



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

**GEORGIA TRAUMA COMMISSION
MEETING MINUTES**

Thursday, 21 August 2014
10:00 AM to 12:00 PM

Georgia Public Safety Training Center
1000 Indian Springs Dr.
Forsyth, Georgia 31029

Conference Center: Bay A

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Ms. Linda Cole, RN, Vice Chair Mr. Courtney Terwilliger Dr. Fred Mullins Dr. Robert Cowles Dr. Jeffrey Nicholas Mr. Victor Drawdy	Ms. Elaine Frantz, Secretary/Treasurer (<i>Excused</i>) Mr. Mark Baker (<i>Excused</i>)

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Jim Pettyjohn John Cannady Dena Abston Daniel Walsh Kristal Smith Patricia Yeatts Kelly Nadeau Jordan Pierson Melissa Johnson Peki Prince Scott Maxwell Jaina Carner Lynn Grant Marie Probst Renee Morgan Keith Wages David Foster Regina Medeiros Mark Peters Jill Brown Susan Bennett Tina Wood	Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Trauma Care Network Commission, staff Georgia Office of Attorney General Medical Center of Central Georgia Medical Association of Georgia DPH Emergency Preparedness and Response (EPR) Region One EMS Taylor Regional Hospital DPH EP/ SOEMS/T Mathews & Maxwell, Inc. Cartersville Medical Center Fairview Park Hospital DPH SOEMS/T DPH SOEMS/T DPH SOEMS/T DPH Region One EMS Director Georgia Regents University Gwinnett Fire & EMS Cartersville Medical Center JMS Burn Center Redmond Regional

Gina Solomon Lori Mabry Paul Lundy Jessica Story	Gwinnett Medical Center Georgia Trauma Foundation Warren Averett, LLC Warren Averett, LLC
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Call to Order: 10:10 am

Quorum Established: 10:11 AM, 7 of 9 commission members present. Mr. Daniel Walsh confirmed quorum present.

Welcome/Chairman's Report

Dr. Dennis Ashley

Dr. Ashley welcomed everyone to the meeting. He began by extending a Thank you to Georgia Regents University and Regina Medeiros for hosting the second annual Day of Trauma conference in Augusta. He mentioned they had great participation across the State and break out sessions with the Trauma Coordinators in one session and the Trauma Medical Directors (TMD's) and/or doctors in a different session. The groups have agreed the third annual meeting will also include trauma administrators group and break out session for them as well. He also mentioned the TMD's worked on the Trauma Quality Improvement Program (TQIP) definitions in their break out session to be translated into one definition for use across the State of Georgia.

Due to Dr. Ashley's scheduled vacation, a TMD conference call did not take place in July 2014 as previously planned.

Administrative Report

Mr. Jim Pettyjohn

Mr. Pettyjohn reported the administrative report contained the final FY 2014 and July 2014 Department of Driver Services (DDS) HB 160 revenue tracking report which indicated collected revenue for FY 2014 was over \$19 million. He also mentioned the closing budget memo reports were included for FY 2013 and FY 2014. Mr. Pettyjohn reported there were a couple of separate attachments to be discussed during the meeting, one were the Commission meeting minutes from 15 May 2014 to be approved and a report by Warren Averett, LLC called "Validation of the Georgia Association of Emergency Medical Services, Inc.'s Adherence to the Contract Terms for Contracts with the Georgia Trauma Care Network Commission."

APPROVAL OF MINUTES

MOTION GTCNC 2014-08-01:

I make the motion to approve the minutes of the 15 May 2014 Commission meeting as written.

MOTION BY: DR. FRED MULLINS

SECOND BY: LINDA COLE

DISCUSSION: Mr. Pettyjohn mentioned the sign in sheet for the May 2014 Commission meeting was misplaced and could not be located after the May meeting to list all attendees in the minutes. He stated this fact needs to be included on the draft minutes, Mr. Terwilliger indicated the EMS Subcommittee report should be amended to remove the name of "Jay Fitch" from the minutes as he is no longer involved in the state wide EMS redesign project.

VOTING: All members are in favor of motion.

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

The 15 May 2014 Commission Minutes as approved will be Attachment 1 to these minutes.

