Minutes approved on 19 November 2009

MEETING MINUTES

Thursday, 15 October 2009

10:00 am until 1:00 pm

Letton Auditorium
Atlanta Medical Center Health Pavilion
320 Parkway Drive, N.E.
Atlanta, Georgia 30312

CALL TO ORDER:
Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission (GTCNC) to order in the Letton Auditorium, Atlanta Medical Center Health Pavilion in Atlanta, Georgia at 1000 hours.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Ben Hinson Linda Cole, RN Dr. Leon Haley Bill Moore Dr. Joe Sam Robinson, on telephone Kurt Stuenkel, on telephone Kelli Vaughn, RN, on telephone	Dr. Rhonda Medows

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Administrator	Georgia Trauma Care Network Commission
Renee Morgan, EMT-P, Trauma Systems Mgr	DCH DEPR Office of EMS and Trauma
Marie Probst	DCH DEPR Office of EMS and Trauma
Billy R. Watson, EMT-P, Acting Director	DCH DEPR Office of EMS and Trauma

OTHERS SIGNING IN	REPRESENTING
Rich Bias	Medical College of Georgia – Health
Bryan Forlines	Medical Center of Central Georgia
Richard Lee	Upson Regional Medical Center EMS
Scott Maxwell	Mathews and Maxwell, Inc.
Regina Medeiros	Medical College of Georgia - Health
Courtney Terwilliger	EMSAC and Georgia Association of EMS
Blake Thompson	Wilkes County EMS
Chris W. Threlkeld	DCH DEPR Office of EMS and Trauma – Regions 5 & 10
Keith Wages	Georgia Association of EMS
Rena Brewer	Ga. Partnership for Telehealth
Michelle West	Athens Regional Medical

Kathy Sego	Athens Regional Medical
Mike Polak	Memorial University Hospital
Alex Sponseller	Attorney General's Office
Paula Guy	Georgia Partnership for Telehealth
Courtney Terwilliger	GAEMS
Gina Soloman	Gwinnett Medical
Debra Nesbit	ACCG
Jeffery Solomone	Grady
Karen Waters	GHA
Kevin Johnson	Newton Medical EMS
Terence van Arkel	Doctors Hospital Augusta
Danae Gambill	GHA
Webb Cochran	Tenet Health
Kelly Joiner	MCCG
Betsy Bates	Bbates#batesassociates.com
Rena Brewer	Georgia Partnership for Telehealth
Calvin Thomas	Grady Health System
Ellie Post	Grady Health System
Vernon Henderson	Atlanta Medical Center
Josh Mackey	GAEMS
Tiffany Coletta	Georgialink
Rep. Sharon Cooper	Georgia General Assembly
Debbie Keel	North Fulton Regional
Keith Wages	GAEMS

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley welcomed the members of the Commission and guests and convened the meeting. He thanked Bill Moore and Atlanta Medical Center for hosting the meeting and recognized the GTCNC members on the telephone. Dr. Ashley informed the group that he, Linda Cole, Dr. Haley and Jim Pettyjohn met with staff from the Governor's Office of Planning and Budget on 08 October. The approved FY 2010 GTCNC budget was presented including contingency budgets reflecting a 4, 6, and 8% revenue shortfall. Dr. Ashley reported that OPB staff suggested the budget cuts may end up being 8% for FY 2010 and the GTCNC should prepare additional contingency budgets to accommodate a possible 10 to 12% revenue shortfalls too.

Dr. Ashley announced the next GTCNC meeting will be the "annual' meeting of the GTCNC and will not be in Macon but rather in Atlanta with venue to be determined.

Dr. Ashley congratulated Georgia Partnership for Telehealth for receiving a grant form the UDSDA for ~$425,000.00.

ADMINISTRATIVE REPORT REVIEW:

Copies of the October administrative report are available to the attendees and report was sent in electronic format to the members of the Commission prior to the meeting. Mr. Pettyjohn gave an overview of the highlights and said that the entire document would become part of the minutes. Administrative report attached.

APPROVAL OF THE MINUTES OF THE 17 SEPTEMBER 2009 MEETING

The draft minutes of 17 September 2009 meeting were distributed to Commission prior to the meeting via electronic means and are also available to members in printed form.

