

**Workshop: brief notes**  
**08 January 2010**  
**GTCNC Workshop in Rome, GA**

**Attendees:**

GTCNC: Dr. Dennis Ashley, Rich Bias, Linda Cole, Dr. Leon Haley Jr., Ben Hinson, Bill Moore, Dr. Joe Sam Robinson (teleconference line), Kurt Stuenkel, Kelli Vaughn, Jim Pettyjohn, Greg Bishop (teleconference line)

DCH: Dr. Pat O'Neal, Kurt Chronister,

AG OFFICE: Alex Sponsellor (teleconference line)

GTRI: Rachel Duke, Scott Sherrill

GHA: Karen Waters

**Workshop Agenda:**

- Senate Bill 156 discussion
- New Trauma Center/System development discussion
- FY 2011 budget discussion

**Workshop Discussion:**

Dr. Ashley called the meeting to order at 8:30 am and announced the agenda for the day's workshop.

**Senate Bill 156 discussion:**

As a segue into SB 156 discussion, Dr. Ashley led with a general discussion of the **budget** that proceeds from a recent meeting between several Commissioners and Irene Munn of the Governor's Office. In this meeting, **Irene Munn requested that the Trauma Commission present an optimal trauma budget for the Legislature's consideration.**

Dr. O'Neal of DCH then made a recommendation concerning the Trauma Commission's fiscal independence. He recommended that the Commission assume a more advisory nature with respect to its budget. He commended the Commission for its wise and effective expenditure of the budget and its ability to get work done, but warned that the Legislature may look more favorably upon budget requests coming to it through DCH, to which the Commission is an Attached Agency.

**After some discussion, the issue was referred to Ben Hinson's Legislative Affairs subcommittee for further consideration.**

Jim Pettyjohn stated that he provided to the Governor's Office the latest draft of the Commission-approved **SB 156** on January 4, 2010.

Ben Hinson then requested discussion on the organization of the DCH-Division of Emergency Preparedness-Office of EMS & Trauma (OEMS&T) as it relates to SB 156. He pointed to the organizational structure of the OEMS & T and to the discrepancy between the large number of personnel dedicated to EMS within the Office, and the two personnel assigned to Trauma. He inquired of Dr. O'Neal how these two components, the EMS component and the Trauma component, could be better connected.

Dr. O'Neal had two points to make in response.

- 1) First, he pointed to the difficulties of hiring additional personnel to support Trauma due to the bureaucracy surrounding state-funded positions, despite the fact that he would like to hire additional FTEs.
- 2) Second, he introduced Kurt Chronister, who he would like to hire as a liaison between Trauma and EMS, and between the Trauma Commission and DCH in general. He asked for the Commission's blessing to hire Kurt in this capacity with funds set aside by the Commission specifically for OEMS&T.

**The Commission agreed that the OEMS & T should hire Kurt Chronister as a liaison officer.** This position will be paid for by funds already granted to the Office of EMS & Trauma. Kurt's primary responsibility is to the Commission, though he will have other duties related to EMS. Specifically, Kurt will work closely with Jim Pettyjohn, as the Commission's administrator. Dr. O'Neal assured the Commission that Jim and Kurt will have unlimited access to the appropriate personnel within DCH to accomplish the Commission's work with as little delay as possible. No motion was required.

Linda Cole expressed her wish that the hire of Kurt Chronister not delay the hire of a Lead Position for Georgia Trauma Communication Center (GTCC) operations. Previously, Dr. O'Neal understood that the Lead Position should not be hired until GTCC software was purchased. **Linda clarified the Commission's need for a Lead Position hire as soon as possible. Dr. O'Neal committed to expedite the process.**

### **New Trauma Center/System Development Discussion:**

After a coffee break, discussion resumed at 10:30.

Jim Pettyjohn led a discussion of strategic distribution of funds for the development and designation of new Trauma Centers. The Trauma Commission currently has no authority to accept or reject petitions for Trauma Center designation. This is a duty of the OEMS & T. It would be wise, however, for the Commission to formally state its policy and strategy for Readiness Cost funding and thus funding new trauma centers.

Dr. O'Neal recommended that the Commission consider a map that was previously developed under a grant. The map identifies geographic locations to target for Trauma Center development that would put any injury in the state of Georgia

within 35 minutes of a designated Trauma Center. This map could theoretically be used to develop a weighting strategy for distribution of Trauma Commission funds for Readiness Costs. Map was displayed during meeting.

Dr. O'Neal also suggested that Regional Trauma Advisory Councils (RTAC) be formed as subcommittees of each EMS Regional Council and would be an appropriate venue for discussing Trauma Center development in particular regions. Several Commission members expressed support for the RTAC role in Trauma Center designation.

**Dr. O'Neal suggested that the Commission should resolve any conflicts in existing code concerning the Office of EMS, prior to an SB 156 rewrite. He recommended that Alex Sponsellor conduct a legal review of the existing code and use the review to advise the Commission on SB 156. This should be done before the 28 January Commission meeting. Dr. O'Neal will email Alex Sponsellor and cc Ben Hinson with the specific request.**

**The Commission resolved to write a "Statement" that could be issued through the OEMS & T regarding future Trauma Center funding policy.** This policy will support the Commission's strategy for new Trauma Center designation and funding, once that strategy is finalized. It would clearly inform prospective Trauma Centers whether they would be eligible for Readiness Cost funding from the Trauma Commission. **Bill Moore will pose this in a motion at the January 28<sup>th</sup> Commission Meeting.**

**Additionally, the OEMS & T should keep the Commission apprised of which facilities have expressed interest in becoming designated. This should be a regular update at each regular Commission meeting.**

#### **FY2011 Budget Discussion:**

Linda Cole presented the FY2011 Operations budget spreadsheet.

- "Software—First Year purchase" Line Item presentation by Scott Sherrill of GTRI
- "Regionalization" Line Item refers to the concept of providing \$100,000 grants to five different EMS regions for the development of a regional approach to trauma planning. The appropriateness of creating five of these grants, as opposed to one single grant to Pilot Region V, came into discussion. Jim Pettyjohn and Kurt Chronister will discuss the line item (**can the Commission grant funds directly to EMS regional offices**) and Jim will make a recommendation at the January 28<sup>th</sup> Commission meeting on the number of \$100,000 grants to be provided.

Greg Bishop dialed in by teleconference number to present the “optimal” budgets as requested by Irene Munn of the Governor’s Office for FY2011. He spoke of two alternative budget concepts for:

“GTCNC FY 2011 Budget—Essential Funding + New Trauma Centers, TRAUMA CENTER/PHYSICIAN ALLOCATION” Created January 5, 2010.

While on the topic of these budgets, it was determined that **Leon Haley’s Subcommittee should work to determine the appropriate performance based payments (PBP) percentage of Readiness Cost, as well as PBP criteria.** The budgets presented by Greg Bishop place the PBP percentage of readiness cost at 50%, though this should perhaps be lowered. It was suggested that 20% of readiness funding could be directed to PBP funding.

The meeting was adjourned at 2:00 pm.