



MEETING MINUTES

Thursday, 17 June 2010

Scheduled: 10:00 am until 1:00 pm

Letton Auditorium
Atlanta Medical Center
Atlanta, Georgia

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order in the Letton Auditorium at 10:02 a.m.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director Curtis Chronister, Compliance Officer Carol Dixon, Administrative Assistant	Georgia Trauma Care Network Commission DCH DEPR Office of EMS and Trauma Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller Billy Watson Silla Sumerlin Blake Thompson Kathy Segó Michele West Courtney Terwilliger Lee Oliver Judy Geiger Scott Maxwell Rena Brewer	Assistant Attorney General DCH/EMS&T Memorial University Wilkes County EMS Athens Regional Athens Regional GAEMS/Emanuel Medical GAEMS/MCCG Department of Public Health, Budget Drs. Hospital of Augusta/Burn Center GA Partnership for TeleHealth

Alex Sponseller	Assistant Attorney General
Billy Watson	DCH/EMS&T
Silla Sumerlin	Memorial University
Blake Thompson	Wilkes County EMS
Kathy Sego	Athens Regional
Michele West	Athens Regional
Courtney Terwilliger	GAEMS/Emanuel Medical
Lee Oliver	GAEMS/MCCG
Judy Geiger	Department of Public Health, Budget
Scott Maxwell	Drs. Hospital of Augusta/Burn Center
Rena Brewer	GA Partnership for TeleHealth
Karen Swim	Drs. Hospital of Augusta
Tanya Simpson	Drs. Hospital of Augusta
Terence van Arkel	Drs. Hospital of Augusta
Sharon Queen	Walton Regional Medical Center
Bambi Bruce	Walton Regional Medical Center
Debra Nesbit	ACCG
Dave Wills	ACCG
Kim Brown	Hamilton Medical Center
Huey Atkins	National EMS
Marie Probst	OEP/R Trauma
Dr. Pat O'Neal	DCH
Jim Sargent	NFRH
Rochella Mood	AMC
Fran Lewis	Grady

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley welcomed all present at the meeting. He thanked the Atlanta Medical Center and Bill Moore for hosting the meeting. A full Quorum was confirmed. Dr. Ashley introduced Mr. Clyde Reese, new DCH Commissioner. Mr. Reese expressed his appreciation to the Commission and stated how he fully understands and supports the work of the Commission and its importance. He further said there are some gaps to fill, but he will support funding for a sustainable Trauma Network and he wants to, as Commissioner, be responsible in making that happen. He complimented the tremendous amount of work accomplished to date. We have a ballot initiative in November that is very important. Mr. Reese expressed his support and looks forward to working with the Commission in the future.

ADMINISTRATIVE REPORT REVIEW

Copies of the June 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.gtnc.org.)*

FY2010 EMS Vehicle Equipment Replacement Grant Award Program

Shortly after the last Commission Meeting on May 20th, the Commission subcommittee met and created a letter to describe the Commission's position regarding the EMS Vehicle Grant Awards. Mr. Pettyjohn read the letter. *(Reference document EMS Vehicle Equipment Replacement Grant Award Program in Admin report dated 15 June 2010.)* On May 20th, the Commission approved funding of the top 29 scoring ambulance awards based upon a list provided to the Commission. On Tuesday of this week, Mr. Pettyjohn received a call from Ms. Tiffney Ward, DCH Grants Officer, to notify him of errors found in a

