communication general as it may be more appropriate for a patient to go to an out-of-state Level One trauma center versus a closer Level Four in-state based trauma center determined by medical needs. The volume of these needs is not available at this time. Dr. O'Neal said that he does have some statistics on trauma centers where up to 40% of their volume comes from Alabama and Augusta also has a large number from South Carolina per Mr. Bias. Mr. Bias said, in terms of tracking, we should be able to go to the GHA data and use the county of origin for the patient by trauma code and track that they went out of state. Mr. Hinson said the EMS subcommittee will be investigating all resources to gather this information moving forward.

Mr. Alex Sponseller provided some hypothetical examples for consider in a letter to exhibit this. *(Attached to minutes).*

Ms. Cole asked if this included patients that have arrived at a non-designated trauma center and are then transported to a trauma center. Mr. Hinson said it involves the entire incident so if an EMS service picked up a patient in Ellijay and was taken to the local hospital and then moved to Erlanger, that original transport would be covered. This would be applicable to rotor wing transport if they were a licensed EMS rotor wing service. We are currently working on this licensing for rotor wing service. Mr. Jim Pettyjohn stated the trauma communications center could help to identify these needs.

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

Mr. Hinson reviewed the Motion #4 from the October 5, 2010 EMS Subcommittee meeting for EMS Vehicle Replacement Grant procedures. The requirements are all objective and Mr. Rich Bias proposed the following motion:

MOTION GTCNC 2010-10-05:
I make the motion that the following application and scoring process will be implemented for the EMS Vehicle Replacement Grant awards program for FY 2011.

i. **A limit of one award per 911 zone and two awards per agency with those two awards per agency going to different 911 zones.**

ii. **A 911 zone cannot receive an award in two consecutive grant program years. One grant program year must pass before the 911 zone is again eligible to receive an award.**

iii. **Limit any 911 zone to a total of three awards in a 10-year period. FY 2009 grant program year was year one.**

iv. **DCH Grants Administration will administer the grant process with oversight by Trauma Commission executive director.**

v. **Use same scoring criteria and application as FY 2010 except for the 20% score reduction for services receiving a grant in the previous year. A 911 zone cannot receive an award in two consecutive grant program years. One grant program year must pass before the 911 zone is again eligible to receive an award.**

vi. **Application documents will be updated to reflect FY 2011 program deadlines. US Census Bureau 2009 population estimates will be resource for Georgia County densities.**

vii. **A validation committee will be established. Committee members will include: a DCH Grants Official, Trauma Commission executive director, and an EMS Subcommittee on Trauma appointed representative who is not applying for an EMS Vehicle Equipment Replacement Grant.**

viii. **All grant applications received by DCH will be validated and scores verified by the validation committee, i.e., is the application complete and is correct information placed on scoring calculator etc. Full committee must be present for all validation and scoring activities. Trauma Commission support and Office of EMS and Trauma staff may provide assistance in validation process.**

ix. **Validation committee will develop a rank-ordered-by-score list of all grant applications. This list will be presented to the Trauma Commission EMS Scoring subcommittee.**

x. **Trauma Commission EMS Scoring will receive and review the validation committee's rank-ordered-by-score list and determine number of award and amount of each award.**

xi. **Trauma Commission EMS Scoring subcommittee chair will submit final award list to full Trauma Commission for approval.**

MOTION BY: **Mr. Rich Bias**
SECOND BY: **Mr. Bill Moore**
DISCUSSION: Mr. Jim Pettyjohn held a meeting with DCH Grants Administration and they are on board to assist and provide administrative support and understand the new process. Mr. Ben Hinson thanks Mr. Courtney Terwilliger for all his hard work in determining this objective criterion.

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

Mr. Ben Hinson clarified that the EMS Subcommittee would be working on a Medicare rate as a place card. They will again contract with GAEMS for the training grants and trauma equipment grants that we had approved previously at the last Commission meeting. Motion presented by Mr. Bias as follows:

MOTION GTCNC 2010-10-06:
I make the motion to follow the same process as last year for the EMS training and EMS

Equipment.

MOTION BY:	**Mr. Rich Bias**
SECOND BY:	**Mr. Ben Hinson**
DISCUSSION:	None
ACTION:	The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org*

FY 2010 EMS Uncompensated Care Update - *(Recommendations for Uncompensated Care and Report detailing distribution of funds included in Administrative Report.*)

Ms. Regina Medeiros reported the FY 2010 program is now closed. She presented the report including all submitted expenses by service and the amount being reimbursed. This is approximately $.50/dollar based on the available funds. Services should be receiving checks the week of October 25.

