



MEETING MINUTES
Thursday, August 20, 2009
 Georgia State Capitol
 Atlanta, Georgia

CALL TO ORDER:

The scheduled monthly meeting of Georgia Trauma Care Network Commission (GTCNC) was called to order in Room 403 of the Georgia State Capitol building in Atlanta at 1000 hours by Dr. Dennis Ashley, Chair.

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

STAFF MEMBERS PRESENT	STAFF MEMBERS ABSENT
Sam R. Cunningham, EMT-P Renee Morgan, EMT-P, Trauma Systems Mgr J. Patrick O'Neal, M.D., Director Jim Pettyjohn, Administrator Marie Probst Billy R. Watson, EMT-P, Acting Director	DCH DEPR Office of EMS and Trauma – Region 7 DCH DEPR Office of EMS and Trauma DCH Division of Emergency Preparedness & Response Georgia Trauma Care Network Commission DCH DEPR Office of EMS and Trauma DCH DEPR Office of EMS and Trauma

OTHERS PRESENT	REPRESENTING
Dr. Jim Barber Sid Barrett Betsy Bates Rich Bias David Borghelli Dr. Jim Broselow Paula Brown Randy Clayton Kesia Cobb Honorable Sharon Cooper Bryan Forlines Danae Gambill Rebecca Greener Dana Greer Paula Guy Matt Hicks Kelly Joiner Julie Kerlin	Medical Association of Georgia Office of the Attorney General Bates Associates Medical College of Georgia – Health Houston Healthcare EMS Color Coding Kids Office of Planning and Budget Governor's Office of Highway Safety DCH Office of Budgets Georgia House of Representatives Medical Center of Central Georgia Georgia Hospital Association Medical Association of Georgia DCH Office of Procurement Services Georgia Physicians Taskforce Medical Center of Central Georgia EMS Association County Commission of Georgia Medical College of Georgia - Health

Richard Lee Fran Lewis Josh Mackey Scott Maxwell Regina Medeiros Seth Millican Rochella Mood Donald Palmisano Jamila Pope Scott Sherrill Gina Solomon Courtney Terwilliger Blake Thompson Chris W. Threlkeld R. Keith Wages Mary Eleanor Wickersham Julie Windom	Upton Regional Medical Center EMS Grady Memorial Hospital Brock Clay Mathews and Maxwell, Inc. Medical College of Georgia - Health Brock Clay Atlanta Medical Center Medical Association of Georgia Children's Healthcare of Atlanta Georgia Tech Research Institute Gwinnett Medical Center EMSAC and Georgia Association of EMS Wilkes County EMS DCH DEPR Office of EMS and Trauma – Regions 5 & 10 Georgia Association of EMS Office of the Governor Georgia Alliance of Community Hospitals
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WELCOME AND INTRODUCTIONS

Dr. Ashley welcomed the members of the Commission and guests and asked each to introduce themselves.

ADMINISTRATIVE REPORT REVIEW:

Mr. Pettyjohn stated that he sent the Administrative Report in an electronic format to the members of the Commission prior to the meeting. He gave an overview of the highlights and said that the entire document would become part of the minutes.

APPROVAL OF THE MINUTES OF THE JULY 30, 2009 MEETING

The minutes of the meeting of July 30, 2009, had been distributed prior to the meeting via electronic means and were also available to members in printed form.

MOTION GTCTC 2009-08-01:

I move that the minutes of the July 30, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.

MOTION BY:

Ms. Cole

SECOND BY:

Mr. Moore

DISCUSSION:

None.

ACTION:

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

QUORUM:

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

DEPARTMENT OF COMMUNITY HEALTH (DCH) OFFICE OF PROCUREMENT SERVICES:

Dana Greer, Director of the DCH Office of Procurement Services, provided a report to the GTCNC. She discussed the guidelines for purchasing, types of solicitations (RFI, RFQ, RFP, RFQC, SON, Sole Source and Sole Brand), and the process and procedures. The office is responsible for any purchase that exceeds \$5,000. The DCH guidelines will prevail when the purchase amount is less than \$5,000. The pertinent laws that govern State purchases are generally set forth in O.C.G.A. Sections 50-5-50 through 50-5-81. Some exemptions do apply. A copy of the presentation is attached to these minutes.

GTCNC FY 2010 BUDGET SUBCOMMITTEE REPORTS:

Ms. Cole said a copy of the general budget approved last month was distributed to those present. She reviewed the line items.

➤ **GTCNC OPERATIONS:**

Ms. Cole reviewed the items approved at the last meeting which included services of the Administrator, services of Administrative Business Assistance, fees for Subject Matter Experts, and the contract for Bishop and Associates.

- **TELEMEDICINE:** Ms. Guy reviewed the \$200,000 request for funding of the TeleHealth and TeleTrauma system. The \$200,000 requested is to apply toward the required \$250,000 matching funds required of a USDA Distance Learning and Telemedicine grant, which the Georgia Partnership for Telehealth (GPT) applied for in March of this year. That grant has not yet been awarded and this request is in anticipation of a favorable ruling for G{T. After reviewing the current status of the Telemedicine Network, she identified present locations across the state. She said the mission of the organization is to seek to support the expansion of trauma care into rural communities through the use of Telemedicine. She noted that in July, the program received a grant of \$150,086 toward the development of a Pilot TeleTrauma program from the Office of Rural Health Services. Ms. Guy then reviewed other grant opportunities the organization applied for. A copy of the PowerPoint presentation is attached to these minutes.
 - Mr. Moore asked if the GTCNC had any restrictions to funding for a facility that is not a designated trauma center. He also asked what the formal process is for a facility that would seek to become a TeleHealth hub center.
 - Ms. Cole asked if the goal is for all trauma centers to become a hub. Ms. Guy said the intent is for that to happen over the next three (3) years.
 - Dr. Haley asked what the objective measures are that would indicate that the program is working. Ms. Guy referred to the 5-Year TeleTrauma Plan and said they would work with the trauma coordinators and the GTCNC to further develop the measures.
 - Dr. Ashley clarified that the GTCNC funds would assist in bringing into the system the smaller facilities that are without adequate physician services for certain traumatic injuries. He then asked what the purchasing power would be to bring hospitals on-line. Ms. Guy said the \$150,000 requested would fund the eighteen (18) hospitals and begin the expansion of the others. At the end of the three (3) year period, the goal is to bring a total of 34 facilities that would be equipped for trauma services into the system.
 - Mr. Stuenkel asked what types of services are being offered now and what the volume of consultations is. Ms. Guy said they have already handled 15,000 consultations this year in a variety of areas including wound care, psychiatry, dermatology, and others.
 - Mr. Moore asked if the facilities pay an annual fee. Ms. Guy said a relatively small fee is associated with the program, which provides 24-hour maintenance, software support, and other items.
 - Mr. Stuenkel asked if the physicians on each end are allowed to bill for their services. Ms. Guy said they are.
 - Mr. Moore asked what the chances are of receiving the USDA grant and if it is not awarded, what would happen to the GTCNCs \$150,000. Ms. Guy said the GTCNC funds would enhance their ability to begin the pilot.
 - Dr. Ashley asked for an explanation of the grant from the Office of Rural Services. Ms. Guy said it would be utilized to expand the system.
 - Mr. Stuenkel asked the surgeons on the GTCNC for their opinions of TeleMedicine.
 - Dr. Ashley said Vermont and other states are examining the concept as well. He said for his area of the state, the type of calls he receives are usually related to patients that do need the facilities of a large trauma center. He related an experience he had working with a seriously injured patient in a rural facility. He also related an event that occurred

that allowed transport to be delayed until the next day so that an ambulance would not have to leave the county at that time. He said TeleMedicine is not necessary for every patient and risks and finances must be taken into consideration.