follow-up review of three of the awarded EMS applications. He asked Ms. Ward to submit a new awards listing and a memorandum explaining the process. (*Reference Interoffice Memo from Tiffiney Ward to Jim Pettyjohn dated 16 June 2010 and list of the top 29 scoring applicants for EMS Vehicle Replacement – see pages 6 & 7 of the Administrative report.*) Three ambulances for Colquitt County were removed from the list. DCH had contacted Colquitt and explained the reasoning for the change as well as Mr. Jim Pettyjohn speaking with their primary contact. These were re-awarded to Ben Hill EMS, Fannin County EMS and Marion County EMS. Yesterday, June 16th, Mr. Pettyjohn received a call from Ms. Dana Greer, Director of Procurement and Grants, DCH, stating they were not ready to go final with the new list containing the top 29. For this reason, the understanding is DCH will be performing another review of all applications and will hopefully have this review process completed by next week. Dr. Ashley asked Mr. Pettyjohn for further information regarding the miscalculation. Mr. Pettyjohn said that he was reticent to say as he has not seen any of the applications, nor has any of the Commission members, but was told that some of the data were placed in certain fields that were incorrect and it was missed during the first review. It appears that instead of putting the age of the vehicle in the number of years, i.e. six years old, the year 1996 or 2003 was placed in the calculator, which gave the applying agency a higher number in that area of criteria. Ms. Dana Greer, DCH, communicated with Mr. Pettyjohn and said the announcement will be posted on the DCH website.

Dr. Ashley wants the next year to be more open so the various EMS communities can view their scores.

Mr. Billy Watson, DCH/EMS&T, stated that his office could be of assistance in the future as they have 1,500 ambulances in their database now. His group can verify mileage and conditions of ambulances. After applications are submitted, their regional staff can inspect the ambulances asked to be replaced, verify mileage, condition, etc. When the grant is awarded to a specific location, they can verify the specific vehicle remains in the area it was awarded by maintaining it in their database. If an application is submitted with a particular ambulance this year and the grant is awarded, the ambulance can't be resubmitted in the future, as it will be noted in the database. This verification can be provided for other programs such as first responder. Mr. Pettyjohn added that the partnership is welcome and necessary. Dr. Ashley welcomes any suggestions and ideas to the Commission's Executive Director, Mr. Jim Pettyjohn, who will inform the Commission.

The Commission decided to wait for the *final* list of 29 awards for the 29 EMS Vehicles from DCH before approving the awards. DCH will be reviewing all of the applications by complete process to insure all information and scores are entered correctly. The review process must be completed by June 30th. Mr. Pettyjohn will be in touch with Ms. Dana Greer, DCH, to follow up and the Commission members will reconvene via teleconference to discuss the final list for approval. Per Mr. Alex Sponseller, a 24-hour notice is required. The money is in place to pay the grant awards when the final list is in place.

GA EMS Subcommittee on Trauma

In April 2009, the Commission passed a motion to establish a standing committee. Appointed to this EMS Subcommittee by Dr. Ashley are Mr. Ben Hinson, Chair, Dr. Leon Haley and Mr. Bill Moore. Everyone feels it is time to have this committee working with us in full partnership moving forward on all matters EMS. Working with Mr. Hinson, an email was sent out regarding the new committee. The new subcommittee will also include Mr. Courtney Terwilliger, State EMSAC chair, Mr. Billy Watson, Director State Office of EMS and one representative from each of the 10 EMS Regions. Representatives will be determined at the prerogative of each EMS Council Chair. During the first meeting, parameters will be defined as to how the subcommittee interfaces with the Commission. All recommendations will be presented to the Commission. Article VII of the Commission by-laws states that standing subcommittees may be established for clear and limited purposes by 2/3-majority vote of the entire Commission. Standing subcommittees may be dissolved by 2/3-majority vote of the entire commission. The EMS Subcommittee may determine its own functioning structure. The first meeting is tentatively scheduled for

14 July, Wednesday in Macon, Georgia. Dr. Ashley suggested the members get together and make some recommendations for future meetings. The meeting will be open to the public. Membership will be respected. Dr. Haley expressed it is important to set this subcommittee up properly as its creation sets precedence for future subcommittees i.e., hospitals, physicians, etc.

The MCG Grant Amendment for the EMS Uncompensated Care program is in DCH process and hopefully executed very soon. In anticipation of that, a notice has been posted on the GTCNC website and sent out via partners email lists (Office of EMS and the GA EMS). August 27th is the date the EMS service providers must submit their spreadsheet (*forms as provided on the GTCNC.org website*) with their claims. Providers are requested to save their completed forms, with service name included in the file name, so Ms. Medeiros can better track the applications. If applicant is unable to meet that deadline, they need to send a request in writing to the Georgia Trauma Commission before July 31st asking for an extension, which the Commission will review for approval. All claims will be paid out by the end of the calendar year.

