**DRAFT FOR APPROVAL**

**Georgia Trauma Commission Finance & Budget Committee**

January 13, 2025

Meeting Minutes

[Meeting Documents Link](https://trauma.georgia.gov/events/2024-10-21/gtc-finance-budget-committee-meeting)

Zoom Meeting

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| **COMMITTEE MEMBERS PRESENT** | **COMMITTEE MEMBERS ABSENT** |
| Pete Quinones, Chair, GTC Secretary/Treasurer |  |
| Dr. Dennis Ashley, GTC Chair |  |
| Dr. Regina Medeiros, GTC Vice-Chair |  |
| Dr. James Dunne, GTC Member |  |
| Courtney Terwilliger, GTC Member |  |
| Jesse Gibson, Northeast Georgia Medical Center |  |

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| **OTHERS PRESENT** | **REPRESENTING** |
| Elizabeth Atkins | GTC, Executive Director |
| Katie Vaughan | GTC, Finance Operations Officer |
| Gabriela Saye | GTC, Business Operations Mgr |
| Crystal Shelnutt | GTC, Reg. Trauma System Development Mgr. |
| Gina Solomon | GTC, GQIP Director |

**CALL TO ORDER**

The meeting began at 3:30 PM on Monday, January 13, 2025, with six committee members present.

**APPROVAL of MEETING MINUTES**

*Presented by Pete Quinones*

With a quorum established, Pete requested a motion to approve the October meeting minutes.

**MOTION GTCNC FINANCE COMMITTEE 2025-01-01:**

**Motion to approve the October 21, 2024, meeting minutes as submitted**

**MOTION BY**: James Dunne

**SECOND BY:** Courney Terwilliger

**VOTING:** All members are in favor of the motion.

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

**BUDGET UPDATE**

*Presented by Katie Vaughan*

Katie Vaughan presented the standing agenda idents, which included budget-to-expense updates through December:

* The current financials are in line, with slight variance due to pending trauma center invoices, expected by the end of the month (**ATTACHMENT A**)
* A 7% year-over-year increase was noted in Super Speeder revenue (**ATTACHMENT B**). The need to explore whether this is tied to a population increase or higher speeding incidents was mentioned. Katie will contact the Department of Revenue for data comparing Georgia’s population growth and speeding trends.
* The fiscal year budget timeline was reviewed (**ATTACHMENT C**).
* The trust fund statement was briefly mentioned and was included in the packet for review (**ATTACHMENT D**). It was noted that $20 million of the budget is allocated to the trust fund. $7.5 million is distributed to state funds, subject to budgetary conditions. Concerns were raised about the potential redirection of funds during state budget shortfalls. Katie confirmed the funds had been reliably received since 2020 due to adherence to the legislative code.

**FY2026 Performance-Based Pay Update**

*Presented by Gabriela Saye*

Gabriela shared a presentation (**ATTACHMENT E**) highlighting significant progress made by the PBP workgroup, which included representatives from all trauma center levels. The discussion covered key changes, tiered metrics, attendance reformatting, and the introduction of outcome measures.

The PBP workgroup has been actively meeting since October, with the last meeting held on December 17th. The group diligently worked to revise tiered metrics, criteria percentages, and other essential elements of the PBP. All workgroup members were acknowledged for their collaboration and contributions.

Key highlights of the FY2026 PBP included:

* A new tiered approach for eligible criteria aims to reduce the penalty of missing single meetings by introducing multiple attendance opportunities and tiered levels of engagement.
* Two new outcome measures will be incorporated: timely VTE Prophylaxis and timely surgical repair for geriatric hip fractures. The initial percentage at risk will be 0%, and future tiers will be outlined to ensure gradual implementation.

Potential challenges were addressed, such as delays in VTE prophylaxis for traumatic brain injury patients, ensuring alignment with best practices. Gina Solomon clarified that the trauma registry from all levels is housed on the GQIP central site. The system filters for specific cases based on length of stay and trauma service admission, enabling precise reporting by the center. Further refinements to the reporting process are ongoing.

* Additional changes to the PBP included:
  + Level I participation requirement for the GTC Research Workgroup.
  + Education requirements for Level IV trauma center registry professionals
  + Removal of redundant criteria already covered by ACS standards or contract requirements.

