



Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES
Tuesday, June 26, 2012
Scheduled: 9:00 am until 11:00 am
Emory Faculty Office Building Rm 101
Grady Health Care Systems
Atlanta, Georgia

CALL TO ORDER

Mr. Ben Hinson called the June monthly meeting of the EMS Subcommittee on Trauma to order at the Emory Faculty Office Building, Grady Health Care Systems, Atlanta, Georgia, at 09:01 a.m.

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

OTHERS SIGNING IN	REPRESENTING
Jim Pettyjohn Judy Geiger John Cannady Renee Morgan Dr. Jill Mabley Mickey Moore Kim Littleton Devin Gibbs	Georgia Trauma Commission Georgia Trauma Commission Georgia Trauma Commission OEMS/T OEMS/T & EMSMDAC OEMS/T GAEMS GAEMS

Welcome and Introductions

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

Approval of Minutes from February Meeting

The first order of business was the approval of the minutes from the February 2012 subcommittee meeting.

MOTION #1 EMS Subcommittee 2012-06-26:

I make the motion to approve the minutes from the February 2012 meeting as written.

MOTION BY:
SECOND:
ACTION:

HUEY ATKINS
KEITH WAGES

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

18 MAY TRAUMA COMMISSION MEETING REPORT

Mr. Ben Hinson reported that the 18 May 2012 Trauma Commission meeting met in Savannah with a full agenda in which Mr. John Cannady gave an outstanding presentation. Mr. Jim Pettyjohn was asked to discuss the meeting's agenda.

Discussion:

Mr. Jim Pettyjohn reported that there was a suggestion that the committee considers purchasing software made by Image Trend, the hospital dashboard. He explained that we have been communicating with Image Trend and they will be attending the 16 August 2012 meeting to provide a presentation of the software for the Commissions' consideration.

Mr. Ben Hinson explained that the software would provide hospitals the ability to have direct access through an online program to GEMSIS. He implied that this would be a good step toward working through data with the TCC and particularly for hospitals to be able to receive data. He stated that the vendor indicated that as the ambulance crew completes the PCR electronically while enroute, it is tied to the GEMSIS database, allowing them to send the patient report to the hospital before the ambulance arrives. Mr. Ben Hinson continued that there would be some HIPAA regulations to work through, but he felt that this was a good idea.

The cost of the first year is \$38,000 (\$47,000 including license fees), and approximately \$9,000 a year thereafter to retain the license. Every hospital will have access to GEMSIS for their patients. This was well received by the Trauma Commission, and they appropriately asked to have a vendor presentation at the next meeting.

Mr. Huey Atkins asked if the information would be obtainable by EMS for the patients, Mr. Keith Wages replied that this system would not be able to provide that information. Mr. Ben Hinson commented that the GEMSIS would help the Trauma Coordinators to identify missing patients from the trauma registry.

Mr. Jim Pettyjohn continued to report for the Trauma Commission, stating that the Commission approved the distribution of dollars for the 2013 stakeholders. The EMS distribution, which included \$360,000.00, will go toward airtime for Phase 1,2,3 and 4 as they roll out of their first year, and the Commission will

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pick that up. Ms. Judy Geiger will be the Business Manager for this, and Mr. John Cannady is the point of contact. There is a meeting scheduled at the Georgia Tech Hotel today to discuss the future of AVLS.

Mr. David Bean asked if the Image Trend software would be tied to help with uncompensated care validation, Mr. Ben Hinson answered, it would give a direct tie to the trauma registry, so that EMS can look to see if they are on the trauma registry. Uncompensated care will be discussed later in this meeting.

With no further questions, Mr. Ben Hinson asked Mr. John Cannady to provide a report for the Communications Center.

GEORGIA TRAUMA COMMUNICATIONS CENTER UPDATE

Mr. John Cannady reported that as of the 20th of June, the TCC has received 301 calls, today that number is 313. The busiest month was May, with a slight decrease this month comparatively. Of those calls, 82 patients have come from the scene, 117 while enroute to the hospital. The TCC has received some calls while the EMS was enroute to the scene and has been able to accommodate their needs. There are still a number of data only calls coming into the center, where EMS has already dropped their patient off at the hospital. Mr. John Cannady indicated that this was due to the regions the TCC is working with, MCG in Augusta and MCCG in Macon, indicating that the EMS is in close proximity to the hospital when they are working with their patient.

