

Northwest Georgia Region 1 Emergency Medical Services Council
Calhoun, GA
October 20, 2011

MINUTES

Special guest included Sharon Smith of Gordon County EMS; Roy Orr, Administrator and Scotty Frost of Murray County Hospital; Kurt Steunkel, CEO Floyd Medical Center; Billy Hayes, Chairman Forsyth-Cherokee Medical Center; Scott Radeker and Roger Forgey of Erlanger Medical Center; Jim Pettyjohn, Executive Director and Dr. Dennis Ashley, Chairman of the Georgia Trauma Commission

The invocation was given by Donald Bowen and the meal was supplied by Gordon County EMS.

Jim Pettyjohn gave a brief presentation on the Georgia Trauma Commission and Regional Trauma Advisory Councils. The Georgia Trauma Commission is funded as a line item in the State Budget of Georgia. Part of this funding was used by the GTC for ambulance grants to rural counties. 56 ambulances were funded in 2010 and a total of 96 ambulances have been funded by the GTC. The Georgia Trauma Commission website is located at <http://georgiatraumacommission.org/>

If you click on the RSS emblem on the website you will be notified by e-mail of any changes or additions to the website. The state-wide trauma communication center will have an open house on November 3 beginning at 3:00 p.m. John Cannady is the director of the center located at Georgia Public Training Center in Forsyth, Georgia. One of the functions of the Georgia Trauma Commission is to develop a state-wide trauma system plan. This plan has 5 components as follows:

1. Pre-hospital component which includes the trauma triage protocols directing which patient(s) should be transported to trauma centers.
2. Hospital component which includes designated trauma centers and nondesignated hospitals.
3. Communications component which includes links from the pre-hospital personnel to hospital destinations and staff. The statewide communications center also gathers data for evaluation of the system.
4. Data Driven Performance component includes the acquisition and evaluation of the system by data to find opportunities for improvement.
5. Regional Trauma Advisory Council (RTAC) component which has the following functions:
 - a. Assessment of baseline of trauma care in the region
 - b. Development of a regional trauma system plan
 - c. Implementation of the plan
 - d. Monitoring the system for improvement opportunities
 - e. Injury Prevention

Regions 5 (Macon), 6 (Augusta) and 9 (Savannah-Brunswick) are all in the process of establishing RTACs. The RTAC is composed of all different professions involved in trauma care and meets quarterly. Dr. Ashley gave a brief history of the Georgia Trauma Commission. The GTC was established in 2006 by the Georgia Legislature. The legislators recognized that Georgia has a 20% greater death rate than the rest of the United States and only 30% of trauma patients were being treated in Trauma Centers. The Senate sponsored legislation through Senate Bill 60 to form and fund the Georgia Trauma Commission to create a state-wide Trauma System. The grants through the Georgia Trauma Commission have provided ambulance grants to rural counties, startup funds for trauma centers, first responder training, a statewide trauma communication center, a trauma telemedicine pilot project and an electronic based Broslow-Luten system to provide guidance in pediatric drugs/equipment. Georgia is the first state to implement this program. The statewide trauma system envisioned by the Georgia Trauma Commission will be implemented region by region. This regionalization began in Regions 5 and 6. Regions 9 and 1 will be next. The goal of the plan will be to get the right patient to the right hospital in the right amount of time. Only 10-12% of the trauma patients meet the criteria for transport to a trauma center. The Georgia Trauma Commission used the Birmingham trauma system as an example. The Birmingham system conducted a survey from 1996 to 2005 including 23,000 patients with major trauma. The implementation of the system produced a 12% decrease in the trauma death rate and decreased the length of hospital stay from 16 to 9 days. During this time there was no change in these measures in the rest of Alabama. The Georgia Trauma Plan was developed from the Birmingham model. The goals of the plan were to regionalize trauma care, develop RTACs in each region, develop a plan and a statewide communications center. The plan for Region 1 like Region 6 (Augusta) which borders South Carolina must include out of state hospitals. GTC has estimated that 88% of trauma patients arriving at hospitals are transported by EMS. The plan must track patients from entry to rehabilitation. Injury prevention must also be an essential component. The system begins with a call to 911 or local ambulance service. Upon evaluation by EMS responders and identification as a trauma patient, the state-side trauma communications center is contacted. The patient is given a unique identification number which will be used for tracking through the system. The center will advise where the patient should be transported by monitoring hospital capabilities at the time of the call. The center will contact the destination so that the staff can prepare for patient arrival. If the patient arrives at a non-trauma center and meets the trauma center criteria, the staff will also contact the state-wide trauma communications center which will provide the unique identification number and a recommendation for destination of the transfer. The GTC operates an internet based resource availability display website to monitor the availability of all participating hospitals. The trauma triage criteria used by the GTC was modified from the federal standard. Larry Ballew asked about how well the system functions across state lines. Dr. Ashley stated that Region 6 and Region 1 will be used to develop how the system should function across state lines. Jim Pettyjohn stated that Erlanger Medical Center in Chattanooga, Tennessee has agreed to participate in the trauma data acquisition component. Carlton Firestone asked how the system will work across EMS regional lines since Region 1 not only borders three other states (Alabama, Tennessee and North Carolina) but also three other regions (2, 3 and 4). Jim Pettyjohn answered that the state-wide system will eventually cover the entire state and may increase destination options.