MOTION GTCTC 2009-10-01: **I move that the minutes of the 17 September 2009, meeting of the Georgia Trauma Care**

	Network Commission (GTCNC) be approved as presented.
MOTION BY:	Ms. Cole
SECOND BY:	Ms. Vaughn
DISCUSSION:	None.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

QUORUM:
Dr. Ashley, after consulting with Mr. Sponseller of the Office of the Attorney General, declared a quorum present for the meeting.

PRESENTATION: OPTIMAL CARE DELIVERY: TRANSFORMING THE TRAUMA SYSTEM
Ben Hinson introduced Dr. Eva Lee from Georgia Tech and the Center for Health Organization Transformation (CHOT). Dr. Lee presented the attached PowerPoint presentation and introduced the GTCNC to her agency and the opportunity for the GTCNC to join her leadership team. Linda Cole thanked Dr. Lee for her presentation. Ms. Cole reminded the Commission that there was $50K earmarked for membership to the Center for Health Organization Transformation and made the following motion:

MOTION GTCTC 2009-10-02:	**I move that the Georgia Trauma Care Network Commission (GTCNC) apply for membership in the Center for Health Organization Transformation, which would require $50,000 and the Commission form a team to work with Dr. Lee.**
MOTION BY:	Linda Cole
SECOND BY:	Ben Hinson
DISCUSSION:	Ms. Cole asked Mr. Sponseller from AG office and Renee Morgan from DCH re the feasibility of membership and what procurement process would be followed. Ms. Morgan stated she felt it would have to go through the RFP process. Mr. Sponseller stated the amount was over the $5,000 amount and would be subject to procurement policy. Mr. Moore stated he would welcome the assistance in developing a system for Georgia. Dr. Ashley asked if the CHOT membership and work with the pilot project would tie together. Ms. Cole affirmed that to be so. The recommendations from the CHOT analysis and membership will be ongoing and accommodate GTCNC activities. The GTCNC will begin to see benefits (system improvement recommendations) from CHOT membership within 6 months. CHOT membership is for one-year.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

SOLICITATION FOR LEVERAGING FEDERAL STIMULUS PROGRAM

Dr. Joe Sam Robinson asked the Commission to approve the issuance of a Request for Information solicitation for vendors to assist the Trauma Commission to receive Federal Stimulus dollars. Dr. Robinson stated it would provide a good message to the State Legislature that the Commission was working to receive funding from other sources besides just state dollars. Dr. Robinson said there would be no investment of dollars upfront. Only when the Commission received a proposal they liked would that then be translated to a possible contract. Dr. Robinson said yes and made the following motion:

MOTION GTCTC 2009-10-03:	**I move that the Georgia Trauma Commission issue a Request for Information solicitation through Department of Community Health for proposals from vendors on how best the Commission could leverage Federal Stimulus funding or any other third party money that could assist the Trauma Commission in doing its work.**
MOTION BY:	Dr. Robinson
SECOND BY:	Ms. Cole
DISCUSSION:	Dr. Ashley stated this action was low to no risk and there should be no harm in moving forward with this action.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

GTCNC SUBCOMMITTEE UPDATES:

- TRAUMA CENTERS/PHYSICIANS FUNDING SUBCOMMITTEE: Dr. Haley reported out on his Trauma Center/Physician Funding Subcommittee work regarding the New Trauma Center Startup Grants. Dr. Haley presented the attached document. Ms. Cole asked about the difference in Level IV startup funds and the funding amount the existing Level IV trauma centers receive. Dr. Haley stated it was determined the new centers would need more money for "startup costs." Dr. Haley also stated that in FY 2011, the Commission would need to consider baseline funding for Level III trauma centers. Dr. Haley said the use of the New Trauma Center Startup funding is still under consideration by his subcommittee. He stated he was not ready to come to the Commission with a recommendation as of yet.
- GOVERNMENT AFFAIRS SUBCOMMITTEE: Ben Hinson reported the subcommittee members are Dr. Ashley, Kurt Stuenkel, Bill Moore and Ben Hinson. An open conference call was held on Tuesday 13 October. 15 to 20 people who are the Government Affairs representatives or lobbyists for trauma system stakeholder groups were on the call. The purpose is to have everyone work to develop one strategy to move forward into the legislative session with one message. There was discussion to tie trauma funding to transportation funding. Lots of things to be discussed. A smaller group of folks will be the core workgroup to come up with the strategy. There will be another call soon. Plan is to meet with Speaker, Lt. Governor and Governor during the first couple of weeks in November.
- GEORGIA TRAUMA CARE ECONOMIC PROFILE SUBCOMMITTEE: Kelli Vaughn informed the Commission that her subcommittee has met several times and she is working toward having the webinar on 30 November and then a face to face summit on 11 December. The goal is to come up with the best and reliable numbers for trauma center readiness costs in Georgia. Ms. Vaughn wants to identify data points necessary for readiness cost determination and then come up with a common definition of that data point for each hospital, which will be shared during the webinar. Dr. Ashley expressed concerned that the CFO and financial person from each trauma center attend the webinar and summit. Dr. Ashley went on to say he wants this process to proceed and get a standardized way for each center to determine readiness costs.

