



MEETING MINUTES

Thursday, 15 July 2010

Scheduled: 10:00 am until 1:00 pm

Mid Georgia Ambulance Training Center
252 Holt Avenue
Macon, Georgia 31201

CALL TO ORDER

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

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Executive Director Carol Dixon, Administrative Assistant Ryan Goodson, TCC Lead (via tele-conference)	Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Andrew Long Elaine Frantz Michele West Kathy Segó Gina Solomon Richard Lee Jim Barnes Rena Brewer Paula Guy Scott Maxwell Debra Nesbit Gigi Goble Marty Billings Randy Clayton	Georgia 360 Memorial University Athens Regional Medical Athens Regional Medical Gwinnett Medical Center Upson Regional Medical Center EMS Towns County EMS GA Partnership for TeleHealth GPT Drs. Hospital of Augusta ACCG GPT Metro Atlanta Ambulance Service Governor's Office of Highway Safety

Scott Sherrill Lawanna Mercer-Cobb Renee Morgan Karen Winters Bill Dohn Regina Medeiros Brandi Holton Jim Sargent Julie Kerlin Billy Kunkle Marie Probst Josh Mackey Lee Oliver Debra Kitchens Blake Thompson Doug Patten	GTRI Region VI EMS OEMS/T GHA Walton Regional Medical Center MCG Health Phoebe Putney Memorial North Fulton Hospital MCG Health Henry County FD OEMS/T GAEMS/Brock Clay MCCG MCCG Wilkes County EMS Phoebe Putney
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WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Dennis Ashley welcomed all present at the meeting. He thanked Mr. Ben Hinson for hosting the facility. An official Quorum of eight was confirmed. Dr. Robinson is formally excused and Dr. Leon Haley is confirmed on the conference call telephone.

Dr. Ashley discussed the \$10 Tag Fee Campaign. Mr. Kurt Stuenkel is one of the members on the Campaign steering committee in the role as an administrator, not in a Commission member role. The Commission or Commission staff have no active role since this is a campaign initiative, so as a state agency, we are not involved. However, as individual citizens, members and staff can participate and voice our opinion. A Steering Committee was formed to get a campaign group in place. An RFP was developed to hire a firm to lead the campaign. After RFP review, 11 responses were received and reviewed. Three were chosen to make presentations of which Goddard Claussen from Washington, DC was chosen. They have 18 years experience in ballot initiatives with a 95% win rate. They will begin a poll to find out where issues are, review media markets and organize a campaign. Now is the time for your participation in writing letters or emails. Mr. Ryan Mahoney from GA Chamber of Commerce office is the "hub" and has offered staff to assist. His email address is rmahoney@gachamber.com. The amount of money we need to raise to cover the cost of the campaign will be over \$3M. Public awareness is required to make this happen. We could have a model trauma system for the nation here in Georgia. Mr. Stuenkel volunteered to be the campaign finance chair to raise the money. The GA Hospital Association has contributed \$250K and the GA Alliance of Community Hospitals that represents not for profit hospitals has agreed to kick in an additional \$250K. We have \$500,000 to start with and the solicitation will go to other folks to raise at least \$3.5M or more. Various constituents and stakeholder groups will be contacted for their support. The Association of County Commissions will also participate and have been a big help in scoring the RFPs.

APPROVAL OF THE MINUTES OF THE 17 JUNE 2010 MEETING

The draft minutes of the 17 June 2010 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 2010-7-01:

I move that the minutes of the 17 June 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

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

DISCUSSION: Mr. Rich Bias requested a revision to the motion.
ACTION: New amended motion

AMENDED MOTION GTCNC 2010-7-01:

I move to adopt the minutes of the 17 June 2010 meeting of the Georgia Trauma Care Network Commission by correcting the sentence on Page 3 under the section titled GA EMS Subcommittee on Trauma from "In April 2009, the Commission passed a motion to establish a standing committee and to define the by-laws to be approved by the Commission" to the following, "In April 2009, the Commission passed a motion to establish a standing committee."

MOTION BY: Mr. Rich Bias

SECOND BY: Mr. Bill Moore

DISCUSSION: When a motion is referenced from the past, Mr. Ben Hinson requested that it be included in the current minutes in **bold** font exactly as they were previously presented.

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

ADMINISTRATIVE REPORT REVIEW

Copies of the July 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 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.)*

Mr. Jim Pettyjohn introduced Mr. Ryan Goodson (via conference phone), new lead position for the Trauma Communications Center.