FY 2014 Closing Budget Report

Ms. Dena Abston

Ms. Abston reported the Budget Subcommittee has reviewed the two memos being reported prior to today's meeting. Ms. Abston continued by indicating Commission staff had received notification from the State Office of EMS and Trauma (SOEMS/T), Ms. Renee Morgan, during July 2014, which indicated two trauma centers were in the process of being de-designated. Since FY 2014 had closed on 30 June 2014, the funds remaining in the two trauma centers contracts would have to be disencumbered and returned to the States Treasury. This resulted in a turn-back of funds totaling \$20,074.

FY 2013 Closing Budget (Amended)

Ms. Dena Abston

Ms. Abston reported that one of the trauma centers being de-designated still had a contract open from FY 2013, which ended on 30 June 2013. The result was to disencumber the funds from that contract and return them to the States Treasury. This resulted in an increase of funds returned for FY 2013 for a total of turn-back funds of \$31,368.

DPH OEMS/T

Ms. Renee Morgan & Mr. Keith Wages

Ms. Morgan reported Hospital Authority of Wilkes County DBA Wills Memorial Hospital, Inc. was de-designated on 21 July 2014 from being a Level 4 trauma center. The SOEMS/T, GTC staff, and Regina Medeiros at Georgia Regents University have all worked with Jane Echols, CEO at Wills, on reporting requirements, however Ms. Echols has decided due to multiple personnel changes, they are too far behind to get caught up with data and report submission requirements and decided to de-designate.

Ms. Morgan also reported that Lower Oconee Community Hospital, Inc. has closed their doors again, during July 2014. She does not expect them to re-open with an emergency department, but as an urgent care type facility. Therefore, their Level 4 trauma center designation has been revoked.

She also reported that the two newest trauma center designees, Meadows Regional Medical Center of Vidalia, Georgia as Level 4, and Redmond Regional Medical Center of Rome, Georgia as Level 3, are both working to get the final upgrade for the registry data reporting system. The SOEMS/T is currently working with South Georgia Medical Center of Riverdale, Georgia and Winn Army Community Hospital of Fort Stewart, Georgia to start the process toward trauma center designation.

Mr. Keith Wages reported the Georgia Emergency Medical Services Information System (GEMSIS) workgroup is working to improve data reporting and are testing the validity of data collected for correctness and trying to improve reporting statewide as assigned by the Georgia Trauma System Evaluation Committee.

Trauma Center & Physician Funding Subcommittee

Ms. Linda Cole

Ms. Cole began by reporting the Administrator's Council Subcommittee's first meeting was held on 30 June 2014 at Children's Hospital of Atlanta (CHOA). It was very well attended and thanked Dr. Ashley and Dr. Nicholas for attending the meeting. Dr. Ashley presented his report from Dr. Pracht's data analysis report. This Subcommittee will be meeting again soon, but that date has yet to be determined.

Ms. Cole indicated the Trauma Center & Physician Funding Subcommittee has met several times since the last Commission meeting in May 2014 and have been busy working on funding methodology scenarios for the upcoming FY 2016 budget. The Subcommittee is working towards three main goals for methodology: first - simplify the funding formula, second - remove uncompensated care reimbursement from the methodology, and third - more equitable for all trauma centers which receive funding. The subcommittee will be meeting again prior to the November 2014 Commission meeting and she will be prepared to present the new methodology and formula to the Commission members during the November 2014 meeting.

Ms. Cole reported the Subcommittee is working on developing funding determination formula for new designated trauma centers and will be bringing a recommendation to the Commission at the January 2015 Commission meeting.

Georgia Trauma Foundation, Inc.

Dr. Fred Mullins & Ms. Lori Mabry

Dr. Mullins reported the Foundation has received their 501(c)(3) status from the IRS. Ms. Mabry continued by indicating the Foundation has received all their funds from FY 2014 from the Commission. They have hired a consultant to help with fund raising and building programs and services while establishing "who we are", as well as hired an accountant for bookkeeping and budget planning. The next phase for the Foundation will be to complete a strategic marketing plan. Their website and social media sites are rapidly moving through development. Dr. Mullins indicated some research projects were discussed at the Day of Trauma meeting in Augusta and he would like to channel those through the Foundation and try to find funding.

