



# Georgia Trauma Commission

**GEORGIA TRAUMA CARE NETWORK COMMISSION**

## EMS SUBCOMMITTEE ON TRAUMA

**MEETING MINUTES**  
**Tuesday, February 07, 2012**  
**Scheduled: 10:00 am until 12:00 p.m.**  
**Letton Auditorium**  
**Atlanta Medical Center**  
**Atlanta, Georgia**

### CALL TO ORDER

Mr. Ben Hinson called the February monthly meeting of the EMS Subcommittee on Trauma to order at the Letton Auditorium, Atlanta Medical Center, Atlanta, Georgia, at 10:05 a.m.

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

<b>OTHERS SIGNING IN</b>	<b>REPRESENTING</b>
Russ McGee Jim Pettyjohn Judy Geiger John Cannady Lawanna Mercer-Cobb	Region 5 EMS Georgia Trauma Commission Georgia Trauma Commission Georgia Trauma Commission Region 6 EMS

**Welcome and Introductions**

Mr. Ben Hinson welcomed all present at the meeting and recognized a quorum of the voting members were present.

**Approval of Minutes from January Meeting**

The first order of business was the approval of the minutes from the 04 January 2012 subcommittee meeting.

**MOTION #1 EMS Subcommittee 2012-02-07:**

**I make the motion to approve the minutes from the 04 January 2012 meeting as written.**

**MOTION BY:**  
**SECOND:**  
**ACTION:**

**KEITH WAGES**  
**LEE OLIVER**

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

**TRAUMA COMMUNICATIONS CENTER UPDATE**

Mr. John Cannady reported that the TCC began taking calls on January 1, 2012. The TCC began receiving calls from EMS Region 5 on or about January 21, 2012 and since that time there have been approximately twenty-one (21) calls into the TCC with trauma patients. From the small amount of data that has been received from these calls, we have learned that just a few calls have gone according to what we expected. The TCC has received calls from EMS units that have already arrived at the hospital and EMS units while enroute to the hospital. We have had good cooperation from MCCG with the hospital calling the TCC and relaying information on patients that arrived without going through the TCC at all. Of the twenty-one (21) calls, five (5) of those calls were EMS units requesting hospital designation.

**Discussion:**

Mr. Ben Hinson asked if the TCC is expecting EMS units to give data to the TCC whether or not they are contacting the TCC. Mr. Cannady stated that they would prefer the EMS units to contact the TCC even though they did not utilize the TCC for designation. Mr. Ben Hinson stated he felt that we needed to be sensitive to the EMS field crews and the EMS Subcommittee needs to be very clear that we don't want any additional work from the field crews to get data because they have to submit their data to the state and it is available through the state. Mr. Keith Wages and Mr. Chad Black agree with this and feel that the EMS field crews will not call the TCC if it creates more work on them.

Mr. John Cannady reported that the TCC wants to be a service to the EMS community and wants to fulfill the function that the Trauma Commission has put on them to fulfill but at the same time does not want to create extra work for the EMS field crews. It is our goal that the TCC evolves into a service that is beneficial and gets the mission done. Mr. John Cannady feels that these discussions are very helpful to the TCC and appreciates any feedback from the EMS Subcommittee.

Mr. Blake Thompson questioned whether or not the TCC can be contacted for the availability of the closest helicopter in the near future. Mr. John Cannady stated that the TCC does not want to get into dispatching helicopters but would be happy to provide contact information and patch the EMS crew through to them. Mr. Ben Hinson stated that his position is when you hit the button on your device stating that you need a helicopter; that some objective process needs to decide which helicopter they are

sending and send the one who is quickest, closest, and does the best job. We don't need to make those decisions based on marketing or anything else.

### **EMS VEHICLE EQUIPMENT REPLACEMENT GRANTS**

Mr. Jim Pettyjohn reported that the FY 2010 Vehicle Replacement Grants are complete. For FY 2011, there are two (2) that have not received their final payment. In the FY 2012, fifty-four (54) applications have been received and after this meeting, Mr. Jim Pettyjohn will be meeting with Ms. Lauren Noethen and Mr. Keith Wages to begin the process of reviewing the applications and scoring them. Depending on the recommendations from the EMS Subcommittee, which the Trauma Commission has empowered them to make a decision on how much money will be distributed to the Vehicle Grant Award Program this year, a list will be developed and provided to the Subcommittee of the Trauma Commission that reviews the applications and will make recommendations to award that number during the March Trauma Commission meeting.