Budget Cut Discussion:

Ms. Carol Dixon and Mr. Jim Pettyjohn traveled to Atlanta to continue streamlining our new FY2011 processes involving budget, contract and accounts payable paperwork flow. Ms. Brenda Smith, Budget Director for DCH, announced the need for an additional \$1.7M cut from the Commission's FY2010 budget, which must be implemented within 24 hours as time was of the essence. After reviewing outstanding contracts and grants and discussion with Dr. Ashley and Ms. Cole, Mr. Pettyjohn sent recommendations via email to Ms. Smith *(included in Administrative report)*. To divert losing these projects, it was decided to roll over the expenditure for the New Trauma Center Start-up Grants in the amount of \$1M into FY2011 and 10 of the 29 EMS vehicle awards will be funded out of the FY2011 budget for a total of \$1.7M. In summary, regarding the budget for the FY2010 new ambulance grant awards, 19 ambulances will be paid with 2010 monies, and the balance of 10 ambulances will be paid out of the FY2011 budget. An email detailing these modifications was sent to the Commission members the following day. That email is part of the administrative report.

FY2010 EMS Vehicle Equipment Replacement Grant Award Program

The most recent list of awardees is posted on the DCH website. DCH is requesting approval of this list by the Commission. Mr. Hinson expressed there is much frustration in the EMS community as the review process has now presented three different awardees' lists and the closed nature of the scoring mechanism. The Commission must approve this recent list before the process is closed at DCH and letters of award or disqualification are issued.

Discussion:

It was generally agreed that without details for the changes in the three award lists from DCH to date, the Commission members would not approve this list without further review and explanation. Dr. Ashley stressed how the DCH rules, scoring and procedures have kept Mr. Pettyjohn and the Commission out of

the loop and the Commission does not want to make any mistakes. The EMS Community is welcome to the scoring sheets from the Commission and feels it is their right. DCH does not feel that way and have expressed that they will provide the data when they are finished with their scoring and completed their contracts/grants.

Action: Mr. Ben Hinson wished to state, for the record, that he is pulling the two vehicles that were disqualified at his EMS service off the list, regardless of the final EMS award list.

During break, Mr. Jim Pettyjohn, Ms. Dawn Burgamy, and Ms. Carol Dixon compared the vehicle award list #3 (29 June 2010), against list #2 (15 June 2010), and list #1 (15 May 2010). There are some counties in the top 19 that are on both lists, some are on neither list, and some are only on one list. Mr. Pettyjohn called Ms. Judy Geiger, DCH Public Health Budget Officer. Ms. Geiger accessed the state software, PeopleSoft, and confirmed that according to the most current list #3 (included in the Administrative Report), the money for the top 19 vehicles (\$1.4M) has been encumbered to the vendors or awardees on the list. The top 19 have money assigned to them in PeopleSoft. Ms. Geiger told Mr. Pettyjohn, in her experience, that if we were to change the vendor, the money would go away. To avoid losing these vehicle grants, after extensive discussion, a final motion was produced.

MOTION GTCNC 2010-7-02:

I move that the Commission approve the top 19 EMS vehicles today as listed on the final DCH list of awardees dated 29 June 2010 and being reviewed today, 15 July 2010.

MOTION BY: Mr. Bill Moore
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: Dr. Ashley stated we do not want to lose this money and are making this decision based on the fact that DCH has presented it to us as a corrected list, and have furthermore, encumbered the dollars in the vendor names. Since the State of Georgia is closing their books tomorrow, 16 July 2010, time is of the essence. Mr. Pettyjohn confirmed that a motion in May approved the spending of the money based on the list provided by DCH, but a motion was not made prior to this meeting to agree on the award recipients. Further clarification is requested to reference award list and review dates.
ACTION: New amended motion recommended.

AMENDED MOTION GTCNC 2010-7-02:

I move that the Commission approve the top 19 EMS vehicles today based on the list being reviewed today, 15 July 2010, and submitted by DCH. This motion supersedes the previous motion.

MOTION BY: Mr. Bill Moore
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: Mr. Pettyjohn will validate and confirm the award list with DCH for the ten (10) remaining EMS vehicles.
ACTION: The motion *PASSED unanimously with one abstention from Mr. Ben Hinson.*

FY 2010 Contracts and Budget-to-date Report

Mr. Pettyjohn reviewed the latest Commission year-to-date budget sheet with updates highlighted in orange (9 July 2010 – Reference FY 2010 Budget Report to date handout in Administrative report and posted on the GTCNC.org website). As a reminder, the dollars highlighted in blue are being returned to the State.

