



MEETING MINUTES

Thursday, 18 February 2010

Scheduled: 10:00 am until 1:00 pm
Steiner Auditorium, Steiner Building
Grady Health System
Atlanta, Georgia

CALL TO ORDER:

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order in Steiner Auditorium at 10:30 AM.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Commission Administrator Curtis Chronister, Compliance Officer	Georgia Trauma Care Network Commission DCH DEPR Office of EMS and Trauma

OTHERS SIGNING IN	REPRESENTING
Rena Brewer Brandon Dixson Bambi Bruce Michelle Archer Chris Threlkeld Bryan Forlines Scott Sherrill Rachel Duke David Borghelli T. Jeff Smith, IV Gary Pinard Greg Pereira Marty Billings	Georgia Partnership for Telehealth Georgia Partnership for Telehealth Walton regional SOEMS SOEMS Medical Center Central GA GTRI GTRI Houston Healthcare GAEMS SOEMS CHOA MetroAtlanta Ambulance

Pat O'Neal	DCH
Lee Oliver	MCCG
Gina Solomon	Gwinnett Medical
Jim Sargent	North Fulton Hospital
Scott Maxwell	Burn Center
Blake Thompson	Wilkes County EMS
Danae Gambill	GHA
Kathy Segoe	Athens Regional
Liz Atkins	CHOA
Rochella Mood	Atlanta Medical Center
Julie Mcinnis	CHOA
Dana Koon	GHA
Regina Medeiros	MCG
John Harvey	MAG/MHA/GMC
Courtney Terwilliger	GAEMS
Spencer Wilkes	North Georgia Medical Transport
Fran Lewis	Grady
Renee Morgan	OEMST

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley welcomed all present and announced that he will report to a Joint Health Appropriations Subcommittee of the Georgia Legislature on Tuesday, February 23rd at 2:00 pm on the FY 2011 Trauma Commission budget.

ADMINISTRATIVE REPORT REVIEW:

Mr. Pettyjohn reported that today is EMS Day at the Capitol and thanked the EMS providers present for their service. He gave an overview of the components of the February 2010 Administrative Report.

Copies of the February administrative report are available to the 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 will be posted to www.gtcnc.org.)*

APPROVAL OF THE MINUTES OF THE 28 JANUARY 2010 MEETING

The draft minutes of the 28 January 2010 meeting were distributed to the Commission prior to the meeting via electronic means and are also available to attendees in printed form.

Mr. Pettyjohn requested two amendments to the 28 January Minutes. The first amendment is to page 3, Motion 2010-1-02, amend to "Dr. Ashley asked Dr. O'Neal to proceed with developing the contract." The second amendment is to the Pilot Project Subcommittee section, amended to read "The RFP for this software could be released as early as March through DCH."

Mr. Pettyjohn requested a motion

MOTION GTCNC 2010-2-01:

I move that the minutes of the 28 January 2010, meeting of the Georgia Trauma Care Network Commission be approved as amended.

MOTION BY:
SECOND BY:

Ms. Cole
Mr. Hinson

ACTION:

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

QUORUM:

Dr. Ashley, after consulting with Mr. Alex Sponseller of the Office of the Attorney General, declared that a quorum was present, as all Commissioners were in attendance.

SECRETARY/TREASURER'S REPORT

Ms. Cole presented the Treasurer's Report showing a balance as of 31 January 2010 of \$4,394,615.18. The Treasurer's Report can be found on page 2 of the Administrative Report. Ms. Cole noted that the changes from the January meeting's discussion on the FY 2011 draft discussion budget General Trauma Fund Allocation (page 3) had been incorporated. Additionally, the Trauma Commission Operations budget (page 4) now reflects the movement of line items as discussed at the January meeting.

GTCNC SUBCOMMITTEE UPDATES

- **GEORGIA TRAUMA COMMUNICATIONS CENTER AND PILOT PROJECT:** Ms. Cole announced that Scott Sherrill (GTRI) met with DCH Procurement regarding the TCC software RFP. Mr. Sherrill was called to the podium to share the outcomes of his meeting with Archie Banks (DCH) and Arnita Watson (DCH). During this meeting, the DCH representatives expressed their concern that the issuance of the RFP through DCH would mean ongoing and additional expenses to the base cost of the software and software installation. These costs could amount to up to 30% of the dollar amount of the software purchase to be owed to a variety of state entities annually. This cost would be based on compliance with state laws governing the purchase of computer and technology equipment and the ways that DCH enforces compliance with that law.

Based on recommendations from Archie Banks and Curtis Chronister, Mr. Sherrill suggested that the Trauma Commission investigate whether they could comply with all applicable laws while significantly reducing that burden if the RFP was issued through GTRI. He pointed out that the Trauma Commission has successfully issued a RFP for AVL equipment through GTRI without incurring this level of expense and that they have had similar success with technology related purchases for a number of state agencies. The DCH representatives present (Dr. O'Neal, Ms. Morgan, and Mr. Chronister) stated they do not object to issuance through GTRI, but that a number of details still need to be worked out.

