



MEETING MINUTES

Thursday, August 19 2010

Scheduled: 10:00 am until 1:00 pm

Children's Healthcare of Atlanta, Office Park
1680 Tullie Circle – Classroom 5
Atlanta, GA 30329

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order at 10:11 a.m.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director Ryan Goodson, TCC Lead	Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller Elaine Frantz Richard Lee Jim Barnes Rena Brewer Scott Maxwell Scott Sherrill Lawanna Mercer-Cobb Renee Morgan Karen Waters Regina Medeiros Jim Sargent Lee Oliver Blake Thompson	Assistant Attorney General Memorial University Center - Savannah Upson Regional Medical Center EMS Towns County EMS GA Partnership for TeleHealth Drs. Hospital of Augusta GTRI Region VI EMS OEMS/T Georgia Hospital Association MCG Health System North Fulton Hospital MCGG Wilkes County EMS

Deb Battle Janet Schwalbe Gina Solomon Fran Lewis Tanya Simpson Karen Swim Danae Gambill Jamila Pope J. Mabley Daniel Thompson Kim McWhorter Pat Mayne Debbie Keel Mark Gravlee, MD	Phoebe Putney NGHS Gwinnett Medical Grady Trauma Doctors Hospital Doctors Hospital GHA CHOA SOEMS CHOA Alston & Bird Wellstar Kennestone North Fulton Hospital North Fulton Hospital
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WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Dennis Ashley welcomed all present at the meeting. An official Quorum of nine was confirmed. Dr. Joe Sam Robinson is confirmed on the conference call telephone.

Dr. Ashley discussed his participation with the Trauma Coalition and the \$10 Tag Fee Campaign with vote in November. Goddard Claussen, selected campaign firm hired to oversee this process, has been assembling phases of campaign. Small focus groups are testing various bullet points of both positives and negatives to voters about the trauma system. Material is being prepared now for statewide radio and television commercials available after Labor Day. Official campaign will kick off within next one to two weeks and an information website will be up and running next week. Poll indicates 47% would vote for the tag fee prior to the campaign but move to positive side with education and getting the word out.

APPROVAL OF THE MINUTES OF THE 15 JULY 2010 MEETING

The draft minutes of the 15 July 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 2010-8-01:

I move that the minutes of the 15 July 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

MOTION BY: Ms. Linda Cole
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: None
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

ADMINISTRATIVE REPORT REVIEW

Copies of the August administrative report are available to the meeting attendees and report was sent in electronic format to the members of the Commission prior to the meeting. Mr. Pettyjohn said that the entire document would become part of the minutes. *(Administrative report as well as all approved minutes will be posted to www.gtcnc.org.)*

Update on Super Speeder Revenues: Report from Ms. Paula Brown, Office of Planning and Budget, 16 August 2010. For FY 2010, revenue collected - \$2,036,905. Revenue includes Super Speeder tickets (approx. 25% of total) and the increased license reinstatement fees and fines for suspended licenses. Total revenue collected in FY 2011 thru July is \$717,090; this is 35% of the entire FY 2010 revenue.

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FY 2011 Commission Allotments: Year-to-date we have been allotted \$2,120,025 through the first August weekly allotment. Beginning in August, the weekly allotment has been reduced to \$409,177 to reflect the 4% withhold amount.

FY Memorandum of Agreement (MOA) with DCH Office of EMS/T:
MOA signed yesterday by Commissioner Clyde Reese, Dr. O'Neal and Dr. Ashley. Approval in process.

Budget Report FY2010 year-to-date highlights: Purple highlights new activity since last month. In summary, final distribution FY2010 is \$18,178,000 or 77% of the \$23M received last year. The amount returned to general fund is \$5.4M. Highlights include the following: Only \$189,383.05 of the \$655,500 OESM/T budget was spent, balance of \$466,116.95 was returned to general treasury. Remaining budget dollars were also returned in the budget categories of Administrative/business assistance, conference call account, and monthly meeting support.

