



MEETING MINUTES

Thursday, 15 April 2010

Scheduled: 10:00 am until 1:00 pm

4th Floor Weaver Board Room

Peyton Anderson Health Education Center
877 Hemlock Street, Macon, Georgia 31208

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order in the 4th Floor Weaver Board Room at 10:14 AM.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Commission Administrator Curtis Chronister, Compliance Officer Greg Bishop, (via teleconference) Carol Dixon, Administrator's Assistant	Georgia Trauma Care Network Commission DCH DEPR Office of EMS and Trauma Bishop & Associates (Consultant) Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Bambi Bruce Paula Guy Mike Polak Terence Van Arkel Fran Fortson Blake Thompson Jim Sargent Danoe Gambill Marie Probst Regina Medeiros Bryan Forlines	Walton Regional Medical Center Georgia Partnership for Telehealth Memorial Health Doctors Hospital – Augusta, GA Wills Memorial Hospital Wilkes County EMS North Fulton Hospital GHA OEP/R/Trauma MCGHI Medical Center Central Georgia

Bambi Bruce Paula Guy Mike Polak Terence Van Arkel Fran Fortson Blake Thompson Jim Sargent Danoe Gambill Marie Probst Regina Medeiros Bryan Forlines Marty Billings Kathy Segó Debra Kitchens Richard Lee Kim Brown Arnita Watson Renee Morgan Mike Jernigan Patricia Mayne Chad Black	Walton Regional Medical Center Georgia Partnership for Telehealth Memorial Health Doctors Hospital – Augusta, GA Wills Memorial Hospital Wilkes County EMS North Fulton Hospital GHA OEP/R/Trauma MCGHI Medical Center Central Georgia Metro Atlanta Ambulance Svc. Athens Regional MCCG Upson Regional Medical Center EMS Hamilton Medical Center DCH DCH - Trauma Metro Atlanta Ambulance Wellstar Air Methods
--	--

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley welcomed all present at the meeting. Mr. Alex Sponseller confirmed that we had full Quorum. Dr. Ashley called the meeting to order.

Dr. Ashley asked Mr. Ben Hinson, the chair of the Government Affairs subcommittee, to update the Commission regarding House budget activity occurring yesterday. Mr. Ben Hinson provided details that \$600,000 was added to the Commission's budget by the legislature to support the air medical program of Erlanger Hospital in Chattanooga, TN to provide trauma transport services to NW Georgia. It is unclear how this happened, but Ben advised the Commission to move forward and work to spend the money the legislature provides to the Commission. The Commission would be involved in writing and managing a contract for this funding to Erlanger. Trauma care in northwest Georgia is heavily dependant upon Erlanger's air ambulance program. Mr. Hinson explained that the \$600,000 was added back into the budget as a separate transaction and did not directly affect the 3.3% budget reduction taken by the Commission. He further stated that Legislature can provide funds such as this to a budget and make a directive on its spending.

Dr. Ashley Continued with his report: Dr. Ashley, Ms. Cole, and Mr. Pettyjohn testified before the Legislature Joint Appropriations Subcommittee regarding the Commission's FY 2011 budget on February 23, 2010. Dr. Ashley states he, Linda and Jim were very well received and that it appears the work of the Commission is gaining support.

Dr. Ashley asked Mr. Pettyjohn to briefly describe his recent activities regarding the FY 2010 budget and the Governor's Office of Planning and Budget: On March 30th Jim received a call from Ms. Paula Brown, Governor's Office of Planning and Budget, regarding cash flow problems and how the monthly, automatic allotments of the Commission monthly allowances were being discontinued until further notice. Despite the freeze on allotments coming from OPB, the Commission and DCH were advised to continue to move forward with all the Commission's grants and contracts. OPB would allot the remaining funds, as they are needed. That need will be documented by the funds being seen as "encumbered" within the state's budget/accounting system "PeopleSoft."

On April 5th, Mr. Pettyjohn received confirmation from Scott Frederking from DCH that the Commission did have the green light to move forward with contracts and grants. Mr. Pettyjohn and Mr. Curtis Chronister

Minutes approved on 20 May 2010

are working on procurements, contracts and grants with DCH. Mr. Pettyjohn will provide an update at the May budget meeting.

