



Georgia Trauma Care
NETWORK COMMISSION

Date: July 12, 2010

To: EMS Subcommittee on Trauma members

From: Ben Hinson, Subcommittee Chair

Re: Pre-meeting Considerations

As Chair of the Georgia Trauma Commission EMS Subcommittee on Trauma, I will work to assure this subcommittee operates in full compliance with the Georgia Open Meetings and Open Records Act. Above all, this process must be open both in reality and perception.

In order to make our time most productive, I have drawn a short list of questions I believe we should consider at the outset. Please review these and advise if you see any other ground-rule issues we should consider before our meetings begin. I plan to open the meeting with introductions of all the members and go through these points before we begin our substantive discussions. Please let me know if you feel this is a good plan, or if you have other suggestions.

After these structural issues are discussed, I would like to open the meeting to recommendations for our agenda, and how we should proceed. Additionally, **I would appreciate anyone who has specific ideas on what projects we should explore, and how we should best spend whatever money is made available for improvement of trauma care for our patients. Please forward any suggestions to me by “Reply All” to this email so everyone will have the same advantage and notice of your ideas.**

I suggest our initial discussion focus on subcommittee governance and suggest the following questions as starting points for that discussion. If the group feels this discussion is not needed, we will disregard and move ahead into issues.

Should members of the Subcommittee of Trauma be expected to support the consensus decisions reached by the subcommittee even if they opposed the decision?

We all have been in conversations that have taken different positions on this question. I have had good friends who violently oppose each other and me on this issue. We need to discuss this principle at the outset and come to some peace with the matter. It is not good for one member to feel he/she is committed to support what the majority decides, and another feel that is not the case. Regardless of what is decisions or recommendations the subcommittee reaches on this issue or any issues before the subcommittee, we must have respect for the opposition or other side of the argument and strive for the greater good.



Who do we serve?

Each of us serves on this subcommittee as a representative of another entity. We have our own individual constituencies. What should be the “guiding principles” of our decision-making? Do we represent our entire EMS Region? If we are from a particular interest, urban or rural, large or small, ground or air, do we only represent those interests? Should we advocate for our individual or particular service or business? Should we only advocate for our particular type of service: fire-based, hospital, county, or private? Do we just represent our location or section or region of the state?

Are we selected as Representatives of our organization or simply messengers?

Are we representatives of our various groups with the sole responsibility to gather information and take it back to our next Council or Commission meeting and present it for a vote, or are we chosen by our individual group’s leadership to use our best judgment and make decisions (votes) on their behalf? We should strive to have an agreement or understanding on this point.

What is the purpose of the Subcommittee on Trauma?

The subcommittee was formed in April 2009 by the Trauma Commission: “create a standing subcommittee to be identified as the EMS Subcommittee on Trauma, for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia.” What does that mean? What authority does the subcommittee have?

Do we have a plan?

Dr. Ashley is requesting a strategic plan for EMS trauma care. He wants a plan that will guide the distribution of EMS trauma dollars over the next 5 to 10 years. Is our goal to improve and grow EMS services and access to trauma care for all of Georgia? We need to develop a plan and then fund that plan.

Who should we work to benefit? What is our number one consideration?

I believe it would be helpful to construct our purpose at the outset. While this may seem obvious to many, we need to be sure we have a common understanding and the same guiding principles. While many of the ideas we will consider are beneficial to all concerned, some will by nature have conflicting priorities. For instance, who is our most important constituent? This may appear to have a simple answer, but perhaps this could lead to helpful discussions:

- State taxpayers



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- County Taxpayers
- Trauma Patients
- All EMS patients
- EMS Employees, Paramedics and EMTs
- EMS Directors
- State EMS Employees.
- Other groups

I look forward to working with each of you as we grow and develop our state's trauma system.