Minutes approved 07 September 2010

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES
Tuesday, August 3, 2010
Scheduled: 10:00 am until 12:00 pm
Mid Georgia Ambulance – Training Center
252 Holt Avenue
Macon, Georgia 31201

CALL TO ORDER

Mr. Ben Hinson called the August monthly meeting of the EMS Subcommittee on Trauma to order at the Mid Georgia Ambulance Training Center at 10:10 am

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Ben Hinson, Chair Subcommittee & GA Trauma Commission Member Rich Bias, GA Trauma Commission Member Billy Watson, Director State Office of EMS Ralph McDaniel – EMS Region One (via tele-conference call) Chad Black – EMS Region Two (via tele-conference call) Pete Quinones – EMS Region Three Richard Lee – Region Four Lee Oliver – Region Five Blake Thompson – Region Six Craig Grace – Region Eight David Moore – Region Nine Huey Atkins – Region Ten	Jimmy Carver – EMS Region Seven (Excused) Courtney Terwilliger – EMSAC (Excused)

OTHERS SIGNING IN	REPRESENTING
Jim Pettyjohn	Executive Director, Georgia Trauma Commission
Ryan Goodson	Georgia Trauma Commission, Communications Lead
Renee Morgan	OEMS/Trauma
Lawanna Mercer – Cobb	Region 6 EMS
Russ McGee	Region 5 OEMS/T
Danny Edwards	Region 8 EMS Council
Carl Cox	GTRI
Kirk Pennywitt	GTRI
Ahmet Ogyzhon OZLU	GA Tech ISYE
Chien-Hung Chen	GA Tech ISYE

Amy Abel	Mid Georgia Ambulance
Dawn Burgamy	Mid Georgia Ambulance
Joe Robinson	Mid Georgia Ambulance
Kelly Joiner	MCCG EMS
Curey Broom	Lincoln County OES
Tanya Morrison	In Motion Technology
Dan Howard	In Motion Technology
Jason T. Chapman	Abacus

Welcome and Introductions:
Mr. Hinson welcomed all present at the meeting. Self-introductions were made. Mr. Hinson recognized a quorum of the voting members were present.

Approval of Minutes from July 14 meeting:
The first order of business was the approval of the minutes from the 14 July 2010 subcommittee meeting. Mr. Pettyjohn noted members of the subcommittee had contacted him prior to meeting started regarding errors in the minutes.

On page 4 of the July draft minutes is the following motion:
"I make a motion that the EMS Subcommittee members, deemed present, allow its members to vote on the phone." Mr. Hinson noted the motion in the draft minutes was attributed to him but as chair of the subcommittee he is not allowed to make motions.

Discussion within subcommittee identified the motion was actually made by Dr. John Harvey. It was decided to change the draft minutes to reflect that Dr. Harvey actually made the motion. No other corrections to the minutes draft were offered.

MOTION EMS Subcommittee 2010-8-03:

I make the motion to approve the minutes from the 14 July 2010 meeting as written with the above-described modification.

MOTION BY:	Rich Bias
SECOND	Lee Oliver
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

FY 2010 Spending Update:
Mr. Pettyjohn detailed the Commission's approval on 15 July of the top 19 EMS Vehicle Equipment Replacement Grant Awards to be funded with FY 2010 funding. The Commission will consider the remaining 10 awards at the August 19 Commission meeting. Those awards will be made with FY 2011 funds.

Mr. Pettyjohn reported the Governor's Office of Planning and Budget required a total of $5M cut from the Commission's FY2010 budget of $23 million. On 30 June in a meeting with DCH budget staff, Mr. Pettyjohn was given 24 hours to come up with an additional ~$1.7 million (total for year would be ~$5 million). The Commission decided rather than cut grants whose dollars were yet to be encumbered, those grants would be funded from the FY 2011 budget. The New Trauma Center Startup Grants ($1 million) and 10 of the 29 EMS Vehicle Equipment Replacement Grants (~$730K) will now being funded using FY 2011 dollars.

