



## MEETING MINUTES

**Thursday, 19 November 2009**

10:00 am until 1:00 pm

Room #216: Georgia State Capitol  
Atlanta, Georgia

**CALL TO ORDER:**

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order in Room# 216 of the Georgia State Capitol at 10:00 am.

| COMMISSION MEMBERS PRESENT  | COMMISSION MEMBERS ABSENT  |
|---|--|
| Dr. Dennis Ashley<br>Ben Hinson<br>Linda Cole, RN<br>Dr. Leon Haley<br>Bill Moore<br>Dr. Joe Sam Robinson,<br>Kurt Stuenkel,<br>Kelli Vaughn, RN<br>Rich Bias | Dr. Joe Sam Robinson (call in attempt failed due to faulty telephone connection) |

| STAFF MEMBERS SIGNING IN   | REPRESENTING  |
|--|---|
| Jim Pettyjohn, Commission Administrator<br>Renee Morgan, EMT-P, Trauma Systems Mgr<br>Billy R. Watson, EMT-P, Acting Director<br>Scott Radeka, Deputy Director | Georgia Trauma Care Network Commission<br>DCH DEPR Office of EMS and Trauma<br>DCH DEPR Office of EMS and Trauma<br>DCH DEPR Office of EMS and Trauma |

| OTHERS SIGNING IN   | REPRESENTING  |
|---|---|
| Scott Maxwell<br>Regina Medeiros<br>Courtney Terwilliger<br>Blake Thompson<br>Keith Wages<br>Rena Brewer<br>Michelle West<br>Kathy Sego<br>Paula Brown<br>Alex Sponseller<br>Paula Guy<br>Courtney Terwilliger<br>Gina Soloman<br>Danae Gambill | Mathews and Maxwell, Inc.<br>Medical College of Georgia - Health<br>EMSAC and Georgia Association of EMS<br>Wilkes County EMS<br>Georgia Association of EMS<br>Ga. Partnership for Telehealth<br>Athens Regional Medical<br>Athens Regional Medical<br>OPB<br>Attorney General's Office<br>Georgia Partnership for Telehealth<br>GAEMS<br>Gwinnett Medical<br>GHA |

|  |   |
|--|---|
| Kelly Joiner<br>Josh Mackey<br>Tiffany Coletta<br>Keith Wages<br>Randy Clayton<br>Marty Billings<br>Rebecca Greener<br>John Daly<br>Jamila Pope<br>Fran Lewis<br>David Guthrie<br>Lee Oliver | MCCG<br>GAEMS<br>Georgialink<br>GAEMS<br>GOHS-SHSP<br>Metro Atlanta Ambulance Service<br>Medical Association of Georgia<br>Southeastern Specialty Vehicles<br>Children's Healthcare of Atlanta<br>Grady Healthcare<br>CDC<br>MCCG |
|--|---|

**WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT**

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

Dr. Ashley recognized Rich Bias from Augusta Georgia as the new Governor-appointed Trauma Commission member. Dr. Ashley stated: "Rich Bias is senior vice president for ambulatory and network services at MCG Health, Inc. He is a fellow with the American College of Healthcare Executives and the former treasurer and president of CSRA Association of Healthcare Executives. He serves on the boards of Wills Memorial Hospital, the East Georgia Health Cooperative, the East Central Georgia Emergency Medical Services Council, Inc., and REACH Call, Inc. Bias earned a bachelor's degree from the University of Louisville and a master's degree from Duke University. He and his wife, Kay Gross, have two children."

Dr. Ashley recognized Dr. Rhonda Medows who recently resigned from the Georgia Trauma Commission. Dr. Ashley presented Dr. Medows with a plaque from the Commission, which had the following engraved message: "IN APPRECIATION FOR YOUR EXTRAORDINARY RECORD OF ACHIEVEMENT AND SUPPORT IN THE DEVELOPMENT OF THE GEORGIA TRAUMA SYSTEM"

Dr. Medows thanked the Commission members and Dr. Pat O'Neal and Renee Morgan and stated she was proud to have served with such a dedicated group of individuals.

**ADMINISTRATIVE REPORT REVIEW:**

Copies of the November 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 posted to [www.gtcnc.org](http://www.gtcnc.org).)*

**APPROVAL OF THE MINUTES OF THE 15 OCTOBER 2009 MEETING**

The draft minutes of the 15 October 2009 meeting were distributed to Commission prior to the meeting via electronic means and are also available to members in printed form.

**MOTION GTCTC 2009-11-01:**

**I move that the minutes of the 15 October 2009, meeting of the Georgia Trauma Care Network Commission be approved as presented.**

**MOTION BY:**

Mr. Moore

**SECOND BY:**

Ms. Cole

**ACTION:**

The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes posted to [www.gtcnc.org](http://www.gtcnc.org))*

**QUORUM:**

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

**PRESENTATION: "GETTING THERE: THE RIGHT PLACE AT THE RIGHT TIME"**

Dr. Ashley introduced Dr. Jeff Salomone from Emory University and a trauma surgeon at Grady Hospital. Dr. Ashley explained Dr. Salomone gave an excellent presentation on the need for trauma system development at the Medical Center for Central Georgia Trauma Symposium held earlier this month in Macon. Dr. Ashley felt the Commission and trauma system stakeholders would benefit from seeing and hearing Dr. Salomone's presentation. Dr. Ashley thanked Dr. Salomone for finding the time to meet with the Commission. (*Dr. Salomone's PowerPoint presentation can be found at [www.gtcnc.org](http://www.gtcnc.org)*)

