Minutes approved 15 October 2009

MEETING MINUTES
Thursday, 17 September 2009
Weaver Board Room
Peyton Anderson Health Education Center
877 Hemlock Street
Macon, Georgia

CALL TO ORDER:
Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of Georgia Trauma Care Network Commission (GTCNC) to order in the Weaver Board Room of the Peyton Anderson Health Education Center in Macon at 1045 hours.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Renee Morgan, EMT-P, Trauma Systems Mgr	DCH DEPR Office of EMS and Trauma
Jim Pettyjohn, Administrator	Georgia Trauma Care Network Commission
Marie Probst	DCH DEPR Office of EMS and Trauma
Billy R. Watson, EMT-P, Acting Director	DCH DEPR Office of EMS and Trauma

OTHERS SIGNING IN	REPRESENTING
Dr. Jim Barber	Medical Association of Georgia
Rich Bias	Medical College of Georgia – Health
David Borghelli	Houston Healthcare EMS
Bryan Forlines	Medical Center of Central Georgia
Rebecca Greener	Medical Association of Georgia
Julie Kerlin	Medical College of Georgia - Health
Richard Lee	Upson Regional Medical Center EMS
Scott Maxwell	Mathews and Maxwell, Inc.
Regina Medeiros	Medical College of Georgia - Health
Courtney Terwilliger	EMSAC and Georgia Association of EMS
Blake Thompson	Wilkes County EMS
Chris W. Threlkeld	DCH DEPR Office of EMS and Trauma – Regions 5 & 10
Keith Wages	Georgia Association of EMS
Rena Brewer	Ga. Partnership for Telehealth
Michelle West	Athens Regional Medical
Kathy Sego	Athens Regional Medical
Robert Bolden	Georgia Hospital Association

Debra Kitchen	Medical Center of Central Georgia
Irene Munn	Lt. Governor's Office
W. Dewayne Wilson	Angel EMS
Mike Polak	Memorial University Hospital
Lee Oliver	Medical Center of Central Georgia
Michelle Archer	DCH OEMST
Lauren Kubik	DCH OEMST
Fran Fortson	Wills Memorial Hospital
Marty Billings	Metro Atlanta Ambulance
David Herron	Life Star/ Omni Flight
Alex Sponseller	Attorney General's Office

WELCOME AND INTRODUCTIONS

Dr. Ashley welcomed the members of the Commission and guests and convened the meeting.

ADMINISTRATIVE REPORT REVIEW:

Mr. Pettyjohn stated Mr. Sam Cunningham was ill and not able to join the meeting to assist in developing the Commission's minutes. Everyone wished Mr. Cunningham well. Copies of the September administrative report are available to the attendees and report was sent in electronic format to the members of the Commission prior to the meeting. Mr. Pettyjohn gave an overview of the highlights and said that the entire document would become part of the minutes. Administrative report attached.

APPROVAL OF THE MINUTES OF THE 20 AUGUST 2009 MEETING

The draft minutes of 20 August 2009 meeting were distributed to Commission prior to the meeting via electronic means and were also available to members in printed form.

MOTION GTCTC 2009-09-01:	**I move that the minutes of the 20 August 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.**
MOTION BY:	Ms. Cole
SECOND BY:	Ms. Vaughn
DISCUSSION:	None.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

QUORUM:

Dr. Ashley, after consulting with Mr. Sponseller of the Office of the Attorney General, declared a quorum present for the meeting.

GTCNC FY 2010 BUDGET SUBCOMMITTEE REPORTS:

- **TRAUMA CENTERS/ PHYSICIANS:**

  Dr. Haley presented the report and spoke to work of the subcommittee and handout made available to Commission and public during the meeting. The subcommittee has had two formal conference calls since last Commission meeting. (Subcommittee members: Leon Haley, Kurt Stuenkel, Bill Moore and Kelli Vaughn) Dr. Haley called the member's attention to two budget line items: New Trauma Center Startup Grants and Trauma Center Readiness.

  - NEW TRAUMA CENTER START UP GRANTS: Dr. Haley reported that the subcommittee requested $1 million in this budget item and that a subgroup of the subcommittee and the Office of EMS and Trauma would develop this grant process. Dr. Haley requested discussion from Commission as to how this will be developed. For instance, does the GTCNC want to