MOTION GTCNC 2010-2-02:

I move the Commission empower Ms. Cole to proceed with RFP release as she sees most effective.

MOTION BY: Ben Hinson

SECOND BY: Bill Moore

ACTION:

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

Regarding the Pilot Project, Dr. Ashley stated that he had the opportunity to speak to a hospital in Perry about the Project, and they were enthusiastic about the Pilot concept.

Ms. Cole announced there was a TCC/Pilot Project Subcommittee teleconference on February 12th. The logistics of payment for Regionalization Grant(s) from the Trauma Commission to an EMS Regional Council had been discussed. *A copy of the discussion draft agreement is provided in the administrative report.* Alex Sponseller will investigate the possibility of passing dollars from the Commission to the Public Health District to disburse to the EMS Regional Office to affect the agreement. Mr. Bias reminded the Commission there would be a 10% surcharge if the

money were paid to the Public Health District and perhaps administrative costs can be avoided or decreased by taking another route. Another possibility is to contract with a Trauma Center that could disburse the money to the EMS Regional Office with out any administrative fee. The Commission has not made a final decision on the method of disbursement of the Regionalization Grant(s).

Ms. Cole also announced that the Trauma Commission is pursuing a grant opportunity through the CDC regarding the implementation of CDC Field Triage Guidelines. She expects the Commission could learn a great deal from working with other innovating states if selected for the grant opportunity. If Georgia is selected CDC Field Triage Guidelines will be expanded in both EMS Regions V and VI since the CDC requires their implementation in two local regions for a state to be considered for the grant.

➤ TRAUMA CENTERS/PHYSICIANS FUNDING SUBCOMMITTEE: Dr. Haley reported that the Subcommittee met via conference call the week of February 5th. Doctors Hospital has expressed interest in the Trauma Center Startup Grant. Dr. Haley requested that the Office of EMS/Trauma look at the possibility of bringing in Burn Centers at some kind designation. They are currently not included in funding opportunities through the Trauma Commission.

➤ GOVERNMENT AFFAIRS SUBCOMMITTEE & EMS STAKEHOLDER GROUP: Mr. Hinson prefaced his update by saying his Subcommittee has been focused upon funding. He announced that he is pleased that the Trauma Commission can fully expect to receive \$23 million for FY 2011, despite the state budget cuts. Mr. Hinson recommends that the Commission refrain from taking a side on the disagreement between the Governor and some hospitals in the state about Medicaid payments.

Mr. Hinson said that the \$10 tag fee passed the State Senate last year but has not yet been passed into law. Mr. Moore mentioned that the tag fee has other advocates besides the Trauma Commission. He also emphasized that the Super Speeder law may fall out of favor, so the Commission should continue to seek other means of funding. Dr. Ashley agreed that the Super Speeder law cannot sustain itself as the main funding mechanism for the Trauma System, since the Commission cannot be sure exactly how much revenue it will generate, especially in the long-term. Dr. Ashley then suggested that the Trauma Commission decide in advance how to respond if Senator Goggins specifically asks the Commission to lend its support on the \$10 tag fee legislation. Mr. Hinson replied that the Government Affairs Subcommittee will convene a special meeting if Senator Goggins makes that request.

Mr. Hinson then proceeded to the EMS Stakeholders Group update. On February 17th a kickoff meeting (for AVL) was held with InMotion, GAEMS, GEMA, and GTRI at the GTRI offices. Mr. Hinson stated that approximately 200 vehicles in Georgia already use InMotion. The AVL selected will create a WiFi hotspot in the EMS vehicle. It will utilize a Garmin GPS device. InMotion will ship a black box to each recipient EMS vehicle, which the EMS provider can hook up to the Garmin device. GTVC will aggregate the data collected through the AVLS and send it to the TCC. Every ambulance director will have online access to the position of their ambulances from anywhere in the world. The InMotion device will also allow users to make informed decisions about which wireless vendor to use at any point, via the capability to switch between AT&T, Verizon, Sprint, etc. depending on the signal strength of each and user preferences.

The specific purpose of the February 17th kickoff meeting was to discuss the "pick list", a list of features that are not standard on InMotion devices, but can be configured prior to equipment shipment to the EMS service. Individual services can choose from the list the features that they want installed before shipment for additional fees.

The initial AVL installment is planned for services in EMS Region V, the Pilot region. Mr. Hinson requested that the Commission provide an opinion on whether services based in EMS Region V but with a service area that extends into other regions should install AVL in those ambulances in other regions. The consensus reached yesterday was to allow the EMS services based in Region V and also serving parts of other regions to install AVL on all of their vehicles.

