



## EMS SUBCOMMITTEE ON TRAUMA

### MEETING MINUTES

Wednesday, 9 August 2017

10:00 am

Office of Emergency Medical Service and Trauma  
1680 Phoenix Blvd, Suite 200  
Atlanta, Georgia 30349

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair & GA Trauma Commission Vic Drawdy – GA Trauma Commission Dr. Jeffrey Nicholas- GA Trauma Commission Lana Duff – Region One Chad Black – Region Two Pete Quinones - Region Three (Conference Line) Lee Oliver – Region Five Blake Thompson – Region Six (Conference Line) Brandon Fletcher – Region Eight David Moore- Region Nine (Conference Line) Huey Atkins – Region Ten	Paul Beamon – Region Four Jimmy Carver-Region Seven

OTHERS	REPRESENTING
Dena Abston Erin Bolinger Katie Hamilton Billy Kunkle Kim Littleton Tim Boone	Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff GAEMS GTRI-AVLS

### **CALL TO ORDER**

Mr. Terwilliger called the 9th of August 2017 meeting of the EMS Subcommittee on Trauma to order and established quorum with 11 of 13 members present or by phone at the Office of EMS and Trauma located at 1680 Phoenix Blvd, Suite 200 in Atlanta, Georgia 30349.

## **MOTION EMS Subcommittee 2017-9-01:**

**I make the motion to approve the minutes from the June 8, 2017 EMS Subcommittee meeting as written.**

**MOTION BY:** Lee Oliver

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion.

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

## **Report on AVLS**

**By: Tim Boone**

Mr. Boone provided an update, a hand out to those present, and sent via e-mail to those on the conference line. PowerPoint and handout will be attached to the minutes. There has been 1 additional unit in operation across the state to report since last meeting. There are 1,273 AVLS units active across the state. There are 849 AVLS units supported by the Trauma Commission online today of the 980 that the Trauma Commission has funded. Mr. Boone explains the discrepancy is a multitude of reasons to include; maintenance and repair, over usages and data overage of some agencies to include Dodge County. It was found when researching that employees had shared the Wi Fi password with hospital staff. Mr. Boone says the entire \$ 1,000.00 overage is not all on Dodge County however when being billed, who ever has the most data overage is whom the responsibility falls under on the invoice. Mr. Boone told the subcommittee that Jeff Creech with Dodge County EMS has taken steps to handle the situation to include changing the WI FI password.

Ms. Abston inquired as to why employees thought that this was an ok practice and should she invoice these agencies for this overage. Mr. Boone explains that it was the medics that used the Wi FI improperly not the managers. Ms. Abston and Mr. Terwilliger both said that it is still the management's responsibility. Ms. Abston says that all agencies, not just the new additions should be required every first of the fiscal year to sign a new MOU. Mr. Terwilliger suggested we have them sign the MOU at the time of the ambulance renewals with the state. Ms. Abston will work on the MOU process and send them out to EMS directors. Mr. Boone indicated that all agency management staff has access to run a report on their usage. Mr. Boone believes we caught the situation quickly. Mr. Drawdy explains that he has controls set on his data usage and is there a way to monitor the usage and set parameters for usage. There needs to be some accountability. Mr. Boone says most all agencies that he is aware of have had conversations with their staff about the data usage.

Mr. Boone got back to the AVLS power point. There are several units that are coming up on the 8-year life span. He explained the life span can be plus or minus the 8 year average but there will be some new unit replacements in the upcoming time period. Mr. Boone handed out a side-by-side comparison of the 2 main competitors for these units. He also made mention that 200- 300 units still depend on air cards and there needs to be discussion about what to replace these units with be it Sierra Wireless or Cradle Point. After reviewing the hand out, Mr. Boone suggests that Sierra Wireless MG90 is in our best interest. Mr. Boone asked if there were any questions and to contact him with those questions prior to our next meeting.

Mr. Boone made mention of a sales representative from Island Technologies. It appears Sierra Wireless is interested in their AVLS customers going through other vendors such as Island Technologies. Sierra Wireless is moving on to larger avenues of technology. Mr. Boone says it appears that we would get really good service from Island Technologies and the exchange for repair requests is just a Fed Ex away

and an overnight shipping process to put you back in business next day with your unit which is faster than Sierra Wireless can offer. Mr. Boone asks everyone to think about if we intend to purchase our maintenance agreement from Sierra Wireless next year or from Island Technologies.

