

State of Georgia Georgia Trauma Care Network Commission

Meeting Minutes Thursday, April 16, 2009

The Medical Center of Central Georgia – Weaver Board Room
Macon, Georgia

CALL TO ORDER:

The scheduled monthly meeting of Georgia Trauma Care Network Commission was called to order in the Weaver Board Room of the Peyton Anderson Education Center at the Medical Center of Central Georgia in Macon at 1010 hours by Dr. Dennis Ashley, Chair.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Linda Cole, RN Dr. Leon Haley (teleconference) Ben Hinson Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn, RN	Dr. Rhonda Medows (at DCH Board meeting)

OTHERS PRESENT	REPRESENTING
Charles N. Almond, Jr. Greg Bishop Renee Brown Sam R. Cunningham, EMT-P David Edwards Debra Kitchens, RN Regina Medeiros, RN Seth Millican Renee Morgan, EMT-P Lee P. Oliver, III Dr. J. Patrick O'Neal, Director Jim Pettyjohn Gary Pinard Marie Probst Gina Solomon Alex Sponseller Courtney Terwilliger, EMT-P R. Keith Wages Danae Gambill Mary Eleanor Wickersham (teleconference)	Elbert County EMS Bishop and Associates Georgia Physicians Task Team Georgia Office of EMS / Trauma – Region 7 Crisp County EMS Medical Center of Central Georgia Medical College of Georgia - Health Brock Clay DHR DPH Office of Preparedness EMSAC / Medical Center of Central Georgia EMS DHR DPH Office of Preparedness GTCNC SCEMS DHR DPH Office of Preparedness Gwinnett Medical Center Office of the Attorney General EMSAC / GAEMS / Emanuel County EMS Georgia Association of EMS, Inc. Georgia Hospital Association Office of the Governor

APPROVAL OF THE MINUTES OF THE MARCH 19, 2009 MEETING

The minutes of the meeting of March 19, 2009, had been distributed prior to the meeting via electronic means.

MOTION GTCTC 2009-04-01: **I move that the minutes of the March 19, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.**

MOTION BY: Mr. Moore
SECOND BY: Cole
DISCUSSION: None.
ACTION: The motion **PASSED** with no objections, nor abstentions.

ADMINISTRATIVE REPORT:

The Administrative Report was presented by Mr. Pettyjohn.

- HOSPITAL CAPITAL EQUIPMENT GRANTS CONTRACTS: Mr. Pettyjohn said DHR had sent out the contracts last week. They are currently being reviewed and are to be signed by the selected trauma centers. Mr. Pettyjohn stated that he has an appointment with DHR representatives April 17 regarding the EMS grant awards. It is possible that those EMS award contracts could be sent out to awarded EMS providers in seven (7) days.
- COMMENDATION: Mr. Hinson said he would like to commend Mr. Pettyjohn for accomplishing the work completed to date on the contracts. He said the processes employed were good as were the relationships developed. Dr. Ashley echoed the comments stating that with Mr. Pettyjohn spearheading the effort, the contracts were complicated and the communications were good. Mr. Pettyjohn thanked the members and said representatives from the Office of EMS and Trauma were always there when needed to assist with the process.

TRAUMA GRANTS: FEDERAL ECONOMIC RECOVERY PROGRAM:

Dr. Robinson addressed the Commission regarding new trauma grant opportunities. He said he had planned to have a representative from Congressman Marshall's office at the meeting today to discuss funds that might be available through the federal economic recovery program. He said there may be substantial amounts of money available. He wanted to have Leon A. Hyer, Jr., Ph.D., who works with him and is currently writing a \$1 million stem cell research project for funding from the stimulus package investigate this further. He also suggested that there should be a "grants writer" at the service of the Commission. He added that the Commission has a nebulous role in trying to improve emergency care in the state and there are many people that the Commission could partner with to obtain money to accomplish this. He said he was not sure how one goes about doing that and asked if there is a way for the Commission to secure those services. He stated that it would demonstrate that the Commission is not merely passively receiving funds from the taxpayers, but it is actively seeking ways to obtain additional funds.

- Greg Bishop said Dr. Ashley asked him to research grants offered by the National Institutes of Health (NIH), but he didn't see any opportunities there. He agreed that the Commission does need an organized method to determine what funding opportunities are available. He said the idea of employing a grant writer, however, is a separate issue.
- Dr. Robinson said applying for funding from the federal economic recovery program is a rigorous process, but approximately \$750 billion is available. He also noted that NIH usually approves fewer than 15% of the proposals received. One thing that has been missing from any type of discussion is the idea that the Commission might be able to save the taxpayers' money, especially if the exoskeleton of the traditional ways that funds have been sought is broken. Additional, quality trauma care can benefit the healthcare system and the citizens.
- Mr. Moore said he is in favor of exploring any opportunities for funding, but added that a lot of the federal money is for "shovel-ready" jobs. He asked Dr. Robinson if he knows enough about the stimulus money to determine that the amount that can be sought is substantial.

