



Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION

Meeting Agenda

**Thursday, 19 March 2011
10:00 am until 1:00 pm**

**Letton Auditorium
Atlanta Medical Center
Atlanta, Georgia**

Call to order and Chairman's report	Dr. Dennis Ashley
FY 2012 Budget review	Linda Cole
Administrative report	Jim Pettyjohn
Trauma Communications Center Update	Scott Sherrill GTRI
HB 307 update and information	John Walraven Georgia Governmental Affairs, LLC
FY 2011 EMS Vehicle Equipment Replacement Grant Awards	Bill Moore
Presentation: Trauma Registry Data Georgia 2004-2009, First Look	A. Rana Bayakly DCH PHD
Presentation: Transforming the Trauma System Results of CHOT membership activities FY 2011	Eva lee, Ph.D. CHOT GTRI
Reports:	
EMS Subcommittee of Trauma	Ben Hinson
Georgia Committee on Trauma Excellence	Kelli Vaughn
DCH OEMS, Office of Trauma and Public Health	Keith Wages Renee Morgan Dr. Pat O'Neal
Law Report	Alex Sponseller
Old Business	Dr. Dennis Ashley
Next meeting and adjourn	Dr. Dennis Ashley



ADMINISTRATIVE REPORT

May 2011

Governor Deal appoints two new Georgia Trauma Commission Members
Press release attached.

09 May 2011 Medical Director Conference Call
Meeting notes attached.

Georgia Trauma Registry TQIP Module Roadmap, Digital Innovations, Inc.
Document attached.

FY2011 OEMS/T Trauma Registry Contract: \$754,000 Funding Cut 50% in FY 2011 and 100% in FY2012
Documents attached.

Letter of Appreciation from Doctor's Hospital, Augusta, Georgia
Documents attached.

HB 160 Revenues Report: Through 30April 2011
Report attached.

Pages from FY 2012 Final Conference Committee Budget
Document attached.

Criteria for Federal Grant Sub-awards: State Health Information Exchange Cooperative Agreement Program,
Document Attached: Produced by Janice Ward, Staff Attorney, Division of Health Information Technology Georgia Department of Community Health.

Trauma Associates of Georgia Education Grant request
Course specifics attached.

Bishop + Associates FY 2012 proposal
Document attached

***DRAFT* FY 2012 Trauma Commission budget**
Document will be distributed during Commission meeting.

FY 2011 EMS Vehicle Equipment Replacement Grants Program Award Recommendations
Document will be distributed during Commission meeting.



Governor Nathan Deal
Office of the Governor



PRINT

CLOSE



Deal appoints nine to boards

Friday, April 22, 2011

William “Bill” L. Duck, Jr., State Licensing Board for Residential and General Contractors

Duck is the building official and Director of Inspections and Code for the Columbus consolidated government. A certified building official, plans examiner and building inspector, Duck served four years as a board member for the International Code Council. Before working with ICC, Duck served on the board of directors of the Southern Building Code Congress International. Duck was president of SBCCI during the consolidation of the three model code groups and has served on numerous committees for both SBCCI and ICC through the years. The Building Officials Associations of Georgia selected Duck as building official of the year in 1991 and presented him with the President’s Award in 2003. In 1996, the National Association of Home Builders recognized Duck as code official of the year. Also, he has served the Georgia Department of Community Affairs as a member on the Georgia State Codes Advisory Committee since its inception in 1991. He attended Harris County High School. Duck lives with his wife, Karen, in Midland. They have two grown daughters.

Robert J. Cleveland Jr., State Licensing Board for Residential and General Contractors

Cleveland is vice president of commercial development, acquisitions and multifamily operations for Fickling & Company. He has been involved in the development of projects throughout the South with an aggregate value of more than \$500 million. His areas of expertise cover development, finance, construction management, disposition and management of commercial and residential real estate. Cleveland is a life director of the National Association of Home Builders and has served as president to the Home Builders Association of Middle Georgia. He earned his undergraduate degree from the University of Georgia and received a master’s in Business Administration from the University of Denver. He and his wife, Elizabeth, reside in Macon with their two sons, Joey and Tommy.

Morgan D. Wheeler Sr., State Licensing Board for Residential and General Contractors

Wheeler retired after 27 years of service from DeKalb County Planning & Development as Manager of Inspections. He currently serves as Building Official of Walton County Planning & Development. He serves as chairman of the State Codes Advisory Committee of the Department of Community Affairs and as a member of the State Licensing Board for Residential and General Contractors. Morgan graduated from White County High School in Cleveland and is certified by the International

Code Council as a building official. He and his wife, Patricia, live in Stone Mountain. They have two sons, Morgan and David, and one granddaughter, Ashlee.

Judy C. Dyer, State Board for the Certification of Librarians

Dyer is a retired reference librarian, having worked 20 years in public, academic, university and nonprofit association libraries. She earned a bachelor's degree in English and a master's degree in library science from the University of Tennessee. She is the author of *Vegetarianism: An Annotated Bibliography*, which was awarded "Sci-Tech Books of 1982: 100 Outstanding Titles" by Library Journal, and "Outstanding Academic Books of 1982-1983" by Choice Magazine. She is currently employed in the Office of the Governor. She was born in Decatur and grew up in Knoxville, Tenn., before returning to Georgia in 1977. She and her husband, Dan, live in Norcross. They have two grown sons, Matthew and Jason.