Mr. Rich Bias stated that although MCG would be happy to be a part of this process next year, they need to be clear on what methodology would be used and whether or not it would create additional administrative requirements. Mr. Pettyjohn suggested this be discussed at the next EMS Subcommittee meeting to address the methodology for the EMS uncompensated care program going forward. Ms. Medeiros suggests that a small group from the EMS subcommittee be available to assist services who need help with forms where necessary or by possibly posting on a website where they can log in and load the documents.

Ms. Medeiros also questions how we will get validation for ambulances assisting out-of-state patients for transport reimbursement because there are no patient identifiers in the national registry database. Mr. Pettyjohn suggests Mr. Huey Atkins of the EMS subcommittee and Ms. Medeiros begin some discussions on this subject to bring to resolution by the next Commission meeting. Mr. Hinson said the EMS Subcommittee would be creating an Excel worksheet where the ambulance provider has a document that certifies the patient on the national registry so Ms. Medeiros does not have to validate people in different systems.

Mr. Hinson commented that GAEMS has reported a number of services that could have received grants for the trauma equipment but never filled out the one-page application, so the amount each service is receiving will be increased.

FY 2010 First Responder and Trauma Care Grants

Trauma Care Equipment – Mr. Courtney Terwilliger reported this project is completed except for distribution of the funds. Equipment grants – Program managers were helpful in sending out applications to the services. Responses resulted in 889 vehicles providing $361.67 per vehicle. Letters going out to those services week of October 25 with instructions. When the equipment is purchased, services will submit their invoices and reimbursement will be processed.

First Responder – There were 72 applications and funding is available for 60. Mr. Terwilliger has scored them. All applications have been given to Mr. Jim Pettyjohn and Ms. Carol Dixon for validation. We believe we can do the 60 classes fairly easily. Mr. Terwilliger added that they would help fund this service if the grant was for 12 students or more but will not fund more than 25. Fifty services will be contacted after validation is complete. The goal is to get 1,350 first responders in the program. As soon as we identify who they are, we will write to them and work with their program directors. The First Responder course will be an approved class by the State Office of EMS/T. They will give us a roster of how many students are in a class; we will fund them half of the money for the instructor and all of the money per student for $65.00 for the textbook and $10 for disposable supplies. After the course is completed, we receive word from the service and the regional program manager, and they have met their requirements through the OEMS/T, we will reimburse the balance of the instructor's cost back to the student.

AVLS and GPS Programs – Mr. Hinson said we have 105 units in Region Five deployed to be installed. There are 41 others that people are in the process of receiving. In Region Six, we have 41 deployed or installed and two more in the works. Upon completion, we will have 189 deployed in those two regions, which is great work thanks to Mr. Ryan Goodson, Mr. Jim Pettyjohn, and Kirk Pennywitt at GTRI.

Mr. Pettyjohn added that the Commission's role in this program ends at the end of this calendar year. The funds provided the units in Regions Five and Six, as well as paid airtime for those units through the end of this calendar year. More meetings with GEMA will take place to pick up this program January 01, 2011 and will possibly roll out an additional 500 units in the next two years. They may select another region or go statewide with a planned meeting on/about November 22nd that many people in the room will be invited to participate in to get this process ironed out. We have provided GEMA good base information on experiences that we encountered with the EMS providers and the whole program, over time, will be a great success. Mr. Pettyjohn commends everyone for their work. Mr. Hinson added that in explaining this program to his EMS colleagues in other states and described this working program and how GEMA is picking this up, and they are just amazed at our progress.

Teletrauma Program Update – Mr. Rich Bias reported. The Teletrauma Subcommittee met by teleconference before the last Trauma Commission meeting and agreed that to move things forward expeditiously, we needed to engage representatives from each of the hubs in the pilot to put together a work plan. On October 7th, folks from CHOA, MCCG, and Memorial in Savannah as well as Ms. Gigi Goble from GPT, joined Ms. Medeiros at MCG in Augusta. They spent a lot of time discussing issues identified including technology, clinical and legal perspectives. This information will be presented to the Teletrauma Subcommittee. *(Meeting Notes and Teletrauma pilot update outline documents are attached to the administrative report.)* The Teletrauma outline includes the general work plan to take care of education, installation and contracts between now and December 2010. In January 2011, kick- off of actual pilots are scheduled. A lot of Subcommittee concerns were, "how do we demonstrate what did or did not work and whether there was an impact of outcomes to improve?" One important element of this work group was to consider the kind of measures, baselines, and what evaluative criteria could be used as the pilot moved forward. This will need Subcommittee endorsements or refinements, and they plan to do this review in the next week or two. It is the work group's job to develop the recommendations and work it through with the Subcommittee to develop the tools to use. Mr. Bias thanks everyone for their work on this project.