- Dr. Robinson said no, but the grant could be written to create jobs while improving the healthcare system, although there is no guarantee that any success would occur.
- Dr. Ashley said trying to seek outside funding is a good idea, but he is not sure where to go from here with the proposal. He said the Commission's *Bible* remains SB 60 since the other bills introduced this year did not pass, and it allows the Commission to seek other funds.
- Mr. Hinson said he agrees with Dr. Robinson, stating that the federal funding makes more sense than some the Commission has explored, but there has to be someone whose job it is to search for this money and make it fit the needs of the system. He said the Commission should consider allocating some of the anticipated funding for a grant writer.
- Dr. Robinson said we do need to think differently. Holding a small amount of the funds for this purpose would be good.
- Dr. Ashley asked for comments from Dr. O'Neal who said that Public Health formerly employed a grant writer (Michelle Mindlin) who resigned in February and is now working at Emory and consulting on a part-time basis. In the last five years, he said she obtained over \$250 million in federal grants just for Emergency Preparedness alone. He said she is the only person he knows who might be able to work with the Commission on a contract basis.
- Dr. Ashley asked Mr. Bishop to involve Dr. Arthur Kellerman if he could. He also said the deadline to apply for some of the federal stimulus money is April 20.
- Mr. Bishop said he had already indicated to Dr. Kellerman that he might ask him to chair a small group to spearhead this effort. He said he would be happy to work with Mr. Pettyjohn on the project.
- Mr. Pettyjohn said work should begin immediately and indicated that additional stimulus funds might be available in the second year.
- Dr. Robinson said the typical NIH grant application is an "800 page tome" while the stimulus grants are approximately twelve (12) pages. He said even if the Commission is not successful, it would show that it is trying to think outside the box and find funds from other than just taxpayers.
- Mr. Hinson said the problem is that we have no monies until July.
- Mr. Bishop added that money is not necessary to find a source.

ACTION ITEM: Dr. Ashley appointed Dr. Robinson to Chair a subcommittee to further research this issue and to contact Michelle Mindlin. Working with him will be Mr. Bishop and Mr. Pettyjohn.

LEGISLATIVE UPDATE AND NEXT STEPS:

The Legislative Update was presented by Seth Millican of Brock Clay and the Georgia Association of EMS. He said many strides were made this year and since this is the first year of the two year cycle, legislation that remained in committee will carry over to the 2010 session.

- **SB 156** – Sen. Cecil Staton

A BILL to be entitled an Act to amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency medical services, so as to extensively revise the duties of the Georgia Trauma Care Network Commission; to revise definitions relating to trauma care; to provide for duties of the State Office of EMS/Trauma relating to the state-wide trauma network; to revise funding priorities; to abolish the Georgia Trauma Trust Fund; to establish the State Office of EMS/Trauma; to provide for related matters; to repeal conflicting laws; and for other purposes.

Mr. Millican said the bill was designed to clarify the role of the Trauma Commission. Although it did not pass, it made it through the Senate and out of the House Health and Human Services Committee, but died without a vote on the floor. It will be returned to its originating committee (House Health and Human Services). Rep. Fran Millar added a committee attachment with the language regarding the elimination of the ad valorem tax.

- **HB 148** – Rep. Austin Scott

A BILL to be entitled an Act to fund the Georgia Trauma Trust Fund; to amend Article 5 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to the Georgia Trauma Care Network Commission, so as to provide for certain reports; to provide for intent of the General Assembly with regard to certain funds for funding the Georgia Trauma Trust Fund; to amend Chapter 2 of Title 40 of the Official Code of Georgia Annotated, relating to registration and licensing of motor vehicles, so as to

impose a charge on certain motor vehicle registrations in this state which shall be transferred to the state treasury for the purpose of funding the Georgia Trauma Trust Fund; to provide for the collection of such charge; to provide an effective date; to repeal conflicting laws; and for other purposes.

Mr. Millican said Rep. Scott, who is a candidate for Governor, sponsored bill that would add a \$10 fee to car tag purchases by general statute rather than Constitutional amendment. It remains in the House Ways and Means Committee.