FY 2010 CONTRACTS AND BUDGET-TO-DATE REPORT

Mr. Pettyjohn reviewed the latest Commission year-to-date budget sheet (*14 June 2010 – Reference FY 2010 Budget Report to date handout in Administrative report and posted on the GTCNC.org website*). Bishop and Associates has been completely invoiced out. Georgia Partnership for TeleHealth award has been made and they have received a letter of direct award The Broselow Lutten Solutions contract has been signed and executed. Broselow has the contract and Ms. Cole's pediatric subcommittee will be meeting to follow up on next steps of action for implementation.

New Trauma Center Startup Grants Awards - Dr. O'Neal has signed the award documents and they will be moving forward.

Level IV Trauma Centers – To date, one of the centers has received funding, but the other has not. Invoice issued and all is in process for payment.

FY 2010 Trauma Center Readiness Payments – Performance Based and Uninsured Patient Care Payments – All trauma centers except two CHOA facilities have received their funds and are in the process of being paid. Ms. Marie Probst did confirm that the invoices have been moved to the accounts payable department and will be processed shortly.

FY 2010 EMS Uncompensated Care Program Notice

MCG Amendment signed by Dr. Ashley. It has been sent via FedEx return to Ms. Mauri Smith, DCH Contracts. Copy of that executed contract will be emailed to Ms. Regina Medeiros and copied to Mr. Jim Pettyjohn and invoicing must be processed by the end of this fiscal year, June 30, 2010.

FY 2010 EMS Vehicle Equipment Replacement Grant Awards Program

See above EMS vehicle grant information. All monies are in place and as soon as final awards are approved, the award notices will be going out.

First Responder Training and Trauma-Care Related Equipment

Provided to the GA Association of EMS and contract has been executed. Mr. Courtney Terwilliger has participated in a small committee, which was created to get this work done. It is their intention to begin in mid-July to send out applications for both. The 911 designated ambulances would receive a certain dollar amount per ambulance. The First Responder Training will involve looking at the top 50 applicants to receive half of the money up front to buy textbooks, pay for the instructor, and with approval of the State office of EMS, take national registry if they wish. Georgia does not license medical first responders, so it is not a requirement, but they would have to meet all of the requirements of the state approved course and at the end, would go back to the state office of EMS. Contract calls for 60 classes and will

provide training for up to 1,300 EMS responders throughout the state of Georgia. Classes are a "souped-up" first aid class or you can call it a simplified EMT course consisting of 50 hours training including CPR, first aid bandaging, wound shock, emergency child birth, automobile accident care, including items crucial and critical in the first few minutes of whether someone lives or dies. Mr. Terwilliger stated program tracking will be provided to keep the Commission updated and classes will begin late fall or early winter 2010. Dr. Ashley felt it would be beneficial to document successes as the program moves forward.

Ms. Judy Geiger, Public Health Budget, is attending the Commission meeting today. Ms. Geiger has been, and will continue, to work with the Georgia Trauma Commission in budget-related activities.

Mr. Curtis Chronister is attending his last Commission meeting today as he is leaving his state position effective 1 July 2010. The Commission wishes to thank him for all his support. Mr. Chronister felt the Georgia Trauma Commission and DCH are communicating better today than when he came on board in February 2010. He feels that additional work and refinement need to be provided regarding the process of invoicing but with teamwork and process development, better tracking and contract success can be accomplished. Timeframe to get contracts through is presently realistic at a 60-day processing period.

