

**APPROVED**  
**03.16.22**



# GEORGIA TRAUMA COMMISSION

## Georgia Trauma Commission Budget Committee February 9, 2022 Meeting Minutes

Attending	Affiliation
Regina Medeiros, GTC Secretary/Treasurer, Chair Budget Committee	Augusta University Health
James Dunne, MD, GTC Vice-Chair & Vice-Chair Budget Committee	HCA Memorial
Courtney Terwilliger, GTC Member	Emanuel Medical Center
Elizabeth Atkins, Executive Director	Georgia Trauma Commission
Katie Hamilton, Finance Officer	Georgia Trauma Commission

**Call to Order:** 4:00 PM on Wednesday, February 9, 2022. A quorum was established with five committee members present.

### STANDING AGENDA ITEMS

#### **1. Consent Agenda**

R. Medeiros welcomed everyone and briefly reviewed the agenda items for the meeting.

#### **2. Approval of the December 15, 2021, Meeting Minutes**

R. Medeiros asked if anyone had any questions or concerns regarding the December meeting minutes.

#### [MOTION GTCNC BUDGET COMMITTEE 2022-02-01:](#)

#### [Motion to approve the minutes of December 15, 2021, Budget Committee meeting](#)

**MOTION BY:** Jim Dunne

**SECOND BY:** Courtney Terwilliger

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

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

### 3. AFY 2022 Budget Adjustments

Due to time constraints, it was asked to review AFY and FY budgets ahead of other agenda items.

There was a brief overview of the AFY 2022 budget (ATTACHMENT A). They are the same line items we have been working on. We had to reduce the total amounts due to the governor's lower proposed budget since super speeder funds were lower than expected. Katie was asked to take the variance out of the trauma center allocation because it was a small number of funds; If you distribute it across all centers, no one took a big hit. R. Medeiros asked the Committee to review the update AFY 2022 and for a motion to approve.

#### MOTION GTCNC BUDGET COMMITTEE 2022-02-02:

**Motion to approve the updated AFY 2022 budget and bring it forth to the full Commission for approval on March 2, 2022**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Jim Dunne

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

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

### 4. Proposed FY 2023 Budget

We have our trauma trust fund now and assume we will be allocated just over 21 million at the beginning of the fiscal year instead of the standard base and amended. This is the spending plan proposal draft for a 21 million dollar budget. We put together a summary sheet (ATTACHMENT B) to provide you with a high-level overview of the budget. It's the same categories that you're used to seeing, and we indicated the overall net increase or decrease for them.

- **Operations: Overall Net Decrease 5.79%**
  - Reduction in FTEs, Increase Base and Benefits per Gov Initiative
  - Meeting Expense increase due to bringing GQIP in house and resumed face to face meetings
  - Decrease overall office expenses due to Rossville office closure.
  - Software/It increase for video production

Dr. Dunne asked for clarification on the video production. L. Atkins answered that it could be something we embed on our website and present during meetings to help clarify what we do. It would cost a small fee and would not be recurring. The video would provide a snippet that showcases our purpose and why the Trauma Commission and trauma system are important.

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- **System Development: Overall Net Increase 3.98%**
  - Additional funds added for Region 8 and 9 RTAC Coordinator
  - GQIP includes Emory increase includes true up to 10% time for Dr. Sharma and 80% Research Resident; Additional funding for Dr. Todd.
  - Retainer Peer Review Legal SAAG
  - Increase GTF funds for Fundraising Consultant

Dr. Dunne asked about the RTAC Coordinator's increase. I thought we would increase her job description to justify the higher salary. R. Medeiros displayed the FY 2023 spreadsheet (ATTACHMENT C). What we did with this document is take the entire 21 million budget and essentially take all the initiatives we would typically do in the AFY and front-load them in the FY Budget. There may be items that look a little disjointed. Historically, we have always left region 8 blank. The way it breaks out, she gets paid for region 9 and additional for region 8. In retrospect, it's unrealistic to think someone could cover that expanse of the southern part of the state. It might make more sense to see if regions 5 and 7 could cover some of region 8. We will need to talk this out before submitting an FY 2024 Budget. Dr. Dunne recommended getting together with Stephanie to see how she is currently managing the regions. R. Medeiros emphasized that we are leaving the amounts as is and breaking out the salary by region.

