



APPROVED
05.22.26

**Level III/Level IV Committee
Meeting Minutes**

Friday, January 16, 2026

8:30-9:30 A.M.

Zoom

[Meeting Material and Recording](#)

Committee Members Present*	Representing
Lynn Grant	Fairview Park Hospital, TPD
Nicole Sundholm	AdventHealth Redmond, Trauma Program Manager
Ben Whiddon	Region 8 RTAC, Coordinator
Kailey Paulson	South Georgia Medical Center, TPM
Ashley Bullington	Crisp Regional, TPM
Christie Mathis	Morgan Medical Center, TPM
Judean Guinn	Hamilton Medical Center, VP/CNO
Dawn Truett	Atrium Health Floyd Polk Medical Center, TPM
Rachel Hand	Wellstar West Georgia Medical Center, Trauma Program Manager
Kelli Vaughn	John D Archbold, TPM
Kim Brown	Hamilton Medical Center, Trauma Manager
Karen Barrett	Piedmont Cartersville, TPM
Stevanie Reynolds	Piedmont Walton, CNO
Susanne Edwards	Children’s Healthcare of Atlanta, Trauma PI Coordinator
Mary Beth Goodwin	John D Archbold, Trauma PI Coordinator
Damien Scott	Emanuel Medical Center, CEO
Adalynn Rath	Wellstar Douglas, TPM
Derek Rozier	Liberty Regional Medical Center, CEO
Adam Bedgood	Morgan Medical Center, COO
Tammie Russell	Liberty Regional Medical Center, Trauma Program Coordinator
Sid Nagrani	Morgan Medical Center, Trauma Director
Christie McCain	Liberty Regional Medical Center, TMD
Tifani Kinard	Atrium Health Floyd Polk Medical Center, VP of Rural Health
Kellie Rowker	Children's Healthcare of Atlanta, TPM
April Dukes	Crisp Regional, CNO
Alicia Register	Crisp Regional, TMD
Cianna Pender	John D Archbold, TMD
Amy Stephens	Piedmont Cartersville, PIC
Jsnn Tidwell	Piedmont Cartersville, CNO
Justin Keeton	Piedmont Henry Hospital, TPM



Mark Benak	Piedmont Walton, TMD
Emily Brown	South Georgia Medical Center, TPD
Desiree Lacy	South Georgia Medical Center, Trauma Process Improvement Coordinator
Tayler Jaques	Wellstar Cobb, Trauma Outreach and Injury Prevention Coordinator
Shelby Lemon	Wellstar Cobb, TPM
Austin Thomas	Wellstar Cobb, Trauma PI
Alicia Allen	Wellstar Paulding, Director of Nursing
Heather Loftus	Wellstar Spalding, Trauma Program Manager

***Attendance is pulled from the committee meeting QR code.**

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Gabriela Saye Gina Soloman Crystal Shelnutt Nita Ham Tolulope Adedipe	Georgia Trauma Commission, Business Operations Manager Georgia Trauma Commission, GQIP Director Georgia Trauma Commission, System Planner State Office of Rural Health, Executive Director GTC, Intern

CALL TO ORDER

Dr. Alicia Register opened the meeting and thanked attendees for participating. Participants were asked to confirm attendance via QR code or email link.

APPROVAL OF MEETING MINUTES

Presented by Dr. Register

Dr. Register requested a motion to approve the November meeting minutes.

**[MOTION LIII/IV Committee 2026-01-01:](#)
[Motion to approve November 20, 2025, meeting minutes as submitted.](#)**

MOTION BY: Ashley Bullington
SECOND BY: Cianna Pender
VOTING: All members are in favor of the motion.
ACTION: The motion **PASSED** with no objections or abstentions.

MARCH PAWS UPDATE

Presented by Dr. Register & Courtney Terwilliger

- Augusta University’s trauma simulation program, led by Dr. Mabas, successfully delivered a high-attendance course in Cordele.
- Broad participation included physicians, nurse practitioners, and regional providers.
- Positive feedback highlighted effectiveness and strong engagement.
- Additional sites are being confirmed in Polk County, Valdosta, and Southwest Georgia.



March PAWS Program Update:

- Transitioning to a pre-recorded online educational resource.
- Remaining funds are being redirected to support the simulation-based training program.
- Consensus that the transition aligns with the original program intent and improves sustainability.

ACTION PLANNING PTSF CONSULT VISIT AND SYSTEM PLANNING DISCUSSION

Presented by Dr. Register

Following the Pennsylvania Trauma Systems Foundation (PTSF) consult for Level IV centers and the 2023 American College of Surgeons rural-focused system consult, a statewide survey led by the State Office of Rural Health achieved a strong 96% response rate. While results were shared at the Georgia Hospital Association rural meeting, there has been no significant progress in the past three months.

Key findings emphasized the need for improved statewide coordination across performance improvement (PI), RTACs, EMS, and interfacility transfers, along with better use of data to drive outcomes. Despite this, the group noted that many of these priorities are already being actively addressed through ongoing efforts such as GQIP, the GCTE PI Subcommittee, and RTAC development.

