

**APPROVED**  
**02.19.26**



# GEORGIA TRAUMA COMMISSION

## Georgia Trauma Commission Meeting Minutes

Thursday, November 20, 2025

9:00 AM – 12:00 PM

State Office of Rural Health

Cordele, Georgia

Meeting Recording: <https://www.youtube.com/watch?v=70BvCPgmJ3M>

Meeting Attachments: [trauma.ga.gov](https://trauma.ga.gov)

### COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman  
Mr. Pete Quinones, Secretary-Treasurer  
Dr. James Dunne  
Dr. John Bleacher  
Mr. Terry Cobb  
Dr. S. Rob Todd (via Zoom)

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth Atkins	Georgia Trauma Commission, Executive Director	In Person
Gabriela Saye	Georgia Trauma Commission, Business Operations Manager	In Person
Crystal Shelnett	Georgia Trauma Commission, Regional Trauma Development Mgr.	In Person
Gina Solomon	Georgia Trauma Commission, GQIP Director	In Person
Katie Vaughan	Georgia Trauma Commission, Finance Operations Officer	In Person
Patrice Walker	Atrium Health Navicent, CMO	Virtual
Kristal Smith	Atrium Health Navicent/Region 5 RTAC, IP and Outreach Coordinator	Virtual
Michelle Williams	Baker Donelson, Attorney	Virtual
Michelle Rundle	Cobb County Fire & Emergency Services, Admin Specialist, EMS Division	Virtual
Ashley Bullington	Crisp Regional, TPM	In Person
Alicia Register	Crisp Regional, TMD	In Person
Danlin Luo	DPH Office of EMS and Trauma, Epidemiologist	Virtual
Dipti Patel	DPH Office of EMS and Trauma, EMS Data Manager	Virtual
Marie Probst	DPH Office of EMS and Trauma, State Trauma Registrar	Virtual
Stacey Smith	DPH Office of EMS and Trauma, Trauma Coordinator	In Person
Lynn Grant	Fairview Park Hospital, Trauma Program Director	In Person
Pamela Vanderberg	Grady, VP Trauma and Burn Services	Virtual
Rita Rocker	Mathews & Maxwell, Associate	Virtual
Erika Mabes	Medical College of Georgia at Augusta University, Associate Professor	In Person
Christie Mathis	Morgan Medical, TPM	Virtual
Matthew Vassy	Northeast Georgia Medical Center, TMD	Virtual
Brad Cothran	Piedmont Cartersville Medical Center, Trauma Outreach Coordinator	Virtual

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Jay Connelly	Piedmont Henry/Region 4 RTAC, Dir Trauma	Virtual
Jake Lonas	Puckett EMS, Vice President	In Person
Scott Stephens	Region 1 RTAC, Coordinator	Virtual
Ben Whiddon	Region 8 RTAC, Coordinator	In Person
Tetra Jenkins	Washington County Regional Medical, Stroke & Trauma Program Coordinator	Virtual

**CALL TO ORDER (00:00:09)**

Dr. Dennis Ashley, Georgia Trauma Commission Chair, called the meeting to order at 9:05 AM, with six of eight Commission members present.

**CHAIRMAN REPORT (00:00:16)**

*Presented by Dr. Dennis Ashley*

Dr. Ashley thanked the State Office of Rural Health for hosting the Commission and providing excellent facilities. The Chair acknowledged the recent passing of Dr. Regina Medeiros and noted that this was the first regular meeting held since her passing. He summarized her service since 2017, including her terms as Secretary-Treasurer and Vice Chair, as well as her leadership of multiple committees. A moment of silence was observed in her memory.

The Chair delivered the Chairman’s Report (**ATTACHMENT A**), highlighting the significance of National Rural Health Day. He noted that rural areas encompass 61 million residents and 86% of the U.S. land mass, supported by approximately 1,300 critical access hospitals and 900 additional rural hospitals. He provided an update on rural graduate medical education, reporting more than 400 rural training sites nationwide, four times the number in 2008, and emphasizing that trainees are two to five times more likely to practice in rural areas after completing rural rotations. He recognized local physicians who participated in such programs and affirmed their positive impact. The Chair acknowledged the State Office of Rural Health for its essential role in connecting national and state resources to strengthen trauma care.