Other attachments to the Administrative Report include the TeleHealth Subcommittee Meeting Report and Georgia Trauma Communications Center Subcommittee reports. Also, handouts from Mr. Lee Oliver, EMS, who will be presenting GAEMS' report for their contract EMS uncompensated care program status report and new trauma related equipment grant awards' reports. Included are the New Trauma Center Startup Grants report and EMS Vehicle Equipment replacement Grants Awards Report. Mr. Hinson requested that future EMS Subcommittee for Trauma monthly meeting minutes be included in the Administrative Report, however, they are presently posted on the www.gtcnc.org website.

FY 2011 AMENDED BUDGET REVIEW and APPROVAL

Page 8 of the Administrative Report - Ms. Linda Cole reviewed the required 4%, 6%, 8% and 10% reduction budgets required by the governor's Office of Planning and Budget. Those budgets are included in the administrative report.

MOTION GTCNC 2010-8-02:

I make a motion we accept the submitted amended 4-6-8-10% budgets to be used based on the dollar amounts the Commission is actually allotted during FY 2011.

MOTION BY: Ms. Linda Cole
SECOND BY: Mr. Kurt Stuenkel
DISCUSSION: Mr. Rich Bias asked for clarification of funds. Ms. Cole suggested we work from the 4% budget numbers for contracts as written with the hospitals. The contracts do specify less may be received depending upon available state funds. Regarding EMS, Ms. Cole, recommended we write the budget based on 4% knowing administrators are knowing of the areas they will cut if we get down to the 8%. If we pay on a quarterly basis, we will not spend until the money is actually available.

Mr. Ben Hinson stated the EMS stakeholder group would review the process for future vehicle grant awards based upon dollars awarded versus number of vehicles awarded. The EMS community will review and recommend.

Mr. Pettyjohn expressed that upon approval by the Commission, he will confirm with Office of Planning and Budget that the 4% budget cut is active now with a potential 6-8% budget cut later. Ms. Cole stated Operations & Capital Expenditures are the same whether we get 4-6-8-10% based on this recommendation. Mr. Bill Moore asked whether this could affect new Commission personnel. Since we have no new employees targeted until Jan 2011, it should be doable and funds can be reallocated if necessary.

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Mr. Ben Hinson questioned flexibility in vote of 4-6-8-10% and stressed the ability to re-address at later time with the understanding that more adjustments may need to be made.

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

Page 13 – EMS – Discussion of overall EMS budget. Support for monthly EMS Subcommittee on Trauma meeting costs that include minutes preparation, tele-conference call charges and printing costs has been estimated to be \$5,400 annually. This amount will come directly from the available EMS Budget. It was decided a vote was not necessary as these dollars fall under the EMS allocated budget.

ISRAELI TRAUMA COALITION VISIT TO ISRAEL REPORT

Dr. Joe Sam Robinson reported on his visit to the Middle East. He was kindly received by the Israeli Trauma Commission and attended some lectures in Damascus. He spent several days traveling around looking at their “shop”. The take-away message is that they are very avant-garde in their set up to deal with mass casualties. Their trauma system is adjunctive to the militant structure of the country. They have been through varying kinds of crisis, expect other crisis to come, and they are prepared. Dr. Robinson traveled to their north country and saw one of their underground, fully equipped facilities containing 400 beds for patients and prepared for mass casualties.

They are interested in collaborating with the Georgia Trauma Commission. If funds become available to Georgia through the license tag fee and the dollars became available, they expressed support to provide information in assisting with such a facility in Georgia. We have opportunities to enhance our trauma apparatus, particularly; the Israelis pay a lot of attention to the psychological effects and sociological impact of trauma. Dr. Joe Sam feels that there are some lessons to be gleaned from this information. Dr. Pat O’Neal made a suggestion for the Trauma Commission to consider asking Mr. Jim Pettyjohn to contact the Israeli Consulate in Atlanta to arrange a meeting for Dr. Ashley and other members of the Commission. They are very interested in engaging with numerous folks in Georgia on many different activities. Dr. O’Neal stated a new Consulate General just began last week and he is very welcoming in developing relationships in the southeast. Dr. Ashley suggested we establish contact with the new Consulate General to further develop a relationship. Mr. Pettyjohn stated the Commission has contacts with the Consulate General’s office having worked with them to introduce Dr. Robinson and request their assistance in arranging his meetings in Israel.