- Dr. Haley said TeleMedicine will be of benefit to facilities in the metro Atlanta area, especially for those patients that have serious injuries, but do not need immediate transport.
 - Mr. Moore asked if the physician could access the system from their home or would they have to go to the hospital. Ms. Guy said it would be possible to access it from remote locations.
 - Dr. Barber, a surgeon from Coffee County, said the system has been quite helpful. He said a trauma surgeon he is associated with said he would be more likely to take trauma call if this system was in place.
- CENTER FOR HEALTH ORGANIZATION TRANSFORMATION: There was no discussion nor presentation for this item.
 - PEDIATRICS: Dr. Jim Broselow discussed the Broselow Tape and Broselow-Luten Solutions System. The tape, which was developed in the 1980s, helped standardize treatment to the point where it became the standard of care in hospitals and EMS for acute pediatric resuscitation across the nation. The present system of acute pediatric care is extremely complex and error prone. There are many errors that are invisible. He said the new system he was representing is web-based and can be in paper form as well. He demonstrated the system, and then said it is being modified to include disaster response. The vision he has is to partner with Georgia to establish a higher national standard for acute pediatric care at the community level. The web-based system is already available for hospitals. He said he would like to co-develop the system for EMS, whether that is web-based or downloadable onto a computer. The request is for \$200,000 to implement the system in 30 – 35 hospitals and one (1) EMS system, plus establish a Georgia subcommittee to oversee both medical and educational content and review basic equipment needs. This also provides the opportunity for standardization of acute pediatric care across the state. A copy of the PowerPoint presentation is attached to these minutes.
 - Dr. Ashley asked if the system is a one-time purchase or an on-going expense. Dr. Broselow said it is ongoing (approximately \$500.00 per month) and provides updates.
 - Ms. Vaughn said she could see huge benefits to facilities and to the patients they treat.
 - Ms. Mood from Atlanta Medical Center also expressed enthusiasm for the system.
 - Ms. Lewis from Grady Memorial Hospital said that although they no longer see that many pediatric patients, they do see those with burns and the system would be very useful in their facility.
 - Representative Cooper said there is a problem in the state with nursing education. She said anything that can be done to help facilities in rural areas to provide better care with a tool such as this is a real plus, especially in emergency situations.
 - Positive comments were also made by Mr. Bias and Ms. Medieros from the Medical College of Georgia.
 - Dr. Broselow said his goal is to have the system in every hospital and he will do what it takes to see that happen.
 - Ms. Cole said she would like to see it implemented in all trauma centers and have them become centers that function as train-the-trainer facilities.
 - Mr. Watson said on behalf of the EMS providers in Georgia he can say there is nothing more mind-boggling to even the most seasoned medic than to be faced with a critically ill or injured child. Enhancement of the system for EMS providers would be welcomed.

- Mr. Moore suggested that the goal of the GTCNC should be to implement the system in all Georgia hospitals within three (3) years.
- **REMAINING ITEMS:** Ms. Cole reviewed the items that were not considered at the last meeting. The most expensive item was the development of the Georgia Trauma Communications Center (GTCC) Pilot Project. Other items included administrative support, web-based Trauma Registry support, National Foundation for Trauma Care, and the National Science Foundation Center for Health Organization Transformation (CHOT). Ms. Cole said she would like to purchase the Trauma Registry software for the first year for new trauma centers. Ms. Morgan proposed a plan for reimbursement after they had been gathering data for a specific period of time due to the possibility of the facility losing interest in designation.
 - Ms. Lewis said the Trauma Nurse Coordinators had voted to not move to the web-based system.
 - Ms. Cole said the National Foundation for Trauma Care will become vital to determine how readiness costs vary from one facility to another on the national level. Mr. Moore asked if more information could be gathered from the Foundation regarding their federal lobbying efforts which might be counter to the philosophy of some of the members of the state's trauma system. Mr. Pettyjohn said he has been in contact with the organization and it will be a great resource for the state. He said he will send further information regarding Mr. Moore's concerns to the GTCNC members. Mr. Moore said he would like to table a decision on this line item until the next meeting.

MOTION GTCTC 2009-08-02: **I move that the Georgia Trauma Care Network Commission (GTCNC) approve the budgeted items discussed except for the line items for the National Foundation for Trauma Care and the National Science Foundation Center for Health Organization Transformation (CHOT).**

MOTION BY:
SECOND BY:
DISCUSSION:

Ms. Cole
Mr. Stuenkel
Mr. Moore asked if the budget section addressed by the motion included the remains and reserve fund, to which he received an affirmative answer.
The motion ***PASSED*** with no objections, nor abstentions.

ACTION:

➤ **TRAUMA CENTER / PHYSICIANS:**

Dr. Haley reviewed the data compiled for proposed trauma center allocations which was \$15,207,600. He highlighted specific line items in the proposal:

- **NEW TRAUMA CENTER START-UP GRANTS:** A grant program to foster the development of new trauma centers in areas of Georgia with the greatest need. The program will be developed by the GTCNC Trauma Center Committee.
- **LEVEL IV TRAUMA CENTERS:** Georgia's two (2) Level IV Trauma Centers will receive \$27,000 each in total funding.
- **TRAUMA CENTER READINESS PAYMENTS:** This line item was approved at the last meeting. Payments can begin soon. Dr. O'Neal suggested that payments be made on a monthly basis due to the current state of the budget. Mr. Pettyjohn asked if the definition of readiness will remain as it was last year – *maintaining trauma center designation*. Dr. Ashley recommended that payments be tabled until the criteria is firmly established and presented at the next meeting.
- **PAY FOR PERFORMANCE:** A state-of-the-art pay for performance (P4P) program will be developed to reward trauma centers that meet defined standards including patient outcomes and time the facility was on diversion. For the initial year, 5% of trauma center funding will be set aside for P4P with that portion expanding in future years.

Amounts paid will be added to trauma center readiness cost allocations. Dr. Ashley said when the Committee discusses P4P, it is different from when the federal government discusses it. The GTCNC P4P program will be designed to improve patient care and provide accountability. Dr. Barber asked if the P4P funds for physicians will be direct or will flow back through the hospital. Dr. Haley said the funds would go through the hospitals. GTCNC will work with the MAG Task Force on specific issues. Mr. Barrett said he has some serious concerns, but they can be resolved with creativity.

