



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES

Thursday, 02 May 2013

Scheduled: 12:00 pm to 2:00 pm

Georgia Public Safety Training Center

Room 104

Forsyth, GA

CALL TO ORDER

Mr. Ben Hinson called the May meeting of the EMS Subcommittee on Trauma to order at the Georgia Public Safety Training Center, Room 104, in Forsyth, GA at 12:04 PM.

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Ben Hinson, Chair Subcommittee & GA Trauma Commission Member Dr. Leon Haley-GA Trauma Commission <i>(Conference Line)</i> Chad Black – Region Two Pete Quinones- Region Three Richard E. Lee – Region Four Lee Oliver – Region Five Blake Thompson – Region Six Jimmy Carver – Region Seven Craig Grace – Region Eight <i>(Conference Line)</i> David Moore – Region Nine Huey Atkins – Region Ten Courtney Terwilliger – GA Trauma Commission/EMSAC Keith Wages – OEMS Randy Pierson – Region One <i>(Conference Line)</i>	Linda Cole – GA Trauma Commission <i>(Excused)</i>

OTHERS SIGNING IN	REPRESENTING
Jim Pettyjohn John Cannady Michelle Martin Debra Kitchens Kristal Smith Russ McGee	Georgia Trauma Commission Georgia Trauma Commission Georgia Trauma Commission MCCG Region 5 RTAC Region 5 OEMS/T

Mark Peters Mickey Moore Jill Mabley Danny West Kim Littleton	Gwinnett County Fire & EMS OEMS/T OEMS/T Cherokee County Fire & EMS GAEMS
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Welcome and Introductions

Mr. Ben Hinson welcomed all who were present and thanked everyone for coming.

Approval of Minutes from March 2013 Meeting

The first order of business was the approval of the minutes from the March, 2013 subcommittee meeting.

MOTION #1 EMS Subcommittee 2013-05-02:

I make the motion to approve the minutes from the March, 2013 meeting as written.

MOTION BY:

JIMMY CARVER

SECOND:

CHAD BLACK

ACTION:

The motion **PASSED** with no objections, nor abstentions.

Mr. Ben Hinson reviewed for the Subcommittee members the decision of the Georgia Trauma Commission to eliminate the ambulance grant funds, indicating that the funds would now need to be reallocated. The AVLS funds were under budget as well, leaving \$720,740 additional available funds that would need to be distributed before the pending deadline or the funds would be lost. The Subcommittee was informed that an additional \$66,111 was added back to the available funds due to savings on the air time expenses for the AVLS program.

Mr. Hinson indicated that Ms. Debra Kitchens requested time to present new trauma protocols to be used at the Medical Center of Central Georgia. Ms. Kitchens thanked Mr. Hinson for the opportunity to present.

Ms. Kitchens reported that the Medical Center of Central Georgia will be initiating new protocols for EMS to utilize when transporting trauma patients. It is requested that all trauma patients be called in to the hospital prior to transport, and the EMS personnel ask for the trauma nurse when calling, informing that they are transporting a trauma patient. The nurse will then notify the appropriate trauma team for response.

Ms. Kitchens distributed via email the following to all EMS Directors:

EMS Directors/FTO's/Supervisors/Medics:

Effective May 6th, Monday, the Medical Center of Central GA will initiate a 3 tiered trauma alert activation system.

*In order to assign the best trauma alert/team to the incoming trauma patient (scene or transfer) when EMS calls in on the phone or the radio, they will need to state **"I am coming in with a trauma, and I need to speak with the trauma nurse"**.*

There will be no need to ask for an EC physician to the radio.

ALL TRAUMA's will need to be called in this way. The trauma nurse will decide (based on supplied information) what level the response will be. Even transfers from one hospital to another will need to be handled in this manner.

Again our "go-live" date with this is Monday, May 6th.

Mr. Hinson requested that a copy of the email be distributed to each of the EMS Subcommittee members. Ms. Kitchens continued, indicating that transfers to MCCG should be communicated by EMS upon transportation as well. Mr. Craig Grace requested a cellular contact number be provided for those agencies that do not have access to the HEAR system. Ms. Kitchens replied that she would provide that information.

Mr. Hinson requested a report from Mr. John Cannady regarding the Trauma Communications Center.

Trauma Communications Center Update:

Mr. Cannady informed the Subcommittee that the software enhancements for an EMS user would be available by the end of this month; adding that this will enable the EMS agencies the ability to view the Resource Availability Display (RAD). Mr. Hinson ascertained if this would allow a live view of the display to be placed in a dispatch center; Mr. Cannady replied that the agencies would have the ability to decide where it is placed, and that it would be a live display.