Mr. Oliver asked; given these programs are now being paid with FY 2011 dollars, will the 10 FY 2010 EMS Vehicle grants come from the EMS distribution for FY 2011? Mr. Pettyjohn stated the FY 2010 grant dollar commitments carried over to the FY 2011 budget (EMS Vehicles and New Trauma Center Startups)

will come "off the top" of the FY 2011 budget and before all areas (operations, system access and development, trauma communications center and physician and hospitals and EMS) funding amounts are determined. The FY 2010 commitments or carry-overs will decrease all FY 2011 funding programs amounts.

Mr. Pettyjohn stated notice of awards for the top 19 EMS Vehicle awards will go out to awardees hopefully before the next Commission meeting on the 19th. The remaining or bottom 10 EMS Vehicle Equipment Replacement Grant awards will be approved during the August 19 Commission meeting. Those notice of awards letters will be sent out soon after that Commission meeting. A spreadsheet with all 29 awards will be available on the Commission's website (*www.gtcnc.org*) upon its final approval by the Commission.

Mr. Bias stated there is a correction to the EMS Uncompensated Care Update report he has provided to subcommittee members. Thomas County EMS has completed its submission. The deadline for submission is August 27. The deadline for approving or requesting an extension has passed. 40 agencies received funding last year. Approximately 16 have applied to the EMS uncompensated care program so far this year. Georgia licensed ambulance services that transport patients in a Georgia licensed ambulance to a Georgia trauma center that make it on the state's trauma registry are eligible to apply. The transport does not have to terminate at a trauma center. If a service participated in patient's transport during any part of the trip, that service is eligible to apply as well. The budget for the program was $1.5M last year (FY 2009) and was cut to $1M this year (FY 2010).

Spending Programs for the Future:

Mr. Hinson stated he would like the group to spend some thought on what will be the spending programs in the future; particularly uncompensated care. What other programs will be covered with FY 2011 spending? We need to have ideas firmed up in the September/ October 2010 timeframe.

Uncompensated Care:

Mr. Atkins stated his personal thought is that it (uncompensated care) is not something that we need to look at doing every year. The reason is that if services know they will be getting these claims reimbursed every year by the Trauma Commission, they will be less inclined to go after the claims in the usual way. He went on to say he had similar thoughts on the EMS Vehicle Equipment Replacement Grants: he said he thought it was a good program but did not need to happen every year. He said he felt some services may become dependant on the program for ambulance replacement. He stated maybe the program could focus on replacing other equipment.

Mr. Hinson spoke about the uncompensated care patient load of hospitals. He stated some hospitals have five times more uncompensated care claims than others despite having the same population demographics. He went on to state he felt it was due to collections practices. Mr. Hinson stated he was in favor of the Trauma Commission taking ownership of the Commission-paid uncompensated care claims and then working with the Insurance Commissioner's office to go after payment for those claims.

Mr. Atkins stated he believes Trauma Commission dollars should go toward developing trauma system in those parts of the state where access to the system is lacking.

Mr. McDaniel stated he is still receiving dollars from accounts and services owed to him from before CY 2006. Mr. McDaniel asked if there was a way for these claims that were reimbursed by the Commission; if they could be monitored to see if they were eventually reimbursed and then that money would go back to the Commission? Mr. Hinson stated the Commission thought of that but has been unsuccessful in getting a mechanism in place to be reimbursed for claims eventually paid.

Mr. Bias pointed out that EMS services were told last year by the Commission to keep the dollars from uncompensated care claims Commission-funded that were later paid and to use those dollars toward education. Mr. Bias said hospitals do not treat trauma claims differently from other claims and use collection services to pursue payment for those claims.

Mr. McDaniel continued and expressed concerns that there is a chance for agencies receiving uncompensated care reimbursement from the Commission and to eventually be paid for those claims and essentially "double dip."

Mr. Hinson stated there was much to consider and a decision is needed on whether the uncompensated care program moves forward and how that happens. Mr. Hinson asked Mr. Atkins to chair a committee to draft a plan to address the EMS uncompensated care program.

Mr. Thompson stated that EMS services charge very different amounts for same type of care provided. Mr. Hinson asked Mr. Atkins to consider that in his draft plan as well. Mr. Thompson and Mr. Quinones also volunteered to assist Mr. Atkins with the draft plan development. Mr. Hinson stated Mr. Atkins committee could base recommendations on previous uncompensated care program criteria or they could "start clean."

Mr. Hinson asked if there were other areas needed to be considered as the group moves forward with its recommendations for FY 2011 spending.