- SR 277 – Sen. Greg Goggans

A RESOLUTION proposing an amendment to the Constitution so as to impose a charge on certain motor vehicle registrations in this state which shall be transferred to the state treasury for the purpose of funding the Georgia Trauma Trust Fund; to authorize the General Assembly to adjust the amount of such charge and to provide for the collection of such charge; to provide that such funds shall not be subject to lapse; to provide for related matters; to provide for the submission of this amendment for ratification or rejection; and for other purposes.

Mr. Millican said Sen. Goggans, who Chairs the Health Subcommittee of the Senate Appropriations Committee, introduced the resolution. It passed the Senate and made it through the House committee process, but did not emerge from the House Rules Committee. It is now in House Ways and Means Committee.

- HB 480 – Rep. Harry Geisinger

A BILL to be entitled an Act to amend Titles 40 and 48 of the Official Code of Georgia Annotated, relating, respectively, to motor vehicles and revenue and taxation, so as to provide for the comprehensive revision of taxation of motor vehicles; to change certain provisions regarding tag agents; to provide for title and registration fees and the disbursement of such fees; to change certain provisions regarding classification of motor vehicles as a separate class of property for ad valorem tax purposes; to provide for an additional classification exempt from such taxation; to provide for an exemption from sales and use taxes with respect to the sale or use of certain motor vehicles; to provide for related matters; to provide for an effective date and automatic repeal; to repeal conflicting laws; and for other purposes.

Mr. Millican said HB 480 would have eliminated ad valorem tax and sales tax on automobiles and imposed a title transfer fee of 7% of the transaction, capped at \$2,000.00. The formula for disbursement of the funds gets complicated after that. A portion of the money would go to the state, a portion to counties, then \$50 per transaction to the Trauma Fund. Funds to the Trauma Fund would be capped at \$150 million. The legislation was held up in the Senate, but will return to the Senate Finance Committee. Mr. Stuenkel asked if the entire body where it originated would have to vote on it again and Mr. Millican said no. For example, he said, SR 277 requires a 2/3 vote; it would be voted out of the House Ways and Means Committee, then the House Rules Committee, then the House would have to approve it by at least 120 votes after which it would go to Senate. If it passed the Senate, it's done; if it doesn't pass the Senate, then it goes to a conference committee.

After the presentation of the status of specific pieces of legislation, general discussion resumed.

- Mr. Millican said from a strategic standpoint, one of the key action items for the Commission would be to look back at what momentum produced SB 60. He suggested an aggressive role of defining who the trauma stakeholders are in Georgia so the legislature knows exactly who the players are. The message should be a unified one. There should be collaboration among the grass roots, the public relations, and the stakeholders. The two other items that could be key and would have to be discussed, from a political and funding perspective, would be "do you pick a horse and ride it or watch them all and see which one makes it to the finish line." The second item is "how is the money being used?" The Commission needs to go to the legislators in their home districts and make an effort to educate them on what the Commission is doing, the success it has already had - how it is funding EMS equipment purchases, stabilizing trauma centers readiness, etc. – and what remains to be done.
- Mr. Bishop pointed out that Mr. Millican was present on a pro bono basis and has done a lot of work for the Commission. Mr. Millican countered by saying he is one of a cadre of about ten (10) people who have been identified as having the "trauma label" on them.