Mr. Ben Hinson asked how many calls received were inter-facility. Mr. John Cannady responded that there were 13, and added that he would like to see that number increase indicating that the TCC provides a great service that the hospitals could benefit from, however getting the word out to them was a slow process.

Mr. John Cannady provided some examples of calls the TCC has received to the Committee, indicating the capabilities of the TCC and how they were able to assist EMS in the field. He continued that there have been some good successes, and some areas in need of improvement have been identified. He is happy with the progress, and has plans to move forward and make the TCC available beginning July 1, across the state. He asked that the Office of EMS assist in getting the information out, and that GAEMS and EMSAC have indicated that they will assist as well. There will be a press release on the Commission web site, and have more communication with EMS providers across the state. Mr. John Cannady explained that this will not change the way the TCC does business; they are just allowing themselves to be of service. It will not be the full scope of operations that is currently being done for Region 5, as there is not information for the non-designated participating hospitals across the state. However, there is basic information regarding trauma centers available for EMS should they call from anywhere in the state.

Mr. Ben Hinson asked if we are moving forward with making that information totally available to other hospitals and even EMS so that they can see it on a screen in their operation. Mr. John Cannady replied that this is something that is being considered, it is a slow process but moving in that direction.

Mr. Ben Hinson indicated that he is an advocate of placing the information in 911 centers, and that the AVLS systems data can allow the reconstruction of the event to know exactly what happened. Mr. John Cannady replied that there has been a TCC Advisory Board formed who will be able to consider these topics and give advice to the TCC.

Mr. John Cannady continued to explain that the TCC Advisory Board held their first meeting on the 13th, and included representation from Regions 5, 6, and 9. There was also Commission representation from Dr. Ashley, Dr. Mullins, Ms. Linda Cole and Ms. Elaine Frantz. Mr. Keith Wages from the office of EMS has agreed to represent the State Board and contact will be made to invite representation from GHA and GEMA. The role of the board is to provide council and advice, not to oversee. Questions regarding operations of the TCC will be discussed by the board to provide multiple points of view.

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Mr. John Cannady assured the committee that the TCC Advisory Board would not overrule the RTAC's, he explained that the RTAC's are responsible for coming up with their plan and the role of the board will be to take those plans and decisions and find the best way to incorporate that into the TCC operations. The board will not dictate, but will work with the TCC to incorporate the various regional plans.

Mr. Ben Hinson cautioned Mr. Cannady to be careful not to give away too much authority, reminding him that there are certain things that the Trauma Commission has to approve concerning the RTAC's. Mr. Jim Pettyjohn assured Mr. Hinson that the issue would be addressed on the August 18th meeting, concerning the role of the TCCAB in connection to the Commission.

Mr. John Cannady completed his report by acknowledging the exciting things in store for the TCC, the potential for increased cooperation from the Office of EMS, and GHA and the potential to work with various state agencies. Additionally, the ability to analyze the data; which will allow the ability to identify key injury type patterns, and possibly prevent those before the injury occurs.

Mr. Ben Hinson thanked Mr. Cannady for his report, and asked for the 2012 funding update.

FY2012 FUNDING UPDATE

Mr. Jim Pettyjohn reported that out of 17 Ambulance Replacement Grants, 17 were rewarded, all of the grants were executed, and the funding had been covered. The grant period for ambulance purchases are until June 30th, 2013. Of the 17 grants 14 (all but 3) have submitted their work and planned budgets, they have been approved and are in process of purchasing ambulances. Ms. Lauren Noethen is working with the remaining 3. It has been a successful program, and wonderful to work with the people all across Georgia.

Ms. Judy Geiger conveyed that the 2012 Uncompensated Care Program had been completed and all checks have gone out. There were 40 checks issued to 40 EMS companies, awarded according to the budget of \$748,028.00.

Discussion:

Mr. Ben Hinson inquired as to whether or not most services were participating, as there were only 40 checks issued.

Mr. Huey Atkins responded that he believed the first year for Region 10 concerning Uncompensated Care; only one was involved, the second year two, and this year all but two. He continued by indicating that there was a need to get the word out that the funding was available.