Dr. Ashley concluded his report by summarizing the Commission’s participation in the recent national Trauma Quality Improvement Program (TQIP) meeting. Georgia representatives delivered podium presentations, moderated sessions, and poster presentations. The Chair thanked all members for their voluntary contributions to trauma system improvement across the state.

**APPROVAL OF MEETING MINUTES (00:07:46)**

*Presented by Dr. Dennis Ashley*

Dr. Ashley requested a motion to approve the May, June, and October meeting minutes (**ATTACHMENT B, pgs. 3-23**)

**MOTION GTCNC 2025-11-01:**

**Motion to approve the May 15, 2025, June 13, 2025, and October 22, 2025, meeting minutes.**

**MOTION BY:** Pete Quinones

**SECOND BY:** John Bleacher

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

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

#### EXECUTIVE DIRECTORS REPORT (00:07:12)

*Presented by Liz Atkins*

Liz Atkins referenced the Executive Report noted on **pages 24-31**.

- The FY 2025 Annual Report is now available in both printed and electronic formats. Members were encouraged to take copies back to their facilities to highlight statewide trauma system accomplishments. She then summarized the status of the 2025
- Level I and II Readiness Costs Survey data validation by the Commission auditor is ongoing, with preliminary results indicating substantially increased costs compared to prior studies and higher than recently published Tennessee benchmarks, partly due to changes in the ACS Gray Book standard. Finalized results are expected by January for use during the legislative session.
- The Commission's 2026 meeting schedule is included on **page 27** of members' packets. The proposed schedule places the February meeting at the Emory Conference Center in conjunction with the combined GQIP session, followed by meetings in Madison (May), Jekyll Island (August, also a combined session), and Cordele (November) to coincide with National Rural Health Day.

#### **MOTION GTCNC 2025-11-02:**

**Motion to approve the 2026 meeting schedule**

**MOTION BY:** John Bleacher

**SECOND BY:** Terry Cobb

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

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

Liz Atkins asked Commission members to review the strategic plan in their packets. Feedback is welcome, as the document is intended to be updated regularly. There being no questions, the floor transitioned to the Georgia Quality Improvement Program (GQIP) Report, presented by Dr. Smith.

#### GEORGIA QUALITY IMPROVEMENT REPORT (00:13:29)

*Presented by Dr. Alexis Smith*

Dr. Smith provided a brief update and referenced the report on **page 32**:

- The GQIP leadership now operates as a triad consisting of herself, Gina Solomon, GQIP Director, and Dr. Patricia Ayoung-Chee, who leads data analysis through the ArborMetrix platform. She praised the development and rollout of the real-time data system. She noted that Georgia's collaborative structure is more inclusive, as Georgia incorporates Level I-IV trauma centers in all meetings and on the shared data platform.
- GQIP leadership has conducted statewide outreach visits to Level III and IV trauma centers to identify opportunities for quality improvement projects. A recent visit to a Level IV center revealed that ArborMetrix data showed high-injury severity patients were being managed effectively.
- A major new initiative is a statewide geriatric trauma gap analysis, prompted by rising numbers of elderly trauma patients; trauma program managers will receive outreach on this project.

- Gina Solomon added that the development of ArborMetrix has required significant effort, noting the recent launch of the VTE measures on November 7 and the second distribution of center-level scorecards. Their visit to Michigan confirmed that Georgia’s approach aligns with established best practices in other high-performing collaboratives.

A question was raised regarding the status and long-term continuation of the ArborMetrix contract. Gina Solomon reported that the contract runs through December 2026, with discussions scheduled in early December regarding potential extensions and associated costs. Consideration is also being given to what would be required to build an alternative platform; however, given ArborMetrix’s capabilities and staffing requirements, such an undertaking would be substantial. Dr. Smith noted the platform’s value in real-time outcome comparison and its utility for Level III and IV centers, describing the extensive coding and analytic support needed for system development and metric launches.