### **EMS UNCOMPENSATED CARE AD HOC SUBCOMMITTEE REPORT**

Mr. Huey Atkins reported that the Ad Hoc subcommittee did meet and discussed the issues reported at the last EMS Subcommittee meeting from the audit report. The Ad Hoc Committee did recommend that the base rate for reimbursement be set at a \$400.00 flat fee and won't be subject to the fluctuating reimbursements from Medicare. The committee feels it is best to have a flat base rate that does not fluctuate each year. The committee is also recommending a mileage rate of \$6.85 with the additional fifty percent modifier for rural counties. The second issue looked at was there was such a wide parameter of what providers considered bad debt that the committee is making the recommendation that for claims to be considered bad debt the providers have to work the claims for one (1) year for collection. There should also be one individual listed on the affidavit as the contact person for follow-up.

### **MOTION #2 EMS Subcommittee 2012-02-07:**

**I make the motion to: (1) set the rate for uncompensated care reimbursement at \$400.00; (2) a contact person must be identified on the Affidavit; and (3) for claims to be considered for reimbursement, the claim must have been worked for at least one year for collection.**

**MOTION BY:**

**SECOND:**

**ACTION:**

**BLAKE THOMPSON**

**LEE OLIVER**

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

### **Discussion:**

Mr. Lee Oliver stated that even though helicopters were not licensed in 2010 but are now, will they be eligible for reimbursement under the Uncompensated Care Program? Mr. Jim Pettyjohn replied that the requirements to be eligible for reimbursement are the provider had to be licensed in Georgia and provide the care during the timeframe that the program was open for reimbursement. Mr. Ben Hinson stated he felt that this is something that needs to be discussed with the entire Trauma Commission for future claims since the helicopters were licensed in the 2011 calendar year and since they were not licensed during the 2010 year, they would not be eligible.

Mr. Jim Pettyjohn requested that the EMS Subcommittee make recommendations for audit procedures for next year. Last year was a review of the program and next year we would like actually do more case reviews. Mr. Ben Hinson agreed and we will discuss this and make a recommendation.

## **FY2012 FUNDING DISCUSSION**

Mr. Ben Hinson reported that at the last EMS Subcommittee meeting we had just been notified of reductions and Mr. Jim Pettyjohn worked those into the budget. Then the State Budget Office came out with their reports and recommendations and we were cut again. The Trauma Commission met January 27, 2012, and empowered the EMS Subcommittee to take the amount of money the EMS Subcommittee was allocated and determine how they thought it was best spent. Mr. Courtney Terwilliger presented a hand-out with the updated figures. Mr. Courtney Terwilliger reported that the EMS Subcommittee's budget has been cut by \$254,186.00. Mr. Courtney Terwilliger reported that when the cut was handed out, he talked with folks from GAEMS and found some issues that we would have if we tried to do the EMTB courses. In the rural areas, we have had problems with finding instructors for the First Responder classes and had to extend the contracts to allow for these to be completed. Mr. Courtney Terwilliger stated he felt that we would have the same problem with finding instructors for the EMT-B courses and recommends removing the money allotted for the EMT-B classes. Mr. Courtney Terwilliger is making the recommendation that we move the money allocated for the EMTB course to the EMS Uncompensated Care.

### **MOTION #3 EMS Subcommittee 2012-02-07:**

**I make the motion to approve the amended budget as presented which will move the money allotted for the EMT-B Course to the EMS Uncompensated Care program and the caveat to only give computers to those who need it and take them back up at the end of the course for the EMS Leadership Program and let GAEMS set their parameters.**

**MOTION BY:**  
**SECOND:**

**COURTNEY TERWILLIGER**  
**RICHARD LEE**

### **Discussion:**

Mr. Ben Hinson stated he felt he couldn't justify the purchase of the laptop computers for the students of the EMS Leadership Program. Mr. Courtney Terwilliger replied that the laptop purchases were put into the budget to keep all the students using the same version on their computers to be able to participate in this course. Mr. Ben Hinson stated he feels very strongly that if a person cannot get a laptop that has the required programs, then they shouldn't be in the course. Mr. Ben Hinson stated that a pre-requisite should be sent out which outlines what is required of the students to participate. Mr. Courtney Terwilliger replied that there is a huge diversity of leadership out there and we want to bring them up to the same level. Mr. Ben Hinson again stated that he is strongly against the Trauma Commission purchasing laptop computers. Mr. Lee Oliver suggested that we purchase the laptops but do not allow the students to keep them and that way you wouldn't be dealing with IT issues. After the course is complete, the student will have to turn the laptops in. Mr. Ben Hinson asked Mr. Jim Pettyjohn from a process standpoint how do we go about putting that money into GAEMS and giving them authority to make that decision and what do we do with the money left over if a laptop is not purchased? Mr. Jim Pettyjohn stated we would have to do an amendment to identify a use for moving the money.