SUBCOMMITTEE REPORTS

Broselow Luten Solution System – Ms. Linda Cole thanked Mr. Greg Pereira and the trauma coordinators for the tremendous amount of work they have done. The goal is to roll out the system to the trauma centers that have pediatric commitments (MCG, MCGG, Memorial, Columbus and Children’s). Once they are on line, the goal is to roll it out to all trauma centers and then all hospitals in Region 5 and 6 as part of the pilot.

All Phase One hospitals met in July for training and to discuss how to roll this out to the other hospitals. Presently, they are working on standardizing medication and dosing with everyone working on the same format. The goal is to have all Phase One hospitals in place by the end of CY 2010. Dr. Broselow will be working with EMS to figure out how this product can be used in the back of an ambulance more efficiently. Mr. Hinson supported this project, and how it can make for a better for services including the new GPS AVL Systems, technology, Wi-Fi, and Computers. Essentially, Mr. Hinson added, this ties directly into the new health care bill regarding evidence-based medicine.

All Phase One and Phase Two dollars are included in last year’s budget, and the FY2011 budget of \$50,000 will be used to bring on more hospitals. Mr. Pettyjohn will be working on the FY2011 Broselow contract with Ms. Cole.

Teletrauma Subcommittee - Mr. Rich Bias reported the first Teletrauma Subcommittee meeting was held on 13 August. Meeting notes are attached to the Administrative Report – Page 19. Primary discussion points included:

- 1) Purpose - work with current and future telehealth initiatives to assist them in optimizing success.
- 2) Go "live" time line for MCG pilot is 01 January 2011 including equipment installation prior to that.
- 3) Difference between MCG pilot and MCCG (8a – 5p) pilot is that MCG intends to be a 24/7 operation.
- 4) Discussion on how program will be evaluated. Identifying criteria for measurement is key to success--looking at where things are working or not working, doing assessments and recommendations from pilot trauma centers.

The Teletrauma Subcommittee is requesting additional funds for connectivity expenses for the six rural facilities in the pilot. The cost is \$575 per month per facility and they have no funds to pay this expense. For this reason, the Teletrauma Subcommittee would like to recommend to the Commission that the current \$50,000 grant under development with Georgia Partnership for TeleHealth (GPT) be preferentially directed to provide funds for the monthly GPT support if that site is only using the equipment and connection for emergency and trauma consultation.

MOTION GTCNC 2010-8-03:

I move that the Commission request the Georgia Partnership for Telehealth (GPT) preferentially direct funds from the current \$50,000 grant to fund the monthly fee (currently \$575) for pilot sites if the GPT equipment and connection is only being used for emergency and trauma consultation.

MOTION BY:

Ms. Rich Bias

SECOND BY:

Ms. Kelli Vaughn

DISCUSSION:

Mr. Pettyjohn confirmed that this \$50,000 in FY 2011 completes the Commission's commitment of \$250,000 made as matching funds for the USDA grant GPT received in 2009.

ACTION:

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

Mr. Bias further stated that additional people would be needed on the Subcommittee, in the future, to provide assistance in developing the criteria and the evaluation process. Ms. Renee Brewer, GPT, said they have received the funds that are allowing them to get the equipment sooner than later. In that plan, the end goal is for 20 – 30 hospitals over the next five years to be on board. Questions from other trauma centers or hospitals should be directed to the Subcommittee *first* regarding the use of TeleHealth and the trauma initiative.