Kacy Cronan, Board of Public Safety

Cronan serves as the vice president of operations and sales for Gainesville Salvage and Disposal. Cronan is also the founder and managing member of KC Transport Services, LLC, and founder of Cronan Contracting in Clermont. He lives in Clermont with his wife, Mandy, and two sons. He graduated from North Hall High School.

Robert Cowles, M.D., Georgia Trauma Commission

Cowles is presently a practicing urologist and is the founder and chairman of Cowles Clinic at Lake Oconee, a multispecialty clinic. He serves on the board of trustees of Tusculum College, has served on the board of governors at the University of Tennessee and is the former president of the Georgia Urological Association. He is a fellow in the American College of Surgeons and a member of the American Urological Association. Cowles earned a bachelor's degree from the University of Tennessee and earned his medical degree from the University of Tennessee Health Science Center. He and his wife, Jacqui, have one son and one daughter. They reside in Greensboro.

R. Fred Mullins, M.D., Georgia Trauma Commission

Mullins is an Augusta native and is the president and CEO of Joseph M. Still Burn Centers Inc. He serves on the board of directors for the Southeastern Fire Fighters' Burn Foundation and is a member of the Medical Association of Georgia, the Georgia Chapter of the American College of Surgeons and the Richmond County Medical Society. Mullins earned his bachelor's degree from Augusta State University and continued his education at the Medical College of Georgia, where he earned his medical degree in 1996. He practices in Augusta. He and his wife live in Evans with their two children.

Mickey Farmer, State Board of Registration of Used Car Dealers and Motor Vehicle Parts Dealers (Auto Auctioneer Position)

Farmer was born and raised in Hall County. Farmer served 12 years in the Merchant Marines and has been an auctioneer for 25 years. Farmer is currently employed at five different auctions per week. He resides in Gainesville.

Gerald "Jerry" Prchal, O.D., State Board of Optometry

Prchal has practiced optometry in Albany and Blakely since 1979. He is currently on the board for Flint River Habitat for Humanity in Albany. He is a member of the American Optometric Association and the Georgia Optometric Association where he served as president in 2004. He attended the University of Nebraska and received his bachelor's and optometry degree from the Southern College of Optometry in Memphis, Tenn. He and his wife, Sue, reside in Albany and have two grown children, Katie and Taylor. They are members of Porterfield United Methodist Church.



Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

Trauma Medical Directors Conference Call: 9 May 2011

Attending:

Dr. Dennis Ashley, Trauma Commission and MCGG
Dr. Chris Dente, GA COT Chair, Grady
Dr. Grace Rozycki, Grady
Dr. Vernon Henderson, AMC
Dr. Mark Gravlee, North Fulton
Dr. Sergio Majais, Morgan
Dr. Mike Hawkins, MCG
Ms. Kathy Segó RN (Trauma coordinator representing Athens)
Dr. Romeo Massoud and Ms. Gina Soloman, Gwinnett
Dr. John Bleacher, Scottish Rite/ Egleston
Dr. John Cascone, Archibold
Dr. Barry Renz, Gwinnett
Dr. Priscilla Strom, Gainesville
Dr. Gage Ochsner, Memorial
Dr. Scott Hannay, Columbus
Dr. Paul Parker, Egleston
Dr. Steve Paynter, Dalton
Dr. Mark Benak and Ms. Bambi Bruce, Walton
Ms. Shawn Hackney, Trauma Commission staff
Mr. Jim Pettyjohn, Trauma Commission executive director

Meeting Notes:

Dr. Dennis Ashley thanked everyone for participating in this Trauma Medical Director's conference call. He noted this is the second call and participation had increased.

Discussion of ACS Trauma Quality Improvement Program (TQIP): Dr. Ashley stated the budget for the Commission will be reviewed in the next month or two and he would like input from the medical directors as to which way they wanted to go on participating in TQIP. There are approximately 140 centers that are now participating nationwide. Agreement was reached that the commission would be asked to make this a line item in the budget to bring the entire state on at one time with an approximate annual cost of \$9,000.00 per center. There were concerns noted regarding the open records act and being that the Commission would be funding this, would it fall within the act. It was agreed that the College be contacted regarding the medical/legal aspect of data that would be shared.

Dr. Chris Dente gave a brief report on the Georgia COT. The membership of the Georgia COT is approximately 20 academic surgeons with the primary role of coordinating the Resident Paper Competition. Dr. Dente would like to see the membership expanded and then possibly have an annual meeting with the trauma directors. It was agreed to request that the Commission make a requirement that as a medical director you attend the COT annual meeting of the state and this would justify the cost of membership. Dr. Dente will send out an email to all medical directors regarding this.

Dr. Dennis Ashley gave a brief update on the Trauma Communications Center and the Region 5 and 6 pilot projects. The TCC will be located in Forsyth, Georgia, at GSTP, with the software bid being awarded to SAAB, a Swedish company. The Commission is presently working with them in the design and

implentation of this. We are in the process of meeting with the hospitals, EMS, etc. in these two regions to bring them onboard and get their input.

Discussion of the Governor's new appointees to the Trauma Commission: The two members being replaced are Rich Bias and Kelly Vaughn with their terms expiring in September, 2011. The new appointees are Dr. Fred Mullins, Augusta Burn Center, and Dr. Cowles, who will be starting October 1, 2011. There was discussion as to why an urologist is being appointed to the Trauma Commission. It was agreed that a letter requesting the admendment of the appointments would be crafted by Dr. Dente and a draft copy would be emailed to everyone for review and input before a final letter is crafted.

