Minutes approved 17 November 2011

MEETING MINUTES

Thursday, 15 September 2011

Scheduled: 10:00 am until 1:00 pm
Atlanta Medical Center
Health Pavilion-Letton Auditorium
320 Parkway Drive NE-Atlanta, GA 30312

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order at 10:08 a.m.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director	Georgia Trauma Care Network Commission
Lauren Noethen, Office Coordinator	Georgia Trauma Care Network Commission
Judy Geiger, Business Operations Officer	Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller	Assistant Attorney General
Scott Sherrill	GTRI
Regina Medeiros	MCG Health
Lawanna Mercer-Cobb	SOEMS/T – Region 6
Gina Solomon	Gwinnett Medical Center
Debra Kitchens	MCCG
Renee Morgan	OEMS/T
Bambi Bruce	Walton Regional Medical Center
Josh Mackey	GAEMS
Brandi Holton	Phoebe Putney
Jill Mabley	OEMS/T
Danlin Luo	DPH Chronic Disease
Rana Bayakly	DPH Chronic Disease
Keith Wages	OEMS
Richard Lee	OEMS
David Bean	EMS Consultants
Romeo Massoud	Gwinnett Medical Center

Greg Pereira	GHOA
Fran Lewis	Grady
Sharon Queen	Walton
Ethan James	Georgia Hospital Association
Laura Garlow	Wellstar Kennestone Hospital
Jim Sargent	North Fulton Hospital
Scott Maxwell	M & M Inc.
Michael Colman	Grady

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Dennis Ashley states that the Commission had a tragic loss. Mr. Mike Watts who was the lead to the TCC passed away on September 1, 2011. Dr. Ashley holds a moment of silence in honor of Mr. Watts.

Dr. Ashley states that Mr. Jim Pettyjohn and he had the opportunity since the last Commission meeting to meet with Governor Nathan Deal and his staff, and bring the Governor up to date on all the things that the Commission is doing, with a lot of attention to the regionalization and the Communication Center. The Governor was very pleased with the progress, and we received very good feedback concerning the direction the Commission is headed. The Governor realizes that we need sustainable funding and he has agreed to help us with that, but like many of the legislature he does not have a magic bullet and is open to suggestions. Dr. Ashley states that we need to continue to have an open mind and be thinking of ways to do that. Dr. Ashley states that they also met with the Lt. Governor Casey Cagle, Senator Greg Goggans, and Senator Renee Unterman, and they were very happy with our progress especially the regionalization, combining resources and getting the right patient to the right place at the right time, and working with the Communication Center to build a system. This was something the Lt. Governor had pushed two years ago, with a new access project for all Georgians regardless of where they are.

Dr. Ashley states that the bi-monthly Medical Directors meeting with all the trauma centers has been going very well. The last meeting centered on TQIP which is the Trauma Quality Improvement Project that all trauma centers will have now. We will be the first state to come on board, and the American College of Surgeons Performance Improvement Committee at the national level, is very interested in Georgia, because we are the first state to come onboard. Because we are the first state to do this, a subcommittee of that group joined in on the conversation, and is working with us to design and develop state reports. We are working on those reports and Dr. Ashley states that he will get more information back to everyone on how the state reports will work.

Dr. Ashley announces that on Thursday November 3, from 8 am-12 pm MCCG is holding their Trauma Symposium and it will be dedicated to traumatic brain injury. Dr. Ashley states that everyone is invited, and it is free of charge. Dr. Ashley would like anyone who plans on attending to RSVP.

Dr. Ashley establishes quorum. Mr. Alex Sponseller confirms quorum, and Mr. Jim Pettyjohn confirms no one is on the conference phone line.

APPROVAL OF THE MINUTES OF THE 11 August 2011 MEETING

The draft minutes of the 11 August 2011 meeting were distributed to the Commission prior to the meeting via electronic means and are also available to meeting attendees in printed form.

MOTION GTCNC 2011-15-01:
I move that the minutes of the 11 August meeting of the Georgia Trauma Care Network Commission distributed and presented here today to be approved.

MOTION BY: **Ms. Linda Cole**
SECOND BY: **Dr. Leon Haley**

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DISCUSSION:
Ms. Elaine Frantz states that a correction needs to be made to the minutes on page 14 the third paragraph. The meeting of the first RTTDC is scheduled for November 3.