The money GTRI currently hosts for the purchase of AVL would cover the purchase of 260 units. There are only 157 EMS vehicles in EMS Region V, and 19 services. Dr. Ashley asked how the distribution of the remaining 103 units should be determined. He suggested choosing a method of distribution determination and the actual demand for AVL in order to proceed in the most logical and non-controversial way. Mr. Hinson replied that demand will likely be influenced by factors in the "pick list." Mr. Hinson proposed bringing up these AVL-related questions with the stakeholders at a seminar to be held immediately following the CHANGES conference in March.

Lee Oliver (GAEMS) furthermore suggested that the exact requirements of AVL interface with the TCC or any other state-regulated entities be put explicitly in contracts developed between EMS providers receiving AVLS and the Trauma Commission.

Finally, Mr. Hinson announced that the Trauma Commission was alerted the previous week that DCH had not approved its process for EMS Vehicle grant applications, and therefore the Commission cannot move forward with the EMS Vehicle Replacement Grant Program nor post the grant guidance or application. EMS services interested in the specific criteria for EMS Vehicle Grants have therefore not been informed of the criteria and have expressed a desire to be informed. Mr. Hinson announced that the agreement reached with the EMS Stakeholders Group was to deduct 20% from the subtotal of any service having received the grant last fiscal year. The virtues of deducting 20% versus moving services that received the grant last year "to the bottom of the list" was discussed at length in light of the grant's intent to pay for vehicles in under-resourced, rural areas. After consulting with Curtis Chronister (DCH), Mr. Hinson proposed a motion.

MOTION GTCNC 2010-2-03:

I move the Commission grant Mr. Pettyjohn the authority to post the EMS Vehicle Replacement Grant Scoring Criteria MINUS the submittal information

MOTION BY: Mr. Hinson
SECOND BY: Dr. Hailey
ACTION:

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

- GEORGIA TRAUMA CARE ECONOMIC PROFILE SUBCOMMITTEE & GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE: Neither of these committees convened since the January GTCNC meeting. Ms. Vaughn reported that the hospitals met their obligation to submit all their Readiness Cost information in a timely manner. Ms. Vaughn

DCH OEMS/T REPORT AND GTCNC PROCUREMENTS AND CONTRACTS UPDATE REPORT

Mr. Chronister reported on the list of Trauma Commission Procurements and Contracts (pp. 16-17 of the Administrative Report).

Regarding the TCC Lead Position Mr. Chronister reported that DCH could request that a temp agency arrange appointments for the Trauma Commission to interview candidates. The question to the Trauma Commission is whether the person hired should be a Temp or Contractor. Discussion favored the hire of a

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Temp. The Commission could pay the Temp Agency \$100,000.00 which would include the employee's benefits, salary, and Temp Agency administrative fees.

Mr. Chronister also announced that he and Mr. Pettyjohn will soon have access to Team Georgia Marketplace, a status system through which they can view the status of any procurement in the system.

Regarding the Center for Healthcare Organization Transformation Membership, Mr. Chronister reported that the contract will be drafted the week of 22 February.

Mr. Pettyjohn requested that all contracts DCH issues on behalf of the Trauma Commission be required to pass back through the Commission before final release of the contract. Mr. Chronister confirmed the request on behalf of DCH.

Mr. Chronister then clarified that the Professional Services contract under which Mr. Pettyjohn works does not have to go out for solicitation for the upcoming fiscal year. Trauma Commission discussion then also determined that the Administrator position does not need to include "RN" as a requirement for application now or in the future. The application requirement will be "significant related trauma experience."

Mr. Chronister then reported that there are five and a half positions approved by the Trauma Commission. That of Compliance Officer is filled. Two EMS Director positions have been filled. The IT position has yet to be requested. Trauma Nurse position is in-process (pending) which means that the paperwork has gone forth to HR. The half position (half- time) is for EMS Medical Director which is halfway through the 4-10 week process. The Trauma Nurse Coordinator position description will be forthcoming from Mr. Chronister.

Dr. O'Neal announced that pursuant to the Region III EMS Council meeting two trauma centers will be designated. This announcement at the Region III EMS Council meeting was warmly received and not disputed. Atlanta Medical Center will become a Level I trauma center. Kennestone will become a Level II trauma center (most likely, though specific level has not been finalized.) No other applications have been received.

LAW REPORT

Alex Sponsellor (Attorney General's Office) says the legal opinion on making Regionalization Grants to Public Health Districts for access by the EMS Regional Council is still being researched.

NEXT MEETING: The next regularly scheduled meeting of the Commission will be on 18 March 2010 in Atlanta, time and venue to be determined.

MEETING ADJOURNED: Hearing no call for additional business or concerns for the Commission to address, Dr. Ashley declared meeting adjourned at 12:45 PM.

Minutes crafted by Rachel Duke and Jim Pettyjohn.