Mr. Thompson stated he believes 60% of the total funds should go to EMS trucks and the remaining 40% should go to education and equipment. He went on to say with the first responder trainings coming online, that the state will see a significant improvement in the number of first responders in the state. He also stated future EMS funding should go to increase EMT-B and EMT-I training. He continued he would like to see the EMS Vehicle Equipment Replacement Grant criteria changed.

Mr. Atkins said he was concerned in Georgia doctors and hospitals can decide whether they want to "play" or not. He stated EMS does not have that "luxury" to decide whether to come pick up a patient or not. He stated he would recommend the Commission consider which hospitals are participating in the trauma system and which are not and provide money to only those facilities and doctors that are taking patients.

Mr. Bias stated that some states use a "pay or play" methodology or a provider tax. If a facility is not a participant in the trauma system then that facility contributes funds (a meaningful amount) to support the system.

Mr. Quinones asked if there were plans for an outcome study to show that the Commission's dollars have gone to improve patient care? Mr. Hinson stated that was an excellent idea.

Mr. Watson stated he would like to advise all future funding go toward enhancing the trauma system and causing the system to grow. He went on to say that continuing to give dollars to replace ambulances is not good, there needs to be a measurable reason to do that. County governments may become dependent on the Commission dollars to fund ambulance replacement. He concluded system enhancement and improvement and injury prevention are the key components he would like to endorse.

Mr. Richard Lee spoke in support for using dollars to funding EMT-B and EMT-I training classes.

Mr. David Moore asked about EMS services receiving uncompensated care reimbursements for patients transported to trauma centers outside of the state. Mr. Hinson stated currently those patients are not on the Georgia state trauma registry and do not qualify. He stated Mr. Atkin's committee should consider that issue in the draft plan or report it produces on uncompensated care program for FY 2011.

AVLS Presentation:

Mr. Hinson introduced Mr. Kurt Pennywitt to present the AVLS Program.

Mr. Pennywitt detailed the benefits of the Automatic Vehicle Location System (AVLS). The primary goal of AVLS Program is to improve the survival rate of patients.

Mr. Pennywitt presented the attached PowerPoint presentations. Presentation is attached to these minutes.

Discussion highlights from PowerPoint Presentation:

- Some discrepancies were identified between the Commission's AVLS Program plans and those presented in the PowerPoint presentation.
- Ambulances will not be seen outside of owner's jurisdiction unless ambulance/data owner allows.
- Subcommittee will come up with "crisis" definition recommendations for the Commission to consider. When the "crisis" situation occurs, GEMA and possibly others will be allowed to see all participating AVLS ambulances in the state.
- There are no plans for centralized statewide ambulance dispatching. The state has no authority to take ambulance dispatching away from local jurisdictions.
- Trauma Commission is supporting Phase One of AVLS Program and in EMS Region 5 and 6. GEMA will lead and support AVLS Program after Phase One.
- Recording of AVLS data is controversial. No EMS agency data will be recorded unless agency agrees to be recorded. Individual agencies must make their own internal system recording decisions.
- Trauma Communications Center operators will make destination recommendations only. Scene medic will make all transport decisions.
- Primary communication between EMS and the Trauma Communications Center (TCC) will be voice over radio and/or cell phone.
- Focus for next subcommittee meeting: Trauma Communications Center and FY 2011 EMS decisions.
- Next meeting will be in Atlanta on 07 September 2010 at Children's Health Care of Atlanta. More information will follow.

Meeting adjourned at 12:05 p.m.

