



MEETING MINUTES

Thursday, September 16, 2010

Scheduled: 10:00 am until 1:00 pm

Mid Georgia Ambulance Training Center
252 Holt Avenue
Macon, Georgia 31201

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order at 10:12 a.m.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Ben Hinson Kelli Vaughn, RN Dr. Leon Haley Dr. Joe Sam Robinson Rich Bias (via tele-conference) Kurt Stuenkel (via tele-conference)	Linda Cole, RN (Excused) Bill Moore (Absent)

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director Ryan Goodson, TCC Lead Carol Dixon, Administration	Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller Elaine Frantz Courtney Terwilliger Huey Atkins Richard Lee Rena Brewer Marty Billings Scott Maxwell Paula Guy Lloyd Sirmons Scott Sherrill (via tele-conference) Lawanna Mercer-Cobb Renee Morgan Kelly Joiner Kathy Segó	Assistant Attorney General Memorial University Center – Savannah GAEMS/EMSAC National EMS Upson Regional Medical Center EMS GA Partnership for TeleHealth Metro Atlanta Ambulance Service Drs. Hospital of Augusta GPT GPT GTRI SOEMS/T - Region VI OEMS/T MCCG EMS/GAEMS Athens Regional

Michele West	Athens Regional
Erin Robinson	Georgia Hospital Association
Bambi Bruce	Walton Regional Medical Center
Adam Bomar	Kennestone
Blake Thompson	Wilkes County EMS
Debra Kitchens	MCCG-Trauma
Andrew Long	GA360
Marie Probst	OEMS/T
Dr. Pat O'Neal	OEMS/T
Gina Solomon	Gwinnett Medical
Gigi Goble	GPT
Pat Mayne	Kennestone

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Dennis Ashley welcomed all present. Confirmation of Commission members Kurt Stuenkel and Rich Bias attending via conference participation as well as Scott Sherrill from Georgia Tech Research Institute (GTRI). Alex Sponseller confirmed quorum status.

Dr. Ashley announced the kick-off of the YES2SaveLives Trauma Campaign. The Commission is not involved in the campaign officially as our role is more of support and developing the trauma system. The website is: www.yes2savelives.com. Supporters can go to the website and sign on. The campaign kicked off yesterday with television commercials beginning in Atlanta today, 16 September.

APPROVAL OF THE MINUTES OF THE 19 AUGUST 2010 MEETING

The draft minutes of the 19 August 2010 meeting were distributed to the Commission prior to the meeting via electronic means and are also available to meeting attendees in printed form.

MOTION GTCNC 2010-9-01:

I move that the minutes of the 19 August 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

MOTION BY:

Mr. Ben Hinson

SECOND BY:

Dr. Leon Haley

DISCUSSION:

None

ACTION:

The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

ADMINISTRATIVE REPORT REVIEW

Copies of the September administrative report are available to the meeting attendees and report was sent in electronic format to the members of the Commission prior to the meeting. Mr. Pettyjohn said that the entire document would become part of the minutes. *(Administrative report as well as all approved minutes will be posted to www.gtcnc.org.)*

- Mr. Jim Pettyjohn reviewed the FY Budget Report to Date *(dated 16 September 2010 attached)*.
- EMS Vehicle Replacement Notice of Award (NOA) letters have been sent out and the Department of Community Health is beginning to receive them.
- EMS Uncompensated Care deadline has passed for services to submit their data to MCG and Ms. Regina Medeiros is on vacation and will be providing an update at the October meeting.

- FY2011 Commission Account: 4% withhold continues with a weekly allotment of \$409,177. As of 04 September, there is \$3.7M available to the Commission through the budget for FY 2011. Contracts approved and in place with encumbrances of \$2.5M with \$12,455 paid out to date. Accounts payable invoice payments to date are \$34,632.
- We are working with DCH Public Health Budget Officer, Ms. Judy Geiger, to prepare a running budget expense report that will be available monthly.
- FY 2011 Contracts, Grants and Agreements Updates spreadsheet (*attached*).
- The 07 September 2010 EMS Subcommittee on Trauma draft meeting minutes are *attached* per Mr. Ben Hinson's request to provide monthly.