Trauma Communications Center – Mr. Scott Sherrill reported. He made a presentation to the Trauma Communications Center Subcommittee recently covering four visited locations and reviewed for location consideration along with Ms. Debra Elovich from the State Properties Commission. Detail of report included in the Administrative Report – Page 20 - 22. Two facilities were eliminated and two were reviewed.

Based on Mr. Sherrill's recommendation, it was suggested that they move forward with the location at Georgia Public Safety Training Center (GPSTC) in Forsythe. After showing the Subcommittee the site and physical location of potential office, GPSTC then decided they were not interested in us because we were operations rather than a training facility. Other locations are being considered. Dr. O'Neal was perplexed because he said the Region 5 EMS office is located there which does have the training component but is also operational. Mr. Hinson suggested we continue to move forward in a plan rather than try to push back on the GPSTC decision. Ms. Cole suggested we move forward in working with the Georgia Aviation Authority, which was a strong second. Mr. Sherrill said he would do that, but has a meeting next week with Ms. Pam Tucker and the Emergency Management Agency in Columbia County to review.

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A committed location needs to be selected before issuing the RFP. Mr. Ben Hinson requested the Commission to empower the Trauma Communications Center Subcommittee to make the location decision so if something comes up in the next couple weeks, they can advise Mr. Sherrill with instructions for the RFP rather than waiting for the next Commission meeting. Dr. Ashley agreed and Ms. Cole accepted that responsibility for the Subcommittee. Mr. Sherrill can have RFP ready within one week, followed by DOAS 10 day calendar review period.

EMS REPORTS:

EMS Subcommittee on Trauma – Mr. Ben Hinson reported. The 03 August monthly meeting was two-part with Subcommittee meeting in the morning, particularly working on getting budget recommendations ready and how to split funding with hopes to have completed for next meeting. There is continued discussion on how uncompensated care and EMS vehicle grants should work.

The second part of the 03 August meeting was an overview of the GPS based Automatic Vehicle Locator System (AVLS) and how it operates. The presentation was good, followed by lively discussion and questions. One of the big concerns was EMS counties not wanting their history available to anyone and everyone and how this could increase liability if a plaintiff's attorney could subpoena records to see where ambulances were when the emergency call came in. How would data be stored and used? Mr. Alex Sponseller was asked for legal council guidance. In his brief overview, he does not feel it increases liability in any way because any records we have would probably be open record obtainable. The question the EMS folks have is that there is suddenly a record that may be permanent with all location information of ambulance disclosed. Mr. Kurt Pennywitt, GTRI, will keep the data for two weeks and then it will be erased. Mr. Sponseller will get a solid opinion on that. Mr. Bias said that it is important for folks to recognize that there is value in having the data and being able to use it if necessary. Total of 31 services signed up for units in Region 5 with four services in Region 6, 41 units distributed within seven areas. Ms. Cole asked if we could capture a positive situation on usage of AVLS's for media purposes.

Mr. Hinson said there would be future consideration of a fee schedule for EMS uncompensated care program. Recommendations to the Commission from the EMS Subcommittee members will be presented for other areas of the trauma system and not just in the area of EMS.

The next EMS Subcommittee meeting is scheduled for 07 September in Atlanta. The Trauma Communications Center Subcommittee will be presenting to the EMS Subcommittee.

Mr. Hinson remarked, USA (the newspaper) Headlines had a story about FAA coming up with new rules for medivac helicopters nationwide and the helicopter industry is fighting back very aggressively saying they do not want to adopt a safety program. We need to be aware of this discussion regarding air ambulances.

GAEMS CONTRACT AND PROGRAMS:

Mr. Lee Oliver reported for GAEMS. (See Pages 23 – 29 in the Administrative report for GAEMS related documents.

Trauma-Care Related Equipment – Applications sent via email are being collected from EMS services and additional efforts will be made via phone calls to insure all areas have been contacted and so all are made aware of the opportunities for this funding. This is a non-competitive grant. Total dollars will be divided by number of services applying.