Mr. Jim Pettyjohn and Ms. Carol Dixon attended meetings in Atlanta with DCH leadership. Meetings included Ms. Debby Hall, COO of DCH, Mr. Scott Frederking, CFO of DCH, Mr. Clyde White, Deputy General Counsel, Ms. Dana Greer, Director of Procurement, Dr. Pat O'Neal, DCH, Ms. Brenda Smith, Public Health Budget Director, and Ms. Judy Geiger, Public Health Budget Officer at 2 Peachtree. The next meeting included Ms. Nancy Pisor, Public Health Human Resources Director, and Ms. Andrea Fuller-Ruffin, DCH Human Resource Director. The meetings were very informative as we look to find the best opportunities for the Commission moving forward. Everyone at the meetings realized and understood that the Commission needed to be better served in FY2011 going forward. Everyone realized that the Commission staff needed to have direct, unfettered access to all enterprise areas within DCH. Future contracts will list the Commission as the business owner and Mr. Jim Pettyjohn as the Program Director. Final sign-off on future contracts will be Dr. Dennis Ashley whereby we will be seen and treated as an independent agency. The GTC office will receive all invoices, insure all work has been completed, have tracking capabilities, and sent to Accounts Payable for payment.

Mr. Pettyjohn has asked the Commission to consider the following: the addition of a Trauma Commission employed procurement officer, an attorney or paralegal who has experience in state procurement process, writing contracts and understanding solicitations, RFP, RFI, and Grant experience to work with the Commission staff to write up procurements to insure our solicitations, meet our needs, and to avoid problems that we have had with EMS Vehicle Equipment Replacement Grant Awards and The New Center Start Up Grants. That will be reflected in the budget to be discussed later in this meeting. Mr. Pettyjohn would like to have this person on board in some capacity as a state employee or as a contracted person as soon as possible to start working with contract development and tracking procurements. It was suggested by Mr. Scott Frederking that perhaps when the referendum does pass and the Commission receives \$80 - \$100 M, the Commission should take the entire procurement process internally and be responsible for writing, issuing, executing and monitoring and being accountable for all Commission contracts and procurements as some attached agencies do.

Mr. Pettyjohn and Ms. Dixon will remain contract employees in the short term. This may or may not change. Much will need to be learned and experienced to make the best decision. Mr. Pettyjohn clarified for Dr. Ashley that effective July 1, 2010, the Commission will continue and work directly with the Department of Community Health Public Health Division contracts section for all Commission contracts. We will continue working with Ms. Mauri Smith, contract specialist, for contract development, submittal and tracking through the DCH process. When, and if, we hire the procurement officer, attorney or paralegal, they would write and execute all Commission contracts. Once we have that person at that skill level writing contracts, those can be inserted into the DCH process at a higher level for approval. They will not have to go through several steps that we currently have. Contracts would go directly to Mr.

its own procurement officer. With Mr. Pettyjohn's position change to Executive Director, will have more of a liaison function directly with DCH in communication regarding the status of the Commission contracts and grants. This position would become the Procurement Officer, so it would decrease the funds to Office of EMS and Trauma.

The Commission would continue to fund the following positions:

EMS Training Coordinator

EMS Medical Director (part time)

EMS Program Directors for Region 5 and 10

Region 5 & 6 Trauma Nurse Coordinator (\$100,000) – Ms. Cole is recommending this position be moved to report through Mr. Pettyjohn's division. This expense and head count would move to the Georgia Trauma Commission operations budget. Dr. Pat O'Neal spoke on behalf of OESM/T and opposes these moves because the position of the liaison position person was initially a compliance officer for the Office of EMS and was one of the 5.5 FTE positions. Because of the need of a liaison person when Dr. Meadows asked Dr. O'Neal to find someone currently in the division who can work with the Trauma Commission, he suggested that the Compliance Officer spend part-time for the GTC and part-time for compliance. The position was not intended to be purely a liaison to the GTC, so it will be a significant loss to the office if they lose this position. Dr. O'Neal anticipates by the end of this year, having at least four more trauma centers seeking designation. Ongoing monitoring of 16 current trauma centers will need to take place, requiring a fair amount of site visits from his very limited office staff. The purpose of this particular trauma nurse coordinator was to assist as the system grows with the requirements they have in monitoring the centers.