consider more highly hospitals to receive start up grants that are from parts of the state identified in the strategic plan as areas where TC development is needed and what does the Commission do about centers coming on board mid year? Dr. Haley asked for input from the Commission to help guide the subcommittee in future deliberations. Dr. Ashley asked if Dr. Haley was seeking GTCNC approval for the new start up grant idea and funding amount. Dr. Haley affirmed that as so and also wanted discussion from the GTCNC as to how the startup grant program would be developed. Kurt Stuenkel said there should be a greater emphasis and funding consideration given to hospitals from state-areas identified in the strategic plan when it comes to start up grants. Dr. Ashley agreed with Mr. Stuenkel's comments but stated he would like to see the actual terms of the grant program first before completely signing on. Dr. Ashley asked Renee Morgan from OEMST for her thoughts. Ms. Morgan stated she would caution the Commission as they work to develop funding to bring on additional hospitals as trauma centers. Ms. Morgan stated it was important for hospitals to show "initiative going forward." For instance she felt it was appropriate for hospitals to be reimbursed for the registry once the hospital has made the first data-download to the state. Ms. Morgan stated registry participation does show the appropriate initiative. She related that OEMST has, in the past, provided money to hospitals to become trauma centers and in three cases those hospitals never completed the designation process. Ms. Morgan went on to say that rural hospitals might demonstrate more need for funding due to an inherent lack of resources generally. Dr. Ashley stated that the problem is that the Commission wants to recruit hospitals to come onboard but does not want to provide money unless they will become trauma centers. He recognized that $1 million does not go far. Ms. Morgan stated she has paperwork from one center to go from a level IV to a Level III, paperwork for one hospital to come on as a new trauma center, and stated she has a commitment from two other hospitals that claim they will have paperwork to the State by December to come on as designated trauma centers. Ms. Morgan stated that those hospitals that are seeking designation realize that the trauma fund dollars may not be available until next year. Ben Hinson commented that SB 60's intent was to expand network capacity. He suggested that the GTCNC make grants available to hospitals for staff time to get the paperwork together. He stated that there is value to the Commission in receiving the paperwork and the information within the application. Kurt Stuenkel stated that he agreed with Mr. Hinson's notion that the Commission should be prepared to lose some of the money. Meaning that the money would go to the hospital to consider the idea of designation. Even if the hospital eventually decides to not go forward in the designation process, there is value in having the hospital investigate the opportunity. The grants should be aimed at having the interested hospital(s) acquire the data to determine feasibility in moving forward with designation process. Dr. Ashley reminded all that the grants and information must flow through the OEMS/T as the lead agency for trauma. Dr. Robinson stated that there was not much money to work with in the new grants but stated he felt the suggested uses as described in this discussion were good ones. He continued and asked what is it that keeps hospitals from stepping forward to be designated. Kurt Stuenkel states that in regards to the encumbrances or barriers for a hospitals to become a new center…he said there is a feeling of "not knowing what to expect." With regards to the medical staff, the fear is that there will be a surge of trauma patients that will suddenly show up at the new center. Mr. Stuenkel stated that a way to address that fear of trauma patient surge would be to get several hospitals perhaps all in the same region to come on all at one time. Dr. Haley wrapped up the discussion stating that the subcommittee would work with Renee and Jim Pettyjohn to formulate recommendations and bring back to the Commission. Dr. Haley requested the GTCNC approve a motion to place $1 million in the budget to use in a new trauma center start up grant program.

MOTION GTCTC 2009-09-02: **I move that the Georgia Trauma Care Network Commission (GTCNC) approve a $1 million budget for new trauma center**

start up grants with the granting formal and specifics to be worked out between the trauma center/ physician funding subcommittee and OEMST.

MOTION BY: Dr. Haley
SECOND BY: Ms. Cole
DISCUSSION: Dr. Haley stated he would bring back recommendations to the full Commission.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

- PERFORMANCE BASED PAYMENT: Subcommittee wanted to establish a performance payment program to encourage trauma centers to meet the Commission's performance objectives. For the first year, there would be requirements to: 1) submit data to the OEMST; 2) participate in the Georgia trauma system economic survey; and, 3) participation in the GTCNC-sponsored readiness cost webinar and summit scheduled for early 2010. During the first year, 5% ($760,000) of the readiness fund will be subject to this process and has the potential to expand in future years to include additional performance requirements. No motion needed to move forward. Readiness funding and amounts have already been approved. Dr. Robinson supported this performance idea stating that pushing for better performance is what the GTCNC should be doing universally.

- **EMS FUNDING:**

Ben Hinson stated the EMS stakeholder meeting occurred on 16 September in Macon. He stated the group had vigorous discussions and in the end requested to change previously GTCNC-approved budget items for EMS funding and adopt a different funding distribution. This distribution recommendation was represented in a handout Mr. Hinson distributed. Mr. Hinson spoke to and described the attached EMS budget spreadsheet: Medicaid match budget item goes away and those funds are redirected. Dr. Medows, DCH Commissioner, stated legislative actions were necessary to proceed with the Medicaid match. More money placed in the EMS vehicle equipment grant program with GAEMS, Mr. Hinson and the stakeholder group to approve a new application and possibly scoring procedures. New EMS vehicle replacement grant program scoring process will be brought back to the GTCNC for approval. Regarding the dynamic mutual aid funding program- the EMS stakeholders requested the GTCNC to not proceed with that action/expenditure at this time. Rather, they requested that more money toward First Responder training and trauma care equipment purchases. This equipment would be above the minimum requirements for same set forth by the State. It was discussed during the stakeholder meeting that the training opportunities for First responders be in the form of competitive grants and that those grants be offered statewide. EMS stakeholder group will help decide how the equipment money will be spent (what kinds of equipment is eligible) and who gets what equipment. EMS uncompensated care dollars will again be tied to the trauma registry. Mr. Hinson made the following motion:

MOTION GTCTC 2009-09-03: **I move that the Georgia Trauma Care Network Commission (GTCNC) adopt the EMS funding as presented today. (as detailed in the attached budget table)**

MOTION BY: Mr. Hinson
SECOND BY: Ms. Cole
DISCUSSION: Vigorous discussion re Medicaid match with Mr. Hinson stating that he was going to continue to investigate this as a means for increasing funding for EMS and will work

	on drafting legislation to ensure a Medicaid match of trauma funds for greater EMS funding was placed into law.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

- NATIONAL FOUNDATION FOR TRAUMA CARE MEMBERSHIP: Ms. Cole revisited her request for the GTCNC to finance ($1,500.00) the State to join the National Foundation for Trauma Care (NFTC) as a system member. She recalled the August meeting where another Commission member had objections to the organization's past federal lobbying activities in support of a bill that would providing funding to only not-for-profit and public hospitals, which would exclude private hospitals or for-profit hospitals from the federal funding opportunities. Ms. Cole stated she spoke with the other Commission member over the past week. She stated that Commission member realized the wealth of information the NFTC could provide to Georgia and would not stand in the way of the motion to join the organization being made.

MOTION GTCTC 2009-09-04:	**I move that the Georgia Trauma Care Network Commission (GTCNC) provide the $1,500 for the State to join the National Foundation for Trauma Care as a system member.**
MOTION BY:	Ms. Cole
SECOND BY:	Dr. Haley
DISCUSSION:	Renee Morgan has a question for the Commission. She related some concern that due to state fiscal issues, there is a prohibition again state-level membership to national organizations. Mr. Sponseller noted he would check on this with his office and render an opinion back to Mr. Pettyjohn
ACTION:	The motion ***PASSED*** with no objections, nor abstentions with the caveat that Attorney General's office would sign off on the action and that DCH Office of Procurement would also agree.

Dr. Ashley recognized Ms. Margie Coggins, policy staff from the office of Representative Mickey Channel and Irene Munn from the Lt. Governor's Office and thanked them for coming to the Commission meeting.

GTCNC SUBCOMMITTEE UPDATES

- **GOVERNMENT AFFAIRS SUBCOMMITTEE**

  Ben Hinson noted that Kurt Stuenkel, Bill Moore, Dr. Ashley and he are on that subcommittee. The subcommittee has had one conference call to begin working on subcommittee structure. Mr. Hinson spoke about whom on the GTCNC would have contact with the Governor, Lt. Governor and Speaker, their associated offices and key Senators and Representatives. The goal is have another subcommittee meeting in early October and to get all stakeholder associations, their lobbyists and hospital lobbyists to come together and develop a common agenda. The key is to have everyone with that same goal, working together and "be on the same page" in respect to working the legislature. Mr. Hinson stated he met with the Commissioner of the DOT to investigate the possibility of combining Trauma and Transportation funding efforts in the upcoming legislature and the DOT Commissioner stated he would like to talk further about the possibilities.

- **GEORGIA COMMITTEE ON TRAUMA EXCELLENCE**

  Kelli Vaughn reported the state trauma coordinators met recently to review recent comments and questions wanting clarity on some of the Trauma System Entry Criteria. Due to several key members on the committee being ill on the day of the meeting, the discussion was postponed. Ms. Vaughn did say that work regarding the Broselow system and its incorporation into the states trauma centers was progressing.

- **GEORGIA TRAUMA COMMUNICATION CENTER AND PILOT PROJECT**

  Ms. Cole began her presentation recalling that the Commission's five-year strategic Vision included as first-year priorities: building a statewide trauma communications center and regionalization of the Georgia trauma system. Ms. Cole went on to say that one could not build the communications center without moving forward with Regionalization at the same time. Ms. Cole continued on with her comments using the attached PowerPoint presentation to present the following:

  The Georgia Trauma System will be comprised of individual trauma systems in each trauma service area, or region, of the State. To test the implementation of regional trauma systems, we are proposing that the Trauma Commission conduct a pilot project in EMS Region V, the trauma service area for purposes of the pilot. There will be four major elements to the Pilot Project:

  - A Regional Trauma Advisory Council. The Council will be established as a group of regional stakeholders, tasked to develop a Plan for the regional trauma system, and then to implement that Regional Trauma System Plan.
  - Hospital participation. Any state-designated trauma center is a de-facto participant in the Georgia Trauma System and also in the pilot.
    - Non-designated hospitals are encouraged to participate! Hospital administration/leadership will sign a letter indicating commitment and willingness to participate in the pilot. This means they will install and maintain a computer display of service line availability that will display availability to other participating hospitals and to the…Trauma Communications Center.
  - Georgia Trauma Communications Center. This will be introduced through the pilot, in order to better coordinate EMS transport needs with the capability, capacity and current availability of Trauma Centers and non-designated participating hospitals.
    - The Trauma Communications Center will house a database of Trauma Center and participating hospital availability. Specifically, there is established a statewide method to triage the most critical trauma patients. Trauma System Entry Criteria are in Appendix A of the Framework document. Trauma patients who meet criteria are entered in the System as Trauma System patients. The goal is to get these patients to a designated Trauma Center.
    - EMS providers are encouraged to call the Trauma Communications Center when they determine that a patient meets Trauma System Entry Criteria. The Trauma Communications Center can then make a patient destination recommendation based on Trauma Center availability and can assign the patient a unique System I.D. number. The I.D. number can be used for patient tracking and continued System performance improvement.
  - The Pilot document is a roadmap for how to carry out the proposed pilot and gives more details on how it will be carried out.
  - As previously mentioned, the regional Council will introduce a Plan. They will develop the plan using the Framework document as a guide. The Framework identifies the specific components that a Plan should include and areas of system function that the plan should address.
    - Pursuant to the conclusion of the Pilot and an evaluation period, the Framework is subject to change. In any case, when regional trauma system planning is introduced statewide the Framework will be a unified way for all regions to approach the development of their regional trauma system plans.

The pilot would be endorsed/introduced/set in motion by the Trauma Commission. The State OEMS/T will provide oversight for components of regional systems and will regulate the operation of regional trauma systems.

Ms. Cole concluded her remarks stating that the White Paper and Framework could be found online at www.gtcnc.org. She encouraged all to read and provide comments back to her. The plan is for the Commission to approve and adopt the concepts within the documents at the 15 October Commission meeting.

Additional comments and questions from Commission and audience included:

- There are no GEMA funds available to help purchase the software for the communication center.
- There will be one statewide trauma communications center.
- Trauma System Entry Criteria (primary triage) will be the same for all regions statewide. Destination Protocols (secondary triage) will be region specific. All criteria will be subject to review and change.
- Main purpose of the communications center is to get those trauma patients that need trauma center care (most severely injured) to designated trauma centers from the field and others (less severe injuries) to appropriate non-designated hospitals for care.
- All participation in the trauma system is voluntary.
- Level III designated centers are crucial to help off-load lower acuity trauma system patients from the major (Level I and II) trauma centers. There needs to be concerted efforts to get additional centers (level IIIs) in the system.
- The vast majority of patients coming through the Communication Center will be from the injury scene and by EMS.
- Outcome measures or metrics for the system will be developed as we go through the Pilot Project.
- Much work remains before the communications center opens; work to develop trauma regional advisory councils for instance and much more communicating of ideas and concepts to various stakeholder groups.
- The communications center can be located anywhere in the state and the pilot project communication center will grow/evolve to become the statewide trauma communications center as additional regions come online.
- Need to consider limiting the number and levels and location of designated trauma centers in the state…to make the best use of the limited funds available.
- Strategically locating and use of private medical helicopters in the Georgia trauma system may be useful.
- Annual costs for communication center will be less than the budgeted startup costs listed in the FY 2010 budget.
- There will be only one communication center for the whole state and software to be bought for pilot project will accommodate that statewide concept.
- Initial operations of the communication center may go forward through an RFP process awarded to an existing call or dispatch center.

➢ **GEORGIA TRAUMA CARE ECONOMIC PROFILE SUBCOMMITTEE**

Kelli Vaughn stated she is charged with working with Bishop and Associates to revise the existing survey instrument that was previously used to develop annual profiles for years 2006 and 2007. Kelli stated she is including the state trauma coordinators on this project. Ms. Vaughn is working with the trauma coordinator group to better define the survey data-points and to understand how the economic surveys are treated within each trauma center. For instance: who or at what level are the surveys completed within each facility? What is the role of the trauma coordinator in answering the survey? Ms. Vaughn stated she is making progress on updating the survey tool for the 2008 survey.

