



**MEETING MINUTES**  
**Thursday, May 21, 2009**  
**Mid Georgia Ambulance Service**  
**Macon, Georgia**

**CALL TO ORDER:**

The scheduled monthly meeting of Georgia Trauma Care Network Commission was called to order in the Conference Room at Mid Georgia Ambulance Service in Macon at 1010 hours by Dr. Dennis Ashley, Chair.

<b>COMMISSION MEMBERS PRESENT</b>	<b>COMMISSION MEMBERS ABSENT</b>
Dr. Dennis Ashley Linda Cole, RN Dr. Leon Haley (teleconference) Ben Hinson Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn, RN	Dr. Rhonda Medows

<b>OTHERS PRESENT</b>	<b>REPRESENTING</b>
Joe Acker, EMT-P, MPH James Barber, M.D. Betsy Bates Rich Bias Greg Bishop Rena Brewer Margie Coggins Sam R. Cunningham, EMT-P John Floyd Rebecca Greene Debbie Hall Debra Kitchens, RN Fran Lewis, RN Josh Mackey Scott Maxwell Regina Medeiros, RN Renee Morgan, EMT-P Irene Munn Edgard Negron Lee Oliver, EMT-CT Dr. J. Patrick O'Neal, Director Greg Pereira Jim Pettyjohn Marie Probst Cyndie Roberson	BREMSS MAG / GOS GHS Medical College of Georgia - Health Bishop and Associates Georgia Physicians Taskforce HBO Georgia Office of EMS / Trauma – Region 7 Georgia Orthopedic Trauma Institute Medical Association of Georgia DCH - Representing Commissioner Medows Medical Center of Central Georgia Grady Memorial Hospital – Atlanta Brock Clay Burn Center at Doctors Hospital - Augusta Medical College of Georgia - Health DHR DPH Office of Preparedness – EMS/Trauma Office of Lt. Governor Casey Cagle Stoneridge Group EMSAC / GAEMS / Medical Center of Central Georgia DHR DPH Office of Preparedness Children's Healthcare of Atlanta Gwinnett Medical Center DHR DPH Office of Preparedness – EMS/Trauma Children's Healthcare of Atlanta

Gina Solomon Alex Sponseller Courtney Terwilliger, EMT-P Billy R. Watson	Gwinnett Medical Center Office of the Attorney General EMSAC / GAEMS / Emanuel County EMS Georgia Office of EMS / Trauma - Pryor
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### **WELCOME**

Dr. Ashley welcomed the members of the Commission and guests. Mr. Hinson welcomed the group to Mid Georgia Ambulance Service and introduced Acting State EMS Director Billy Watson.

### **NOMINATIONS AND VOTING – GTCNC OFFICERS**

Dr. Ashley said the Bylaws call for the election of a Vice Chair and Secretary. He said nominations received were for Mr. Stuenkel for Vice Chair and Ms. Cole for Secretary. No additional nominations were made.

**MOTION GTCTC 2009-05-01:**     **I move that Mr. Stuenkel be elected to the position of Vice Chair and Ms. Cole be elected to the position of Secretary of the Georgia Trauma Care Network Commission (GTCNC) by acclamation.**

**MOTION BY:** Mr. Hinson  
**SECOND BY:** Dr. Robinson  
**DISCUSSION:** None.  
**ACTION:** The motion ***PASSED*** with no objections, nor abstentions.

### **OPENING REMARKS**

Dr. Ashley said he met with the Governor yesterday and conveyed the message that the two (2) main goals of the GTCNC are sustainable funding and the establishment of a trauma communication center system. The Governor asked that the members of GTCNC be informed that he is pleased with the work accomplished over the last year. He is very excited about getting the right patient to the right place at the right time. Finally, he expressed a desire to be kept in the loop regarding the progress the Commission is making regarding the accomplishment of those goals.

### **APPROVAL OF THE MINUTES OF THE APRIL 16, 2009 MEETING**

The minutes of the meeting of April 16, 2009, had been distributed prior to the meeting via electronic means.

**MOTION GTCTC 2009-05-02:**     **I move that the minutes of the April 16, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.**

**MOTION BY:** Mr. Hinson  
**SECOND BY:** Dr. Robinson  
**DISCUSSION:** None.  
**ACTION:** The motion ***PASSED*** with no objections, nor abstentions.