Mr. Kunkle spoke on his recent conversations with Sierra Wireless about the contract. Mr. Kunkle believes the end result is that we cannot just swap vendors for something of this cost as we have State process requirements and a bidding process. Mr. Kunkle also told the group that Sierra Wireless has other contracts with other services besides ours. Mr. Boone says they do not really service the East Coast; they are located on the West Coast but are happy to maintain our agreement. Mr. Terwilliger says that Sierra Wireless has not been that robust or user friendly in his opinion. Mr. Kunkle agrees especially for the costs for some of their services as we are sending \$ 130,000.00 to the for an annual service agreement. So essentially that is a cost of \$ 3,000.00 per week. Mr. Kunkle explains if we were just calling them 1 time per week the cost is just astronomical. Mr. Boone says historically they have reduced our costs over time; they continuously upgrade our soft ware. MR. Kunkle asked how often do we do upgrades. Mr. Boone says an upgrade comes every couple of months on average. Mr. Black says we need to send out an RFP see what is out there. Mr. Kunkle told Mr. Black that Sierra Wireless is essentially asking us to go to another service provider for our maintenance contract. Mr. Boone says Island Technologies can do our maintenance. Mr. Kunkle explains that we have to go through the proper State process and send our request out for bids. Mr. Terwilliger suggests at the very worst that we can get better or the same service for this price from a different vendor. Mr. Terwilliger is a little concerned as we make this decision that we need to also make a decision on bottom line pricing for this software. Mr. Kunkle agrees with this. Mr. Boone asked Mr. Kunkle about initiating the process. Mr. Kunkle agreed to get with Ms. Abston and work on this offline.

Mr. Tewilliger gave an overview of necessary tasks to handle in regards to AVLS; review the devices on the handout given by Mr. Boone, Mr. Kunkle, Mr. Boone, and Ms. Abston can work on the contracting piece and bidding process, and lastly get a copy of the draft MOU so we can ensure accountability out there in our agencies.

### **Report from GEMSPF**

**By: Brandon Fletcher**

Mr. Fletcher reported that the FY15 funding for the Foundation will finish up by the end of August. Ms. Littleton and he are working on finalizing the MOUs for the FY16 contract. The FY17 contract is signed and they are in the process of reworking some PPR's and to add the work details for the GAEMS piece. MR. Fletcher asked Ms. Littleton to give the update for the GAEMS piece. Ms. Littleton was on the conference line and she gave an update to the GAEMS work. The First Responder/ EMT classes are in progress with schedules submitted. Ms. Littleton asked if it were the right time to bring up the time constraints and variances with the group. Mr. Terwilliger said we could discuss later in the agenda. Ms. Littleton mentioned the EMS Instructor courses are set for August 28<sup>th</sup> through 30<sup>th</sup>.

Mr. Terwilliger brought up the time variance issue. Some of the issue is with completion of the EMR courses and we should look to work out an extension. Ms. Abston asked to clarify as to which funding we are discussing and does it involve different FY contracts. Mr. Terwilliger suggests we talk offline on this. MS. Abston asks to clarify if there is intent to combined FY funds. Mr. Drawdy asked if we have used all the FY16 funding for current courses. He wanted to confirm that FY15 funds were exhausted at this time. Ms. Abston advised that if we need an extension we will have to deal with it in November. Mr. Terwilliger asked for every ones attention to the FY18 Scope of Work. After the last EMS Subcommittee meeting in June there was a small group that got together and worked out the FY18 details. A copy has been provided at this time to everyone here and at this time Mr. Terwilliger asks if there are any comments or concerns on the Scope of Work.

Mr. Drawdy says he does have some concerns with the FY18 Scope of Work. Before he began he indicated his focus is to make sure we are getting as much money into the hands of the EMS community as the budget allows for. Mr. Drawdy has no issues with the Leadership Course however he does have an issue with the Administration Fees throughout the Scope of Work. His largest concern in the administration fees is the \$ 137,628.26 tied to GAEMS administering the Trauma Related Equipment Grant for the EMS community. Mr. Drawdy told the group that he had asked the staff at the Trauma Commission office for an average amount of time they spent collectively on administering the Trauma related equipment grant this past year. It was averaged out to be about 40 hours, which in essence averages out to around a \$3,000 expense. Mr. Drawdy expressed the strong need to have any and all EMS funds in the hands of these already strapped agencies and in these small counties and he disagrees with having GAEMS handle the Trauma Equipment Grant for the proposed administration fee set forth and would prefer for the Trauma Commission staff to handle the Trauma Equipment Grant due to the GAEMS administration fee of \$ 137,628.26.