SUBCOMMITTEE REPORTS

GA Committee on Trauma Excellence – Ms. Kelli Vaughn reported the Trauma Coordinators met yesterday, 15 September, for their scheduled meeting. They are continuing to hold the trauma TNCC which is the nursing equivalent for ATLS (trauma class) for nurses. As a group, they decided to try to take this opportunity across Georgia. A class is scheduled at Taylor Regional Hospital. There was a presentation in TQIP, in which Memorial and Savannah are enrolled.

Trauma Communications Center (TCC) – Mr. Ryan Goodson discussed the site selection of the new TCC at the Georgia Public Safety Training Center (GPSTC). He and Mr. Scott Sherrill, GTRI, are working with GPSTC to procure a Memorandum of Agreement (MOA). Mr. Scott Sherrill gave us an updated report on further communications with GPSTC and explained that we did have both training and operational objectives. We intend to occupy a better location offered to us within the GPSTC facility. There is approximately 1,200 SF heated/cooled space and a bay of 3,000 SF unheated/uncooled covered parking-type area. Mr. Sherrill is waiting for the MOA with all agreed upon details. Mr. Goodson said once we have signatures on the MOA, we could submit the RFP and move forward with the project. The TCC Evaluation Kick-Off meeting is Tuesday, 21 September with a hopeful 10 – 14 day turn around from that date by DOAS. From the date the RFP goes out, it will take approximately 30 calendar days. When we get it back, and the evaluation team is available for review meetings, we would estimate one to two weeks for scoring and reviews, another week or two to enter into negotiations with selected vendor, followed by a two week advertising Intent to Award in case anyone wishes to challenge it. Mr. Sherrill estimates the entire process will be complete this calendar year so we can begin implementation January 2011.

EMS REPORTS

EMS Subcommittee of Trauma – Mr. Ben Hinson reviewed the 7 September EMS Subcommittee meeting held at GTRI in Atlanta. Ms. Linda Cole, Mr. Scott Sherrill and Ryan Goodson made a presentation on the new Trauma Communications Center. Discussion took place whereby subcommittee members expressed various concerns about how the TCC may or may not be beneficial in certain EMS situations. There seems to be generally good acceptance to the program overall. Mr. Hinson stated that Ms. Cole and the TCC team did a good job explaining how the Regional Trauma Advisory committees will function and how they will be related to EMS councils. (*The PowerPoint presentation is attached along with EMS minutes and other attachments.*)

AVLS Program Update - Mr. Ben Hinson passed out a monthly status report for August 2010 that Kirk Pennywitt, GTRI, distributes to Dr. Pat O'Neal, OESM/T, and several members of the Commission. (*Attached to minutes.*) There are 111 AVLS units in Region 5 and 6. As of 01 September, approximately half of the units were operational. Laurens and Jenkins Counties are fully operational. They are receiving good feedback while working through bumps, but moving forward and getting good results from the systems.

One question addressed to the EMS Subcommittee is whether additional GPS units can be obtained for their supervisor's vehicles such as the County EMS Director. Mr. Hinson asks whether consideration should be made whether the EMS service should buy the hardware and the Georgia Trauma Commission purchase airtime, or can we give one to the supervisor's vehicle. The EMS Subcommittee recommended information be gathered in regions 5 and 6 to obtain a count number of supervisor's vehicles and then determine how to move forward.

The next question was how to "qualify" a supervisor's vehicle. The definition was determined to be a marked vehicle or a vehicle owned by the county that the EMS Director uses and not a personal car. Mr. Ryan Goodson will provide a report at the 05 October EMS Subcommittee working with Mr. Kirk Pennywitt.

Mr. Jim Pettyjohn has committed the time of Mr. Ryan Goodson to assist the Subcommittee with the AVLS project by communicating and answering questions.