Motion has been copied below:

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

ADMINISTRATIVE REPORT REVIEW

Mr. Jim Pettyjohn summarized the administrative Report including presentations to be made today, and subcommittee reports to be provided.

- The Division of Driver Services supplies Super Speeder Revenues every month. Regarding the $200.00 fine part our receivables are up for July 2011 over July 2010. In 2011 we had 1.37 million dollars and in 2010 it was 1.27 million dollars. We are also up in collections for the same period $971,000 verses $482,000. The reinstatement fee which is the Lions share of Senate Bill HB 60, and the largest amount of money coming to the Commission, receivables were down for 2011 over July 2010, 1.4 million verses 1.6 million, but the collections are up for the same period, so there are less opportunities but we are getting more back, $456,000 verses $292,000. The total collections for July 2011 were 1.4 million and in July 2010, $774,000. *(Graft attached to Administrative Report and posted to the GTCNC website)*

- Judy Geiger's report on the Trauma Commission's contract and accounts payable process. The Commission wanted us to work with DPH on this process and we were successful in doing that. *(Process Attached to Administrative Report.)*

- Judy Geiger's 2012 Expenditure Report to date. *(Attached to Administrative Report)*

- Last week Mr. Pettyjohn sent out the FY2012 Trauma Centers contracts. We have a goal of uncompensated care funding. Last year for our uncompensated care services we used survey data from calendar year 2008, and also started auditing our survey data. We audited 2008 and found changes. We went back and changed the amount in last years contract to cover services in 2009. The difference in this years contract is that instead of saying that we are paying for uncompensated care services to cover calendar year 2009 when we already did that, we are stating that we are granting the trauma centers funding according to uncompensated care data submitted for calendar year 2009. That is the transition year and will be easier for the trauma centers. They will not have to go back and find that data again, it is already there. Next physical year 2013 we will be using calendar year 2010 to determine our uncompensated care distribution, and we will be funding for services during calendar year 2010. When we audit next year we will be auditing 2010 and if we have to change the distribution we will be changing the distribution for 2010 the same year we are funding it.

- FY2011 Uncompensated Care Program distribution. The checks have been written and are being sent out. *(Distribution Document attached to Administrative Report and posted to the GTCNC website)*

- eBroselow Safe Dose mobile phone app that is also for the I-pad goes live September 19th through September 25th. This app is downloaded for free during this time with the requirement that EMS participate in three surveys, how they use the app, the effectiveness of the app, and any recommendations to improve it. Georgia is the first state to do this.

Trauma Communications Center Update

The untimely death of Mr. Mike Watts has been sad and devastating. Mr. Mike Watts was working with Mr. Pettyjohn and Mr. Scott Sherrill to build a team with the TCC. Mike left us a wonderful legacy; he had worked his contacts in the area, and had found several people that were interested in becoming agents. Mr. Scott Sherrill with GTRI has been extremely important in helping to get the TCC Center together. Mr. Sherrill has been working with SAAB to assure that we have the software placed properly on the server. We had a delay with SAAB coming to provide training on that, but they will be coming September 10th. Mr. Pettyjohn will be moving down to the TCC in Forsyth for the last week of September as well as the month of October to build a team of staff. Mr. Pettyjohn hopes that out of that team a leader will surface, and he can work with that person to become the supervisor of the TCC. That is one idea, and the other is to go back and re-visit the folks that interviewed for Mike's position. Mr. Pettyjohn thinks he will delay the opening of the TCC from October 1st to November 1st. Mr. Lee Oliver from MCCG has offered his resources in helping us develop policies, procedures, and job descriptions, as well as Mr. Ben Hinson and his lead person at his dispatch center. Mr. Pettyjohn states that while he is working at the TCC he will be meeting with these people and leveraging all of these contacts and assets, and he will provide a report to the Commission by email as well as in November at the Commissions next meeting.

Mr. Scott Sherrill states that the system at the TCC has been physically implemented. The rack of equipment that we will be using, radio antennas, and the software is up and running within the facility and can be accessed via the internet with appropriate permissions. Mr. Sherrill states that he would refer to the software as being in a beta format, it has dummy data that we would need to be able to populate as we talk to the participating hospitals, and perform thorough testing on it. As Mr. Pettyjohn mentioned we delayed SAAB coming from Sweden for the training as a result of the situation with Mr. Watts, and the personnel changes. They have been rescheduled the week of October 10th. There are some infrastructure issues at the TCC itself that should also be resolved by that point of time. When SAAB arrived for their initial installation a card that was ordered for us by GTA for the phone system was not available, it is now available and in place. They are increasing the bandwidth for the TCC, and that should be completed next week. The system itself, the training, and the infrastructure we need should all be in place for the training week of October 10th. Mr. Sherrill states that SAAB has gone above and beyond the letter of the contract in terms of things they have provided for us as we have looked at and identified potential additional functionality.