Agreement was reached to hold the future conference calls bi-monthly on the third Monday of the month at 4:00 p.m. beginning July.

There was a brief discussion of the Governor's cut of the funding of the registars with an agreement being made that an additional letter be crafted protesting this cut. Dr. Oschner volunteered to take on this task and will email a draft copy to everyone.

GA Trauma Registry TQIP Module Roadmap

The following milestones represent the current plans to support the ACS 2011 TQIP activities (and a brief recap of 2010 activities):

- **January – December 2010**
 - NTDB submission processes expanded to support quarterly TQIP submissions and associated support of ACS driven report feedback.
 - Preparation for expansion of the NTDS module to include TQIP Process Measures “chapter” and associated Validator “channel”.
 - The DI TQIP Module data collection capability (based upon Nov TQIP data dictionary) was completed for planned DI TQIP Users Forum review in 2011.
 - DI conducted user meeting at November ACS TQIP Conference in Las Vegas, NV.
- **January - March 2011**
 - DI conducts TQIP User Forums while ACS TQIP Process Measures definitions are finalized.
 - User forums will review workflow management and data entry screens with TQIP participants to be reviewed to solicit feedback to optimize efficiency, usability and clarity of the current designs.
- **March 2011**
 - ACS finalizes the TQIP Process Measures Data Dictionary.
- **March – June 2011**
 - DI implements any TQIP process measures changes based upon the ACS March Data Dictionary to the DI TQIP Module data collection screens.
 - ACS develops TQIP Process Measures XSD and TQIP Validator channel.
- **July - September 2011**
 - Pilot hospitals participate in beta period for TQIP data collection.
 - DI integrates the ACS TQIP Process Measures XSD and TQIP Validator channel once they are available from the ACS. (Note: the XSD is used by the ACS for standardized national data submission.)
- **October –November 2011**
 - DI TQIP Module General Release

DI TQIP Service Offerings: TQIP requires incremental activities and costs above NTDB participation of all stakeholders (ACS, Hospitals, and Vendors). Whereas NTDB participation does not entail a fee (due to a large subsidization of the NTDB infrastructure by ACS and the Vendor community), TQIP is a fee-based initiative. ACS fees do not include software-specific or software support-specific vendor costs in the ACS TQIP fee structure, and address ACS services only. DI’s TQIP offerings provide the following:

DI Annual TQIP Support Services	\$1,000 / year
<ul style="list-style-type: none"> • Allocates additional Technical and Software Support assistance for quarterly TQIP data submissions and configuration reviews based upon ACS feedback • Access to TQIP software modules for evaluation and entitlements to standard pricing for the module • Ongoing maintenance of TQIP process measures module 	
DI TQIP Process Measures Module Software License	\$3,000 (one-time)
<ul style="list-style-type: none"> • Includes TQIP Process Measure Data Collection, Data Validation, Data Submission and NTDB integration capabilities. • Includes TQIP DI Report Writer capabilities for all DI Report Writer users. • Support Services will include ongoing TQIP user forum reporting enhancements as well as annual module maintenance and support. • <i>DI is offering a flexible budgeting cycle for this one-time fee in recognition of the fact that DI was not able to announce the Process Measures in advance of the ACS official public introduction at the ACS TQIP Conference held in November 2010 in Las Vegas, NV.</i> 	
TQIP Process Measures Module Online Training	\$500 (one-time)
<ul style="list-style-type: none"> • Two 90-minute sessions, unlimited participants per hospital 	

Our Commitment to Communication: DI attended the Las Vegas meeting to provide a personal introduction to this background and material to all hospitals that were able to attend that event. Following that event, DI has been making personal phone calls to each DI hospital to answer questions as well as help establish TQIP plans working within each hospital's requirements. We appreciate all Georgia Trauma Centers' understanding of this unique and dynamic initiative and are available for follow-up calls if desired.

If you have any further questions, please feel free to contact our Sales Director, Tim Favazza, at sales@dicorp.com or 410-838-4034 x234.

Georgia OEMS/Trauma

Trauma Registry Contracts for FY 2011 FY 2011 07/01/2010 - 06/30/2011

Facility Name	FY 11 Trauma Registry Contract Funds
<i>Facility name * - Facility is also a GTCNC New Trauma Center Startup grant recipient</i>	
LEVEL 1	
Grady Memorial Hospital	\$66,355.00
Medical Center of Central Georgia	\$66,355.00
Medical College of Georgia	\$66,355.00
Memorial University Hospital	\$66,355.00
LEVEL 2	
Archbold Memorial Hospital	\$43,177.00
Athens Regional Medical Center *	\$43,177.00
Atlanta Medical Center	\$43,177.00
Children's Healthcare of Atlanta - Egleston	\$43,177.00
Children's Healthcare of Atlanta - Scottish Rite	\$43,177.00
The Medical Center - Columbus	\$43,177.00
Floyd Medical Center	\$43,177.00
Gwinnett Medical Center	\$43,177.00
Hamilton Medical Center	\$43,177.00
N. Fulton Regional Hospital	\$43,177.00
LEVEL 3	
Walton Regional Medical Center *	\$30,450.00
LEVEL 4	
Morgan Memorial Hospital	\$26,360.00
TOTAL	\$754,000.00