The chairman thanked Dr. Ashley and Jim Pettyjohn for their presentation. He also thanked Sharon Smith and Gordon EMS for the meal. He called for a 10 minute break before the business meeting.

David Foster administered the roll call and a quorum was declared to be present.

The first order of business was approval of the minutes of the August council meeting. A motion was made by Danny West and seconded by Robert Early to approve the minutes as circulated. The motion carried.

The next order of business was a report on the status of the council by David Foster. Mr. Foster reported that there are two vacancies. The position previously held by Herbert Dodd of Chattooga County will expire at the next meeting in January, 2012. Therefore he recommends no action. The second position previously held by Dr. William Pullen of Dade County will expire on January, 2013. Alex Case reported that the Dade County Commission has recommended that Tommy Lawson be named for this position. The chairman took no action on the Dade position pending the receipt of the letter from the Dade County Commission and no action on the Chattooga County position.

The next order of business was the formation of a nominating committee for the annual meeting of the Region 1 EMS Council in January, 2012. The chair appointed Darrell Payne, Scott Radeker and Eric Irish to serve on this committee. [The committee will consider all nominations for council officers and will form a recommendation to the council at the annual meeting.]

The chair deferred the Executive Committee report since all business will be covered in other agenda items.

The Georgia Office of EMS report was given by Dr. Jill Mabley. Dr. Mabley reported on a pilot program for RSI submitted by Thomas County EMS. The proposal was the first pilot program submitted to the Office of EMS which met Dr. Pat O'Neal's criteria for consideration of approval. The criterion includes:

1. Training
2. Quality Assurance
3. Protocols
4. Examples of when the procedure could have made a difference

A subcommittee of EMSMDAC will examine the proposal for approval. A previous proposal from Thomas County for a CPAP pilot program was approved. The significant issue for approval is the lack of literature on RSI which includes patient improvement. The recommendation will be announced at the next meeting of EMSMDAC. Dr. Ashley commented that the Georgia Trauma Commission will be sponsoring a Trauma Conference in Macon Georgia on November 3. He will give a 30 minute presentation on RSI. As a part of this presentation he will examine outcome studies which point to inadvertent hyperventilation during RSI as documented by capnometry. Dr. Mabley also reported that an ASPER funded on-line EMS Medical Director will be available soon. An e-mail was sent to all Georgia EMS Medical Directors informing them of this opportunity. The program normally costs \$300 per participant but will be free for a limited time to Georgia EMS Medical Directors. Georgia does not at present require this course but it

may reduce the liability of the EMS medical directors. The new Georgia EMS protocols are being updated and the goal is to have them ready in draft form by January, 2012 for comment. The protocols will be updated with the current standards for national organizations such as the American Heart Association and the National Scope of Practice. They will include incident command and special sections for rural agencies to include how to choose destinations and when to call for mutual aid. The task force assigned to develop these protocols includes Matt Jackson, Nita Ham, Mark Bandy, Mary Hill and Jake Lonas.

Bud Owens gave the EMSAC report. He reported that EMSAC has not met since the last EMS Council meeting. Their next meeting will be on November 15 at the Medical Center of Central Georgia in Macon, Georgia.

Kelly Buddenhagen gave the EMSC report. Kelly reported that e-mails have been sent informing services of the free cellphone access to the pediatric SAFE DOSE program. It will soon cost \$9.99 but is well worth the price. The EMSC state conference will be held in Gainesville on June 5, 2012. The Broselow tapes purchased by EMSC have not been received yet but are anticipated soon for distribution. A \$13,000 grant from HRSA will provide a pediatric training equipment trailer for use in pediatric training courses. The trailer is presently based at Georgia Public Training Center in Forsyth, Georgia. Kelly asked for support for "Cans for Kids" programs in Region 1. The program will collect canned food for later distribution in the summer of 2012. Poor children may not have sufficient meals outside of school during the summer break. Each region will compete in this program and the winner will be announced at the EMSC conference. The EMSC conference will include an EPC provider-instructor course.

Randy Pierson delayed the Georgia Trauma Commission and GAEMS report until the next meeting.

David Foster gave the Region 1 EMS Office report. He asks for each service to monitor their areas for unlicensed services and to submit a written, signed complaint including the names of the unlicensed services with dates and times of observation. He thanked all services for their cooperation in submission of training for approval. He corrected a previous report on 144 continuing education courses approved in Region 1 this year for 3112 hours and 1815 contacts with those numbers actually should have been 2112 participants attending 144 courses for 1815 contact hours. For the current year to date he reported that there were 174 Con Ed courses approved through 10/19/11 – 2361 students totaling 1862 hour of courses

David reports that the next Region 1 EMS Educator update will be held at the Walker County campus of Georgia Northwestern Technical College on December 16, 2011 from 8:30 a.m. to 4:30 p.m. Kelly Buddenhagen stated that the update will provide 6 hours EMS Educator credit. The next update is planned for June 2012.