FY 2012 Budget and Strategic Planning Update & Contracting Process

Ms. Judy Geiger is pleased to report to the Commission that the 2012 approved budget with 2% reductions was entered by the September 1st deadline into budget tools. Budget tools are OPB's budgeting system to enter the reductions in order to create the budget report that will be presented to the governor. *(Attached to Administrative Report budget documents page 11-15.)* Budget documents will be available at each Commission meeting and also posted to the GTCNC website. The GTCNC supplies an even more detailed version.

Ms. Geiger goes over the contracting process as far as what DPH was going to provide for administrative services. After the August 11th Commission meeting we received an email from DPH, and the contract specialist Mauri Smith. This email stated that DPH would provide all services except for contracts, procurement and grant writing services. What resulted was that Mr. Pettyjohn, Ms. Lauren Noethen, and Ms. Geiger went on a fact finding mission and had a meeting with the Department of Administrative Services, which is the state agency responsible for the guidelines for procurement. *(Attached to the Administrative Report page 6-7 meeting document)* Ms. Leslie Lowe, DOAS Assistant Commissioner of Procurement who was present at the meeting stated that hospital trauma centers, physicians, and the EMS allocations, as well as the other current contracts that the Commission has are exempt from procurement. Ms. Lowe checked with her legal staff, and they said they do not even want to see them. In essence DPH cannot charge us for something they did not provide to the Commission in the first place. The second issue concerning the contracts writing was that basically what DPH was providing in the past was a contract shell, and the contract specialist would customize this shell for the Trauma Commission contract. Mr. Pettyjohn felt very strongly about being able to bring this process in house, and bypass using DPH contracts process for development. Mr. Pettyjohn worked with Mr. Alex Sponseller to develop the Trauma Commission contract shell. They were successful and created a 25-page shell, and the contracts were emailed out to the hospitals this week. The next phase after the contract has been developed is to come up with an in house process of how to take the executed contracts and get them entered into PeopleSoft, to be able to pay the invoices.

(Attached to Administrative report pages 8, Georgia Trauma Commissions Contracts (GRANTS) Process documents) The only part of the process that DPH will be involved in will be the buyer, and the buyer is the person that actually enters the purchase order into PeopleSoft. The Commission's state employees will perform all other actions and tasks. Ms. Geiger states that Mr. Jeff Bailey, with the contracting firm Cherry Technologies, and is the TGM Implementation Manager, is to work with the state accounting office to set up agencies to map out from beginning to end how to enter a purchase request into PeopleSoft and get it approved. There are several different activities involved, 1) Requestor, 2) Program Approver, 3) Budget Approver, 4) and the Buyer that actually enters the purchase order into PeopleSoft. We discussed the possibility of the Trauma Commissions state employees being able to develop this process 100%. Ms. Geiger had a follow-up conversation with Mr. Bailey on that subject after the meeting, and Mr. Baily apologized but he is working with 8 other agencies right now in developing their mapping, and it would be January before he could address our issues pertaining to getting us set up. Ms. Geiger states that since this is all new we would have to see how much it expedites being able to execute contacts into PeopleSoft, but Ms. Geiger truly believes that this is the route to take. If we were to try and bring everything in house with Lauren Noethen, Jim Pettyjohn and she, we would still be missing one piece. Ms. Geiger states either she would have to give up her budget approval and give that to the DPH budget office and she would become the buyer, or DPH is the buyer. It is a difficult decision because you have your checks and balances, and we do not have enough employees. Ms. Geiger recommends that we see how this grants contacts process works first, and we will because the contracts will be executed in October, and in November entered into PeopleSoft. If after that we still wish to pursue bringing everything in house that meeting can take place hopefully as soon as January. The contacts process leads into how are we going to pay invoices. *(Attached to Administrative Report page 9-10, Invoice Payment Process.)* Ms. Geiger states that this process has been streamlined by only involving one person to pay the accounts payable invoices in Public Health, and one person to pay the contract invoices in Public Health. Ms. Geiger states that she will be following up with each check run and doing queries in PeopleSoft and updating the detailed expenditure sheet with the budget to insure that payments are made in a timely manner.