**BYLAWS CHANGES: ELECTION OF OFFICERS**

Dr. Ashley noted that according to the existing Commission bylaws, the November meeting is the Annual Meeting of the Commission. As this is the first Annual meeting of the Commission, vice chair and secretary must be elected today. Dr. Ashley went on to say the Commission voted Kurt Stuenkel as vice-chair and Linda Cole as secretary in May knowing that new officers would need to be elected at the Annual meeting. Dr. Ashley said he was very pleased with the work that Mr. Stuenkel and Ms. Cole had provided. He stated Mr. Stuenkel and Ms. Cole had agreed to continue serving in their respective elected officer roles for the upcoming 2-year term. Dr. Ashley stated he had sent out an email about 3 weeks prior to the Commission requesting members to provide additional nominations for these two positions and he had received none. Dr. Ashley asked the Commission if there were any additional nominations for vice-chair or secretary at this time. Hearing no further nominations, nominations were closed. Dr. Ashley then went on to say he had also sent out proposed bylaw changes to Commission members over three weeks prior to today. The bylaw changes reflected additional duties for the officer position of "secretary." Dr. Ashley stated the bylaw changes, if approved, would add "treasurer" duties to the secretary. (*Amended bylaws attached.*) If approved, the Commission secretary would become the Commission's secretary/treasurer. Ben Hinson made the following motion:

**MOTION GTCTC 2009-11-02:**

**I move that Kurt Stuenkel and Linda Cole be continued on in their respective Commission officer positions and that the bylaws be amended as described.**

**MOTION BY:** Mr. Hinson  
**SECOND BY:** Dr. Haley  
**ACTION:**

The motion **PASSED** with no objections, nor abstentions.

**GTCNC SUBCOMMITTEE UPDATES**

- **TRAUMA CENTERS/PHYSICIANS FUNDING SUBCOMMITTEE:** Dr. Haley reported out on his Trauma Center/Physician Funding Subcommittee work regarding the New Trauma Center Startup Grants. Dr. Haley presented the attached document, which further described the grant process. He stated a more "fleshed-out" document describing the new trauma center grant program and process and containing application documents would be generated by Mr. Pettyjohn with Ms. Morgan's assistance. He stated these grants would go through the Office of EMS/Trauma as contracts and that his subcommittee would review all applications with final award decision coming from the full Commission. Dr. Haley requested approval of the grant program administrative procedures from the Commission.

**MOTION GTCTC 2009-11-03:**

**I move the Commission adopt the administrative procedures for the New Trauma Center Startup Grants for FY 2010 as presented here today.**

**MOTION BY:** Mr. Cole  
**SECOND BY:** Mr. Moore  
**ACTION:**

The motion ***PASSED*** with no objections, nor abstentions (*Approved document attached*)

Dr. Haley presented the proposed FY 2010 uncompensated care funding amounts for the state's trauma centers based upon the latest survey data supplied to Bishop+Associates. Dr. Ashley stated he had sent a letter to each trauma center emphasizing the importance of getting the uncompensated care numbers correct and stating the uncompensated accounts identified by each trauma center must be determined using definitions from SB 60. Dr. Haley stated that with approval of these uncompensated care funding amounts per center, the process for determining FY 2010 trauma center/physician distributions would be complete. Dr. Haley stated these dollars would be distributed by OMES/T via contracts or amendments to an existing contract with each trauma center. (*See attached budget sheets.*)

**MOTION GTCTC 2009-11-04:**

**I move the Commission adopt the trauma center/ physician uncompensated care funding distribution for FY 2010 as presented here today.**

**MOTION BY:** Mr. Stuenkel  
**SECOND BY:** Mr. Moore  
**ACTION:**

The motion ***PASSED*** with no objections, nor abstentions

➤ GOVERNMENT AFFAIRS SUBCOMMITTEE & EMS STAKEHOLDER GROUP: Ben Hinson reported the subcommittee had not met due to legislative political leadership potential changes and current events but would do so soon. Mr. Hinson then reported the Trauma Commission EMS stakeholder group met in Macon on 11 November and reviewed proposed processes for the distribution of the approved FY 2010 EMS funding. (*Form attached*) Mr. Hinson noted he would have specific information on distribution plans for these funds at the next Commission meeting for the Commission to review and approve.

➤ GEORGIA TRAUMA CARE ECONOMIC PROFILE SUBCOMMITTEE & GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE: Kelli Vaughn informed the Commission that her subcommittee is working toward having the Readiness Costs Determination webinar on 30 November and a face to face summit meeting with trauma center financial leadership on 11 December. The goal is to come up with the best and reliable numbers for trauma center readiness costs in Georgia. Ms. Vaughn stated she would have more to report about the Readiness Costs activities at the next Commission meeting. Ms. Vaughn presented the Primary Triage Decision Scheme reviewed and endorsed by the Georgia Committee for Trauma Excellence and the Trauma Communication Center Subcommittee. (*Document attached*) Ms. Vaughn stated this decision scheme is just the beginning, a place to start in developing the State's Trauma System Entry Criteria. There is a good chance these will change but will change after use and review. Ms. Vaughn asked for approval.

**MOTION GTCTC 2009-11-05:**

**I move the Commission adopt the Primary Triage Decision Scheme as presented here today as the first State Trauma System Entry Criteria to be used during Pilot Project period.**

**MOTION BY:** Ms. Cole  
**SECOND BY:** Mr. Hinson

**ACTION:**

The motion **PASSED** with no objections, nor abstentions

- **GEORGIA TRAUMA COMMUNICATIONS CENTER AND PILOT PROJECT:** Ms. Cole reported the communication center and pilot project activities are awaiting action from OEMS/T DCH. Ms. Cole stated the Commission has yet to hear from Office of Procurement regarding permission to begin writing the RFP for the Communication Center software. Ms. Cole also reported she has received no information on the communications "lead position." This position is essential to have in place before beginning the pilot project. Ms. Cole stated she was waiting to hear OEMS/T's report of Commission business during this meeting.

**DCH OEMS/T REPORT AND GTCNC PROCUREMENTS AND CONTRACTS UPDATE REPORT**

Renee Morgan reported on the procurement and contracts in process for the Commission. (*See attached documentation detailing Ms. Morgan's report.*)

**LAW REPORT**

Mr. Alex Sponseller from the Attorney General's Office reported on two items: Regarding the feasibility for the Trauma Commission to become a member of the Center for Health Organization Transformation (CHOT): Mr. Sponseller said: "because the contract will be with Georgia Tech Research Corp., a non-profit corporation, the contract would not have the additional restrictions of an inter-governmental agreement between agencies. As long as the CHOT agreement goes through the procurement and contract process of DCH (because the fee exceeds \$5K), then it should be fine."