Trauma Communications Center – Mr. Ryan Goodson hired effective 01 July 2010 and salary will begin in the FY2011 budget. The full \$100,000 is being returned to general fund.

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New Projects and System Support - GA Partnership for TeleHealth received their grant for \$200,000.

Pediatrics (Broselow Luten Solutions) - The contract was executed with Broselow and we are getting signature authorization in place with Accounts Payable to move invoices through the payment process.

New Trauma Center Startup Grants Awards – Funds are returned back to state. This effort will be funded using the FY2011 dollars.

FY 2010 Trauma Center Readiness Payments – Performance Based and Uninsured Patient Care Payments – All Trauma Level I and II's have received all Readiness Performance Based Payments and Uninsured Patient Care payments. There was an error in an Uninsured Patient Care payment going to Grady Health System in which that money was returned back to DCH. The Office of Planning and Budget placed that money back into the general fund.

FY 2010 EMS Uncompensated Care Program Notice - The amendment to the Medical College of Georgia's (MCG) contracts was approved. That program is in process. *(Report attached to Administrative Report.)* MCG is in the process of invoicing for those dollars.

FY 2010 EMS Vehicle Equipment Replacement Grant Awards Program – see page 4 of these minutes.

First Responder Training and Trauma-Care Related Equipment - Mr. Courtney Terwilliger reported GAEMS has their contract. Funds have been encumbered and they have one whole year through June 2011 to complete this work. The applications are nearing completion and should be sent out in the next several weeks.

FY 2011 BUDGET REVIEW and APPROVAL

Ms. Linda Cole presented the FY2011 budget.

Page 8 of the Administrative Report shows the overall FY2011 budget showing the \$23M budget less the 3% cut followed by the 10% cut followed by the \$1.7M (10%) cut. This leaves an available FY2011 budget of \$18,284,141. This is a 20.5% cut. The reductions are reflected in each of the operating and standing budgets.

Page 9 – Office of EMS and Trauma Allocation – Ms. Cole and Dr. Pat O'Neal held a meeting to discuss the Trauma Nurse Coordinator position, which remains in the budget for 2011. This will be a state coordinator that will work throughout the state to assist Ms. Renee Morgan with designations as we add more trauma centers and need additional resources. The Compliance Officer position was deleted. Travel was added to support the EMS Directors so they can continue to travel to the Commission meetings. Budget total for OEMS/T is \$548,524. This is 16% less than they received last year, but continues to support our commitment of 3% of the available budget.

Discussion: Mr. Rich Bias asked if the OEMS/T budget could be funded as expended. Can the Commission keep the money in our budget vs. one lump so it can be reallocated if necessary? We do not want to lose any money as we did last year. Ms. Cole expressed that this was a fair request. Ms. Cole said the two Program Directors have been hired and the Medical Director and Training Coordinator are very close to being hired. The Trauma Nurse Coordinator position may have some savings if hired later in the year because of hiring logistics. The \$12,000 travel budget for the Trauma Nurse Coordinator may not be sufficient for all of the travel required, so we were hoping to use some of those dollars for travel.

Action: Mr. Hinson requested the OEMS/T expended payment process be placed in writing from DCH for documentation. Mr. Pettyjohn's understanding is that the Commission's budget cannot be accessed without an agreement (MOA) in place. Mr. Jim Pettyjohn will find out from the budget office how this process would happen to see if the money could be allocated monthly or quarterly.

Page 10 – Commission Operations – Procurement Officer, six months, has been added here and will be needed as we start to develop our own contracts and rely less on DCH. Travel has been reduced on Administrative Assistant and Procurement Officer (6 months). Staff cell phones has been reduced to reflect six months for Procurement Officer phone. Contingency planning dollars remain at \$100,000. Total for Trauma Commission Operations is \$494,330. This is a 28% cut from 2010 budget.

Mr. Rich Bias expressed the need to consider a request for necessary funding of conference calls for the EMS Subcommittee on Trauma. In addition, there is some concern that additional staff support is needed for travel and minutes. Mr. Ben Hinson expressed the stakeholder's group as being dynamic and involved and will need a lot of staff support and reviewed, from yesterday's meeting, that a decision was made to hold stakeholder's meetings at least two weeks prior to the Commission meeting. They want to have draft minutes available to present at the Commission meeting so all will be recorded.

