Georgia Trauma Care Network Commission

OUR EMERGING VISION

A New Public Service for Georgia

February 2009

Dear Georgia Trauma & EMS Community,

On behalf of the Georgia Trauma Care Network Commission, I am pleased to present the Five Year Georgia Trauma System Strategic Plan that we have prepared to guide the full development of the Georgia Trauma System. It will initially be used to support sustainable trauma system funding from the State Legislature in this session, which as you know will be very challenging.

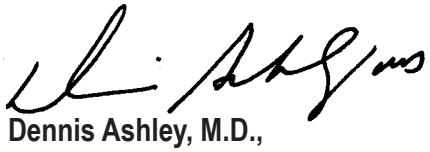
We believe this plan reflects the tremendous work many of you have conducted this decade in advocating for an effective trauma and EMS system throughout Georgia. This includes those who worked with the Legislature's Joint Comprehensive State Trauma Services Study in 2006, which led to the formation of the Commission and last year's $59 million in initial funding, as well as in the recent American College of Surgeons Trauma System Consultation.

We believe this plan reflects the needs of Georgia, best practices from around the nation, and innovative concepts many of you have offered to make it a model for the nation. It is entitled "Our Emerging Vision" because, with your help, it will continue to evolve and be refined to meet Georgia's needs. We are proposing a robust stakeholder structure to assure strong participation at the local and regional level, as well as statewide. We welcome your comments and ideas, and invite you send them through Jim Pettyjohn, GTCNC Administrator, at Jim@ lacueva.com.

We also believe Georgia has the opportunity to not only catch up with the rest of the country in trauma care with a state-of-the-art trauma system, but help lead the nation by developing a new public service that assures emergent, high quality care throughout the state for the seriously injured, stroke and heart attack victims, and adults and children needing emergency surgery. Georgians generally take police and fire services for granted; it is time for Georgians to have the same expectation of its trauma and emergency services!

We hope that our hard work matches your commitment and expectations. Your help will be more critical than ever in obtaining the needed support from the State of Georgia to make a state-of-the-art trauma system a reality in Georgia. We look forward to working with you to make this happen.

Sincerely,



Dennis Ashley, M.D.,
Chair
Georgia Trauma Care Network Commission

TRAUMA & EMERGENCY CARE: A NEW PUBLIC SERVICE FOR GEORGIA

Georgia Trauma Care Network Commission

In 2008, Georgia provided $59 million to the Georgia Trauma Care Network Commission to stabilize the state's trauma system. It worked as intended and substantially strengthened the remaining trauma centers. Several trauma centers were contemplating dropping out of the system, and the stabilization worked. This level of funding needs to be continued for the existing trauma centers, as well as for physicians and EMS. In addition to determining the appropriate distribution of the $59 million, the Commission also developed over the last few months a vision for the Georgia Trauma System to be achieved over 5 years:

Immediate Objectives 2009-10

1. **Obtain Permanent Trauma System Funding**
   Without a permanent funding mechanism, trauma system development cannot proceed and it will be impossible to recruit any new trauma centers into the Georgia trauma system.
2. **Maintain and Expand Georgia's Trauma Centers, Focusing On South Georgia**
   The trauma centers' funding cut their annual loss in half and was sufficient for them to maintain their status. The Commission conducted discussions with hospitals that have a potential for becoming designated as Level II & III trauma centers, with a focus on South Georgia where the need is greatest. These discussions indicated that 4-6 Level II & III trauma centers could be developed in 2009-2010 if they are assured sustainable funding and a transfer system to manage the flow of trauma patients.
3. **Strengthen Emergency Medical Services Focusing On Rural Regions**
   Due to the integral relationship between EMS and trauma care, the Commission has placed a major emphasis on strengthening EMS. Major initiatives include support for readiness, resources targeted at rural regions, consolidation of EMS Districts to promote efficiency, a GPS/Automatic Vehicle Locator System, and air medical transport. This should grow over time into a fully integrated EMS/Trauma system that assures high quality emergency care for all, regardless of their type of injury or illness.
4. **Develop Statewide Trauma Transfer System**
   A trauma transfer/communications center that coordinates trauma patient triage, transfer and transport will be built to assure that injured patients are quickly transported to the most appropriate trauma facility. This state's 4 Level I trauma centers would take on this responsibility.
5. **Build Trauma System Infrastructure Under Department of Health**
   The Commission asked for an external, "warts and all" American College of Surgeon's Trauma System Consultation, and they were stunned by the lack of state support for trauma system infrastructure in Georgia. In order to build an effective state trauma system, an effective and fully-staffed Division of EMS & Trauma under the Department of Health will be essential.
6. **Establish Mechanisms To Assure Exceptional Accountability**
   In 2009-2010, the Trauma Commission will develop a performance improvement and accountability system to assure optimum performance by all trauma system components. This approach will assure the best possible value for Georgia's investment in its trauma system.

5 Year Objectives

- Pilot/Build Trauma Telemedicine System
- Enhance Pediatric Trauma Subsystem
- Strengthen Physician Support For Trauma Care In Rural Georgia
- Expand System To Rehabilitation, Burn Care, & Interstate Transfers
- Assist In Initiatives To Reduce Traumatic Injury
- Integrate Trauma System With Disaster/Terror Preparedness
- Expand System To Acute Emergency Care Needs

Organizational Objectives

- Develop Trauma System Regionalization In Georgia
- Continue Developing Trauma System Policy/Stakeholder Structure

A New Public Service

Georgia has the opportunity to not only catch up with the rest of the country in trauma care, but help lead the nation by developing a new public service that assures emergent, high quality care throughout the state for the seriously injured, stroke and heart attack victims, and adults and children needing emergency surgery. This vision for the Georgia Trauma System will bring a high value to everyone. Georgia generally takes police and fire services for granted, and it is time for the state to have the same expectation of its trauma and emergency services.

The Best Way To Fund The Georgia Trauma System

While there are a variety of funding sources for trauma care in the nation, the best practice is one that is trauma related, is a sustainable source of funding, and expands with population growth. Half of trauma injuries result from motor vehicle crashes, so an added fee on annual vehicle registrations fits this profile perfectly. A $10 fee per vehicle registration would raise $85 million annually, the approximate amount needed to sustain a fully developed Georgia trauma system and new public service.

Benefits of a Fully Developed Trauma System

The return on Georgia's investment in trauma will include a reduced death rate from injury, especially in the "corridor of death" along I-75 in South Georgia, exceptional trauma care throughout the state, cost savings in patient treatment, the economic benefits of saving lives of younger, productive people, and spin-off benefits to emergency care and disaster/terror preparedness.

OUR EMERGING VISION: A NEW PUBLIC SERVICE FOR GEORGIA

February 2009

Georgia is experiencing a crisis in trauma care that has placed at risk anyone who is seriously injured in the state. The Governor, Lieutenant Governor and Speaker of the House responded in 2008 by appointing the Georgia Trauma Care Network Commission (GTCNC), and providing initial funding of $59 million to stabilize and strengthen the state's remaining trauma centers and help support trauma patient care and transport by Emergency Medical Services.