First Responder Training - Mr. Oliver reported this grant is a competitive grant. Deadline is 30 September 2010 and Contact person is Mr. Keith Wages at GAEMS, email address: keith.wages@gmail.com. All invoices will be sent directly to the Georgia Trauma Commission. Programs must be sponsored by the 911 provider and everyone who completes the class will be given a jump bag.

FY 2010 EMS Uncompensated Care Program Notice - Ms. Regina Medeiros reported. The list of EMS services that have completed the filing process is on Page 29 of the Administrative Report titled "EMS Uncompensated Care Update 8/17/2020". The total claims to date are \$1,236,812.75 and Brantley EMS has since been added to the list. The deadline to complete the filing process is close of business on Friday, 27 August 2010, and the deadline for requesting an extension was Friday, 30 July 2010. One Request for an extension has been received from Grant Patterson, EMS Consultants in Sandy Springs, Georgia and was received prior to the deadline extension on 29 July 2010. (Administrative Report page 30). Mr. Hinson requested the following motion:

MOTION GTCNC 2010-8-04:

I move that the Commission approve the extension to file for FY 2010 EMS Uncompensated Care for EMS Consultants in Sandy Springs, Georgia which was received in advance of the program deadline. They are requesting an extension of deadline for Friday, 03 September 2010 for the services listed on their request letter of 29 July 2010.

MOTION BY:

Ms. Ben Hinson

SECOND BY:

Dr. Leon Haley

DISCUSSION:

For clarity, Mr. Jim Pettyjohn requested confirmation that extension would be applicable ONLY to EMS Consultants of Sandy Springs, Georgia and only for the specific services listed in the request for extension letter. Ms. Cole remarked: This year, we have been very specific to define a deadline date for requesting an extension. Only one request was received and we should stick to the rules. Mr. Stuenkel stated he was in favor of granting an extension for all services like what the Commission did last year. There were comments stating that the rules were clear and unless you requested an extension according to the requirements, there would not be one granted. Dr. Ashley called for a vote.

ACTION:

The motion ***PASSED*** with one objection from Mr. Kurt Stuenkel. Mr. Stuenkel stating I believe we should grant the extension for everyone. *(Approved minutes will be posted to www.gtcnc.org)*

DCH & State Office of Preparedness and Trauma

Dr. Pat O'Neal stated there have been personnel issues at the State office and has requested Mr. Billy Watson, who was the acting EMS Director for over 20 months, to return to Region 4 as the Regional Program Director since that region no longer had anyone else in the regional office. Currently, the interviewing process for the EMS Director is taking place and will be complete by end of August or soon thereafter. Dr. O'Neal is presently taking on the responsibilities of the EMS Director position until a new full-time employee is in place. Problematic to get unfilled positions that have yet been filled, to be paid with Georgia Trauma Commission funds. These include the Trauma Nurse Coordinator position (6-8 weeks away), Educator/Training Position that is very critical but may take even longer to fill. The MOU between OEMS/T and the Commission has been signed by Dr. O'Neal and is with Commissioner Reese for signature approval. Once it is approved, OEMS/T will have the approved funding, but there are no dollars available at this time to draw against. Dr. O'Neal is requesting consideration to permit him to invoice for some of the infrastructure needs the office has with funds that they will not be able to spend until they get the approved 4.5 positions in place. He anticipates the trauma nurse coordinator position will not be filled in less than 6-8 weeks; the EMS Educator position, which is very critical, may even take longer to fill. Without the infrastructure in the Office of EMS, the ability to meet the requirements that are available in terms of quality trauma systems will be compromised. At the current time, Dr. O'Neal does not have enough money to allow all of the EMS Program Directors to go out and inspect ambulances or money to send Ms. Renee Morgan to hospital sites that express interest in becoming a trauma center and are in the process of applying. Dr. O'Neal would like to use the money that they have not been able to spend so far on the unfilled 2.5 positions for some of the travel expenses and consultative visits for these hospitals. Dr. O'Neal estimates this to be at least 1/6 of \$250,000 annually. Two internal candidates

have applied for the previously unfilled two Regional Program Directors positions and are now in place. One candidate was the licensure officer and the other was a regional training officer. Currently, there is no licensure officer in the Office of EMS. Fortunately, we developed to accomplish on-line licensing this year but a licensing officer is still a critical need. The Office of EMS has a part-time temp paralegal person that can assist in the licensing endeavors until a licensure officer can be hired. Dr. O'Neal is also requesting funding for this temp position with a portion of the unspent money.