### **ADMINISTRATIVE REPORT:**

The Administrative Report was presented by Mr. Pettyjohn.

- **FY 2008 CONTRACTS UPDATE:**
  - **EMS VEHICLE GRANTS:** Mr. Pettyjohn said he met with DHR representatives on April 17 to discuss the EMS Vehicle Replacement Rewards. The 56 applications were submitted as a statement of work into a contract. He said the contracts are currently in the process of being signed by the awardees and returned to DHR. Ambulance purchases could begin as early as the first of June.
  - **HOSPITAL CAPITAL GRANTS:** The contracts are in process of being sent to the trauma centers to be signed after which they will be returned to DHR.
  - **AVL SYSTEM:** Mr. Pettyjohn said he worked with GTRI to purchase the AVL systems and the Geographic Tool for Visualization and Collaboration (GTVC) software that will allow

the intellectual design and smart algorithms. He said he anticipates that the signature process will be very quick and may even be completed by mid June.

- **LETTERS:** Mr. Pettyjohn said the letter to the Governor expressing appreciation for his support of trauma care and funding was completed and approved by the GTCNC. A copy of that letter was being passed around for GTCNC members to sign. A copy of the 5-Year Strategic Vision will be sent with the letter.
- **TRAUMA COORDINATORS:** Mr. Pettyjohn said he met with the group yesterday and is working with them to get their respective CEOs to write a letter to the Governor thanking him for his support of the trauma system. That letter was requested by the GTCNC at the last meeting. Specific bullet points detailing of each center spent 2008 funding will be included in the letters. Mr. Stuenkel will convene a conference call with the CEOs to encourage them to complete the letter. He said he would like to have this project completed by the end of June. It is possible that the Governor could get a letter every few days from one of the CEOs.
- **SUPERSPEEDER LEGISLATION:** Mr. Pettyjohn said he is working with Seth Millican to send a letter to legislators regarding the passage of the superspeeder legislation.

**COMMENDATION:**

Dr. Ashley commended Mr. Hinson and Ms. Cole for their work with GTRI.

**AMBULANCE GRANT SUBSTITUTION:**

- Mr. Hinson said he had an issue related to the contracts for ambulances that he would like to discuss with the GTCNC. He said his service, Mid Georgia Ambulance (MGA) scored in the top 25 of the 56 applications accepted. MGA actually had five (5) applications place in the top 56. During the scoring process, the GTCNC subcommittee making the awards proposed and the whole GTCNC accepted that proposal that the maximum number of ambulances awarded to any one provider would be three (3). The GTCNC also determined in motion that "the replacement vehicle must remain stationed in and dedicated to service within the awarded 911 Zone and its mutual aid commitments unless otherwise approved by the GTCNC." Mr. Hinson said he was awarded ambulances for Chattahoochee, Crawford, and Pike counties. The other counties that would have received ambulances had he been awarded more than the limited three (3) per service provider were Lamar and Cook counties 911 zones. Mr. Hinson explained that last year, MGA purchased six (6) new ambulances and that Chattahoochee and Crawford counties are benefitting from those new ambulance purchases. Also, these two 911 zones are located in close proximity to relatively large urban areas. The ambulances serving these communities often leave there respect zones for one reason or the other. This is part of MGA business plan. Lamar and Cook counties are more rural and are not located near a large urban area. Ambulances for these two zones stay in these zones all the time. Mr. Hinson asked the GTCNC to consider substituting the awards for ambulances for Chattahoochee and Crawford 911 zones with ambulances for Lamar and Cook 911 zones. He added that operationally, it will be better for MGA and the established ambulance maintenance practices. Mr. Hinson said he had discussed the situation with Mr. Stuenkel and Mr. Pettyjohn prior to the meeting.