Recently, an agency had a problem with an AVLS unit and it burned up after it was installed. It may not have been installed properly, but InMotion graciously agreed to replace the unit even though it may not have been due to equipment failure. The Commission will need to decide what to do if a failure is caused due to improper installation. Should we provide another unit at no cost or will the owner have to pay for a new one? Mr. Hinson will review with the EMS Subcommittee at the 05 October meeting. Dr. Haley suggested the life span of units be considered and evaluation of this information be determined for replacement units and life expectancy of units for replacement purposes. Mr. Pettyjohn suggested a Return On Investment (ROI) plan be created and added that GEMA is picking up in year two/phase two to make sure that we collaborate with them on the processes.

EMS Uncompensated Care recommendations – Mr. Huey Atkins and Mr. Blake Thompson lead a group to determine how to modify the EMS Uncompensated care as we move forward. The following subjects were covered:

There is a demand for ease in becoming more data driven as we move into the third year of reimbursements.

A uniform rate of reimbursement was desired by all EMS services. The first two years, EMS services submitted total charges and they were paid pro-rata based on the funds available. In the future, the Medicare rate will be used so everyone is reimbursed for their submittal charges and then will be reimbursed at a pro-rata rate. In Georgia, there are two Medicare rates; one for greater Atlanta and another for the balance of the state. In an effort to try to help the smaller counties, the EMS Subcommittee thinks it would be good idea for the entire state to get the higher rate as the approved amount for reimbursement. On behalf of the EMS Subcommittee, Mr. Ben Hinson would like the Commission to consider the highest posted Medicare rates in the state be considered, moving forward, as the reimbursable rate. This was presented at the EMS Subcommittee as a motion and seconded by Mr. Rich Bias at the last EMS Subcommittee meeting. The difference in the two Medicare rates is approximately six percent per Mr. Hinson.

MOTION GTCNC 2010-9-02:

I request a motion for the uncompensated care payments' approved amount for each EMS service to be considered for the highest posted Medicare rate in the State of Georgia, for the period covered, including the differential for mileage in the rural areas.

MOTION BY: Mr. Ben Hinson

SECOND BY: Dr. Leon Haley

DISCUSSION: Dr. Joe Sam Robinson questioned whether this adjustment to the rates would equalize past variances in EMS uncompensated reimbursement rates throughout the state and Mr. Hinson confirmed this as being correct. For the record, Mr. Alex Sponseller noted the definition of

uncompensated care from the Statute for Uncompensated Care for EMS law book as, " The average rate of reimbursement for similar services under the state health medical." Mr. Hinson and Mr. Huey Atkins replied that a state health benefit plan does not have a fee schedule, and on average, payments will not be in excess of any SHBP rate because the total charges and "approved amount" are simply placeholders for the actual payments of Trauma Uncompensated funds. Mr. Hinson stated that total charges were being reimbursed before because the state health benefit plan did not have a schedule for ambulance charges. **This motion will be approved as voted, pending investigation and approval from Mr. Alex Sponseller, Legal Council, to be in compliance with Georgia law.** Mr. Rich Bias stated that these charges will be establishing the basis for allocation, and expressed that all services do not come close to actual reimbursement dollars.

ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtnc.org)

A third area of EMS concern in the state is where the closest trauma center is out of state with ambulance services regularly crossing state lines, particularly Erlanger Hospital in Chattanooga, Tennessee. Those ambulance services are treating Georgia patients but they are not getting paid for uncompensated care. The EMS Subcommittee is trying to figure out a way to provide funds to them and will begin by reviewing statute S.B. 60 to review the statute's definition of "trauma patient". The EMS Subcommittee will continue to work on this.