Minutes crafted by Jason T. Chapman/Jim Pettyjohn

EMS Vehicle Equipment Replacement Grant Validation Spreadsheet

List	Organization	Vehicle	Administrative Review	Population Density (Self Reported)	Population Density (Validated)	Distance Points (Self Reported)	Hospital Bed (Self Reported)	Hospital Bed (Validated)	Mileage (Self Reported)	2009 Grant (Self Reported)	2009 Grant (Validated)	Vehicle Age (Self Reported)	Vendor Score (Self Reported)	Confirmed Score
1	Quitman County	2001 Ford Type 11	Y	60	17.1	65	0	0	335,649	X	N	9	162.20	205.75
2	Johnson County (2)	1997 Ford E350 XLT	Y	31	28.1	95.7	0	0	168,361			13	182.94	182.94
3	Clinch County (2)	1995 Ford E350	Y	8.5	8.5	108	25	25	144,532			15	181.90	181.90
4	Clinch County (3)	1990 Ford Econoline 350 Van	Y	8.5	8.5	108	25	25	54,955			20	181.90	181.90
5	Dade County (1)	2003 F450 Coach	Y	87	87.1	55	282	0	252,051			8	139.62	173.82
6	Wayne County	1999 Ford F-350	Y	44.75	41.2	90.82	84	84	184,268			11	169.47	169.47
7	Pike County/ Mid Georgia Ambulance, Inc.	1997 Ford F350 Type 3	Y	76.92	62.7	48.8	0	0	312,184	X	Y	13	166.23	167.53
8	Murray County	1998 E350	Y	106	106	31	42	36	229,783			12	164.49	164.49
9	Lanier County	1996 Ford F-350 Type 1	Y	36.3	38.6	72	25	25	132,921			14	164.41	164.41
10	Telfair County	2001 Ford E350	Y	36.7	26.7	95	0	0	264,859	X	Y	9	164.27	164.27
11	Toombs County	2003 Ford E3500	Y	75	71.1	107	87	69	305,640	X	Y	7	159.92	163.68
12	Burke County (2)	2000 Ford E350 Type II	Y	26.8	26.8	59.59	40	40	317,290	X	Y	10	161.62	161.62
13	Treutlen County	2000 Ford F350	Y	34.1	34.2	88.3	0	0	129,522			10	158.71	158.71
14	Upson County (2)	2002 Ford E450	Y	84.8	84.8	61	115	115	236,278			8	157.58	157.58
15	Webster County	1998 Ford E350	Y	10.9	11.4	65	0	0	131,231			12	157.45	157.45
16	Towns County (2)	2001 Ford 350	Y	60	56	103	23	28	150,000			9	143.00	156.50
17	Decatur County	1997 Ford, Type 1	Y	47	47.3	75	80	80	128,528			13	156.48	156.48
18	Brooks County/Regional EMS	2000 Ford F350 Type 1	Y	33.3	33.3	42	25	25	320,476	X	Y	10	156.18	156.18
19	Turner County	1999 Intl Model 4400	Y	33	33.2	94.88	0	0	222,533	X	Y	11	155.90	155.90

Georgia Trauma Care
NETWORK COMMISSION

N O T I C E

Date: 14 June 2010

To: Georgia Emergency Medical Services Agencies

From: Regina Medeiros
Trauma Program Director and Contract Liaison
MCG Health, Inc.
Trauma Services Room BA-4411
1120 15th Street
Augusta, GA 30912

This notice provides an outline of the requirements and timeline for FY 2010 EMS Uncompensated Care Reimbursement Program approved by the Georgia Trauma Care Network Commission (GTCNC). Reimbursement will be provided to Georgia licensed ambulance agencies for qualifying trauma care-related uncompensated care claims delivered during calendar year 2008, January 1 through December 31.

Each participating EMS agency is required to do the following:

Step One:

- Contact each Georgia state-designated trauma center receiving trauma patients from their service in calendar year 2008 and request a list of all trauma registry patients transported to that facility during calendar year 2008 by the respective EMS agency. The agency will supply the trauma center with an EMS provider point of contact name, phone number, and email address for questions and follow-up correspondence. The report from the trauma center shall be provided in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. The report will include the following data elements: patient name, hospital medical record number and/or trauma registry number, EMS provider number, social security number or date of birth, ED arrival admit date and PCR number.

- Submit to Regina Medeiros, contract liaison, an affidavit (format to be provided by contractor and approved by the Trauma Commission) affirming the following information*:

    - Claims payments were pursued in accordance with standard EMS billing practices. This includes, but is not limited to, the mailing of at least three bills for payment when an address is reasonably available. If payment has not been received after a period of at least 90 days after the mailing of the first

attempt at billing and EMS is not aware that any payment is forthcoming for the services provided, the claim may be submitted to the contractor.