Ms. Geiger states that the OPB the Office of Planning and Budget has a web based system called Horizon where they require each agency to enter their strategic plans, including goals and strategies. *(Attached to the meeting minutes instructions for access to the Horizon Website.)* This is also a way for the OPB to make the states agency's strategic plans public. Anyone can look at this website. The deadline for entering that information was also September 1st and we completed it and submitted it on September 1st.

Ms. Geiger states that the zero-based budgeting is official and the Trauma Commission's budget program has been selected to participate in the zero based budgeting process. Ms. Geiger has a meeting tomorrow with the Commissions OPB analyst Ms. Paula Brown, as well as Ms. Alice Zimmerman who is the strategic planning coordinator for the OPB, to receive guideline on developing performance measures which is the first step of the zero based budgeting process. Once that information is gathered Mr. Pettyjohn, the Commission, and she will have to work on developing those performance measures. These measures will definitely have to be reviewed and approved. This is something that will be put into the governor's 2013 budget reports. The performance measures are all subject to audit, so it is very important that we know what we are putting out there.

Dr. Ashley wants to know when we will have to have all that completed.

Ms. Geiger states that the initial performance measures need to be completed and entered into budget tools by October 3rd.

Mr. Pettyjohn states that the deadline is October 3rd, but we have documentation back from OPB that yes these will be draft, they will be discussed, and they will need to be approved, and they can be changed. We will keep the Commission informed on this process.

Dr. Ashley wants to know if this document is something that is looked at before the governor does his budget to decide where he might want to distribute his money for the following year?

Ms. Geiger replies that the whole idea of zero based budgeting is to have the performance measures and to be able to tie these measures to the dollars being spent. When the legislator's look at each budget program they can see the amount of money they spent and what was accomplished.

Dr. Ashley wants to know if it includes every line item in the Commissions budget or is it in big chunks?

Ms. Geiger reply's that she has heard that it is by activity, which is a very vague term. The meetings with OPB tomorrow will help clarify some of those questions.

Trauma Registry Data Presentation

Ms. Rana Bayakly presents the Trauma Registry Data, which includes:

- Data Analyzed
- Severity and length of stay,
- Mechanism, Severity, and LOS
- Severity LOS, and disposition.

Dr. Ashley wants to know if we will have the ability to know how long it took on a transferred patient to get them transferred? The Trauma Commission is under accountability pertaining to all these things we are doing, is it going to work, is it going to make a difference? If we can get a severe patient to the trauma center in less time than they usually get there that is a positive database.

Ms. Bayakly replies that the hope is to link the data to other EMS and once the linkage is complete they are hoping to be able to answer that question. Ms. Bayakly they are hoping to apply for an EIS Officer, which is an Epidemiologic Intelligent Service person. If they are successful in obtaining this person who is a PHD epidemiologist, or an MD, with a MPH, that person can help to link us to the two data sets, the EMS and the Trauma Registry. If this takes place we would be able become successful in December of this year. *(PowerPoint of this presentation attached to the meeting minutes.)*

RTAC VI Plan (action required)

Mr. Rich Bias states that in preparation for this meeting Mr. Pettyjohn sent out two documents to Commission members around the end of August, the Trauma Regionalization EMS Region VI July 2011 Summary that was prepared by the RTAC and approved by the Region IV EMS Council, and the Region VI BIS (Benchmark Indicator Scoring) Assessment. *(Documents attached to meeting minutes)* Mr. Bias states that in this presentation he is going to be focusing on the process of this plan. Starting in January after the Commissions retreat in Rome we had a basic blueprint of how we might go forward. In Region IV we established a stirring committee, which included Lawanna Mercer-Cobb Director of the regional office in Augusta, Regina Medeiros and Courtney Terwilliger. *(Attached to the meeting minutes Power Point Presentation Region VI Regional Trauma Advisory Committee Plan)*

MOTION GTCNC 2011-15-02:
I move to approve the first Regional Trauma Plan as presented today.

MOTION BY:	**Ms. Linda Cole**
SECOND BY:	**Ms. Kelli Vaughn**

DISCUSSION: None

Motion has been copied below:

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

Reports

RTAC V

Ms. Debra Kitchens states that the Region V RTAC is moving along, they had their first stakeholders meeting on August 15th, their second meeting on September 5th, and their third meeting is scheduled for October the 5th. We have been having a great turnout and are averaging about sixty people per meeting. Our plan at this point we are for the most part following what Region VI has done, with some differences. We hope to have all of our bugs worked out on our plan by October 5th, and then we will them take it to the Region VI EMS meeting on October 12th, and present it for approval. After that we would present it at the next Trauma Commission meeting.