New Designated Trauma Centers to be	
included in the FY 2012 (07/01/2011 - 06/30/2012) contracts	
<i>Facility name * - Facility is also a GTCNC New Trauma Center Startup grant recipient</i>	
LEVEL 4	
Lower Oconee Hospital *	\$0
Taylor Regional Hospital *	\$0

Non-designated Trauma Registry Participants	
<i>Facility name * - Facility is also a GTCNC New Trauma Center Startup grant recipient</i>	
Appling Healthcare	\$0
Effingham Hospital	\$0
Emanuel Medical Center *	\$0
Northeast Georgia Medical Center	\$0
Phoebe Putney Memorial Hospital	\$0
Wellstar Kennestone Hospital *	\$0
Wills Memorial Hospital *	\$0

Annual NTRACS Expenses	
* 02/22/2011 Expenses per Digital Innovations, Inc.	
Trauma Registry expenses *:	
New NTRACS purchase	\$3,000.00
DI Report writer purchase	\$2,000.00
DI Tri-Code	\$975.00
Annual maintenance NTRACS	\$1,600.00
Annual maintenance DI Report Writer (waived if TriCode is acquired along with)	\$700.00
Web Based Training for a new user	\$1,250.00
Total Trauma Registry Expenses	\$9,525.00
Other possible expenses paid by a facility:	
Trauma Coordinator or Registrar FTE position, benefits	unknown to OEMS/T
Computer	unknown to OEMS/T
Monitor or Dual Monitors	unknown to OEMS/T
Printer, Fax and Scanner	unknown to OEMS/T
Office supplies (paper, ink, desk and file supplies)	unknown to OEMS/T
Office space	unknown to OEMS/T
Phone line	unknown to OEMS/T
Pager, cell phone or other mobile device	unknown to OEMS/T
Continuing Education/Training (ATS, AAAM, DI RW, DI Conferences)	unknown to OEMS/T
Travel expenses (attend GCTE meetings)	unknown to OEMS/T
Certification expense	unknown to OEMS/T

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Augusta, Georgia 30909
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www.doctors-hospital.net

5/10/11

Jim Pettyjohn
Executive Director
Georgia Trauma Care Network Commission
14355 West Highway 136
Rising Fawn, Georgia 30738

Dear Jim:

We would like to take this opportunity to thank you for your guidance and support in working through the process ultimately leading to HB 307 and the inclusion of Burn Centers in the Trauma network. We believe this will strengthen the Georgia Trauma System for all Georgia residents especially those with burn injuries and bring us one step closer to achieving the goal of a "World Class" Trauma System.

Please share our thanks and gratitude with your colleagues and the members of the Trauma Commission. We look forward to building a strong relationship with you in order to enhance trauma care in the State. Please do not hesitate to call on us if you need assistance.

Respectfully,



Terence van Arkel
Interim Chief Executive Officer



Tanya Simpson
Assistant Vice President
Burn Services

**Department of Driver Services
HB 160 Notice and Revenue Tracking**

SUPER SPEEDER - \$200 FINE						
Month and Year	Initial Notice (\$200 Fine)	Second Notice - Suspension (\$50 Fine)	Receivable Total	Revenue Collected	Amount Outstanding	FY Collection Rate
FY 2010						
January 2010	142	0	\$ 28,400	\$ 200	\$ 28,200	
February 2010	1,084	0	216,800	15,200	201,600	
March	2,546	0	509,200	73,012	436,188	
April 2010	3,659	0	731,800	97,368	634,432	
May 2010	4,746	57	952,050	226,095	725,955	
June 2010	4,927	505	1,010,650	293,195	717,455	
FY 2010 Total	17,104	562	\$ 3,448,900	\$ 705,070	\$ 2,743,830	20.4%
FY 2011						
July 2010	6,166	927	1,279,550	482,600	796,950	
August 2010	5,863	1,536	1,249,400	637,600	611,800	
September 2010	6,669	2,157	1,441,650	695,450	746,200	
October 2010	5,760	1,980	1,251,000	794,890	456,110	
November 2010	5,107	2,471	1,144,950	696,250	448,700	
December 2010	4,301	2,688	994,600	787,700	206,900	
January 2011	4,498	2,958	1,047,500	847,285	200,215	
February 2011	7,111	2,256	1,535,000	1,135,695	399,305	
March 2011	5,886	2,073	1,280,850	1,019,570	261,280	
April 2011	5,056	1,479	1,085,150	778,250	306,900	
May 2011	-	-	-	-	-	
June 2011	-	-	-	-	-	
FY 2011 Total	56,417	20,525	\$ 12,309,650	\$ 7,875,290	\$ 4,434,360	64.0%
OVERALL TOTALS	73,521	21,087	15,758,550	8,580,360	7,178,190	54.4%