This strategy worked as intended, and with sustainable funding, the Georgia trauma system will not only remain intact, it will both be strengthened and expanded to meet the needs in the state.

The Georgia Trauma Commission has pursued an aggressive assessment and planning process, which included reviewing the extensive record of stakeholder input over the past several years, a review of the Georgia trauma system by the American College of Surgeon's Trauma System Consultation program, economic analysis by Georgia State University's Georgia Health Policy Center, and trauma system consulting support partially funded by the Healthcare Georgia Foundation.

This has enabled the Georgia Trauma Commission to outline a vision for the Georgia Trauma System for the decades ahead, and defines a cost-effective plan for moving achievement of this vision forward over a five year period, between 2009 and 2014. The silver lining of the cloud of Georgia's previously poorly supported trauma system is that today's technology is much better and more cost effective, and other states now offer best practices on issues Georgia faces.

In addition, Georgia has a unique capability for innovation on trauma care due to the high level interest and commitment to developing the best system possible by trauma care providers, philanthropic and academic organizations, hospital, physician and EMS stakeholders, and the highest levels of state government. As a result, Georgia is now poised to build a model trauma system for the nation.

A major feature of this emerging vision is a statewide system built to optimize trauma care that also strengthens inter-related state systems and sectors for:

- Emergency Medical Services
- Disaster/Terror Preparedness
- Emergent cardiac, stroke and other emergency surgery cases
- Emergent patient flow to and from all hospitals (e.g., ED diversion solutions)
- Georgia's healthcare safety net

This approach will produce the best possible value for Georgia's investment in a trauma system. It will coalesce the fragmented components of trauma and emergency care into a new public service that will assure that should anyone need acute emergency care, no matter where they are in the state, they will be transported professionally and expeditiously to a reasonably close facility fully capable of providing the necessary treatment. Georgia generally takes police and fire services for granted, and it is time for the state to have the same expectation of its trauma and emergency services.

GEORGIA TRAUMA CARE NETWORK COMMISSION

Dennis Ashley, M.D.
Chairman

Linda Cole, R.N.

Leon Haley, M.D.

Ben Hinson, EMT-P

Rhonda Medows, M.D.

Bill Moore

Joe Sam Robinson, M.D.

Kurt Stuenkel

Kelli Vaughn, R.N.

FIVE YEAR GEORGIA TRAUMA SYSTEM STRATEGIC PLAN OUTLINE

The objectives of the 2009-2014 plan, with short term objectives in bold, are as follows:

1. **Obtain Permanent Trauma System Funding**
2. **Maintain & Expand Georgia's Trauma Centers Focusing On South Georgia**
3. **Strengthen Emergency Medical Services Focusing On Rural Regions**
4. **Develop Statewide Trauma Transfer System**
5. Pilot/Build Trauma Telemedicine System
6. Enhance Pediatric Trauma Subsystem
7. Strengthen Physician Support For Trauma Care In Rural Georgia
8. Expand System To Rehabilitation, Burn Care & Interstate Transfers
9. Assist In Initiatives To Reduce Traumatic Injury
10. Integrate Trauma System With Disaster/Terror Preparedness
11. Expand System To Acute Emergency Care Needs
12. Develop Trauma System Regionalization In Georgia
13. Continue Developing Trauma System Policy/Stakeholder Structure
14. **Build Trauma System Infrastructure Under Department of Health**
15. **Establish Mechanisms To Assure Exceptional Accountability**

A summary framework for a five year plan that assures effective implementation and full system accountability is attached. The ***Five Year 2009-2014 Trauma System Strategic Plan*** is as follows:

1. OBTAIN PERMANENT FUNDING

Without a permanent funding mechanism, trauma system development cannot proceed and it will be impossible to recruit any new trauma centers into the Georgia trauma system.

2. MAINTAIN & EXPAND GEORGIA'S TRAUMA CENTERS FOCUSING ON SOUTH GEORGIA

The initial 2008 funding has stabilized and strengthened Georgia's remaining 13 Level I & II trauma centers. They received $36 million to help with the added costs they incur due to their trauma center status, and passed on another $12 million to their trauma medical staff. A grant program of $4.2 million also supported additions of critical equipment purchases at the state's trauma centers.

The Commission surveyed these trauma centers to establish a baseline for measuring progress in strengthening Georgia's trauma centers and performance of them. For example, the average score for the challenge Level II trauma centers faced in maintaining support of major trauma specialties in 2007 was 3.2 (on 1-4 scale with 4 indicating extreme problem). In 2008 this had declined to 2.8, providing an early indication of the impact of the state's financial support.

Key measures of trauma center performance will be established to uniformly monitor defined quality indicators. These indicators may include:

- Number of hours of "diversion" (i.e., denying access to injured patients)
- Quality of trauma care assessments conducted monthly at each trauma center
- Regional and statewide quality of trauma care reviews
- Trauma center designation reviews conducted by the Office of EMS/Trauma to assure adherence to trauma center requirements

By 2014, based upon this plan and national trends, we anticipate the state's trauma centers will have taken on added responsibilities in acute emergency care, including regional transfer system management and a broader role in emergency surgery.

The Commission has conducted discussions with hospitals that have the potential for becoming designated as Level II and Level III trauma centers, with a focus on South Georgia where the need is greatest. These discussions indicate that 4 to 6 Level II and Level III trauma centers may be developed between 2009 and 2011 under the following conditions:

1. New trauma centers would receive sustainable funding at the level trauma centers received in 2008. (They are being asked to make a long term commitment.)

2. A statewide trauma transfer system that facilitates the flow of trauma patients requiring a higher level of care to trauma centers, and when appropriate with low severity patients, requires they remain in their local hospital for care.

3. The startup of several trauma centers to assure a new trauma center is not overburdened with volume due to pent up demand in its greater region.

The key initial measure of performance for them to obtain funding is whether they can meet stringent trauma center requirements. Thereafter, the trauma centers' performance would be measured with the same system used for all Georgia trauma centers.

3. STRENGTHEN EMERGENCY MEDICAL SERVICES FOCUSING ON RURAL REGIONS

Due to obvious needs among Georgia's many and varied Emergency Medical Services programs, the integral relationship between EMS and trauma care, and best practices in other states, the Commission has taken on significant responsibility for strengthening EMS. This should grow over time into a fully integrated EMS/Trauma initiative that assures high quality emergency care for all, regardless of the type of injury or illness they present.

Readiness Support

To assure that EMS is prepared to meet the needs of trauma center patients, it is necessary to support EMS readiness for all emergency cases. The most cost-effective alternative to help do so is to transfer trauma funds to Medicaid to use, coupled with federal matching funds, to raise Medicaid reimbursement for all EMS Medicaid-eligible transports. There should be a guarantee that EMS reimbursement would not then be cut, essentially wasting the trauma funds.

GPS & Automatic Vehicle Locator System

This system will continue to be developed in conjunction with the statewide trauma transfer system and disaster and preparedness systems in Georgia. No state trauma funds are being requested in 2009-10.