Additional discussion addressed data quality and validation. Michigan’s rigorous validation process was cited as a model, and Dr. Smith noted that national datasets are increasingly lacking the capacity for individualized data validation. GQIP intends to reintroduce a state-level data validation cadence within the next two years and may request Commission support as that initiative develops. Emphasis was placed on the need for high-quality data to underpin statewide trauma improvement efforts. Dr. Smith and Ms. Solomon concluded their report, and the Chair thanked them for their presentation.

**REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REPORT (00:24:15)**

***Presented by Crystal Shelnutt***

Crystal Shelnutt provided an overview of recent RTAC activities (pgs 33-62):

- Steve Elmgren is the new Region 3 RTAC Coordinator. Mr. Elmgren, who works with the Grady Burn Center, has already demonstrated strong leadership and innovative ideas for Region 3.
- Ben Whiddon, the Region 8 RTAC Coordinator, has been in the role for approximately six months. Crystal Shelnutt commended Ben for his exceptional performance, highlighting his rapid progress in addressing identified gaps, distributing 1,000 Stop the Bleed kits, updating school participation, preparing for another school bus program, and significantly advancing Region 8 trauma preparedness.
- Region 2’s Northeast Georgia Trauma Symposium drew more than 600 participants and was described as a highly successful event organized by Kyle and his team.
- Region 10 held a two-day Instructor and Provider Symposium in Athens several months earlier, which was recognized as an excellent training resource that will continue to support the region.
- Performance improvement remains a priority across all RTACs. With support from GQIP and Gina Solomon, RTACs now receive quarterly data reports that inform targeted initiatives in injury prevention, education, and region-specific opportunities for system enhancement.

Crystal concluded her report by inviting questions; none were presented. The Chair then transitioned to the following agenda item, which concerned EMS education planning.

**EMS EDUCATION PLANNING (00:27:07)**

***Presented by Crystal Shelnutt***

Crystal Shelnutt delivered the Education Program Development Report (**ATTACHMENT C**), noting that the previous completion of Georgia’s first statewide Educational Needs Assessment will now guide a focused plan to

modernize trauma education. Key goals include strengthening communication with EMS providers, supporting the workforce through improved initial education, and aligning statewide training with national trauma standards.

Significant initiatives include the creation of an online education repository and the implementation of Survey123 to track student participation and identify regional training gaps. The MedEd Prep testing program will continue for initial education and may be expanded to continuing education to strengthen competency data.

Initial education efforts include updated Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), and Advanced Emergency Medical Technician (AEMT) grant programs with increased funding and performance incentives, as well as a new micro-grant program for small rural classes. Instructor development will be supported through scholarships for State Office of EMS instructor courses.

For continuing education, the Commission will fund National Association of Emergency Medical Technicians (NAEMT) courses and develop an instructor directory to help agencies locate qualified educators. Additional programs include Tactical Emergency Casualty Care training, an Emergency Vehicle Operator Course (EVOC) Instructor Development Scholarship, and a significant partnership with Augusta University's Critical Event Preparedness and Response (CEPaR) program to develop region-specific training aligned with the ACS Committee on Trauma priorities for Regional Medical Operations Coordination Centers (RMOCCs).

The Commission will also support Regional EMS Instructor Symposiums, launch a statewide Cadaver Lab program, and pilot Simulation in Motion training in all regions while building local simulation capacity. Leadership development programs with Fitch & Associates will include both entry-level supervisory training and a higher-tier leadership course, culminating in capstone projects.

Research priorities include tracking the annual needs assessment, evaluating the effectiveness of training, and supporting evidence-based improvements in initial education. The presenter noted that this represents Phase 1 of a longer-term effort to standardize and strengthen trauma education statewide. Questions were invited.

Dr. Ashley commended this approach for being responsive to learner needs.

Jake Lonas, VP of Operations for Puckett EMS, acknowledged improvements in statewide trauma care and EMS education since the Commission's inception. He raised concerns regarding the decision not to renew the contract with the Georgia EMS Association, noting that their leadership training programs had been highly effective, and whether GEMSA will have the opportunity to address concerns. The Chair noted that the decision was a business determination focused on aligning resources with statewide trauma priorities.