R. Medeiros explained the increase in GQIP costs. Previously, we had Dr. Dente's fees within the Emory contract, but that has now shifted to Dr. Todd out of Grady, and we are paying him directly for a set fee. We have had conversations about sunsetting our support for NSQIP. We will probably phase out support over a period of years to make a smooth transition until they are self-sustaining. Dr. Dunne asked about the actual costs for Dr. Sharma, Dr. Todd, and the research resident. L. Atkins presented the GQIP Budget within the FY 2023 spreadsheet that breaks out each cost. There is now a timesheet included for Dr. Todd, and we will be able to quantify the return for dollars spent for his services. In the future, we may reach out to other programs for research residents and possibly have it increased to two residents. It would be great if level I's could be incorporated into some of that research to help meet the center's publication requirements for the ACS.

We are also holding some funds for the legal peer review for the Attorney General assigned to the Trauma Commission. We have been appointed a special agent to assist in our peer review protection language and policies around our metrics and GQIP for all centers.

Another increase we are anticipating is within the Georgia Trauma Foundation. They have undergone significant leadership changes and have obtained new additions to the board. Now, they are narrowing down on a fundraising consultant to help create an

infrastructure targeted towards fundraising and identifying wealth in the community. The Foundation is a branch of the Commission and something we support operationally. In turn, the Foundation raises funds for initiatives that the Commission identifies a need for and can utilize through grants distribution. L. Atkins added that what we've done historically did not work; it will be costly if we want a true return on investment. R. Medeiros stated that we need to do more homework, have a full-baked proposal, and the return on investment projections.

The Foundation's current ability to raise enough funds to support itself was a concern. Does the Foundation have a 3 to 5-year plan to monitor its progress? Can we ask the Foundation to maintain and reserve an equal amount to what we give them? The expectation moving forward is that we would expect the Georgia Trauma Foundation to raise more than 182,000 a year because if they don't on a year-to-year basis, then we're throwing money down the tubes. R. Medeiros responded, I think we can set thresholds and provide a measure of success for the first couple years, which the consultants could help craft.

Dr. Dunne asked about the System Development net increase of 3.98%, which does not match the spreadsheet. R. Medeiros stated some initiatives from AFY were inserted that we need to add up.

Dr. Medeiros described how the super speeder revenue would work with the new full budget. If the super speeder funds are less than predicted, we will owe them money. If it's greater, then they will give us additional funds. R. Medeiros discussed the super speeder revenue history (ATTACHMENT D). As long as super speeder stays on track, we still should be somewhere around 22-23 million.

Liz is going to get called to the legislature to present this budget. When we present the AFY, it's a working document and a draft of expenditures by category. We don't need to vote on it. We just needed you guys to see it and feel comfortable with it. It may fluctuate up or down based on the final governor's vote, which we routinely vote on in May for the Commission.

A lengthy discussion ensued regarding the Office of EMS and Trauma allocation. Once we move to the 21 million budget, they get an annual distribution of no more than 3% of the total funds per code 3.11.102.9. You all know the last time site visits were done. What is the Commission's cost to cover what OEMST should be doing? We are giving them funds without any accountability. The Committee reviewed two proposals on how to proceed with the OEMST allocations for FY 2023. It was decided to leave the current amount of 432,000 within the budget until more information is obtained. Katie has submitted an open records request for OEMST's departmentalized budget. Once received, the Committee can determine if they are utilizing the funds according to the priorities listed within our code. OEMST is responsible for

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state designations, but ACS has taken over the majority of trauma center verifications. We need to determine what we want them to do instead since we would like to keep ACS as the verifying entity.

### **Recap, Objectives, and Preplanning for March meeting**

Discussion ensued around the following steps, including:

- Review of updated AFY 2022 budget.
  - Modified to reflect the governor's proposal.
  - Approved by the Committee to bring forth for Commission approval.
- FY 2023 review
  - Committee members to review further and ask questions if needed.

### **MOTION GTCNC BUDGET COMMITTEE 2022-02-03:**

#### **Motion to Adjourn**

**MOTION BY:** Regina Medeiros

**SECOND BY:** James Dunne

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

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

The meeting adjourned at 5:17 PM

Minutes by G. Saye