

APPROVED
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GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Finance & Budget Committee

March 17, 2025

Meeting Minutes

[Meeting Documents Link](#)

Zoom Meeting

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Pete Quinones, Chair, GTC Secretary/Treasurer	
Dr. Regina Medeiros, GTC Vice-Chair	
Dr. James Dunne, GTC Member	
Dr. Dennis Ashley, GTC Chair	
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
Becca Hallum	Georgia Hospital Association

CALL TO ORDER

The meeting began at 3:30 PM on Monday, March 17th, with four committee members present. Jesse Gibson and Courtney Terwilliger joined after the budget update.

BUDGET UPDATE

Presented by Katie Vaughan

Katie Vaughan presented the standing agenda items, which included budget-to-expense updates, including projections (**ATTACHMENT A**):

- Expense to budget on track with projections included to provide insights into financial outlooks
- Unused budget items will be revisited during the reallocation discussions
- Super Speeder revenue up 5% from last fiscal year's cumulative total
- The trust fund statements are included for review

Pete Quinones inquired about Georgia Trauma Commission staff salaries. Liz Atkins clarified that salaries are generally not discussed unless there is a governor-mandated change or a cost-of-living adjustment (COLA). Salary discussions would require an executive session.

APPROVAL OF MEETING MINUTES

Presented by Pete Quinones

With a quorum established, Pete requested a motion to approve the February 17th meeting minutes.

MOTION GTCNC FINANCE COMMITTEE 2025-03-01:

Motion to approve February 17, 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.

LAWYER FY2026 CONTRACT WORK

Presented by Liz Atkins

Liz presented a request to allocate \$50,000 for contract revamps due to state-mandated changes. The revamp includes five contract types: Trauma Center Level I, Level II, Level III, Level IV, and Burn Centers. The Attorney General's Office agreed on the need for contract reviews. Baker Donelson will conduct the contract review, with \$10,000 allocated per contract type. The expense is necessary before 2026 to ensure compliance with upcoming contracts.

MOTION GTCNC FINANCE COMMITTEE 2025-03-02:

Motion to approve \$50,000 for attorney review of Trauma Center Level I, Level II, Level III, Level IV, and Burn Center contracts

MOTION BY: Jesse Gibson

SECOND BY: Dr. Regina Medeiros

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

Georgia Trauma Commission Chair Dr. Dennis Ashley assembled this Committee to review the eligibility guidelines and requirements for maintaining ACS verification for Level I and II trauma center funding eligibility. The Committee's recommendation specifically addresses lapses in verification, otherwise known as "no verification," as per the verbiage used by the ACS COT VRC.

The Committee carefully considered minimizing the financial impact on the center while maintaining accountability and aligning with the original intent to require ACS verification in 2018. Our work, recently published in JTACS, underscores the value of ACS verification. In light of these factors, the Committee recommends that centers retain funding eligibility during the fiscal year in which the center receives a "no verification," which is the outcome of an ACS verification review.

The process will flow as follows:

- Centers receiving a letter of no verification during any fiscal year will retain funding for that year. This is different from the current process, whereby centers lose funding upon loss of verification.
- To restore funding, the center must produce a letter indicating the reinstatement of verification before July 1 to be eligible for funding for the following fiscal year.
- Under this recommendation, most centers should only lose one fiscal year funding cycle if correction actions are promptly mitigated with the ACS VRC. Under the old process, centers were more likely to lose funding for two or more cycles. The new recommendation aligns with the spirit of accountability for maintaining ACS verification while minimizing financial impact.

This assumption allows the GTC to plan for success for all centers and allows the centers to prepare better for the financial impact of a lapse in verification.

- Of note, the July 1 letter requirement does not apply to those centers that maintain continuous verification. Continuous means no lapse in verification.
- Level III trauma centers must achieve ACS verification by June 30, 2027; their funding eligibility will follow the same process.

Committee members discussed various scenarios to understand the impact of the new guideline. An example noted was that if a center receives a letter of no verification on July 2, 2025 (FY2026), it would still receive funding for FY2026. If the deficiencies are not corrected before the end of the fiscal year, June 30, 2026, it will lose funding for the proceeding fiscal year, FY2027. The hospital will have until the end of June 30, 2027, to qualify for the next fiscal year's funding, FY2028.

Dr. Medeiros shared that the ACS allows focus visits to expedite the re-verification process instead of requiring a full reapplication. If a center follows corrective action plans and receives administrative support, it should only lose funding for one fiscal year.

It was noted that centers have lost up to three fiscal years of funding due to delayed re-verification. One Level II has yet to regain verification and is not receiving funding outside registry support; Registry funding continues despite the loss of verification.