Paul Arnold gave the Region 1 EMS Awards committee report. He expects about 250 people attending this year. The next meeting of the committee will be on November 8, 2011 at Gordon Hospital in

Calhoun from 9:30 a.m. to 1:00 p.m. The meeting will be considering a draft of the Region 1 EMS awards nomination forms which were modified to be similar to the Georgia EMS award nomination forms. Some elements of the Region 1 EMS Awards nomination forms were retained in the EMS Service of the Year and the EMS Director of the Year forms. Drafts of the new forms may be obtained from David Foster for review and comments prior to November 8, 2011. Lana Duff and Paul Arnold have talked to vendors about sponsorship of the event and will present this information at the November 8 meeting. Lana Duff has contacted the Catoosa Colonade after the contact person left employment to confirm that the contract for the facility was still valid. She assures us that the contract is still valid for the Region 1 EMS Awards Banquet on March 22, 2012. The goal is to have an event which is free to all attending including the meal.

Kelly Buddenhagen gave the EMS Education Committee report. Nita Ham who has an office at Georgia Public Training Center will coordinate more ASPER funded trauma courses to include ITLS and PHTLS in the state. A server based at Georgia Public Training Center will house a database of all available EMS training programs. Kelly reports that an anatomy lab is planned for January 2012. A small fee will be necessary to pay for the pig hearts, lungs and brains used in the lab. An EMS Safety course will be held in Rome on December 12, 2011. Each participant who is an instructor in any NAEMT sponsored program will automatically become an instructor in EMS Safety by completing this program. A PHTLS provider course will be held in Dalton on January 17-18, 2012. An AMLS instructor course will be held at Floyd Medical Center in Rome on November 22, 2011.

The next order of business was a report on the status of the 501C3 project. The chairman has met with a lawyer and has estimated that the project of converting the Region 1 EMS Council to a 501C3 not for Profit Corporation will cost \$1000. Several options of obtaining this funding are being explored. The council must rewrite the bylaws, establish a secretary-treasurer position and meet other requirements of the IRS. It will take about 9-12 months to complete if approved. He stated he will not proceed until funding is assured. He asked for a motion to approve proceeding with the process. A motion was made by Rick Cobb, seconded by Glenn Downes and approved to proceed with efforts to create a 501C3 for the EMS Council. The chair stated that the first thing that would have to be changed will be the bylaws for both 501C3 and the RTAC. Glenn Downes asked if there were any examples of such bylaws. The chair will seek examples.

The next item of business was a proposal by Scott Radeker to proceed with efforts for designation of Hutcheson Medical Center as a trauma center. He has submitted a letter to David Foster asking for this consideration. He gave a brief history of Hutcheson Medical Center. The hospital is operated by a hospital authority with representatives from Dade, Walker and Catoosa Counties which are served by the hospital. Recently the hospital entered into a 10 year management contract with Erlanger Medical Center. The hospital presently has 179 acute beds, 17 sub-acute beds, 109 nursing home beds and as staff of 710 full-time employees. The immediate goal is to rebuild physician support in the community, to rebuild the physician and nursing staff and upgrade equipment. The chair asked for a motion to support Hutcheson Medical Center's efforts to become designated as a trauma center. A motion was

made by Curtis Vincent, seconded by Larry Owens and passed. [The council support will be communicated to the Office of EMS by David Foster].

The chair asked for a motion to support the creation of an RTAC for Region 1. A motion was made by Bud Owens, seconded by Larry Owens and passed. The chair announced that he will proceed with the creation of a task force which will be responsible for selecting the RTAC members and making the changes in the bylaws for approval. He asked if anyone was interested in serving on this task force, they should contact either David Foster or Randy Pierson. The RTAC will be a sub-committee to the Regional EMS Council and report to the Regional Council and Georgia Trauma Commission. The RTAC will be composed of council members and non-council members. The RTAC membership must include different professions such as hospital CEOs, Trauma Surgeons, Trauma Registrars, Nurses, Physicians, EMTs and the public. A special called meeting to read the modified by-laws will be held in February or March and the second reading will occur at the April 2012 meeting at which time a vote for approval will be requested.

The next order of business was to consider changing the August EMS Council meeting date to July. The chair asked for a motion to change the meeting date from August to July. Larry Owens made the motion; it was seconded by Robert Early and passed. The dates of the meetings in 2012 will be January 26, 2012, April 26, 2012, July 26, 2012 and October 25, 2012. The January 2012 meeting will be held at the Walker County Civic Center.

A motion was made to adjourn, seconded and the motion carried.

The meeting was adjourned.