**MOTION GTCTC 2009-05-02:**

**I move that the Georgia Trauma Care Network Commission (GTCNC) allow Mid Georgia Ambulance Service to replace the ambulance grant awards for Chattahoochee and Crawford counties with ambulance grant awards for Lamar and Cook counties.**

**MOTION BY:**

Ms. Cole

**SECOND BY:**

Mr. Moore

**DISCUSSION:**

Dr. Ashley said as he understands the request, Mr. Hinson is asking for permission from the Commission to replace two (2) of the counties for which he was awarded new vehicles with two (2) counties which would have been among the top 56 had the number of awards per provider not been restricted. Mr. Moore asked what prevented the counties he

would like to station the ambulances in from scoring higher. Mr. Hinson said he had positioned ambulances in the other counties that scored higher. He assured the GTCNC that service would not be impacted in any of the counties because of the new vehicles purchased last year. He said the request amounts to little more than an accounting change within the organization. Ms. Cole said in reality, it is a matter of which vehicles receive the GTCNC logo and remain stationed in those counties 80% of the time. Dr. Robinson said the GTCNC needs to be cautious and ensure that it handles the situation in an even-handed manner. Mr. Hinson said no other provider is in a similar situation to that of MGA since no other provider was awarded three (3) ambulances. He said he is only asking that Mr. Pettyjohn be allowed to change the order within the selected list. Mr. Pettyjohn said the request is a change in the actual award process. Within the list of awardees, MGA had five (5) ambulances, another provider had three (3), and several providers had two (2). He reiterated that the GTCNC was concerned that a member of the Commission would be awarded five (5) ambulances so the Commission limited the maximum number to three (3). Of MGAs five (5) successful applications, the top three (3), all of which are separate 9-1-1 zones, were selected. MGA would like to substitute the two (2) that were excluded for two (2) of those awarded. Mr. Sponseller said his only concern would be with a change in the criteria that occurred after the fact. He said it does not sound as though the request would change any numbers, only counties. Mr. Hinson said his request is like if he refused to accept the first two (2), the Commission would award the next two (2) successful applications on the list which are Lamar and Pike counties. The GTCNC decided during the scoring process that if for some reason a county did not take accept ambulance, the GTCNC would go to the next application on the list. In other words, if MGA does not take the first two (2) ambulances, then the next two (2) applications on the list would be awarded ambulances. The next two (2) applications on the list are Lamar and Cook counties. Mr. Stuenkel asked if Chattahoochee and Crawford counties would be upset if they did not receive the new ambulances. Mr. Hinson said he had already purchased new ambulances for them. Mr. Stuenkel then asked if anyone else would be upset if the GTCNC approved Mr. Hinson's request, adding that in his opinion he did not think so. He said the request and solution is fair and his concerns have been covered. Mr. Pettyjohn said regarding communications between the GTCNC and DHR, he thought a motion was indicated so DHR could withdraw the two (2) applications and replace them with the other applications. Mr. Hinson then asked if it would be easier for him to just refuse the ambulances for Chattahoochee and Crawford counties. Mr. Pettyjohn said he needs something in writing regarding the action to document how to move forward. Dr. Ashley said he did not think a motion is needed as this situation is the default option created by the subcommittee.

Mr. Stuenkel said he would prefer to have documentation of the discussion.

**ACTION:** The motion was **WITHDRAWN**.

Mr. Pettyjohn said he will visit with DHR representatives next week and would like to have this section of the minutes reviewed by the Commission and comments sent back to him prior to the meeting.

**COMMENTS FROM MS. MUNN:**

Ms. Munn, representing Lt. Governor Cagle, expressed her appreciation to the Commission for the work they are accomplishing.

**GRANT WRITER SEARCH:**

Mr. Pettyjohn said he has been in communication with Michelle Mindlin and Joe Bines regarding the GTCNCs search for a grant developer. Ms. Mindlin is currently working with Emory University. She has a national reputation and has expressed an interest in working with the Commission. He suggested appointing a subcommittee to work interview her. Mr. Bines is currently affiliated with National Strategies, a company that works with organizations, commissions, boards, and others to assist them with understanding and accessing of the federal stimulus money. Additional information regarding the organization was distributed to the group. Dr. Robinson said it will be useful for the GTCNC to be a fulcrum with the academic institutions in the state and try to locate funds other than those provided by taxpayers. He added that it will be beneficial to find funds that will sway our taxpayers and be good custodians of public monies. It was decided that Dr. Robinson and Mr. Pettyjohn will work together and obtain additional information from the two candidates. Mr. Pettyjohn will make arrangements for the meeting.

**GTCNC LOGO DECISION AND WEBSITE PRESENTATION:**

Ed Negrón with the Stoneridge Group discussed the development for a logo and website for GTCNC. He said the company designed the conference brochure for the GAEMS. Mr. Pettyjohn said he registered www.GTCNC.org as the domain name for the Commission.