Mr. Terwilliger says he has had many discussions with Dr. Ashley and what he is interested in doing right now is just approving the Scope of Work. Mr. Terwilliger expressed that he is not interested in making a decision on who will do the work (vendor) but the actual scope of work. He told Dr. Ashley he would be transparent and asks if that the vendor is Mr. Drawdy's only concern or if it is the administrative fees as well. Mr. Drawdy in reviewing the budget really likes the way we chose to minimize the projects and be more practical with what we truly can accomplish for EMS this year. Mr. Drawdy's largest heartburn with this scope of work are the administration fees. Mr. Drawdy says it is not just the administration fee tied to the Trauma Equipment grant but it also concerns the cadaver lab and its administration fee of \$ 12,000.00, maybe even \$ 10,000.00. When he spoke with the cadaver lab he understood it to be that they would come in and set up and handle everything for that cost and Mr. Drawdy doesn't understand the administrative fee as he doesn't see much work involved. Mr. Drawdy does understand that there are different organizations that may want to make a profit off of hosting types of things but he doesn't feel these funds are the funds to do that type of stuff with.

Dr. Nicholas says he echoes what Mr. Drawdy says. He has been involved in cadaver labs via Emory and as far as he understands it is he hires the Cadaver Lab and they handle the entire function. The \$ 12,000.00 administrative fee to him is unnecessary as the people that put on the cadaver labs help find the space to host the program and take care of the set up and program. Dr. Nicholas says if they do these labs on a regular basis there should be some regular hosts for the labs. Mr. Black says this lab is a travelling lab and as far as he knows there is no set facilities that host them. Mr. Terwilliger says the facility set up is part of the administration fee. Mr. Drawdy says what he doesn't think (his opinion) is that there is not enough of an administration fee tied to the Leadership course undertaking. Mr. Drawdy says that is a large undertaking.

Mr. Terwilliger asks if there is anything else about the Scope of Work to be discussed before he gets out in the middle of the room. Ms. Abston says that the Scope of Work is possessive in nature as to who is doing the work. Mr. Terwilliger asks for clarification of the word possessive. Ms. Abston says it defines a particular contractor (GAEMS) as who will be doing the work in the Leadership Course and also indicates as such in the Equipment Grant section, so the contract itself is possessive in nature, the work itself is defined in a contract by the deliverables and the Scope of Work comes from a contractor. Ms. Abston says the Scope of Work is defined by the contractor so her feelings is that it is not appropriate to approve a scope of work for a contractor that is going to have to tell us their scope of work on how they will handle the programs. We can hand the leadership course to GAEMS and say this is what is expected of you but the items like the Instructor techniques course its defined. Ms. Abston asks if she can go put this out for bid and doesn't understand why we are entertaining approving scope of work when the contract requirements are in the deliverables. The group indicates confusion. Ms. Abston wants to know why we would approve a blanket scope of work when we do not know who we will contract with. Mr. Terwilliger says last year we decided to contract with the foundation (GEMSPF). Ms. Abston says we see how well

that ( GEMSPF contract) is going. Mr. Terwilliger says he does see how this is going with the foundation and is going to address this. Ms. Abston asks if we can discuss the issues currently before making a decision on a scope of work.

Mr. Terwilliger says he has contracted with the Department of Public Health in the past, done some classes, they gave deliverable, and in the past we let the vendor tell us how the work will be done. Ms. Abston says no that is incorrect, that she still writes the contract in the way we expect the work to be done. Mr. Terwilliger says he wants this scope of work to be approved to show them how we want the work to be done. Ms. Abston feels like she should have been involved in the production of the scope of work if she is having to write a contract about it. Mr. Terwilliger says she was invited. Ms. Abston says you gave her a 2 day notice and she has attempted to try to schedule meetings and to stay in line with the Commission meetings and meet two weeks prior. Mr. Terwilliger says this is your time to discuss changes to the Scope of Work.

Mr. Oliver was also unable to attend the Scope of Work small group meeting so he has some questions about the process. Mr. Oliver asks if this is the place to address this rough draft and that the draft document was to be brought to us, the EMS Subcommittee as a draft to address any issues with everyone, today. Mr. Oliver wanted to clarify that this was what we are doing today.