A major barrier identified, particularly for rural and Level III/IV centers, is insufficient funding. This has been elevated as a legislative priority, with plans to advocate for increased financial support. The group emphasized the need to move beyond discussion and engage directly with legislators to advance rural trauma system funding.

Additionally, the GCTE group of trauma program managers, including PI leaders and registrars, has developed and received approval for a funding request focused on rural education and program support. This initiative will bring targeted courses and resources to improve how trauma centers understand, represent, and manage their programs. This effort supports action planning by helping centers more clearly demonstrate progress on consult recommendations and articulate how funds are being used, particularly when engaging with legislators and external reviewers.

TRAUMA CONNECTIONS GROUP UPDATE

Presented by Rachel Hand

The Trauma Connections Group did convene and continues to focus on information sharing and collaboration. There were no major action items, but discussions included trauma centers sharing their experiences with the PTSF consult process.

An update on the Bingocize initiative was also noted, with plans to provide a more detailed overview at the next Trauma Connections meeting following a recent injury prevention presentation.

The group continues to prioritize performance improvement (PI) collaboration, including demonstrations of registry-based PI processes. Mary Beth presented her PI workflow using V5, which was well received with positive feedback from participants. A second demonstration featuring ImageTrend, led by Tammy Russell from Liberty Regional Medical Center, was postponed and is expected to be rescheduled within the next one to two months. These sessions aim to promote best practices and improve understanding across different registry platforms.



LEVEL III/IV COMMITTEE PRIORITIES

Presented by Dr. Register

The committee identified three primary priorities based on survey feedback to guide upcoming efforts: coordinated performance improvement (PI), trauma telehealth, and interfacility transfer efficiency. For PI, the group agreed to avoid duplicative efforts and instead align with the existing GCTE PI Subcommittee to support a more unified, statewide approach. Trauma telehealth was identified as a key opportunity, with an understanding that leadership and resources from Level I and II centers will be essential to move this forward, with coordination efforts ongoing.

Improving interfacility transfer times, particularly from smaller or undesignated centers to higher-level care, was emphasized as a critical need. Current data shows significant delays in “Hospital 1 to Hospital 2” transfers, sometimes exceeding several hours. The group discussed the need to treat these patients with the same urgency as time-sensitive conditions like STEMI, focusing on rapid identification, minimizing unnecessary diagnostics, and expediting transfer to definitive care. Ben Whiddon was identified as the lead for this priority and will serve as the point person to coordinate efforts across multiple groups addressing similar challenges. His role will focus on bringing together EMS, transport services, and hospital partners to align strategies, improve communication, and reduce duplication of efforts, while advancing discussions around standardized expectations and timelines for rapid transfer of critically ill trauma patients.

Additionally, there was strong emphasis on improving communication and coordination across agencies and avoiding siloed efforts by aligning similar initiatives happening at different levels. Data was highlighted as a key driver for improvement, with early exploration into tracking the time from transfer decision to actual patient departure. Initial findings suggest significant variability and delays, reinforcing the need for better data capture and potential development of new performance metrics to guide system improvement.

VICE-CHAIR/CO-CHAIR UPDATES

Presented by Dr. Register

Dr. Sienna Pender, Trauma Medical Director in Thomasville, was announced as the incoming Chair of the Level III/IV Committee. Kelli Vaughn will continue to serve in her role as Vice Chair, providing continuity in leadership.

The group expressed appreciation for Alicia Register’s leadership and contributions, recognizing her impact on the committee’s progress and development. Dr. Pender shared enthusiasm for the opportunity and commitment to the role, while Kelli Vaughn also acknowledged the strong foundation established and expressed support for the transition moving forward.

PEDIATRIC TRANSFER POSTER

Presented by Dr. Register

The Pediatric Trauma Center Committee presented a draft pediatric transfer poster intended to provide guidance to smaller and non-designated facilities on when to stabilize and transfer pediatric trauma patients. The poster is designed to mirror existing adult transfer guidance and emphasizes timely transfer when patients exceed a facility’s capabilities. Feedback was requested to ensure the content is both clear and effectively distributed so it is actually utilized in practice.



Several clarifications and revisions were discussed. Updates to the opening language were recommended to avoid confusion and ensure it is clear the guidance is intended for hospital-based providers, not EMS, including revised wording to indicate patients “may require stabilization at the nearest hospital or emergency department.” Additional considerations included the role of hospital capability, particularly the lack of inpatient pediatric services, in transfer decisions.

Discussion also addressed pediatric age limits, clarifying that pediatric centers may accept patients up to age 21, though this has evolved over time and may vary by center. Questions regarding the use of AVPU scoring versus GCS highlighted the need for clear and consistent language, particularly for providers less familiar with pediatric assessment tools. Minor formatting edits were also noted. Overall, the group supported the concept and will incorporate feedback prior to broader distribution.

Minutes Respectfully Submitted by Crystal Shelnett