

APPROVED
10.21.24



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Finance & Budget Committee

September 20, 2024

Meeting Minutes

[Meeting Documents Link](#)

Zoom Meeting

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

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
Becca Hallum	Georgia Hospital Association

CALL TO ORDER

A quorum was established at 11:00 AM on Friday, September 20, 2024, with five committee members present. Dr. Regina Medeiros welcomed everyone and expressed appreciation for their attendance.

APPROVAL OF MEETING MINUTES

Presented by Dr. Regina Medeiros

Dr. Medeiros requested a motion to approve the August meeting minutes.

MOTION GTCNC BUDGET COMMITTEE 2024-09-01:

Motion to approve the August 19, 2024, meeting minutes as submitted

MOTION BY: Pete Quinones

SECOND BY: Jesse Gibson

VOTING: All members are in favor of the motion.

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

FY 2026 TIERED PERFORMANCE-BASED PAY RECOMMENDATIONS

Presented by Liz Atkins

Liz Atkins reviewed the proposed FY 2026 tiered PBP (**ATTACHMENT A**) with the Committee. Liz noted the current “all or none” approach for attendance and proposed a tiered system where partial attendance could still result in some funds being earned, avoiding the total loss of funds for the absence of a single key member. Liz proposed a shift from 80% to 100% of readiness funds subject to PBP for Levels I and II centers, with a corresponding increase from 60% to 80% for Level III centers and 19% to 50% for Level IV centers. The need for sufficient funds at risk to ensure compliance was emphasized. The attachment includes the funding at risk based on previous readiness allocations.

Courtney Terwilliger asked if a center’s CEO was required for senior executive representation. Liz clarified that the senior executive role comprises decision-makers overseeing the hospital system. Gabby noted the current Trauma Administrator Committee consists of a few CEOs, with the majority representing a variation of C-suite representation. It was also noted that centers may assign a designee, similar in role, to attend the meetings to fulfill the requirement.

Dr. Dunne requested a review of past data showing where centers lost funds to inform the Committee’s decision on the PBP. Dr. Medeiros confirmed this information was presented to the Commission and reviewed at the previous Commission meeting. Meeting attendance was highlighted as the most common reason for losing funds.

Liz recommended the formation of a workgroup to explore different scenarios and review the current tiered proposal. Criteria for maintaining ACS verification were mentioned; the ACS already enforces these criteria.

While the Committee saw the value in keeping centers “24/7” ready for ACS verification, concerns were raised about duplicating the accountability measures. Liz added that some centers still struggle to maintain compliance between visits. Some ACS requirements, particularly those directly affecting patient outcomes, might need to remain in the PBP to ensure continuous readiness.

Dr. Dunne proposed breaking down the workgroup discussion into smaller, more manageable parts. The workgroup would include trauma medical directors, program managers, and administrative representatives. Dr. Medeiros emphasized the need for diverse representation from the trauma centers affected by these developments. Jesse Gibson volunteered to join the workgroup.

No immediate decisions were made on the proposed draft, and it was decided to defer any approval until the workgroup could provide more in-depth analysis and recommendations.

GEORGIA TRAUMA FOUNDATION PROJECTS

Presented by Dr. Regina Medeiros

Dr. Medeiros noted as of the meeting, no new projects had been submitted beyond those discussed at the last Committee meeting.

Dr. Medeiros reviewed the Mobile Sim Lab proposal (**ATTACHMENT B**) to fund mobile training units to provide hands-on skills in rural areas. Courtney Terwilliger raised concerns about the high costs of purchasing, insuring, and maintaining mobile units, noting that it would require a significant and ongoing financial commitment. Dr. Medeiros agreed that while the Foundation might cover the initial purchase of vehicles and equipment, an entity such as a trauma center or the RTAC (Georgia Trauma Commission) would bear the maintenance costs.

Crystal Shelnett and Liz Atkins provided an update on the Stop the Bleed program. Liz noted that efforts are underway, in partnership with legislator Lee Hawkins and others, to introduce legislation mandating the Stop the Bleed program in schools. The legislation would focus on training rather than providing kits, which would require additional funding.

Crystal reviewed the Stop the Bleed Foundation funding proposal (**ATTACHMENT C**)

- Tier 1: Ongoing support for the existing program, with approximately 3,000 kits needed annually for new schools and school buses.
- Tier 2: Expanding the projects to revisit the 2,500 schools in the program to replenish missing or used kits.
- Tier 3: Provide kits for law enforcement, fire departments, and other government partners annually, with about 1,500 kits per quarter.

Dr. Dunned pointed out that the Foundation was more interested in large-scale projects in the \$1 million to \$2 million range. The estimated proposal for the Sopt the Bleed initiative is approximately \$2.5 million, making it an ideal project for Foundation funding.