System Planning and Implementation

Mr. John Cannady

Mr. Cannady began by giving a GEMSIS workgroup update. The GEMSIS workgroup has worked to determine that 86% of seriously injured trauma patients are arriving at their destinations within one hour from injury. Angie Rios is working to identify the destination type by trauma center or non-trauma center for those patients.. This has been a collaborative effort with GTC, SOEMS/T, and Georgia Associate of Emergency Medical Services (GAEMS). Different EMS services use different vendor software to submit data to the State, which has made it difficult to determine the time from destination of injury to arrival at trauma center to definitive care. Ms. Angie Rios from DPH has been meeting, reviewing, and evaluating the data EMS services submit to the State to produce measurable data.

Mr. Cannady also gave the following RTAC updates: Regions 4, 5, 6, and 9 have approved RTAC plans in place.

- Region 1: indicated David Foster would present Region 1 updates.

- Region 2: has received the regionalization grant funding for formation of a RTAC and regional plan.
- Region 3: has requested Commission funds to develop their RTAC and align their plan with the goals of the Commission and the State Trauma Plan. Dr. Nicholas mentioned they are also looking for active RTAC coordinator and have interviewed, Billy Kunkle at CHOA. The trauma center to receive the regionalization funds would be CHOA. After funds are received, they will begin with reorganizing their existing regionalization plan.
- Region 4: turnover in leadership for EMS Program Director and the RTAC coordinator. Russ McGee from Region 5 has moved to Region 4 as their EMS Program Director.
- Region 5: indicated Kristal Smith would present Region 5 updates.
- Region 6: their last scheduled meeting coincided with the Day of Trauma meeting and was canceled; however they still continue to meet quarterly. They are working on injury prevention activities in their RTAC.
- Region 7: the last meeting the EMS council voted to not form an RTAC with the next EMS council meeting to be held on September 9th.
- Region 8: have worked to identify members of their RTAC and are working to build a region plan.
- Region 9: the RTAC is working with the EMS council in their upcoming October and November meetings in order to identify ways to obtain higher levels of EMS involvement in the Region 9 RTAC.
- Region 10: EMS Council has a Trauma Subcommittee and they are working on a plan that aligns with the state plan.

Region 5 Update

Ms. Kristal Smith

Ms. Smith reported that Region 5 is working on tracking benchmarks and are identifying where increased needs and gaps are. The RTAC is working with the Department of Transportation on an injury prevention project, which looks at the most dangerous intersections in the region and locations of injuries. They are hoping to make some changes of how particular intersections work and develop traffic safety initiative plans.

Region 1 Update

Mr. David Foster

Mr. Cannady introduced Mr. Foster as the Region 1 DPH EMS Director, and stated Region 1 will be modifying their regional trauma plan with educational programs and rebuilding parts to model the template provided in the State's Trauma Plan. Mr. Foster began by reporting Region 1 has identified a weakness in the area of emergency preparedness after Benchmarks, Indicators, and Scoring (BIS) assessment was completed. They have designed a unique part of their regional plan to incorporate a Disaster Assistance Response Taskforce, referred to as DART. DART has been blessed by Dr. Pat O'Neal and Keith Wages at the SOEMS/T as a pilot program.

Mr. Foster reported that Region 1 has experienced multiple disaster responses over the years, with one being on 27 April 2011. A total of 8 tornados touched down in Region 1 that day alone, which affected nearly all of the 16 counties in the region. They had a total of 10 fatalities, over 100 people injured, and 42 ambulance transports. The after action report told them they had clear weaknesses with mass emergencies that were Georgia Search and Rescue (GSAR) type.

Region 1 has obtained 18-signed letters from EMS services out of 20 services willing to participate in DART. DART's vision is to provide a specialized team of EMS providers to respond as a strike team as part of a Regional Taskforce. Each county will have a DART team or unit of at least 4-6 trained personnel per ambulance with 4 Rapid Response Teams (RRT) similar to a strike team within the Region. Each unit will be equipped with specialized DART gear bags, non-ballistic tactical vest, field programmable radio, USAR helmet and helmet with light for low light operations.

DART training provided to the specially trained personnel will be standard Federal National Incident Management System (NIMS) required courses, trauma course, disaster course, and a, to be designed, DART course to include components from USAR medic, tactical medic, HazMat medic, Wilderness medic, along with Patient Tracking and Model Uniform Core Criteria (MUCC) triage.