Mr. Keith Wages added that Region 10 was successful due to the work of Mr. Atkins, who actively promoted the funding possibilities. Mr. Hinson, Mr. Wages, Mr. Atkins, Mr. Terwilliger, and Mr. Lee discussed the difficulties in attaining interest in the grant process. Noted possible reasons include: budgeting issues, educational concerns, turnover for County Managers and EMS Directors, and poor leadership.

Mr. Ben Hinson asked Mr. Courtney Terwilliger for his report.

Mr. Courtney Terwilliger discussed the 2010 Budget. He reported that the First Responder Training would close out the budget this week, there were 60 contracted first responder courses and 62 were completed. This was starting with 1336 trainees, and ending with 1036. Each student received a jump bag and a vest, although he is waiting for sizes to be able to send the few remaining. Mr. Terwilliger and Ms. Kim Littleton, with the assistance of Regional Program managers, are researching to find those who have not spent their money. The deadline for expenditure is Midnight, June 30, 2012, and must be accompanied by an affidavit. Mr. Terwilliger indicated that the Trauma Commission has approved merging any remaining funds with the current equipment allocation. Mr. Terwilliger then added that the

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2011 funds were for First Responder training, with 19 grants, Mr. Atkins was the first to get the application submitted.

Mr. Courtney Terwilliger specified that for the 2012 funds for the First Responder, the forms have been filled out; the grant applications are completed and awaiting approval from Mr. Pettyjohn, Ms. Geiger and Ms. Noethen. The criterion for this is equivalent to previous years. There are 19 grants and a First Responder Instructor course. The projected deadline for completion is July, 2013. Mr. Terwilliger reported that the First Responder Truck piece had been more problematic, indicating that he had been working with Mr. Keith Wages and Mr. Mickey Moore to make certain that what is being done is valuable, and the training might provide future Level 2 Instructor Training. The proposed time and location for the First Responder Instructor course, is the Georgia Public Safety Training Center in the early fall.

Mr. Blake Thompson asked if there would be enough instructors for the entire state.

Mr. Courtney Terwilliger answered that there was not, however there were already many instructors available in most areas.

Mr. Terwilliger and Mr. Hinson discussed some issues regarding education and ensuring that students have what they need to learn as well as decent quality instructors. Mr. Hinson indicated that online education may be the way to go for the future and explained how costs are lower and grades are higher among students. Mr. Terwilliger did not disagree, but felt that there was still a need for hands on training.

Mr. Terwilliger continued his report stating that the equipment has changed for this year. The Commission has agreed to allow the purchase of any equipment that is trauma related. Once the funds for 2010 are applied the calculations can be made. Mr. Terwilliger then shared that there would be a moving forward of an extrication class, possibly in the fall of this year. He explained how there is a disconnect between Fire/Rescue and EMS, and that there is a need for each to work together and communicate.

Mr. Huey Atkins ascertained if the people involved were the same as the original Georgia extension school from Athens.

Mr. Terwilliger responded that several of them were. The idea was to go back to the original extension school, and bring in experts to speak about new techniques, new technologies, new safety issues with newer vehicles and hybrid cars. Furthermore, there would be hands on training with power tools and hand tools in the field. Mr. Terwilliger then expressed the need for patient handling while entrapped among firefighters, and how to get EMS interested in power tools.

Mr. Atkins suggested combining extrication and pre hospital trauma training in one class as a possibility.

Mr. Hinson, Mr. Terwilliger and Mr. Atkins further discussed the challenges of communication among Fire/Rescue and EMS, as well as the difficulty in successfully attaining grant applications.

Ms. Kim Littleton mentioned the turnover among directors, indicating the possibility of missing paperwork as an explanation for the low number of grant applications. Mr. Terwilliger agreed that the turnover for EMS Directors and County Managers has been high this year, indicating budgetary and political concerns as an explanation, and adding that some were just not good leaders.

Ms. Linda Cole mentioned that she would be interested to see how many counties have been affected that were in need of an ambulance or equipment or first responder, or if some counties have not benefited at all.

Mr. Terwilliger replied that he had prepared a map which he could email to everyone. The map shows 62 First Responders classes, 4 of them in Monroe County, 2 of which were for Monroe County and the other

two were open classes. Mostly Law Enforcement personnel attended the open classes, and the state feds have indicated that they would like some training as well, so a class was made available to for the State Defense.