- Mr. Moore asked Mr. Millican to elaborate on the superspeeder bill. Mr. Millican said as of July 1, \$23 million will go to the Commission since it was included as a line-item in the budget. For the following years, the legislature will decide how much money is available, based on what was collected during the first year, and how it will be appropriated. Mr. Hinson, in response to the question from Mr. Moore, said he is not aware of any way the appropriation of that money can be stopped unless the Governor exercises a line item veto.
- Mr. Millican also recognized the fact that the House added an extra \$10 million in their budget for trauma, but it did not make it out of the conference committee.
- Mr. Hinson said if Sen. Goggans' Bill had passed, the proposal would have been put on the ballot in 2010. If it passed then, collections would begin in 2011. He said that Bill still could pass out of the legislature next Session.
- Dr. Ashley said over the next few weeks the Commission should develop a plan of how to interact with the Legislature and identify goals and objectives. He asked if the Commission should research and support one method of funding or let the various bills filter out through the legislature.
- Ms. Cole asked if the key legislators could be identified over the next few months and have one or two Commission members meet with each closer to the next Session.
- Dr. Ashley said the Commission needs to have a common message. Conference calls with trauma centers, bringing the CEOs and coordinators together for discussions and planning, is important. Mr. Stuenkel and Mr. Moore both agreed. Mr. Bishop suggested that in the initial conference call, the question should be asked if the trauma centers can be maintained over the next year with roughly one-third of the funding received this year. Mr. Stuenkel said in view of the economic situation across the state, the trauma centers are going to hunker down and he felt no center would leave the system. The Centers have been doing it for thirty (30) years and are not going to stop now that they are on the cusp of permanent funding.
- Dr. Robinson asked if a message should be sent to the Governor expressing appreciation for his efforts (Superspeeder). Dr. Ashley said it would be appropriate. He said the Governor understands the Bill is not the primary funding intervention; it is more of a prevention bill to change behavior. Ms. Cole said the Governor is signing the bill Tuesday, May 4 at Children's HealthCare of Atlanta (CHOA). Mr. Pettyjohn asked if there is a plan for a celebration. Dr. Ashley asked Ms. Wickersham about the signing. She said it was the first she had heard of it. Mr. Stuenkel said it would be a good idea for the Trauma Commission to write a letter as well as the CEOs of the trauma centers. Mr. Hinson suggested asking Mr. Millican and the Georgia Hospital Association (GHA) to develop talking points for the CEOs to include in their letters. The letters should not be identical. The CEO can tell the Governor exactly where the money was spent in three (3) bullet points. He urged that the Commission and trauma centers not complain about \$23 million because it was less than last year. He said let's be happy with what we've got. Dr. Ashley said it will be important to get the 15 administrators and the 17 coordinators together on the same bullet points. Mr. Stuenkel said get the letter out thanking the Governor first, then work on the bullet points. He asked Mr. Millican who else was involved in promoting the superspeeder legislation. Mr. Millican named Rep. Matt Ramsey, Rep. Jim Cole, and Sen. Bill Heath. Dr. Robinson asked if a letter should be sent to all those who supported the bill. Mr. Millican said that is a good idea. Mr. Hinson asked Mr. Millican and Mr. Pettyjohn to compile the names and addresses. The letter to the Governor would be one from the Commission, then each member should write an individual one. Mr. Stuenkel will coordinate getting the letters from the trauma center CEOs. Mr. Pettyjohn asked if physicians and EMS should thank the Governor as well since they received funding last year. Dr. Robinson supported the idea. Dr. Ashley suggested contacting the Chair of GAEMS. Mr. Pettyjohn will contact the President of MAG and Dr. Harvey (Chair of the Task Force). A letter to the members of the legislature who voted in support of the bill will be signed by all members of the Trauma Commission. Ms. Vaughn asked if the letter to all should include an offer to meet with them to clarify any issues before the next session. Mr. Bishop said the letter should be positive and include what the Commission is going to do for Georgia. He will write that portion so it can be incorporated into the letter.

ACTION ITEM: Dr. Ashley asked Mr. Bishop to organize a conference call between the CEOs and the trauma coordinators to discuss sending letters to the Governor expressing appreciation. Mr. Stuenkel will coordinate getting the letters from the trauma center CEOs.

ACTION ITEM: Dr. Ashley, Mr. Bishop and Mr. Pettyjohn will draft a letter to the Governor to be signed by all members of the Trauma Commission.

ACTION ITEM: Mr. Pettyjohn and Mr. Millican will compile the names and addresses of the legislators who voted in favor of the superspeeder bill.

ACTION ITEM: Mr. Pettyjohn will contact Courtney Terwilliger, Chair of GAEMS, regarding letters from the EMS community thanking the Governor for his support.

ACTION ITEM: Mr. Pettyjohn will contact Dr. John Harvey regarding letters from the physician community thanking the Governor for his support.

- Mr. Hinson said some members of the Trauma Commission are traveling to Louisiana next week to view their transfer centers. The Louisiana hosts are inviting their Legislators to the meeting with the Georgia delegation to see how we have been successful in obtaining dedicated funding for trauma system development
- The Commission expressed their appreciation to Mr. Millican for all his efforts.

DHR REPORT:

The DHR Report was presented by Dr. J. Patrick O'Neal, Director of the Office of Preparedness.