The idea of the Region 1 DART pilot program is to be designed for other regions to easily duplicate the plan to their use and needs. Mr. Foster reported that Region 1 has applied for a Federal grant to fund this program and should have a response prior to the next Commission meeting. He also presented the pilot program to the EMS Subcommittee to propose usage of funds at the minimum amount needed. Region 1 has also tested the program in the field with a mock emergency and performed very well by all counties. He reported that Region 1 currently has 10 helicopters in the Region and that Air Medic can get critically injured patients to a trauma centers within one hour.

Mr. Foster provided the Commission members with a handout that will be Attachment 2 to these minutes.

GAEMS Contracts Progress Report

Mr. Paul Lundy and Ms. Jessica Story

Mr. Lundy began by stating that Warren Averett, LLC (WA) was contracted during early 2014 to help the Commission determine if contract compliance was being met by GAEMS for the contracts of FY 2010, FY 2011, and FY 2012. Mr. Lundy indicated he would briefly walk through the draft report prepared by WA. He began by reviewing the Table of Contents which outlined the contents of the document including the agreed upon procedures performed and the outcomes from the agreed upon procedures. On pages 2 and 3 of the report, Mr. Lundy reviewed the initial procedures performed and the additional procedures that were necessary to complete the Contract Progress Reports (CPRs) and test a sample of the GAEMS expenditures. He indicated that page 4 was a timeline of the activities that occurred while working through the execution of the agreed upon procedures and preparation of the WA report.

Pages 5 – 10 of the report included a summary of WA's findings, observations and recommendations.

Ms. Story went over page 5 beginning with the summary findings, which were used to develop the flow of funds for the contracts and determine any residual funds. Pages 6 – 8 specifically indicated per each contract the procedures that were conducted with a brief explanation of the findings. Page 9 reported a summary of all unsupported costs noted in the expenditures sampled by WA.

Mr. Lundy noted on page 8 the key observations by WA based on their work, which he summarized as the following:

- First observation mentions the struggle GAEMS had with completing the CPRs leaving several omissions, difficulty in producing supporting documentation, and the lack of appropriate detailed records and internal accounting processes.
- The second observation was that samples of check copies requested could not be located and some course rosters still cannot be provided.
- The third observation was that there were significant funds received by GAEMS from the Commission in excess of the actual expenditures reported by GAEMS for their contract deliverables, which were estimated at approximately \$223,000. There was no documentation available to WA that supported how the residual funds were spent.
- The fourth observation indicated GAEMS does not have a process in place to account for Commission funds that are in excess of the actual costs incurred by GAEMS for their contract deliverables.

Mr. Lundy pointed everyone to page 10, which included the WA recommendations, which he summarized as the following:

- The first recommendation is the Commission should use the CPRs on all new contracts with GAEMS to ensure that GAEMS representatives understand the specific contract terms, deliverables and reporting expectations when the contract is completed.
- Second is the Commission should develop a standardized budgeting and invoicing system that utilizes a template.
- Third is for the Commission to specifically require in its GAEMS contracts that GAEMS maintain adequate records of and accounting for all expenditures of funds received from the Commission.
- The fourth recommendation is for the Commission to request an accounting detail from GAEMS for all the remaining funds related to the FY 2010, FY 2011, and FY 2012 contracts, which are estimated at \$223,000 by WA.
- He also indicated Mr. Terwilliger's memorandums regarding the disposition of the residual funds are included in the report beginning on page 21.

Discussion ensued by Commission members. Dr. Cowles asked where all the money was? Mr. Terwilliger explained the funds were in GAEMS bank accounts. He also indicated they had a new bookkeeping system and a new treasurer. He said he did not agree with the amount of money WA reported, that GAEMS believed there was only around \$159,000 of residual funds.

Another question arose, how were the funds spent which did not agree with the residual amount? Mr. Terwilliger indicated some funds were spent on working capital, with \$400 used for Combat Application Tourniquets (CATs), conducting courses above the required amount listed as a deliverable in the contract. Mr. Terwilliger mentioned some of the First Responder classes became more cost effective with some classes beginning with 25 students may end up with much less than that. Mr. Terwilliger cannot project a class size and received good deals on books and materials for students.