ADMINISTRATIVE REPORT REVIEW

Mr. Pettyjohn presented the April 2010 Administrative Report. The report included a review of the FY 2010 Trauma Commission Budget-to-date (April) report, 2008 Georgia Trauma Center Economic Assessment, "Super Speeder Law" (HB160) Revenue Generation Specifics and Senate Bill 502. Copies of the April 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 gave an overview of the highlights and 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.*)

There were no comments or question regarding the administrative report.

APPROVAL OF THE MINUTES OF THE 18 MARCH 2010 MEETING

The draft minutes of the 18 March 2010 meeting were distributed to the Commission prior to the meeting via electronic means and are also available to meeting attendees in printed form. No corrections were requested.

Mr. Pettyjohn requested a motion:

MOTION GTCNC 2010-4-01:

I move that the minutes of the 18 March 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

MOTION BY:

Ms. Vaughn

SECOND BY:

Dr. Joe Sam Robinson

ACTION:

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

FY 2010 BUDGET-TO-DATE REPORT

Mr. Pettyjohn, along with Mr. Chronister, reported on the FY 2010 budget using a year-to-date worksheet. Each budget line item was reviewed. (*Reference budget worksheet in Administrative Report*).

OESM/T Allocation at 3%:

In FY2010 the Commission voted to allocate 3% of budget to the office of EMS (\$655,500). We were able to bring on Curtis Chronister full-time as compliance officer for the OEMS/T and to provide the interface for the Commission with DCH. Of the 5.5 positions to be paid for by these funds, three have been filled; Mr. Chronister and two EMS Regional Directors. The 2.5 positions still outstanding are EMS Region 5 Trauma Nurse Coordinator, IT specialist and part-time EMS Medical Director.

The two EMS Regional directors hired are Chris Threlkeld and Shirley Starling. Mr. Chronister stated these two positions were just approved by Dr. Edwards so they have not officially started and no monies expended to date for salaries. The Trauma nurse job description is being developed presently. The IT Specialist is not as far along, and the part-time EMS Medical Director position is in process to be approved. The salary of the two EMS directors should start within the next two weeks per Dr. O'Neal.

Minutes approved on 20 May 2010

Mr. Chronister's salary is the only one paid out of the \$655,500 budget to date yet no actual numbers for that were available.

Discussion continued about unspent monies. Ms. Cole confirmed that any remaining dollars would be returned that have not been previously obligated to state agencies. Mr. Moore and Dr. Ashley questioned unspent budget items whereby Dr. O'Neal confirmed unspent money obligated to a state agency such as DCH, for the purpose of OEMS/T, cannot be reallocated and would return to the state. Monies not spent in other areas of the budget can still be added to by amendments to existing contracts to hospitals if the Commission makes the decision to do so. By June 30th, any unspent dollars will be returned to state per Dr O'Neal. In response to Dr. Robinson's concern about avoiding this loss, Dr. O'Neal stated that this OESM/T allocation was committed for the 5.5 positions and, should it be budgeted for next year, would pay these salaries. For next year's funds, assuming the positions are filled, Dr. O'Neal said these dollars would be expended. Mrs. Cole questioned what would happen if dollars were not available for these positions next year in FY2011. Dr. O'Neal answered that these positions would be terminated. Dr. Ashley confirmed that the Commission, in reality lost the \$650,000, and expressed disappointment in this loss. When we are getting annual allocations to hire people, it was suggested we could have approved funding for a partial year based on more realistic hiring dates. Can we put in a trigger mechanism per Mr. Stuenkel whereby funds can automatically be re-allocated in the future if we can't meet a deadline for spending? Mr. Pettyjohn stressed that the directive from OPB was to continue to move forward with procurements and grants in place. Mr. Chronister stated that the Commission is being allowed to spend encumbered dollars when other departments are not being offered this option. Dr. Ashley stresses that OPB is searching for dollars in this time of economic hardship and he feels that next year we should be proactive and, before transferring money to another department, we would like some stopgaps. If defined objectives are not going to happen, we should have an option to move dollars within the budget in place. Mr. Pettyjohn suggested we focus on measurable procurement process improvements for grants and contracts moving forward in FY2011. Mrs. Cole confirmed this thought that many have taken up to 10 months and are not yet completed contracts.

Administration and GTCNC Operations:

Administrator & Bishop + Associates Contracts – Deliverable and encumbered. Should be paid out by end of year.

Administrative business assistant – Carol Dixon's start date was March 9th. Estimate that approximately two-thirds of remaining \$50,000 budget will be available or \$33,225.22.