Advocacy On Behalf of EMS

EMS in Georgia is a fragmented and under-resourced system, and since it is essential to an effective trauma system, the Commission has advocated for its needs and will continue to do so. This includes the implementation of the recommendations of the Senate Study Committee on EMS Recruitment, Retention, and Training in Georgia.

Incentivize Consolidation of EMS Districts

As a system EMS is hindered by its fragmentation between the state's high number of small county jurisdictions. As is happening in other states, Georgia must move towards a regionalized structure for EMS system design to serve the most patients in the most effective and efficient manner. Many rural EMS organizations in Georgia should be combined to create regional EMS districts, geography, and patient flow patterns.

These larger EMS districts would provide more stability to EMS employees, enhanced opportunities for training, and the overall challenges of recruitment and retention would be lessened. In addition, fewer ambulances would be needed around the clock due to more efficient use of scarce ambulance resources. The capability for equipment replacement would be enhanced again due to better use of resources. The bottom line would be to provide faster response times with personnel that provide a higher quality of care. This can be accomplished through a regional EMS/trauma infrastructure offering economic incentives based on performance improvement.

Air Medical Transport Imbalance

There are apparently more than enough air medical helicopters in north Georgia and none southwest of Macon. This imbalance presents problems in terms of the timely transport of critically injured patients. Georgia is beginning to regulate air medical providers, and to optimize the role of air transport within the emerging Georgia Trauma System, a coordinated approach by air medical providers to assure full coverage of Georgia should be implemented. The first step would be a collaborative planning process that engages both EMS and air medical transport companies in determination of solutions.

EMS Resources Targeted At Specific Regions' Needs

2008 funding included a capital grants program for EMS to purchase new ambulances that should be continued. These grants will be targeted based upon need, with priority given to EMS programs serving regions with long transport times to trauma centers.

4. DEVELOP STATEWIDE TRAUMA TRANSFER SYSTEM

Serious injuries in Georgia often trigger a time consuming search for a trauma center that has room to accept new patients for treatment, and they may not end up at the appropriate hospital. A transfer control/communications center that coordinates trauma patient triage, transfer and transport can be built to streamline the process and assure that injured patients quickly get to where they need to go. It can redirect patients throughout the state should one or more facilities become saturated, and will also serve to keep patients with minor injuries in their own community for care at less cost. It can also support patient stabilization and definitive care in local emergency departments and community hospitals.

The regionalized system built around lead trauma centers throughout Mississippi and in other state systems will be used as the working model for Georgia. This state's four Level I trauma centers would take on this responsibility and lead the process for collaboratively determining patient transfer protocols among all hospitals within their regions. This system will be integrated statewide and with EMS regions and all hospitals, and also use state-of-the-art technology statewide to optimize efficiency.

System development will start with system planning and the organization of a collaborative process within each region. The Commission requests support for planning and adding appropriate infrastructure to pursue regionalization. Federal funding will be pursued as well for future development.

It is important to recognize that this system will coordinate/enhance the operational relationships between trauma centers, EMS regions, EMS providers, and all acute care hospitals, which will in turn open up added opportunities to optimize emergency care beyond trauma care. This Transfer Control/ Communication System will also be developed in conjunction with a con-current initiative led by the Georgia Hospital Association to mitigate and resolve the broader emergency department diversion problem.

5. PILOT/BUILD TRAUMA TELEMEDICINE SYSTEM

Telemedicine is a decade old concept to bring the doctor remotely to the patient, and the time has come for its use to support trauma specialty care in rural Georgia. While the need for telemedicine has escalated, barriers to its effective use such as cost, technology, reimbursement, liability, and physician participation have lessened, but continue to exist. Best practice models for the use of telemedicine in trauma care have been developed in other states. In Georgia, there is experience in using telemedicine (e.g., Center for Tele-Health at the Medical College of Georgia) as well as a developing statewide infrastructure to support it (e.g., Georgia Partnership for Tele-Health, Inc.) that may be used in collaboration with the Georgia Trauma System to pilot and develop trauma telemedicine.

In trauma care, telemedicine would bring specialty surgeon expertise to rural hospitals to help direct treatment when unstable patients cannot be transported. In addition, it also serves to help determine whether low severity patients can remain in their own community for treatment at their local hospital which is more cost effective and convenient for injured patients and their families.

The shortage of pediatric neurosurgeons provides an excellent opportunity to pilot trauma telemedicine. Instead of transporting a child with a suspected head injury to a pediatric trauma center, the child could be evaluated remotely at the local community hospital by a neurosurgeon based at the pediatric trauma center.

Telemedicine promises to enhance and expedite care of children with serious injuries, and ultimately adults, and also benefits rural trauma care providers who are in short supply, as well as urban surgical specialists.

A $500,000 USDA federal grant for telemedicine support to rural areas will be pursued in collaboration with the Georgia Partnership for Tele-Health, Inc. The grant award will support equipment purchases to launch two pilot programs in rural trauma telemedicine. Additional support for technical assistance in the development of a successful rural trauma telemedicine initiative for Georgia will be needed.

6. ENHANCE PEDIATRIC TRAUMA SUB-SYSTEM

Georgia enjoys an exceptionally strong array of pediatric trauma centers that are well located to care for seriously injured children under age 15. They account for 12% of trauma center patients and require a different system than adults due to their specialized needs. The pediatric trauma facilities are collaborating on a model trauma sub-system plan for pediatrics that includes:

- A statewide pediatric patient transfer system that functions as part of the overall system.
- The provisions of pediatric emergency care training and equipment for EMS.
- Development of physician extender roles specific to pediatric trauma centers.
- Maintenance of surge capacity to children regarding disaster/terror events.
- Support for prevention of childhood injury in collaboration with other organizations.
- Telemedicine program development to enable local hospitals to effectively evaluate possible head injuries in children.
- Expansion of the pediatric trauma care system to pediatric emergency care.

The components of this pediatric trauma sub-system will be fully integrated with the overall Georgia Trauma System, and the transfer system and telemedicine components will actually be piloted within this pediatric trauma sub-system.

The result will be the nation's state-of-the-art model for delivering high quality care to children who are seriously injured, as well as those needing emergency surgery due to causes other than injury.

7. STRENGTHEN PHYSICIAN SUPPORT FOR TRAUMA CARE IN RURAL GEORGIA

The essential challenge facing Georgia is strengthening trauma medical staff support in the face of a nationwide trend of declining numbers of surgical specialists interested in trauma care. The following strategies to both expand and leverage scarce trauma physician resources will be pursued:

- Develop corps of trauma physician "extenders", perhaps including nurse practitioners, physician assistants, registered nurse first assists, and/or trauma nurse specialists.
- Expand trauma surgeon training and retraining to augment the supply of trauma surgical specialists in rural Georgia.
- Maintain Georgia's strong liability protection for trauma physicians.
- Facilitate fair compensation of trauma physicians in terms of their emergent response (like we pay plumbers) and the sacrifices they make in taking trauma call.
- Manage trauma patient flow with an effective transfer system.
- Develop community call systems for high demand, low supply trauma specialties (hand, eye, etc.) to engage as many surgeons as possible in trauma and emergency call.
- Use of telemedicine to leverage scarce trauma physician resources and enable effective evaluation of patients, in regards to the necessity of transfer to a higher level of care.
- Technical assistance on best practices for building sustainable trauma hospital-based practices for trauma physicians.