Mr. Hinson added that the outcome data can be reviewed and decide what the question was. This may indicate what the big change or shift is rather than the way the old research was done. They should gather all the outcome data they can. In December 2010, the final T-1 lines will be installed but a lot of organizations are working to get rid of T-1 lines because cable modems are quicker and less expensive. He has been told by GTRI that they are trying to go a different route. Mr. Bias said the T-1 component is driven by GPT and they recognize what Mr. Hinson is saying but moving toward using the Internet as their basic infrastructure and beyond that, to insure that wireless access can work. The feeling was that the understanding and ability to count on the T-1, as they are currently structured, was what we needed to focus on to start. Mr. Bias will provide an update next month with follow up from the subcommittee and the work group.

Trauma Communications Center – Mr. Scott Sherrill provided an update. Our location at GPSTC is confirmed and they are getting it ready for us by preparing improvements such as re-tiling the floors. No signed agreement to date as we are awaiting a form for some language from the Attorney General's Office, not advising them that it is legal, but simply because we are a different type entity. The AG representative handling this is out of the office until November 1st. Mr. Alex Sponseller will follow up with this representative and will work with her to provide this language and expedite. We hope to have a signed agreement by the next Commission meeting on November 18. We see no problems at this time.

GTRI is in the process of working on an actual implementation time line with items to do in the order necessary to open the TCC. In the meantime, we are looking at tasks that need to be done now in the

process of developing the time line. One item being reviewed is the identification and preparation of the participating non-designated trauma centers in the TCC for Regions Five and Six. Mr. Ryan Goodson will contact Ms. Regina Medeiros and Ms. Debra Kitchens within the next couple of days to give us best estimate of participating hospitals.

The RFP was issued on October 15. There will be a pre-bidders conference at GA Tech purchasing, October 29, in open forum, to ask questions and get clarification or they may submit written questions on line. The RFP deadline is November 15 at 12:00 p.m. The evaluation committee is having their first meeting on November 16 to review technical proposals and will be reviewed for the following 1 – 1-1l2 weeks at which time they will score the cost proposals. Three members of the Commission are on the evaluation committee, Ms. Linda Cole, Mr. Rich Bias and Mr. Jim Pettyjohn. The technical evaluations and the cost responses together will provide us with the leading candidate(s) that we can call in for one round of further negotiations if necessary. GTRI will then submit a report to the Trauma Commission disclosing who the leading candidate is and will make a recommendation on how to move forward. We would be at a point to recommend a selection and purchase of a system by mid-December.

The plan is to have a demo of the recommended vendor at the December 16th meeting with the demonstration being the only item on the agenda. There is some possibility that the winning/recommended vendor will not have been determined, in which case, the meeting would be cancelled. Since it is critical for the Commission to meet in December, it was decided by Commission members that the December 16 meeting would remain on the calendar with this being a key item with recommendation to move forward. If we don't have all info for RFP review, the meeting can be cancelled.

With Commission member's approval, Mr. Sherrill will need a two-week notification of intent to award, and assuming it is not challenged, we can then award the contract and begin implementation and make an award, hopefully, in early January. It may take two-three months to complete the implementation including hiring and training to have TCC up and operating by March or April 2011. Mr. Sherrill's expectation is that everybody responding will have a working system by that time unless particular areas require further customization. Hiring and training for everyone cannot be done now until we have the vendor identified, but once that is decided, we would get very busy to make that happen.

DCH DIVISION OF EMERGENCY PREPAREDNESS AND RESPONSE - Dr. O'Neal reported that a Commission was established in the last legislative session to look at the position of Public Health in DCH. The Governor asked for a recommendation from that Commission to come forward by the first week of November. It is very likely that Commission may recommend a stand-alone posture for Public Health which would mean a move out of DCH. Dr. O'Neal doesn't know if the legislature would be likely to approve that because of the potential added cost involved. We will know more in a few weeks. In preparation, they will begin moving the Division of Emergency Preparedness and Response back into Public Health. Commissioner Reese has tentatively indicated he would support this move and is awaiting the proposal from Dr. Francois and Dr. O'Neal. The move is expected to be accomplished no later than December 31st. EMS will, therefore, be in Public Health and will not be left behind in the event Public Health moves out of the Department of Community Health.