Dr. Nicholas interjects as a spokesperson and not a personal opinion that he has been approached by several people that have seen this Scope of Work and they were extremely upset with the amount of work and the excessive expense pertaining to the cadaver lab. The cost versus the number of students it actually benefits across the state. Mr. Terwilliger asks whom expressed this to him and Dr. Nicholas says that it was some of the Trauma Program managers. Mr. Drawdy enjoyed Nicks presentation (cadaver lab) and loves the idea presented to the group. At first there were to be 2 labs and then I believe it was decided to just have 1 lab and I had asked Nick to come to the Southside to host the lab. Mr. Drawdy believed that the lab was going to coincide with perhaps a conference or something where many will be able to attend. I do not believe a date was set either but Mr. Drawdy believes this is Erlanger's typical price but he did not do any research on the costs of the cadaver lab.

Dr. Nicholas thinks the concern was that there are areas that have basic needs for EMS providers that this type of funding can go along way in improving the system and benefit more people for the same or less cost. Again Dr. Nicholas is just conveying heard opinions but he believes that this program will only benefit 50 persons across the state. It was clarified that it was between 50 and 200 students, which would be a cost of \$ 2400 per person to \$330 per person depending on enrollment. Dr. Nicholas asks how many students per cadaver as the more students per cadaver the less effective the training becomes. Ms. Littleton said the max student per cadaver ratio is 15..

Ms. Abston went to the Erlanger Trauma Symposium and Jason gave Ms. Abston the tour and there are 12 to 15 per cadaver station and that is max and typically they only like 8 to 10 per cadaver. The sessions are all doubled up so all students have an opportunity to get to all stations. It is also worth looking at the cost of this service from Emory or the Georgia Tech folk says Mr. Terwilliger. In the future Mr. Terwilliger would like to see all Georgia folk on this. Dr. Nicholas suggests it would be worth looking into what is the cost of the ASSET course held at Georgia Tech. Dr. Nicholas says it is a fresh frozen cadaver lab where formaldehyde is not used. Mr. Black believes if we can partner locally we need to. Dr. Nicholas says if you get more than 4 or 5 on a cadaver there is less hands on experience gained and there is not enough time . The ASSET based course uses the cadaver to surgically expose any traumatic injury you may encounter; thoracic, chest, vascular injuries, etc.

Mr. Terwilliger says he would like to see the Trauma Commission spend funds in the future on cadaver lab for ER physicians. For those physicians that perhaps were in General Practice and have now taken an position in the Emergency Room and they have been out of medical school 20 or more years. Also there

are lots of challenges with trauma in rural Georgia. Dr. Nicholas says there are plenty of experienced people and he speaks for himself and colleagues that have worked with cadaver models that could most likely create an educational course as long as we specify course objectives. Dr. Nicholas teaches ATLS all the time. Mr. Terwilliger says historically they tried to do ATLS in Georgia with ASPR funding. The first attempt we did not get enough students and then we got physicians involved and Dr. Nicholas agreed that this is a real issue for sure. Mr. Terwilliger has one more thing. He stays frustrated with the ACCORDENT support system and is working with OEMS/T to perhaps develop some EMS online training process for EMS. There are many things out there that need to be consistent and his thought is next year we put some money aside to provide some online education funding for EMS.

Mr. Terwilliger moved to the center of the room. He announced his resignation of the board of GAEMS and that he sent an email to Mr. Beamon, Ms. Littleton and Josh Mackey. Mr. Terwilliger previously years back was evaluated by the Attorney General's office for a potential conflict of interest and to see if there was a hindrance in our ability to do work for EMS. There are two pieces to this puzzle and Mr. Terwilliger wants to table this at this meeting. Mr. Terwilliger understand where Mr. Drawdy is coming from with his concern with GAEMS but Mr. Terwilliger wants it known that his heart is with Georgia (as a State) EMS, not the organization GAEMS. Mr. Terwilliger has had discussion as to why it is important for the EMS community to handle the EMS funding received from the Trauma Commission. Dr. Ashley's concern that he shared with me is that we want as much of the money put into the EMS community and to the EMS provider. Mr. Terwilliger said to him, we are. So now if we refer back to the Trauma Commission budget you will see items above the line (administrative costs) and below the line is the 80% to hospitals and physicians and 20% to EMS. Several years ago we moved the foundation and the Trauma Registrars above the line. So the Trauma Registrars have little to do with EMS. Dr. Nicholas asked for clarification, did Mr. Terwilliger mean Registry or Registrars. Mr. Terwilliger says he means registrars and Dr. Nicholas and Ms. Abston correct him and let him know the funding is not for registrars it is for the Trauma Registry. Dr. Nicholas says the EMS information is all going into the registry and he would argue that the EMS community and patient care on the EMS is being supported by the registry. Ms. Abston says the registry is the state wide trauma registry. Dr. Nicholas says in order to be a Certified Trauma Center you have to have the registry for at least 1 year of data on your trauma patients and outcomes and then you can apply to become a Trauma Center based upon that information. That information includes all the pre hospital patient care as well. Dr. Nicholas says that major trauma care is given at the hospital and lets be honest that is where the majority of the care is given however the registry benefits both the EMS and the Trauma Centers and Ms. Abston adds that the registry helps the entire system.