- The EMS agency maintains documentation supporting each claim collection attempt. The documentation must be available upon request by the Trauma Commission or other State agency for audit purposes and for a period of five (5) years from the date of the last collection attempt. A memo documenting all reasonable attempts at collection, signed by the agency director, will be provided as a scanned .pdf document and submitted to contractor with claim accounting spreadsheet. The original letter will be maintained by the EMS agency.

- Verification via the Georgia Health Partners (GHP) http://www.ghp.georgia.gov web page that patient is not eligible for coverage for the payment of the claim under Medicare or Medicaid will be maintained by the EMS agency for each claim submitted.

  * Form templates can be downloaded from http://www.gtcnc.org

Step Two:
Send by encrypted email, in a HIPAA-compliant format an uncompensated care claims list/report with verification of each patient's listing in the Trauma Registry. List each uncompensated care claim individually on an accounting spreadsheet (excel format will be provided) with the following information:

- Patient first and last name
- Patient social security number
- Date of service
- Pick-up point
- Final trauma center destination
- Healthcare Common Procedures Coding System for services rendered by submitting EMS agency
- Total charges

All claims submitted for reimbursement under this program in the required documentation format must be submitted to Regina Medeiros, contract liaison, no later than close of business on Friday, August 27, 2010. Any request for an extension must be in writing and received no later than close of business on Friday, July 30, 2010. Requests will be forwarded to the Georgia Trauma Commission for approval and final determination. No payments for claims submitted after August 27, 2010 will be made without an approved extension.

Georgia Trauma Care
NETWORK COMMISSION

All documentation submitted under this program must be sent via email as described above to contract liaison Regina Medeiros at rmedeiro@mail.mcg.edu in a HIPAA compliant format.

If you have any question or concerns please do not hesitate to contact Regina via email or by phone at 706.721.3153

EMS Uncompensated Care Update
August 2, 2010

To date there have been 17 services that have inquired about the uncompensated care program. Of the 17 services eight have completed the process for reimbursement.

The memo detailing the process was posted to the GTNCN website on June 14, 2010 at the same time all the necessary forms to complete the process were posted to the website for download. In addition to being posted on the website the memo was circulated both by the state EMS office, through the regional directors, and through the GAEMS to its membership via email.

Below are the services that have inquired and complete to date:

Service Name	Inquire	Compete documentation submission
Wilkes Co EMS	X	X
Puckett EMS	X	X
Grady Co EMS	X	X
Lincoln Co EMS	X	
Houston Co EMS	X	
Thomas Co EMS	X	X
Warren Co EMS	X	X
Metro Ambulance	X	
Jeff Davis EMS	X	X
Burke Co EMS	X	X
Gold Cross EMS	X	
Mercy/Southside Ambulance	X	X
Murray County	X	
Floyd EMS	X	X
Alpha and Omega	X	
Green County	X	
EMS Consulting *	X	
Ambucare	X	

EMS consulting contracts with several services, they have requested an extension through September 3. They handle the following services:

Dawson Co EMS
Dodge County EMS
Effingham Co EMS
Hancock Co EMS
Miller Co Fire and EMS
Milton Ambulance Service
Pickens Co EMS
Screven Co Ambulance Service
Toombs Co EMS
Ware Co EMS
Wayne Co Amb.

Disclaimer:

The information contained within this presentation; specifically the “AVLS Program Objective” and “AVLS program Implementation” slides do not necessarily represent the AVLS program objectives and implementation plans of the Georgia Trauma Commission.

Jim Pettyjohn
706.398.0842

Georgia EMS Automatic Vehicle Location System (AVLS) Program Overview

3 Aug 2010

AVLS Orientation & Users Conference

3 Aug 2010

Agenda

Introductions

AVLS Program Overview – GTRI

Deployment: Participants, Ordering Process, MOA, Order Form, Equipment Delivery, Installation Requirements, Reimbursement, Points of Contact, & other procedures – GTRI

AVLS Options: What's available, what the options provide – InMotion

InMotion Knowledge Base: Overview, Organization, & Demo – InMotion

AVLS Equipment Installation Overview – InMotion

AVLS oMG (Onboard Mobile Gateway) Configuration Overview – InMotion

AVLS oMM (Onboard Mobility Manager) Overview & Demo – InMotion

GTVC Vehicle Tracking Overview & Demo – GTRI

Questions & Answers

AVLS Equipment Distribution

Background

- Over 250 different EMS provider organizations exist in Georgia.
- No integrated system available to display the locations of all EMS vehicles nor to advise of most appropriate hospital destination.
- This program is intended to provide that capability.