Interviews have occurred recently for two positions - The EMS Director position and the EMS Deputy Medical Director position. The interview panel has made choices. An offer has gone out to one of the EMS Director candidates, and it is hoped that this position will be filled soon. Commissioner Clyde Reese received paperwork yesterday for the Deputy Medical Director Position and Dr. O'Neal hopes to hear news on this today. Dr. O'Neal hopes to have these positions in place by the next Commission meeting.

We have one additional trauma center in Georgia - The letter of designation was signed by Dr. O'Neal yesterday for Taylor Regional Medical Center, which is a 52 bed facility with three surgeons on staff, 5-6 orthopedists on staff that appears to be doing fine work. They are a Level IV but Dr. O'Neal is certain that they have the capability to become a Level III trauma center in the near future. There are now 17 designated trauma centers In Georgia. A new list will be distributed shortly.

Discussion regarding burn center designation - *(See handout from Dr. O'Neal for recommended language for designation of burn centers - attached to the Minutes.)* Dr. O'Neal indicated that Commissioner Reese asked for our approval, or to review for modifications to the handout for burn center designation, so he can present to the DCH board for their November meeting to have the rule approved. For the most part, the word "burn center" was added to sections denoting "trauma center" except for one area where their opinion is that burn centers are basically a statewide asset rather than a regional asset.

Rather than going to the EMS Council, they are suggesting that the burn centers make application through the Office of EMS/Trauma instead of regionally. Mr. Bias feels that regional advisory and support should be available and felt that the local council should be consulted for advice or recommendation. While Mr. Bias is in absolute support of the Still Burn Center at Doctors Hospital in Augusta making an application, but from a procedural perspective, feels this is out of sync not to have some connection with that local council, particularly when we are now looking at Regional Advisory Councils for trauma that are related to the local EMS council. Mr. Hinson agrees that support should start at the regional level rather than state level. This policy is to establish that burn centers may become designated facilities in Georgia. In order to be able to designate burn centers, a policy will need to be developed.

Dr. Ashley asked Dr. O'Neal for the pros and cons in this situation. Dr. O'Neal stated he does not know of any definite good or bad. Dr. O'Neal felt since the business model for the burn centers does not really focus on just the region but focuses on either the state or beyond the state, it is different from the general focus of trauma centers. Even though a trauma center may have patients from outside of their region, their focus is predominantly regional, and this is not true with burn centers. For that reason, they felt the regional council did not seem to make sense. If the Commission would prefer that it go to the regional council before it comes to the state office, the language could be changed in the handout. Mr. Pettyjohn questions where this document originated. Dr. O'Neal said it was rules.

Dr. O'Neal is trying to find a way to get burn centers to become designated facilities in Georgia. Policy will need to be determined for this process to be achieved. The rule needs to be determined first. We propose using the criteria that the American College of Surgeons has set up in their Optimal Treatment document on how to care for burn patients. We are also suggesting that if a burn center has been designated by the American Burn Association (ABA), that designation be accepted in lieu of a site visit by the state.

For this reason, Mr. Bias questions what does designation mean to the Commission and how it needs to go about its work whether it is based on policies or money. Dr. O'Neal said this is a Commission decision, but the purpose of designation is to establish some agreed-upon criteria for the quality that will be available at a given facility. Mr. Bias stated that much time was spent coming up with common definitions about what it meant to achieve readiness as well as definitions regarding a 30-minute response time, etc. There is a list of clinical services under that designation but it is not clear that the same level of expectation is required as a trauma center. For example, it says you must have neurosurgical consultation available, but what does that mean in the burn center designation. Ms. Morgan said the burn criteria come from the College of Surgeons and does have specific criteria formulated for burn centers much as the specialty centers for pediatrics do. It is encompassed in trauma care but not necessarily specific to trauma center care. Mr. Pettyjohn said SB 60 does not mention burn centers but SB 156 does.