Mr. Sponseller also brief the Commission re AG's opinion whether the Commission is authorized to purchase and collect on unpaid claims to physicians, hospitals, and EMS providers for which it has provided trauma funding. (*Opinion is attached.*)

**PRESENTATIONS: "SHARING TRAUMA CENTER DESIGNATION PROCESS INFORMATION WITH GTCNC"**

Dr. Pat O'Neal, Director of the Division of Preparedness and Response, assisted by the attached PowerPoint presentation, spoke to the process a hospital must go through for trauma center designation or redesignation. (*Presentation attached.*) Mr. Hinson asked if the Commission could be informed as to the outcomes of the designation/ redesignation visits and findings. Dr. O'Neal suggested there be a Commission subcommittee established to work with him and the OEMS/T to identify areas where the Commission desires more detailed information. Dr. Ashley agree and appointed Kurt Stuenkel, Ben Hinson and himself to that subcommittee.

**OTHER BUSINESS:** There was no other business offered.

**NEXT MEETING:** There will not be a regular monthly Commission meeting scheduled for December 2009. The next regular and scheduled meeting for the Commission will be on 28 January 2009 in Atlanta, time and venue to be determined.

**MEETING ADJOURNED:** Hearing no call for additional business or concerns for the Commission to address, Dr. Ashley declared meeting adjourned at 12:00 noon.

Minutes crafted by Jim Pettyjohn.

# **GEORGIA TRAUMA CARE NETWORK COMMISSION**

## **BYLAWS**

### **ARTICLE I. NAME OF ORGANIZATION**

The organization referred to in this document is the Georgia Trauma Care Network Commission, hereinafter referred to as “the Commission.”

### **ARTICLE II. AUTHORITY**

The Georgia General Assembly statutorily created the Georgia Trauma Care Network Commission during the 2007 – 2008 legislative session and its authority and duties are codified at O.C.G.A. § 31-11-100 et seq.

### **ARTICLE III. DUTIES OF THE TRAUMA CARE NETWORK COMMISSION**

The Georgia Trauma Care Network Commission shall have the duties and responsibilities as set forth in O.C.G.A. § 31-11-100 et seq.

### **ARTICLE IV. MEMBERSHIP**

Membership on the Georgia Trauma Care Network Commission will be determined as prescribed in O.C.G.A. § 31-11-100 et seq. establishing and empowering the Commission.

Responsibilities of Membership:

1. The Commission shall meet upon the call of the chairperson or upon the request of three members.
2. Members will prepare by having reviewed the draft agenda, and the minutes from the previous meeting. Members are encouraged to be involved in Commission subcommittee activities.
3. Vacancies: Any vacancy on the Commission shall be filled for the unexpired term by appointment by the original appointing authority.
4. Removal: The Commission may recommend to the original appointing authority the removal of a member for good cause by a two-thirds majority vote of the entire commission. Good cause includes:
  - i. Inappropriate conduct unbecoming of a member;
  - ii. Neglect of responsibilities assumed by a member or assigned by the

- Chairperson; and,
- iii. Failure to attend three consecutive meetings in a given year, or failure to consistently attend and participate in meetings of the Commission.

## **ARTICLE V. OFFICERS**

Officers: There are three officer positions on the Commission. These are; the Chairperson, which is appointed by the Governor, and Vice-Chairperson and Secretary/Treasurer, both elected by the Commission. In the temporary absence of the Chairperson, the Vice-Chairperson shall assume the duties of the Chairperson and conduct the Commission meeting.

The Chairperson shall be the chief executive officer of the Commission; and shall conduct its correspondence. Press releases and public announcements concerning the work of the Commission shall be issued only by or with the approval of the Chairperson.

Officers' duties and roles include:

- a. Chairperson:
  - i. Determine that a quorum is present.
  - ii. Open the meeting at the specified time by calling the members to order.
  - iii. Announce the business of the Commission and the order in which it will be considered.
  - iv. Acknowledge members who are entitled to speak.
  - v. State all motions and put them to vote.
  - vi. Announce the results of all votes.
  - vii. Make sure that the discussion proceeds in an orderly fashion.
  - viii. Enforce decorum.
  - ix. Make the business of the meeting run as smoothly as possible.
  - x. Decide all questions of order.
  - xi. Inform the participants about a point of order or specific parliamentary practice when requested.
  - xii. Authenticate the proceedings with his or her signature.
  - xiii. Declare the meeting adjourned when all business has been concluded.
  - xiv. Establish subcommittees and appoint members as needed
- b. Vice-Chairperson: The Vice-Chairperson shall serve as Chairperson in the temporary absence of the Chairperson. The Vice-Chairperson will assist the Chairperson with his/her duties and responsibilities and assist in orienting new members of the Commission.
- c. Secretary/Treasurer: The Secretary/ Treasurer shall be responsible for the recording of the votes and ensuring written minutes are developed for each Commission meeting and the point of contact for budget and fund expenditure reporting. The Secretary/ Treasurer shall have custody of the book of minutes and shall attest such documents as the Commission or Chairperson may direct or as the law may require. The

Secretary/Treasurer will ensure fund expenditure reports are obtained for the Commission from all appropriate State agencies. The Secretary/Treasurer shall ensure appropriate notice of all meetings and fund expenditure reports are provided to the Commission and shall perform such duties incident the office of Secretary/Treasurer and as the Commission may direct.