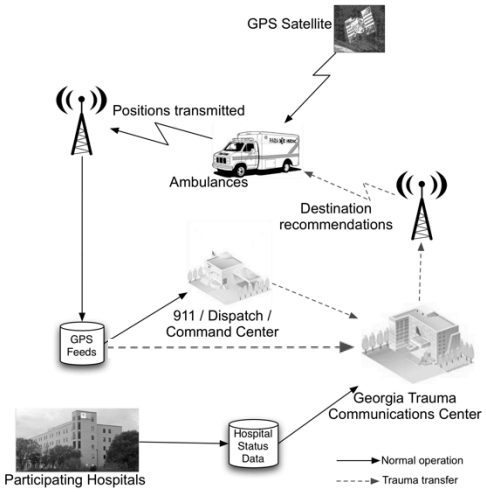
AVLS Program Objective

- Overall objective is to improve the survival rate of trauma patients.
- Implement a statewide system to advise ambulances and hospitals of the closest appropriate hospital to transport or transfer patients to / from when required.
- Transmit patient's critical injury-related information along with ambulance location to a central location at the Georgia Trauma Communications Center (TCC).
- Patient injury information is referenced against the current real-time capabilities of the closest hospitals to the vehicle.
- Most-appropriate hospital is determined and communicated back to the ambulance, where the EMTs will use this information to determine their desired destination.
- By going to the most appropriate hospital immediately, precious minutes are saved in the one "golden-hour" of time available to treat trauma patients most successfully.

AVLS Program Implementation

- Georgia Trauma Care Network Commission (GTCNC) & Georgia Emergency Management Agency (GEMA) sponsored; Georgia Tech Research Institute (GTRI) implementing; In Motion Technology providing AVLS equipment & services.
- Provide GPS-based automatic vehicle location systems (AVLS) to all primary Georgia 911 Zone Provider ambulances. EMS Regions V & VI to be implemented first, with remainder of state to be supported afterwards.
- Implement live real-time hospital status database & communications capabilities within a Georgia Trauma Communications Center.
- Display (and record if desired) positions & routes of ambulances in 911 Centers, Georgia Trauma Communications Center, GEMA State Operations Center, and other command and dispatch centers for visualization, reporting, & operational improvements. Display of ambulance locations will be restricted on a "need-to-know" basis.
- System also provides wireless Internet connectivity within ambulances, optional fleet management, vehicle & medical telemetry, and CAD integration as a technology infrastructure platform for future improvements.

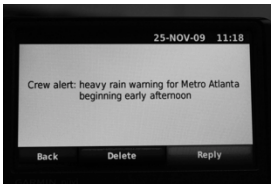
AVL Connectivity Overview

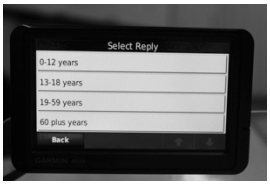


AVL Hardware Components (1)

1. Garmin nüvi 265WT Personal Navigation Device:

Primary user interface within the vehicle; provides map of the vehicle's current position, navigational assistance to any selected destination, and transmits / receives short messages & user menu selections.





- Send addresses to Garmin
- Voice guided navigation
- Multiple destination tracking
- Allows two-way interaction between dispatch and driver
- Two-way text messaging
- Send to single or multiple vehicles
- Send multiple choice or yes/no questions

AVL Hardware Components (2)

2. In Motion onBoard Mobile Gateway (oMG):

Transmits vehicle's position via cellular modem to computers located within the owning organization's dispatch center and other selected Command Centers. Also provides a high-speed wireless Internet connection to laptops and/or other mobile communication devices within the vehicle. Capable of supporting multiple cellular carriers simultaneously and automatically select the preferred provider based on designated criteria.