HB 160, PART I - REINSTATEMENT FEES						
Month and Year	Combined No. Notices	Receivable Total	Revenue Collected	Amount Outstanding	FY Collection Rate	
FY 2010						
July 2010	21,743	\$ -	-	\$ -		
August 2010	15,489	-	-	-		
September 2010	14,435	-	-	-		
October 2010	12,585	-	-	-		
November 2010	11,538	-	-	-		
December 2010	16,697	-	-	-		
January 2011	16,152	-	-	-		
February 2011	13,481	-	-	-		
March 2011	17,882	-	-	-		
April 2011	14,764	-	-	-		
May 2011	15,558	-	-	-		
June 2011	16,846	-	-	-		
FY 2010 Total	-	187,170	\$ 15,988,315	\$ 1,331,835	\$ 14,656,480	8.3%
	Average	15,598				
FY 2011						
July 2010	17,940	1,604,035	292,125	1,311,910		
August 2010	22,614	1,951,045	253,505	1,697,540		
September 2010	16,314	1,535,960	274,585	1,261,375		
October 2010	19,805	1,725,135	354,194	1,370,941		
November 2010	17,032	1,573,985	208,000	1,365,985		
December 2010	17,270	1,525,570	291,530	1,234,040		
January 2011	12,649	1,196,620	306,805	889,815		
February 2011	13,270	1,332,835	774,490	558,345		
March 2011	16,119	1,612,015	623,935	988,080		
April 2011	13,667	1,325,830	442,465	883,365		
May 2011	-	-	-	-		
June 2011	-	-	-	-		
FY 2011 Total	-	166,680	\$ 15,383,030	\$ 3,821,634	\$ 11,561,396	24.8%
OVERALL TOTALS	353,850	31,371,345	5,153,469	26,217,876	16.4%	

Vital Records

Continuation Budget

The purpose of this appropriation is to register, enter, archive and provide to the public in a timely manner, vital records and associated documents.

TOTAL STATE FUNDS	\$3,690,567	\$3,690,567	\$3,690,567	\$3,690,567
State General Funds	\$3,690,567	\$3,690,567	\$3,690,567	\$3,690,567
TOTAL FEDERAL FUNDS	\$500,680	\$500,680	\$500,680	\$500,680
Federal Funds Not Itemized	\$500,680	\$500,680	\$500,680	\$500,680
TOTAL PUBLIC FUNDS	\$4,191,247	\$4,191,247	\$4,191,247	\$4,191,247

98.1 *Increase funds to reflect an adjustment in the employer share of the Employees' Retirement System.*

State General Funds	\$19,576	\$19,576	\$19,576	\$19,576
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98.2 *Reduce funds for personnel.*

State General Funds	(\$153,092)	(\$334,703)	(\$153,092)	(\$250,000)
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98.3 *Increase funds to reflect an adjustment in the employer share of the State Health Benefit Plan.*

State General Funds		\$78,761	\$68,532	\$78,836
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98.100 Vital Records

Appropriation (HB 78)

The purpose of this appropriation is to register, enter, archive and provide to the public in a timely manner, vital records and associated documents.

TOTAL STATE FUNDS	\$3,557,051	\$3,454,201	\$3,625,583	\$3,538,979
State General Funds	\$3,557,051	\$3,454,201	\$3,625,583	\$3,538,979
TOTAL FEDERAL FUNDS	\$500,680	\$500,680	\$500,680	\$500,680
Federal Funds Not Itemized	\$500,680	\$500,680	\$500,680	\$500,680
TOTAL PUBLIC FUNDS	\$4,057,731	\$3,954,881	\$4,126,263	\$4,039,659

Brain and Spinal Injury Trust Fund

Continuation Budget

The purpose of this appropriation is to provide disbursements from the Trust Fund to offset the costs of care and rehabilitative services to citizens of the state who have survived brain or spinal cord injuries.

TOTAL STATE FUNDS	\$1,960,848	\$1,960,848	\$1,960,848	\$1,960,848
State General Funds	\$0	\$0	\$0	\$0
Brain & Spinal Injury Trust Fund	\$1,960,848	\$1,960,848	\$1,960,848	\$1,960,848
TOTAL PUBLIC FUNDS	\$1,960,848	\$1,960,848	\$1,960,848	\$1,960,848

99.1 *Reduce funds to reflect FY2010 collections.*

Brain & Spinal Injury Trust Fund	(\$27,140)	(\$27,140)	(\$27,140)	(\$27,140)
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99.100 Brain and Spinal Injury Trust Fund

Appropriation (HB 78)

The purpose of this appropriation is to provide disbursements from the Trust Fund to offset the costs of care and rehabilitative services to citizens of the state who have survived brain or spinal cord injuries.

TOTAL STATE FUNDS	\$1,933,708	\$1,933,708	\$1,933,708	\$1,933,708
Brain & Spinal Injury Trust Fund	\$1,933,708	\$1,933,708	\$1,933,708	\$1,933,708
TOTAL PUBLIC FUNDS	\$1,933,708	\$1,933,708	\$1,933,708	\$1,933,708

Georgia Trauma Care Network Commission

Continuation Budget

The purpose of this appropriation is to stabilize and strengthen the state's trauma system, and act as the accountability mechanism for distribution of funds appropriated for trauma system improvement.