Mr. Ben Hinson suggested that we will evaluate the need of each student for a laptop and will only make them available for those who need them with the laptops being turned back in at the end of the course.

**ACTION:** The motion **PASSED** with one objection, no abstentions.

*(Copy of approved FY 2012 distribution attached to these minutes.)*

### **RETURN ON INVESTMENT DISCUSSION**

Mr. Ben Hinson stated that one thing that has been discussed is how the EMS Subcommittee can prove to the Trauma Commission then they can prove to the legislature that there is a good return on investment on the money they give us. It was suggested that maybe we need to look to the Trauma Commission to tell the EMS Subcommittee what they expect the EMS Subcommittee to generate as a return on investment. Mr. Ben Hinson stated that has not been answered yet but as we move down the road and get the data, we will be able to see the EMS services that used the TCC to move their patient through the system versus those who didn't and we can show that the ones that go through the TCC get to definitive care 30-45 minutes earlier. This would be considered a huge win and the good thing is we would have a baseline to compare to that is on-going. We have yet to decide in the Trauma Commission what a win is. As we get to the return on investment discussion, there are bigger questions to get answers too. As a EMS Subcommittee, we can see that a systematic process can improve things better than a single hospital. The Trauma Commission has yet to come up with a return on investment. Mr. Jim Pettyjohn replied that everyone that receives an ambulance under the Vehicle Replacement Grant has a Return on Investment plan that they provide to the Trauma Commission with their work-plan.

Mr. Ben Hinson stated that return on investment is not a financial return but a return on improvement of patient care. We need to decide what it is and define it and then say what a success is and see if we get there.

Mr. Jim Pettyjohn responded that for three (3) years we have been working to identify the system in Georgia. It was identified and the Trauma Commission approved a Regionalized Trauma System (RTAC) with a plan and a common component of all the plans being the Trauma Communications Center. With plans components being EMS, Pre-Hospital, QI, Registry data and using these components to drive the performance improvement of the RTAC. We have worked and have RTAC's going in Regions 5 and 6 with Regions 9 and 3 coming on-board to hopefully begin working with the TCC by April. We have identified one of our performance measures as being the time of injury to definitive care and have solicited the support of the Governor's office. It took us a long time to get there but getting the right patient to the right hospital at the right time and measure that from time of injury to definitive care. We have the system being developed and we will be in place soon to get those numbers. Mr. Keith Wages responded that only the ones that call the TCC can be followed at this time.

### **OLD BUSINESS**

None

### **NEW BUSINESS**

Mr. Lee Oliver questioned is there a time-frame on the RTAC pilots in Regions 5 and 6 and how are the upcoming Regions going to be managed? Mr. Jim Pettyjohn responded that it needs to be managed and there will no more RTAC's coming on as pilots. One reason for the pilots was to test the framework and the operations of the TCC and we stated only for one year. For the TCC, the pilot will continue for one year.

Meeting adjourned at 12:30 p.m.

Next meeting date with time and venue to be determined

Crafted by Shawn Hackney

Minutes approved 26 June 2012

**EMS ALLOCATION**

**FINAL: DISTRIBUTION APPROVED BY EMS SUBCOMMITTEE ON 07 FEBRUARY 2012**

Available EMS Budget @ 20% of available funds for stakeholders:		\$ 2,722,217	
Staffing and Meeting Support		\$ 3,500	Staffing and minutes development
Available for distribution	\$ 2,718,717		Available for distribution
% Distribution from FY 2010 funding	%		
EMS Uncompensated Care	27.51%	\$ 748,028	
EMS Vehicle Equipment Replacement Grants	45.18%	\$ 1,228,329	#17 Ambulance grants at \$72,254 per
First Responder Training Grants	4.34%	\$ 118,046	19 Classes
Support EMS Leadership Program	1.00%	\$ 27,284	Support eight students @ marginal cost + Laptop computers
Extrication Project	2.79%	\$ 75,981	Reinstitute the Georgia Extrication School
PHTLS/ITLS	4.12%	\$ 111,953	24 Courses
Trauma Care Related Equipment	15.05%	\$ 409,096	\$454/per ambulance if 900 apply
Total	100.00%		
		\$ 2,722,217	