Dr O'Neal further stated that although he feels the 5.5 positions are needed and justified for the Office of EMS, he is not comfortable that the funding is coming from the GTC. He feels there is a discomfort because of the fact they have regulatory responsibilities and the GTC is essentially prized of stakeholders in the system. For the stakeholders to be determining the funding for the regulatory function, he finds, potential conflicts there. His hope, in the future, is to be able to justify the positions needed in the Office of EMS/Trauma as part of a regulatory budget that does not have to come through the Trauma Commission. We can then escape even an appearance of problems that could otherwise be seen because of the makeup of the Commission by stakeholders. Dr. O'Neal and Ms. Cole will be meeting on Monday, June 21st to further discuss these positions and possible solutions. Dr. O'Neal suggests that the Commission not make any final decisions until they have a chance to review all the pros and cons in what is being proposed. In addition to the new trauma centers, Dr. O'Neal is going to suggest that we begin a designation process for the burn centers too.

Ms. Cole expressed that she was fine in leaving the numbers as they presently are and letting us come back with a recommendation at the July meeting since these are draft budget numbers.

Ms. Cole reviewed the Trauma Communication Center and staff proposed budget as shown on page 18 in the Administrative Report handout. The RFP process cannot be submitted until 1 July 2010 when the funds are available. The staff positions would potentially become state employees.

System Development Access and Contingency Planning on page 19 of Administrative Report.

The Trauma Center Regionalization Grants - total of three to go to regions to have dollars to actually start up the regional trauma advisory council.

GA Tech Research Institute – Continuation of the contract we have for them to assist us in re-submission and review of the RFP from a technical perspective.

Bishop & Associates – as listed on the budget sheet.

Trauma Center Association of America – to continue annual membership.

TeleMedicine TeleTrauma Direct Grant Award

Proposal for another \$100,000 grant program. Ms. Cole is proposing that this recommendation be sent to Mr. Rich Bias and his Subcommittee for discussion and to bring back a proposal to the group.

Broselow Luten Solutions System

Additional dollars to continue the activities that the Commission will be able to begin to allow more non-designated participating hospitals in the state and to allow the development of this program for support of EMS. This should take us up to 40 hospitals through 2011.

Contingency dollars have been added for costs that have not been anticipated. The appropriate subcommittees will present stakeholders' dollars as they bring forth their recommendations. A vote will not be taken today. Ms. Cole asked that everyone prepare their questions and feel free to call her with any questions prior to the next meeting. Hopefully, at the next Commission meeting, we will be able to take a vote on these budgets. Mr. Bill Moore asked for a line-by-line report of 2010 vs. 2011 budgets.

COMMISSION SUBCOMMITTEE REPORTS

Georgia Committee for Trauma Excellence

Ms. Kelli Vaughn reported the Readiness Cost group has been working on the Performance Based Program criteria. They have established two primary objectives for FY 2011 that will be performance based payment criteria. First, the group would like to get everybody to meet face-to-face to focus on the subject and definition of trauma diversion. This would involve both monitoring and measuring for three to six months of the state year to perform self reporting and see where it is going from there. Ms. Regina Medeiros said they talked about some of the frustrations and difficulties of self-reporting, and further discussed that each hospital, and even areas within the same hospitals, have different definitions of diversion. The second objective Ms. Vaughn expressed is to focus on the deficiency checklist that Mr. Greg Bishop provided at a previous meeting where he listed out the different resources that are required to be at each level of trauma center where some would be critical deficiencies and some are not. It is a point-based system grading how well you do or do not score as far as providing the resources that are required. The subcommittee will refine that to insure it is all above-board. Mr. Jim Pettyjohn asked if diversion would be a criteria for performance-based payments funding in FY2011. Ms. Vaughn said no and clarified criteria as the webinar, summit participation and the self reporting (not with any deficiencies based on that reporting), but rather to trial to see if it works and move forward for FY2012. Mr. Bias confirmed that participation is a component of the performance payment because it is important that we get the participation to capture the information and be able to put something together they will be comfortable with for years. Ms. Vaughn said they were thinking about designation, which is presently reviewed every three years and now with the OEMS/T being short staffed, moving forward with enhancing the trauma system in Georgia requirements and reporting. The subcommittee felt that a year of self reporting would be good in taking something such as Gregg Bishop's proposal where you have a checklist with resources and score them out based on critical and non critical criteria. That score gives you a percentage for reporting and would be paid based from this reporting. Dr. Ashley summarized that this would be a beta testing diversion criteria, or the point scoring, and the performance based payment piece would be evaluated on participation only.