- d. Elections to Vice-Chairperson and Secretary/Treasurer: Elections are made based on nominations from the members of the Commission at the designated annual meeting. Voting may be by secret ballot. A majority vote by the members present at the annual meeting, where there is also a quorum determined, is required to elect a member to an officer position.
- e. Term of Office: The Vice-Chairperson and Secretary/Treasurer positions are effective following the election of position. The Vice-Chairperson and Secretary/Treasurer shall serve for a term of two (2) years beginning at the annual meeting of the Commission. The Vice-Chairperson and Secretary/Treasurer can hold a limit of 2 consecutive terms.
- f. The Vice-Chairperson or Secretary/Treasurer may be removed for office by a two-thirds majority vote of the entire Commission for failure to comply with duties as defined.

## **ARTICLE VI. MEETINGS**

The Commission shall meet upon the call of the chairperson or upon the request of three members. The Commission shall hold at least quarterly regular meetings of the entire Commission. The first annual meeting will be held in November 2009. Each November meeting thereafter will be designated as the annual meeting of the Commission. The time and place of the meetings will be at the discretion of the Commission. The Commission will provide notices of meetings in a timely manner and according to the Open Meetings Act of the State of Georgia.

With the approval of the Chairperson, any Commission member who cannot attend a meeting of the Commission may participate in such meeting by speaker telephone communication when technology is available. The member shall give the Chairperson advance notice that the member desires to participate in a meeting by speaker telephone. The speaker telephone shall be positioned so that all persons in the room where the meeting is held and the Commission member or members communicating by speaker telephone can hear and speak to each other. The Commission member or members participating in a meeting of the Commission by speaker telephone communication shall be counted present at the meeting for all purposes.

Unless otherwise stipulated in these Bylaws, the business of the Commission will be determined by simple majority vote during a meeting where quorum is determined.



## **ARTICLE VII. SUBCOMMITTEES**

The Chairperson may appoint subcommittees to perform specific tasks. Such a subcommittee shall cease to exist after it has rendered a final report to the Commission.

Standing subcommittees may be established for clear and limited purposes by a two-thirds majority vote of the entire Commission. Standing subcommittees may be dissolved by a two-thirds majority vote of the entire Commission.

Subcommittees will be chaired by a Commission member and, as determined by Commission, open for participation to the public.

## **ARTICLE VIII. QUORUM**

1. A quorum shall consist of a simple majority of appointed Commission members present at a properly called Commission meeting.
2. Formal business shall take place if a quorum is present in accordance with the Georgia Open Meetings Act and generally accepted rules of parliamentary procedures.

## **ARTICLE IX. AMENDMENT OF BYLAWS**

Proposed amendments of the bylaws shall be sent to the entire Commission membership at least fourteen (14) days prior to the meeting. A two-thirds majority vote of the entire Commission is needed to amend these bylaws.

## **ARTICLE X. LEGAL COUNSEL**

The Attorney General of the State of Georgia shall be legal counsel for the Commission. The Attorney General, or such persons as may be designated, shall represent the Commission in all legal matters.

## **ARTICLE XI. REIMBURSEMENT**

Members of the commission shall serve without compensation but shall receive the same expense allowance per day as that received by a member of the General Assembly for each day such member of the commission is in attendance at a meeting of such commission, plus either reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for use of a personal car in connection with such attendance as members of the General Assembly receive.

Such expense and travel allowance shall be paid in lieu of any per diem, allowance, or other remuneration now received by any such member for such attendance.

## **ARTICLE XII. ORIENTATION OF NEW MEMBERS**

1. It is the responsibility of the Commission to provide orientation to new members. The Vice-Chairperson with the assistance of the Secretary/Treasurer will provide information and orient new members on their roles and responsibilities.
2. The Secretary/Treasurer of the Commission shall make Commission Bylaws, budgets and expenditure reports, history of the Commission, and other pertinent documents and information available to a new Commission member for review and provide technical assistance as needed.

Amended, approved and adopted by the Georgia Trauma Care Network Commission on 19 November 2009.



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Dennis W. Ashley, M.D., Chairman

## FY 2010 GTCNC

### New Trauma Center Startup Grants Program

Hospital **MUST** demonstrate a clear **COMMITMENT** to the Georgia Trauma System and Designation as a Trauma Center.

#### **Applicant hospitals<sup>1</sup> must:**

- Receive a pre-application survey visit from OEMS/T and GTCNC representative(s) to:
  - Determine appropriate designation level;
  - Understand application and designation process;
  - Understand GTCNC trauma system development activities; and,
  - Begin participating in the Trauma Registry
- Receive “approval” from Regional Emergency Medical Services Council for designation and at determined designation level.<sup>2</sup>
- Present signed Letters of Commitment from:
  - Hospital Board of Directors (indicating resolution to seek designation);
  - Hospital Administrative Team; and
  - Chief Medical Officer (representing medical staff.)
  - Letters of Commitment must:
    - Indicate an understanding of standards and requirements for Level of designation sought;
    - Describe the commitment of resources and efforts to become a designated trauma center within 18 months from date of designation application;
    - Indicate immediate participation in Trauma Registry; and,
    - Describe the commitment in GTCNC-directed Trauma System development activities (pilot project and/or regionalization of trauma system)
- Provide a “Statement of Need” describing use of grant funds
- Make application for state trauma center designation

#### **Grant distribution and funding amount guidelines<sup>3,4</sup>:**

#2 \$300K “grants” to hospitals “COMMITTING” to designation as a Level II trauma center  
#2 \$100K “grants” to hospitals “COMMITTING” to designation as a Level III trauma center  
#4 \$50K “grants” to hospitals “COMMITTING” to designation as a Level IV trauma center

#### **Awarded hospitals will:**

- Stipulate trauma physicians (as defined by GTCNC past practices) will receive at least 25% of grant award for services rendered;
- Receive one-half (50% of award) award upon signing contract;

GTCNC approved 19 November 2009

- Receive one-half of remaining funds (25% of award) after 6 months successful registry use; and,
- Receive remaining 25% of award upon designation within 18 months after submitting application for designation.

<sup>1</sup> There will be a 60 calendar-day window for hospitals to submit applications.