- Dr. O'Neal distributed an update of the reports from the trauma centers on the use of the 2008 GTCNC-distributed trauma funding. It will also be sent via email to the Commission members. Dr. Ashley suggested adding the disclaimer that the Commission is trying to provide the data as quickly as possible, in the event that all centers have not yet reported. Dr. O'Neal said the Commission needs to be as transparent as possible and it should be released to the public. Mr. Pettyjohn said the meeting notes would be distributed next week along with the spreadsheet.
- Dr. O'Neal said Dr. Medows may have some additional updates to give to the Commission regarding the reorganization of certain state agencies. He said HB 228, the modified version of the original plan to reorganize DHR, did pass. Dr. O'Neal said there is still room for some interpretation because the bill was modified time and again right to the end of the session, leaving some points of confusion in the language. However, it will move Public Health out of DHR. DHR will become the Department of Human Services (DHS). Public Health will move to the Department of Community Health (DCH), not as an attached agency, yet the general intent of the legislature may have been to treat Public Health as an attached agency rather than an embedded agency. The language in the legislation gives authority to the Commissioner to modify the entities within DCH, but not Public Health. Right now, EMS and Trauma resides in Public Health. He said he thought Dr. Medows originally intended to pull Emergency Preparedness out of Public Health and move it up to the enterprise level, but he is not sure this can be done at this time. After one year, a study group will initiate an evaluation to determine if Public Health should be kept embedded in DCH, attached to DCH, attached to another agency, or moved to become a stand-alone department. It appears that EMS/T will remain in Public Health. The Public Health Division Director will report to both the Governor and the Commissioner of DCH. The Governor will choose the State Health Officer and that could be the Commissioner or the Director of the Division of Public Health Requests for the Strategic National Stockpile from the Emergency Preparedness section of Public Health to the Governor will be routed through the individual appointed as the State Health Officer. The bill states that whoever is the Division Director on June 30 will remain in that position on July 1 until the Commissioner appoints someone. Another section also says the Governor will make that decision. Dr. O'Neal said there is concern because this occurs in the midst of hurricane season and emergency preparedness folks have to be clear regarding the line of authority. Dr. Edwards, the Chief Operating officer for DCH, has called for a special meeting tomorrow to try to resolve some of these issues.. Dr. O'Neal said there are more questions than answers now about the reorganization. He also noted that the budget for Public Health is separate from DCH. Dr. O'Neal said there is also a question about where the Trauma Commission will be attached – DCH or DHS.

- Alex Sponseller, an assistant Attorney General said the Trauma Commission is still under the old law which attaches it to DHR. Also, there is the matter of funding of the 3% that the Trauma Commission could allocate to EMS through DHR. The question is where does that go to now? All the relationships have changed.
- Mr. Hinson asked if there is a wholesale paragraph in the bill that makes things happen such as is usually found in similar legislation.
- Mr. Sponseller said you could argue the attachment of the Trauma Commission both ways.
- Mr. Hinson asked if Public Health becomes a stand-alone agency, will it be a department or an agency within DCH. Dr. O'Neal said it would be a Department.

Dr. O'Neal continued by saying there are two groups, which will have impact on Public Health, that are yet to be appointed. One is an Advisory Committee which will provide oversight for Public Health, and the other is the Study Committee which will make a recommendation by December 31, 2010 on the future location of Public Health. Whether that recommendation will be accepted by the Governor and the legislature is still to be determined. He also said the \$23 million for the GTCNC will go to the agency to which the GTCNC will be attached on July 1, 2009.

- Mr. Hinson said the minutes need to reflect that Commissioner Medows is not present because the DCH Board is meeting at this time.
- Mr. Bishop asked Dr. O'Neal if funds were appropriated for his office and, if not, would that come from the 3% and given the circumstances, how soon can the contracting process begin? Dr. O'Neal said new contracts should not be initiated through DHR. Contracts already in the process will likely be completed before the change. If the Trauma Commission decides to contract prior to the transition, it should be discussed with Dr. Medows.
- Dr. Ashley asked where SOEMS/T money will come from July 1. Dr. O'Neal said it will still come from Public Health. Ms. Wickersham said the money will follow – wherever the agency goes, the money will go.
- Dr. Ashley asked if the Commission needs to do anything to support the SOEMS/T. Ms. Wickersham asked that someone contact her later. Dr. Ashley said up to 3% is in SB 60 and is to be allocated to the SOEMS/T. Ms. Wickersham said she will talk to David Tanner and get clarification.
- Dr. O'Neal said the Commission should again review the summary obtained from the American College of Surgeons (ACS) report. Look at the recommendations from the College and factor those into the priorities for building the system. It can then be determined where the SOEMS/T fits in the priority system. Ms. Morgan said each of the Commission members received a hard copy and an electronic copy of the ACS report, while stakeholders received a copy of the summary. Dr. O'Neal and Ms. Morgan were asked to develop a PowerPoint presentation on the ACS report to present at the next GTCNC next meeting. Dr. O'Neal agreed.
- Dr. O'Neal said he had received a call from the Chair of the House Ways and Means Committee who said the strongest support from the legislators is for the \$10 car tag fee. The bill calling for a constitutional amendment is not as well supported.

ACTION ITEM: Dr. O'Neal and Ms. Morgan will develop a brief PowerPoint presentation on the ACS recommendations for the next meeting of the Trauma Commission.