How do we know, in the EMS community, that the money the Georgia Trauma Commission is providing is bringing better service to trauma patients? The EMS Subcommittee wants to test the EMS component to insure that funds are a beneficial investment, in the end result, based on a recommendation by Mr. Pete Quinones, EMS Subcommittee Member. Dr. Joe Sam Robinson asked about outcome analysis on trauma in general. Dr. Dennis Ashley requested metrics be set up to decide how to study the outcomes.

Rotor wing service – Mr. Chad Black and Mr. Ralph McDaniel are members of the EMS Subcommittee and in the rotor wing service. Mr. McDaniel has been asked to chair a group to investigate some of the rotor wing challenges. If the Commission is going to fund any type of rotor wing service, we need to make sure it is done correctly while adding value. There is a lot of negative conversation about rotor wing service and we would want to head that off and be sure it is done the right way. There are also recent changes in licensure.

EMS Vehicle grants –Mr. Hinson reviewed recent discussions about future grant application processes. The purchase and/or delivery of vehicles is from 01 July 2010 to June 2011. Included in the Administrative report is a copy of the Trauma Commission Vehicle Grant process prepared by Mr. Courtney Terwilliger (*attached to minutes*). The plan takes the objective review process, with some small modifications, followed by a subjective review committee. The EMS Subcommittee passed a motion for Trauma, but not unanimously as there were some negative votes. More discussions are taking place regarding the subjective review committee arising from the frustration that arose from the ever-changing award lists DCH procured this past year, whereby, applicants could not call or ask questions about the changes. After the objective review, the EMS Subcommittee wants someone to review for continuity. The challenge is that the subjective review committee ends up being the decision makers and the state grant/purchasing process would have problems with that. A way to resolve those two concerns exists. The biggest mission for the EMS Subcommittee is to let everyone know that they will have a plan in place by October. They want the process to start at that time and not lose time or vehicles. Mr. Hinson spoke for the majority of the EMS Subcommittee members by stating if this is passed today, they will come back with an addendum, most likely, at the October Commission meeting.

Mr. Hinson expressed that grants can be considered equally for consideration such as tax digest/per capita data. Mr. Ben Hinson said there are 159 counties and how there are counties with 600,000 people living in them while there are other counties with only 1,500 people living in them. Each is treated as a separate area for an EMS system. When we try to put vehicles into those systems, the problem we have is that we have a one-size solution for a lot of different size areas. Some counties can't pay for the gas

in the sheriff's cars in their county and the ambulances have to be very careful where they drive for this reason and could use additional help. If only 1,500 people live there, how often do you give them a new ambulance when you can place one somewhere else that can serve 2,000 people a year in ambulance trips. Where should the vehicles be sent and what are the present staffing patterns. There are many ambulances in some counties than other counties per capita. GTRI's Ms. Eva Lee is trying to capture this information to see what leads to the best response times and patient care.

Dr. Leon Haley asked whether a subjective review committee should be established. Ben said that could be problematic but could be an improvement over last year's process. Dr. Haley recommended that we revamp the objective review process. If we set up a subjective review process on top of the objective review process, then we are just asking for complications.

Dr. Joe Sam Robinson expressed it might be good to pursue the outcome analysis, but does not feel the subjective review would be beneficial. We want the maximum return from this investment. He suggests there be some way to put together an outcome analysis. Dr Ashley added that the subjective part is first-year DHR process and our subcommittee take raw numbers for review by several people and verify the numbers. Mr. Hinson said GEMA is providing first input of data. Mr. Pettyjohn said the subjective piece was the three ambulances an EMS area could receive. It was a lesson learned and applied in the second year. During the second year, we lost control of the equations completed by DCH, and our subcommittee could not review. DCH folks did not understand some of the nuances from last year, so the lists kept changing. There was no subjectivity in scoring; it was a misunderstanding of the rules because the subcommittee could not say "XYZ". Dr. Ashley agrees with Dr. Haley that setting up a committee similar to our first year where we can sit back and say, "has there been a mistake made before the list goes out" and Mr. Pettyjohn can make sure that people have submitted the appropriate documentation. Using that determination for an oversight committee would work well. Dr. Ashley further stated if this is important to EMS, he is relying very heavily on the EMS Subcommittee to tell him and the other Commission members how to do these grants. Dr. Ashley stressed focus on what should be included in the initial grant to work out these nuances. EMS should decide and come up with subjective criteria followed up with objective criteria and voted on so everyone feels it is fair to all.