For 2009-10, collaborative planning with a variety of partners will be conducted, including the Level I trauma centers and their medical school partners, nursing schools, the Georgia Board for Physician Workforce, and the Medical Association of Georgia.

8. EXPAND SYSTEM TO REHABILITATION, BURN CARE & INTERSTATE TRANSFERS

These will be important steps as the Georgia trauma system matures:

Uninsured Access to Rehabilitation

Georgia's trauma centers report transferring Medicaid/uninsured patients to rehabilitation facilities is generally impossible since such care is not funded. This requires the trauma centers to keep such patients in expensive acute care settings, which adds unnecessary costs and inappropriately fills scarce hospital beds. The patients, who tend to recover and become productive citizens, would be better off in the lower cost rehab facility. Approaches to resolving this dilemma can require creativity and collaboration rather than funding.

Burn Centers

Georgia's two burn centers, located at Grady Memorial Hospital and Doctors Hospital of Augusta, provide burn care to patients in a multi-state region. An assessment of their capabilities in relation to Georgia's long-term needs will be appropriate in the future, and they should be integrated into the trauma transfer/control system.

Stability of Interstate Trauma Transfers

Some regions in Georgia rely on trauma centers located in adjacent states due to proximity (e.g., Tennessee, Florida), and the stability of these resources are essential to a stable Georgia Trauma System. For example, Erlanger Medical Center in Chattanooga, Tennessee treats a substantial amount of the major trauma patients treated by all Georgia trauma centers. In addition, four Georgia trauma centers - Memorial Health University Medical Center in Savannah, John D. Archbold Memorial Hospital in Thomasville, Medical College of Georgia in Augusta, and Medical Center-Columbus - serve patients from neighboring states. Regional and interstate collaboration is materializing on such issues and this will need to be addressed. In the short run, such transfers will need to be incorporated into the transfer control system.

In 2009-10, the Commission will conduct basic planning on these issues.

9. ASSIST IN INITIATIVES TO REDUCE TRAUMATIC INJURY

Fire departments are a great example of a public service that broadened its mission to provide a higher value to the public by working to prevent fires rather than just extinguish them. Trauma center personnel, driven by the carnage they witness, are uniquely motivated and credible for work on preventing injury, but are rarely given resources to do the job.

Each trauma center can serve as a “Community Focal Point on Injury”, which incorporates the following functions:

1. Identify injury causes in the community that are subject to intervention.
2. Define solutions that have proven effective in similar circumstances.
3. Focus media attention and community resources on the specific cause of injury.
4. Foster and coordinate the development of interventions.
5. Evaluate the effectiveness of specific prevention programs.

The Georgia Trauma System can use this same approach statewide in a collaborative role that assists established injury prevention organizations. In 2009-10 the Commission will ask members of the Trauma Advisory Council to form a committee to identify and assess feasible opportunities for injury prevention as the best means of reducing the tremendous costs of serious injury. Advocacy for a federally funded Injury Prevention Center will also be conducted.

10. INTEGRATE TRAUMA SYSTEM WITH DISASTER/TERROR PREPAREDNESS

Trauma care is already integrated with disaster and terror preparedness in Georgia. Trauma centers need to be able to amass resources needed to respond to mass casualties by scaling up their everyday operations. Ongoing relationships with EMS and other hospitals result in rapid patient triage and treatment decisions in community crises of all types.

Because Level I trauma centers have larger capacities, unique staffing, and enhanced training programs, they are often the logical base (in collaboration with regional EMS and homeland defense personnel) to coordinate hospital response to terror and disaster events. This has proven to be the case in North Carolina, Texas and Oklahoma where strong regional trauma systems have been built, and is emerging as a strong trend in other states.

As the regionalized Georgia trauma system materializes, its infrastructure will enhance trauma care's involvement in local, regional, and state disaster preparedness planning. The emerging transfer control/communication system may prove to be a major asset to Georgia's disaster/terror preparedness sector due to its potential to efficiently monitor and route emergency medical transports to acute care facilities throughout the state and greater region.

In 2009-2010, the Commission will collaborate with the Georgia Hospital Association and the Georgia Emergency Management Agency (GEMA) on how the trauma system can best enhance disaster/terror preparedness in Georgia.

11. EXPAND SYSTEM TO ACUTE EMERGENCY CARE NEEDS

A major benefit from constructing a robust, statewide trauma care infrastructure and system is that it can be expanded to address broader emergency care service issues. This enables a highly cost-effective approach to strengthening the entire problematic emergency care safety net. This is already being accomplished in some respects. Assuring adequate coverage for surgery, neurosurgery, orthopedic surgery, etc. for care of trauma patients also assures the same specialties will be available to care for non-trauma patients requiring their services.

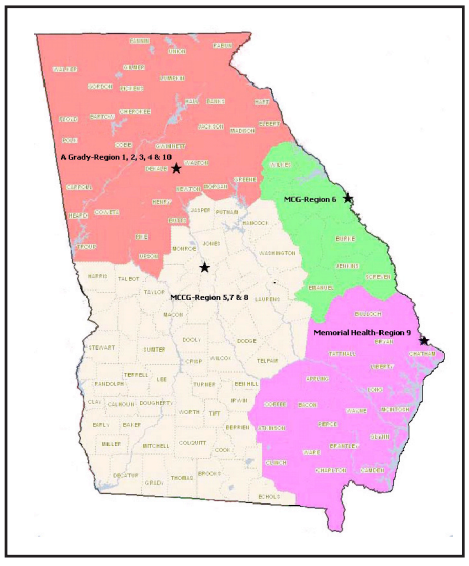
An expansion to other time sensitive emergency health care issues such as strokes and heart attacks is feasible since they require the same systems approach and components required for trauma care. Before progress can be made in this regard, the trauma system must be substantially complete.

While this expansion to supporting broader emergency care functions promises to be an important return on the state's investment in trauma care, in 2009-2010 the Commission will focus on building the core trauma system.

12. DEVELOP TRAUMA SYSTEM REGIONALIZATION IN GEORGIA

Key lessons from other states in building a strong and effective infrastructure to support trauma and emergency care include:

- Build a statewide system that incorporates all local and regional stakeholders and integrate them into a regionalized network.
- Define regions by patient referral patterns to enable participants within traditional catchment areas to work together with the major referral hospital.
- Provide technical assistance and basic operational funding to help regional groups organize.
- Build it for the long term and make it expandable to emergency care and related functions.
- Foster a grassroots network that generates statewide public support.