Pete Quinones asked who would be implementing the updated EMS education program. Crystal confirmed she will lead the implementation of the program.

Questions about instructor availability were addressed, with Crystal stating that sufficient instructional resources exist, and additional instructor development will be supported through NAEMT and RTAC partnerships as the plan evolves.

The Chair thanked Crystal for her presentation.

## **FINANCE & BUDGET COMMITTEE REPORT (01:00:22)**

***Presented by Pete Quinones and Katie Vaughan***

Pete Quinones reported that earlier this month, the team reviewed key points for the meeting. Relevant items were shared in handouts. Appreciation was expressed for the group's contributions, particularly Katie's assistance in preparing materials in a digestible format. Katie will review the agenda items discussed, and we recommend tabling the discussion on Arbormetrix funding until the next Commission meeting.

Katie reviewed the following budget items (**ATTACHMENT B, pages 63-121**). Highlights included:

- The FY25 expense-to-budget, pages 75-78, is in line with the first quarter. EMS equipment grants are being processed; trauma center invoices will be submitted in January.
- FY26 Trauma Center Funding Summary, pages 79-82. Trauma center funding for FY26 showed a slight decrease due to an 80/20 split of \$4M and an increase in the number of funded centers from 31 to 34. Uncompensated care figures were based on audited claims from the three years preceding the audit.
- The FY27 Proposed Budget is based on FY26 data; a vote will be required to approve.

Note: Dr. Rob Todd left the meeting; voting on pending items was deferred until his return.

- The FY25 Closeout Summary, pages 93-102, included minimal unspent funds, totaling \$58.40, returned to the state. Departmentalized expenditure pie charts showed that 73% of the funds were allocated to trauma centers. The remaining trust funds and interest retained, totaling \$792,000, were also noted.
- A summary of the FY25 PBP criteria and at-risk percentages for trauma centers was presented by level (pages 103-112), with deductions primarily affecting Level II centers.
- Updates on outstanding and closing POs, including Super Speeder revenue trends, down 2% for FY26 through October, and fireworks revenue changes were reported (pages 113-119).

Committee members commended the thoroughness and accuracy of the data presented. Follow-up questions can be addressed outside the meeting as needed. The report concluded with acknowledgment of Pete and the Georgia Trauma Commission staff for careful budget oversight.

**LIII/IV COMMITTEE REPORT (01:15:31)**

***Presented by Dr. Alicia Register***

Dr. Alicia Register provided a brief verbal update.

The committee is creating workgroups based on recent feedback surveys, with the intention of realigning priorities and setting one-year and five-year goals. A meeting is scheduled for the afternoon to continue planning.

Dr. Register introduced Dr. Erika Mabes, Director of Surgical Simulation at Augusta University, to present progress on the simulation fellowship and the Rural Interactive Trauma Simulation initiative (**pages 129-153**). Dr. Mabes provided a comprehensive overview of the multidisciplinary program, which is designed to improve trauma readiness in rural Georgia. The course combines interactive, case-based didactics with hands-on procedural skills stations, engaging EMS providers, nurses, RTs, APPs, and physicians. Through a simulation fellowship, trainees are trained in course development, delivery, and institutional and community-based trauma simulations. Since its pilot launch, RITS has reached eight hospitals with 83 participants, demonstrating significant improvements in medical knowledge, confidence in life-saving procedures, and overall satisfaction. The program emphasizes teamwork, practical skills, and adaptability to participant needs, while addressing challenges such as instructor capacity and the inclusion of special populations (pediatric, obstetric, geriatric, and trauma). Plans include statewide expansion, incorporation of residents and medical students, follow-up evaluations, and ongoing scholarly dissemination. RITS

represents a scalable, evidence-based approach to enhancing rural trauma care and fostering interest in rural surgical practice.

The fellowship is currently held by a resident between their second and third year, with plans to expand to other Georgia residencies eventually. The fellowship is in the process of becoming an ACS-accredited program. It was emphasized that the program focuses on procedural skills, patient stabilization, and case-based decision-making, supplementing rather than replacing RTTDC, which emphasizes teamwork and overall management. The program has garnered national interest, particularly for its rural outreach pillar, addressing clinical competency, performance improvement, and community-based leadership in rural trauma settings.