Mr. Huey Atkins said the EMS Subcommittee wants the process to be very cut and dry. Going into the program, you should know what you qualify for what and what you do not qualify for. There is not enough money to give everyone an ambulance, so when you get to the bottom of the list and many counties have the same score, how should the awardees be determined. That is where questions are coming from and ongoing consideration to resolve within the EMS Subcommittee. Dr Ashley suggested putting in objective criteria if there is a tie and define this upfront. Mr. Jim Pettyjohn stated there has never been a tie at final score. There was a natural break in the scoring numbers and never chose one or the other in any type of subjective process if they had the same score last year. Mr. Hinson expressed that Mr. Terwilliger has provided a great framework and the EMS Subcommittee will continue to work on this project and will have further information that they are in agreement with for the October Commission meeting. Dr. Ashley requested objective criteria be developed and decide what will be fair for everyone.

Ms. Kelli Vaughn questioned if the four bullet points on Mr. Terwilliger's report were agreed upon and confirmed as general consensus by the EMS Subcommittee and Mr. Hinson confirmed that correct. Dr. Ashley suggested bringing back a new document with all recommendations.

DCH DIVISION OF EMERGENCY PREPAREDNESS AND RESPONSE

Dr. O'Neal reported approval to offer to one of seven applicants the Director's position of OEMS/T with an offer letter going out today with high hopes of acceptance. There were two different periods of interviews. The Commissioner has approved the Deputy EMS Director position, which may be officially offered today. Interviewing will take place next week for the Deputy EMS Medical Director position (one half-time position) and hopes to have a recommendation by Monday afternoon.

Dr. O'Neal has requested, at the October Commission meeting, to present recommendations for the language to go forward in the DCH rules related to burn centers and to make changes to reflect the ability to designate burn centers. Based on the meeting that Dr. Ashley, Mr. Pettyjohn and Dr. O'Neal had with the Commissioner, the recommendation was that, although this Commission has the authority to create rules, DCH would generate the recommended language for rules. The recommendations will be presented to the Commission for approval and DCH will then create the rules for the burn center designation process.

General information provided by Dr. O'Neal - \$600,000 appropriation for helicopter service by Erlanger. Initially, the appropriation came to the Commission, but going between the House and the Senate, was changed. Ultimately the appropriation went to DCH. The initial recommendation that DCH had from the Office of Planning and Budget (OPB) was to consider that appropriation be utilized in any way that DCH chose. Just recently, OPB contacted DCH and directed them to go ahead and provide that funding to Erlanger for provision of helicopter service to northwest Georgia, which will be provided as a direct grant for that service. The money was going to be used for Medicaid. DCH will be preparing the scope of service and deliverables for this grant.

Dr. Joe Sam remarked that other areas of the state cross state lines to provide service. He questioned whether there has been any communication with other border states in getting state assistance. Mr. Rich Bias added they get very minimal South Carolina Medicaid payment assistance but there are no directed conversations to offset trauma services between the states. Mr. Bias said his intent, when we move forward on the Regional Advisory group, would be to include their colleagues on the South Carolina side so they have a more comprehensive plan for the region. Mr. Hinson stated the EMS Subcommittee plans to come up with a plan with the rotor wing business to determine how we need to deploy rotor wing resources in the state of Georgia that are connected to the Trauma Communication Center, and the entire system. They want to be sure that northwest Georgia gets the coverage they need like the rest of Georgia gets coverage when needed.

Mr. Huey Atkins asked Dr. O'Neal who approved the money going to Erlanger. The Speaker of the House contacted the Governor and he contacted the office of planning and budget.