Mr. Rich Bias expressed that he is not ready to endorse changes in language regarding burn centers or burn center designations without knowing what the implications are and a whole new model needs to be presented. Mr. Moore asked if it was relevant for us to support or not and what role did we have in determining whether a regulatory agency designates burn centers. Dr. O'Neal stated the Commission has the authority for designing an improved trauma care system of which burn centers are a component. Mr. Pettyjohn said there is a duty and a responsibility by Senate Bill 60 to the Commission. Mr. Rich Bias asked, "What will be the basis for comparing the apples of a designated trauma center to the oranges of a designated burn center for access to those funds on a reasonable playing field?"

Mr. Kurt Stuenkel suggested we could take the present framework and get information from burn centers and then get advice from Mr. Greg Bishop. Mr. Bill Moore thinks designation would be good but we need more of an education and should include this as an agenda item for future meetings to determine what is involved in operating a burn center, what are the requirements, etc? Mr. Hinson said we need to know more before defining the designation and Mr. Bill Moore agreed. Dr. O'Neal said this is not time sensitive and can delay until further knowledge is obtained about burn centers.

Mr. Alex Sponseller added that what Dr. O'Neal is asking for today is the distinction in designations and Mr. Sponseller thinks SB 60 is defined for designated trauma centers only. He feels the statute would need to be amended to give funding for these separately designated burn centers as SB 60 would not provide funding to burn center at this time. Mr. Bias asked Mr. Alex Sponseller if we were going to do this, should the wording be that it is a "special" designation of a trauma center so it can be funded? Dr. Ashley said we should say trauma burn center so language could fall into SB60 rules.

Dr. Ashley received Dr. O'Neal's support to assist the Trauma Commission with a burn center workshop and assistance in developing verbiage to move forward with burn center designation. Dr. O'Neal will convey this information to Commissioner Reese.

Ms. Renee Morgan and Ms. Marie Probst provided updated spreadsheets for FY2008-2009 and FY2010 Trauma Center Funds Balance Sheets *(Attached to the Minutes)*. Ms. Marie Probst reviewed the spreadsheets and is working to close out the remaining balance of the funds with DCH on the FY2008-2009 sheet. On the FY2010 balance sheet, Mr. Jim Pettyjohn is administering the contracts for the trauma center start up grants (Funding Type I on sheet) and Ms. Probst will be tracking the deliverables. As those reports begin arriving, that information will be included in this spreadsheet for those contracts. Funding II represents the FY2010 readiness performance payment and uncompensated care funding. All of that money has been paid out and you can see that the centers (on the spreadsheet) have reported how much they have spent according to the contract for each of the deliverables. This is a summary of the monthly reports received from the centers. Two centers have not submitted any reporting on how they have spent their funds - Grady and Morgan Memorial. There is a very small balance remaining from Walton Medical Center, but they have been reporting monthly.

New Trauma Center Start up grants - Ms. Morgan said that she and Mr. Pettyjohn will be following up to make sure they are up to date. Hawkinsville, Taylor Regional, received their designation this week. Working with Lower Oconee on setting the date for their designation, and Kennistone in the process of hiring their trauma coordinator and registrar. Mr. Pettyjohn said the grant awards for those centers were sent out, signed and returned back to DCH. Mr. Pettyjohn has signed them as program manager/business owner, and Commissioner Reese received them for signature approval. The hospitals will then receive a confirmation that their money is in place. They will then begin working on the deliverables of that grant. He will be working with Ms. Morgan because the deliverables have to do with the designation process. After the deliverables are satisfied and we have sign-off from OEMS/T, we will receive, approve the invoices and the payments will be processed.

LAW REPORT - Updates by Mr. Alex Sponseller are above in the EMS reporting above.

OLD BUSINESS - Mr. Pettyjohn discussed the GAEMS FY2010 contract dollars being lost in the FY2010 budget process after this was discovered by review of budgets with our DCH Budget Analyst, Ms. Judy Geiger. The amount of GAEMS dollars remaining on the FY2010 contract was $676,889.63. In April 2010, the policy in the Contracts Department at DCH was to encumber the money prior to the execution of the contract. Mr. Curtis Chronister was working on this in April. When the contract went from execution to budget to be assigned funds, the execution or start date with GAEMS had July 1, 2010 on it, which was the first day of the FY2011 budget period. With the start date of July 1 on the contract, the budget group entered these funds in the FY2011 budget to pay for our FY2010 contract with GAEMS.