Mr. Ben Hinson then inquired from Ms. Linda Cole as to the reactivation of the Data Committee, suggesting that the data obtained for the Commission include the work that Mr. Terwilliger has done. He then added that there was a need for additional mapping to be done to indicate where the funds have been given. The committee should answer as to not just how things are done, but what is trying to be accomplished.

Mr. Huey Atkins commented on the difference between urban and rural areas, indicating that urban areas feel that the rural areas receive the majority of funds, however due to population, this is not necessarily true.

Ms. Linda Cole commented that it would be interesting to see the overlay of everything, who has been touched and who has not. Mr. Ben Hinson added that charts, graphs, and maps were useful sources, and instead of looking at statistics there was a need for arithmetic.

Mr. Richard Lee requested a list of people in the regions that did not apply for the equipment, so that he could share the information with them. Mr. Terwilliger responded that he would send it to him that night. Mr. Randy Pierson asked that everyone receive the list, and Mr. Terwilliger replied that he would send it to all members.

Mr. Pierson, Mr. Atkins, Mr. Terwilliger and Mr. Hinson continued to discuss the difficulty in providing grand funds. Mr. Hinson indicated that the conversation was a great lean in to the distribution for the next 2013, and how to distribute funds in the best possible way to improve care, and added that there needs to be some accountability for grant rewards, for example reporting response times.

FY2013 FUNDING DISTRIBUTION DISCUSSION

Mr. Jim Pettyjohn reported that the EMS stakeholder budget for 2013 was \$2,676,000.00. The staffing and meeting support is \$3500.00 and there is an earmark mandated with approval of \$360,250.00. That leaves the remaining budget mandated for distribution \$2,312,709.00.

Discussion

Mr. Courtney Terwilliger provided handouts (2) to the group (attached). He explained his example; the first page, keeping Uncompensated Care in place, he took some money out of the EMS vehicle replacement, went with 16 ambulances instead of 17, and did away with the First Responder Training class completely. He kept \$100,000 in to support EMS leadership program, indicating that there would be new necessary expenditures; money for the extrication project was kept as well as PHTLS/ITLS. On the second page, Mr. Terwilliger explained that he removed all of the Uncompensated Care as only 40 services applied for it, and he felt that it would be an issue with the audit regarding the selling of AR.

Mr. Hinson and Mr. Terwilliger then discussed the repercussions of selling AR to collection agencies, and Mr. Hinson indicated that he felt that Uncompensated Care was one of the soundest programs currently available. Mr. Terwilliger felt that it was important to replace old equipment and vehicles, and reiterated the accountability of leadership, and reminded everyone that this was meant as a starting point. Mr. Terwilliger indicated that he would send out the spreadsheets to everyone to use and facilitate their own suggestions.

Mr. Atkins asked as to how many classes Mr. Terwilliger was suggesting for leadership, to which Mr. Terwilliger replied that he would like to do one series, with approximately 20 students due to the marginal costs that previously did not include instructor fees.

Mr. Randy Pierson inquired as to the Vehicle Replacement Grant, indicating that it was absorbing 53% of the budget going to 17 or 19 communities, which could be spread out. Mr. Pierson felt that this was beyond the scope of this committee. He then asked where the priority for EMS rests, what kind of fire trucks are they driving, what the County Managers are driving, as this is a budgetary concern.

Ms. Linda Cole observed the possibility that leaders have figured out to put funds into other things assuming that trauma would take care of EMS. Mr. Terwilliger agreed that this was a valid point. Ms. Cole added that she felt that there needed to be a vision, what is attempting to be accomplished? This vision then needs to be supported by data such as better response times, and better patient care.

Mr. Terwilliger advised that GAEMS is working with GEMA and GTRI on a gaps analysis, and this is going into its fourth year. There is much strategic planning involved and discussions about what makes a good EMS, where does EMS need to go and at what point can they no longer survive.

Mr. Thompson, Mr. Hinson, and Mr. Terwilliger further discussed the effectiveness of response times, and what the future may hold for EMS, and what the priorities are for budgeting.

Mr. David Bean interjected that there were a lot of needs still for vehicle replacement, and cautioned to not focus on response times alone, but quality indicators such as airway, controlled breathing, returning spontaneous circulation, and possibly look around the state to see where improvements are needed. Furthermore, Mr. Bean suggested some flexibility in grants, so that communities in need are able to make an argument to possibly receive the necessary assistance to move forward.