The Chair and attendees commended Dr. Mabes for the exciting work taking place with the RITS initiative.

### **GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:42:47)**

#### ***Presented by Lynn Grant***

Lynn Grant referenced the report on **pages 155-167** for the Georgia Committee for Trauma Excellence.

- Ongoing development of the PI toolkit
- Extensive ICD-10 training supported by the Trauma Commission
- Continued evaluation of trauma registry vendors
- Expansion of statewide education initiatives, such as TCRN review courses and rural RTTDC support.
- Injury prevention efforts included Lutzie summits, Shattered Dreams programs, and a statewide Stop the Bleed training blitz, which reached over 1,300 participants.
- The Pediatric Subcommittee advanced multiple projects, including pediatric transfer guidelines, quick-reference stabilization tools for rural providers, and statewide EMS safe-transport education materials.

A recent statewide educational needs assessment identified Optimal, TOPIC, and injury-prevention courses as top priorities, prompting a proposed two-year plan with course expenses totaling \$135,000 and logistical support totaling \$10,000, for a grant total budget of \$145,000 to deliver these offerings. While members agreed the courses are essential for trauma-center readiness and future ACS requirements, they discussed budget constraints and the potential use of fireworks funds, ultimately planning to return the proposal to the Finance Committee for options following a formal motion and discussion.

Liz noted that the approval of the pediatric projects and the education budget request would need to be deferred until quorum was reestablished.

### **TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:53:00):**

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

Dr. Patrice Walker presented the Trauma Administrators Committee report, **page 168**, beginning with the committee review of FY2026 funding allocations, emphasizing that uncompensated care payments are calculated three years in arrears. The majority of the meeting focused on Dr. Benjie Christie's presentation on readiness planning, incorporating lessons from the COVID-19 pandemic and his firsthand observations from Ukraine's wartime medical operations. Dr. Walker stressed the importance of applying these lessons to Georgia's trauma system, given the state's military installations and significant port activity, and issued a call for statewide collaboration in preparedness planning.

Dr. Ashley strongly supported this initiative and highlighted the urgent need for RMOCC planning, especially given the limited statewide hospital capacity. Dr. Ashley charged the Administrators Committee with developing ideas or recommendations by Spring, noting that their expertise should guide future statewide readiness strategies and potential legislative or funding requests.

Dr. Matthew Vassy offered collaboration from the Trauma Medical Directors Committee, noting that RMOCC development is already under discussion within TMD and GQIP groups. He emphasized the need to maintain RMOCCs with defined day-to-day responsibilities to ensure they remain functional for emergencies. The Commission encouraged Dr. Walker and Dr. Vassy to coordinate, potentially forming a small workgroup to advance planning.

Before the following Committee report, Mr. Brian Annino, Senior Attorney in the Department of Community Health Commissioner's Office, will be the new liaison to the State Office of Rural Health. He shared updates on the Georgia Rural Health Transformation Project, which is now publicly available for review, and noted that CMS feedback is expected by the end of the year. Mr. Annino expressed enthusiasm for supporting rural health initiatives and invited ongoing communication with the Commission.

#### **TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:03:53)**

***Presented by Dr. James Dunne***

Dr. James Dunne provided the following update referenced on **page 169**:

- Ongoing work to improve how trauma centers send data to the statewide trauma registry; exploring alternatives to the current vendor.
- Time-to-definitive-care two-center study completed; preparing presentations and a manuscript.
  - Key finding: Overall time to care didn't affect survival for most patients; however, critically ill patients (those experiencing shock, low blood pressure, or requiring transfusion) require faster transport.
- A larger statewide study is planned and awaits IRB approval, as well as advanced statistical analysis support.
- The committee is developing a statewide trauma system dashboard to monitor system efficiency and identify areas for improvement. Early dashboard design underway; updates expected at an upcoming Commission meeting.

Dr. Ashley expressed formal appreciation to Dr. Dunne for his leadership on the two-center study, manuscript preparation, and coordination with the Savannah team and collaborators.