Mr. Cannady continued, indicating that the call volume continued to be steady, at approximately three calls per day on average; transfers are still low. Region 1 is currently in process of incorporating the TCC into their plan, and will be ready possibly by mid to late summer.

Mr. Hinson commented regarding the difficulty of hospital transfers, and suggested possibly a survey to discover what, if any, problems hospitals were experiencing. Mr. Hinson inquired from Ms. Kitchens her perspective. Ms. Kitchens indicated that she, Ms. Kristal Smith, and Dr. Dennis Ashley had recently instructed a Regional Trauma Team Development course in Perry, GA. As the course concluded, she was approached and complimented on the job performance of MCCG staff. Ms. Kitchens agreed that a survey may be a good resource for finding issues among other hospitals.

Mr. Cannady added that the TCC is a resource for assistance; adding an example within Region 4 where a discussion with a hospital indicated that there were some difficulties they were experiencing with transfers and felt that the TCC would be able to be a valuable asset.

Discussion followed regarding the types of calls received by the TCC, as well as the data collected. Mr. Hinson indicated that he would like to see more data regarding the benefits of the TCC.

FY 2013 EMS FUNDING:

Mr. Courtney Terwilliger provided a spreadsheet (*see attached*) to the Subcommittee members with suggestions for the reallocation of funds obtained from the elimination of the ambulance grants. Mr. Terwilliger explained that the initial distribution of funds was intended to be balanced among both rural and urban areas. However, the actual distribution created an unintended outcome due to eligibility issues, as rural areas received more of the funding for vehicle grants and urban areas received more uncompensated care funding.

Mr. Terwilliger recommended a feasibility study be conducted, as the EMS system was not working to its optimal level. South Georgia and rural areas which are sparsely populated with only one or two ambulances have some difficulty transporting patients to trauma centers. Mr. Terwilliger suggested subsidy be provided for the acquisition of a third party to evaluate the Georgia EMS system and propose solutions for improvements.

The second recommendation Mr. Terwilliger discussed pertained to reestablishing GEMSIS meetings, suggesting that four meetings be held a year; travel expenses including hotel, meals and mileage. Finally, five additional First Responder classes were recommended, with the remaining funds reallocated back to the vehicle equipment grants.

Mr. Huey Atkins inquired as to the travel expenses indicated for GEMSIS meetings; Mr. Terwilliger replied that this would be indicative to the distance traveled; however it could include stipulations or be removed.

Discussion ensued regarding the best process for handling travel for these meetings, as well as options for a feasibility study and what data should be considered.

Mr. Ben Hinson provided a power point presentation (*see attached*), and discussed further options for the reallocation of funding.

The main points of the presentation included:

1. Enhance the ability to OEMS/T to gather data for all EMS responses in Georgia...\$340,600
 - a. The proposal called for financial support to OEMS/T for IT enhancement
2. Completion of a paperless certification program for EMS personnel.....\$100,000
3. A contract with GTRI and the Georgia Center for Excellence in Logistics to conduct an objective analysis of the placement of EMS units across Georgia.....\$135,000
4. The balance added to the uncompensated funds for EMS.....\$207,251

As Mr. Hinson explained his recommendations, he advised that he felt this was a great opportunity to explore new ways to provide EMS services across Georgia. The proposed study would be conducted to determine response times, and where improvements can be made; suggesting a subcommittee be formed for this task. A spreadsheet was provided with the presentation with detailed suggestions for the reallocation of funding. Mr. Hinson expressed that he was open to changes within this spreadsheet, and that it was most important to do what was best for the EMS system.

Discussion evolved regarding the options for reallocating funds, and what the best course of action would be for the improvement of the EMS system. Recommendations for refining IT issues were considered, suggesting that an investment into a service bridge would allow compatibility with PCR software; which could connect any software program and provide clean data. Discussion followed regarding updates to software and vendor issues, and the benefits of reactivating the GEMSIS Committee. Continued discussions considered advantages and repercussions of providing additional funding for OEMS/T, and methods for correlating the trauma registry with the EMS registry for improvements with uncompensated care were deliberated as an issue to be addressed.

Mr. Lee Oliver ascertained from Mr. Jim Pettyjohn what would become of any excess funds after they have been distributed. Mr. Pettyjohn replied that there would be contracts which would identify deliverables; documentation would then have to be provided to show that those conditions have been met.