MOTION GTCNC 2010-8-05:

I move the Commission support the request from Dr. O'Neal and provide OEMS/T with FY 2011 funding in an amount equal to the monthly distribution that would go toward the approved 4.5 FTE positions. These positions remain open and unfilled and OEMS/T remains committed to hire. This funding will be used for current OEMS/T staff travel and to continue with the OEMS/T temp employee to help with licensure issues until appropriate staff are brought on board.

MOTION BY:
SECOND BY:
DISCUSSION:

Ms. Ben Hinson

Ms. Linda Cole

Dr. O'Neal added that in addition to the MOU, there would be a monthly accountability of how the money is being spent, as OEMS/T will invoice for each of these expenditures for tracking purposes. Ms. Cole asked for confirmation that these requested funds have been funded in the past. Mr. Alex Sponseller confirmed these unspent dollars are included in the 3% Office of EMS and Trauma allocation budget and spending guidelines.

ACTION:

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

Mr. Alex Sponseller read to the GTCNC the requirements in code for how the 3% funding to the OEMS/T must be spent and the GTCNC members agreed that the current plan for utilizing the "unspent funds" met the criteria. "These funds shall be used for the administration of an adequate system for monitoring state-wide trauma care, recruitment of trauma care service providers into the network as needed, and for research as needed to continue to operate and improve the system."

Dr. O'Neal said there will be some national expectations for major changes in EMS education, and perhaps scope of practice, between now and possibly as soon as 2013. Along with these changes, there is a proposal to require that a medic graduate from an "accredited training program" before he/she would be allowed to take the National Registry examination which is currently required for licensure in GA. Currently there is only one accredited training program in the state. Achieving accreditation will be a costly endeavor, and it is anticipated that many training programs may not be able to afford the added cost especially in this economic environment. Efforts to delay the accreditation requirement beyond 2013 are underway at the national level but there is no guarantee those efforts will succeed. Dr. O'Neal would like consideration to be given by the Georgia Trauma Commission to ask the Trauma Centers to be more receptive to requests from EMS training programs for the trauma centers to serve as clinical rotation sites for EMS training. Mr. Lee Oliver stated that GAEMS is working with Dr. O'Neal and a Subcommittee of all of the teaching facilities across the state to come up with one solution that is cost effective. He feels that solutions should be sought now and not wait until the year 2013 to find a fix. Dr. O'Neal did not request that the GTCNC take any action at this time but did indicate that there might be future requests as the Education Transition subcommittee identifies appropriate strategies for dealing with these issues.

OLD BUSINESS

New Trauma Center Startup Grants Report – Dr. Dennis Ashley, and Mr. Jim Pettyjohn met with Commissioner Reese yesterday, 18 August 2010. Commissioner Reese signed the Notice of Award Letters that will be sent out to the recipients of the New Trauma Center Startup Grants, the breakdown for those funds and the awardees (Administrative Report – Page 31). The Notice of Award will detail how

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those hospitals will receive the funds. Ms. Renee Morgan, Trauma Systems Manager, and Mr. Pettyjohn will be working with these hospitals to insure that they meet all of the requirements of the grant.

FY2010 EMS Vehicle Equipment Replacement Grant Award Program – At the last Commission meeting on 15 July 2010, the Commission approved the top 19 award recipients (Administrative Report – Page 32) because that money was at great risk to be turned back to the state. The first 19 will be funded with FY2010 funding. There was a review of the spreadsheet provided during the 15 July 2020 Commission meeting where it was noted that two of the Mid Georgia Ambulances had been disqualified. During this discussion, the Commission gave Mr. Pettyjohn two directions: determine why Mid Georgia Ambulance applications were disqualified were disqualified even though Mr. Ben Hinson, Mid Georgia Ambulance, stated that he would pull his disqualified EMS vehicle applications for the grant awards out of competition. The second direction to determine why the original award list in May changed in June and why yet another list was developed later in June, which was then posted to the DCH website.