Mr. Terwilliger's thoughts are that the trauma registry should be billed to the hospital side of things and not to the entire budget. But those are his feelings. Dr. Nicholas says that these are not accurate statements from Mr. Terwilliger says at the end of the day that some of those monies ought to be below the line. Ms. Abston says that all the education is below the line already. Mr. Terwilliger says he stands corrected. Mr. Terwilliger thinks there may be some wiggle room on the Trauma Equipment Grant but he is adamant that EMS money be handled by EMS. Ms. Abston reminded Mr. Terwilliger that Mr. Kunkle is in our office now and comes with over 20 years EMS experience. Mr. Terwilliger says he understand that but thinks of us as state government. Mr. Terwilliger is asking the EMS funds be handled by EMS. He went back to his region and presented it like this. If the Trauma Commission does the equipment grant we get 10% more money. For his particular service that would have been an extra \$ 500.00 and that doesn't buy his service much. Mr. Terwilliger says in March of this year he went and met with Peach State/ Insurance Medicaid Company and had Josh Mackey work it out and that saved us 10 times that \$ 500.00. This year the Replica Bill passed and quite frankly it passed because Josh Mackey worked it or quite frankly I do not think it would have passed. So there is value to supporting the EMS profession. Ms. Abston thought EMS was supported by membership fees. Mr. Terwilliger says no. Mr. Terwilliger says when he spoke to his group they unanimously agreed to put their money with GAEMS and continue that relationship. So Mr. Terwilliger is asking for us as a group to look at both sides of the coin. \$137,000.00 sounds like a lot of money but once you spread it across the state it is not that much money not in

comparison to our political abilities. Mr. Drawdy agrees but says are we going to use the money for politics or for Trauma related equipment. Mr. Drawdy when he presented to his council the council voted for extra funds in their agency pockets. Mr. Terwilliger says of the councils he has spoken to are unanimous to vote for GAEMS to handle. Mr. Terwilliger told Dr. Ashley he would be transparent and he has been and there you have it. So what he would like to do today is approve the Scope of Work with the vendor left out. All Mr. Terwilliger asks you to do is look at both sides of the coin. At the end of the day he doesn't take a penny home from this all he is really trying to do is make this a better EMS for the state of Georgia. Mr. Terwilliger asked for questions or comments. Mr. Oliver sums it up- we have a statement of work out there, we need to have a discussion and remove the vendor. Mr. Terwilliger says the confusion back and forth between the foundation (GEMSPF) and GAEMS but he wants to sit down and flow chart out the process. Ms. Abston asks when this is occurring. Mr. Terwilliger says in the next couple of weeks we need to meet and figure this all out.

Dr. Nicholas says this seems to him almost like a Dean's tax. It is basically an administrative overhead that is decided to be taken out of your grant. Dr. Nicholas believes that some of goes to the Deans coffures and then several are receiving an overhead to administer this grant. Last year 147 agencies were given grant funds. Mr. Drawdy asked if we should bid this out. Mr. Boone says having just come out of GTRI and that the pricing is governed by the Federal Government. Then you have to add the overhead function, benefits, etc. Then there is an additional fee added on in some cases. So all these items do add up it is not just writing a check, there is a multitude of costs rolled into administering. Dr. Nicholas does not agree that there is not an overhead cost in administering a grant but if we already have a process set up and it is working why would we pay overhead twice by paying someone else to handle the grant. MR. Terwilliger says we might have more State people than we need at this time. Mr. Kunkle says the math there doesn't add up. Mr. Kunkle proposed and said if the Nurses Association wanted to administer for us at the overhead expense would you be willing to do so. Mr. Black wants it known that administering the grant is not just cutting a check but that he agrees with points from both sides. Mr. Black suggests renegotiating with GAEMS.