- **GTCNC LOGO:** The group reviewed several designs for the graphic and placement location on the ambulances obtained through the GTCNC. Designs E, F, and G were popular choices, but the group selected the last one which has a Star of Life on the left. The discussion then turned to the placement location on the vehicles. Mr. Hinson said he envisions a decal on both sides of the ambulance, but then suggested it would likely be more effective if placed on the back of the ambulance. He suggested a size of 11" x 17". Mr. Negrón said if the intent is to read the message, the decal should be placed on the back. Vehicle sides are saved for service logos while the back is best for messaging. Mr. Terwilliger said the back is fine, but also suggested that placement could be left up to the service. Mr. Watson said if it is contingent on getting the money, it could be put on the back before they receive the ambulance. Mr. Pettyjohn said it would be easier to provide the services with a uniform decal that the provider applies as opposed to issuing standards to vehicle manufacturers that could be misinterpreted. When Mr. Pettyjohn asked what size the logo should be, Dr. Ashley directed him to work with Mr. Hinson. Mr. Moore said the size should be as big as aesthetically practical. Mr. Hinson said if it is a decal, it needs to be a standard size and again suggested 11" x 17". Mr. Terwilliger suggested that mockups could be made by next Tuesday to show at the EMS Subcommittee Meeting.
- **GTCNC WEBSITE:** Mr. Negrón discussed what the Stoneridge Group could do for GTCNC. He said Lt. Governor Cagle is one of their clients. He said on-line and off-line work could be married for consistency. Mr. Pettyjohn said there would be an opportunity for email accounts for each Commission member. He also explained how minutes and other Commission documents could be made available on-line for stakeholders to view and or download. Mr. Hinson said he likes the idea of one person handling the site. Mr. Negrón said if you know how to use MS Word or Notepad, anyone authorized can update the site. After further explanation by Mr. Negrón, Ms. Cole asked if a small group should be formed to meet with him. Mr. Pettyjohn suggested using

the Executive Committee to report the next steps at the next meeting. Mr. Pettyjohn said Mr. Negrón's presentation is for a website design with the Commission being as independent as possible in updating and utilizing it. Mr. Hinson said the State is pretty specific about websites for any organization that is attached to the state and asked how much liberty the GTCNC would have with the design. Dr. O'Neal suggested that the issue be tabled and have Ms. Hall determine what DCH requirements will be imposed. Dr. Ashley said he spoke with Commissioner Medows and asked if the GTCNC would be limited to a site that is part of DCH. He said she said there is nothing that would preclude GTCNC from having a separate website that meets a specific need. Dr. Ashley pointed out that the GTCNC needs to develop this further and run any final recommendation through the Office of the Attorney General. Dr. Robinson asked if competitive bidding is necessary on issues such as this, to which Dr. Ashley said it needs to be explored. Dr. O'Neal said it would have to be a competitive bid process unless it can be shown that the provider is the sole source. Dr. Ashley said he needs to have discussions to get some of the questions answered with input from Mr. Sponseller and Dr. Medows.

### **GTCNC SUBCOMMITTEES UPDATE:**

#### ➤ **TRANSFER CENTER SUBCOMMITTEE UPDATE:**

Ms. Cole said the pediatric stakeholder group is meeting next week in Macon (1000 hours Wednesday at MCGG) and Dr. Broselow is the guest speaker. He is expected to discuss the next phase of the Broselow color-coded pediatric system. As for the Transfer Center Subcommittee, she said Mr. Hinson, Ms. Vaughn, Mr. Pettyjohn and she visited Louisiana to review their system. They were impressed with what the state is doing. The major outcome of that visit was that it could take up to 2.5 hours to transfer a patient from a small facility to a trauma center, but that has been reduced to a half hour. Minimal state infrastructure is used to support their program and they are subject to open records rules so they can't perform a significant amount of quality improvement reviews. There is no state authority to designate trauma centers in Louisiana. She said the Stakeholders discussed the LEARN system and the process flow. The GTCC (Georgia Transfer Communications Center) was also discussed, with the goal being to add other clinical areas to the system once trauma is developed. She noted that the stakeholders will meet this afternoon with Mr. Acker.