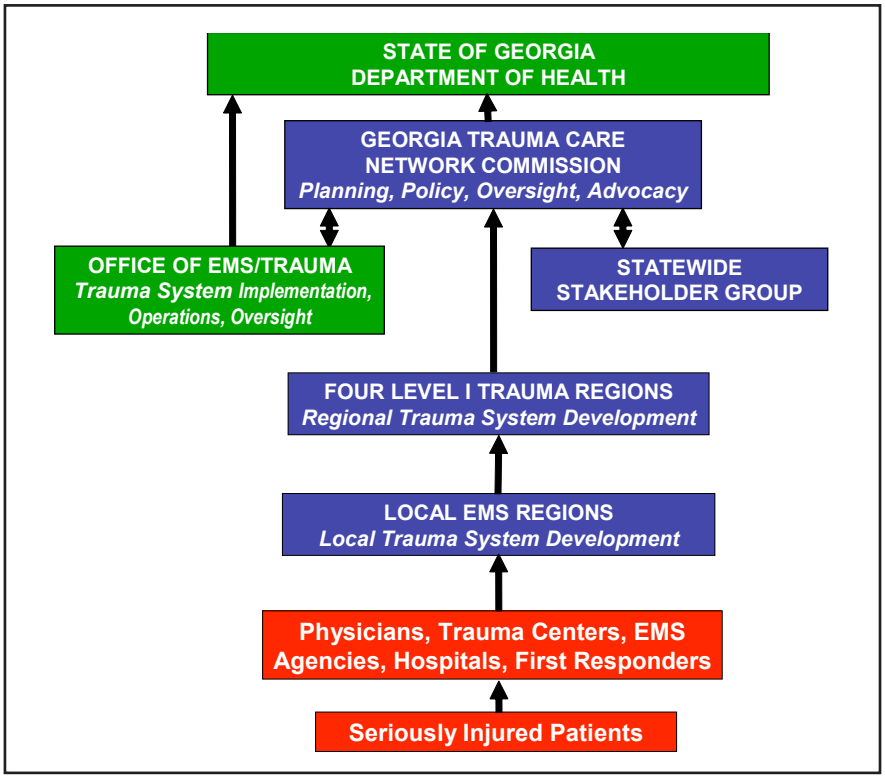
Georgia already has 10 established EMS regions which provide a base to build upon for development of trauma regions.

As Georgia considers regionalizing its trauma system, the first step is to define trauma regions. Presently, Georgia has four well positioned Level I trauma centers. If they were to serve as a focal point for trauma regions that incorporate existing EMS regions, the map above provides an example of how trauma regions could be designed. In the event that additional regional trauma centers develop, it is important to note that the determination of trauma regions may be dynamic to accommodate changes in trauma center resources and trauma patient flow patterns.

13. CONTINUE DEVELOPING TRAUMA SYSTEM POLICY/STAKEHOLDER STRUCTURE

Georgia enjoys strong leadership for trauma and EMS, and has established a successful Trauma Commission, composed of key stakeholders to guide the development of the Georgia Trauma System. The next step will be to extend this developing structure to the Level I trauma regions described above and to incorporate local EMS regions. The following chart outlines the emerging policy development structure for Georgia:

TRAUMA SYSTEM POLICY DEVELOPMENT STRUCTURE



In essence, local and regional trauma stakeholder groups will provide input to the Commission based upon trauma patient and provider experiences and needs. The Commission will formulate policy, which will be implemented by the Office of EMS/Trauma. A statewide stakeholder group will be formed by the Commission with broad representation from Governor/Lt. Governor, Speaker of the House, State Legislature, Georgia Hospital Association, Georgia Association of EMS, Medical Association of Georgia, the business community, media, etc. to provide input and support the work of the Commission.

The Commission will regularly reach out to stakeholders for input, including EMS agencies, trauma centers, local hospitals, County government, injury prevention partners, community groups, local legislators, burn care, air medical transport and other interested and participating stakeholders.

This coalescing of collaborative leadership locally, regionally and statewide, will strengthen the Commission's ability to quickly move this conceptual plan to reality throughout Georgia. In turn, this structure will reinforce the Commission's role of planning, policymaking, oversight and advocacy.

14. BUILD TRAUMA SYSTEM INFRASTRUCTURE UNDER DEPARTMENT OF HEALTH

The Commission asked for a thorough, expert, "warts and all" review of Georgia's trauma system by the American College of Surgeon's Trauma System Consultation program, which occurred on January 4-7, 2009. While their findings were not surprising, they underscored the fact that critical components of the Georgia Trauma System infrastructure are either missing or largely unsupported. They include:

- Establishment by State statute of the trauma system lead agency's authority and provision for promulgation of clear system regulation and rules.

- Comprehensive trauma system plan defines the system, its subsystems and structure, and establishes procedures and standards for implementation, monitoring and system performance improvement, and is supported by promulgated rules and regulations.

- Staffing for the State of Georgia to build and operate trauma and EMS systems.

These critical needs are addressed in detail by the ACS Trauma System Consultation report. In order to build an effective state trauma system, an effective and fully-staffed Office of EMS & Trauma under the Department of Health will be essential.

15. ESTABLISH MECHANISMS TO ASSURE EXCEPTIONAL ACCOUNTABILITY

Aggressive assessments of quality of care and system performance are core strengths of the field of trauma care in part because it was founded based upon such assessments. State-of-the-art performance improvement standards and accountability measures will be included in the Georgia trauma system, such as the following:

- Time trauma centers are on diversion and deny access to injured patients.
- Percent of state's trauma patients (by severity) who reach trauma centers.
- Time of EMS transport from call to scene, and from scene to trauma center.
- The "preventable" death rate for each trauma center and overall system.
- Severity-adjusted trauma center length of stay/costs compared to national/state norms.
- Reductions in injuries targeted by injury prevention measures.

In 2009-10 the Commission will develop a performance improvement and accountability system to assure optimum performance by all trauma system components.

In addition to the accountability system described above, the Trauma Commission will arrange a follow-up visit from the American College of Surgeons Trauma Systems Review program at a time determined by the GTCNC. A return visit will assess Georgia's progress on implementing recommendations made by the ACS during the course of its site visit in January 2009.