Ms. Abston feels like there is a lot of time being wasted and we need a good timeline as we will be a month behind task with the upcoming Trauma Commission meeting next week. Ms. Abston says we could begin administering the trauma grant in 2 weeks or less and this process will put that on hold. Mr. Terwilliger says the Commission meets on the 17<sup>th</sup>. Dr. Nicholas asks why we are undoing a motion that we have done. Mr. Terwilliger says there is confusion. Dr. Nicholas says so now we are undoing a motion we did and now need to undo that we previously did and he is confused with the process. Mr. Terwilliger says he is confused too. Mr. Terwilliger wants to agree to the Scope of Work today, then he would like to have a smaller meeting to work through the flow of how this work is getting done as there is confusion out there that has drug on. Mr. Terwilliger appreciates Ms. Abston in helping get it done. Ms. Abston says she was told to get it done. Mr. Terwilliger understands. Mr. Terwilliger wants to be complete with this process within 60 to 90 days after todays date. Ms. Abston says some of these pieces do not need a contact that the equipment grant can begin within the next week. Mr. Terwilliger says maybe so but he wants to understand what works. Ms. Abston asked if he was speaking the contract piece ofr the grant piece. Mr. Terwilliger says he wants as the chairman to know the whole enchilada. He wants to know the entire timeline. MS. Abston says she can tell him all that information right now.

Ms. Abston says we used the OEMS/T EMS Agency/ambulance list. Mr. Terwilliger interrupted the process explanation and advised he wants a full meeting. Mr. Oliver asked if he was just talking about the equipment grant process and Mr. Terwilliger said the whole enchilada. Mr. Terwilliger asked if there are other people in the room or on the phone that do not understand the process. Ms. Abston doesn't understand the big deal. It took 2 weeks from the time of application/ invoices to begin administering funds. He wants to know about all processes not just the grant process. Ms. Abston explained she was trying to tell him about the grant portion right now so he can understand and that there are two different processes. As chairman of the committee Mr. Terwilliger thinks he should understand both processes.

Dr. Nicholas says it was determined at the prior meeting that all funding was going through the foundation (GEMSPF) and work was not getting done in the time frame given for the work to be done. Dr. Nicholas says the funding and process are with the foundation. And he believes that two committee members believed the work was not being done as it was planned to be done. This was voted down and what you are asking for should be coming through the foundation or through the GAEMS work. Dr. Nicholas says that process is owned by those groups, not the Commission. Mr. Terwilliger just wants to understand all processes. Ms. Abston says the work has to be completed to be paid. Mr. Oliver says if he remembered historically that we prepaid for a period of time and the state came back and said all work had to be completed prior to payment. Mr. Oliver recalls no push back but this did add a layer of complexity. Mr. Terwilliger asks if anyone has a problem with the Scope of Work and would anyone like to make a motion to approve the Scope of Work. Mr. Boone clarified that we approve minus the vendors and the administrative fees.

Mr. Fletcher is happy to get the group together to work on the Scope of Work but there are developing issues especially with the contract portion development. Going forward in the future Mr. Fletcher would like the group to go a little deeper when it comes to the deliverables. Mr. Fletcher believes if these items were discussed at a sub committee level that would help in the contracting part of the process. Dr. Nicholas wanted confirmation that we had decided on the vendor previously correct. Mr. Terwilliger says that is correct that in the past we did vote on and approve a vendor. It was decided a Doodle poll would be sent out for the first week of September in regards to availability. He would like Mr. Black, Mr. Oliver, Mr. Drawdy, Ms. Abston, Mr. Fletcher to all attend the meeting. Mr. Terwilliger wants to understand the process and knows Ms. Abston can explain it within minutes. Mr. Terwilliger wants to really understand it because the best way to have a misunderstanding is to not understand something.

Mr. Oliver asked if it was possible to get a list of things that are outstanding. Ms. Abston can send a list. Ms. Abston would like to mention that every fiscal year she likes to balance the contracts out so she sent to Mr. Fletcher last week the FY15, FY16, and FY17 items, get with Ms. Littleton, and work on those items. By the next meeting Ms. Abston can make this a priority item. Mr. Oliver just cares about open stuff at this time for clarification.

Mr. Drawdy prior to the close of this meeting would like to have an executive meeting with just the members. If everyone could stay back and others leave and let Mr. Drawdy just talk for a couple of minutes we don't have to have an official executive meeting just a chat. Mr. Terwilliger says he doesn't have a problem with that.

#### **MOTION EMS Subcommittee 2017-9-02:**

#### **I make the motion to adjourn the meeting.**

**MOTION BY:** Brandon Fletcher

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion.

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

Meeting was adjourned at 1:35 P.M.

*Minutes Crafted By: Erin Bolinger*