<sup>2</sup> Georgia Office of EMS – Rules and Regulations Effective June 18, 2009 – Published July 2, 2009, 290-5-30-.03 Emergency Medical Services Advisory Councils.

<sup>3</sup> Actual fund distribution among designation Levels and amount of each grant will be determined by the Georgia Trauma Commission.

<sup>4</sup> Geographic location of hospital, level of designation sought and statement of need will be considered in determining awards.



**GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET  
TRAUMA CENTER UNINSURED PATIENT CARE PAYMENTS**

| Trauma Center          | Self Pay Trauma Patients Meeting SB 60 Requirements <sup>1</sup> |              |            |            |              | Cost Norm Based Allocation of Funds <sup>2</sup> |                             |  |                     |
|------------------------|--|--------------|------------|------------|--------------|--|-----------------------------|--|---------------------|
|                        | ISS 0-8  | ISS 9-15     | ISS 16-24  | ISS >24    | Total        | Severity Adjusted Cost Norms                     | Total Based Upon Cost Norms | Allocation Based On % of Norm Cost Total |                     |
| Archbold               | 29   | 24           | 12         | 2          | 67           | \$10,544   | \$706,417                   | 1.3%                                     | \$89,395            |
| Atlanta                | 122  | 108          | 38         | 30         | 298          | \$14,345   | \$4,274,826                 | 8.1%                                     | \$540,964           |
| Columbus               | 15   | 14           | 11         | 6          | 46           | \$14,012   | \$644,553                   | 1.2%                                     | \$81,566            |
| Floyd                  | 13   | 21           | 7          | 1          | 42           | \$10,923   | \$458,786                   | 0.9%                                     | \$58,058            |
| Gwinnett               | 38   | 90           | 28         | 35         | 191          | \$15,059   | \$2,876,269                 | 5.4%                                     | \$363,981           |
| Hamilton               | 8  | 9            | 2          | 1          | 20           | \$10,459   | \$209,185                   | 0.4%                                     | \$26,472            |
| North Fulton           | 27   | 38           | 17         | 6          | 88           | \$12,225   | \$1,075,785                 | 2.0%                                     | \$136,137           |
| Egleston               | 9  | 9            | 3          | 2          | 23           | \$14,100   | \$324,306                   | 0.6%                                     | \$41,040            |
| Scottish Rite          | 6  | 15           | 3          | 2          | 26           | \$12,107   | \$314,790                   | 0.6%                                     | \$39,836            |
| <b>Level II Totals</b> | <b>267</b>   | <b>328</b>   | <b>121</b> | <b>85</b>  | <b>801</b>   |  | <b>\$10,884,917</b>         | <b>20.6%</b>                             | <b>\$1,377,447</b>  |
| Grady                  | 556  | 551          | 292        | 233        | 1,632        | \$16,544   | \$27,000,039                | 51.0%                                    | \$3,416,757         |
| MCCG                   | 55   | 68           | 34         | 15         | 172          | \$15,303   | \$2,632,032                 | 5.0%                                     | \$333,074           |
| MCG                    | 96   | 78           | 67         | 34         | 275          | \$16,667   | \$4,583,543                 | 8.7%                                     | \$580,031           |
| Memorial               | 91   | 137          | 104        | 74         | 406          | \$19,255   | \$7,817,699                 | 14.8%                                    | \$989,301           |
| <b>Level I Totals</b>  | <b>798</b>   | <b>834</b>   | <b>497</b> | <b>356</b> | <b>2,485</b> |  | <b>\$42,033,313</b>         | <b>79.4%</b>                             | <b>\$5,319,163</b>  |
| <b>Total LI/LII</b>    | <b>1,065</b>   | <b>1,162</b> | <b>618</b> | <b>441</b> | <b>3,286</b> |  | <b>\$52,918,230</b>         | <b>100%</b>                              | <b>\$ 6,696,610</b> |

Notes:

<sup>1</sup>Trauma Centers are reporting number of uninsured trauma patients meeting SB 60 requirements by Injury Severity Score (ISS) category; Archbold presents an example. The total is estimated based upon survey data, and will be updated with actual data before payments are made.

<sup>2</sup>Allocation is based upon the number and severity of patients meeting SB 60 requirements times cost norms. This derives a percent of total costs which is then applied to the total amount available.

<sup>3</sup>To develop a fair and consistent approach to estimating costs, national trauma center patient treatment cost norms by injury severity were used for both community and academic hospitals.

| Patient Treatment Cost Norms <sup>3</sup> |           |          |
|---|-----------|----------|
| ISS                                       | Community | Academic |
| 0-8                                       | \$5,267   | \$6,373  |
| 9-15                                      | \$10,428  | \$12,618 |
| 16-24                                     | \$19,626  | \$23,747 |
| >24                                       | \$33,945  | \$41,073 |

to be considered by GTCNC on 19 November

provided by Bishop+Associates through survey of Level I and Level II trauma centers per SB 60 definitions "uncompensated care"

**GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET  
LEVEL I AND LEVEL II TRAUMA CENTER ALLOCATIONS**

| Trauma Center          | Readiness Payment   | Potential PBP Payments <sup>2</sup> | Total Readiness Payments | Uninsured Patient Payment | Total to Each     | %             |
|------------------------|---------------------|-------------------------------------|--------------------------|---------------------------|-------------------|---------------|
| Archbold               | \$ 427,443          | \$48,535                            | \$475,978                | \$ 89,395                 | \$565,373         | 4.0%          |
| Atlanta                | \$ 427,443          | \$48,535                            | \$475,978                | \$ 540,964                | \$1,016,942       | 7.2%          |
| Columbus               | \$ 427,443          | \$48,535                            | \$475,978                | \$ 81,566                 | \$557,544         | 3.9%          |
| Floyd                  | \$ 427,443          | \$48,535                            | \$475,978                | \$ 58,058                 | \$534,036         | 3.8%          |
| Gwinett                | \$ 427,443          | \$48,535                            | \$475,978                | \$ 363,981                | \$839,959         | 5.9%          |
| Hamilton               | \$ 427,443          | \$48,535                            | \$475,978                | \$ 26,472                 | \$502,450         | 3.5%          |
| North Fulton           | \$ 427,443          | \$48,535                            | \$475,978                | \$ 136,137                | \$612,115         | 4.3%          |
| Egleston               | \$ 427,443          | \$48,535                            | \$475,978                | \$ 41,040                 | \$517,018         | 3.7%          |
| Scottish Rite          | \$ 427,443          | \$48,535                            | \$475,978                | \$ 39,836                 | \$515,814         | 3.6%          |
| <b>Level II Totals</b> | <b>\$ 3,846,989</b> | <b>\$436,814</b>                    | <b>\$4,283,803</b>       | <b>\$ 1,377,447</b>       | <b>5,661,249</b>  | <b>40.0%</b>  |
| Averages               | \$ 427,443          | \$48,535                            | \$475,978                | \$ 153,050                | \$629,028         |               |
| Grady                  | \$ 712,405          | \$80,892                            | \$793,297                | \$ 3,416,757              | \$4,210,054       | 29.7%         |
| MCCG                   | \$ 712,405          | \$80,892                            | \$793,297                | \$ 333,074                | \$1,126,371       | 8.0%          |
| MCG                    | \$ 712,405          | \$80,892                            | \$793,297                | \$ 580,031                | \$1,373,328       | 9.7%          |
| Memorial               | \$ 712,405          | \$80,892                            | \$793,297                | \$ 989,301                | \$1,782,598       | 12.6%         |
| <b>Level I Totals</b>  | <b>\$ 2,849,621</b> | <b>\$323,566</b>                    | <b>\$3,173,187</b>       | <b>\$ 5,319,163</b>       | <b>8,492,351</b>  | <b>60.0%</b>  |
| Averages               | \$ 712,405          | \$80,892                            | \$793,297                | \$ 1,329,791              | \$2,123,088       |               |
| <b>Total</b>           | <b>6,696,610</b>    | <b>760,380</b>                      | <b>7,456,990</b>         | <b>6,696,610</b>          | <b>14,153,600</b> | <b>100.0%</b> |

approved 30 July

to be considered by GTCNC 19 Novemeber

## Adopted EMS Budget and Distribution for GTCNC FY 2010

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

approved 17 September

# PRIMARY TRIAGE DECISION SCHEME\*

## GEORGIA TRAUMA SYSTEM

1

### Measure vital signs and level of consciousness

|                         |   |
|-------------------------|---|
| Glasgow Coma Scale      | ≤ 13 or                                 |
| Systolic blood pressure | < 90 or                                 |
| Respiratory rate        | < 10 or > 29 (<20 in infant < one year) |

YES

NO

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients meet *Georgia Trauma System Entry Criteria*.  
**Take to a trauma center.**

### Assess anatomy of injury

2

- All penetrating injuries of the head, neck, torso, or groin associated with an energy transfer
- Flail chest
- Two or more obvious proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures, as evidenced by a positive exam
- Open or depressed skull fracture
- Paralysis

YES

NO

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients meet *Georgia Trauma System Entry Criteria*.  
**Take to a trauma center.**

### Assess evidence of high-energy impact

3

- Falls**
- Adults: > 20 ft. (one story is equal to 10 ft.)
  - Children: > 10 ft. or 2-3 times the height of the child
- High-Risk Auto Crash**
- Intrusion: > 12 in. occupant site; > 18 in. any site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury
- Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20 MPH) Impact**
- Motorcycle Crash > 20 MPH**

YES

NO

These patients meet *Georgia Trauma System Entry Criteria*.  
**Take to a trauma center.**

### Assess special patient or system considerations

4

- Age**
- Older Adults: risk of injury death increases after age 55
  - Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and Bleeding Disorders**
- Burn**
- Without other trauma mechanism: Triage to burn facility
  - With trauma mechanism: Triage to trauma center
- Time Sensitive Extremity Injury**
- End-Stage Renal Disease Requiring Dialysis**
- Pregnancy > 20 Weeks**
- EMS Provider Judgment (to include known patient medical history)**

YES

NO

These patients meet *Georgia Trauma System Entry Criteria*.  
**Take to a trauma center OR other appropriate hospital identified in protocols.**

### Transport according to protocol

\*Adopted largely from the National Trauma Triage Protocol of the U.S. Department of Health and Human Services Centers for Disease Control and Prevention