- PRESENTATION BY JOE ACKER – Mr. Acker was instrumental in setting up the initial trauma system in Tennessee, the system in Portland OR, BREMSS (Birmingham Regional EMS System), and then North Alabama Trauma System and Alabama Statewide Trauma System. He asked what the highest level issues with regard to his experiences over this period of time are.
  - Lesson 1: Plan – Implement – Operate as a system, not with individual components. Data collection and rehab are the two components of the system that are glossed over the most.
  - Lesson 2: You must have a leader who is a trauma surgeon in each of the regional systems and at the top. In Alabama today, he said, there is a trauma surgeon in each of the participating regions, except in Montgomery, East Alabama and West Alabama where the system is faltering.
  - Lesson 3: The system must be inclusive, not exclusive. ACS still utilizes criteria for volume and that impedes the process for multiple hospital involvement.
  - Lesson 4: All decisions made must be patient centered. The trauma patient has to be the core of every decision policy-makers make. Do the right thing for the patient and the system will work; don't worry about geopolitical barriers or the potential of not being able to make all the changes.
  - Lesson 5: Feedback, quality control, and data must be done. The paramedic who enters the patient in the system should get automatic feedback on what has taken place with the patient in the first 24 hours. For 6 months out of every year, the Alabama system looks at their triage criteria and can determine what the overtriage rate is. If there is an overtriage area, it can be corrected by education with the feedback process. Quality CONTROL, not quality

improvement is utilized. Industry uses quality control for the widgets going down the assembly line; many times exist when quality control must be done while the patient is in the process. He used an example of transporting a patient with severed fingers. When it became apparent that the severed finger was not being handled properly, their system was able to intervene and make the transporting unit take the fingers off ice and wrap them appropriately.

- Lesson 6: Implement on a regional basis.

He said that all of the previous 6 lessons are important in the development and operation of the system. What works in Alabama, works in Alabama. He concluded by stating that if GTCNC can learn anything from what they have done, they would be proud. Use Alabama as a resource.

Mr. Moore said colleagues of his mentioned that Mr. Acker has been the key to the success of the system. He said Georgia needs to have someone like him overseeing the system. Mr. Acker said the individual clearly has to understand that trauma is a surgical disease and they have to work with surgeons, emergency medicine, and EMS. Ms. Cole said you have to give a little for what is best for the patient. The Commission needs to keep this in mind. Dr. John Floyd, an orthopedic traumatologist said the fact that Mr. Acker brought up rehab for the patients is extremely important. Even in the best systems in the country, it is often forgotten. Where the patient goes after being cared for in the Level 1 setting is critical.

➤ **GEORGIA COMMITTEE ON TRAUMA EXCELLENCE:**

Ms. Vaughn said the Subcommittee on Trauma Excellence met yesterday for their regularly scheduled meeting. Subcommittee members were invited to attend. The group reviewed the injury criteria for the GTCC and reached the conclusion that she will take the recommendations to the subcommittee this afternoon proposing to use the field criteria endorsed by the CDC and the ACS. Dr. Ashley said the new revision just came out and asked if that is the same as the College to which she replied in the affirmative. Ms. Vaughn said we want our transfer center to have evidence based practice guidelines. Ms. Cole expressed her appreciation to Ms. Vaughn and the group, noting that this was the first significant clinical decision made and will be a cornerstone on which they can build.

➤ **EMS SUBCOMMITTEE ON TRAUMA:**

Mr. Hinson said the EMS Subcommittee on Trauma will convene Tuesday, May 26 at 1300 hours at MGA. He noted that EMSAC will also meet in Macon that morning. He said the Subcommittee meeting will be a very open meeting, at which EMS will be asked what the Commission can do to help that component of the system. He emphasized that he did not want people to tell what the Commission should not do, but should tell the Commission what they should do. He said the group will look at the clinical criteria to make sure EMS is not hindered by any of the decisions. He said Mr. Moore and Dr. Haley will be joining the meeting by conference phone. He stressed that the meeting will be a fact finding mission to broaden the base of where information comes from for EMS

**DEPARTMENT OF HUMAN RESOURCES (DHR) REPORT:**

The DHR Report was presented by Dr. J. Patrick O'Neal, Director of the Office of Preparedness. He said from DHR and DCH perspectives, the July 1 date when Public Health will move into DCH is fast approaching. On that date, the Trauma Commission will become attached to DCH instead of DHR. Planning began as though the merger would occur even before the decision was made. A series of work streams are finalizing the actual changeover which he characterized as moving very efficiently and effectively. Ms. Hall said that DCH has done extensive planning in anticipation of the merger. It has been well organized and the work streams are trying to make it an efficient transition. She said neither agency wants a lag in services.