Ms. Kelli Vaughn said her subcommittee group does their own minutes and coordination. Being budget conscious at this time, she suggested that the support come from within the EMS group. Ms. Cole said it would be consistent with the other subcommittees as the pediatric and GTCC groups prepare their own minutes also. Mr. Hinson feels that if the Trauma Commission does not pay for administrative support, somebody else will have to and the EMS Community would say they do not have the staff to provide this assistance. When we get to the point where the EMS Subcommittee is making recommendations to spend significant amounts of money, he feels that minutes will need to be completed on a consistent, high level of detail for reporting and recording purposes. Ms. Cole said she is not opposed, but once we see what is left for the hospitals, especially when we start adding more hospitals and they get less and less, there will be reaction. Mr. Moore supported Ms. Cole and confirmed that the subcommittees should try to do as much as possible on a volunteer basis, especially with limited budgets. This additional cost may leave less for the EMS community and the hospitals. Ms. Renee Morgan suggested seeking medical transcriptionists who can do minutes, possibly by a tape recording or calling in to listen. Mr. Hinson feels that \$12,000 a year is not a significant amount to insure the records are accurate. Mr. Stuenkel suggested this potential EMS subcommittee meeting cost come out of the EMS budget.

Action: Mr. Ben Hinson holds his request for this funding until the next meeting and will investigate, from an EMS perspective, on what options are available.

Page 11 – Trauma Communication Center – Decreased budget for software to \$960,000. Software RFP sent to DOAS first week of July. Mr. Scott Sherrill, GTRI, is hopeful that we will receive approval of RFP this month followed by vendor presentations. Bids will be expected in approximately 30 days from that point. Communications Center Staff Operators change made from 12 months to 9 months anticipating third calendar quarter this year.

Page 12 – System Development and Access – Trauma System Regionalization cut in half to two EMS regions at \$75,000 each. GTRI was cut. Bishop+Associates was \$175,000 and renegotiated to \$103,950. TeleMedicine was \$200,000 and now reduced to \$50,000. Mr. Bias asked Ms. Paula Guy to consider picking up the connectivity expenses for the pilot areas. Cost is \$575/month per hospital for the entire package. They will discuss this later outside of the Commission meeting. Broselow Luten reduced from \$250,000 to \$50,000; will not allow us to move as quickly as we wanted with installation of this system but will keep the project moving. In summary, the System Development and Access budget has decreased 14.5%.

The trauma centers and physician allocation at 21% less than last year and with rounding consideration, is a 22% decrease of the EMS allocation from the year before. The formulas are included on the excel budget spreadsheet which were sent to the Commission members in advance of the meeting.

Mr. Jim Pettyjohn confirmed, per Mr. Bias' inquiry, that we have maintained the 80/20 split proportions that the Commission has distributed historically.

Trauma Center & Physician Funding Subcommittee - See Page 14. Presented by Mr. Bill Moore. Total Trauma Center Allocation budget of \$12,010,598 takes historical split with 50% to Readiness Costs and 50% for Uninsured Patient Care Payments.

Page 15 – Readiness bucket allocations. For this year, we are still recommending to fix payments to the trauma centers based on level of classification. Level I's will get a total readiness of \$591,655.07, Level II's - \$354,993.04, Level III – 429,582.75 and Level IV - \$59,165.51. Overall, the readiness bucket represents about 14% of the readiness cost for the hospitals. The committee voted, for this year, to keep using the same formula as used in the past. There is a higher portion of readiness payment going for paid performance as we continue to develop those criteria.

Page 16 – Uninsured Patient Care Payments – Tally of patients at hospitals that met the requirements of SB60. Using the severity of adjusted cost norms to get total cost of providing care to the uninsured and then see what % of the total cost that is, then use that percentage to allocate for the existing budget. With severity adjusted cost norms, there did appear to be one center that seemed to be out of the standard deviations in a couple of areas. When we meet with auditing firm to discuss SB60, we are going to discuss the possibility of auditing that as well. There is no money in FY2011 for new trauma center start up grants. For this reason, Mr. Moore reported the subcommittee is making the recommendation to eliminate a bucket for new center start up grants. Understanding at this time that the subcommittee is not aware of anybody on the verge of becoming a trauma center. This is the \$1M taken off the top of the new budget.