Mr. Bias recommended the need to insure that the invoices for Carol's salary and any other accrual needed invoices (such as Bishop + Associates through June 30th) be prepared to insure funds are payable this fiscal year. Mrs. Cole stated that we have not been disbursed budget dollars by a monthly allotment, but rather by project, even though Dr. O'Neil confirmed that a monthly process was projected but had not materialized. Mr. Pettyjohn quoted an email dated March 2010 from Paula Brown, "\$15.5M in the budget to spend recognizing commitments for processes in place".

Conference Call Account – Only \$304.76 of \$7,200 budget has been billed. We do not know where other monthly bills are being charged. Charge of \$300 - \$500 should be expected monthly.

Website design and maintenance – Not moving forward with this item in FY 2010. Return \$15,000 to budget. Proposal next year for Mr. Pettyjohn to host website from server in the Commission's office.

Commission Travel/Per Diem – \$10,000 has not been expended, Commission decided to return dollars for reallocation elsewhere.

Monthly GTNC meeting support – Reallocate \$1,994.50. Spent \$405.50 for table rental for Readiness Conference.

Minutes approved on 20 May 2010

Trauma Communications Center:

Staffing – Reallocate \$308,000.00. Not moving forward on this.

Communications Center Lead Position – Reallocate \$100,000. Position may be filled by mid-May. Start date approximately July 1. Move dollars back if position start date is prior to July 1st. Will review this at May Commission meeting. Position to be employed through Abacus temp agency.

Other Trauma Communications Center items:

Consultation for GTCC – Reallocate \$25,000.

Call Recorder – Reallocate \$8,000

Hardware – Reallocate 100,000

Software – Reallocate \$300,000

Building Lease – Reallocate \$12,000

Water/Electricity – Reallocate \$6,000

Backup generator – Reallocate \$5,000

Workstations – Reallocate \$20,000

TOTAL Reallocated – Other TCC items: \$476,000

Projects and System Support:

Web-based Trauma Registry Support – Reallocate \$449,550. Trauma coordinators have decided not to utilize at this time.

National Foundation for Trauma Care – Expended

Telemedicine (GA Partnership TeleHealth) – Expended. Award has been posted and will be made soon.

National Science Foundation Center for Health Organization Transformation (CHOT) - Reallocate balance of \$41,667. Pro-rata will be expended for two-months membership in the amount of \$8,333, which is being drafted in legal per Mr. Chronister. Contract can be renewed next year. Mrs. Cole suggests that we may need this program to continue for two years - calendar years 2010 and 2011. Mr. Chronister mentioned that CHOT bills on a quarterly basis.

Broselow Lutten Solutions - Will be expended this year. Contract moving forward with up to four-year renewal with the Commission's decision.

Trauma Center & Physician Allocation:

New Trauma Center Startup Grants - Will be expended this year. Grant applications open until April 30th. Tiffiney Ward, DCH Grants Officer, receiving applications at this time. Scoring team committee will make recommendations and these will be presented to the Commission in May. Commission will review recommendations at that time and provide feedback to Ms. Ward for award presentations.

If necessary, we will call a special Commission meeting to address grant awards and payment review.

Level IV Trauma Centers – Will be expended this year.

Trauma Center Readiness Payment – Will be expended this year. Tied to contracts, invoicing expected to full amount.

Minutes approved on 20 May 2010

Performance Based Payment – Will be expended this year. Tied to contracts, invoicing expected to full amount.

Uninsured Patient Care Payments – Will be expended this year. Tied to contracts, invoicing expected to full amount.

Ms. Renee Morgan, DCH, said she is communicating with trauma centers for all invoices so she has them all by June 30th. She feels confident that all trauma centers are aware of expectations and she is contacting them if problems with invoices arise.

EMS Allocation:

EMS Uncompensated Care – Will be expended. Contract being amended, DCH legal is reviewing and will be invoiced in full amount. Ms. Regina Medeiros questioned the forms. Mr. Rich Bias will provide the appropriate verbiage for addressing the State Health Benefits Plan, as one does not exist, to be presented as a motion at May 2010 Commission meeting.

EMS Vehicle Equipment Replacement Grants – Will be expended. Closes 4/16/2010. Subcommittee to meet at 2 Peachtree on April 30th. Review includes Ms. Tiffiney Ward, DCH, along with the Grant Evaluation Committee, (Bill Moore, Dr. Leon Haley, Rich Bias, Kurt Stuenkel, Renee Morgan and Jim Pettyjohn).

