

**Minutes**  
**Georgia Trauma Care Network Commission**  
**Thursday December 13, 2007**

American Red Cross Headquarters  
1955 Monroe Dr., Atlanta, GA

<b>Members Present</b>	<b>Members Absent</b>
Dr. Dennis Ashley Linda Cole, RN Dr. Leon Haley Ben Hinson Dr. Rhonda Medows Bill Moore Dr. Joe Sam Robinson Kelly Vaughn, RN  <b>Others Present:</b> Senator Cecil Staton Amy Loy Dr. Pat O’Neal Renee Morgan	Kurt Stuenkel

The meeting was called to order by Chairman, Dr. Dennis Ashley, in the board room at the American Red Cross at 1:30 p.m. Self introductions were made by all attending. Chairman Ashley thanked everyone for attending and acknowledged the day as a historic one in Georgia, “Where our predecessors have put in decades of work for the Trauma Commission to be a reality.” Dr. Ashley stated that the purpose of the Commission was to do more for the citizens of Georgia by assisting them to have access to better care. By achieving this, Dr. Ashley commented that the Commission will have the opportunity to make a profound impact on the quality of trauma care in Georgia. Dr. Ashley expressed a hope that the Commission members will be able to serve Georgia for the next few years with dignity, and will work together while respecting each member’s views.

Dr. Patrick O’Neal gave a brief history of trauma system development and the current status of the trauma centers. He stated that although there were 21 trauma centers at one time, there currently are only 15 trauma centers operating in the state of Georgia. Dr. O’Neal stated that the Trauma System Development Committee (previously supported by

the HRSA Trauma grant) had identified the following three roadblocks to continued system development:

1. Funding – providers that could afford to provide optimal trauma care in the 1980's and 90's were now experiencing financial constraints making it progressively more difficult to participate in the trauma system.
2. Liability – providers have been reluctant to join the trauma system because of a persistent perception of increased liability associated with being in the system.
3. Public awareness – many in Georgia mistakenly believe that there is access to an optimal trauma system throughout the state currently.

The Georgia Trauma Commission is geared toward reducing the death rate from injury and has pledged support to all the trauma providers and welcomes everyone's participation.

Senator Cecil Staton who sponsored SB 60 summarized his personal interest in improving trauma care in Georgia. This stimulated discussion among the Commission members. The following points were addressed during this discussion:

- **How the bill came to be?**

Senator Staton reported that a legislative study committee spent the better part of a year looking into the trauma system and the things that needed attention. Although to date a funding mechanism has not been adopted, Sen. Staton is very optimistic that a mechanism for trauma funding will be adopted during the next legislative session. Sen. Staton suggested that the bill be read as a road map to what the Commission is all about. He sees the Commission as the body to make recommendations for ongoing trauma system development. He further stated that it will be necessary to engage the services of a lawyer to set bylaws, for he is not knowledgeable in that area.

- **If money is available, when would the funds be available?**

The Senator replied that it would be dependent on how soon the funds would be released. July of 2008 was suggested to be the earliest date. **Knowing that the funds will be available in approximately six months, should plans of Commission be put in place within six months?**

Mr. Hinson reminded the Commission that approximately 312 Georgians will die unnecessarily from injuries before the funds are released. He therefore felt that actions by this Commission should not be delayed and the request for a supplement from the legislature should be requested. This then led to a **motion** for seeking /hiring a Commission director by Dr. Joe Sam Robinson, seconded by Dr. Leon Haley and unanimously approved by Commission members. Dr. Leon Haley, Dr. Rhonda Medows and Ben Hinson have agreed to serve on this task force to work on this issue.

- **Readiness Cost**

The Commission found that certain additional costs were associated with being a trauma center. One of the major costs is related to providing on-call pay to the specialists on call at a trauma center. It was suggested that the Commission needed to

have a better handle on readiness costs. Senator Staton has volunteered to be an advocate in the legislature for the Trauma Commission.

- **Can a formula be in place?**

Senator Staton stated that the final version of SB 60 provides for flexibility in the manner that funding will be distributed among the various providers. Although there was a fixed formula for distribution in early version of the bill, that formula was not included in the final version.

- **To whom does the commission report?**

Reference was made to page 2: 31-11-101. The Commission has a tremendous amount of authority unless the legislature later directs otherwise.

- **What is the bill process?**

Sen. Staton discussed the process that takes place in the passage of a bill. He encouraged the Commission to work with foundations and other private sources to secure additional funding.

Chairman Dennis Ashley would like to see the following

- ❖ A decrease in the death rate.
- ❖ Evaluation of accomplishments.
- ❖ Assessment of goals to have other trauma centers added to the system.
- ❖ A Consultation by an authoritative agency or group-- A statewide review to provide a non-biased assessment and give objective recommendations.

Dr. Patrick O'Neal welcomed the idea and recommended Bishop and Associates, as well as the American College of Surgeons. He stated that a foundation has agreed to fund the cost of a statewide assessment by Bishop and Associates, a nationally known trauma consulting group. It was mentioned that it would cost approximately \$60,000.00 for the ACS assessment. Information will be obtained from both Bishop and Associates as well as from the American College of Surgeons prior to the next Commission meeting by Dr. O'Neal and Renee Morgan. A representative of Bishop and Associates will be invited to attend the next Commission meeting.

After several debates it was made into a **Motion by Dr. Leon Haley and seconded by Dr. Joe Sam Robinson that the commission should use the services of Bishop and Associates and American College of Surgeons to provide assessments on Georgia's trauma system.** Motion was unanimously approved by Commission members.

The next meeting will be held in Macon, GA on January 17, 2008 at 10:00a.m. Location to be determined.

The meeting was adjourned at 3:00 p.m.