

APPROVED
03.17.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Finance & Budget Committee

February 17, 2025

Meeting Minutes

[Meeting Documents Link](#)

Zoom Meeting

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	

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

CALL TO ORDER

The meeting began at 3:30 PM on Monday, February 17, 2025, with four committee members present. Dr. Regina Medeiros joined shortly after the quorum was established.

APPROVAL OF MEETING MINUTES

Presented by Pete Quinones

With a quorum established, Pete requested a motion to approve the January and February meeting minutes.

MOTION GTCNC FINANCE COMMITTEE 2025-02-02:

Motion to approve January 13, 2025, and February 7, 2025, meeting minutes as submitted

MOTION BY: James Dunne

SECOND BY: Jesse Gibson

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 items, which included budget-to-expense updates through January:

- Expense budget on track; trauma centers invoiced January 31st.

- Super Speeder revenue up 10% from last fiscal year’s cumulative total
- The budget timeline is included for reference; we are currently in legislative session.
- Trust fund receives monthly allotments from Super Speeder funds.

The Committee briefly discussed law enforcement’s role in traffic enforcement and whether state patrol would reduce ticketing efforts. Liz Atkins noted trends have continued to rise slightly each year. The conversation transitioned to exploring alternative funding solutions for trauma system financing, referencing past efforts, such as the car tag fee initiative that was once estimated to generate \$80 million. Pete Quinones shared some counties may be scaling back on high-speed pursuits due to safety concerns on major roads. Pete offered to gather more data on accident rates and enforcement changes in Cobb County.

MARCH PAWS PURCHASE ORDER UPDATE

Presented by Courtney Terwilliger

Courtney Terwilliger reported on the progress made with the MARCH PAWS initiative, noting agreements have been secured for a videographer and budget estimates to be finalized shortly. The first video will provide general information, targeting rural providers and emphasizing the importance of timely transport. Future videos will include videos with trauma center representatives to explain the Georgia Trauma Commission’s role. A separate set of videos will also focus on the MARCH PAWS training framework, including updates to reflect up-to-date trauma care standards.

The Committee discussed the allocation of the \$300,000 MARCH PAWS and whether the videos align with the original purpose of the funding. Courtney confirmed that the fund was intended to improve trauma care in rural Georgia, and the videos align with that mission. Liz Atkins provided historical context, explaining the fund originated from a larger \$1 million allocation in FY 2021, initially intended to support South Georgia Medical Center’s trauma designation upgrade. However, a significant portion of the funds was later reallocated, leaving a fraction for continued use.

The conversation shifted to the concern of unused funds and purchase orders with no activity. It was noted that the State is transitioning to a new financial system, which may result in unused funds being reverted to the treasury unless recent activity is recorded. The MARCH PAWS allocation is encumbered to Emanuel Medical Center. It was suggested that the Emanuel Medical Center registry invoice, \$11,995, be used on the MARCH PAWS purchase order to maintain activity.

MOTION GTCNC FINANCE COMMITTEE 2025-02-03:

Motion to apply the \$11,995 Emanuel Medical Center registry invoice toward the MARCH PAWS purchase order

MOTION BY: Courtney Terwilliger

SECOND BY: James Dunne

VOTING: All members are in favor of the motion.

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

ACS VERIFICATION ELIGIBILITY FOR FUNDING

Presented by Dr. Regina Medeiros

Dr. Regina Medeiros reviewed the workgroup’s discussion, highlighting the difficulties faced by some centers maintaining ACS verification (**ATTACHMENT B**). It was acknowledged that this issue is becoming increasingly challenging nationwide. Some trauma centers are facing challenges in retaining or losing ACS verification mid-year, and there is a need for a clear policy to address funding during these transitions. As a result, the workgroup developed a proposal to present to the Finance Committee and potentially the full Commission for further discussion.

The workgroup proposed that centers must be verified on the first and last days of the fiscal year to receive funding. If a non-verification letter is received between July 1 and June 30, the center will lose funding for that fiscal year. Invoices for readiness and uncompensated care are submitted at the end of the fiscal year; therefore, a center would need to maintain ACS verification to receive their last fiscal year invoice. A reinstatement letter would make the center eligible for funding for the following fiscal year.