**AMERICAN COLLEGE OF SURGEONS (ACS) RECOMMENATIONS:**

From the College's viewpoint, Dr. O'Neal gave a quick summary of the thirteen (13) key recommendations. He asked the Commission members to examine each recommendation with two (2) questions:

- Is the recommendation a reasonable goal for the GTCNC to identify as one of its goals?
- Is the recommendation something the GTCNC needs to prioritize and tries to accomplish in the next year?

Dr. O'Neal said the GTCNC needs to give due deliberation to the recommendations in light of the amount of tax dollars spent on the ACS site visit. The recommendations will be sent to Commission members to consider before making final decisions. Utilizing a PowerPoint presentation, Dr. O'Neal shared the recommendations with the Commission.

- Priorities:
  - Statutory Authority and Administrative Rules:
    - Assign a lead agency and define the lead agency's role in the development, regulation and monitoring of the system (currently in Rule, but not in Code).
    - Define the relationship between the OEMS and the GTCNC (ACS made a point of asking for greater clarification).
  - System Leadership:
    - Engage a broader range of stakeholders and empower them with input into system development.
    - Ensure system leadership promotes the "Vision" of a statewide trauma system, including the development and implementation of policies.
  - Lead Agency and Human Resources:
    - Define the lead Agency's structure and position within state government.
    - Provide authority and resources to *complete and sustain* essential tasks.
    - Ability to collaborate and integrate with other healthcare resources.
  - Trauma System Plan:
    - Develop a comprehensive plan to facilitate and integrate all services and provide for collaboration with community partners.
    - Plan should guide development, by enabling legislation and direct allocation of resources.
    - Identify the roles of EMS, hospitals and stakeholders in an inclusive system.
  - System Integration:
    - Establish multidisciplinary regional trauma advisory councils.
      - Include representatives from trauma facilities, acute care facilities, rehab and EMS.
      - Insure oversight from lead agency.
      - Build upon existing EMS Regional Councils.
  - Financing:
    - Identify sustainable and protected revenue source for the essential administrative, personnel, and infrastructure cost for the system's lead agency.
    - Clarify that lead agency funding allotments must be payable before other funds are distributed.
    - Seek legislative changes to sustain funding of readiness cost for trauma centers and EMS.
    - Link allocation of readiness cost to deliverables that support performance improvement.
  - Emergency Medical Services:
    - Provide Office of EMS / Trauma, including Regional Offices, with adequate staff to efficiently manage and ensure that EMS has resources for education, credentialing and performance improvement.
    - Appoint a state EMS medical director who has medical oversight of the EMS system and EMS is that individual's primary focus.
    - Ensure regional and service back up call plans to cover local areas when patients need to be transported to distant trauma centers.
  - Definitive Care:

- Define roles, responsibilities, and accountabilities for *all* acute care facilities in an inclusive system related to trauma care.
- Follow established, uniform and defined designation criteria for trauma centers.
- System Coordination and Patient Flow:
  - Establish state criteria for diversion.
  - Make diversion a reportable event tied to funding and designation.
- Disaster Preparedness:
  - Focus disaster training and preparedness initiatives on programs that can be integrated into daily routines.
- System Evaluation and Quality Assurance:
  - Develop and implement statewide and regional trauma system PI plans.
- Trauma Management Information Systems:
  - Use the existing trauma registry data to develop simple benchmarking reports.

Dr. O'Neal said according to SB 60, with sustainable funding, the GTCNC could allocate up to 3% for OEMS/T funding. He proposed the following personnel increases:

- 2 EMS Program Directors
- ½ EMS Medical Director
- 1 IT Analyst
- 1 Trauma QI Coordinator
- 1 Trauma Coordinator/Manager
- funding for Travel/Education

The estimated cost for the above is approximately \$600,000.

Dr. Ashley said it was an outstanding report calling it a circular process. The College likes a *nuts and bolts* how-we're-going-to-do-it from the scene to the hospital triage. He said that process has already been utilized using the subcommittees, evidence that the GTCNC is on the right track. He said we have the big plan, and we are now drilling down into the sub-plans. Better definition is needed regarding the Commission, OEMS/T and DCH. Finally, he said the GTCNC is still operating under SB 60 since the proposed revision legislation did not pass. "With that being said, we are moving in the right direction."