Discussion ensued about GAEMS returning the funds to the Commission for the members to decide how the funds should be spent and if the State auditors were to look at the Commission 10 years from now, would they be satisfied with how this particular situation was handled. Some members expressed concerns that GAEMS cannot account for the dollars spent. To which Mr. Terwilliger indicated, they have asked their external auditors to come back to perform a mid-year audit and have hired a full time employee on a temporary basis to manage classes and conduct bookkeeping responsibilities. Members also agreed that another agreed upon procedures engagement by WA should be conducted on the current open contracts with GAEMS. Discussion ensued about how the agreed upon procedures engagement completed by WA was paid for and Mr. Lundy indicated that the Commission had paid for the current engagement.

CONDUCT AUDIT OF GAEMS CONTRACTS

MOTION GTCNC 2014-08-02:

I make the motion to conduct another audit on the open contract on GAEMS to ensure the Commission dollars are being accounted for.

MOTION BY: DR. BOB COWLES

SECOND BY: DR. JEFFREY NICHOLAS

DISCUSSION: Dr. Ashley mentioned there was a motion to entertain for discussion. Mr. Pettyjohn reported the GAEMS FY 2013 contract has been amended. The amendment included a CPR attached and notice of a possible audit on the contract. GAEMS has already received the FY 2013 CPR to complete and that report is due back to the Commission on 02 September. A CPR will be added to every contract going forward as well as contracts with other contractors. The CPR will be a trigger to define whether or not an audit is necessary going forward. Discussion ensued; there must be clear guidelines for the accounting of the residual funds, with a report of how residual funds were spent.

Dr. Ashley described two options learned from the discussion.

Option 1: Do not conduct a formal audit but have CPR in place to track contract progress as well as the accounting of expended funds and residual funds. The executive director will report quarterly on findings. If no issues arise from the CPR, then would be noted in the report given by the executive director and documented appropriately in the minutes.

Option 2: Conduct an audit with CPRs already set up with GAEMS reporting to Commission through CPRs, but have our financial consultants sign off on the reports.

CONTINUED DISCUSSION: Question arose about how much the cost of the audit would be? Mr. Pettyjohn answered it could be anywhere from \$25,000 to \$50,000 or more. Discussion ensued about the audit process and CPRs recommended were working or not. Members continued to discuss the audit be paid for by the residual funds that are already in GAEMS's possession. Mr. Terwilliger stated if the Commission paid for the trauma center audits, then they

should also be responsible for the GAEMS audit as well. Ms. Cole stated the methodology changes for the trauma center distribution will not have uncompensated care reimbursement and therefore would not require the cost of the audit for trauma centers going forward. Mr. Pettyjohn reported the trauma centers' audit costs are covered and removed from the hospital's distribution each year. So, the hospitals do pay for their audits.

VOTING: Dr. Ashley requested a show of hands be used to indicate voting for the motion. Members who raised their hands to vote in favor of the motion: Vic Drawdy, Dr. Fred Mullins, Linda Cole, Dr. Dennis Ashley, Dr. Bob Cowles, and Dr. Jeffrey Nicholas. Courtney Terwilliger stated he would abstain from voting.

ACTION: The motion ***PASSED*** with 1 abstention. Mr. Pettyjohn was instructed by Dr. Ashley to prepare a report for November's Commission meeting which would indicate the agreed upon procedures for the next GAEMS audit as well as the estimated costs of the audit.

Warren Averett, LLC provided the Commission staff with the "Validation of the Georgia Association of Emergency Medical Services, Inc.'s Adherence to the Contract Terms for Contracts with the Georgia Trauma Care Network Commission: Agreed Upon Procedures" report prior to the Commission meeting. This report was an attachment to the Administrative Report and can be found at:

http://georgiatraumacommission.org/uploads/GAEMS_AUP_DRAFT_Report_21August2014.pdf.

EMS Subcommittee/GAEMS Update

Mr. Courtney Terwilliger

Mr. Terwilliger used a power point presentation to give an update of Georgia's EMS system. He reported there were 160 zoned ambulance providers across the state, however the next trauma center in many areas was still 77 miles away or more. There have been four facilities in Georgia close in the past two years and the Governor is working with a Stabilization Committee on the stabilization and growth of the system.