Mr. Pettyjohn's report:

On 19 July 2010, the Commission's EMS awards scoring subcommittee held a conference call with Ms. Dana Greer, Director of Procurement and Grants Administration for DCH attending. The subcommittee asked Ms. Greer how confident she was that the third award list (one posted to the DCH website on 29 June) was true and correct. Ms. Greer said she was quite confident. She explained the initial review of the applications by DCH Grants staff was insufficient and she has since applied the appropriate resources to ensure the applications have been scored correctly. She stood by the list posted to the DCH website on 29 June. The subcommittee requested information as to reasons for the two "disqualified applications" of Lamar and Cook Counties. Ms. Greer stated according to her research, those two applications contained VIN of vehicles in applications submitted in FY 2009, which were awarded replacement grants. It was noted the two disqualified applications were from Mid Georgia Ambulance. In FY 2009, Mid Georgia Ambulance qualified for five EMS vehicle replacement awards. That year, the Commission limited the number of awards any single organization could receive to three. In its decision to limit Mid Georgia Ambulance to three awards, the Commission determined to award the three highest-scoring applications of the five qualifying applications. During an open meeting, Mid Georgia Ambulance requested the Commission substitute the two lowest-scoring applications for two of the awarded applications. Mid Georgia Ambulance assured the Commission the communities served by the to-be-replaced awards would still receive high quality service. The Commission granted the substitution. Ms. Greer stated she was unaware the Commission had granted these substitutions and the information she used for her research may have been incomplete. The subcommittee requested Ms. Greer to reconsider the disqualified Mid Georgia Ambulance applications of Lamar and Cook Counties in light of this information and come back to the subcommittee with a report.

On 27 July, another call was held with Ms. Greer. She stated during that call after her review of all five FY 2009 Mid Georgia Ambulance applications and grant award contracts from that year, Ms. Greer acknowledged the FY 2010 Cook County application was inappropriately disqualified. She stated DCH stood by the disqualification of the Lamar County vehicle. In an email dated 20 July 2010, Ms. Greer presented her evidence and reasoning for reinstating the Cook County application and maintaining the Lamar County application disqualification. The VIN for the FY 2010 Lamar County Application is the same VIN for the FY 2009 Cook County vehicle replaced. The Cook County application would enter the list at number 26 and would qualify for an award.

Finally, the scoring subcommittee considered Mr. Hinson's statement during the 15 July Commission meeting: "Mr. Ben Hinson wished to state, for the record, that he is pulling the two vehicles that were disqualified at his EMS service off the list, regardless of the final EMS award list." The resulting and FINAL list is the same list posted to the DCH website on 29 June.

The list on page 32 in the Administrative Report is the top scoring 29 ambulance applications. The Department of Community Health and Mr. Pettyjohn are comfortable that numbers 20 – 29 represent the remaining 10 of the 29 vehicle equipment grant awards.

MOTION GTCNC 2010-8-06:

I make a motion for the Commission to approve the final ten vehicle numbers 20 – 29 Ambulance services for the FY2010 EMS Vehicle Replacement Grant Awards.

MOTION BY: Ms. Kelli Vaughn
SECOND BY: Mr. Bill Moore
DISCUSSION: Positive comments were received with all the review work completed.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

Mr. Pettyjohn informed the Commission that the 29 agencies should be receiving the Notice of Award letters within the next two weeks.

Selection of Audit Firm – The Trauma Center and Physician Funding subcommittee a Commission sponsored audit of the Trauma Center uncompensated care claims most recently submitted. The Commission approved this recommendation and that the FY 2011 trauma centers and physicians uncompensated care payments would be held until a Commission sponsored audit of the trauma centers uncompensated care claims, eligibility and an Injury Severity Score determinations process review was completed.