- GEORGIA TRAUMA COMMUNICATIONS CENTER AND PILOT PROJECT: Ms. Cole reported on the feedback she received from the September presentation of the pilot project White Paper and Framework document. Stakeholder feed back included request that trauma service areas be the same as EMS regions. Ms. Cole stated the neither the White Paper nor Framework document offered any recommendation to the contrary and stated that for the purpose of the pilot, EMS Region 5 was to be the trauma region. Ms. Cole stated that some feedback had been received questioning the communications center and why that center could not be "virtual" or why would the GTCNC have to have one communication center for the whole state that needed to be staffed? Ms. Cole suggested that for the purpose of the pilot project, the GTCNC go with the communication center concept as planned and detailed in the White Paper and Framework document, but during the pilot period when evaluations are made, the virtual communication center be looked at again.

MOTION GTCTC 2009-10-04:	**I move that the Georgia Trauma Commission adopt the concepts and principals detailed in the White Paper and Framework without change for the purpose of the pilot project and evaluate the effectiveness of these concepts and principals at the end of the pilot period.**
MOTION BY:	Linda Cole
SECOND BY:	Ben Hinson
DISCUSSION:	All agreed that an evaluation of the pilot project will occur and that much will be learned during the process.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

- DCH OEMS/T REPORT AND GTCNC PROCUREMENTS AND CONTRACTS UPDATE REPORT: Dr. O'Neal reported on a new DCH process for procurement called "E-Procurement." DCH will not go live with this new system until March 1st. E-Procurement will greatly streamline the procurement process. Renee Morgan reported on the procurement and contracts in process for the Commission. See attached documentation of Ms. Morgan's report.

OTHER BUSINESS: There was no other business offered.

NEXT MEETING: 17 November 2009 in Atlanta, time and venue to be determined.

MEETING ADJOURNED: Hearing no call for additional business, Dr. Ashley declared meeting adjourned at 12:00 pm.

Minutes scribed by Jim Pettyjohn.

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National Science Foundation Center for Health Organization Transformation

Eva K. Lee, Ph.D.

Director, Center for Operations Research in Medicine and HealthCare
Associate Professor, Industrial & Systems Engineering
Georgia Institute of Technology

Co-Director, NSF Center for Health Organization Transformation

Co-Director, Biomedical Informatics
Atlanta Clinical and Translational Science Institute
Emory-Georgia Tech-Morehouse

eva.lee@gatech.edu

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ANNOUNCING:

The Center for Health Organization Transformation (CHOT)

A National Science Foundation
Industry / University Cooperative Research Center

Texas A&M
HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

NSF

Georgia Institute of Technology

The Center for Health Organization Transformation brings together innovative health systems from across the nation to learn from collaborative research projects with two leading universities. With funding from the National Science Foundation (NSF), technology companies, and health systems, the Center's research objectives and projects are selected by the participating health systems.

The ***vision*** of the CHOT is a transformed American healthcare system that, following the Institute of Medicine model, is safe, effective, efficient, timely, equitable and patient centered.

The ***mission*** of the CHOT is to advance, with its industry partners, transformation in health systems--especially in hospitals, clinics, and physician groups—through cooperative applied research.

The ***goal*** of the CHOT is to conduct cooperative research, by teaming university faculty and students with health organization management and clinical professionals, who together seek to advance knowledge and practice of transformational strategies that combine evidence-based management, clinical innovations, and ongoing organizational learning.