MOTION #2 EMS Subcommittee 2013-05-02:

I make the motion to accept the spreadsheet submitted (by Courtney Terwilliger/attached), to include ten first responder classes, with remaining funds for equipment grants.

**MOTION BY:
SECOND:**

**COURTNEY TERWILLIGER
DAVID MOORE**

DISCUSSION:

Discussion followed regarding the differences between the submitted spreadsheets and what potential recompense could come from the feasibility study indicated in the spreadsheet submitted by Mr. Courtney Terwilliger; Mr. Terwilliger explained that the objectives, resources and people need to be united for a positive result toward improving the trauma system. Further discussion included software issues with data collection, and possible solutions. Due to an imminent deadline, the Subcommittee members agreed that a decision needed to be made promptly.

AMENDED MOTION:

I propose an amendment to the motion, allowing \$66,000 allocated for the GEMSIS project, specifically for enhancing the ability to collect data as identified by the GEMSIS study group.

**AMENDMENT:
SECOND BY:**

**Lee Oliver
Richard Lee**

*Amendment accepted by Courtney Terwilliger

ACTION: Passed

the motion ***PASSED*** with no objections,
Keith Wages abstained.

Mr. Hinson advised the subcommittee that he was in strong opposition to the action taken, and that he would present his own recommendation to the Trauma Commission at the meeting on May 16, clearly explaining that his plan was not adopted by the EMS Subcommittee.

OLD BUSINESS

Mr. Blake Thompson inquired regarding the existing ambulance grant applications. Mr. Hinson explained that the Georgia Trauma Commission makes the final decision regarding any recommendations from this Committee.

NEW BUSINESS

Mr. Huey Atkins ascertained information regarding the Data Committee and how to participate in the process. Mr. Terwilliger indicated that Ms. Angie Rios and the Trauma Coordinators would choose the participants, with preference to involving active volunteers in every region. Further suggestions included involving the various vendors, and individuals from this Subcommittee.

MOTION #3 EMS Subcommittee 2013-05-02:

I make the motion to recommend to the Georgia Trauma Commission that a memorial be bestowed in memory of Dr. Gage Ochsner who recently passed.

MOTION BY:

DAVID MOORE

SECOND:

LEE OLIVER

ACTION:

The motion ***PASSED*** with no objections, nor abstentions.

NEXT MEETING DATE AND ADJOURN

The next meeting will take place 01 August 2013, 10:00 AM to 12:00 PM at the Georgia Public Safety Training Center Room 106.

Meeting adjourned at 2:17 PM.

Crafted by Tammy Smith

*** Spreadsheet submitted by Courtney Terwilliger

Grant Amount	\$721,740.00	5% Administrative Fee	Running Total Available for Equipment		
Item					
Feasibility Study	10,000.00	10,500.00	711,240.00		
GEMSIS Meetings	18,854.00	19,796.70	691,443.30		
First Responder Classes	31,375.00	32,943.75	658,499.55		
		63,240.45			
GEMSIS Meeting Information					
	Cost	Participants	Total	# Meetings	
Room	100	17	\$1,700.00		
meals	27	30	\$810.00		
Mileage	130	30	\$2,203.50		
	257		\$4,713.50	4	18854
First Responder Information					
	# of Classes	Cost per Class	Total		
	5	\$6,275.00	\$31,375.00		

***PowerPoint submitted by Ben Hinson:

Reallocation of \$722,000

**Audit and budget language
called Vehicle Grants into
question**

**"Provide funds for trauma center
upgrades while reducing purchases of
ambulances."**

Reallocation of \$722,000

- Improve Data collection to improve overall EMS system performance
- Study best possible delivery system from a purely objective perspective
- Enhance OEMS&T core capabilities

• Improve Data collection to improve overall EMS system performance

Assumptions:

1. No improvement in any system can be achieved and measured without data
2. Virtually all critically injured patients arrive for care via EMS
3. Critical trauma patients comprise perhaps 5% of all emergency responses
4. No systematic improvement for Trauma patients can be accomplished without improving all responses
5. Other assumptions regarding EMS data collection

- Study best possible delivery system from a purely objective perspective

Assumptions:

1. The political reality of the provision of EMS makes system evaluation very difficult
2. If this evaluation is done beginning by acknowledging the limitations of political realities, no real system evaluation occurs
3. Response times matter
4. The keystone of EMS is resource production and utilization
5. Other assumptions