STRATEGY/OBJECTIVES	TIMEFRAME	LEAD AGENCY/ PARTNER(S)	FUNDING IMPLICATIONS	MEASURES OF SUCCESS	FY 2009-2010 TASKS	FY 2009-2010 FUNDING
1. Obtain Permanent Trauma System Funding, as without a permanent funding mechanism, trauma system development cannot proceed and it will be impossible to recruit any new trauma centers into the Georgia trauma system.						
2. Maintain and Expand Georgia's Trauma Centers, Focusing On South Georgia, to achieve access to a Level I, II, or III trauma center within one hour for all Georgians by 2012, and maintain such access for three decades.						
A. Maintain Georgia's remaining 13 Level I & II trauma centers, to prevent further closures, and strengthen them so they can meet state standards and increase their capacity for delivering trauma care.	The 2008 funding has stabilized Georgia's trauma centers. Due to a poor cost structure with substantial readiness and uninsured patient care costs, long term funding will be required.	Governor, Lt. Governor, Speaker of the House, State Legislature, trauma centers, EMS, other trauma care stakeholders, business commmunity, philanthropic groups, etc.	Funding provided last year cut trauma center losses by about half and stabilized them. This level of funding will need to be sustained over the long term.	Reduction in trauma mortality rates, number of trauma centers, time on "diversion", s, and regular reviews to assure GA receives highest level of performance based on national trauma center norms.	Refine formula for distribution of funding to trauma centers. Refine trauma center economic reporting. Report on impacts of trauma center funding.	Similar funding levels as 2008 that are permanent and sustainable.
B. Expand number of trauma centers in Georgia, focusing on developing new LII/III trauma centers in South Georgia along I-75, while seeking additional trauma center capacity in the greater Atlanta region and in other rural regions where such need exists.	Add 4-6 Level II & III trauma centers over 2009-11 in Georgia. Additional trauma centers will be developed in 2011-14 to assure Georgia adequate capacity for the decades ahead.	Commission takes lead in working with hospitals that have significant volumes of trauma patients to consider trauma center designation.	This will require an extension of funding to new trauma centers for start up/dev. costs. Physician buy-in is critica; funding to support physician recruitment, call panels, will also be required.	To obtain funding, hospitals must meet stringent trauma center requirements. Thereafter, new trauma centers' performance would be measured as above.	Continue to recruit new trauma centers, focused in the South. Obtain sustainable funding for trauma centers. Add 4-6 trauma centers in Georgia.	Funding for the start-up of new Level II and III trauma centers will be required.
C. Maintain/enhance trauma center review process conducted by Office of EMS/Trauma, and supplemented by transparent economic reporting, to foster high level of trauma center performance.	Office of EMS/Trauma needs immediate staffing to conduct effective reviews, and this staffing needs to be maintained over the long term.	Office of EMS/Trauma takes lead with support from the Commission on economic reporting.	No funding impacts on Commission, but state funding for Office of EMS/Trauma is essential.	Trauma center performance. Strength of trauma center review program re: national norms.	Support EMS/Trauma funding. Develop best practice economic reporting.	Incorporated in Office of EMS/Trauma annual budget.
D. Develop EMS/air medical transport solutions for areas in which trauma center proximity is a challenge to effective trauma care.	After EMS is strengthened in 2009-10 and new trauma centers will be added, gap areas will be identified and filled.	Commission takes lead in balancing EMS/air resources with trauma center proximity.	No new funds are needed; existing funding can be targeted at gap areas.	Reduced transport times to trauma centers. Reduced trauma mortality.	Focus on strengthening ground and air coverage of Georgia in 2009-10	Incorporated in Commission planning budget.
3. Strengthen Emergency Medical Services Focusing on Rural Regions, to fully develop an integrated, statewide EMS/Trauma system that assures high quality emergency care for all, regardless of their type of injury or illness, by 2014.						
A. Support EMS readiness for all emergency care with a focus on increasing Medicaid reimbursement for all EMS Medicaid-eligible transports, including a capital grants program for EMS to purchase new ambulances based upon need.	The initial plan of involving a Medicaid match may not be effective over the long term, so other means to increase EMS Medicaid payments may be needed. Timeframe is 2009-10.	Commisssion takes lead in advocating for EMS funding for readiness.	Significant state funding will be required to support EMS readiness whether it comes through the Commission or directly from the state.	EMS ground transport times from scene to trauma center. Increased stability and training of EMS workforce.	Assist in funding EMS readiness costs. Advocate for increased EMS Medicaid reimbursement.	Significant state funding will be required to support EMS readiness whether it comes through the Commission or directly from the state.
B. Build GPS Automatic Vehicle Locator System in conjunction with the trauma transfer system and disaster and preparedness systems in the state.	Timeframe is 2009-11 for full development and integration into trauma and preparedness.	EMS, new transfer system, Georgia Tech, GEMA and GHA.	Additional funding to come from homeland defense sector.	Functional, effective system. Efficient use of EMS ground and air resources	Define plan for full development and integration with transfer system.	Additional funding to come from homeland defense sector.
C. Advocate on behalf of EMS in Georgia, a fragmented and under-resourced system that is essential to an effective trauma system.	Timeframe is continuous with focus on short term improvements in Medicaid payments to EMS and funding for Office of EMS/Trauma.	Commission takes lead and coordinates with GAEMS.	None for Commission although increased state funding to EMS is needed.	Robust statewide EMS system.	Promote EMS Medicaid funding and implemention of Senate Study Committee on EMS recommendations.	Increased state funding for EMS is needed.
D. Facilitate Consolidation of EMS Districts into a regionalized structure with many rural EMS organizations combining to create more efficient and effective regional EMS districts.	This is a 5 year objective that will be pursued incrementally with EMS regions as effective strategies emerge and funding is available.	EMS districts are partners; Commission takes lead with Office of EMS/ Trauma.	Funding will be required to help local districts consolidate.	Consolidation that occurs. EMS system efficiency.	Form Commission workgroup to address all EMS related issues. Prepare plan for implementation	Funding will be required to help local districts consolidate.
E. Optimize air transport within emerging Georgia Trauma System with a coordinated approach by air medical providers to assure full coverage of the state.	Timeframe is 2010-12.	Commission will work with Office of EMS/Trauma, EMS and air medical providers.	None. The consoldiation of air providers indicates the air franchise is profitable.	Air medical service in South Georgia. Decrease in number of low severity patients transported by air.	Form Commission workgroup Conduct collaborative planning with EMS and air providers.	Funding will be required to help local districts consolidate.