First Responder Training – Will be expended - Contract moving through DCH.

Trauma-care Related Equipment - Will be expended - Contract moving through DCH.

Unbudgeted Funds:

5% Budget Adjustment – Return this \$1,150,000.

Operations Reserves – Return this \$469,400.

MOTION GTCNC 2010-4-02:

I propose a motion to reallocate any unused dollars by returning them to the stakeholders, which include EMS, Trauma Centers and Physicians.

MOTION BY:

Ms. Cole

SECOND BY:

Ms. Vaughn

Discussion:

There will be an estimated \$2,600,000 possible for reallocation. This excludes the OESM/T allocation. \$1,150,000 of this amount is from the project 5% cut. It was decided this money would be distributed to all three Stakeholders groups: trauma centers, physicians and EMS and distributed as follows: 80% to Trauma Centers and Physicians and 20% to EMS. The EMS dollars will be applied to the MCG amendment for the EMS uncompensated care program. The remaining funds left FY 2010 budget, over and above the \$1,150,000 will be distributed to Trauma Centers and Physicians only and using all previous formulas and as amendments to existing contracts. This decision was based on decision back during July 2009 Commission meeting and documented in that meeting minutes. These minutes were read during this discussion. All reallocations are dependant upon approval by OPB. Based upon this discussion Dr. Ashley asked Ms. Cole if she would accept a "friendly" amendment to her motion to reflect discussion. Ms. Cole agreed and Ms. Vaughn agreed to maintain her second to the motion with the friendly amendment. Final motion is:

I propose a motion to reallocate any unused dollars by returning them to the stakeholders, which include EMS, Trauma Centers and Physicians. Of the \$1,150,000 returned from the projected 5% cut in revenues, that be divided 80/20. 80% going to Trauma Center and Physicians and 20% going to EMS stakeholders. For all remaining dollars available for reallocation, all those fund be distributed to trauma center and physicians based upon previous Commission decision (July 2009)

ACTION:

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

Mr. Hinson lead a discussion with the Commission on how to distribute the new EMS funds. It was determined that these funds would go toward EMS Uncompensated Care Program to be managed by MCG Health hospital.

MOTION GTCNC 2010-4-03:

I make the motion to allocate the EMS dollars to uncompensated care.

MOTION BY: Mr. Hinson

SECOND BY: Ms. Cole

ACTION:

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

COMMISSION SUBCOMMITTEE UPDATES

GEORGIA TRAUMA CARE -- Economic Profile Subcommittee:

Ms. Kelli Vaughn introduced Mr. Greg Bishop from Bishop + Associates to present the 2008 Georgia Trauma Center Economic Analysis (*Initial Draft Results completed in March 2010 – Attachment included in Administrative Report*). This is the second phase of the survey and third year completing this report. This included Trauma center volume and severity for admitted and non-admitted patients, trauma center patient treatment costs by payer class followed by trauma center readiness costs including payer class. The 2008 total financial loss for Georgia's Trauma Centers was reported including physician costs and total acute trauma care costs. The total acute trauma care costs does not include costs for care of seriously injured patients who do not reach trauma centers, pre-hospital care, rehabilitation and burn care, out-of-state treatment or EMS costs. Trauma registry information is included in report.

Dr. Robinson inquired as to the process Mr. Bishop used to arrive at these costs by hospital. He reported that an indirect cost system is used as a uniform rule of reporting. The reporting cost numbers came directly from the hospitals.

Dr. Robinson stated that the information should become a written report. He suggested the GTC find a way to demonstrate how we are taking numerous actions to save lives and effectively diminish costs in the global trauma system.

PILOT PROJECT UPDATES:

EMS Region VI participation:

Ms. Cole updated the Commission on the status of working with the CDC on a field triage grant, which we did not get. In anticipation of that, the grant required working with two regions. With that in mind as part of the pilot, we had anticipated bringing on Region 6, which has a lot of positives similar to Region 5. We continued to move forward with regionalization efforts in working with Region 6. Since we are significantly behind with implementation of regionalization and the original Commission timeline, Ms. Cole recommended that we add Region 6, in hopes of moving the program forward more quickly. The Region 6 council members are very enthusiastic to assist in moving this forward. Region 6 covers the east central Georgia area. People in Sandersville who are physically in Region 5 currently go to the Augusta trauma center in Region 6.