TRANSFER CENTER SUBCOMMITTEE UPDATE:

Ms. Cole said the GTCNC Transfer Center Subcommittee met on April 2 in Macon. She distributed a list of the members who were present. She briefly reviewed the proposal regarding the creation of a pilot project utilizing a transfer center. Discussion has been to make the Macon EMS Region the pilot area. She said the goal is to have the pilot in place by the end of the year. In order for that to be done the subcommittee must: 1) confirm the timeline; 2) establish criteria for the trauma patient; 3) work with the hospitals in the Macon region; 4) develop a Regional Trauma Advisory Council; 5) explain what GTRI is to the group so there is a clear understanding. The next meeting of the subcommittee is April 23 in Macon. Three (3) hours have been scheduled for the meeting. Another item the subcommittee must complete is development of the RFPs. Ms. Cole said she would like to have the boundaries for the RFPs

established by the meeting for presentation to the group. She asked for suggestions from others as to who else should be added to the stakeholders group.

PRESENTATION: GEORGIA COMMITTEE ON TRAUMA EXCELLENCE:

Ms. Vaughn said even in the hospital, people ask her what she does. She developed a presentation designed to acquaint the group with what trauma coordinators do. A copy of the PowerPoint presentation is available for interested parties from Mr. Pettyjohn.

MOTION GTCTC 2009-04-02:

I move that the Georgia Committee on Trauma Excellence become a standing subcommittee of the Georgia Trauma Care Network Commission as provided by Article VII of the Trauma Commission Bylaws for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia.

MOTION BY:

Ms. Vaughn

SECOND BY:

Dr. Robinson

FRIENDLY AMENDMENT:

Add a sentence at the end that states, "The subcommittee will be chaired by a member of the Trauma Commission and will include two (2) additional Trauma Commission members."

Ms. Cole

FRIENDLY BY:

Ms. Vaughn and Dr. Robinson agreed

FRIENDLY SECOND:

DISCUSSION:

Mr. Hinson said this group, if developed, which he is not opposed to, might be hampered in getting things done. He asked for additional clarification of the motion. Ms. Vaughn said the subcommittee will be the group that is already functioning, the ones collecting the data. Ms. Cole suggested that the actual members be the ones there now, but allow others to come and participate, but not necessarily be assigned work. Ms. Medeiros said the intent has always been to be an open group, but still only a small number of people have participated. She said she thought it would be a mistake to close the group. Ms. Vaughn said other hospitals send representatives occasionally. Mr. Hinson asked if Ms. Vaughn will be the Chair or if the subcommittee or if the group will select the Chair. She said she is the Chair of the coordinators and she is on this Commission. The friendly amendment clarified that. Mr. Pettyjohn reviewed Article VII of the Bylaws.

FINAL WORDING OF MOTION:

I move that the Georgia Committee on Trauma Excellence become a standing subcommittee of the Georgia Trauma Care Network Commission as provided by Article VII of the Trauma Commission Bylaws for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia. The subcommittee will be chaired by a member of the Trauma Commission and will include two (2) additional Trauma Commission members.

ACTION:

The motion ***PASSED*** with no objections, nor abstentions. Dr. Ashley noted that seven (7) members voted yea and two (2) members were not present at the time of the vote. A quorum was present and the vote did meet the 2/3 requirement of the Bylaws.

ACTION ITEM: Dr. Ashley appointed Ms. Cole and Ms. Hinson to serve with Ms. Vaughn on the subcommittee.

ACTION ITEM: In response to a request, Mr. Pettyjohn said he will distribute a list of the Trauma Commission's subcommittees and their respective members.

STANDING SUBCOMMITTEES:

Dr. Ashley provided the report.

- **DATA COMMITTEE:** The Data Committee is chaired by Mr. Hinson. Among the accomplishments of the committee are:
 - All trauma centers are using the same software and use common definitions;
 - All trauma centers have been reporting data to the National Trauma Data Bank:
 - over a million patients in National Bank
 - all blinded data
 - trauma centers can compare (benchmark) themselves to others and determine if they are making a difference
 - can be used to obtain examples of best practices
 - Coordinators have volunteered to work with performance improvement, quality improvement, etc.

Once the information is compiled, Dr. Ashley said he would like to be able to say that Georgia's trauma centers are above the national average.