#### **TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (02:09:23)**

***Presented by Dr. Matthew Vassy***

Dr. Vassy provided committee updates, **page 170**:

- The Pediatric Transfer Poster final draft received unanimous committee approval, complementing the existing adult transfer poster and supporting faster care for critically ill pediatric patients.
- The next in-person TMD Committee meeting will be held during the February GQIP/GTC joint meeting at Emory. The meeting focus will include the development of the Regional Medical Operations Center (RMOC). A presentation is planned by a center involved in Alabama's Coordination Center. Additional presentations are requested from Augusta University on CEPaR/RMOCC initiatives.

Dr. Ashley expressed appreciation for the Trauma Medical Directors Committee's efforts.

**ITEMS FOR COMMISSION VOTE (02:12:12)**

*Presented by Dr. Dennis Ashley*

With Dr. Todd rejoining the meeting, a quorum was reestablished, and Dr. Ashley requested a vote on the items presented and pending approval.

**MOTION BY: Finance & Budget Committee**

**MOTION GTCNC 2025-11-03:**

**Motion to approve the FY 2027 Preliminary Budget (pg. 88)**

**MOTION BY: Finance and Budget Committee**

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

**MOTION BY: Georgia Committee for Trauma Excellence (GCTE)**

**MOTION GTCNC 2025-11-04:**

**Motion to approve the GCTE two-year education proposed plan (pg. 157) and budget, \$145,000, with direction to send it to the Finance Committee to determine funding sources**

**MOTION BY: Georgia Committee for Trauma Excellence (GCTE)**

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

**MOTION BY: Georgia Committee for Trauma Excellence (GCTE)**

**MOTION GTCNC 2025-11-05:**

**Motion to approve the three pediatric documents: Indications for Pediatric Trauma Patients Requiring Rapid Transfer Poster (pg. 158), Quick Reference for Assessment, Stabilization (pgs. 159-160), and Transfer of Pediatric Patients, and Safe Transportation of Children Presentation (pgs. 161-167).**

**MOTION BY: Georgia Committee for Trauma Excellence (GCTE)**

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

With items pending Commission consideration addressed, Dr. Ashley continued with the following agenda item, the Georgia Trauma Foundation report.

**GEORGIA TRAUMA FOUNDATION REPORT (02:15:16)**

*Presented by Dr. John Bleacher*

Dr. John Bleacher referenced the report on **pages 171-172:**

- The Foundation is expanding public awareness efforts, including a new episode of WSB Radio's Weekly Checkup featuring trauma survivors and highlighting the impact of Stop the Bleed training.
- A Georgia Tech student and trauma survivor shared his story; a classmate trained in Stop the Bleed saved his life. He is now a Stop the Bleed trainer at Phoebe Putney, helping raise statewide awareness. The Foundation leadership also appeared on 11 Alive News to promote Stop the Bleed and increase visibility of trauma system initiatives.
- The Foundation sponsored the Back-to-School Stop the Bleed Training Blitz, supporting community education efforts.

- \$100,000 in statewide grants is available again this year (10 grants, \$10,000 each); application deadline: November 30. Eligible projects include education, injury prevention, community programs, and other trauma-system support initiatives.
- Save-the-Date Announcements:
  - Trauma Awareness Day at the Capitol: February 24
  - Annual Fundraising Gala: May 30 (largest fundraising event of the year)

Cheryle Ward introduced Tyler Bryant, Community Engagement & Development Specialist, a new staff member who will work closely with regional trauma partners.

Dr. Dunne inquired about the fundraising progress for Commission initiatives. Dr. Bleacher shared that the Foundation has invested \$100,000 to purchase 2,000 bleeding control kits, supporting a major statewide priority. Additional regional fundraising efforts are planned to expand kit distribution, especially for schools.

Dr. Bleacher noted the Foundation welcomes continued alignment with Commission priorities and is open to suggestions for future fundraising goals.

### **OFFICE OF EMS AND TRAUMA (OEMST) REPORT (02:25:30)**

*Presented by Stacey Smith*

Stacey Smith reviewed their report on **pages 173-174**.