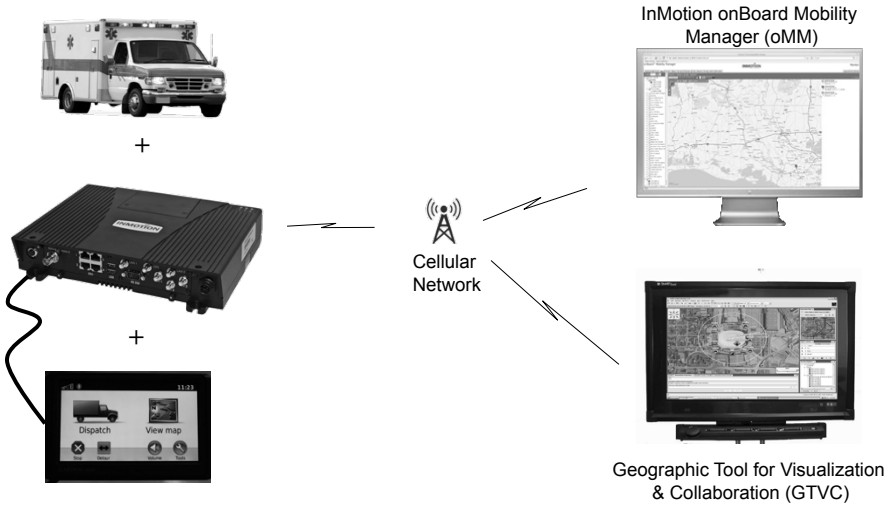
AVL Hardware Components (3)

3. External GPS / WAN Antenna:

Provides optimal GPS reception and transmission and receipt of cellular AVL and other wireless network data.

Note: The AVL system can also be equipped with other optional features, such as engine and vehicle diagnostics and telemetry, Bluetooth connectivity, 12-lead EKG telemetry interface, etc., at additional cost.

In-Vehicle Configuration

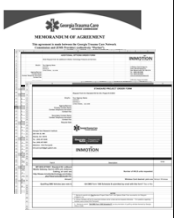


AVLS Key Benefits

- Mass Casualty Incident (MCI) Management. Locations of all ambulances in the immediate and supporting areas of a MCI can be immediately displayed in a Command Center or a Field Operations Center. Will allow the Command/ Ops Center to provide guidance to the EMS organizations for effectively deploying vehicles, assisting in mutual aid relief, and load-balancing hospital destinations as appropriate to each victim's injuries.
- Installs a Garmin GPS PND in each vehicle for use as both a navigational aid, entry of patient information, two-way messaging and the display of destination directions (most ambulances in Georgia are not currently equipped with PNDs).
- Provides a real-time feed of vehicle location information directly to each EMS organization's dispatch center (via oMM, GTVC, or optional CAD integration).
- Provides most-appropriate hospital destination recommendations for trauma patients in coordination with the Georgia Trauma Communications Center.
- Provides a solid infrastructure of high-speed data communications and information technology to achieve further future benefits in trauma treatment for both MCI and non-MCI trauma victims.

AVLS Deployment Procedures

- Invitation letter, MOA, and Ordering Forms set out via email to all Region V & VI EMS organizations on 28 Jun 2010.
- EMS Organization's designated Point of Contact should fill out Order Form indicating number of AVLS units desired, optional items, and submit Order along with Form 1000.
- Contact GTRI and/or In Motion with any questions.
- Submit payment for any options directly to In Motion.
- Receive AVLS units.
- Review installation & configuration procedures via In Motion Knowledge Base website.
- Choose your desired selected installation facility.
- Install, configure, and initialize AVLS units.
- Submit installation bill to GTRI for reimbursement.



Questions & Answers (Pre-submitted) (1)

Who will we contact if we need repairs to the system?
In Motion Tech Support (contact info will be provided)

If we want to add options later can this be done on line or will we have to return the unit?
Most options can be added later, except **Wide Area Wi-Fi** which needs to be installed by factory

Are there devices that we can use to enhance the distance between the InMotion device and our laptop computer?
This question sounds like extending local network Wi-Fi. If so, Yes- the Extended Range WiFi Hotspot antenna ($70) will do that.

As Verizon increases the speed of its network will the InMotion device be able to transmit at faster rates?
Yes.

If our County wishes to purchase additional devices or other emergency applications can we purchase at this price? If so who would we contact?
Need to contact In Motion to discuss your specific requirements.

Can 12 lead EKG data be transmitted through this device?
Yes

Who pays for the installation of the devices?
Each agency, with reimbursement through GTRI.