Dr. Ashley inquired how the updated timeline would apply to the Level I Center that lost and regained ACS verification in FY2025. Liz clarified that per the current fiscal year contract language, the center will still lose funding for this year. However, they will be eligible to regain funding for FY2026. The proposed new timeline would go into effect for FY2026, which starts July 1, 2025.

MOTION BY: Trauma Center ACS Verification Funding Eligibility Parameters Committee
MOTION GTCNC FINANCE COMMITTEE 2025-03-03:

Motion to support the recommended timeline for trauma center funding as it relates to the maintenance of ACS Verification,

MOTION BY: Trauma Center ACS Verification Funding Eligibility Parameters Committee

VOTING: All members are in favor of the motion.

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

It was noted that the recommendation would go to the full Commission for a vote. Dr. Ashley thanked everyone involved for their hard work. Dr. Medeiros acknowledged the complexity of the matter and the collaborative effort involved in finding a solution.

FY 2026 PROPOSALS

Before the proposal discussion, Pete asked Liz if the Committee needed to approve the proposals for this meeting. Liz clarified that the purpose of the meeting was to discuss questions and concerns, potentially arranging a follow-up call with the entity if needed.

- **GEORGIA TRAUMA FOUNDATION (ATTACHMENT B)**

The Committee reviewed the Foundation's proposal, which included a request for \$583,700, an increase of around \$200,000 from last year's funding of \$295,000.

- **Discussion Points:**

- The request is almost 100% more than last year
- There are concerns about the Foundation's effectiveness in meeting its previous goals, specifically its ability to raise funds as promised.
- The purpose of the proposed advertising campaign was questioned.

- The Commission provided the Foundation with three fundraising proposals. The Foundation focused on the simulation trailer and Stop the Bleed kits.
- It was clarified that the funds raised from Georgia Gives Day have been minimal. The Foundation has not raised funds beyond operational expenses.
- Dr. Medeiros emphasized the Foundation's progress in board expansion, professional communications, and gaining support from key figures. However, she acknowledged that the Foundation is still struggling to fully launch its fundraising efforts.
- A concern was raised about the Foundation's reliance on two funding streams—Georgia Gives Day and the Gala—which may not cover the needed funds.
- **Clarification Questions:**
 - The group agreed they would like to receive more details about:
 - **The purpose of the advertising campaign**
 - **Stop the Bleed funding progress**
 - **Projected return on investment to support \$200,000 increase**

Liz suggested having a representative attend the next meeting to clarify the proposal further. Committee members agreed that understanding their goals and progress in fundraising is essential to having a clearer picture for future discussions.

- **GQIP (ATTACHMENT C)**

Liz provided an overview of the GQIP budget, increasing from \$272,674 to \$365,843.

- **Discussion Points:**
 - This increase is due to Dr. Sharma's buy-down, Research Resident FTE, and the addition of two GQIP contractor roles: Director of Quality Analytics & Research and PI Specialist.
 - The Central Site and collaborative fees remain stable. However, the registry environment and its funding in the coming year are uncertain.
 - ArborMetrix does not need a new budget as it is in its second year of a pre-approved purchase order. The GQIP team is determining its effectiveness.
- **Clarification Questions:**
 - **What is the difference between NSQIP and TQIP?**
Liz explained that NSQIP focuses more on surgical outcomes, while TQIP focuses on trauma care. They overlap because trauma is considered surgical, and there is significant data sharing between the two. The NSQIP Medical Director oversees the Research Resident, integral to the TQIP collaborative.
 - **Are there Medical Director reports?**
Liz shared that they submit timesheets and are actively involved in ongoing projects. Dr. Medeiros added the Medical Director's timesheets are tied to specific deliverables outlined in their contracts.
 - **Could the new Director of Quality Analytics and Research take over Emory Research's responsibilities?**
Liz indicated this could be possible, but logistical and structural challenges exist, especially with academic partnerships (currently housed at Emory). Committee members discussed the difficulty of finding residents willing to take time off from their five-year medical programs to work on these roles. The current research resident is in a one-year role.
 - **What is the employment status of the individuals in the budget?**
Liz clarified that the medical directors, quality director, and PI specialist are contracted (1099), while Gina is an employee of the Commission. Emory's medical director's salary is a separate arrangement, where the Commission does

not directly pay individuals but works through Emory.

With no further questions, the following proposal was reviewed.

- **OFFICE OF EMS AND TRAUMA (OEMST) (ATTACHMENT D)**

The Committee reviewed the OEMST proposal, which included a request for \$461,445

- **Discussion Points:**

- Katie clarified while she did not have the comparative from last year, she could send it out. The project expenses remain the same as last year.
- Liz pointed out the 3% would amount to \$491,696, but they are requesting less than that.
- Katie confirmed they did not withdraw the full amount last year.