- **READINESS COMMITTEE:** Retrospective analysis is gone. The Trauma Commission should be looking into the future to determine, among other things, how we are going to distribute money on a prospective basis.
 - Mr. Bishop and Mr. Pettyjohn will contact the Chairs. They will review the Maryland plan and the Arkansas plan and develop new mechanisms on how to move forward rather than just giving money out on a retrospective basis.
 - Mr. Bishop said initially, there should be a joint meeting of the Readiness and Uncompensated Care Subcommittees. The timeline for this project has a June 30 deadline. The same formula for funding must be used in the second year as it was in the first.
 - Mr. Hinson noted that there may not have been a set mechanism for funding.
 - Mr. Sponseller will research the issue for the Commission. It was asked that once we come up with a formula, when could that formula be changed. Mr. Sponseller said the two year limitation has a laundry list associated with it, and the distribution between the five (5) different categories cannot be changed, but you can change the distribution within each category.
 - Mr. Bishop will arrange for a conference call.
 - Mr. Moore request the GTCNC should tie distribution in with the ACS recommendations.
 - Dr. Ashley noted that the money will not be available until July 1
- **UNCOMPENSATED CARE COMMITTEE:** No further information at this point.

UPDATE ON THE STAKEHOLDER MEETING:

Those who attended the Stakeholder Meeting said they received positive feedback and many of the stakeholders acknowledged the work of the Trauma Commission.

GPS-BASED AUTOMATIC VEHICLE LOCATER SYSTEM UPDATE:

The report was delivered by Mr. Hinson. He said the Trauma Commission must thank the Medical College of Georgia (MCG) for their work. Dr. Ashley said the Trauma Commission will send a letter to the CEO at MCG telling him what a phenomenal and professional job Ms. Medeiros did in fulfilling her role in the EMS uncompensated care funds distribution project.

Ms. Cole has a Transfer Center Subcommittee meeting Thursday in Macon that will be accessible by teleconference. Mr. Hinson said he would like to participate and will be able to discuss how the GPS system will work with the Transfer Center. He noted that he and others are going to Louisiana between now and then and could have additional information to share. He said work continues on the GPS vehicle

locator system and he has been in contact with Mr. Terwilliger of GAEMS. He expressed the need for more formalized input by the EMS community and proposed the following motion.

MOTION GTCTC 2009-04-03:

I move that the Georgia Trauma Care Network Commission as provided by Article VII of the Trauma Commission Bylaws, create a standing subcommittee to be identified as the EMS Subcommittee on Trauma, for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia.

MOTION BY:

Mr. Hinson

SECOND BY:

Mr. Stuenkel

FRIENDLY AMENDMENT:

Add a sentence at the end that states, "The subcommittee will be chaired by a member of the Trauma Commission and will include two (2) additional Trauma Commission members."

FRIENDLY BY:

Ms. Cole

FRIENDLY SECOND:

Mr. Hinson and Mr. Stuenkel agreed

DISCUSSION:

None.

FINAL WORDING OF MOTION:

I move that the Georgia Trauma Care Network Commission as provided by Article VII of the Trauma Commission Bylaws, create a standing subcommittee to be identified as the EMS Subcommittee on Trauma, for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia. The subcommittee will be chaired by a member of the Trauma Commission and will include two (2) additional Trauma Commission members.

ACTION:

The motion ***PASSED*** with no objections, nor abstentions. Dr. Ashley noted that seven (7) members voted yea and two (2) members were not present at the time of the vote. A quorum was present and the vote did meet the 2/3 requirement of the Bylaws.

ACTION ITEM: Dr. Ashley appointed Mr. Moore and Dr. Haley to serve with Mr. Hinson on the subcommittee.

Mr. Pettyjohn spoke of the need to complete the SOW of the GTRI contract for approximately \$900,000. Mr. Hinson said he would work to have that completed by the end of next week. Mr. Hinson said they need to recap the decisions that have already been made, and then make the changes on those that need to and can be changed. He said they couldn't completely change the scope of the work they initially began with. They have to balance the original desire of the Trauma Commission with expectations from GEMA, GTRI, the Governor's office and others, as well as what they have learned in the process. Ms. Cole suggested that something be sent out to members as soon as the group returns from Louisiana Tuesday, but before the conference call on Thursday. Mr. Hinson described the issues in getting the information to GTRI and having them produce a scope document. He said he will work on it. Mr. Pettyjohn said he does not want his need and the work with DHR to rush the process though. He noted that this will be the last contract DHR will receive from the GTCNC. Mr. Hinson emphasized that "right is more important than quick." Ms. Cole suggested scheduling another conference call a week or two later to be able to provide feedback on the information shared Thursday. Mr. Hinson said if he can get the information to people by Tuesday or Wednesday, a good discussion can occur Thursday, and a decision can be made the following week. He said everyone should see the document, review it, then have a called Commission meeting if necessary. Mr. Pettyjohn said there is precedent for Dr. Ashley alone approving contract scope of work. Mr. Hinson and two or three other Commission members could reach a decision and advise Dr. Ashley on the action needed. Dr. Ashley said he is comfortable with that