Mr. Ben Hinson acknowledged Mr. Beans suggestions, and indicated that he felt the Trauma Commission would not want to micro-manage the grants. Ms. Linda Cole suggested that perhaps the RTAC's could indicate the concerns for their regions. Mr. Hinson answered that the point was to be able to get the patient the right care, right now.

Mr. Hinson, Mr. Terwilliger, Mr. Moore, and Mr. Pettyjohn discussed grant matching and how it works, and how to make the process fair for all.

Mr. Huey Atkins proposed that each region report back to their representative and ascertain what the number one trauma issue is for that region. Get the regional standpoint, and see what they feel are the biggest issues facing their trauma patients.

Mr. Ben Hinson agreed and felt that this was a great idea, and indicated that each member should, by the next meeting, meet with their regional council and raise the question, what do you want us to use this money to do to improve trauma care? He reiterated the point that to improve the EMS system to improve trauma care.

Dr. Jill Mabley informed the committee that she had some input from the EMS Medical Directors from across the state in regards to creating a better outcome for trauma patients. Dr. Mabley stated, "This has been a discussion that we have been having at EMSMDAC for probably a year, the conversation was initiated by Dr. O'Neil and his concerns; one of our greatest concerns about trauma patient outcome is advanced airway management that happens at the scene. We are finding that in EMS education fewer and fewer graduating medics are having the opportunity to do any advanced airway management because the hospitals are refusing or declining for various reasons to accommodate EMS students for either initial training or retraining. At EMSMDAC level we have spent hours trying to figure out how to utilize the new equipment that we have for airway management but all of this comes back to concept, or the problem that when the medics need remedial education on BBM's or API's that is not available to them, and we see that when we review trauma patients from across the state and our group is made up of doc's from across the state that is a problem that is in the urban areas and the rural areas and that we have been unable to address with trying to work with our other means, so getting that education and one of the things that we had suggested in our last meeting last week was that perhaps hospitals that are

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designated as trauma centers, one of their duties would be to provide training for EMS personnel in the advanced early management field.”

Mr. Ben Hinson agreed, and added that an EMT could learn all that there was to learn in the classroom but if the only time they apply it is “when daddy is lying in the floor”, then your skills will not be very good. He continued, “It is a skill, so you have to learn how to open the thing and get it out of the bag and use it.” Mr. Hinson advised that the numbers would improve, simply with repetition.

Mr. Terwilliger also agreed, suggesting that the trauma centers open their doors to EMS providers for training.

Mr. Huey Atkins indicated that perhaps asking the trauma centers what they are seeing from the local EMS’s that needs improvement. Mr. Hinson added the necessity to inquire as to what the EMS’s felt the facilities needed to do to improve as well.

Mr. Atkins and Mr. Hinson discussed the demand of busy ER’s, with paramedics waiting sometimes 3 or 4 hours each day.

Mr. Ben Hinson stated that Mr. Terwilliger would send his worksheet out as a starting point, and added, “I would like everybody to look at it, consider it, and make any comments to it that you have. I also would like you, a representative, to reach out to your regional council on what they think they need to do... We will consider that at our next meeting to work on the allocation of the funds.”

Mr. Courtney Terwilliger requested for everyone to consider when speaking with their people, where we need to be in five years.

OLD BUSINESS

None

NEW BUSINESS

MOTION #2 EMS Subcommittee 2012-06-26:

I make the motion that we ask the Trauma Commission to encourage all designated Trauma Centers and hospitals that are not designated to support EMS education needs.

MOTION BY:

COURTNEY TERWILLIGER

SECOND:

RANDY PIERSON

Discussion:

Mr. Terwilliger explained that at the end of the day they are buying with what funds they are given and if we are giving them junk the patient is going to die. We take care of the airway poorly, then that patient is going to be dead when they get there or very soon afterward. If we are not treating that trauma patient appropriately, then that trauma patient will not survive.

Mr. Ben Hinson indicated that it was a good idea to ask the designated trauma centers to participate in this manner, and suggested including all hospitals.

Mr. Terwilliger added that hospitals are receiving millions of dollars to support trauma, and would like to see some of that go to support EMS education.