- UNINSURED PATIENT CARE PAYMENTS: Uninsured trauma patient care payments indicated in the documents are projected based on data that is not current. Dr. Haley said the amounts could change based on new data to be submitted by the trauma centers prior to September 11, 2009.

Dr. Haley said that until final data is submitted, a motion would not yet be in order.

Regarding the Hospital / Physician Fund Division, Dr. Haley offered the following:

- TRAUMA CENTER READINESS PAYMENTS: Payments for readiness and uninsured patient care received by Trauma Centers are to be proportionally distributed between the hospital and physicians on a 75% / 25% basis.

OFFICE OF EMS / TRAUMA PROGRAM UPDATE:

The report was presented by Dr. J. Patrick O'Neal, Director of the Division of Emergency Preparedness and Response.

- ASPR GRANT: Dr. O'Neal said \$1.2 million in ASPR funds have been identified that will fund the purchase of approximately 400 toughbook computers allowing one for each of the 9-1-1 ambulances in the state. Each computer will also have a six (6) year total replacement warranty. The purpose of this project is to move local systems closer to full electronic patient care reports.
- TRAUMA SYSTEM: Dr. O'Neal said he would like to thank the GTCNC for recognizing that trauma centers alone do not make a trauma system. The system begins with components in the field and continues through rehabilitation of the patient. GTCNC's attention to seeking to fund all the different components of the system is commendable.
- OEMS/T FUNDING: At the last meeting Commissioner Medows asked that the discussion regarding OEMS/T funding from GTCNC funds be tabled until it could be determined if any of the stimulus funds in existence could be obtained to fund aspects of the OEMS/T so that the 3% identified for this purpose by SB 60 could be used for other purposes. Dr. O'Neal said that after investigating the matter, it has been determined that no stimulus funds are available for funding office operations. Dr. O'Neal requested that the GTCNC appropriating the funds so the OEMS/T could consider funding the EMS Program Directors positions in Regions 9 and 10. He said the ability of the OEMS/T to meet the requirements in terms of regulating services is compromised. He said if the GTCNC decides to appropriate the funds to the OEMS/T, the first priority will be to guarantee funding so that an EMS Program Director will be available in all ten (10) EMS Regions. Dr. O'Neal said Ms. Cole had also asked if some of the funds could be used to fund a position related to the GTCC and he said they would.
- TRAUMA CENTER STATUS: Ms. Morgan noted that there is no funding identified in the proposed budget for Level III Trauma Centers and one (1) facility in the state is in the process of upgrading from Level IV to Level III. She indicated that two (2) additional Level IV Trauma Centers and another Level II Trauma Center should be designated by the end of the calendar year.

FY 2010 HOSPITAL READINESS FUNDING CONTRACTS:

Ms. Morgan said she and Ms. Probst have been undergoing procurement training in order to learn the process for initiating and implementing contracts. Dr. Ashley clarified that when Dr. Haley's committee finalizes the line items, the information will be submitted to Ms. Morgan and Ms. Cobb.

ADMINISTRATOR JOB DESCRIPTION: Dr. Haley reviewed the job description developed for the GTCNC Administrator.

Minutes approved 17 September 2008

MOTION GTCTC 2009-08-03: I move that the Georgia Trauma Care Network Commission (GTCNC) adopt the job description for the GTCNC Administrator as presented.

MOTION BY: Mr. Stuenkel

SECOND BY: Mr. Moore

DISCUSSION: None.

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

GEORGIA TRAUMA CARE ECONOMIC PROFILE SUBCOMMITTEE:

Ms. Vaughn said the firm of Bishop and Associates is seeking to transition out of the state over the next year or so. They have conducted trauma surveys in the past, a task that will now fall to the GTCNC. In a recent meeting, they explained the process to the subcommittee which then generated more questions. The subcommittee will continue to work on the issue.

OTHER BUSINESS:

GAEMS POSITION ON GTCNC EMS BUDGET PROPOSAL: GAEMS Chair Courtney Terwilliger distributed documents presenting the position of the Association on certain issues and suggested changes in some budget categories approved by the GTCNC at the July meeting. For clarification, Dr. Ashley asked which organization the suggested changes came from. Mr. Terwilliger explained that they were from a vote of the Board of Directors of GAEMS with input from the EMS community. Dr. Ashley said the issues approved were discussed on the teleconference for the EMS Stakeholders Subcommittee. He said he is confused now with the recommendations from GAEMS since the EMS Stakeholders Subcommittee is supposed to represent EMS statewide. He said these recommendations should go back to the EMS Stakeholders Subcommittee for consideration. Mr. Terwilliger said no vote was taken on the issues during the conference call. Input was provided and the final recommendations were made by Mr. Hinson. Mr. Moore suggested that the issue be tabled until the next meeting after the EMS Stakeholders Subcommittee should have met to review the issues.

TRAUMA NETWORK AWARENESS RALLY: Dr. Barber said that Atlanta Motor Speedway will be the site for a Trauma Network Awareness Rally on September 5. He said he is in need of individuals to not only attend the meeting, but also to help.

NEXT MEETING:

The next meeting of the GTCNC will be held from 1000 – 1230 hours on Thursday, September 17, 2009, in Macon at a location to be announced later.

ADJOURN:

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1250 hours.

Minutes scribed by Sam R. Cunningham and Jim Pettyjohn.

GTCNC FY 2010 General Budget

DCH FY 2010 Budget line 193.8 *	\$	23,000,000	
Projected revenue shortfall of 5% **	\$	1,150,000	
2010 Available Budget	\$	21,850,000	\$ 21,850,000
OEMS/T Allocation at 3% ***			\$ 655,500
GTCNC Operations at 10% ****			\$ 2,185,000
Total:	\$	19,009,500	\$ 19,009,500
EMS Distribution at 20 %			\$ 3,801,900
Trauma Center/Physicians Distribution at 80 %			\$ 15,207,600
		Remaining:	\$ -

Notes:

* Line item 193.8 from Appropriation HB 119 for Georgia Trauma Care Network Commission

** Scott Frederking DCH budget director: expect and plan for a 5% budget reduction over the course of the 2010 fiscal year due to projected shortfall in state revenues

*** The State Office of EMS/Trauma shall receive an annual distribution from the commission of not more than 3 percent of the total annual distribution from the fund in the fiscal year. **These funds shall be used for the administration of an adequate system for monitoring state-wide trauma care, recruitment of trauma care service providers into the network as needed, and for research as needed to continue to operate and improve the system;** Region 5 Regional Trauma Nurse Coordinator would come from this allocation