**When in doubt, transport to a trauma center.**



## GTCNC FY 2010 Budget Procurements and Contracts Update Worksheet

| Budget Item  | GTCNC FY 2010 Approved Budgeted Amount | 15 October GTCNC Update (Renee Morgan and Dr. O'Neal)  | 19 November GTCNC Update (Renee Morgan)   |
|--|--|--|---|
| Administrator  | \$ 135,200                             | J Pettyjohn sevices agreement for FY 2010 added to B+A amendment "has been processed" <sup>1</sup> but "cannot verify whether a check has been cut or give a timeline on the payout."  | Still waiting for Contract to be approved. Once approved, contract will be sent to Bishop+ Associates for signature. Once Bishop + Associate signs, will be returned for DCH Commissioner to sign. Once Commissioner signs, Mr. Bishop can invoice for funds and pay Mr. Pettyjohn. |
| Administrative Assistant   | \$ 50,000                              | Renee reported she is working with the No. Georgia office of the Temporary Staffing agency that will provide these services. No start date available.  | This is now in DCH personal office for action.  |
| Conference Call Account  | \$ 7,200                               | 21 September: received account specifics   |   |
| Website Design   | \$ 15,000                              | Renee reported that DCH procurement office noted that these services can be provided internal to the state and the GTCNC will need to work that way Jim will follow up with Renee.   | Mr. Pettyjohn getting quotes for services under \$5,000 and those will be submitted to Office of Procurement for approval. Once approved contract will be written.  |
| FedEx Office Account   | \$ 2,400                               | Renee said she has confirmed these accounts do exist and continues to investigate how to effect one for the Commission.  | Printing accounts do not exist. Mr. Pettyjohn will need to supply receipts for reimbursement as per OEMS/T direction. These instructions will be forthcoming.   |
| Commission Travel/Per diem   | \$ 10,000                              | Renee stated she would mail each GTCNC member a form to complete and mail back to her in order to become a state vendor. This is required for each GTCNC member to receive the \$105.00 per meeting as stipulated in SB 60 and interpreted by DCH travel office. | Renee passed out forms for each commission member to sign and return to her. This form will establish each member as a state vendor allowing them to receive stipend.   |
| Communications Center lead Position  | \$ 100,000                             | Renee stated she was unclear until the 15 October GTCNC meeting that this position was to be a contract position and will investigate how to move forward with it.   | This is now in DCH personal office for action.  |
| Communications Center Software   | \$ 300,000                             | 06 October: Received Procurement Planning Document and Procurement Authorization Sheet from S. Sherrill. 10 October: All submitted to Renee Morgan. 15 October: Renee stated this procurement is in process.   | Office of Procurement is allowing RFP development to proceed. Renee is working with Arnita Watson to develop.   |
| Web-based Registry Support   | \$ 49,550                              | To be added to the Digital Innovations (registry vendor) contract as a separate task. That contract is under development.  | no update provided  |
| B+A Amendment  | \$ 110,750                             | "has been processed" <sup>1</sup> but "cannot verify whether a check has been cut or give a timeline on the payout."   | see Administrator documentation above.  |
| Trauma Center Association of America a/k/a National Foundation for Trauma Care | \$ 1,500                               | "has been processed" but cannot verify check has been cut or give a timeline on the payout."   | No check has been cut as of yet.  |
| Broselow and Lutin System  | \$ 200,000                             | Renee stated has worked with DCH Procurement using Sole Brand justification documents supplied by GTCNC and feels "hopeful" this procurement will proceed as a sole brand contract.  | Awaiting Office of Procurement to approve Sole Brand contract.  |
| GPT matching funds Grant   | \$ 200,000                             | Georgia Partnership for Telehealth received USDA Rural Development Grant confirmation on 13 October. Renee said she has the necessary information from GPT to move forward andl investigate how accomplish this GTCNC approved budget item.                      | No progress to report.  |

|  |               |  |   |
|--|---------------|--|---|
| <b>OEMS/T 3% Allocation</b>  | \$ 655,000    | Dr. O'Neal reported that due to low state revenues and that effect on state budget, he is having to prioritize new staffing hires. He is uncertain as to how much funding will be available for these position but did say OEMS/T was moving forward with developing and hiring the EMS Region V trauma nurse coordinator as per GTCNC request.  | OEMS/T is moving forward with hiring a State EMS medical director and two EMS regional program directors. Will not move forward on EMS Regional 5 Trauma nurse coordinators due to possible continued revenue shortfalls. |
| <b>Trauma Centers and Physician Funding Contract (readiness and uncompensated care)</b>  | \$ 14,153,600 | Not specifically addressed during report but after GTCNC meeting during a telephone call, Renee stated that she was investigating with DCH contracts how to construct the amendment for FY 2010 GTCNC distribution. Unlike last year's GTCNC funding to hospitals/physicians when the entire distribution amount was available at one time, FY 2010 funding will be available via monthly 1/12 allocations. She is seeking clarification on how to address that in the amendment | Renee reported amendments to existing hospital contracts are under development. OEMS'T will provide reports as progress is made.  |
| <b>New Trauma Center Startup Grants</b>  | \$ 1,000,000  | Distribution particulars and process remains under development at the Commission level. No decision made as of this time.  | GTCNC to approve administrative process for grants at 17 November meeting.  |
| <b>Federal Stimulus Funding Solicitation</b>   | no funds      | This motion made and approved during the 15 October meeting. J. pettyjohn to begin Procurement Authorization Sheet and Procurement Planning Documentation appropriate for Solicitation.  | No progress to update.  |
| <b>Center for Healthcare Organization Transformation Membership</b>  | \$ 50,000     | Passed the Commission on this date. Dr. Ashley requested Alex Sponseller from AG office and Renee Morgan to review feasibility and process for GTCNC membership. Request sent to Eva Lee for all necessary and appropriate documentation.  | Awaiting AG's office approval and process to be identified by office of Procurement.  |
| 1) Renee defined "in process" as going through DCH channels for review and multiple signatures... between 8 to 10 different reviews. |               |  |   |
| completed  |               |  |   |



Department of Law  
State of Georgia

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ATTORNEY GENERAL

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ATLANTA, GA 30334-1300

17 November 2009

Facsimile: (478) 633-6195

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RE: Purchasing and Collecting Upon Unpaid Medical Claims

Dear Dr. Ashley:

This letter is in response to an inquiry of the Georgia Trauma Care Network Commission (“GTCNC”) on whether the GTCNC is authorized to purchase and collect on unpaid claims of physicians, hospitals, and EMS providers for which it has provided trauma funding. It is my view that the GTCNC statutes do not authorize either the purchase or the collection of unpaid medical claims from providers.

First, to determine whether the GTCNC is authorized to purchase and collect upon unpaid medical claims, the GTCNC statute, O.C.G.A. § 31-11-101 *et seq.*, must be examined. “In construing a statute, the cardinal rule is to glean the intent of the legislature . . . in the light of the legislative intent as found in the statute as a whole.” Alford v. Public Serv. Comm’n, 262 Ga. 386, 387 (1992); Board of Natural Res. v. Georgia Emission Testing Co., 249 Ga. App. 817 (2001). “[W]ords [are given] their ordinary signification, except that [when construing] words of art or words connected with a particular trade or subject matter according to their meaning within that subject matter.” Mathis v. Cannon, 276 Ga. 16, 26, (2002). Moreover, “[t]he jurisdiction of administrative agencies . . . is determined by statute, and . . . jurisdiction [is construed] strictly to comport with the legislative intent.” HCA Health Servs. v. Roach, 263 Ga. 798, 800 (1994).