- **Clarification Questions:**

- **Are the line items the same as last year?**
Katie confirmed the line items are consistent, and there are no new items. Katie will ask for a side-by-side budget like GQIP. Pete agreed, emphasizing the value of a standardized format for future proposals. Katie agreed to implement the format into next year's proposal template.
- **Do they receive payment via check, or is it a budget transfer?**
Katie explained it involved an internal transfer, essentially a check sent to them before the fiscal year ends.
- Concern over the printing cost for 200 copies, \$5,600, was found to be excessive. Katie confirmed that the printing remained the same as in previous years.

Katie will send out the OEMST comparative budget for further review and suggested that any remaining questions be brought to the next meeting.

- **MAG (ATTACHMENT E)**

The Committee reviewed MAG's proposal, which included a request for \$170,000, the same as last year.

- **Clarification Questions:**

- **How does MAG impact the broader state, particularly disaster response and training?**
Liz clarified that MAG is one of the few MRCs in the state with the capacity to deploy statewide, though they must be called up rather than self-deploying. She emphasized that MAG's educational and training efforts are conducted statewide. MAG submits a quarterly report to the Commission and presents an annual report at the end of the fiscal year.

Last year, Liz mentioned that the Commission had asked MAG to explore collaborations with the Georgia National Guard through the military's MIL-CIV relationships. Though there was limited enthusiasm for further integration at military installations, MAG continues participating in statewide drills and training, but this specific integration hasn't yet seen much traction.

Pete highlighted MAG's strong relationship with legislators and their importance in driving initiatives forward. With no further questions or comments, the next proposal was reviewed.

- **SURGICAL EDUCATION AND SURGICAL SIMULATION RESEARCH FELLOWSHIP (ATTACHMENT F)**
Dr. Medeiros provided an overview of a \$102,050.88 proposal for a 12-month simulation fellowship to enhance trauma simulation, especially in rural areas with lower patient volumes. The fellowship aims to augment the MARCH PAWS project by providing hands-on training and credentialing for key trauma procedures. It includes a “hub and spoke” model for sustainability, where local leaders are trained to continue simulations after the fellowship concludes. The proposal includes training in rural areas, with travel and lodging considered for those delivering the training.

It was proposed that the MARCH PAWS purchase order be used for this proposal, as it is at risk of being returned to the State for inactivity. The remaining balance of the PO is \$250,505.

Courtney expressed support for the proposal, with some reservations. He mentioned working with various partners to help with the MARCH PAWS training. Courtney advised further discussion with Damien, Katie, and Liz to determine how to proceed with the funding and PO activity.

- **Clarification Questions:**
 - **How would the proposal affect other organizations, questioning whether other groups could make similar requests and how would the Commission handle those?**
Courtney advised that the proposal includes a coordinator role facilitating communication and implementation across multiple centers. Dr. Medeiros clarified that the initiative is associated with the University rather than Wellstar MCG. Liz provided background information, explaining the initiative originated from an annual rural provider symposium. Over time, the trauma community became involved, leading to the development of this program.
 - **Is this a one-year “train-the-trainer” initiative?**
Liz confirmed that the proposal includes a full evaluation plan and other details about the implementation.

The discussion highlighted the importance of securing funding and approval in a timely manner to align with the Graduate Medical Education (GME) timeline. Dr. Medeiros added that while the first year of the fellowship needs Commission support, future iterations will not rely on Commission funding.

Pete opened the floor to ask any final questions on the proposals. With no further discussion or questions, Pete requested a motion to adjourn.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Katie Vaughan presented the standing agenda items, which included budget-to-expense updates, including projections (**ATTACHMENT A**)
- The committee approved \$50,000 for attorney review of Trauma Center Level I, Level II, Level III, Level IV, and Burn Center contracts.
- The committee approved support for the recommended timeline for trauma center funding as it relates to maintaining ACS Verification.
- The committee reviewed the Georgia Trauma Foundation FY2026 proposal (**ATTACHMENT B**). Liz suggested having a representative attend the next meeting to clarify the proposal further. Committee members agreed that understanding their goals and progress in fundraising is essential to have a clearer picture for future discussions.
- The committee reviewed the GQIP FY2026 proposal (**ATTACHMENT C**).

- The committee reviewed the OEMST FY2026 proposal (**ATTACHMENT D**). Katie will send out the OEMST comparative budget for further review and suggested that any remaining questions be brought to the next meeting.
- The committee reviewed the MAG FY2026 proposal (**ATTACHMENT E**).
- The committee reviewed the proposal for the Surgical Education and Surgical Research Fellowship (**ATTACHMENT F**). It was proposed that the MARCH PAWS purchase order be used for this proposal, as it is at risk of being returned to the State for inactivity. Courtney advised further discussion with Damien, Katie, and Liz to determine how to proceed with the funding and PO activity.

Minutes by G. Saye.