

**APPROVED**  
**02.02.26**



# GEORGIA TRAUMA COMMISSION

## Trauma Administrators Committee

### Meeting Minutes

November 3, 2025

10:00 AM-11:00 AM

Zoom

[Meeting Attachments](#)

COMMITTEE MEMBER MEETING ATTENDANCE	
COMMITTEE MEMBERS	REPRESENTING
Patrice Walker	<b>Committee Chair</b> , Atrium Health Navicent Medical Center, CMO
Dennis Ashley	Georgia Trauma Commission, Chair/Atrium Health Navicent, TMD
Cindy Hoggard	AdventHealth Redmond, Er Director for CNO
Amy Griffin	Archbold Memorial, CNO
Sheila Bennett	Atrium Health Floyd, CNE
Patrice Walker	Atrium Health Navicent, CMO
Rana Roberts	Children’s Healthcare of Atlanta, Director, Trauma, Transport and Transfer Center
April Dukes	Crisp Regional Hospital, CNO
Jane Echols	Doctors Hospital of Augusta, VP Burn Services
Jeffrey Harden	Doctors Hospital of Augusta, CNO
Damien Scott	Emanuel Medical Center, CEO
Pamela Vanderberg	Grady, VP Trauma and Burn Services
Judean Guinn	Hamilton Medical Center, CNO
Shelly Harrell	HCA Memorial Health and Fairview Park, COO
Derek Rozier	Liberty Regional Medical Center, CEO
Susan Jackson	Morgan Medical Center, Director of Quality and Safety
Walter Wiley	Northeast Georgia Healthcare System, Executive Director of Emergency and Trauma
Becky Weidler	Northside Hospital Gwinnett, Director of Patient Care Operations
Jane Gray	Phoebe Putney Memorial Hospital, COO
Jan Tidwell	Piedmont Cartersville, CNO
Bill Tustin	Piedmont Columbus Regional, COO
Paula Butts	Piedmont Henry Hospital, CNO
Stevanie Reynolds	Piedmont Walton, CNO
Frances Watts van Beek	Wellstar Health System, AVP, Trauma & Neuro Services
Kim Basso	Wellstar MCG Health CHOG, Executive Director of Nursing - Women’s and Children’s Services
Paula Levesque	Wellstar North Fulton, CNO
Tracy Gynther	Wellstar West Georgia, VP, Chief Nursing Office
APPOINTED DESIGNEES	REPRESENTING
Alicia Allen	Wellstar Paulding, Director of Nursing
Duane Mitchell	Wellstar Spalding, ED Director

COMMISSION MEMBERS PRESENT	STAFF AND OTHER ATTENDEES PRESENT
Dennis Ashley, Georgia Trauma Commission, Chair	Elizabeth V. Atkins, GTC, Executive Director Gabriela Saye, GTC Business Operations Manager Crystal Shelnett, GTC, RTSDM Gina Solomon, GTC, GQIP Director Katie Vaughan, GTC, Finance Operations Officer Benjie Christie, Atrium Health Navicent, Associate Medical Director Karen Barrett, Piedmont Cartersville, TPM Kristen Gentry, Piedmont Cartersville, Dir IP Svcs Lydia Casteel, Wellstar Paulding, Executive Director of Nursing



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## **Call to Order**

The meeting was called to order at 10:00 AM, with twenty-seven committee members and two committee member designees present. Dr. Walker thanked everyone for joining today's call and led a moment of silence in honor of Dr. Regina Medeiros, recognizing her long-standing contributions to Georgia's trauma system and the Georgia Trauma Commission.

## **Approval of May 5, 2025 Meeting Minutes**

Dr. Walker asked for a motion to approve the May meeting minutes.

**[MOTION GTCNC TRAUMA ADMINISTRATORS COMMITTEE 2025-11-01:](#)**  
**Motion to approve May 5, 2025, meeting minutes as submitted.**

**MOTION BY:** Pam Vanderberg

**SECOND BY:** Damien Scott

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

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

## **Georgia Trauma Commission Updates**

***Presented by Elizabeth Atkins***

Liz provided the following updates:

- The [FY2025 Georgia Trauma Commission Annual Report](#) has been released. Hard copies will be available at the November Commission meeting. Committee members are encouraged to review and promote their accomplishments.
- The Level I and II readiness costs survey submission has been completed. Formal data testing has begun, with support documentation due November 19, 2025. Preliminary results are expected by February 2026, with costs significantly higher than those in the 2017 survey.
- Super Speeder revenue remains steady. Fireworks tax revenue is slightly down, but major revenue months, February-April, are still ahead.
- There has been a major overhaul of trauma center contracts, distributed in September. They are now more transparent and user-friendly. Due to the extensive changes, contracts were emailed to center leaders rather than automatically sent via DocuSign. Liz encouraged centers to keep the Commission updated on their contract processing status.

Liz shared that there have been questions regarding the uncompensated care funding amounts in Level I and Level II contracts. Liz asked Katie to share an overview of FY2026 funding allocations.

Katie Vaughan shared a summary addressing changes in trauma center amounts (**ATTACHMENT A**).

- Overall trauma funding decreased by 1.5% from FY25 to FY26, while three additional trauma centers were funded.
- Uncompensated care audits, conducted by Warren Averett, are performed three years in arrears. FY25 allocations are based on calendar year 2022 data; FY26 allocations are based on calendar year 2023 data.
- Audit results revealed significant variances in uncompensated care claims among centers, ranging from a 109% increase to a 61% decrease.
- The \$4 million in additional state funding from the General Assembly followed the traditional 80% trauma/20% EMS split, slightly altering allocations due to more centers sharing the funds.