A question was raised about whether funding would be prorated based on the number of verified days. It was clarified the current contracts provide either full readiness funding or none at all, and introducing fractional funding would introduce significant complexity. Additionally, maintaining a strict funding policy was seen as a motivator for centers to rectify deficiencies promptly to regain verification.

Another question was raised about the process of centers that fail to meet Level I verification but qualify as Level II. Dr. Medeiros clarified that the ACS does not reclassify a center to a lower level; instead, the center would have to reapply for verification as their updated level. Depending on the deficiency, the centers may receive a one-year provisional verification, during which they must demonstrate compliance before full verification is restored.

Liz Atkins expressed concerns that some centers might struggle to meet the new ACS standards, particularly those with limited surgical staff. It was noted that there is an upcoming deadline for Level III centers to obtain ACS verification by June 30, 2027. The financial and logistical challenges of maintaining ACS standards could be complicated for Level III centers to achieve. It was noted that the changes would not affect level IV centers since the ACS cannot verify them.

The Committee agreed to discuss the proposal first at the Committee level, followed by a final review by the Finance Committee before the Commission discussion.

It was suggested the proposal be discussed at the Georgia Committee for Trauma Excellence (GCTE). Their feedback would be valuable in understanding the practical implications of the proposed changes. It was noted that varying levels of understanding within the GCTE group could lead to resistance when presenting the proposed changes.

Pete inquired how other states handle similar issues. Liz Atkins explained the funding mechanisms vary nationwide, making direct comparisons difficult. However, trauma center verification and funding transparency are common challenges nationwide. Dr. Medeiros added that out of 235 ACS site visits, only 45% of trauma centers received full three-year verification, 47% received a one-year provisional, and 8% lost their verification entirely.

GEOSPATIAL MAPPING

Presented by Dr. James Dunne

Dr. James Dunne introduced a new business item related to the geospatial mapping of EMS stations across the state. He emphasized the value of geospatial data in assessing trauma system efficiency, particularly regarding response times and hospital accessibility. The ability to visually map EMS and trauma center locations provides critical insights for legislative discussions and strategic planning.

Dr. Dunne proposed allocating \$5,000 from the FY 2025 relocation budget to fund quarterly geospatial mapping updates. Liz Atkins noted that the cost might be slightly higher and suggested \$7,500 due to CNTR employee changes.

Courtney Terwilliger suggested the mapping project should also include a deeper analysis of EMS

resource capabilities, such as the number of crews, and hospital transport policies. Dr. Dunne acknowledged that expanding the scope would require an increased budget and suggested a phased approach, starting with the current proposal and revisiting the expansion later once the costs are determined.

MOTION GTCNC FINANCE COMMITTEE 2025-02-04:

Motion to approve \$7,500 allocation to run quarterly geospatial maps of the trauma system.

MOTION BY: James Dunne

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

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

With no further discussions, the meeting was adjourned at 4:25 PM.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Katie Vaughan presented budget update documents, including Expense to Budget Report and Funding Priorities, Contract Execution and Invoice Tracking Tool, Super Speeder Revenue Summary, Budget Timeline, and Trust Fund Statements (**ATTACHMENT A**)
- The Committee discussed recent updates regarding the MARCH PAWS initiative. To maintain purchase order activity and avoid the risk of funds returning to the state, the committee approved using the MARCH PAWS purchase order (encumbered to Emanuel Medical Center) for the \$11,995 Emanuel Medical Center registry invoice.
- Regina discussed recommendations from a workgroup (**ATTACHMENT B**) on handling trauma centers that lose their ACS verification during the fiscal year. The key proposals were: 1) Centers must be verified on the first and last day of the fiscal year to receive funding, 2) Funding would be lost for the current fiscal year if a center receives a non-verification letter, and 3) Centers could regain funding the following fiscal year once they are re-verified. The Committee agreed to discuss the proposal at the Committee level first, followed by a final review by the Finance Committee before Commission discussion.
- The Committee approved a \$7,500 allocation to run quarterly geospatial maps of the trauma system.
 - Courtney Terwilliger suggested the mapping project should also include a deeper analysis of EMS resource capabilities, such as the number of crews, available ALS support, and hospital transport policies. Dr. Dunne proposed determining the scope expansion costs with CNTR and revisiting once they were determined.

Minutes by G. Saye.