The duties of the GTCNC are found in O.C.G.A. § 31-11-102. In a nutshell, these duties include: (1) apply for, receive, and administer state and federal funding; (2) provide funding to compensate designated trauma centers for readiness costs; (3) provide additional funding to trauma centers for other non-readiness costs; (4) provide funding to compensate physicians for trauma care services; (5) provide funding to increase the number of participants in the trauma system; (6) provide funding to compensate EMS for readiness costs and uncompensated trauma care costs; (7) provide funding for investment in a trauma transportation system; (8) act as accountability mechanism for the statewide trauma system; (9) coordinate the best use of existing trauma facilities to direct patients to the best facility for treatment; (10) administer

programs to educate citizens on trauma prevention; (11) coordinate the collection of data to evaluate the provision of trauma services; and (12) determine the best practices and methods of trauma care and report any proposed changes to the General Assembly. See O.C.G.A. § 31-11-102(1), (3)-(15).

As shown in the list above, none of the listed authorized actions specifically mention or authorize the purchase or collection of unpaid medical claims. Further, the first duty of the GTCNC regarding its funding states that the GTCNC is to “apply for, receive, and administer state funds appropriated to the commission and federal funds and grants, private grants and donations, and other funds and donations.” O.C.G.A. § 31-11-102(1). This duty also specifies that the “commission’s annual distributions shall be capped and limited to funds received from the sources specified in this paragraph.” Id. (emphasis added). Hence, the GTCNC statute does not contemplate a funding source from purchasing and collecting upon unpaid medical claims. Finally, the purchase and collection of unpaid medical claims would seem to contradict the GTCNC’s mandate to only be “a payor of last resort” in funding uncompensated care. If unpaid medical claims were indeed viable and collectible, then logically the GTCNC should not have provided funding to these providers who could have collected upon the claims themselves.

Second, the GTCNC statutes also do not impart to the GTCNC the “power to sue or be sued” which would enable the GTCNC to take any legal action to collect unpaid claims. As a general matter, “there are three classes of legal entities with the inherent power to sue and be sued: (1) natural persons; (2) an artificial person (a corporation); and (3) such quasi-artificial persons as the law recognizes as being capable to sue.” Clark v. Fitzgerald Light, Water and Bond Comm’n, 284 Ga. 12 (2008); Cravey v. Southeastern Underwriters Ass’n, 214 Ga. 450, 453 (1958). An unincorporated association or commission, on the other hand,

may not sue or be sued in its own name unless authorized by law. An express statutory provision, however, is not indispensable to an association's capacity to sue and be sued in the association's name; such a suit may be maintained by virtue of a necessary implication arising from statutory provisions, as in cases where an unincorporated association is recognized as a legal entity by statutes which do not in terms authorize it to sue or be sued.

Cravey, 214 Ga. at 453. The Supreme Court recently concluded that a governmental agency did not have the power to bring suit in that agency’s name even though the agency had the general power to enter into contracts. The Court found:

the simple power to enter into a contract does not necessarily require any access to a court in order for that power to be exercised. As such, the grant of such a

November 17, 2009

Page 3

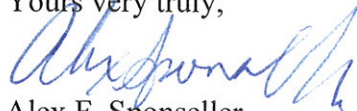
power, standing alone, does not carry with it the implied power to sue or be sued. Any finding to the contrary would . . . invade the province of the Legislature.

Clark, 284 Ga. at 15.

Here, although the GTCNC has authorization to enter into contracts and agreements to effectuate its statutory duties, GEORGIA CONST. Art. IX, Sec. III, Para. I; Ashe v. Clayton County Cmty. Serv. Bd., 262 Ga. App. 738 (2003) (“Any state agency expressly has the power to contract on any subject matter within its interest.”), the GTCNC’s ability to contract does not give it the power to bring suit to collect upon unpaid medical claims. Because no authorization to sue or be sued is set forth in the GTCNC statute, I conclude that the GTCNC may not purchase and collect upon unpaid medical claims from third-parties without amendment by the General Assembly which addresses the issues set forth in this letter.

I hope this letter is responsive to your inquiry.

Yours very truly,



Alex F. Sponseller  
Assistant Attorney General

cc: GTCNC Members

Sidney R. Barrett, Jr., Senior Assistant Attorney General



# Trauma Center Site Review Summary

**Facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Level of Designation currently under review** \_\_\_\_\_

**Purpose of Review:** **New Designation** \_\_\_\_\_ **Re-designation:** \_\_\_\_\_  
**Upgrade:** \_\_\_\_\_ **From Level:** \_\_\_\_\_ **To Level:** \_\_\_\_\_ **Other:** \_\_\_\_\_

# Trauma Center Site Review Summary Con't



• **Administrative support: Excellent** \_\_\_\_\_ **Good** \_\_\_\_\_ **Poor** \_\_\_\_\_

• **As evidenced by** \_\_\_\_\_

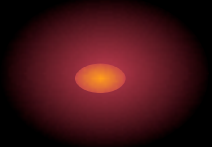
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# Trauma Center Site Review Summary Con't



- **Overall strengths: (Use back of page if necessary)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





# Trauma Center Site Review Summary Con't



- **Deficiencies (any essential criteria without a positive response must be explained here):**



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# Trauma Center Site Review Summary Con't



- **Weaknesses (do not affect designation, but correction of such would enhance trauma program):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Trauma Center Site Review Summary Con't



- **Recommendations:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- **Reviewers:**

- \_\_\_\_\_
- **Trauma Surgeon                      Emergency Medicine Physician                      Trauma Coordinator**
- \_\_\_\_\_
- **State Office of Preparedness/Trauma**

# SEE HANDOUTS

- **ACS REQUIREMENTS/CK LIST**
- **ACS REQUIREMENTS/WITHOUT CK LIST**