Ms. Vaughn went on to report on a project she is working on with Dr. Ashley re proposed readiness cost summit. Ms. Vaughn described the summit: Determining Trauma Center Readiness Costs is challenging from a hospital cost-accounting perspective. This is because standardized cost-accounting methodology assigns hospital costs to each department and not type of patient, and few trauma centers have trauma cost centers. Traditionally in trauma center financial analysis, trauma physician call payments have been included (even though they can also cover ED call costs), and sometimes a portion of costs for maintaining an in-house OR team if required by state trauma rules. Georgia has initially taken an expansive approach to assessing readiness costs, but runs the risk of overstating the costs (although not payments because they cover only about half of reported readiness costs. The Committee overseeing the revision of the trauma center survey and reporting process has recommended a tightening of readiness cost criteria to assure confidence by policymakers. To develop the highest level of confidence and assure full input from the trauma hospitals (and understanding of results), a "readiness cost summit" is proposed in the form of a webinar with participation by Georgia trauma center Trauma Coordinators and CFO's. The purpose would be to reach consensus on the approach used to assess readiness costs in Georgia, which likely would become a national model.

Dr. Ashley supported the idea of a cost readiness summit with the goal for the outcome of the summit to become the new national model for determining trauma readiness costs. He continued he would like to have this seminar and report complete by the end of the year.

OEMS/T PROGRAM UPDATE:

Renee Morgan, state trauma system manager, delivered update report.

- BROSELOW SYSTEM AND TELEMEDICINE: DCH procurement has stated these GTCNC approved budget items will need to go out to bid via the RFP process.
- COMMUNICATION CENTER: If the Commission decides to go with a freestanding communications center, that process would involve going through the "facilities department of DCH."
- ADMINISTRATOR CONTRACT: Ms. Morgan stated that there is not enough time to develop a professional services contract with Jim Pettyjohn to avoid a lapse in his services to the Commission. She indicated the best fix at the moment is to move those funds to the Bishop and Associates contract for the remained of FY 2010. She indicated that would give DCH mote time to determine how best to move forward: professional services contract vs. state employment.

MOTION GTCTC 2009-09-05:	**I move that the funds approved to hire administrator be moved to the Bishop and Associates contract for subcontracting with Mr. Pettyjohn through FY 2010.**
MOTION BY:	Mr. Hinson
SECOND BY:	Ms. Vaughn
DISCUSSION:	Mr. Hinson stated that he, Dr. Ashley and Mr. Pettyjohn have all been consulted and all agree that this is the best way to go for now. It will give DCH and OEMS/T more time to get a contract together for next year with Mr. Pettyjohn. Ms. Morgan stated the Mr. Bishop is also in agreement. Ms. Morgan also stated that the arrangement with Mr. Bishop would mean there will not be a gap in Mr. Pettyjohn's pay.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

- TRAVEL AND PER DIEM: For the Commission will be at a set rate, the same rate for the legislators.

- CONFERENCE CALL LINE AND WEBSITE: Working to get this in place
- ACCORDENT LEARNING SITE WITHIN OEMS/T: The commission meeting could be recorded by video and voice and placed on a website.
- ADMINISTRATIVE SUPPORT: This position, to assist the administrator, will be through a temporary service agency and is in process within OEMS/T to be approved.
- HOSPITAL READINESS AND UNCOMPENSATED CARE FOR FY 2010: This can be achieved through the existing contracts with hospitals much the same way it was done in FY 2009 if that is what the Commission desires. Ms. Morgan was unable to provide a distribution date for FY 2010 dollars to hospitals.

OTHER BUSINESS: There was no other business offered.

NEXT MEETING: 15 October 2009 in Atlanta, time and venue to be determined.

MEETING ADJOURNED: Hearing no call for additional business, Dr. Ashley declared meeting adjourned at 1:10 pm.

Minutes scribed by Jim Pettyjohn.

GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
TRAUMA CENTER ALLOCATION
15 September 2009

	Amount	% of TC Allocation	Fixed/Var[8]
New Trauma Center Startup Grants[1]	$1,000,000	6.6%	Fixed
Level IV Trauma Centers[2]	$54,000	0.4%	Fixed
Sub Total	$1,054,000	6.9%	
Trauma Center Readiness Payments[3]	$6,696,610	44.0%	Variable
Performance Based Payment[4]	$760,380	5.0%	Variable
Sub Total Readiness Payments	$7,456,990	49.0%	
Uninsured Patient Care Payments[5]	$6,696,610	44.0%	Variable
Total Trauma Center Allocation[6]	**$15,207,600**	**100.0%**	

Hospital/Physician Fund Division[7]	Hospital	Physician	Total
Trauma Center Readiness Payments	$5,592,743	$1,864,248	$7,456,990
Uninsured Patient Care Payments	$5,022,458	$1,674,153	$6,696,610
Total	**$10,615,200**	**$3,538,400**	**$14,153,600**
Percent	75.0%	25.0%	100.0%

Notes:

[1]Grant program to foster the development of new trauma centers in regions of Georgia with the greatest need. The program will be developed by the GTCNC Trauma Center/Physician Funding Committee and in collaboration with the Office of EMS and Trauma.