Mr. Pettyjohn was charged to move forward with this task and met with representative from Gillford, Hilegass and Ingwersen LLP a CPA firm in Atlanta. Resulting from that meeting, Mr. Pettyjohn has been working with this firm to develop a proposal to accomplish the audit tasks and Commission goals. The budget approved for this is \$100,000. Mr. Pettyjohn, Ms. Kelli Vaughn, Mr. Bill Moore and others have reviewed a first draft proposal. Work continues on refining the proposal. The first quote is approximately \$50,000.

The basic requirements of the audit and the work in the proposal is to validate all of the uncompensated care claims submitted by each trauma center to meet Senate Bill 60 criteria. We also want to confirm the ISS score assigned to each claim when it was submitted on the survey and that it matches the same score that is listed for that patient in the trauma registry. We are looking for an expert in ISS determination process to test and judge our trauma centers' processes to determine if those processes are in keeping with national best practice methods. In order to keep the sample size down, a review of only Level I facilities will occur during this year's audit event.

Mr. Pettyjohn would like to have a draft Scope of Work for the Trauma Centers contracts for FY 2011 by the next Commission meeting. Having this proposal and the detail of how this audit will roll out will be important to include in those trauma centers' contracts. Mr. Pettyjohn is asking for permission from the Commission to allow him to move forward with this CPA firm, develop a proposal and have the Trauma Center and Physician Funding Subcommittee approve the proposal and upon that approval, to move forward to contract. A CPA firm is exempt from the state procurement code which Mr. Alex Sponseller confirmed.

Mr. Rich Bias asked whether this was a one-time event. Mr. Pettyjohn stated it would be a contract with an option for a four-year renewal and it would be the Commission's option to exercise. Mr. Leon Haley suggested the Subcommittee review the scope of the proposal and work to make a decision whether it is a one-time audit, and if not, they may need to redefine the scope to consider all inclusive components. Mr. Bill Moore wished to disclose his knowledge of Mr. Dan Hilegass, who served in the past on his hospitals governing board for two terms and was introduced to the board because he was the accountant for one of the hospital's staff physicians. Mr. Moore continued that Mr. Hilegass has never done any

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work for the hospital and is not Mr. Moore's personal accountant. Mr. Hillegass is no longer on the board, so there is no financial tie, nor has there ever been. Dr. Haley suggested the Subcommittee perform due diligence and request a disclosure form from Mr. Hillegass.

MOTION GTCNC 2010-8-07:

I make a motion for the Trauma Center Physician Funded Subcommittee to move forward with this audit project as they see fit.

MOTION BY: Ms. Ben Hinson
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: The dollar amount will be in the proposal.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

Mr. Ben Hinson stated that Archbold Hospital has a couple of larger physician groups that had some clerical staffing and software changes that did not allow them to meet the deadline to get their claims in to Archbold to receive their physician share of the FY 2010 funding. The Commission needs to take that action and provide an extension to the contract that we made with Archbold. As a point of clarification, it will not cost the Commission any additional money and will not have any impact outside of what happens inside Archbold. Ms. Kelli Vaughn brought the extension request letters from Archbold Medical Group and Thomasville Orthopedic Center, P.C. to the meeting.

MOTION GTCNC 2010-8-08:

I make the motion the Commission provide an extension for the two physician groups identified in the letters and they be allowed more time to provide the information necessary to receive their share of FY 2010 physician funding provided to Archbold hospital.

MOTION BY: Ms. Ben Hinson
SECOND BY: Ms. Linda Cole
DISCUSSION: Mr. Pettyjohn asked that the request letter provided to him so he can reference the Commission's decision forwarding his letter to the physician groups.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

Next Meeting

Thursday, 16 September in Macon, Georgia. Location to be announced.

Adjourn: 12:41 p.m.

Minutes crafted by Carol Dixon