Ms. Debbie Hall, who is the Chief Operating Officer, assigned someone to investigate the problem and it was a clear error between contracts and budget departments. DCH tried to go back to OPB to return the funds back to the Commission to cover this but were unsuccessful. In summary, we have $676,889.63 less than we thought we had for the FY2011 budget. Mr. Pettyjohn invited Ms. Debbie Hall, DCH, to the Commission meeting to help explain, but we received a letter instead which the Commission members were previously sent.

Mr. Pettyjohn presented the current approved budget dated July/August 2010 and a new proposed budget dated October 21, 2010 to provide a new budget to consider which includes the reduction in available budget by the GAEMS amount of $676,889.63. Mr. Pettyjohn mentioned that we are still operating under the 4% hold/cut and revenues over the last three months for the state show a steady increase so we hope there will not be a further push to 6 or 8% cuts. The amount OEMS/T is receiving from our budget already includes a 10% cut.

Several suggestions were made to absorb and spread around this loss. Mr. Hinson would like to suggest we hold fast with the same budget to see if we can get supplemental money in January and, with a possible opportunity to explain this loss of money to legislation due to a clerical error because it is not a request for new money. Mr. Hinson suggested we send instructions to GAEMS to not spend any of this year's FY2011 GAEMS contract/money until we have the answer to that question. We should hold off on new training and grants. Since this money would not be expended by January/February, we can make adjustments later in the year.

Mr. Courtney Terwilliger also reminded the Commission there are ten FY2010 ambulance grants being funded out of the FY2011 budgets as well. Mr. Hinson points out this has a value of $750,000, plus the GAEMS dollars, is approx $1.3M the EMS community has been shorted and legislature needs to know that we need it back from the supplemental budget. Mr. Pettyjohn said the trauma centers lost money as well.

Mr. Pettyjohn pointed out we would be covering the $677,000 with a $585,000 bucket of money because the GAEMS contract for FY2011 is approximately $585,000. Mr. Courtney Terwilliger was concerned that if the trauma center grants were signed, would the $585,000 just go away. Mr. Pettyjohn said in the contracts with the trauma centers, there is language that the Commission reserves the right to provide them less based on available money and also the provision to provide them more based on availability of money. The invoicing and payments are quarterly. Mr. Pettyjohn said we do have some contingency money in our fixed cost programs. However, we still do not know how much the RFP for the TCC software will cost. There is time to absorb the $677,000 during the course of the fiscal year. For now, no revisions will be made to the present budget.

Mr. Pettyjohn will be meeting with the trauma coordinators at their November meeting about the scope of work, and they will hopefully have their contracts for review and signatures by that time.

Dr. Ashley expressed his appreciation to all the folks in trauma care for everything they do. He further expressed his disappointment with DCH over the last year with these disasters in administrative failures. Dr. Ashley is very impressed with our leadership at DCH now and Mr. Pettyjohn has made tremendous progress there. He feels we are moving in the right direction. Dr. Ashley thinks this is the last surprise under the stone and with the way we are working with contracts and budgeting now, he believes we have a system in place that will hopefully eliminate any further surprises. Dr. Ashley thanked Mr. Pettyjohn for all his hard work. Mr. Pettyjohn thanked Dr. Ashley and wanted to echo what Dr. O'Neal said, that if OEMS/T is going to work under Public Health and Public Health may become a separate department, the Commission may want to consider whether it wants to stay attached to DCH or go to Public Health.

NEW BUSINESS

Minutes approved on 18 Novemebr 2010

Michael from the Yes2SaveLives coalition stopped by and announced they are having a media advisory rally on Tuesday, October 26, at 11:30 a.m. on the steps of the Capitol Building. Everyone will meet at the Georgia Railroad Freight Depot and walk to the State Capitol. He is asking everyone to spread the word about it. The invitees are the Georgia Chamber of Commerce Medical Association of Georgia, Georgia Hospital Association, Georgia Emergency Medical Services, Georgia Alliance of Community Hospitals, hundreds of nurses, physicians, EMT's, and trauma survivors. There is also an event in Savannah, GA at the same time. Michael brought campaign materials for anyone interested including button pins, bumper stickers and yard signs. He announced that several of the trauma coordinators have been real champions throughout this entire campaign and been a real joy to work with. Mr. Hinson suggested several EMS ambulances, involved in grants, be present at the Capitol Building that day as well.

NEXT MEETING

November 18, 2010 – 10:00 a.m. in Macon, Georgia – Location to be announced.

Meeting Adjourned: 12:58 p. m.

Minutes crafted by Carol Dixon