[2]Georgia's two Level IV Trauma Centers will receive $27,000 each in total funding.

[3]Trauma Center readiness payments are described on page 2.

[4]A state-of-the-art performance based payment (PBP) program will be developed to encourage trauma centers perfomance improvement. First-year PBP criteria will be: submission of required data to OEMS&T; particpation in the Georgia Trauma System Economic Assessment Survey; and, particpation in a GTCNC-sponsored Trauma Center Readiness summit via webinar during early 2010. For the first-year (FY 2010), 5% of trauma center readiness funding will be subject to PBP process with this portion and PBP criteria expanding in future years. PBP funds paid will be from the trauma center readiness cost allocations.

[5]Uninsured trauma patient care payments are described on page 3 and subject to SB 60 definitions.

[6]Amount allocated to Trauma Centers by the GTCNC.

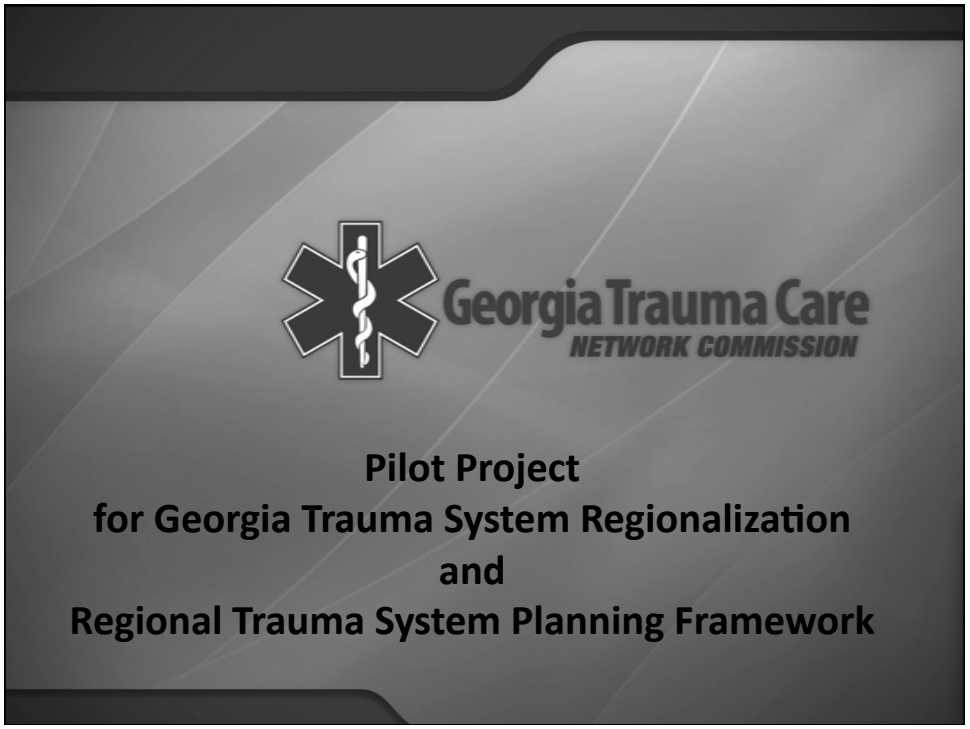
[7]Payments for readiness and uninsured patient care received by Trauma Centers are to be proportionally distributed between the hospital and physicians on a 75%/25% basis.

[8]Amounts that are fixed, or are variable depending upon changes in the overall Trauma Center allocation, are indicated.

Adopted EMS Budget and Distribution for GTCNC FY 2010

Available Budget	**$ 3,801,900**		
Uncompensated Care		$ 1,000,000	Provide for uncompensated claims for 2008. this would benefit urban services at a higher rate than rural
EMS Vehicle Replacement Grant Program		$ 2,125,000	This would assist in the purchase of 29 ambulances at a rate of 73,275.86. This would benefit rural services
First Responder Training		$ 338,450	Provide 65 First Responder Courses with a potential of training and equipping 1300 First Responders
Trauma Related Equipment		$ 338,450	Equipment should be related to trauma care and above the level of required equipment
	Total FY 2010 GTCNC Funds	**$ 3,801,900**	

approved 17 September


Georgia Trauma Care
NETWORK COMMISSION
Pilot Project
for Georgia Trauma System Regionalization
and
Regional Trauma System Planning Framework