TOTAL STATE FUNDS	\$22,241,000	\$22,241,000	\$22,241,000	\$22,241,000
State General Funds	\$22,241,000	\$22,241,000	\$22,241,000	\$22,241,000
TOTAL PUBLIC FUNDS	\$22,241,000	\$22,241,000	\$22,241,000	\$22,241,000

101.1 *Reduce funds for operations and allocations to the Office of Emergency Medical Services (EMS) and Trauma.*

State General Funds	(\$216,956)	(\$216,956)	(\$216,956)	(\$216,956)
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101.2 *Reduce funds to reflect revised revenue projections.*

State General Funds	(\$5,367,148)	(\$5,367,148)	(\$5,367,148)	(\$5,367,148)
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101.3 *Require trauma centers to report to the state trauma registry in order to be eligible for grants.
(G: YES)(H: YES)(S: YES)*

State General Funds	\$0	\$0	\$0	\$0
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101.4 *Increase funds for a trauma communications network.*

State General Funds		\$2,500,000	\$1,000,000	
ARRA-Promote Health Info Tech CFDA93.719		\$2,500,000	\$2,500,000	
TOTAL PUBLIC FUNDS		\$5,000,000	\$3,500,000	

101.100 Georgia Trauma Care Network Commission

Appropriation (HB 78)

The purpose of this appropriation is to stabilize and strengthen the state's trauma system, and act as the accountability mechanism for distribution of funds appropriated for trauma system improvement.

TOTAL STATE FUNDS	\$16,656,896	\$16,656,896	\$19,156,896	\$17,656,896
State General Funds	\$16,656,896	\$16,656,896	\$19,156,896	\$17,656,896
TOTAL FEDERAL FUNDS			\$2,500,000	\$2,500,000
ARRA-Promote Health Info Tech CFDA93.719			\$2,500,000	\$2,500,000
TOTAL PUBLIC FUNDS	\$16,656,896	\$16,656,896	\$21,656,896	\$20,156,896

Departmental Administration

Continuation Budget

TOTAL STATE FUNDS				\$0
State General Funds				\$0

800.97 *Transfer funds from the Department of Community Health Departmental Administration and Program Support program.*

State General Funds				\$19,151,824
Tobacco Settlement Funds				\$131,795
Federal Funds Not Itemized				\$5,001,720
Medical Assistance Program CFDA93.778				\$1,807,258
Preventive Health & Health Services Block Grant CFDA93.991				\$87,135
TOTAL PUBLIC FUNDS				\$26,179,732

800.98 *Transfer funds from the Department of Community Health Health Care Access and Improvement program for the Health Share Volunteer Unit.*

State General Funds				\$530,064
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800.99 *CC: The purpose of this appropriation is to provide administrative support to all departmental programs.*

State General Funds				\$0
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800.100 Departmental Administration

Appropriation (HB 78)

The purpose of this appropriation is to provide administrative support to all departmental programs.

TOTAL STATE FUNDS				\$19,813,683
State General Funds				\$19,681,888
Tobacco Settlement Funds				\$131,795
TOTAL FEDERAL FUNDS				\$6,896,113
Federal Funds Not Itemized				\$5,001,720
Medical Assistance Program CFDA93.778				\$1,807,258
Preventive Health & Health Services Block Grant CFDA93.991				\$87,135
TOTAL PUBLIC FUNDS				\$26,709,796

Section 38: Public Safety, Department of

Section Total - Continuation

TOTAL STATE FUNDS	\$101,043,195	\$101,043,195	\$101,043,195	\$101,043,195
State General Funds	\$101,043,195	\$101,043,195	\$101,043,195	\$101,043,195
TOTAL FEDERAL FUNDS	\$46,238,934	\$46,238,934	\$46,238,934	\$46,238,934
ARRA-Budget Stabilization-General CFDA84.397	\$8,872,757	\$8,872,757	\$8,872,757	\$8,872,757
Federal Funds Not Itemized	\$37,366,177	\$37,366,177	\$37,366,177	\$37,366,177
TOTAL AGENCY FUNDS	\$16,687,140	\$16,687,140	\$16,687,140	\$16,687,140
Contributions, Donations, and Forfeitures	\$4,871	\$4,871	\$4,871	\$4,871
Intergovernmental Transfers	\$6,822,499	\$6,822,499	\$6,822,499	\$6,822,499
Rebates, Refunds, and Reimbursements	\$150,000	\$150,000	\$150,000	\$150,000
Sales and Services	\$9,057,370	\$9,057,370	\$9,057,370	\$9,057,370
Sanctions, Fines, and Penalties	\$652,400	\$652,400	\$652,400	\$652,400
TOTAL INTRA-STATE GOVERNMENT TRANSFERS	\$1,133,750	\$1,133,750	\$1,133,750	\$1,133,750
State Funds Transfers	\$1,133,750	\$1,133,750	\$1,133,750	\$1,133,750
TOTAL PUBLIC FUNDS	\$165,103,019	\$165,103,019	\$165,103,019	\$165,103,019

Section Total - Final

TOTAL STATE FUNDS	\$107,183,641	\$111,381,312	\$111,973,192	\$112,065,614
State General Funds	\$107,183,641	\$111,381,312	\$111,973,192	\$112,065,614
TOTAL FEDERAL FUNDS	\$37,366,177	\$37,366,177	\$37,398,171	\$37,398,171
Federal Funds Not Itemized	\$37,366,177	\$37,366,177	\$37,398,171	\$37,398,171
TOTAL AGENCY FUNDS	\$16,686,518	\$16,686,518	\$16,686,518	\$16,686,518
Contributions, Donations, and Forfeitures	\$4,871	\$4,871	\$4,871	\$4,871
Intergovernmental Transfers	\$6,822,499	\$6,822,499	\$6,822,499	\$6,822,499
Rebates, Refunds, and Reimbursements	\$150,000	\$150,000	\$150,000	\$150,000
Sales and Services	\$9,056,748	\$9,056,748	\$9,056,748	\$9,056,748
Sanctions, Fines, and Penalties	\$652,400	\$652,400	\$652,400	\$652,400

CRITERIA FOR SUBAWARDS

Under the terms of the State Health Information Exchange Cooperative Agreement Program, DCH is authorized to issue subawards provided that such subawards comply with the underlying requirements of the State HIE Cooperative Agreement Program and the State HIE Strategic and Operational Plans as approved by the ONC. Accordingly, any applicants must include detailed information in their proposed plans as to the following:

1. (a) Explain how your proposed project will connect with the statewide Georgia Health Information Exchange and advance the use of electronic health records and electronic health information technology as defined below.