Georgia EMS is working on some specific focus areas: better educated workforce, increased capacity, improved capability in Disaster Management, better data collection and analysis, safer work environment, accountability and prevention. For increased capacity, the educational courses offered across the State are like none other in the nation. Mr. Terwilliger reported they have had good success with the equipment grants and are moving along on the EMS redesign project. The EMS Subcommittee may be recommending the vehicle grants to be reinstated for funding.

By using the Automatic Vehicle Location System (AVLS) and receiving funds from the Commission and Georgia Emergency Management Agency (GEMA), this is improving the capability in disaster management. No other state in the nation is currently doing this. This system provides logistical data to EMS Leadership by providing a location of the vehicle at anytime. They are also working to improve and update the triage system to utilize the MUCC methodology by the national model development by the Centers for Disease Control (CDC). Mr. Terwilliger reported some of the GAEMS residual funds from the Commission were used with a grant from State Office of Emergency Preparedness (OEP) to fund two CATs on each 911-zoned ambulance across the State for those services, which applied.

For better data collection and analysis, Mr. Terwilliger reported GAEMS has funded a laptop computer project sending out around 1,000 laptops to services. The EMS Subcommittee is working with Saab to develop a handheld app for the Resource Availability Display (RAD). The GEMSIS workgroup is also working to improve accountability and data collection rate of patient care report (PCR), improve percentage of compliance with validation rules and accuracy of the PCRs.

Last year Georgia lost two EMS medics while responding to calls. Mr. Terwilliger reported they are working to make safer work environments for medics by initiating a EMS safety course with Federal Office of Assistant Secretary for Preparedness and Response, referred to as ASPR, grant funding. They will also be introducing and initiating Emergency Vehicle Operators Course (EVOC) for EMS medics. GAEMS will also be working on prevention by offering a child seat technician course to train 100 EMS personnel as child seat technicians by collaborating with DPH, Injury Prevention Program.

A copy of Mr. Terwilliger power point presentation is Attachment 3.

GCTE Update

Ms. Gina Solomon

Ms. Solomon reported the V5 Registry software has been downloaded at nearly 90% of all the trauma centers currently except a couple of small centers, which are awaiting assistance from Digital Innovations (DI). They just wrapped up the July session of the first Registry Mentorship Program and are excited for the formal and standardized education being pushed out through the State for registrars. The injury prevention subcommittee is working on a Matter of Balance program with support being received from Trauma Association of Georgia (TAG) to roll out to the entire State and will have data to report on number of participants as well as who participated.

Ms. Solomon asked to let Ms. Liz Adkins discuss an opportunity to explain great recognition Grady Memorial Hospital has received recently from American College of Surgeons, Committee on Trauma (COT), and Trauma Quality Improvement Program (TQIP). Ms. Adkins reported during the last three years of the TQIP conference nationwide, Georgia has had a notable presence at each year. This next year Grady Memorial Hospital has been awarded with a podium presentation of an abstract submitted to TQIP about data points being added to the patient charting system and for audit filters significance by Society for Surgery of the Alimentary Tract (SSAT).

Law Department Report

Mr. Daniel Walsh

Mr. Walsh did not have anything to report.

NEW BUSINESS/ADJOURN

Dr. Dennis Ashley

Dr. Ashley asked Commission members if there was any new business to discuss. None were mentioned. He indicated the next meeting would be held 20 November 2014 in Atlanta, Georgia and Grady Memorial Hospital would host.

MEETING ADJOURNMENT TO CONTINUE IN CLOSED SESSION

Approved 20 November, 2014

MOTION GTCNC 2014-08-03:

I make the motion to adjourn the open session of the Commission meeting and continue in closed session pursuant to the attorney/client privilege exemption of the Georgia open records act.

MOTION BY: DR. DENNIS ASHLEY

SECOND BY: MS. LINDA COLE

VOTING: All members are in favor of motion. Members present and in favor: Vic Drawdy, Courtney Terwilliger, Dr. Fred Mullins, Linda Cole, Dr. Dennis Ashley, Dr. Bob Cowles, and Dr. Jeffrey Nicholas.

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

Meeting Adjourned: 12:16 PM

Minutes crafted by: Dena Abston