**** GTCNC operations, new projects (GTCC, pediatrics, telemedicine) consultant contracts and reserve fund

approved on 30 July

GTCNC FY 2010 Operations (12 month period)			
Available Operations Budget	\$ 2,185,000		
Administration and GTCNC Support			
Administrator	\$ 135,200		Salary, benefits, travel and overhead via professional services contract
Administrative/business assistance	\$ 50,000		Administrative support, salary, office and overhead support via state contracted services
Conference call account	\$ 7,200		~\$600 per month
Website design and maintenance	\$ 15,000		www.gtcnc.org and will include Georgiainsabouttime.org site responsibility
Commission Travel/Per Diem	\$ 10,000		GTCNC members per SB 60 requirements
Monthly GTCNC meeting support	\$ 2,400		~\$200 per meeting
Total:	\$ 219,800	\$ 219,800	
Georgia Trauma Communications Center (GTCC) Pilot Project			
Staffing	\$ 308,000		5.5 FTE (\$56,000 per)
Subject Matter Expert(s) Pilot Project development GTCC lead	\$ 100,000		Immediate assistance to rollout pilot project; GTCC lead (professional services contract)
Consultation for GTCC	\$ 25,000		
Call recorder	\$ 8,000		
Hardware	\$ 100,000		
Software	\$ 300,000		
Building Lease	\$ 12,000		
Water/Electricity	\$ 6,000		
Backup generator	\$ 5,000		
Workstations	\$ 20,000		
Total:	\$ 884,000	\$ 884,000	
New Projects and System Support			
Web-based Trauma Registry Support	\$ 49,550		See attached budget sheet.
Bishop+Associates	\$ 110,750		See: Scope of Work
National Foundation for Trauma Care	\$ 1,500		Annual membership
Telemedicine	\$ 200,000		Partnership for Telehealth
National Science Foundation Center for Health Organization Transformation (CHOT)	\$ 50,000		EMS Dynamic Mutual Aid System Study
Pediatrics	\$ 200,000		Broselow system
Total:	\$ 611,800	\$ 611,800	
Projected Earmarks Total:		\$ 1,715,600	
Remains in Reserve		\$ 469,400	For additional contracts, a reserve or above costs adjustments
Total		\$ 2,185,000	
approved on 30 July			

Web Entry Technology Cost Analysis for FY 2010

State Central Site NTRACS expenses for GTCNC consideration

Based on quote from Tim Favazza for all Ga users to utilize the web entry technology 06/25/2009

Renee Morgan, Trauma System Manager 404-569-3119, rwmorgan@dhr.state.ga.us
 Tim Favazza, DI Sales and Service Manager, 800-344-3668 X234, tfavazza@dicorp.com

State Central Site NTRACS Expenses	1st year FY 2010		
Description	Quantity	Rate	Extended Amount
Additional Georgia Central Site Trauma Registry technology expenses FY 2010			
Web-based Data Entry Module	1	\$10,000.00	\$10,000.00
Web-based Data Entry Module annual maintenance fee	1	\$3,500.00	\$3,500.00
Multi-site Remote Refresh Application (building report writer exports)	1	\$7,000.00	\$7,000.00
Multi-site Remote Refresh Application annual maintenance fee	1	\$2,450.00	\$2,450.00
Subtotal for additional state technology expenses		\$22,950.00	\$22,950.00
New center individual AL (access license)	8	\$400.00	\$3,200.00
New center individual per AL annual maintenance fee	8	\$125.00	\$1,000.00
DI Report Writer annual maintenance fee (*2)	8	\$1,800.00	\$14,400.00
DI Report Writer annual maintenance fee	8	\$700.00	\$5,600.00
Remote Report Writer Refresh Client AL (Access License) and Support - annual maintenance fee	8	\$300.00	\$2,400.00
Subtotal for expenses to add new centers		\$3,325.00	\$26,600.00
Total for additional State Central Site NTRACS expenses for GTCNC consideration			\$49,550.00
Existing Individual Trauma Center Facility Expenses			
Individual AL (access license) for existing trauma centers	16	\$400.00	\$6,400.00
Individual annual maintenance fee per AL for existing trauma centers	16	\$125.00	\$2,000.00
DI Report Writer (*2)	16	\$1,800.00	\$28,800.00
DI Report Writer annual maintenance fee	16	\$700.00	\$11,200.00
Remote Report Writer Refresh Client AL (Access License) and Support annual maintenance fee	16	\$300.00	\$4,800.00
Optional: Secondary AL (access license) if there are multi users at one location (*3)	16	\$400.00	\$6,400.00
Optional: Secondary annual maintenance per secondary AL (*3)	16	\$125.00	\$2,000.00
Total expenses to be paid by the existing trauma centers		\$3,850.00	\$61,600.00

Notes:

1. The web entry technology is optional. Georgia users are not required to utilize the web entry technology. New or existing hospital based systems can be used and will continue to be supported by Digital Innovations, Inc.
2. The DI Report Writer rate is based on **ALL** Georgia users acquiring the DI Report Writer, otherwise the rate is **\$2,000.00 per center**.
3. The secondary AL (access license) is optional. The quantity listed for secondary access licenses is an estimate.
4. Summary of charges
Cost for State -
 1st year cost to install and use the web entry technology = \$22,950.00 (state CS) + \$26,600.00 (8 new centers)= \$49,550.00
 State's annual cost for web entry technology = \$5,950.00
Cost per existing center -
 1st year cost to install and use the web entry technology = \$3,850.00 **with** secondary license fees
 1st year cost to go to install and use the web entry technology = \$3,325.00 **without** secondary license fees
 Trauma center annual cost for web entry technology = \$1,250.00 **with** secondary access license maintenance fee
 Trauma center annual cost for web entry technology = \$1,125.00 **without** secondary access license maintenance fee
5. Additional fees will apply to interface data from a center's hospital information system into the Georgia Central Site or future continuum of care server. Interested centers should contact DI for a quote and more information.
6. Historical State scenario data previously downloaded to the Georgia Trauma Registry will be available on the Georgia Central Site. Users switching to the web entry technology may want data from all data fields to be integrated into the web entry system. Additional fees will apply to integrate a full/complete individual facility data set into the web entry Georgia Central Site or future continuum of care server. Interested centers should contact DI for a quote and more information.

GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
TRAUMA CENTER ALLOCATION
August 20, 2009

	Amount	% of TC Allocation	Fixed/Var⁸
New Trauma Center Startup Grants ¹	\$1,000,000	6.6%	Fixed
Level IV Trauma Centers ²	\$54,000	0.4%	Fixed
Sub Total	\$1,054,000	6.9%	
Trauma Center Readiness Payments ³	\$6,696,610	44.0%	Variable
Pay For Performance ⁴	\$760,380	5.0%	Variable
Sub Total Readiness Payments	\$7,456,990	49.0%	
Uninsured Patient Care Payments ⁵	\$6,696,610	44.0%	Variable
Total Trauma Center Allocation⁶	\$15,207,600	100.0%	

Hospital/Physician Fund Division⁷

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

Notes:

¹Grant program to foster the development of new trauma centers in regions of Georgia with the greatest need. The program will be developed by the GTCNC Trauma Center Committee.

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

³Trauma Center readiness payments are described on page 2.