and after the deliverables have been developed, he will work with DHR and sign off on it. He agreed with Mr. Hinson that a conference call needs to take place when Mr. Hinson and Ms. Cole are ready. Five (5) Commission members will be needed for a quorum and then three (3) of the five (5) will have to vote for it to be successful. Ms. Cole suggested that the Trauma Commission could meet May 5 at CHOA to show support for the Governor. Mr. Hinson said he will be in Washington that day. It was noted that a 24 hour notice is needed to call an emergency meeting of the Trauma Commission.

EMS VEHICLE REPLACEMENT AWARD RECOMMENDATIONS:

Mr. Stuenkel provided a PowerPoint presentation on the EMS Vehicle Replacement Grants Program. He said this program had a different focus than the GTCNC EMS Uncompensated Care Program which benefitted urban high-volume EMS providers. The Vehicle Replacement Grants Program focused on sustaining and building capacity primarily in rural Georgia. He reviewed the history of the Vehicle Replacement Grants, then explained the scoring parameters used in the process. He said 153 applications were received by the Georgia Emergency Management Agency (GEMA). On March 4, the GTCNC subcommittee (Mr. Stuenkel, Mr. Moore, Dr. Haley, and Dr. Medows) took possession of the applications and began the scoring process which was completed by March 17. The applications were rescored on March 18 through a Quality Assurance process and were reviewed by the subcommittee on March 19. At the meeting, the subcommittee established two award limits: no more than three (3) awards to any service or company and no more than one award per 911 zone. Mr. Stuenkel noted that one EMS provider (Mid Georgia Ambulance Service) actually qualified for five (5) vehicles. The subcommittee, by motion, made several recommendations to the Trauma Commission.

MOTION GTCTC 2009-04-04:

I move that the Georgia Trauma Care Network Commission accept the recommendations of the subcommittee report on EMS vehicle replacement grants program as presented today, 16 April 2009:

- **there will be 56 awards made to the identified 56 911 Zone EMS service holders;**
- **these awards will be in the amount of \$71,428.57 each;**
- **these awards will be grants for the purchase of an EMS vehicle to replace the vehicle identified in the submitted application;**
- **there will not be a 75/25 funding or match requirement by awardees;**
- **there will not be a price limit on the vehicle purchased with these grants;**
- **the replacement vehicle purchase must be obligated within 180 days of DHR contract signing;**
- **the replacement vehicle must remain stationed in and dedicated to service within the awarded 911 Zone and its mutual aid commitments unless otherwise approved by the GTCNC;**
- **the GTCNC logo and the following message be prominently displayed on replacement vehicle: "*The purchase of this vehicle was made possible in part by a grant from the Georgia Trauma Care Network Commission for the people in [name of 911 zone].*" (Display parameters to be determined by GTCNC); and,**
- **unless superseded by parameters in this motion, each awardee service must abide by the conditions listed within the submitted and awarded application and reflected in contract.**

MOTION BY:

Mr. Stuenkel on behalf of the Committee

SECOND BY:
DISCUSSION:

Mr. Hinson

Dr. Ashley applauded Mr. Pettyjohn and the subcommittee for their work. Mr. Hinson expressed his support for the limitation of three awards per provider. Dr. Robinson said he is impressed with the work and the rural tilt. Mr. Stuenkel said it is worthy of the GTCNC to consider those services that did not get an award this time for future funding. Mr. Hinson said GAEMS set the parameters and he congratulated them for their efforts in the project. Ms. Cole said she wished there had been more money so more services could have benefited.

ACTION:

The motion ***PASSED*** with no objections, nor abstentions. Dr. Ashley noted that seven (7) members voted yea and two (2) members were not present at the time of the vote. A quorum was present and the vote did meet the 2/3 requirement of the Bylaws.

ACTION ITEM: Mr. Pettyjohn will take the contracts to the appropriate agency within DHR on 17 April which said they can get them out in seven (7) days.

OTHER BUSINESS:

None.

NEXT MEETING:

The next meeting of the GTCNC will be held from 1000 – 1200 hours on Thursday, May 21, 2009, at Mid Georgia Ambulance Service in Macon. The trauma coordinators are meeting in Macon the day before. Dr. Robinson suggested that they be invited.

ADJOURN:

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1300 hours.

Meeting Minutes scribed by Sam R. Cunningham and Jim Pettyjohn.