RTAC IX

Ms. Elaine Frantz states that Region IX has visited all the hospitals their region, and also in South Carolina. The invitations were sent out yesterday to about 100 people, all the EMS counsel members, all of the CEO's in the hospitals in the region, and South Carolina, nursing leaders, and community leaders. Our RTAC meeting is scheduled for October 28th. That will be the first meeting, and at that point Ms. Frantz's trauma chief expects her to present a plan. We have also scheduled the first RTTBC course, which is on November 3rd.

Dr. Ashley states that Mr. Ben Hinson who presents the EMS Subcommittee report could not be here today, but we will catch up on that at our next meeting. Mr. Pettyjohn keeps information pertaining to the EMS Subcommittee posted to the GTCNC Website, so we can keep track of what is going on. Dr. Ashley states that there are no major motions coming from the EMS Committee that he is aware of at this time.

DPH OEMS, Office of Trauma and Public Health

Mr. Keith Wages states that they are still working on the transformation from the Department of Community Health to the Department of Public Health, and at it is going well. Mr. Wages states that Ms. Brenda Fitzgerald their new Commissioner is doing a fabulous job, and of course Dr. Pat O'Neal has provided great support. The transition of the scopes of practice educational standards, are moving along well for the EMS community. We have been very pleased with the support that we have received from the educators as well as the EMT's themselves who are taking the updates to update their licenses. We have a rules and regulations revision going forward right now, which is basically implementing criminal background checks, and we are pleased to have that authority based on the statue that was passed. Mr. Wages states that Dr. Jill Mabley is working on pre-hospital protocols to revise the states recommended protocols, and hopes to have this project completed by the end of the year. Mr. Wages states that at the next Commission meeting he hopes to be able to tell everyone that they have a new program director in Region 9, Brunswick Savannah Region, and we are very excited about that.

Ms. Rene Morgan states that they have done two site visits, one was a re-designation visit, and the other an upgrade and those were Children's facilities, and they are pending approval. Ms. Morgan states that they have not set a firm date for Kennistone, but are in the final stages of their designation process, and will have a date set within the next few weeks. Ms. Morgan is also going to follow-up with Wills and Emanuel, and hopefully before the end of the year have those completed. They have had several new facilities that have contacted them, and are looking into the process.

LAW REPORT

Mr. Alex Sponseller goes over the question that was asked as to how do the RTAC plans gel with EMTALA. Mr. Sponseller thinks the TCC and the trauma plan is a mechanism on how we can decide to transfer a patient. The fact that you have a mechanism to transfer a patient and a faster ability to do that does not take away the fact that the hospitals still have to comply with the federal law. The purpose of EMTALA is to prevent hospitals from

dumping indigent patients onto other hospitals, and or to transfer them before they are stabilized. If the patient has been stabilized the hospital can transfer them to another facility. There is a certain long list of things a hospital has to document to be able to transfer a patient. When you are looking at the inter-facility transfer procedure it only seems viable that you would follow those steps anyways. The physician would have to certify that the best facility to be transferred to outweighs staying at the current facility. The TCC and the trauma plan is basically just a mechanism of saying, "this is the right facility to send the patient to", and the physician that would be treating the patient at the first facility would say, "they have to go to the second facility because that is the best place to send that patient". Under EMTALA if you go through the steps to document that decision then you have satisfied the statue. Mr. Sponseller states that he would be happy to take any specific inquires, and compose an official letter of advice.

Mr. Rich Bias thinks that the question that Courtney Terwilliger raised about whether or not the ambulance is owned and operated by a facility extending the zone of applicable ability rule had been changed in the last couple of years.

Mr. Sponseller states that there are EMS that are not hospital owned and they are not really bound to the EMTALA law, but still to the state law. The regulations actually say that if the EMS is in transit and contacts a hospital that does not necessarily mean that they are coming into that hospitals emergency department, and EMTALA would be triggered. Mr. Sponseller states that ten years ago if it was a hospital owned EMS service as soon as they picked up that patient they would have to bring that patient to that hospital. In 2003 the regulations were changed and now they can bring that patient to a different facility that might be closer or more appropriate. Mr. Sponseller states that he would be happy to provide a detailed letter to that affect.