Liz clarified that the three-year lag in uncompensated care auditing allows for patient discharge and complete collections cycles. She also noted that for Level III and IV centers, the Commission voted to fund registry software costs at actual cost after ESO acquired Digital Innovations, causing price increases tied to hospital bed count. She reaffirmed a shift toward more predictable, prospective funding for readiness and PBP payments (2-year cycle for readiness PBP; 3-year cycle for uncompensated care).

With no further questions, Dr. Walker proceeded to the following agenda item.

## **Georgia Readiness Planning: Lessons from the Pandemic and the Frontline of Ukraine**

### ***Presented by Dr. Benjie Christie***

Dr. Walker introduced Dr. Benjie Christie, a general and critical care surgeon at Atrium Health Navicent, faculty and program director for the surgery residency, chief of staff-elect, and president of the Georgia Society of the American College of Surgeons.

Dr. Christie expressed appreciation to the Committee for the opportunity to present and deliver a comprehensive presentation linking lessons from pandemic response and trauma system readiness to insights drawn from Ukraine's frontline medical operations. His presentation emphasized the critical importance of regional care coordination, a long-standing element central to the American College of Surgeons Committee on Trauma (COT) mission.

Dr. Christie reviewed the role and performance of Regional Care Coordination Centers (RCCCs) during the COVID-19 pandemic, highlighting their benefits in balancing critical care loads, improving resource allocation, and supporting vulnerable populations. He also identified systemic challenges and emphasized the need for more robust preparedness measures for future public health and national emergencies.

He referenced the June 2024 U.S. Committee on Armed Services executive summary, which addressed the prolonged theater care and national security threats, tying federal-level readiness discussions to Georgia's trauma preparedness efforts. Dr. Christie reviewed concepts of future readiness planning for large-scale, multi-domain combat operations, including the growing role of drone warfare and its implications for casualty management.

Drawing on his personal experience in Ukraine, Dr. Christie described conditions on the ground ranging from entry procedures and air alerts to laboratory work, educational initiatives, and memorial observations. He outlined challenges in evacuation logistics, adaptations to drone threats, and broader lessons learned regarding medical education and access to critical resources.

Dr. Christie noted that in the event of a multi-front U.S. conflict, existing models project up to 1,000 casualties per day. He presented two key action items derived from recent reports: (1) expanding military-civilian training partnerships and (2) establishing Regional Medical Operations Care Coordination Centers (RMOCCs).

He explained that the National Trauma Emergency Preparedness System has been revised to incorporate RMOCC frameworks and development pathways. Dr. Christie also reviewed the RMOCC Implementation Roadmap, identifying barriers such as limited engagement among competitive hospital systems, data interoperability, sustainable funding, and EMS resources for long-distance patient transfers.



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In closing, Dr. Christie highlighted ongoing collaboration between the National COT and regional/state COTs to build the necessary infrastructure. He noted that Georgia is actively prioritizing this work as part of its trauma system readiness efforts.

Dr. Walker opened her remarks with a call to action for Georgia hospital administrators, emphasizing the need for statewide collaboration to enhance preparedness for large-scale emergencies. She recommended visits to established Regional Medical Operations Care Coordination Centers (RMOCCs) in Alabama or Texas to learn from their operational models. She proposed continuing this discussion in future committee meetings.

Committee members expressed appreciation to Dr. Christie for his presentation and acknowledged the urgency of improving preparedness efforts. Liz Atkins inquired about strategies to shift the hospital leadership's perception of emergency planning from being theoretical to a practical priority. Dr. Christie responded that preparedness efforts ultimately safeguard all patients and reminded members of the operational transformations necessitated by the pandemic, underscoring that proactive measures now can mitigate risks in future crises.

Dr. Ashley reinforced the importance of immediate action and provided historical context on Georgia's trauma coordination initiatives. He cited successful examples from Texas, Alabama, and Arkansas, where communication centers similar to RMOCCs operate daily to manage patient capacity, transfers, and surge responses, not solely during disasters. Dr. Ashley stressed that Georgia's success will depend on strong hospital leadership engagement and legislative collaboration to ensure sustainable funding and to embed care coordination into the state's healthcare culture.

With no further discussion, Dr. Walker moved to review the 2026 proposed meeting dates.

## **CY2026 Proposed Meeting Dates**

***Presented by Dr. Patrice Walker***

Dr. Walker reviewed the proposed meeting dates for next year (**ATTACHMENT B**) and requested a motion to approve.

**[MOTION GTCNC TRAUMA ADMINISTRATORS COMMITTEE 2025-11-02:  
Motion to approve the proposed CY2026 meeting dates](#)**

**MOTION BY:** Damien Scott

**SECOND BY:** Shelly Harrell

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

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

Dr. Walker closed the meeting by thanking Committee members for their time and participation.

## **Summary of Meeting and Action Items**

***Presented by Dr. Patrice Walker***

- Elizabeth Atkins presented updates from the Georgia Trauma Commission. Katie Vaughan shared a summary addressing changes in trauma center amounts, focusing on uncompensated care funding (**ATTACHMENT A**).
- Dr. Benjie Christie provided a comprehensive presentation linking lessons from pandemic response and trauma system readiness to insights drawn from Ukraine's frontline medical operations. His presentation



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emphasized the critical importance of regional care coordination, a long-standing element central to the American College of Surgeons Committee on Trauma (COT) mission.

- The Committee approved the proposed meeting dates for CY2026 (**ATTACHMENT B**)

The next committee meeting is scheduled via Zoom on Monday, February 2, 2026, at 10:00 AM.

The meeting adjourned at 11:01 AM.

*Minutes Respectfully Submitted by Gabriela Saye*