The possibility of extending this initiative to private schools was debated, and it was noted that private donations could fund private schools if donors were agreeable. Liz Atkins added that previous program efforts for trauma kits had poor record keeping, making it challenging to assess previous school distribution or usage. The importance of structuring this program to avoid past missteps was stressed.

Dr. Medeiros cautioned against diving too deeply into the logistical details. She emphasized that the group should focus on presenting high-level fundraising ideas rather than intricate operational plans. The Committee agreed to focus on big-picture ideas that appeal to potential donors.

The discussion shifted to EMS challenges that could be addressed through Foundation funding. Courtney Terwilliger suggested projects related to inner hospital transportation, rural economic development, supporting MARCH PAWS, and expanding pre-hospital blood programs similar to models used in Montana. Concerns were raised about rural Georgia's ability to sustain a blood program due to low call volumes and whether an ambulance needs a cooler versus a warmer. Crystal's previous project proposal (**ATTACHMENT D**), which focused on blood storage and transportation, was highlighted. The discussion stressed the need for a customized approach based on regional requirements, particularly for rural versus urban areas.

The Committee reached consensus on the three main project proposals for Foundation consideration:

1. Stop the Bleed Program (**ATTACHMENT B**)
2. Mobile Sim Lab (**ATTACHMENT C**)
3. Statewide Pre-hospital Blood Program (**ATTACHMENT D**)

Dr. Medeiros requested Crystal draft an overview of the three projects, refining the proposals before presenting them to the Foundation, ensuring clarity and feasibility.

Note: *Jesse Gibson left the meeting at 11:47 AM*

GEORGIA TRAUMA FOUNDATION MARKETING REQUEST

Presented by Dr. Regina Medeiros

Dr. Medeiros presented a request from the Georgia Trauma Foundation for additional marketing funds. The Foundation is interested in understanding what specific information the Committee requires to consider the funding request. Dr. Medeiros asked the Committee members to email her the details they would like to see from the Foundation before considering the request.

GEOSPATIAL INFORMATION OFFICE (GIO) MAPPING FUNDING REQUEST

Presented by Liz Atkins

Liz Atkins provided a brief overview of the GIO partnership, specifically highlighting the development of maps using roster information from GTC-funded EMS courses. The maps provide insights into student enrollment patterns and help determine future course locations. Liz emphasized the need for ongoing GIO support to create a more comprehensive analysis and presented a budget overview (**ATTACHMENT E**) for GIO's ongoing costs, totaling \$25,000. This included funding for additional analytical capabilities to enhance data reporting and insights regarding student demographics and course attendees.

Courtney Terwilliger noted the importance of understanding resource allocation in smaller, rural counties, which often face significant challenges.

MOTION GTCNC BUDGET COMMITTEE 2024-09-02:

Motion to approve the GIO funding request, \$25,000, with an amendment to include data by county in addition to the existing regional data.

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.

Note: *Courtney Terwilliger left the meeting at 12:00 PM*

UPCOMING ITEMS FOR DISCUSSION

Presented by Liz Atkins

Liz informed the Committee that future discussions regarding the FY 2026 registry support for the center's pending verification will be needed. Liz proposed evaluating these situations case-by-case rather than adhering to a rigid standard for multiple years.

There will also need to be a discussion on the unfinished business regarding the remaining budget from Senator Burke, which may be at risk of being lost if not addressed soon.

Liz requested these items be added to the agenda for the next meeting.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Liz Atkins reviewed the proposed FY 2026 tiered PBP (**ATTACHMENT A**) with the committee. The Committee agreed that a workgroup, including trauma medical directors, program managers, and administrative representatives, should review the tiered PBP proposal and provide the Finance Committee with a recommendation. Jesse Gibson volunteered to join the workgroup.
- The Committee reached consensus on the three main project proposals for Foundation consideration:
 1. Stop the Bleed Program Support (**ATTACHMENT B**)
 2. Mobile Sim Lab (**ATTACHMENT C**)
 3. Statewide Pre-hospital Blood Program (**ATTACHMENT D**)
- Dr. Medeiros requested Crystal draft an overview of the three projects, refining the proposals before presenting them to the Foundation, ensuring clarity and feasibility.
- Dr. Medeiros presented a request from the Georgia Trauma Foundation for additional marketing funds. The Foundation is interested in understanding what specific information the Committee requires to consider the request. Dr. Medeiros asked the Committee members to email her the details they would like to see from the Foundation before considering the request.

- Email sent by Regina on 09/20, attached
- The Committee approved the GIO funding request (**ATTACHMENT E**), \$25,000, with an amendment to include data by county in addition to the existing regional data.
- Liz asked to add the FY 2026 center registry funding contract language and the remaining Senator Burke funds to the next meeting agenda for discussion.

The meeting adjourned at 12:05 PM

Minutes by G. Saye.