Mr. Bias states that the only element that he is worried about concerning EMTALA and the transfer center is whether or not it is from hospital to hospital, and the hospital is requesting that the transfer center assist. EMTALA requires that the physician accept the admission, so it cannot simply be the transfer center saying take that patient there, the hospital still have to do all that, and there will not be a shortcut. Mr. Bias thinks that the they will just have to work that out in their policy the expectation that once the TCC calls if the hospital shows up on that data resource screen as being available, they better be. This was the only gap that Mr. Bias saw, in that you do have to have a physician accept that patient.

Dr. Ashley states that after much discussion what they have decided they are likely to do is the following procedures: 1) The facility would call the TCC, and the TCC would say yes it is a trauma system patient. 2) The facility would them connect the ER to the transfer center. 3) The ER doctor proceeds to stabilize that patient as best as possible, while this phone call takes place. 4) The transfer center policy at the trauma centers would be to get the two physicians speaking to one another very quickly. 5) The patient's forms could be faxed to the facility that the patient is being transferred to, while the patient is being taken out the door to the facility. Dr. Ashley states that this procedure has not been fully approved yet. They are in the process of writing this out line by line, as they discuss it. Dr. Ashley states that the Commission will probably ask Mr. Sponseller to review this process or make recommendations on who should review it. The AG's could review it, just to make sure that we are ok.

Mr. Bias states that the next step to consider for MCCG is using the health information exchange that you are setting up with Region IV, it is already live, and the corporation starts next month. The reason Mr. Bias is pointing this out is MCCG is a host, and that would make it available to the other hospitals, so that rather than them faxing a piece of paper they could be using this information exchange network that has critical medical records information.

Dr. Ashley states that advise sounds good and is good to know, but wants to know how Mr. Bias is going to deal with that issue that was just described.

Mr. Bias replies to that question stating that they have not laid it all out yet, but he would expect it to be dealt with exactly as Dr. Ashley described it. Mr. Bias states that the flip of that is not EMTALA at all, but the real question is whether or not there is enough confidence in the system that the EMS services would not be liable for taking a patient to lower level facility as opposed to automatically taking that patient to a higher-level facility. Part of the whole process of this TCC facility is to get the patient to the appropriate level of care, and not have

the patients all go to the highest level in the region, so that the resources are distributed. Mr. Bias is somewhat concerned that without a plan that is very specific and very concrete that there could be lawsuits from the EMS.

Dr. Ashley wants to know how Mr. Bias is going to deal with that?

Mr. Bias states they have to do the next steps of the plan.

Ms. Linda Cole states that two years ago Mr. Pettyjohn and she met with Dr. Richard E. Wild, Chief Medical Officer CMS Region 4, Atlanta, who is involved with the medical review of the EMTALA cases in the Southeast region. They took the framework of the white paper to him, Dr. Wild reviewed it, and at that time did not feel that there were any EMTALA implications. Ms. Cole states but as we are getting more detailed she wonders if it wouldn't be worth having him review the regions IV RTAC plan to see if there is anything that gives him pause.

Dr. Ashley asks Mr. Sponseller if he thinks they should consult Dr. Wild.

Mr. Sponseller states regardless of your plan you still have to comply with EMTALA. He thinks the as far as the way the plan is written it implies that you would do all that, but it would be better if you made clear in the plan that you have to comply with EMATALA.

Dr. Ashley states that his opinion the plan is compliant with EMTALA, but to make people feel more comfortable it would be nice to show Dr. Wild our plan, and have him confirm that it is.

Old business: None

New business: Dr. Leon Haley makes the announcement that they are going to be holding an open house for the new trauma resuscitation area at the emergency department of Grady Memorial Hospital on Friday October 21, at 10 am. This will be an open house for an invited group of folks, including the Trauma Commission. Then we will have a general open house for EMS providers and some other folks. The construction is scheduled to finish at the end of September, and we will go operational on November 16th. The Commission will be receiving separate invitations.

Dr. Ashley mentions that at the November Commission meeting the new Commission members will be seated, and Ms. Kelli Vaughn and Mr. Richard Bias will be rotating off, and the Commission will be acknowledging there accomplishments and hard work for the Commission at that time.

NEXT MEETING Thursday 17 November 2011, MCCG, Weaver Boardroom

Meeting Adjourned: 12:38

Minutes crafted by Lauren Noethen