Center Director: Larry Gamm, PhD
Texas A&M Health Science Center
School of Rural Public Health
1266 TAMU
College Station TX 77843-1266
PH: 979-458-2244
Email: gamm@srph.tamhsc.edu

Co-Director: Eva K Lee, PhD
Center for Operations Research in Medicine and HealthCare
School of Industrial & Systems Engineering
Georgia Institute of Technology
Atlanta, GA 30332-0205
PH: 404-894-4962
Email: eva.lee@gatech.edu

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CHOT Vision and Mission

- The ***vision*** of CHOT is a transformed American healthcare system that, following the Institute of Medicine model, is safe, effective, efficient, timely, equitable and patient centered.
- The ***mission*** of CHOT is to advance, with its industry partners, transformation in health systems—especially in hospitals, clinics, and physician groups—through cooperative applied research.

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CHOT GOAL

- The ***goal*** of CHOT is to conduct cooperative research, by teaming university faculty and students with health organization management and clinical professionals, who together seek to advance *knowledge* and *practice* of transformational strategies that combine evidence-based management, clinical innovations, and ongoing organizational learning.

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CHOT Organization Infrastructure

- Academic partners
  - Center Directors, research faculty, students, staff
- Industrial partners
  - Leaders in Health Transformation
    - Health systems, health organizations, VAs, technology companies, federal agencies, etc.
- Federal partners
  - NSF program directors, external evaluators

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Academic Leaders

- CHOT Academic Leaders
  - Partnership between the top U.S. Systems Engineering school and the nation's only School of Rural Public Health
  - Ensure innovative knowledge and health transformation produced by the center will reach both large urban areas, as well as rural and underserved areas.
  - Directors:
    - Larry Gamm, Texas A&M
    - Eva K Lee, Georgia Tech

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Industrial Leaders – "Leaders of Health Transformation"

- **Leaders of Health Transformation** – consists of progressive health systems, health organizations, technology companies
- Annual membership fee.
- Rights
  - Have a voting right on the "CHOT Industrial Advisory Board"
  - Have access to all the technology developed in the center
  - Through collaborative advances with CHOT, serve as leaders to other health organizations in sharing success of their transformative practices, and in promoting the transformational change across the nation

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CHOT Projects

Working collaboratively with industry leaders, the center will

- focus on *innovative and transformational changes* in health organizations on issues related to information technology implementation, quality and safety management, chronic disease management, clinical change initiatives and other evidence-based management approaches.
- tackle projects that are of interest and critical to the industrial leaders' organization needs

Projects are dynamic from year to year to reflect the needs of health systems leaders.

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Some Center Projects

- Optimizing EMR adoption
- Transformation sequencing
- Hospital call center operations process modeling & analysis
- Six Sigma effectiveness
- Emergency room triage & resource allocation
- Disease management (chronic versus acute)
- Community health and clinical care integration
- Optimizing health systems capability and efficiency for regular services, and surge capacity and capability for emergency response
- Reducing medication errors
- Diversity management
- Remote patient monitoring
- Linking long term care and acute care
- Transition to new facilities
- Minimally invasive surgery adoption
- Culture change and staff satisfaction

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Year 1 Projects (GT + Leaders)

- Reducing medication errors
- Optimal care delivery model
  - One study: practice variance reduction (~100 million savings)
- Healthy meal design
- Chronic disease management
  - One study: Remote patient monitoring
- Beyond EMR adoption
  - One study: Alert management
- Critical medical service and emergency response
  - One study: large-scale pandemic response
  - Another study: emergency capacity and communications across networks on hospitals.

Key: Each project scope is tailored to the needs of each health system.

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Optimal Care Delivery Model -- Optimizing Capability and Efficiency

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Background

- Individual health systems provide various services and allocate different resources for patient care.
- Initial network of services are determined as the health system's first established
- Ad-hoc expansion is performed as heterogeneous demands arise
- Services are not consolidated, are not optimized across the system