Electronic Health Record (EHR): As defined in ARRA, means an electronic health record of an individual's health-related information that includes patient demographics and clinical health information, such as medical history and problem lists; and has the capacity to provide clinical decision support; to support physician order entry; to capture and query information relating to health care quality; to exchange health information; and to integrate such information from other sources.

Health Information Technology (HIT): The combination of technology and connectivity required to meaningfully use and exchange electronic health information, including EHRs.

(b) Explain how your plans will comply with each of these requirements that are prerequisites for participants to engage in the secure exchange of electronic health information through the statewide Georgia Health Information Exchange network.

- (i) Use of Secure Messaging. **Secure Messaging means a server-based approach that protects sensitive data from unauthorized access and that complies with industry standards to enable confidential and authenticated electronic exchanges of data.**
- (ii) Use of Nationwide Health Information Network standards. **Nationwide Health Information Network (NHIN) is a broadly defined set of standards, technical specifications, practices, and policies that enable health information to be shared over the Internet among health decision makers, including consumers and patients, in order to promote improvements in health and health care.**
- (iii) Use of Direct Project standards. **The Direct Project develops specifications for a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and**

patients) to send encrypted health information directly to known, trusted recipients over the Internet. The [Nationwide Health Information Network](#) is a set of standards, services and policies that enable secure health information exchange over the Internet. The project itself does not run health information exchange services. Several Federal agencies and healthcare organizations are already using Nationwide Health Information Network standards to exchange information amongst themselves and their partners. The Direct Project will expand the standards and service descriptions available to address the key Stage 1 requirements for Meaningful Use, and provide an easy "on-ramp" for a wide set of providers and organizations looking to adopt.

- (iv) Use of interoperability standards. **Interoperability: The ability of two or more systems or components to exchange information and to use the information that has been exchanged. Typically, interoperability is understood to have three components: technical, semantic, and process.**
- (v) Use of nationally recognized standards for privacy and security—including the encryption of all protected health information including data at rest and data in transit as required by the HITECH Act and that complies with HIPAA and the HHS Privacy and Security Framework and any related guidance, and all other applicable federal and state laws and regulations. **Encryption: Translation of data into a code in order to keep the information secure from anyone but the intended recipient.**

2. (a) Describe how your proposal will further the “meaningful use” of electronic health records via the Georgia Health Information Exchange network. **Meaningful Use: Under the HITECH Act, an eligible professional or eligible hospital is considered a meaningful EHR user if the EP or EH uses certified EHR technology in a manner consistent with criteria established by federal rules, including e-prescribing through an EHR, and the exchange of health information for the purposes of quality improvement such as health care coordination.**

(b) Describe how your plans address each of each of these three “meaningful use” requirements that the ONC expects DCH to ensure are incorporated into Phase 1 operations of the Georgia Health Information Exchange:

- (i) Advance the electronic exchange of prescriptions between health care providers and pharmacies with whom the providers are not otherwise affiliated;
- (i) Advance the electronic exchange of structured laboratory results between unaffiliated organizations; and
- (ii) Advance the electronic exchange of patient care summaries across unaffiliated organizations.



April 25, 2010

Trauma Associates of Georgia Training Project

Objective: Expand trauma education throughout Georgia with special focus on rural regions with the following courses: Trauma Nursing Core Course, Emergency Nursing Pediatric Course and Rural Trauma Team Development Course. The coordinators will hold two (2) TNCC, one (1) ENPC and three (3) RTTDC per year.

Need: Hospitals located in rural areas of Georgia have little access to trauma education courses.

The benefit of providing trauma education to underserved areas is to decrease morbidity and mortality in trauma patients through staff education.

TNCC/ENPC 16 Participant Course:

Books/Indirect Fee-	\$, 1,760.00	x 3	=	\$5,280.00
Hotel and Travel-	\$1,250.00	x 3	=	<u>\$3,750.00</u>
	Sub Total			\$9,030.00

Rural Trauma Team Development Course (RTTDC)

\$3500/course of 20 participants	\$ 3,500.00	x 3	=	<u>\$10,500.00</u>
	Sub Total			\$10,500.00
	TOTAL			\$19,530.00

If the RTTDC participants increase then it is at a cost of \$50/each.



April 25, 2010

Trauma Associates of Georgia Training Project

Objective: This project is in collaboration with Association for the Advancement of Automotive Medicine (AAAM) for coding trauma patients and to assess injury severity scores (ISS). This 14 hour course is designed for those who use Abbreviated Injury Scale (AIS) with the following objectives:

- Understand the structure, organization and contents of the Abbreviated Injury Scale
- Abstract injury data
- Rule out information that is not codeable
- Distinguish between injuries and outcomes
- Apply injury coding rules and guidelines specific to each body region
- Apply rules for calculating the Injury Severity Score (ISS) for multiple body region injuries

Need: To enhance current injury coding practices in Georgia to ensure data standardization and quality. The need was identified during the uncompensated care audits.