Mr. Rich Bias wished to confirm Bishop + Associates used calendar year 2008 financial survey data to develop the FY 2011 budget. He asked if that was the same year data that we used last time or have we had a new cycle come into the process? Mr. Moore and Mr. Pettyjohn confirmed that it is a new cycle and that CY 2007 financial survey data was used to develop the FY 2010 budget.

Page 17 – Reflects the Total FY2011Trauma Center Allocations

Page 18 – Trauma Center and Physician Funding Subcommittee Recommendations – Recommendation is to move forward with the readiness funding and then the uncompensated care payments will be contingent upon an audit process approved by the Commission. The FY2011 budget has not been approved and we have not submitted it to DCH to put into the Commission's budget. We need to begin working on the contracts, working on solicitation for an audit firm, and developing shells for contracts, etc. Dr. Ashley said we will vote on the budget to give Mr. Jim Pettyjohn guidance and does not mean we're going to meet that budget as the state could change, but we have to start somewhere. Ms. Cole asked if we can we vote on the budget as it is, with the revenue as best as we can anticipate with where we are sitting right now.

Page 13 – EMS Allocation has a budget of \$3,002,649. Mr. Hinson said the budget would be distributed for vehicle replacement grants, uncompensated care, First Responder training, and grants for trauma equipment. Mr. Ben Hinson stated the EMS Subcommittee voted to recommend the EMS dollars be allocated in the same proportion as they were last year with the 80/20 split.

Ms. Linda Cole explained that CHOT was not included in the budget for FY2011. If EMS chooses to support this, it is up to them to renew from their budget. Last year it was \$50,000. Correction will be made to Page 7 of the Administrative Report, Budget Comparison: FY2010/FY2011 to remove the CHOT budget of \$50,000 from the FY2011 column.

Follow up: Mr. Hinson will review the EMS budget and consideration of CHOT.

MOTION GTCNC 2010-7-03: **I make the recommendation that we move forward with the budget approval to include General Trauma Funds Allocations, Office of EMS and Trauma Allocation, Trauma Commission Operations, Trauma Communication Center,**

System Development and Access and EMS Allocation (Pages 8 – 13 of the 15 July 2010 Administrative Report – all budget sheets dated 15 July 2010 DRAFT DOCUMENTS.)

MOTION BY:

Mr. Linda Cole

SECOND BY:

Mr. Kurt Stuenkel

DISCUSSION:

EMS and Physician and Trauma were left out of the above motion, as further discussion regarding them will be forthcoming.

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

MOTION GTCNC 2010-7-04:

I make a motion to approve the recommendations and budgets as defined on Pages 14 – 18 of the 15 July 2010 Administrative Report, titled Trauma Center/Physician Allocation, Trauma Center Readiness & Pay For Performance Payments, Trauma Center Uninsured Patient Care Payments and Total Trauma Center Allocations. All budget sheets dated 15 July 2010 RE-DRAFT.

MOTION BY:

Mr. Bill Moore

SECOND BY:

Mr. Kurt Stuenkel

DISCUSSION:

EMS and Physician and Trauma were left out of the above motion as discussion regarding them will be forthcoming.

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

MOTION GTCNC 2010-7-05:

I make a motion for approval of the EMS allocation on Page 13 as a subset of the same proportionate split. CHOT is not on Page 13, but Mr. Hinson does not anticipate support for CHOT from his FY2011 budget at this time.

MOTION BY:

Mr. Ben Hinson

SECOND BY:

Mr. Rich Bias

DISCUSSION:

None

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

COMMISSION SUBCOMMITTEE REPORTS

EMS Report

EMS Subcommittee of Trauma was held yesterday, 14 July in Macon, Georgia. All EMS Regions were represented except for one. Mr. Ben Hinson said the Subcommittee voted to recommend allocation of EMS dollars in the same proportion as they were last year with the 80/20 split. Mr. Hinson wants to provide a written report prior to the monthly Trauma Commission meetings. A key action item for the Subcommittee was to review budgets and procedural motions were made. All EMS Subcommittee representatives voted that decisions to vote would be made at the meetings, but will confirm with their local council.

EMS AVLS Program – Mr. Hinson said he would schedule a meeting for potential AVLS users so they can receive information before signing up for the equipment. Mr. Bias said the process was important and great to see EMS representatives stepping up to the plate to make an effort.