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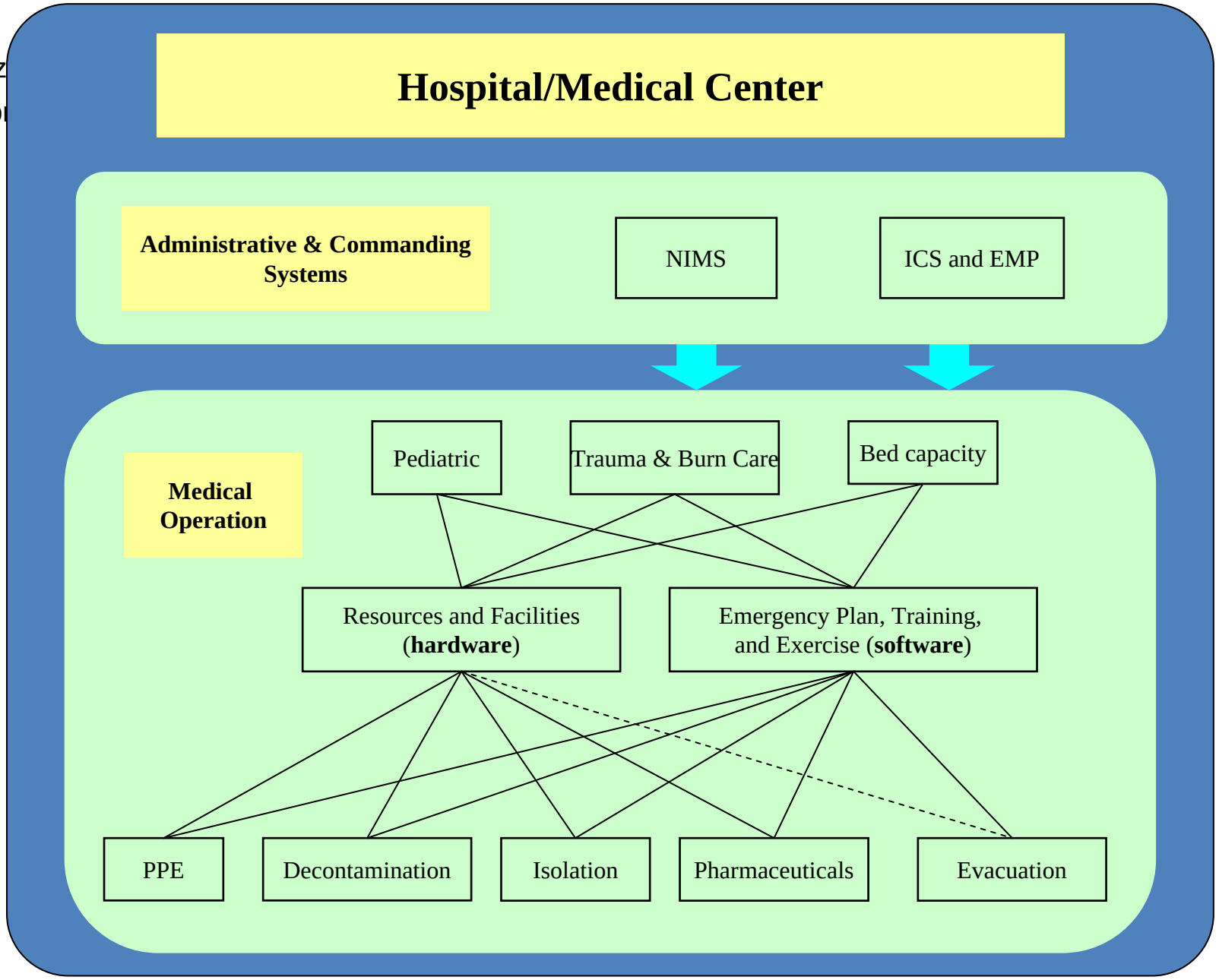