MOTION GTCNC 2010-4-04:

I propose a motion to officially add Region VI to the Pilot Project in addition to Region V.

MOTION BY: Ms. Cole
SECOND BY: Mr. Hinson
ACTION:

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

Mr. Ben Hinson recommended the priority to roll out the AVL System in Region 5 should be considered at this time, as well, for Region 6 to get those new vehicles in place. Mr. Hinson feels that there is no big gap in the AVL plan and Region 6 should be able to move rapidly with this placement.

MOTION GTCNC 2010-4-05:

I propose a motion to officially add Region VI to the roll out of the AVL System in addition to Region V.

MOTION BY: Mr. Hinson
SECOND BY: Ms. Vaughn
ACTION:

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

Meeting with Chris Wild, M.D. CMS:

Ms. Cole reported meeting with Dr. Chris Wild, representing the Southeastern CMS Region, along with Mr. Pettyjohn and Ms. Dixon, after the March Commission meeting to discuss our regionalization plan to see if he thought there were any EMTALA or regulatory implications we should be concerned with. He basically blessed it and discussed that there were no issues or problems that he could see and encouraged us in our efforts.

Regionalization Contract discussion:

Ms. Cole stated, in communications with Mr. Alex Sponseller, an expression that we have different avenues to get the dollars to the regions. One is to potentially go through the district health offices. One question is whether they would take a percentage off the top. Our pilots Level I Trauma Centers have expressed a willingness to create the regionalization council and the plan that we need to develop. Mr.

Minutes approved on 20 May 2010

Alex Sponseller confirmed that both were viable options as long as we worked through DCH. He sent a letter after the last Commission meeting to confirm this. Ms. Cole suggested that the Trauma Centers might be easier to work with.

Communication Center Software:

Mr. Scott Sherrill, GTRI, called into the meeting to provide an update. A Request For Information (RFI) was issued through Georgia Tech. The RFI closed April 2, 2010 and three responses were received. Two companies have interesting products but they do not currently support any functioning trauma communications centers or have any turn-key solution products. They do not have an emergency resources display or current capabilities that could be an off-the-shelf solution.

The 3rd organization does have a turn-key solution and has been supporting a trauma communications center for over a decade. They have a product that could be implemented to open a functioning Trauma Communications Center (TCC) pretty quickly. There are some issues GTRI is investigating and discussing to further develop direct conversations with the vendor. Mr. Sherrill stated that Mr. Hinson, Ms. Cole and others recently expressed support of a much more automated functionality in years down the road assuming it was a data driven solution based on positive outcomes of that nature. Could there be a day in the future when a communications system could be more automated? This is one of the topics that GTRI is looking at. GTRI is investigating whether potential suppliers would be willing to provide a window for us to send and receive information in an automated fashion to their system. Before making a firm recommendation, it is necessary to understand the extent to which specific suppliers are willing to customize or allow us to customize their systems so that it will meet our ongoing needs as well as how that could be accomplished. The software needs to be fully functional immediately upon deployment, but must also be capable of evolving as our processes and plans call for enhancements and additional functionality. Mr. Sherrill expects to report the results of his investigation prior to the next Trauma Commission meeting.

Mr. Hinson expressed that technology is moving much faster than we can run. The AVLS devices being built into the ambulances now have a built-in system showing all hospitals within 50 miles. The ambulance crew can easily locate all of the hospitals on the device. When we started this project we thought the software in the base would have to calculate this. We need to make sure that whatever software we choose will require "open architecture" so all systems can communicate with each other rather than a more proprietary software which can make reporting more difficult.

Mr. Hinson later stated that he was surprised we had only received three responses to the RFI. He questioned whether the initial RFI posting requested "trauma" software; this may have limited the vendor responses. He feels that the software involves a very simple database. "Trauma" software could be priced much higher because of the name and we should keep this in mind moving forward.

Meeting with Debra Elovich:

Mr. Scott Sherrill met with Ms. Debra Elovich, State Properties Commission, to consider TCC site. If we issue an RFP, vendor would request site info. Defined requirements for space requirements by end of 2010, located anywhere in the state, approximately two rooms for a total of 700 square feet, private entrance, co-locate with another 24/7 facility sharing building bathrooms and good phone connectivity. Debra mentioned there would probably be several potential properties available at that time. Her schedule is very busy now and she will report back to us in late April/May timeframe with her property search findings for the Commission's review.