Dr. O'Neal shared that DCH had the opportunity to host two visiting Israeli trauma representatives. It was a good meeting and Dr. O'Neal believes there are some future opportunities for the Commission to interact as discussed in last month's meeting at the level of the Israeli Consulate. Israel is about the size of metropolitan Atlanta in square mileage, so the Israeli system cannot be compared to the Georgia state system. There are no pediatric trauma centers in Israel, but there is a pediatric facility that is pushing to have that recognized. Each of the trauma centers in Israel requires pediatric capability at the adult centers and the pediatric surgeons perform services at the adult centers to work with the patients. Dr. O'Neal feels it is important for the Commission to continue working with them as he thinks they have a great deal to offer in trauma care, homeland security and emergency preparedness initiatives. Dr. Joe Sam asked the Commission to take advantage of Israeli network opportunities and systems engineering. How can we make our objective that the trauma apparatus here the best in the world?

DCH has been notified, by letter from President Obama to the Speaker of the House, indicating that the President is recommending roughly a 30% cut in emergency preparedness grant funds across the board because he does not feel that it is as high a priority as some other things. This will have to be approved by Congress. If this is approved, it will have a dramatic affect on further reductions in terms of funding for emergency preparedness efforts on Georgia. The end result will probably end up with a reduction of another estimated \$6M this year of federal funds and probably sustained with grant years to follow as well.

Ms. Renee Morgan provided an update on new trauma centers receiving grants. Walton (level 3) and Athens (level 2) are already up and running. There are 16 trauma centers currently in Georgia. Site visits are being scheduled for Hawkinsville, (Taylor Regional-Level 4), and Lower Oconee (Glenwood). There has been interest and ongoing projects with Barrow, Appling, Colquitt, and Effingham Counties.

Kennestone is a new trauma center and they have the registry, but they have not received training yet. North Georgia, Gainesville, has hired a trauma coordinator and are currently seeking trauma but they are taking it slow and modeling what Athens did in the process they went through. Dr. Joe Sam applauded this burst of activity. Designations will be: Kenniston - Level 2; Gainesville - Level 2; Colquitt could be a 3; Appling – Level 4; Barrow – Level 3-4; and Eppingham – Level 4.

LAW REPORT

Mr. Alex Sponseller presented the law report with an update regarding the AVLS data. The data would likely be subject to the open records act because it applies to all the electronic data it is being held by an agency. There is no particular exemption that would apply, unless there was a pending investigation. For example if there was some kind of accident and law enforcement got involved, that data could be used in an investigation and would be exempt pending the investigation. After the investigation, the data could be subject to the act. After reading the exemptions of the open records act, one exemption for GEMA, which might be helpful if the law was changed to help protect the data, exists as a special exemption to protect data in OCGA 50-18-72(21). It states that GEMA disaster planning maps of public buildings are exempt from the public records act, and possibly EMS could obtain something similar. There is also similar GEMA blanket liability protection; everyone who participates in that mapping is exempt from all liability.

Further liability protection for EMS would be helpful, particularly because of a recent case, Crewley v. American Medical Response of Georgia, Inc., 303 Ga. App. 258 (2010) where the court found that a delay in transporting a patient from one hospital to another allowed a jury to find liability for the EMS provider. The court found in part that the delay in transport did not constitute “rendering emergency care” so as to protect the EMS provider under the existing EMS immunity statute, OCGA 31-11-8.

Mr. Hinson would like to propose that this group support a legislative change to protect against info on the recorded AVLS. If we have a mistake, even in good faith, we do not want law suites. The ALVS project needs protection. If this GPS system is being put in place to improve EMS service, we don't want to be in a position where plaintiff's attorneys are going to be looking for trouble. The EMS Subcommittee will come back with a recommendation for a statutory change this year.

OLD BUSINESS - none

NEW BUSINESS – none

Next Meeting

21 October in Atlanta. Location to be announced.

Adjourn: 11:38 a.m.

Minutes crafted by Carol Dixon