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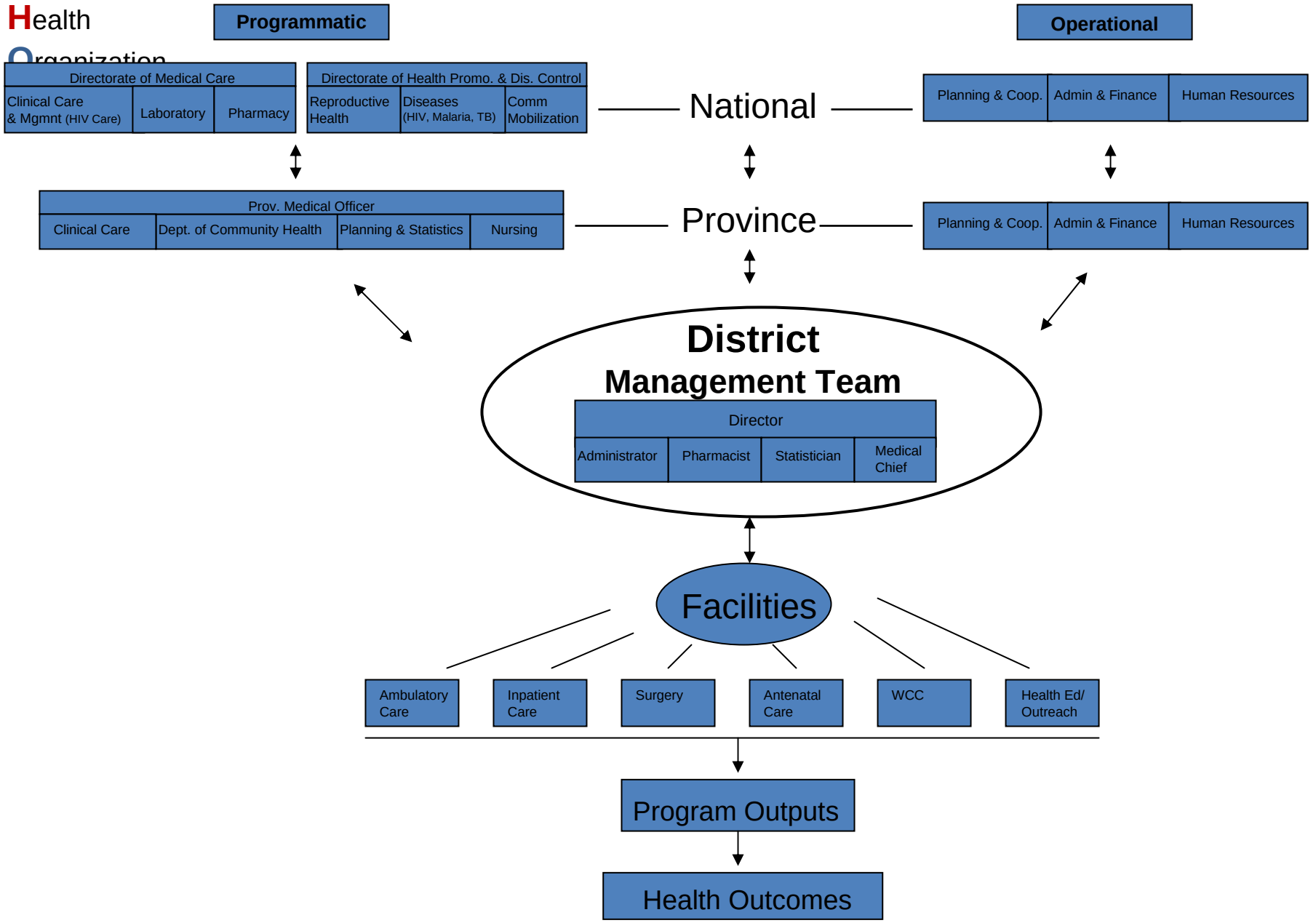

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Project Goals

- **Purpose:** investigate optimal care delivery models for health systems through
  - standardizing, consolidating services of tertiary services within the organization
  - optimizing resources for the overall patient care
- **Desired Outcome:**
  - Increase quality and timeliness of care
  - maximize financial performance
  - decrease practice variability across the organization.

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Project Goals

- **Short Term:** Achieve outcome via systems modeling, process re-alignment, portfolio investment of services and optimization of clinical resources
- **Long Term:** Ability to adapt the service infrastructure that allows for expansion and modification in a systematic and intelligent way

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Reducing Medication Error

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Background

RELEVANCE:

- Medical errors-Cause of **44000** to **98000** deaths each year(**0.015%-0.03%** of population)

CONSEQUENCES:

- Increased length of hospitalization
- Unnecessary treatment
- Additional costs(legal issues)
- Death

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Background

MEDICATION ERRORS CLASSIFICATION:

- Adverse drug events(**ADE**s)
  - o Injuries due to adverse drug reactions
  - o Error rate-**5** per **100** medication orders
- Medication prescribing errors(**MPE**)
  - o Inadequate information during prescribing
  - o Causes-Human mistakes, system flaws-preventable
- Rule violations(**RV**)
  - o Errors-Non compliance with hospital standards

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Background

PEDIATRICS:

Children are more susceptible to medication errors

- Weight based dosing
- Off label drug usage and preparation
- Limited ability to:
  - Withstand dosing errors
  - Communicate with health care professionals
- Medication error potential 3 times than adults