⁴A state-of-the-art pay for performance (P4P) program will be developed to reward trauma centers that meet defined standards including patient outcomes and time on diversion. For the initial year, 5% of trauma center funding will be set aside for P4P with this portion expanding in future years. Amounts paid will be added to trauma center readiness cost allocations.

⁵Uninsured trauma patient care payments are described on page 3.

⁶Amount allocated to Trauma Centers by the GTCNC.

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

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

GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
TRAUMA CENTER READINESS & PAY FOR PERFORMANCE PAYMENTS
August 20, 2009

Trauma Center	Readiness Payments¹	Potential P4P Payments²	Total Readiness Payments
Archbold	\$427,443	\$48,535	\$475,978
Atlanta	\$427,443	\$48,535	\$475,978
Columbus	\$427,443	\$48,535	\$475,978
Floyd	\$427,443	\$48,535	\$475,978
Gwinett	\$427,443	\$48,535	\$475,978
Hamilton	\$427,443	\$48,535	\$475,978
North Fulton	\$427,443	\$48,535	\$475,978
Egleston	\$427,443	\$48,535	\$475,978
Scottish Rite	\$427,443	\$48,535	\$475,978
Level II Totals	\$3,846,989	\$436,814	\$4,283,803
Percent	57.4%	57.4%	57.4%
Grady	\$712,405	\$80,892	\$793,297
MCCG	\$712,405	\$80,892	\$793,297
MCG	\$712,405	\$80,892	\$793,297
Memorial	\$712,405	\$80,892	\$793,297
Level I Totals	\$2,849,621	\$323,566	\$3,173,187
Percent	42.6%	42.6%	42.6%
New Trauma Centers³	TBD	TBD	TBD
Grand Totals	\$6,696,610	\$760,380	\$7,456,990

Notes:

¹Trauma centers incur substantial costs over and above patient treatment costs that are not normally allocated to trauma care by hospital cost allocation formulas. Georgia's total reported trauma center readiness costs in 2007 were \$46,284,440. From a total allocation of \$6,696,610, each Level II trauma center received 60% (\$427,443) of the payment given to each Level I trauma center (\$712,405).

²Pay for performance (P4P) payments, if fully earned, will be distributed to trauma centers based upon the readiness payment formula.

³New trauma centers will receive a proportional share of readiness payments once they become operational.

**GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
TRAUMA CENTER UNINSURED PATIENT CARE PAYMENTS
August 20, 2009**

Trauma Center	Self Pay Trauma Patients Meeting SB 60 Requirements ¹					Cost Norm Based Allocation of Funds ²			
	ISS 0-8	ISS 9-15	ISS 16-24	ISS >24	Total	Severity Adjusted Cost Norms	Total Based Upon Cost Norms	Allocation Based On % of Norm Cost Total	
Archbold	29	24	12	2	67	\$10,544	\$705,616	1.4%	\$95,574
Atlanta					276	\$14,266	\$3,939,454	8.0%	\$533,590
Columbus					120	\$13,054	\$1,570,387	3.2%	\$212,705
Floyd					44	\$11,413	\$507,813	1.0%	\$68,782
Gwinett					118	\$15,631	\$1,845,281	3.7%	\$249,939
Hamilton					21	\$10,875	\$229,488	0.5%	\$31,084
North Fulton					71	\$12,576	\$894,101	1.8%	\$121,104
Egleston					41	\$16,052	\$652,448	1.3%	\$88,373
Scottish Rite					27	\$9,309	\$253,156	0.5%	\$34,289
Level II Totals					783	\$13,529	\$10,597,744	21.4%	\$1,435,440
Grady					1,595	\$16,743	\$26,703,992	54.0%	\$3,616,994
MCCG					140	\$11,783	\$1,653,016	3.3%	\$223,897
MCG					242	\$17,039	\$4,119,955	8.3%	\$558,038
Memorial					360	\$17,665	\$6,365,852	12.9%	\$862,240
Level I Totals					2,343	\$16,577	\$38,842,815	78.6%	\$5,261,170
New Trauma Centers⁴					TBD	TBD	TBD	TBD	TBD
Total LI/LII					3,148		\$49,440,559	100.0%	\$ 6,696,610

Notes:

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

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

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

⁴New trauma centers will receive a proportional share of uninsured patient care payments once they become operational.

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

GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
TRAUMA CENTER ALLOCATIONS
August 20, 2009

Trauma Center	Readiness Payment	Uninsured Patient Payment	Potential P4P Payments²	Total	%
Archbold	\$ 427,443	\$ 95,574	\$48,535	\$ 571,552	4.0%
Atlanta	\$ 427,443	\$ 533,590	\$48,535	\$ 1,009,568	7.1%
Columbus	\$ 427,443	\$ 212,705	\$48,535	\$ 688,683	4.9%
Floyd	\$ 427,443	\$ 68,782	\$48,535	\$ 544,760	3.8%
Gwinett	\$ 427,443	\$ 249,939	\$48,535	\$ 725,917	5.1%
Hamilton	\$ 427,443	\$ 31,084	\$48,535	\$ 507,062	3.6%
North Fulton	\$ 427,443	\$ 121,104	\$48,535	\$ 597,082	4.2%
Egleston	\$ 427,443	\$ 88,373	\$48,535	\$ 564,351	4.0%
Scottish Rite	\$ 427,443	\$ 34,289	\$48,535	\$ 510,268	3.6%
Level II Totals	\$ 3,846,989	\$ 1,435,440	\$436,814	5,719,243	40.4%
Averages	\$ 427,443	\$ 159,493	\$48,535	\$ 635,471	
Grady	\$ 712,405	\$ 3,616,994	\$80,892	\$ 4,410,291	31.2%
MCCG	\$ 712,405	\$ 223,897	\$80,892	\$ 1,017,194	7.2%
MCG	\$ 712,405	\$ 558,038	\$80,892	\$ 1,351,335	9.5%
Memorial	\$ 712,405	\$ 862,240	\$80,892	\$ 1,655,537	11.7%
Level I Totals	\$ 2,849,621	\$ 5,261,170	\$323,566	8,434,357	59.6%
Averages	\$ 712,405	\$ 1,315,292	\$80,892	\$ 2,108,589	
New Trauma Centers	TBD	TBD	TBD	TBD	
Total	6,696,610	6,696,610	760,380	14,153,600	100.0%