The PBP workgroup is set to meet again to review minor revisions and percentage allocations before broader dissemination. The proposed FY 2026 PBP will undergo an open comment period and be presented to all relevant GTC committees. Stakeholders will have the opportunity to provide feedback via the survey and during the Committee meetings.

The goal is to have the FY2026 PBP approved by the Commission during the May 15, 2025 meeting for implementation in the FY 2026 contracts, set to release in June 2025.

**REALLOCATiON PLAN**

*Presented by Katie Vaughan*

Katie Vaughan outlined the current status of the unallocated budget and funding priorities (**ATTACHMENT F**). Key highlights included:

* $42,00 reallocation from the Department of Administrative Services fee adjustment.
* Unused funds from Region 9 RTAC due to position vacancy.
* Reallocation of funds of trauma centers that were not ACS-verified.
* $1.5 million in revenue from fireworks, alongside FY 2025 carryover funds.
* Registry startup grant with outstanding funds.

The initial reallocation plan, if approved, would leave $3.8 million available for other initiatives.

Dr. Dunne inquired about the nature of the registry startup grants, clarifying that they are one-time allocations to support new Level IV trauma centers. Elizabeth Atkins explained that these grants are provided over three years, ensuring centers meet specific metrics for continued readiness.

The committee reviewed the following proposed priorities in need of funding:

* **PTSF Consultative Visits for Level IV Trauma Centers**

Elizabeth Atkins proposed a $75,000 allocation for Pennsylvania Trauma System Foundation (PTSF) consultative visits to five Level IV trauma centers (**ATTACHMENT G**). The purpose is to review Level IV progress, address ongoing challenges, and provide guidance based on previous recommendations. It was noted that the proposal may be slightly less than $75,000 as a Level IV center has dropped out of the system and the number of centers will need to be adjusted.

Dr. Dunne expressed concerns about investing resources into centers that might drop out of the system, citing financial constraints and leadership changes are potential causes.

* **Proposal for GQIP Performance Improvement Specialist**

Gina Solomon presented a proposal (**ATTACHMENT H**) for a part-time contract position to support the GQIP Collaborative, addressing increased workload and data validation. Key details:

* + The position would required 30-40 hours per month, with a $70,000 annual budget
  + Reponsibilities would include assisting with data validation, supporting performance improvement projects, and preparing the trauma center for ACS verification.

Concerns were raised regarding the hourly rate for this position, and suggestions were made for further research to determine an appropriate cost.

* **Stop the Bleed funding**

**Summary of Action Items & Adjournment**

* Committee members discussed the projects for Georgia Trauma Foundation funding:
  + Statewide Pre-hospital Blood Program **(ATTACHMENT A**):
    - Dr. Mederios proposed collaborating with Kyle Gibson in Region 2 to gather more information on the cost estimates and operational logistics of pre-hospital blood delivery. A more comprehensive cost analysis will be prepared for the November Commission meeting. Courtney Terwilliger suggested including Crystal Shelnutt in the discussion.
  + Mobile Simulation Lab (**ATTACHMENT B**):
  + Stop the Bleed Kit Program **(ATTACHMENT C):**
* Dr. Medeiros proposed the three projects be presented to the full Commission for consideration and ranking. The Commission would then forward the ranked projects to the Foundation to assess the feasibility of raising funds.
* Dr. Medeiros considered having Crystal Shelnutt, who had done most of the preparatory work and was the subject matter expert, present the projects and answer any detailed questions from the Commission.
* Committee members briefly reviewed the updated language regarding registry funding eligibility (**ATTACHMENT D**); the Attorney General’s (AG) office has not yet approved it.
* Katie advised that she could create a Smartsheet tracking system for centers pursuing re-verification. Liz suggested including the number of years of registry funding support to date.
* Committee members reviewed and approved the $75,000 funding support for Phase 1 of the Georgia Trauma Foundation Advertising Campaign (**ATTACHMENT E).**
* Liz proposed discussing a plan with Courtney offline to bring forward to the full Commission for the remaining Senator Burke Emanuel Medical Center Purchase Order. Courtney suggested including Crystal Shelnutt in the plan discussion.

The meeting adjourned at 4:43 PM Minutes by G. Saye.