Trauma Center & Physician Funding Subcommittee

Dr. Leon Haley referenced a letter included in the Administrative Report handouts dated 22 April 2008 from Mr. Sid Barrett Jr., Senior Assistant Attorney General (*Administrative Report as and posted on the GTCNC.org website*). The letter details the GTCNC reimbursement of uncompensated trauma care services where uninsured patient makes partial payment.

During the first year of the Commission's reimbursement for uncompensated care, a 10% threshold was established. If you got reimbursement for hospital based services of physician-based services, as long as the payment did not go above the 10% threshold, it would still be considered an uncompensated care patient. That is how the Subcommittee allocated dollars to the hospital as well as when physician's submitted their reimbursement. In FY2010, when the contracts were put together by DCH, that guidance was not put into place. Mr. Haley believes there is some confusion among some of the Trauma Coordinators, particularly in the area of physicians, to define what is the actual amount that they are allowed to report. The issue is we have a document from Mr. Barrett that walks us through what we are allowed to do but does not include the 10% threshold information. This provides the Commission the leeway to determine what it feels is the most appropriate dollar figure. This information cannot be found in past minutes but he believes it was agreed upon by the Commission. We will need an action item to set that threshold if we believe that is the threshold and decide what to do moving forward for self-pay patients with the clarity that as the document states, this dollar is not to cover shortfalls with third party payers; this is truly the self-paid bucket. The amount reported is the amount paid and the balance of the uncompensated dollars by patient detail. Ms. Kelli Vaughn reported that this lack of detail regarding the 10% in the FY2010 contract indicated the claim can be paid if there is zero payment and we need this clarification as we move forward for this year to compensate those physicians with Commission approval.

MOTION GTCNC 2010-6-02: **I make the motion that the Georgia Trauma Commission support that up to 10% (ten percent) of dollars for unreimbursed care for both physicians and hospitals be set as the threshold for the self-pay payment bucket.**

MOTION BY:

Dr. Leon Haley

SECOND BY:

Ms. Kelli Vaughn

DISCUSSION:

To clarify intent, Mr. Rich Bias wanted to confirm that the Commission wants to replicate the contract from last year where the definition was stated clearly and concretely for uncompensated expenses. Dr. Ashley confirmed that patients with no insurance, or true uncompensated care patients are those claims we are discussing.

ACTION:

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

Dr. Haley added that the Trauma Center & Physicians Funding Subcommittee is still working on their FY2011 budget and will be coming back to the Commission with further information.

Trauma Communications Center

Ms. Linda Cole reported interviewing candidates for the lead position and feels the Commission is ready to make an offer to a candidate. Hopefully, this person will be onboard in July 2010 to begin leading. Software selection must be made before a space can be finalized. Software request will not be submitted until we have actual funding effective after 1 July 2010 to submit to Department of Administrative Services who will approve the RFP. We will post the RFP for 30 days and then the selection subcommittee members will meet to make a decision and move forward with the timeline. The paperwork is in process at this time with Mr. Scott Sherrill. Ms. Cole is hopeful the paperwork will move quickly after the RFP posting. Ms. Cole informed everyone that many questions are addressed in the White Paper and Framework on the GTCNC website.

DCH & State Office of Preparedness and Trauma

Ms. Marie Probst represented Dr. Pat O'Neal to report on the Office of EMS/Trauma. (Subject reports are included in the Administrative Report as and posted on the GTCNC.org website).