Proposed Draft EMS Budget and Distribution GTCNC FY 2010

Available Budget	\$ 3,801,900.00			Fed Match	State Funds	Total
Medicaid for matching dollars		\$ 2,000,000	DCH to assure dollars go to raise EMS Medicaid rates	74.82%	25.18%	100.00%
				\$ 5,942,811.76	\$ 2,000,000.00	\$ 7,942,811.76
EMS Vehicle Replacement Grant Program		\$ 1,125,000	15 additional EMS Vehicle Replacement Grants (#15 at \$75,000 per)			\$ 1,125,000
Dynamic Mutual Aid System Study and Development		\$ 426,900	System of reimbursement for dynamic inter-county coverage. System to be developed with EMS Stakeholder group. Plan is to pay expenses for planning and administration with these funds.			\$ 426,900
Support for First Responders and specifically for Trauma Care		\$ 250,000	Competitive grants: Geared specifically for rural EMS Systems who use primarily volunteer first responders for trauma scene response. Eligible Uses: 1) training for first responders: 2) equipment 3) improved communications for local first responding agencies, and 4) other uses as determine before program is launched			\$ 250,000
Total FY 2010 GTCNC Funds		\$ 3,801,900		Total EMS Benefit		\$ 9,744,711.76

approved on 30 July

Overview of the Office of Procurement Services

Presentation for the
Georgia Trauma Care Network Commission
August 20, 2009



Dana Greer- Director of Procurement and Grant Administration



Presentation Overview

- **Guidelines for Purchasing**
- **Types of Solicitations**
- **Process and Procedures**

Guidelines for Purchasing

- **Over \$5,000** - Office of Procurement Services supports all DCH Divisions and the attached agencies (SHBP, Composite State Board, Trauma Commission, etc.)
- **Statutory Authority** - The pertinent laws that govern State purchases are generally set forth in O.C.G.A., Section 50-5-50 through Section 50-5-81.
- **Exemptions from Procurement** - When statutorily allowed, such as Professional Services, and consistent with DCH policy, specific procurements are conducted independently of OPS.

Guidelines for Purchasing

Effective July 1st, 2009:

- All procurements conducted as a Request for Quote (RFQ) will be delegated to the Agency with DOAS over site during specification and award protest.
- Request for Proposal (RFP) with an annual contract value over \$250,000, will require coordination with Department of Administrative Services (DOAS), including posting the solicitation, over site of the evaluation, and communications with vendors until the time of award.

Types of Solicitations

- **Request for Information (RFI)**, non-competitive solicitation to gather details about market opportunities.
- **Request for Quote (RFQ)**, awarded to lowest bid upon meeting project specifications.
- **Request for Proposal (RFP)**, awarded based upon a formula combining best approach and best price value.
- **Request for Qualified Contractor (RFQC)**, pre-qualified list which may or may not result in a contract award.
- **Statement of Need (SON)**, to select vendor from a pre-qualified list.
- **Sole Source** - Justification Required that no other solution exists.
- **Sole Brand** - Justification required that the solution is the best for the state (cost effective, maintains continuity, etc.)

Procurement Process and Procedures

Step 1: Submit Procurement Authorization Sheet

Step 2: Develop Specifications/ Draft the Solicitation

Step 3: Conduct the Solicitation

Step 4: Evaluate Responses

Step 5: Issue Notice of Award / Purchase Order



More Information?

State Purchasing: www.statepurchasing.ga.gov

Office of Procurement Services/Grant Administration:

[http://dch.georgia.gov/00/channel_title/
0,2094,31446711_60343459,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_60343459,00.html)

Dana Greer - Dgreer@dch.ga.gov or 404-651-7987

TeleHealth and TeleTrauma

Request for Funding

Trauma Commission 8/20/09

Georgia Partnership for TeleHealth, Inc



Paula Guy

Executive Director



Georgia Telemedicine Program

Current Status

■ Telemedicine Network

◆ 75 presentation sites/Hospital's, FQHC's, PCP's, Nursing Homes, Community Mental Health Board's, Trauma

◆ 28 Specialty/Specialist sites

◆ 74 specialist representing 26 specialties

◆ Sites offer: Dermatology, Endocrinology, Neurology, Psychiatry, Cardiology, Diabetes Education, Transplant, Wound Care and Pediatric sub-specialties

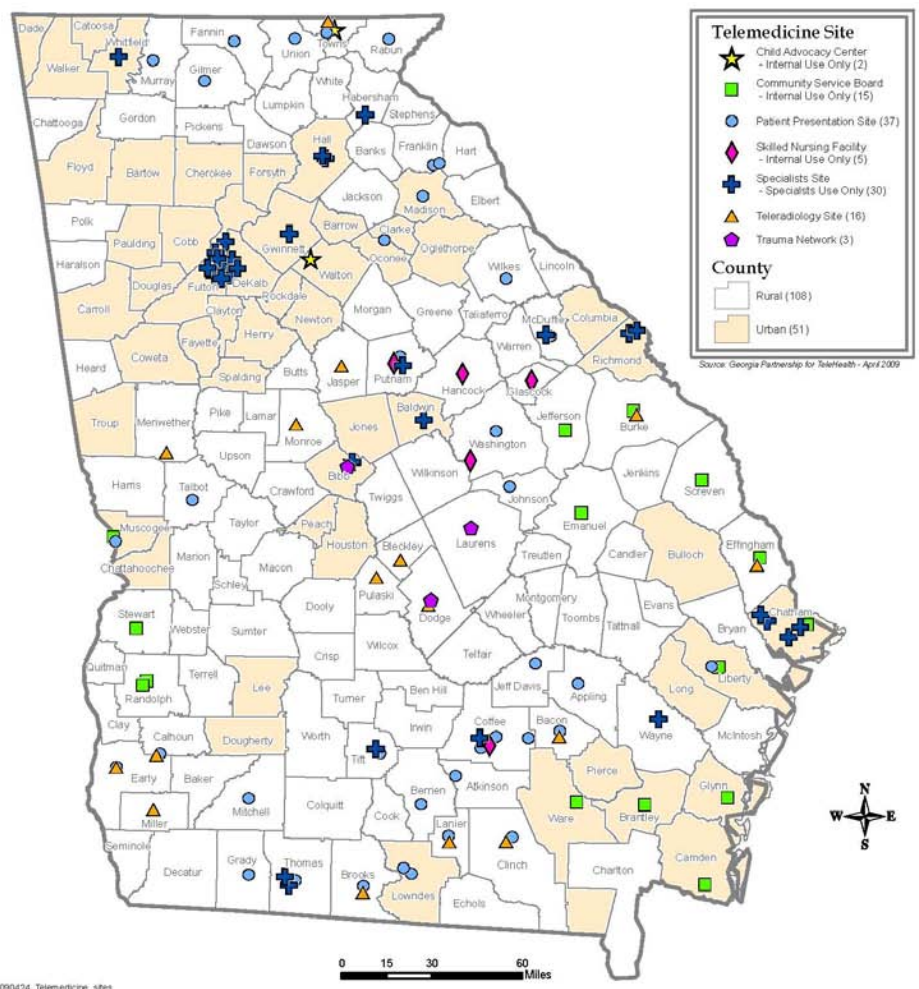
■ Utilization began in November 2005

■ Staffing, Training, Marketing is ongoing



Connecting Healthcare to All of Georgia

Georgia Partnership for TeleHealth



Map ID: 20090424_Telemedicine_sites
April 28, 2009



Mission: GPT seeks to support the expansion of trauma care into rural communities through the use of Telemedicine

Goals and Objectives

Pilot/ Build Trauma Telemedicine System: To bring specialty surgeon expertise to rural hospitals

- Deliver optimal care to prevent and decrease unnecessary death and disability
- Improve coordination and communication between trauma centers and rural clinicians by providing 24 hr access via real time telemedicine consultations
- Provide Educational Activities to promote awareness
- Provide trauma care clinicians with distance education tools
- Build a robust model of evaluative measures
- Prevent unnecessary transports.