Georgia Committee for Trauma Excellence – Performance Based Payment Program Criteria
 (See Page 19 of the Administrative report – FY Performance Based Criteria) Ms. Kelli Vaughn discussed the four listed criteria and their point values for scoring criteria.

FY2011 Required Activities Performance Criteria (Example)	Point Value	Comments Re: Participation
Participation in Diversion/PBP Standards Webinar – Hospital Represented on Webinar Call	25	Participated re: webinar call in list
Participation in Diversion/PBP Standards Summit – Hospital Represented at Summit	25	Participated re: meeting attendance list
Trauma Medical Director – Conference Call Participation	25	75% attendance Trauma Medical Director or Physician Designee . Input is vital for definition of Trauma Diversion
Participation in rollout and implementation of Broselow web based system	25	Broselow licensure, raining and webinar participation
Total Earned Rate	100	

Thirty percent of readiness dollars tied to the PBP criteria as a whole. In the area of Trauma Medical Director Conference Call Participation, Mr. Kurt Stuenkel recommended “or Physician Designee” be added to the participation criteria due to the time constraints this requirement could put on the Trauma Medical Director alone (revised in bold print above). Webinar and coming together with definitions and tracking of the data will be reviewed further. Ms. Paula Guy discussed the tele-medicine network that the trauma centers use for training and coordinators using for video conferencing.

MOTION GTCNC 2010-7-06: **I make a motion to adopt the four listed criteria for FY2011 Performance Based Payments as listed on Page 19 of the 15 July 2010 Administrative Report.**

MOTION BY: Ms. Kelli Vaughn

SECOND BY: Ms. Linda Cole

DISCUSSION: None

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

Broselow Lutén - Ms. Linda Cole – Level one trauma centers that have designated pediatric commitment centers are meeting with Children’s and Dr. Broselow to review medications and concentrations and learn to use the system. It is important to look at standardizations so all treatment is the same. The trauma centers will train non-designated centers in Regions 5 and 6. Mr. Billy Watson will start looking at EMS involvement. Mr. Greg Pereira is leading on this project.

DCH & State Office of Preparedness and Trauma

Ms. Renee Morgan represented Dr. Pat O’Neal to report on the Office of EMS/Trauma. (*Subject reports are included in the Administrative Report as and posted on the [GTCNC.org](http://www.gtcnc.org) website*).

Dr. O’Neal has consulted with several people and since burn center designation is a state designation, it does not have to go through the same aspects of regional council. There are presently no rules for burn centers in rules and regulations. They will need to be written and presented to the Georgia Trauma Commission if that is agreeable. Notify regional councils that burn center is up for state designation. As a member of local council, Mr. Rich Bias has questions about how resource designations are being met and wonders where does designation begin. Ms. Morgan said it would not follow the same description as a trauma center but would be more specific to burn criteria. Dr. O’Neal is the resource for final decisions

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on how that is handled. Rich said he realizes this is a specialty designation but will need further clarification for the Commission.

Action: Ms. Renee Morgan to provide a checklist to Mr. Bias so he can review and discuss with Dr. Pat O'Neal.

Ms. Marie Probst reported the trauma centers have received their dollars for the FY2010 Readiness, Performance Based Payments and Uncompensated Care contracts. The FY2010 log shows the remaining funds totaling \$980,000 is the trauma center start up money. Today, the Commission member's packets include copies of the monthly FY2010 Readiness, PBP and uncompensated Care Reports from Memorial, Archbold, Walton, MCG and Hamilton.

The FY2009 Trauma Equipment Grant funds for the Level I and II centers have been paid. The 5111 forms have been received from the trauma centers.

On the FY2008 spreadsheet, the balance remaining to be paid out is for the GTRI GPS and vehicle locator system and Trauma System Development. Per DCH, the balance of the funds to be spent is still encumbered. The log has been updated to reflect the current balances shown by DCH. It was noted that the original amount of \$375,000 for Trauma System Development was actually \$310,000. The difference will be researched to find out where the amount changed. The FY2008 EMS Grant money has been paid out.

In FY2011, the Georgia Trauma Commission will be conducting the record keeping with Ms. Morgan and Ms. Probst to assist with transition.

Next Meeting

Thursday, 19 August in Atlanta, Georgia. Location to be announced.

Adjourn: 1:35 p.m.

Minutes crafted by Carol Dixon