STRATEGY/OBJECTIVES	TIMEFRAME	LEAD AGENCY/ PARTNER(S)	FUNDING IMPLICATIONS	MEASURES OF SUCCESS	FY 2009-2010 TASKS	FY 2009-2010 FUNDING
4. Develop Statewide Trauma Transfer System: The trauma transfer system will move seriously injured patients quickly to the best facility for their care, and will be organized at the four Level I trauma centers and CHoA. The statewide trauma transfer system will be fully implemented by June 2010.						
A. Develop a detailed operational plan for the development of a statewide Trauma Transfer System that utilizes state of the art technology for GA.	This will be done incrementally as other objectives are addressed and will be completed with common technology component by 12/09.	GTCNC Transfer System Workgroup, Level I/ CHOA transfer centers, technology resources.	Long term funding will be needed, but costs are limited because centers are being added to existing hospital-based transfer centers.	Complete operational plan. Reduced transport times for patients needing trauma care. Reduce unneeded transfers. Trust established in region.	Develop Commission workgroup Prepare common technology plan Prepare operational plan	Funding for technical and operational planning for development of the system.
B. Develop regional trauma triage and transfer protocols for GA in a collaborative fashion that functions as the first step in organizing Level I trauma regions.	CHOA is already proceeding and Level I outreach will begin as soon as personnel are available. Basic protocol template should be in place by 12/09.	Trauma Centers, other hospitals, EMS, and EMS regions, workgroup.	Development funding with 4 Outreach Coordinators and common technology.	Completion of collaboratively developed and enforceable regional protocols.	Form sub-workgroup with input from key stakeholders to develop protocol template based upon Mississippi and other models.	Funding for 4 Outreach Coordinators at Level I's.
C. Implement Statewide Pediatric Transfer System for Georgia that integrates with Level I regional transfer centers.	This is already underway in Georgia in an initiative led by CHOA in strong collaboration with other pediatric providers. Target due date is 12/09.	Pediatric Subcommittee; LI's in Macon, Savannah, and Augusta.	Development funding with 1 Outreach Coordinator and common technology.	Statewide system operational. Reduced transport times for patients needing trauma care. Reduce inappropriate transfers.	Pediatric Workgroup will oversee implementation. Coordination with adult trauma transfer system in development.	Funding for 1 Outreach Coordinator at CHoA.
D. Implement state-wide Trauma Transfer System for Georgia that coordinates trauma patient triage, transfer and transport to streamline the process.	Target date for this high priority objective is implementation of functional transfer system by 12/09, with full operations being achieved by 6/10.	All of the above plus GHA Subcommittee on ED Diversion and Office of EMS/Trauma.	Operational funding with 5 Outreach Coordinators will be needed along with funding for common technology support.	System operational in 4 trauma regions anchored at Level I TC's in GA. Measures identified above.	Assign workgroup tasks including responsibility for implementation. Tasks referenced above.	Funding for common technology.
5. Pilot/Build Trauma Telemedicine System: To bring specialty surgeon expertise to rural hospitals to help direct treatment when unstable patients cannot be transported, as well as help determine whether low severity patients can remain in their own community for treatment.						
A. Establish tele-trauma pilot projects at 1-2 Level I trauma centers for adults and CHoA for children in collaboration with rural hospitals and partners.	Telemedicine system is already developing in Georgia, and Tele-Trauma will be added, first on a pilot basis that will be operational by 6/10.	GTCNC Transfer System Workgroup, GA Partnership for Telehealth; MCG Telemedicine Dept., rural hospitals.	Federal grants will help buy equipment & health insurer payment will be sought for consults. Some planning & operational funding needed.	Do pilot programs attract physician participation and satisfaction? Can pilot programs be replicated statewide?	Support GPT in app. for USDA grant. Develop & evaluate pilot programs. Prepare plan for statewide system with outside experts.	Matching funds for a $500,000 USDA telemedicine grant applied for by GPT. Planning and development funding.
B. Implement statewide rural tele-trauma program for Georgia once pilot programs have proven successful.	Gradual implementation over two years will result in statewide system by 6/12.	Continue to partner with above and new partners identified in initiative.	System to be part of transfer /communication system, so incremental costs only.	System anchored at Level I TC's in GA is operational. Improved patient care.	Initial planning of statewide system.	None.
6. Enhance Pediatric Trauma Subsystem: To assure optimum care for seriously injured children in Georgia, fully utilizing Georgia's expansive pediatric trauma resources, by June 2010.						
A. Implement pediatric education and equipment requirements for EMS for Georgia to optimize prehospital care of children.	This is currently being pursued and will be fully implemented by 12/10.	GA EMS, Office of EMS/ Trauma, and GTCNC Peds Subcommittee.	Funding from existing EMS resources.	Improved prehospital pediatric trauma outcomes. Improved scores on EMS retraining for pediatrics.	Oversight by Pediatric Workgroup.	None.
B.Continue planning/strengthening pediatric trauma system with transfer system, physician extenders, injury prevention, telemedicine, etc.	Continue planning and incremental implementation of peds trauma system. System complete by 2014.	GTCNC Peds Subcommittee, above partners, others as identified.	Funding implications beyond planning to be determined.	Improved pediatric trauma outcomes.	Pediatric Workgroup to continue planning and defiining steps for implementation.	Incorporated in planning budget.

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7. Strengthen Physician Support for Trauma Care in Rural Georgia: This task will address the essential challenge of strenghtening trauma medical staff support in the face of declining numbers of surgical specialists interested in trauma care.						
"A. Pursue strategies to expand and leverage scarce trauma physician resources."	"For 2009-10, collaborative planning will be conducted, with implementation of strategies to be conducted in 2010-13, and ongoing leadership, planning and support provided by Commission."	Commission will lead with Level I trauma centers, medical and nursing schools, Georgia Board for Physician Workforce, and Medical Association of Georgia.	Major funding will come from existing sources for clinical education. Planning will be needed and perhaps added support for education.	Metrics to measure trauma centers ability to obtain needed staff are being developed and will be used as a basis for planning and measuring success.	Form Commission workgroup to lead initiative. Collaboratively develop strategic plan for strengthening trauma physician resources by 2014. Identify surgeons available for trauma care in GA.	Incorporated in Commission planning budget.
8. Expand System to Rehabilitation, Burn Care & Interstate Transfers: Establish rehabilitation and burn centers as active participants in Georgia's trauma system, resulting in coordinated post-acute and burn care for trauma victims.						
A. Assess trauma system needs re: rehabilitation, burn care and interstate transfers, and address them. This will initially address access issues, and ultimately address strategies to optimize patient care.	These issues will be addressed with collaborative planning in 2010-11 with implementation of strategies to be conducted in 2012-14.	Collaborative partners will include rehabilitation centers, burn centers, out-of-state trauma centers, and others identified in planning.	Funding implication can be substantial, although other states provide little support for these sectors.	Patient access to care. Reduction of days Medicaid/uninsured patients are in trauma centers rather than rehabilitation facilities.	Integrate interstate transfer issue in transfer system planning. Develop plan for addessing these issues by 2014.	Incorporated in Commission planning budget.
9. Assist in Initiatives to Reduce Traumatic Injury: Have a state trauma system that is an active partner in a statewide coordinated system for reducing injury-related morbidity and mortality.						
A. Develop a strategic plan in collaboraton with trauma system participants and injury prevention organizations to effectively reduce traumatic injury.	For 2009-10, collaborative planning will be conducted, with implementation of strategies to be conducted in 2010-13, and ongoing leadership, planning and support provided by Commission.	Collaborative partners will include trauma system stakeholders and injury prevention organizations identified in planning.	Major funding will be from existing sources for injury prevention. Planning support will be needed .	Integration of trauma system into Georgia's injury prevention sector. Significant reduction in injury.	Form Commission workgroup to lead initiative. Collaboratively develop strategic plan for significantly reducing injury by 2014.	Incorporated in Commission planning budget.
10. Integrate Trauma System with Disaster/Terror Preparedness: Assure optimum use of and support of the Georgia Trauma System by agencies charged with disaster and terror preparedness responsibilities.						
A. Develop a strategic plan in collaboraton with trauma system participants and disaster/terror preparedness organizations to assure optimum integration between trauma and preparedness organizations.	Planning will be conducted during 2009-10 on the best way to enhance preparedness with evolving trauma system.	Partners will include GEMA, GHA, Office of EMS/Trauma, and federal agency partners.	Major funding will be from existing sources for terror and disaster preparedness. Planning support will be needed .	Integration of trauma system into Georgia's disaster and preparedness sector.	Work with GEMA to initially define plan.	Incorporated in Commission planning budget.
11. Expand System to Acute Emergency Care Needs: Other time sensitive emergencies such as stroke and STEMI can utilize the same "systems" approach and infrastructure that is being developed for trauma care.						
A. Assess trauma system opportunities in expanding to support broader emergency care needs in Georgia. This will initially address access issues, and ultimately address strategies to optimize patient care.	"In 2010-11, collaborative planning will be conducted, with strategies being incrementally implemented by 2014."	Collaborative partners will include trauma system stakeholders, hospitals and EMS.	To be determined, but envisioned costs would be constrained to added load on transfer system.	Does trauma system contribute to care of other emergency patients.	None	Incorporated in Commission planning budget.