Dr. O'Neal said the College validated everything the GTCNC had already identified and came up with a few items it had not yet found. After three (3) years of work, it will be equally important for the Commission to bring the College back for another review.

Dr. Ashley said now that we are at a level where there is accountability and some sustainable funding, once we bolster the OEMS, we will be headed in the right direction.

#### **UNCOMPENSATED CARE FUNDING ISSUES:**

Ms. Morgan provided the report. Concerning the funds allocated to the EMS community for uncompensated care, she said a few of the services have received money back from accounts that were unpaid previously. Some of those services sent checks to the GTCNC because of this. The issue was reviewed with Ms. Medeiros and Mr. Pettyjohn, both of whom noted that there is no account established to receive money back from the providers. It was an early decision of the GTCNC that leftover funds were to be spent for education and training. Ms. Morgan noted that their recommendation is to return the checks to the services and have them indicate that the money was spent on education and training. Those funds must be trackable to this end. She said this issue involves about six (6) services.

#### **MOTION GTCTC 2009-05-04:**

**I move that the subcommittee handling uncompensated care funds be directed to return any such funds to the EMS providers that sent them back to the GTCNC with directions that they are to be used for education and training and must be trackable.**

**MOTION BY:**

Mr. Hinson

**SECOND BY:**

Ms. Vaughn

**DISCUSSION:**

Mr. Pettyjohn said this would cause a discrepancy with uncompensated care amounts. The Commission will not know exactly how much money was allocated to uncompensated care. Mr. Hinson said it would likely be less than 1/10 of 1% of the total. After further discussion, the motion was withdrawn by the maker.

**ACTION:**

The motion was **WITHDRAWN**.

Mr. Pettyjohn was directed to draft a letter to send with the returned checks that states that the funds belong to the service. Ms. Morgan will assist Mr. Pettyjohn with drafting the letter. Mr. Sponseller, commenting upon the decision, said the Commission is required to establish criteria that it is an error of last resort. Said criteria was established with the funds distributed in that manner. There is no problem.

**FORMULA FOR GTCNC FUNDING DISTRIBUTION:**

Regarding the formula used for fund distribution, it was noted that for the first two fiscal years, the Commission was governed by certain criteria. After that, the Commission can use all the criteria in the statute and create a new distribution method. It can be changed beginning July 1, 2009. That method will be set for two (2) years before it can be changed again. Mr. Stuenkel clarified that the \$23 million can be considered under a new distribution method. Ms. Cole asked if a formula can be established for start up costs for the transfer center. It was noted that the transfer center would be a budgeted item and would not require a distribution formula. Mr. Pettyjohn said there are areas the GTCNC can change now with those areas remaining for two (2) years; however, the amounts in each area can be changed annually because the allocation of funds might be different the following year.

**BUDGET:**

Mr. Bishop discussed issues related to the budget. He said flexibility can be achieved by combining areas such as the transfer system. The GTCNC needs to allocate the \$23 million into the areas identified. The Executive Committee will quarterback the process beginning with what the overall budget may look like. He said Dr. O'Neal's request needs to be dealt with within the overall framework, but should be done expeditiously. Mr. Bishop said he has forms that the Executive Committee can use to begin the development of the budget. The data from the second survey conducted from the trauma centers is available. Dr. Ashley said the next step is to move the comments into the Executive Committee which will meet before the next Commission meeting. Last year, the categories were broken down into readiness and uncompensated care. He said feedback by email will be appreciated.

**EXECUTIVE DIRECTOR TASK FORCE:**

Dr. Ashley asked the members (Mr. Hinson, Dr. Medows, and Dr. Haley) of the Executive Director Task Force to review the job description and determine the next step regarding hiring an Executive Director.

**TOUR OF MID GEORGIA AMBULANCE DISPATCH CENTER:**

Mr. Hinson invited the members and guests to tour the Mid Georgia Ambulance Service Dispatch Center at the conclusion of the meeting.

**OTHER BUSINESS:**

None.

**NEXT MEETING:**

The next meeting of the GTCNC will be held from 1000 – 1200 hours on Thursday, June 18, 2009, in Atlanta at a location to be announced.

**ADJOURN:**

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1245 hours.