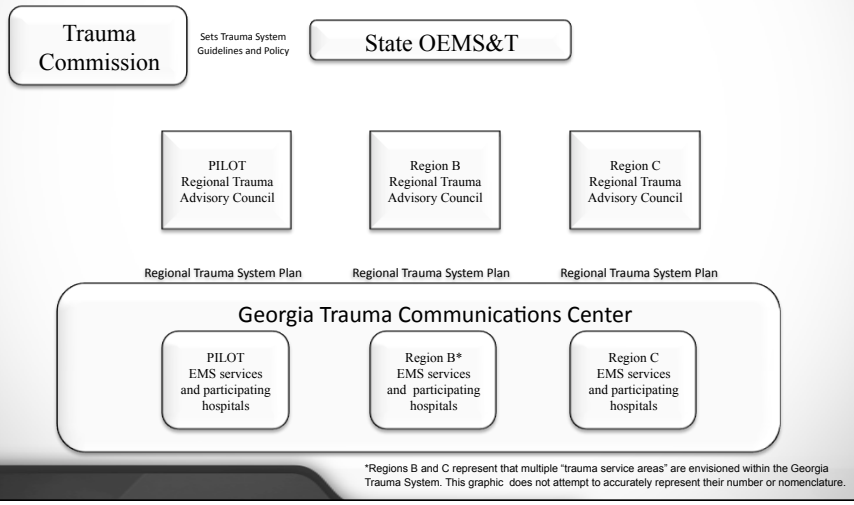

Georgia Trauma Care
NETWORK COMMISSION
Pilot Project for Georgia Trauma System Regionalization
Oversight: Will be funded and developed by the Trauma Commission; Department of Community Health-Office of EMS and Trauma will provide regulatory oversight
Timeline: One-year period
Location: EMS Region V
Evaluation: Will be evaluated after the one-year period with focus on recommendations for Framework improvement and Georgia Trauma Communications Center operational improvement

The proposed pilot will introduce:

- Trauma system regionalization
- A Regional Trauma Advisory Council
- Participating hospitals and regional stakeholders
- A Regional Trauma System Plan developed using the Regional Trauma System Planning Framework
- The Georgia Trauma Communications Center

Trauma system regionalization

Trauma system regionalization as a possible construct for Georgia Trauma System development



*Regions B and C represent that multiple "trauma service areas" are envisioned within the Georgia Trauma System. This graphic does not attempt to accurately represent their number or nomenclature.

Georgia Trauma Care NETWORK COMMISSION

A Regional Trauma Advisory Council

- Council comprised of regional trauma system stakeholders
- Will develop and implement a Regional Trauma System Plan
- Will oversee continued function of Plan and conduct regional performance improvement

Georgia Trauma Care NETWORK COMMISSION

Participating hospitals and regional trauma system stakeholders

- All stakeholders have a role to play in the regional trauma system, including
  - Trauma Centers,
  - Non-designated participating hospitals,
  - EMS,
  - Physicians,
  - Hospital leadership,
  - Local government, and
  - The public
- **Trauma Centers** will admit patients who meet standardized Trauma System Entry Criteria
- **Non-designated participating hospitals** will admit lower-acuity patients per service line availability

Regional Trauma System Plan

Georgia Trauma Care Network Commission

A Regional Trauma System Plan developed using the Framework

- Provide a comprehensive regional trauma care system
  - Ensure care for patients from the moment of injury through rehabilitation
  - Utilize existing resources and working to fill any identified gaps
- Develop and implement a regional program for injury prevention

- Framework recommends
  - Component and organization standards,
  - Protocols for regional trauma system function, and
  - Process for regular Plan revision

Framework Summary

Georgia Trauma Care Network Commission

Framework Recommendations for a Regional Trauma System Plan:

Framework Part One: Components and Organization

- Common training on regional trauma system
- Resource Availability Display (RAD) set-up at participating hospitals
- Designated points-of-contact for communications
- Specific performance points to be measured for regional performance improvement
- Specific responsibilities to Council, to include oversight of regional agreements

Framework Part Two: Regional Trauma System Function

- Trauma System Entry Criteria, i.e., criteria to determine which patients require treatment at a Trauma Center ("primary triage")
- Regional guidelines for patient transport ("secondary triage")
- Protocols for RAD updates
- Authorize the Regional Trauma Advisory Council to monitor Plan compliance

Framework Summary

Framework Recommendations for a Regional Trauma System Plan:

Framework Part Three: Regional Trauma System Plan Revision Process

- Authorize the Regional Trauma Advisory Council to revise the Plan according to:
  - Updates to state rules and regulations
  - Points identified for regional performance improvement
  - Changes to regional assets and capabilities

Georgia Trauma Communications Center

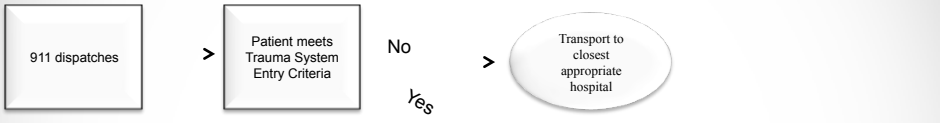
The Georgia Trauma Communications Center will:

- Coordinate the transport needs of EMS providers with the capacity of all Trauma Centers
- Assign a unique System I.D. to patients meeting Trauma System Entry Criteria
- Maintain Trauma Center Communications Database,
- Recommend patient destination based upon RAD status and regional protocols
  - EMS makes the final transport decision

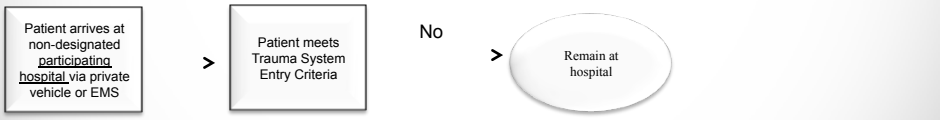
Georgia Trauma Communications Center

Georgia Trauma Care NETWORK COMMISSION

Scenario 1:



Scenario 2:



Milestones

Georgia Trauma Care NETWORK COMMISSION

Pre-Pilot Period | **Pilot Period** | **Post-Pilot Period**

Pre-Pilot Milestones

- Pilot Project and Framework approved
- Hire a Georgia Trauma Communication Center Lead
- Pilot participants identified as Trauma Centers or non-designated participating hospitals
- Regional Trauma Advisory Council established
- Regional Trauma System Plan developed
- Plan submitted for approval to Commission and State OEMS&T
- Regional communications equipment installed and pilot participants trained on regional trauma system
- Georgia Trauma Communications Center established

Milestones

Georgia Trauma Care Network Commission

Pre-Pilot Period | **Pilot Period** | Post-Pilot Period

Pilot Period Milestones

- Pilot project operates according to Plan
- Performance Improvement Plan implemented
- Monitoring for outcomes established
- Plan improvements implemented
- Georgia Trauma System Rules and Regulations developed and approved

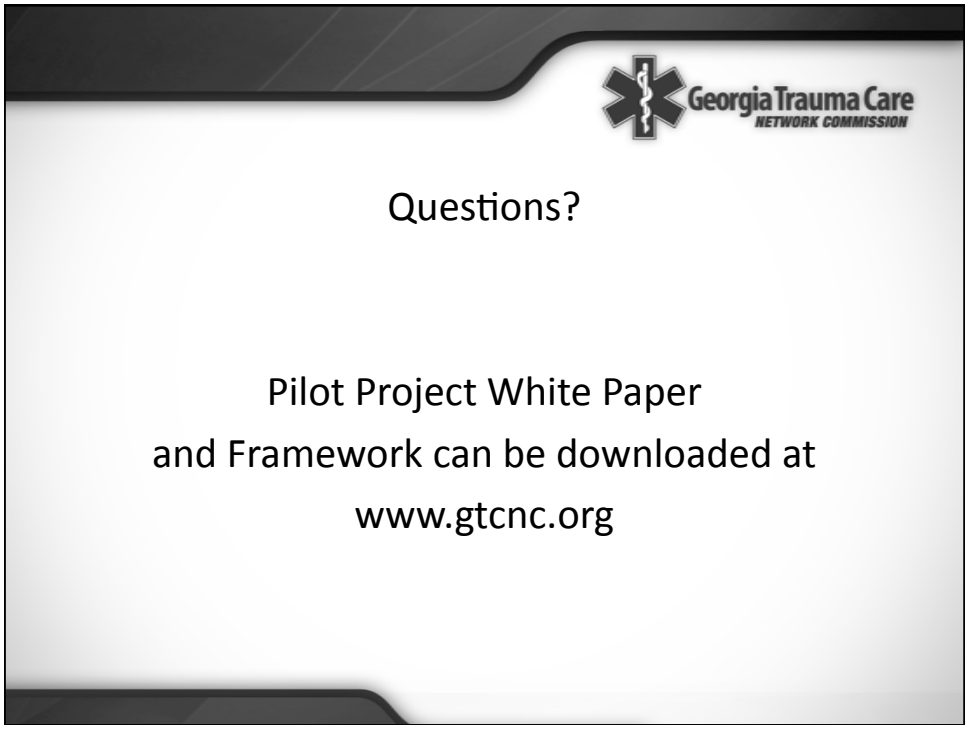
Milestones

Georgia Trauma Care Network Commission

Pre-Pilot Period | Pilot Period | **Post-Pilot Period**

Post-Pilot Milestones

- Pilot project evaluated
- Georgia Trauma System implementation plan established
- Georgia Trauma System codified through legislation


Georgia Trauma Care
NETWORK COMMISSION
Questions?
Pilot Project White Paper
and Framework can be downloaded at
www.gtcnc.org