Ms. Cole added that we have posted the GTCC lead position and are beginning the candidate selection/interview process this coming month and will report on this in May.

State Properties Commission re TCC site:

Minutes approved on 20 May 2010

Ms. Cole stated as soon as we get the GTCC lead person hired, we can hopefully get the dollars in the first of the new FY year to the two pilot regions. They would then begin to develop their regional trauma advisory council and writing their regional trauma advisory plan. The software is the biggest decision and how long the build time would take since we have been working on this since 2009.

Dr. Ashley stated the two regions becoming part of the pilot will be a good test with them side by side geographically and how patients move across regional lines and how they work together.

EMS REPORT -- AVLS Program:

Mr. Hinson reported the agreement with GAEMS is moving along well with the contract for the training and the trauma equipment. The Memorandum Of Agreement is either completed or almost completed. He stated that Kurt Pennywitt at GTRI and Mr. Jim Pettyjohn have done a great job driving this program. The first install of the AVL system will be in Dublin, GA next week. He wanted everyone to know these installs can be completed in rural areas.

The ambulance service at Memorial Medical Center in Savannah, GA bought In Motion devices and has asked to send them back so they will have the same devices as everyone else and are asking for reimbursement for their purchase. Savannah would be reimbursed when their Region is fitted. Mr. Pettyjohn stated that everyone is eligible to retrofit existing systems or purchase a new one. Region 5 or Region 6 would be distributed first.

Mr. Hinson stated that he would be asking GAEMS and Mr. Courtney Terwilliger to help develop a roll out plan for the AVLS statewide since they are getting many requests on how the distribution will take place moving forward. He will propose a motion at the May meeting to ask for assistance in the distribution. Mr. Courtney Terwilliger stated the GAEMA grant would hopefully pay to put all systems in place. Regarding reimbursement for existing equipment, for example Savannah, he did not know whether they would reimburse for equipment previously purchased. He further said the Trauma Commission has one pot of money, but did not know if GAEMA would allow funds for reimbursements. Mr. Hinson agreed that we needed to confirm this.

Government Affairs:

Mr. Hinson informed the group the \$10 tag fee is to be voted on at any time. Call your representative and senator for support. Close count at this time. He mentioned that the House is holding this hostage over another bill. Four days of actual session remaining. Someone reported it was still in "Rules" and was being detained. There is pressure with other bills in the Senate.

DCH & STATE OFFICE OF PREPAREDNESS AND TRAUMA REPORT

Dr. O'Neal reported some reorganization at DCH that will slightly impact Mr. Jim Pettyjohn and Mr. Curtis Chronister's work for the Commission. The new Deputy Commissioner of DCH is Mr. Clyde Reese who is the General Counsel for DCH. He has been very helpful to DCH in expediting activities for the Commission. The former Chief Financial officer, Mr. Vince Harris, he has been moved to the MIS department replacing Mr. Perry Simms. Mr. Scott Frederking has been appointed as new CFO for DCH.

In the OEMS/T, Dr. O'Neal stated there is concern of budget cuts impacting the office. They just found out their entire operating budget for OEMS/T in 2011 has been removed. Effective July 1st there will be no funding whatsoever unless it is put back in. If they lose the funds for salaries in that office as the state match for our Emergency Preparedness Grants, they will lose \$30M of federal money. In order to put it back, it has to be found somewhere else in the amount of \$600,000.

With the 5.5 positions the Commission had approved for funding that the Commission has granted to the office, Dr. O'Neal would like to suggest to change the IT position to an educator position. Rationale is we do have emergency preparedness funding which will allow them to hire a "Med EPI" person who will do

Minutes approved on 20 May 2010

up to 3% away, so he feels there is no threat to the funds. Candidates should ask rather than speculate. Current grass roots members of the Trauma Commission may not be here in the future said Dr. O'Neal.

Mr. Rich Bias wondered, given the fact that at least to date, the discussion about funds being transferred has always been around particular positions or functions that were important to the initiatives of the Commission that at least the dollars being transferred by the initiatives of the Commission, if that process continued, it might be further supported by an MOA or something to put on the record the intent of the Commission, that as long as funds are available through state resources, or others that was the intent. Looking for something that suggests a commitment between the two based on that money being transferred with actually being in support of the actions of the Commission as one. This is not just a block grant. Mr. Hinson suggested we make a motion going forward to confirm commitment to express support of position. He was concerned about transferring funds period, as it seemed to make things more susceptible to reductions, budget cuts and positions disappearing. Mr. Bias said he was concerned about transferring the budgets and it is the nature of the beast that exists based on a state budget that has to be balanced.