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Background

MEDICAL ERROR REDUCTION:

Usage of Health Information technology (**HIT**)tools

- Computerized physician order entry(**CPOE**)
- Computerized medication administration records(**MAR**)
- Bar coding

LIMITATIONS:

- Pediatric system - complicated technology implementation

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Project Goals

SHORT TERM:

- Identify
  - o Process vulnerabilities in workflow
  - o Increase identification of medical errors
- Decrease errors and adverse events (through suggested process improvements)
- Improve pediatric medication safety and quality
- Improve pediatric quality of care

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Project Goals

LONG TERM:

- Improve awareness in the medical community about
  - o Usage of *simulation models*
  - o Alternative strategies in *process optimization*
  - o *Systems approach* for improvement
  - o Training of personnel
- Reduce medication errors

Optimal Care Delivery – Transforming the Trauma System

Eva K. Lee, Ph.D.

Director, Center for Operations Research in Medicine and HealthCare
Associate Professor, Industrial & Systems Engineering
Georgia Institute of Technology

Co-Director, NSF I/UCRC Center for Health Organization Transformation

Co-Director, Biomedical Informatics
Atlanta Clinical and Translational Science Institute
Emory-Georgia Tech-Morehouse

eva.lee@gatech.edu

Background

- Georgia has a robust EMS system with dynamic leadership in key positions
- EMS operations have been developed and funded by local entities, primarily in more rural areas by County Government
- A fragmented system of coverage, driven more by local County lines than by the needs of the public
- This is NOT unique to Georgia

Common Deficiencies

- Individual sites provide various services and allocate different resources for emergency patient care.
- Initial network of services are determined as the EMS first established
- Ad-hoc expansion is performed as heterogeneous demands arise
- Resulting services are not consolidated, are not optimized across the system
- **Effect:**
  - **Affect both patients (timeliness and quality of care) and providers (morale, paycheck)**
  - **Non-optimal financial performance for policy makers**

Trauma Patients

- Demand rapid transportation to the most suitable hospital/clinic for treatment
- Timeliness of care, and quality of care is of paramount importance
- Allow for very little window for errors
- Demand an efficient and effective coordinating networks across a regional for optimal patient care and treatment outcome
- **Critical Objectives:**
  - **Maximize the best treatment outcome for trauma patients**
  - **Optimal/smart usage of available regional resources**

Opportunities for Transformation Changes in Trauma Patient Services

- Improve service over the entire region
- Optimize resource allocation and usage
- Improve quality and timeliness of care
- Improve morale of EMS professionals
- Maximize financial performance and outcome of the local/state government
- **Success will serve as a model system for the rest of the nation (the best-optimal Trauma System)**

Statement of Work

- Evaluate existing trauma regional network
- Design process and systems model to determine areas of potential gains
- Design computational model to simulate the current system, and provide policy makers a decision platform to see the service and quality gain through transformation and optimal resource usage
- **Empower** policy makers with a dynamic and adaptive platform for optimal financial performance for future expansion.

Beyond Trauma Patients

- Systems design can be expanded to existing EMS regional network
- Optimal EMS network (quality and efficiency) requires smart and adaptive regional collaboration
- A win-win situation –
  - patients
  - clinical managers
  - clinical personnel/healthcare workers
  - Policy makers

New Trauma Center Startup Grants:

#2 $300K "grants" to hospitals achieving designation as a Level II trauma center [1]

#2 $100K "grants" to hospitals achieving designation as a Level III trauma Center [1]

#4 $50K "grants" to hospitals achieving designation as a Level IV trauma center [1, 2]

[1] No money will go out to hospital until designation is achieved. We need to decide the deadline date for designation. Contracts with awardee hospitals will stipulate that awardee hospital must demonstrate that trauma physicians (as defined by GTCNC past practices) receive at least 25% of grant award or the equivalent during the 12-month period prior to designation.

[2] Currently designated Level IV trauma centers (#2) will receive $27K each from GTCNC this year

Other subcommittee considerations:

- Base funding for Level III readiness will be determined for FY 2011 funding
- Level III trauma centers will have uncompensated care claims and will be considered in FY 2011 budget
- As with all other FY 2010 GTCNC budget areas, dollars not expended or encumbered by fourth quarter from the Trauma Center Startup Grant program will be distributed to Trauma Centers and physician via approved funding formulas.