Grants

Department of Community Health Rural Health Network Grant Awarded - July 2009

\$150,086 towards developing the Pilot TeleTrauma program

Money for:

- .20 FTE for 5 pilot locations and GPT Coordinator
- Marketing materials, program development, supplies, network equipment and partial monthly fees.



Grant Opportunities:

OAT Telehealth Network Grant; Application submitted
March 2009 emphasis on trauma. If awarded provides:
\$245,000 per year x 3. Total \$735,000

First year:

- .20 FTE Personnel for 3 rural sites, Dodge County, Fairview Park, Taylor Regional and 2 HUBS, MCCG and CHOA, Equipment HUB's
- Travel, project development, supplies, monthly network fees, Evaluation x 3 years

Second Year includes:

- .20 FTE Personnel for 5 rural sites, adding Washington County and Tift and third HUB, MCG, Equipment HUB

Third year

- .20 FTE Personnel for 6 rural sites, adding Peach and 4th HUB, Memorial Health, equipment HUB



Grant opportunities cont..

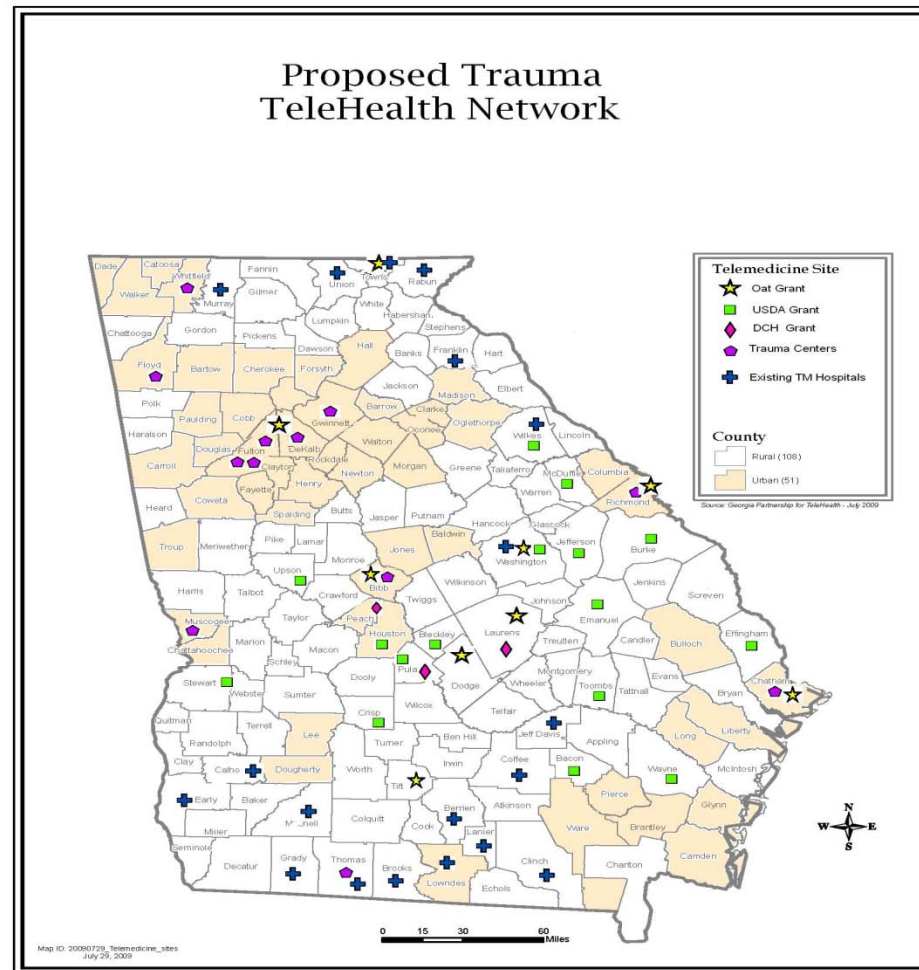
- USDA Distance Learning and Telemedicine Grant; Applied for March 2009
 - ◆ Fund equipment for additional sites. It requires 50% match. Total with match will be \$750,000. The match required is \$250,000. USDA funding is \$500,000. (We have 3 yrs to spend total)
 - ◆ Will support equipping 14 locations with trauma network equipment and upgrade GPT network to increase capacity

Other Funding Opportunities

- Stimulus Bill for Health IT and Telemedicine
- HRSA



Map - Teletrauma Sites to be implemented from grant funding



5-Year TeleTrauma Plan

Start Date	End Date	Objective(s):
Year 1 JUN 30, 2009	JUL 30, 2010	<p>Begin TeleTrauma Pilot Project:</p> <p>Deliver optimal care to prevent & decrease unnecessary death & disability from trauma & emergency illness via real-time telemedicine consults provided between 4 rural hospitals & Trauma Centers, Medical Center of Central Georgia and Children's HealthCare of Atlanta.</p> <p>Implement distance learning / CME opportunities.</p>
Year 2 JUN 30, 2010	JUL 1, 2011	<p>Add: Medical College of Georgia & 10 rural hospitals to TeleTrauma Network.</p> <p>Deliver optimal care to prevent & decrease unnecessary adult / pediatric death & disability from trauma & emergency illness via real-time telemedicine consults provided between 14 rural hospitals & a Level 1 Trauma Center, Medical Center of Central Georgia, CHOA and MCG.</p> <p>Expand distance learning / CME opportunities.</p>
Year 3 JUN 30, 2011	JUL 1, 2012	<p>Add: Memorial & 10 rural hospitals to TeleTrauma Network.</p> <p>Deliver optimal care to prevent & decrease unnecessary adult / pediatric death & disability from trauma & emergency illness via real-time telemedicine.</p> <p>Expand distance learning / CME opportunities.</p>
Year 4 JUN 30, 2012	JUL 1, 2013	<p>All remaining trauma centers and affiliated rural hospitals in the state of Georgia, access to the TeleTrauma Network.</p> <p>Deliver optimal care to prevent & decrease unnecessary adult / pediatric death & disability from trauma & emergency illness via real-time telemedicine.</p> <p>Expand distance learning / CME opportunities.</p>
Year 5 June 30, 2013	JUL 1, 2014	<p>All remaining hospitals in the state of Georgia access to the TeleTrauma Network.</p> <p>Deliver optimal care to prevent & decrease unnecessary adult / pediatric death & disability from trauma & emergency illness via real-time telemedicine.</p> <p>Expand distance learning / CME opportunities.</p>



Request for Funding Trauma Commission FY 2010

- \$150,000 match for \$300,000 grant from USDA for year 1 for equipment.
- .10 FTE Salaries for Coordinators at 5 pilot locations and GPT Trauma Coordinator at \$ 8,000 each \$48,000
- Travel expenses \$2,000
- Total Requested Funds Year 1: \$200,000



Georgia Partnership for Telehealth, Inc.