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12. Develop Trauma System Regionalization in Georgia: Establish regional trauma system structure for Georgia that integrates with established EMS regions to build a strong statewide infrastructure to support trauma and emergency care.						
A. Develop statewide Trauma Transfer System to enhance regional relationships and trust as first step in building Level I trauma regions.	The transfer system will be complete by 6/10: during this time each region will achieve a critical mass of trust to effectively organize for the long term.	Level I trauma centers, other designated trauma centers, other hospitals, EMS regions, EMS, Office of EMS/Trauma.	No funding implications; see Transfer Center. Office of EMS/Trauma will support trauma region operations.	Stakeholder collaboration. Build effective network. Define trauma region maps.	Define common network organization. Define regions by patient referral patterns.	Incorporated in Trauma Transfer System.
B. Build and operationalize Level I Trauma Regions that integrate with EMS regions and ultimately serve all emergency care needs in GA.	The actual formation of the regional structure comes next, and they are anticipated to be operational in 2010.	Same as above.	Each Trauma Region will need administrative and some operational support.	Build functional organization. Ability to develop solutions to regional problems.	Planning and organization of regions.	Incorporated in planning budget or Office of EMS/Trauma.
13. Continue Developing Trauma System Policy/Stakeholder Structure: To coalesce collaborative leadership locally, regionally, and statewide to strengthen the Commission's capabilty for planning, policymaking, oversight and advocacy on behalf of the Georgia Trauma System.						
A. Engage stakeholders in promoting/refining Commission's strategic plan, advocating for funding, and building statewide Trauma Transfer System.	Currently underway and to achieve a critical mass of collaboration and trust by 6/09.	Broad based trauma/EMS stakeholders from all sectors led by GTCNC.	Minor funding implications.	Participation in planning and advocacy.	Develop informal network to connect with all parties. GTCNC needs to support trauma funding.	Incorporated in administrative and planning budgets.
B. Establish Advisory Council to the GTCNC composed of broad stakeholder representation.	To be completed by 6/09.	GTCNC and stakeholders.	Minor funding implications.	Approval of GTCNC By-laws. Effective stakeholder group.	Develop GTCNC Advisory Council. Energize by engaging participation.	Incorporated in administrative budget.
C. Define and establish relationships between Trauma Regions, EMS Regions, and GTCNC.	Conducted with Office of EMS/ Trauma and completed by 12/09.	GTCNC and Office of EMS/Trauma.	Minor funding implications; needs full funding for Office of EMS/Trauma.	Formal stakeholder structure. Approval of GTCNC By-laws.	Work closely with Offfice of EMS/ Trauma to assure an effective structure.	Incorporated in administrative budget.
14. Build Trauma System Infrastructure Under Department of Health*: In order to build a strong state trauma system, an effective Commission and a fully staffed Office of EMS & Trauma will be essential to develop, support, regulate and monitor it. (*It is presumed that the Office of EMS/Trauma will be transitioined to the Georgia Dept. of Health)						
A. The Georgia Trauma Care Network Commission will provide overall direction to trauma system planning, policymaking, oversight, and advocacy.	Ongoing; this is the core mission for the GTCNC.	GTCNC leadership with full stakeholder participation at local, regional and state levels.	Annual funding to support the planning and administrative function of the GTCNC is necessary.	Workable strategic plan. Adequate system funding. Fuctional statewide stakeholder network.	Develop GTCNC rules and By-laws. Conduct broad trauma system planning and development activities. Build stakeholder organization.	Planning budget incorporates a variety of objectives, and administrative support needs funding.
B. The Office of EMS/Trauma is designated as the lead agency with broad responsibility for the development, operations, monitoring of the trauma system based upon the policies established by the GTCNC.	Ongoing; this is the core mission for the Office of EMS/Trauma.	Governor's Office, House, Senate, Lt. Governor's Office, Office of EMS/ Trauma and GTCNC.	Funding to fully staff the Office of EMS/Trauma is essential.	Adequate funding for staff. Promulgation of Trauma System rules and regs. Maintain/ enhance oversight capabilities.	Recruit staff for trauma system support. Review ACS recommendations with GTCNC and implement as appropriate.	In state budget.
C. Work with Office of EMS/Trauma to prepare statewide trauma system plan and promulgate necessary rules and regulations to support it.	Updated trauma system plan will be prepared by 12/2009 and current proposed rules and regulations will be revised as needed and promulgated by 6/2010.	GTCNC, Office of EMS/ Trauma, trauma centers, and EMS.	Funding to fully staff the Office of EMS/Trauma is essential.	Comprehensive statewide trauam system plan supported by promulgated trauma system rules & regulations.	Research other states' trauma system plans for best practices and work with stakeholders to define local, regional and state-wide trauma system plans.	Incorporated into GTCNC planning budget and Office of EMS/Trauma staffing budgets.
D. Seek adequate levels of permanent and recurring funding for all components of Georgia's trauma system including trauma centers, trauma physicians, EMS, regional trauma agencies, Office of EMS/ Trauma and GTCNC.	Commitment by close of current GA Legislative session.	Governor's Office, Senate, Lt. Governor's Office, Speaker of the House, House, GTCNC and all trauma stakeholders.	Adequate levels of permanent, dedicated, and sustainable funding is required to maintain the existing "network" and to develop a true trauma system for GA.	Revisions to SB60 enacted. Legislated trauma funding for GA that is adequate and sustainable.	Build model trauma system for Georgia that attracts public support and funding. Organize stakeholders effectively.	Refer to overall Commission budget.
15. Establish Mechanisms to Assure Exceptional Accountability: State-of-the-art performance improvement standards, accountability measures, and oversight will be built into the Georgia trauma system.						
A. Enhance current Office of EMS/Trauma statewide review of trauma system performance.	This will be complete by 12/2009.	GTCNC, Office of EMS/ Trauma, designated Trauma Centers, EMS, all stakeholders.	Minor impacts for GTCNC; Office of EMS/Trauma must be fully staffed.	Promulgation of Trauma Rules & Regulation. Model accountability system.	Review ACS recommendations and implement as appropriate. Define state-of-art accountability system for GA Trauma System.	Incorporated in planning budget and Office of EMS/ Trauma Budget.