On behalf of Dr. O'Neal and Ms. Renee Morgan, the Office of EMS/Trauma will be crafting rules for Burn Center designations. The ABA used the criteria delineated in the Burn Center chapter in the Green Book to create this checklist, which their site visit teams use on verification visits. The checklist is not in the Green Book as a checklist, but everything on the checklist is indeed mentioned in the Burn Center chapter in the Green Book. A copy of the checklist has been distributed to each Commission member here today. The checklist will be used for a site visit for designation of Burn Centers. We will accept verification by the American Burn Association/ACS for "automatic" designation without having to go through a separate state site visit. Dr. Ashley stated there are the two burn centers in Georgia are Augusta and Grady. Mr. Rich Bias requested Ms. Probst to find out what the timeframe was to implement the Burn Center designations and further asked what the Regional council's involvement would be in the designation of burn centers. He stated that it was very clear regarding trauma but dealing with burn centers separately, needed some clarity.

The following logs were presented to the Trauma Commission: the FY 2010 Trauma, FY2010 EMS, 2009 Capital grant funds, 2009 EMS Ambulance Grant funds, 2008 Uncompensated Care & Readiness funds. The FY2010 Trauma Center Funding Summary reports from the following trauma centers were presented as well for the commission's review: Atlanta Medical Center, J.D. Archbold Memorial Hospital, Gwinnett Medical Center, Hamilton Medical Center, Medical College of Georgia, North Fulton Regional Medical Center, Walton Medical Center.

Each spreadsheet was briefly described and outstanding payments were highlighted. The following payments are in the final stages of the payment process:

Columbus Medical Center - FY09 trauma capital equipment grant, \$74,767.00

CHOA- Egleston - FY10 Readiness, Uncompensated Care and PBP, \$517,018.00

CHOA- Scottish Rite - FY10 Readiness, Uncompensated Care and PBP, \$515,814.00

Morgan Memorial Hospital - FY10 Readiness, \$27,000.00

The two remaining amounts at the bottom of the 2008 Uncompensated Care & Readiness funds spreadsheet for the GTRI project (\$996,452.00) and Trauma Commission System Development (\$375,000.00) are there to balance to the total funds received that year, est. \$59 million. These two amounts remain on the log because the status of the contracts associated with those amounts is unknown to me. Ms. Probst stated she was sure the GTRI funds have been paid out by now because of the status of the GTRI project. Ms. Probst, Mr. Pettyjohn and Ms. Dixon will work together to research the amounts paid from those dollars to close out the log.

Law Report

Mr. Alex Sponseller responded to questions raised at the last Commission meeting. Generally, all of the tax revenue from the state goes into the General Fund and cannot be earmarked for special purposes. The proposed constitutional amendment mandates that dollars will be earmarked for trauma care only and cannot be transferred or lapse back into the general fund, but must be used for a particular trauma care purpose. In contrast, the Super Speeder law says the money goes directly to the General Fund and "with the intent" that money be used for trauma care. There is no restriction in the Super Speeder law preventing the money going into the general fund and it can be taken away. Dr. Ashley further asked for clarification on appropriation earmarks. Mr. Sponseller replied by saying money going into the trust fund via the proposed amendment would not be affected by the general appropriations act, but the General Assembly could always amend the GTCNC statute to change "trauma care purposes." Mr. Pettyjohn added that SB60 created the Georgia Trauma Trust Fund and Ms. Judy Geiger, confirmed that

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the trauma commission money was sitting in the state trauma fund and if it is a separate trust, it could not be used for anything but GTC funding.

In response to the EMS liability concerns, EMS 31-11-8 protects EMS providers from civil liability as long as service is provided in good faith and without remuneration. All physicians acting as medical advisors are not liable as long as they are working in good faith and are not willful or wanton. Mr. Sponseller recommends that each physician would need to consult with his or her attorney regarding telemedicine liability. The other statute 51-1-29.5 gives physicians and all health care providers a raised standard of liability requiring clear and convincing evidence of gross negligence. Statute appears to require that treatment be performed in emergency department to fall under statute. The statute is silent regarding Telemedicine. Any physician and healthcare provider should consult their attorney regarding this statute. Section 51-1-29.5 was recently upheld in March 2010 by the Supreme Court and the "gross negligence" standard for emergency care stands.

Next Meeting

Macon, Georgia – Thursday, 15 July 2010 from 10:00 a.m. - 1:00 p.m. Location to be announced.

Meeting adjourned at approximately 12:39 p.m.

Minutes crafted by Carol Dixon