Paula Guy

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Waycross, Ga 31501

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❖ **Broselow Tape and Broselow-Luten Crash Carts**

- Standard of Care in hospitals and EMS for acute pediatric resuscitation across the US

❖ **Present System of Acute pediatric Care**

- Extremely complex and error prone – many errors invisible
- Stress and anxiety among health care workers dealing with acutely ill or injured children

❖ **Electronic System (*demo*)**

- Designed to standardize and greatly simplify acute pediatric care
- Prevents/eliminates errors, enhances care, improves work force efficiency

Disaster Response

Chemical Weapons Anecdotes

(to be added)

DRUGS		Auto-injectors
ATROPINE IV/IM		0.8 mg
		AtroPen*
0.05 mg/mL** conc	16 mL	0.5 mg (May repeat up to three times)
0.1 mg/mL** conc	8 mL	
0.4 mg/mL conc	2 mL	
0.5 mg/mL conc	1.6 mL	
1 mg/mL conc	0.8 mL	
2-PAM		415 mg
		Mark 1
IV 50 mg/mL	8.3 mL	Dose: 1 (Once)
IM 300 mg/mL	1.4 mL	
IV DRIP 20 mg/mL	8.3-17 mL/hr	

Disaster Response

Chemical Weapons Anecdotes

LORAZEPAM IV/IM	1.6 mg
2 mg/mL	0.8 mL
4 mg/mL	0.4 mL
DIAZEPAM IV	3.3 mg
5 mg/mL	0.66 mL
DIAZEPAM PR	8 mg
5 mg/mL	1.6 mL
MIDAZOLAM IV	1.6 mg
1 mg/mL	1.6 mL
5 mg/mL	0.33 mL
MIDAZOLAM IM	3.3 mg
1 mg/mL	3.3 mL
5 mg/mL	0.66 mL
CYANIDE KIT IV	
Nitrite 3%	5.1 mL
Thiosulfate 25%	27.2 mL
BAL IM	50 mg
100 mg/mL	0.5 mL

❖ **Vision – Partner with Georgia to establish a higher national standard for acute pediatric care at the community level.**

- Electronic solutions installed in all Georgia Hospitals
- Paper/electronic solutions for Georgia EMS
- Standardization of acute pediatric care throughout system
- Development of innovative educational approaches utilizing technology and simulation
- Integrate electronic system with telemedicine and cell phone technologies to optimize pediatric expertise throughout the state.

❖ Year One Goals - \$200,000

- Electronic System in 30-35 hospitals
- Electronic System in one EMS systems
- Establish Georgia sub-committee to oversee both medical and educational content – (train the trainer model)
- Review basic equipment needs to help optimize value and access

•ENHANCE PEDIATRIC TRAUMA SUB-SYSTEM

- 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**
- Standardization of acute pediatric care across the state (new)**

GTCNC Administrator

Position Description

General Purpose and Duties

As Administrator of the Georgia Trauma Care Network Commission (GTCNC), the position will, in collaboration with and under the direction of the GTCNC chair, provide operational leadership to the work and mission of the GTCNC as described in current enabling legislation to include the areas of: trauma system design, planning, development and management; trauma system rules and regulations; and, strategic planning and evaluation. In coordination with the full GTCNC, the position is responsible for overseeing and guiding the development of the State of Georgia's trauma system, including the creation of short term and long-range goals, objectives, and implementation strategies for GTCNC's approval. Position will attend all GTCNC meetings and shall represent the GTCNC in all matters in which the GTCNC has not formally designated some other person for that specific task. The administrator position reports directly to the GTCNC chair.

Key Roles and Responsibilities

- Provide GTCNC administration, operations management and strategic planning and evaluation;
- Develop budgets, provides budgetary oversight and financial reporting;
- Ensure trauma system provider and community stakeholder participation and collaboration;
- Oversee GTCNC-directed and funding programs development;
- Liaison with OEMS/T and other state agencies;
- Oversee public relations and outreach; and
- Supervise GTCNC staff.

Administration and Operations

- Coordinate GTCNC activities with state designated trauma centers, trauma physician providers and EMS providers and stakeholders;
- Provide coordination and logistic support for GTCNC meetings and sub-committees;
- Represent the GTCNC in state/national meetings;
- Develop GTCNC meetings agenda;
- Oversee all GTCNC administrative functions;
- Maintain GTCNC minutes;
- Distribute information to the GTCNC membership about events and meetings;
- Demonstrate expertise in evaluation, accountability and performance improvement programs;
- Provide operational-support to GTCNC chair and subcommittee leads;
- Demonstrate expertise in regional systems planning, development, management and evaluations and improvement processes; and
- Participate in meetings with state officials, stakeholder/provider advisory committees and professional associations etc. as needed.

Contracts

- Develop and manage of GTCNC contracts and
- Negotiate and review all contracts between the GTCNC and any other party.

Planning and Community Outreach

- Demonstrate expertise in conference planning;
- Serve as "single point of contact" for GTCNC activities; and
- Demonstrate expertise in community outreach and planning.

Financial Responsibilities

- Manage financial business processes, including all checking, savings, and other monetary accounts, prepare budget, and provide financial reports to the GTCNC chair and or other appropriate officials;
- Demonstrate expertise of fund raising event planning and activities;
- Demonstrate expertise in statistical analysis and decision support;
- Manage funding/appropriations received by the GTCNC; and
- As determined by GTCNC action, serve as a trustee of the Georgia Trauma Trust Fund with the approval of the Georgia Trauma Care Network Commission for those purposes specified in Code Section 31-11-102.

Skills and Qualifications

- Demonstrate expertise with EMS / Trauma System / Health Emergency Preparedness/ Crisis Management/ Injury Prevention systems;
- Demonstrate expertise in regional systems development, oversight and performance improvement programs;
- Demonstrate expertise in grant writing;
- Demonstrate expertise in evidence-based research initiatives;
- Demonstrate expertise in conference planning;
- Communicate effectively with demonstrated ability in written and verbal communications, committed to keeping GTCNC, staff and other stakeholders well informed;
- Demonstrate strong organizational skills;
- Demonstrate knowledge of national EMS / Trauma Systems best and promising practices;
- Hold a Masters degree in Healthcare, Business, Finance or other related field; relevant professional experience may substitute for Master's degree;
- Demonstrate extensive expertise and experience in trauma system design, planning, development and oversight;
- Demonstrate extensive knowledge of trauma clinical care practices and public health administration, including related laws and regulations;
- Demonstrate a strong ability and commitment to collaborate with and include diverse programs representing a variety of geographic locations and cultural characteristics; and
- Demonstrate in work history the ability and desire to interact collaboratively in a complex organization