Dr. O'Neal suggests that if we have actual cuts he would like to use any of the remaining money that we have not used on those 5.5 positions to offset those cuts so that they don't lose any additional people.

MOTION GTCNC 2010-4-07:

I propose a motion to support Dr. O'Neal's request for the remaining balance of the 3% allocated to OESM/T in the current fiscal year be allowed to offset the costs in his existing department to keep from laying off any positions. This is limited to FY2010 OESM/T dollars to be spent between now and June 30, 2010.

MOTION BY:
SECOND BY:
ACTION:

Mr. Bias
Ms. Vaughn
The motion ***PASSED*** with no objections, nor abstentions. (*Approved minutes posted to www.gtcnc.org*)

Ms. Renee Morgan stated Ms. Marie Propst has been working overtime with the new centers coming onboard on the registry for hospitals. Four Level IV centers Training ongoing or just recently completed for Wills Memorial, Washington GA; Lower Oconee, Glenwood, GA; Emanuel Medical and Taylor Regional in Hawkinsville. Lower Oconee, Emanuel and Taylor have been working with DCH for a couple of years to complete. Atlanta Medical is upgrading to Level I. Barrow County is coming back as a Level IV. Effingham and Chattooga regional are coming onboard. Mr. Jim Pettyjohn thanks Ms. Morgan and Ms. Propst for all of their hard work with the New trauma Center Start-Up Grant.

OLD BUSINESS

Commission per diem – Renee Morgan. As agreed in earlier budget conversation today, reimbursements will not be sought for FY 2010.

Grady Contract Extension/Amendment – Curtis Chronister. Contract was extended on March 30, 2010 and is good through March 31, 2011. Ms. Fran Lewis is getting the dollars moved around within the project and will report the adjustments to Curtis.

Mr. Chronister and Mr. Pettyjohn took the opportunity to praise the efforts of Ms. Mauri Smith, new DCH employee who was hired with Emergency Preparedness Funds this past month. Ms. Smith and Ms. Tiffiney Ward have been very helpful with contracts.

Minutes approved on 20 May 2010

Federal Stimulus RFI – Mr. Chronister reported a new contract draft is in order, as prior contract cannot be found. Mr. Jim Pettyjohn stated this was a request of Dr. Robinson's to find the original.

FY 2009 Final Budget Balancing (rounding issue) – Mr. Chronister reported there is no missing money. It was a rounding formula on a past Excel spreadsheet and Ms. Marie Probst, DCH, audited the spreadsheet to confirm this.

Ms. Linda Cole asked Mr. Chronister for an update regarding the FY2011 employment contract for Mr. Jim Pettyjohn. Mr. Chronister stated that the contract is with Ms. Mauri Smith now, DCH contracting. Mr. Chronister is pursuing a renewal option on this contract and requesting funds be increased from \$138,000 to \$140,000 to include website management. Mr. Chronister will notify the Commission when the contract is approved.

Mr. Jim Pettyjohn confirmed with the Commission that Carol Dixon's salary would continue to bill through Abacus Temp Agency provided the budget is approved for FY2011.

NEW BUSINESS

On behalf of Mr. Bill Moore, Dr. Dennis Ashley announced the Regional Trauma Symposium Current Concepts 2010 at the Atlanta Medical Center on April 24, 2010 from 7:00 a.m. to 6:00 p.m. There will be prominent speakers including Dr. L.D. Britt, famous trauma surgeon and Dr. Burgess, orthopedic surgeon. Brochures were offered and all welcome to attend.

Ms. Debra Kitchens announced that effective April 14th, The Medical Center of Central Georgia went live with teletrauma with three of four hospitals.

NEXT MEETING

The next regularly scheduled meeting of the Commission will be on 20 May 2010 in Macon. Peyton Anderson Health Education Center, 4th Floor Weaver Board Room. Start time 10:00 a.m. – 2:00 p.m. with lunch/break at 12:00 p.m.

MEETING ADJOURNED

Hearing no call for additional business or concerns for the Commission to address, Dr. Ashley declared the meeting adjourned at 1:42 PM.

Minutes crafted by Carol Dixon and Jim Pettyjohn.