The benefit of this course can be measured by trauma centers showing improvement in future audits.

AAAM will send an instructor to Georgia at a cost of \$750.00/student.

Request: Two (2) people per trauma center

Cost of course: \$750.00 x 36 =	\$27,000.00
Lodging 2 days: \$250.00 x 24 =	<u>6,000.00</u>
Total	\$33,000.00

B+A SUPPORT FOR GTCNC FOR 2011-2012
May 15, 2011

WORKPLAN

I. EVALUATE BURN CARE SUPPORT NEEDS FROM GTCNC

The following tasks will be conducted:

A. Assess What Other States Do To Support Burn Care

There are several examples of states funding burn centers and we will evaluate them in comparison to the funding need for trauma centers as perceived by states.

B. Conduct Economic Survey Of Doctors/Grady Memorial Hospital's Burn Centers

This survey will replicate the trauma center economic surveys we have conducted for the past four (4) years in Georgia (see Task II) to the extent possible. Limitations include the lack of a severity measure in burn care (no injury severity score), and few established norms for economic performance.

C. Assess Statewide Hospital Discharge Data On Burn Care

This will be conducted to verify data supplied by Georgia burn centers, determine if burn patients are treated at other hospitals in Georgia, and assess other appropriate factors.

D. Estimate Trauma Physician Participation/Compensation In Burn Care

This will involve a cursory assessment of physician participation in burn care to arrive at an overall estimate of physician costs in comparison to hospital costs.

E. Compare Trauma Center Finances/Needs To Burn Center Finances/Needs

Once the economic analysis is completed, it will be compared to the analysis of Georgia trauma centers to help define Georgia burn center's relative need for state funding.

F. Define Alternatives For Support/Costs

Support may involve funding and/or other Commission support such as adding burn victim triage to Communications Center functions as a means of generating more patient volume for the burn centers.

G. Prepare & Present Report

A report and presentation will be made to the Georgia Trauma Commission.

This assessment will define answers to such questions as:

1. What is the overall volume and severity of burn patients in Georgia?
2. What is current burn center capacity in relation to volume?
3. What is the payer mix, estimated reimbursement and other sources of revenue?
4. What are burn care costs and how do they compare with national cost norms?
5. How do specific payer classes including managed care, Medicare and Medicaid compare in terms of payment?
6. What are the overall losses experienced in burn care, including care of uninsured patients and underinsured patients?
7. What problems do burn centers report in maintaining their capacity and meeting demand?
8. Are there other issues such as inappropriate referrals that add unnecessary burden?

This will produce an objective assessment of the Georgia trauma care “market” that defines demand (patient volume & severity), supply (available capacity) and current financing (payer mix, revenue, costs and losses). Survey data will be reported in an aggregate form to protect confidential information.

A written final report on the financial survey will be delivered to GTCNC Chair and Administrator in a timely manner.

II. CONDUCT CY 2010 FINANCIAL SURVEY IN CONJUNCTION WITH AUDIT FIRM

B+A will conduct the CY 2010 financial survey and involve and orient the personnel in an audit firm chosen by the GTCNC so they can effectively conduct the survey in the future.

A. Conduct/Update Trauma Care Economic Profile For CY 2010

B+A conducted a financial survey of the Georgia Trauma System for CYs 2006, 2007 and 2009. It covers the following:

- Patient volume stratified by patient severity
- Revenue by payer class
- Patient treatment costs by payer class
- Patient treatment costs by severity category and comparison to norms
- Patient length of stay by severity category and comparison to norms
- Readiness costs (optional due to trauma center workload)
- Financial performance summary for Georgia trauma centers
- Report consolidated data by trauma center level
- Report burn center data as appropriate
- Report SB 60 qualified patients (with documentation) by facility

For CY 2010, B+A will conduct the survey and prepare the report in conjunction with the audit firm and the GTCNC. B+A will walk audit firm personnel through every step of the process, which they will be expected to document for their use in subsequent surveys. B+A will review their documentation to assure accuracy.

The goal is for audit firm to assume responsibility for the financial survey process by end of this contract period. A written final Trauma Care Economic Profile for 2008 and new survey instrument to be delivered to GTCNC Chair and Administrator in a timely manner.

III. ADVISE ON TRAUMA CENTER FUNDING

B+A will support the GTCNC FY 2012-13 budgeting process as follows:

- Suggest Readiness/Uncompensated Care budget formula alternatives as requested.
- Address use of new Georgia trauma center severity-based cost norms.
- Address burn center funding issues.
- Update financial model for GTCNC trauma center budgeting and turn over to the GTCNC and/or audit firm for use in preparing subsequent budgets.
- Other issues as requested.

B+A will continue to work with the GTCNC Trauma Center/Physicians Committee in carrying out these tasks.

Project Costs

I. Evaluate Burn Care Support Needs From GTCNC	\$67,000
II. Transfer Financial Survey Function To Audit Firm	\$18,000
III. Advise On Trauma Center Funding	<u>\$10,000</u>
Total	\$95,000
Expenses	<u>\$3,800</u>
Project Total	\$98,800

draft