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Mr. Jim Pettyjohn clarified that there are still FY2013 open contracts under the belly of the trauma centers, and asked to be provided with a bit of content. "Do you want the hospitals to identify ways to include EMS in their internal education?"

Mr. Courtney Terwilliger replied that that may be a problem, what he is asking is that the trauma centers recognize that at every level of their facility, there are educators. "I would like to see them invite the EMS personnel into, even on an observation, and I recognize HIPAA, but that can be signed away, we can get that handled. But, for them to come and see what goes on after they take care of the patients and they can see long term if they don't do this, what happens to the patient and be able to meet the nurses and physicians and have a relationship with them so that if something goes bad, that nurse knows who they can call and vice versa." He added that trauma educators could go to the local EMS community and ask how to reach them, and how to meet their needs with training and taking care of trauma patients.

Mr. Randy Pierson agreed, and suggested being specific in regards to the airway component. Mr. Bean added that there is a need as well for target evidence, specifically to develop a program for training.

Mr. Ben Hinson asked if there was further discussion on the point "to ask the Trauma Commission to encourage the designated centers to be more active in EMS education for trauma patients?" Mr. Terwilliger added, "Specifically issues with advanced airway."

Mr. Randy Pierson added that it needed to be addressed that it would be better coming with an endorsement from the Medical Directors Association. Mr. Hinson replied that this Committee needed to say what it is that they want, including the advanced airway management and other issues as they come up.

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

Mr. Jim Pettyjohn informed the Committee that the next meeting would include discussions, prior to the Commission meeting, so that it could be approved. "If the committee decides to go with Uncompensated Care then there will have to be an audit prior to the office paying out any money, which may require the moving around of funding to pay for that audit, so I suggest a meeting before the August meetings that we can make that clear before the Commission meeting."

Mr. Ben Hinson proposed the next meeting occur on July 31st, in Macon at 10:00 AM.

Mr. David Bean inquired as to the date of the next TCC Advisory Board Meeting; Mr. John Cannady replied that it would take place on Wednesday the 15th at 1:00 PM at the TCC.

Meeting adjourned at 10:58 AM.

Crafted by Tammy Smith

Suggestions for FY 2013 Money Version 1				
Available EMS Budget @ 20% of available funds for stakeholders:		\$ 2,676,459		
Staffing and Meeting Support		\$ 3,500		Staffing and minutes developme
AVLS Air Time Support		\$ 360,250		AVLS Air Time
Available for distribution	\$ 2,312,709			Available for distribution
% Distribution from FY 2010 funding	%			
EMS Uncompensated Care	23.70%	\$ 548,000		
EMS Vehicle Equipment Replacement Grants	48.79%	\$ 1,128,329		16.00
First Responder Training Grants	0.00%			
Support EMS Leadership Program	4.32%	\$ 100,000	\$ 95,000	
Extrication Project	3.29%	\$ 75,981	\$ 72,182	Continue to Support "crossover" training in extrication
PHTLS/ITLS	2.59%	\$ 60,000	\$ 57,000	12.67
Trauma Care Related Equipment	17.31%	\$ 400,399	\$ 380,379	\$422.64
Total	100.00%	\$ 2,676,459		
Remaining :		\$ -		

Sixteen ambulances at \$70520.56

13 Grants if 900 apply

Suggestions for FY 2013 Money - Version 2				
Available EMS Budget @ 20% of available funds for stakeholders:		\$ 2,676,459		
Staffing and Meeting Support		\$ 3,500		Staffing and minutes developme
AVLS Air Time Support		\$ 360,250		AVLS Air Time
Available for distribution	\$ 2,312,709			Available for distribution
%	%			
EMS Uncompensated Care	0.00%			
EMS Vehicle Equipment Replacement Grants	53.29%	\$ 1,232,500		17
First Responder Training Grants	5.10%	\$ 118,046	\$ 112,144	18.69
Support EMS Leadership Program	4.84%	\$ 112,000	\$ 106,400	
Extrication Project	3.29%	\$ 75,981	\$ 72,182	Continue to support Extrication "crossover" training
PHTLS/ITLS	4.32%	\$ 100,000	\$ 95,000	21.11
Trauma Care Related Equipment	29.15%	\$ 674,182	\$ 640,473	\$711.64
Total	100.00%	\$ 2,676,459		
Remaining :		\$ -		

Nineteen Grants

22 Grants if 900 apply