GTCNC FY 2010 Budget Procurements and Contracts Update Worksheet

Budget Item	GTCNC FY 2010 Approved Budgeted Amount	15 October GTCNC Update (Renee Morgan and Dr. O'Neal)	October updates	19-Nov
Administrator	**$ 135,200**	J Pettyjohn sevices agreement for FY 2010 added to B+A amendment "has been processed"[1] but "cannot verify whether a check has been cut or give a timeline on the payout.".		
Administrative Assistant	**$ 50,000**	Renee reported she is working with the No. Georgia office of the Temporary Staffing agency that will provide these servces. No start date available.		
Conference Call Account	**$ 7,200**	21 September: received account specifics		
Website Design	**$ 15,000**	Renee reported that DCH procurement office noted that these services can be provided internal to the state and the GTCNC will need to work that way Jim will follow up with Renee.		
FedEx Office Account	**$ 2,400**	Renee said she has confirmed these accounts do exist and continues to investigate how to effect one for the Commission.		
Commission Travel/Per diem	**$ 10,000**	Renee stated she would mail each GTCNC member a form to complete and mail back to her in order to become a state vendor. This is required for each GTCNC member to receive the $105.00 per meeting as stipulated in SB 60 and interpreted by DCH travel office.		
Communications Center lead Position	**$ 100,000**	Renee stated she was unclear until the 15 October GTCNC meeting that this position was to be a contract position and will investigate how to move forward with it.		
Communications Center Software	**$ 300,000**	06 October: Received Procurement Planning Document and Procurement Authorization Sheet from S. Sherrill. 10 October: All submitted to Renee Morgan. 1 5October: Renee stated this procurement is in process.		
Web-based Registry Support	**$ 49,550**	To be added to the Digital Innovations (registry vendor) contract as a separate task. That contract is under development.		
B+A Amendment	**$ 110,750**	"has been processed"[1] but "cannot verify whether a check has been cut or give a timeline on the payout."		
Trauma Center Association of America a/k/a National Foundation for Trauma Care	**$ 1,500**	"has been processed" but cannot verify check has been cut or give a timeline on the payout.".		
Broselow and Lutin System	**$ 200,000**	Renee stated has worked with DCH Procurement using Sole Brand justifcation documents supplied by GTCNC and feels "hopeful" this procurement will proceed as a sole brand contract.		
GPT matching funds Grant	**$ 200,000**	Georgia Partnership for Telehealth received USDA Rural Development Grant confirmation on 13 October. Renee said she has the necessary information from GPT to move forward andl investigate how accomplish this GTCNC approved budget item.		

OEMS/T 3% Allocation	**$ 655,000**	Dr. O'Neal reported that due to low state revenues and that effect on state budget, he is having to priortize new staffing hires. He is uncertain as to how much funding will be avaialble for these position but did say OEMS/T was moving forward with developing and hiring the EMS Region V trauma nurse coordinator as per GTCNC request.	J. Pettyjohn to develop Region V Trauma Nurse Coordinator's job description	
Trauma Centers and Physician Funding Contract (readiness and uncompensated care)	**$ 14,153,600**	Not specifically addressed during report but after GTCNC meeting during a telephone call, Renee stated that she was investigating with DCH contracts how to construct the amendment for FY 2010 GTCNC distribution. Unlike last year's GTCNC funding to hospitals/physicians when the entire distribution amount was avaialble at one time, FY 2010 funding will be availble via monthly 1/12 allocations. She is seeking clarification on how to address that in the amemdment		
New Trauma Center Startup Grants	**$ 1,000,000**	Disitribution particulars and process remains under development at the Comission level. No decision made as of this time.		
Federal Stimulus Funding Solicitation	**no funds**	This motion made and approved druing the 15 October meeting. J. pettyjohn to begin Procurement Authorization Sheet and Procurement Planing Documentation appropriate for Solicitation.		
Center for Healthcare OrganizationTransformation Membership	**$ 50,000**	Passed the Comission on this date. Dr. Ashley requested Alex Sponseller from AG office and Renee Morgan to review feasibility and process for GTCNC membership. Request sent to Eva Lee for all necessary and appropriate documentation.		
1) Renee defined "in process" as going through DCH channels for review and multiple signatures… between 8 to 10 different reviews.				
completed				