- Study best possible delivery system from a purely objective perspective

Assumptions:

6. Georgia Tech is a world leader in logistics
7. Georgia Center for Innovation in Logistics is a leader in real world logistics
8. A black and white i.e. Non-political analysis of best system design could be very helpful to all

Reallocation of \$722,000

- Enhance OEMS&T core capabilities

Assumptions:

1. Without basic controls of licensing of personnel, vehicles and services the quality of care will decrease
2. Budget cuts have reduced the OEMS&T ability to provide basic services
3. Improving certification for personnel will be a great help to EMS professionals, EMS agency heads and the State

Additions to Contract:

– MARS (Mapping and Reporting System)	
• License	\$24,000
Annual Transactional Fees and Support –	
• Statewide Use	\$24,000
– Total	\$48,000
– Hospital Dashboard	\$30,000
Annual Support	\$4,800
– Total	\$34,800

- **GEMESIS Trainers**
- Agencies 160 911 providers
- Hours to train each agency 25 avg.
- Payment rate fro trainers \$20.00 /hr.
- Travel Costs \$175 for each agency

- Total GEMESIS Trainers, contract with GAEMS

\$108,000

Total Costs for enhancement of Data gathering for OEMS&T

- Image Trend upgrade \$149,800
- Addition to contract
 - MARS Mapping \$48,000
 - Hospital dashboard \$34,800
- GEMSIS Trainers \$108,000
- Total Data collection enhancement

\$340,600

Completion of Paperless certification system for OEMS&T	\$100,000
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Logistics project for GTRI and Center for Innovation in Logistics	\$135,000
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Total new allocation	\$540,600
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Addition to UCC Funds	\$207,251
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***Spreadsheet submitted by Ben Hinson:

Budget Area: EMS Stakeholder Allocation							
FY 2013 Budget - Projected Availability at Year End as of 01 May 2013							
Available EMS Budget @ 20% of available funds for stakeholders:		AFY 2013 Budget Approved 18 August 2012	Total Projected Expenditures at Year End 9-30-2013	Remaining Projected Budget Surplus or Deficit	Spreading AVLS surplus relative to previous expenditures	New Proposed Budget for EMS Subcommittee Consideration	Change
Total Allocation		\$ 2,698,186	\$ (2,633,304)	\$ 64,882		\$ 2,698,186	\$ -
Staffing & Meeting Support		\$ 3,600	\$ (1,760)	\$ 1,760		\$ 3,600	\$ -
*AVLS Support - Verdon Airtime and In Motion Technology, Inc. Maintenance		\$ 380,261	\$ (284,140)	\$ 96,121		\$ 284,140	\$ 96,121
Available for Stakeholder Distribution		\$ 2,232,414		2,232,414		\$ 2,298,626	\$ (66,212)
	Percent of Funding						
EMS Uncompensated Care (UCC) Program Grants	32.84%	\$ 883,126	\$ (883,126)	\$ -	\$21,710.86	\$ 890,378	\$ 207,251
GIR: UCC Audit Procedure Cost		\$ 60,000	\$ (65,000)	\$ (5,000)		\$ 65,000	\$ 5,000
Vehicle Equipment Replacement Grants	32.33%	\$ 721,740	\$ (721,740)	\$ -	\$21,373.88	\$ -	\$ (721,740)
First Responder Training	2.80%	\$ 84,740	\$ (84,740)	\$ -	\$1,917.22	\$ 84,740	\$ -
Support of EMS Leadership Program	4.11%	\$ 91,762	\$ (91,762)	\$ -	\$2,717.18	\$ 91,762	\$ -
Exhibition Project	3.12%	\$ 88,861	\$ (88,861)	\$ -	\$2,082.88	\$ 88,861	\$ -
PHML/SITLS	2.48%	\$ 54,917	\$ (54,917)	\$ -	\$1,828.33	\$ 54,917	\$ -
Trauma Care Related Equipment	22.24%	\$ 488,489	\$ (488,489)	\$ -	\$14,703.09	\$ 488,489	\$ -
GEMIS Data Collection Enhancement						\$ 340,800	\$ 340,800
GEMIS Paperless Certification Project						\$ 100,000	\$ 100,000
GTR and Georgia Innovation Center for Logistics						\$ 136,000	\$ 136,000
							\$ -
Totals for Stakeholder Distribution	100.00%	\$ 2,232,414	\$ -	\$ -	\$68,111.00	\$ 2,298,626	\$ 0