What is a qualified installer?
A radio installer or a garage mechanic with experience in electrical/ radio cabling.

How will information be pushed out to the Garmin device?
Via the oMM and subject to Trauma Commission policies.

What type of information will be pushed out to the Garmin?
Directions, hospital destinations, and SMS messaging; the oMG provides GPS location information.

What is the expected life of the Garmin?
IMT doesn't manufacture Garmin, but the oMG has ~5-7 year life; Garmin has 1 yr manufacturer's warranty.

Who is responsible for upgrading the maps of the Garmin as they are needed?
Individual users/agencies can upgrade the PND maps via the Garmin website.

Questions & Answers (Pre-submitted) (2)

Can an individual service send information to a Garmin? If yes how?
An individual agency can send info to their agency's Garmin, and messages can be sent thru the oMM.

How long is the TC providing internet connectivity?
At least thru June 2012.

Are there reoccurring cost to InMotion that a service will be responsible for?
Yes – annual support for additional options (e.g., Telemetry), and oMG annual support out-years not covered by TC grant.

What if a service chooses to discontinue the use of the system and has purchased add on items, who owns the equipment?
TBD by a planning committee of the Georgia Trauma Commission, GEMA, GA EMS, and other key stakeholders.

Will this system interface with the trauma communication center?
Yes, with details TBD

Who will be the contact for support after installation?
In Motion Technical Support

Will services be able to communicate directly with InMotion related to problems or will they be required to go through GTRI?
In Motion is happy to service directly subject to approval by TC

How does this system interface with the trauma communication center?
Details TBD

Who will be viewing each service's movement on the system?
Details TBD

What information from this system will be utilized by the TCC or the TC?
Details TBD

Is the AVL information from this system archived, saved or stored anywhere that it can be retrieved? If yes how long is it stored and what agency(s) will be the owner of this data?
The data are archived by In Motion & GTRI. Distribution and ownership will be subject to policies to be determined by the Trauma Commission, GEMA, GA EMS, and other key stakeholders.

Has the definition of a "disaster" been determined?
Details TBD

Questions & Answers (Pre-submitted) (3)

How does this system enhance the Georgia Trauma System?

See Slide 11 previously shown.

What are GTRI's responsibilities with this system to an EMS service?

Documented in Exhibit B of the MOA.

Can the system provide alerts for e.g. vehicle speeds exceeding 70 mph?

Yes the oMM Tracker application can do that. Specific guidance to be provided.

Can the system provide driver and passengers seatbelts and tire pressure alerts?

The seatbelt recognition and tire pressure sensing will require the Telemetry Service with In Motion's GPIO, and both require additional technical support. More guidance to be provided.

Additional Questions?

Questions & Answers (Pre-submitted) (4)

What are GTRI's responsibilities with this system to an EMS service?

As documented in Exhibit B of the MOA and shown below:

Under contract to GEMA and the Georgia Trauma Commission:

GTRI will serve as the Georgia EMS AVLS Program overall system integrator and program administrator.

GTRI agrees to provide the GTRI-developed Geographic Tool for Visualization and Collaboration (GTVC) system to participating EMS providers to display the position of the AVL-equipped vehicles.

GTRI agrees to provide to Georgia Emergency Management Agency (GEMA) access to the GTVC system for in the event a "crisis" situation exists. During that crisis situation GEMA may see all AVLS-equipped vehicles.

GTRI agrees to make available an AVL Order & Request Form to each EMS provider. Each participating EMS provider shall return one completed Order Form to GTRI for each vehicle scheduled to receive an AVL system.

GTRI agrees to provide funds to refit participating EMS provider's existing AVLS units to meet program standards up to an amount equal to one new operational unit.

GTRI agrees to provide reimbursement to each EMS provider for AVLS installation (up to a predetermined amount).

GTRI agrees to sponsor an EMS organization "End-user Conference" at a location in Georgia to be determined, within a reasonable time of the program's commencement.

GTRI agrees to receive AVL units from In Motion and be responsible for AVL distribution.

GTRI agrees to ship or deliver the AVL systems to EMS provider as the units are received and configured.

GTRI agrees to develop, with approval from the Trauma Commission and under advisement from GEMA, formats for quarterly reports and quality assurance procedures for the AVL system.