- Congratulations were announced for Northside Gwinnett Medical Center and Fairview Park Hospital for achieving ACS verification as Level II and Level III trauma center.
- The 2026 designation and consult scheduling process is now open; centers may request consultations, designations, or mock consultations in preparation for ACS reviews.
- Four centers are working toward new designations in 2026:
  - Level III: Coffee Regional
  - Level IV: Colquitt, Satilla, and Wellstar Douglas
  - OEMS&T has been actively supporting these centers throughout the year, with the hope that they will receive designation in 2025–2026 to strengthen trauma care in rural regions.
- Trauma registry updates:
  - All centers met trauma surgeon response and record-closure requirements for FY25.
  - Burn center performance evaluations for fiscal years 2024–2025 have been compiled.
  - ESO import errors continue to be addressed; updates expected in the coming months.
  - ImageTrend’s 2026 schema file (with 23 new data elements) will be released in November.
- New Systems of Care Advisory Council launched with trauma, stroke, cardiac, and pediatric representation; next meeting December 9.
- The 2024 Georgia Trauma Registry Annual Report has been published and is available on the DPH website.
- The anticipated ACS Level IV Standards are expected to be released in February; Georgia will adjust its state designation rules if necessary, particularly regarding potential telehealth requirements.
- OEMS&T is developing a public-facing map of pre-hospital blood product availability; an update will be forthcoming once the map is published.
- Six centers have now been designated as Pediatric Readiness Centers; one Level II pediatric center was highlighted as a strength during ACS review. Centers interested in becoming designated may contact Sam Sindelar or April Moss.
- Additional centers across Georgia have expressed interest in future Level III/IV designation; discussions are ongoing with facilities such as Piedmont Newton.

## ADJOURNMENT (02:32:49)

Dr. Ashley expressed gratitude for the hard work of our Committees, system partners, and staff. No new business items were raised or submitted. Dr. Ashley requested a motion to adjourn.

### MOTION GTCNC 2025-11-06:

#### **Motion to adjourn**

**MOTION BY:** Terry Cobb

**SECOND BY:** John Bleacher

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

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

## SUMMARY OF HIGHLIGHTS & ACTION ITEMS

- Dr. Ashley's Chairman's report highlighted the significance of National Rural Health Day (**ATTACHMENT A**), acknowledging the State Office of Rural Health for its essential role in connecting national and state resources to strengthen trauma care.
- The commission approved the 2026 meeting schedule (**ATTACHMENT B, pg. 27**)
- Crystal Shelnett delivered the Education Program Development Report (**ATTACHMENT C**)
- Commission approved the FY 2027 Preliminary Budget (**ATTACHMENT B, pg. 88**)
- Commission approved the GCTE two-year education proposed plan (**ATTACHMENT B, pg. 157**) and budget, \$145,000, with direction to send it to the Finance Committee to determine funding sources.
  - Budget includes \$135,000 for course expenses and \$10,000 for logistical support.
- Dr. Mabes provided a comprehensive overview of the Rural Interactive Trauma Simulation multidisciplinary program, which is designed to improve trauma readiness in rural Georgia (**ATTACHMENT B, pgs. 129-153**)
- Dr. Ashley charged the Administrators Committee with developing ideas or recommendations for Regional Medical Operations Coordination Centers (RMOCC) planning by Spring, noting that their expertise should guide future statewide readiness strategies and potential legislative or funding requests. The Commission encouraged Dr. Walker and Dr. Vassy to coordinate, potentially forming a small workgroup to advance planning.
- The Commission approved three pediatric documents:
  1. Indications for Pediatric Trauma Patients Requiring Rapid Transfer Poster (**ATTACHMENT B, pg. 158**)
  2. Quick Reference for Assessment, Stabilization (**ATTACHMENT B, pgs. 159-160**)
  3. Transfer of Pediatric Patients, and Safe Transportation of Children Presentation (**ATTACHMENT B, pgs. 161-167**).
- Georgia Trauma Foundation is offering \$100,000 in statewide grants (10 grants, \$10,000 each); application deadline: November 30. Eligible projects include education, injury prevention, community programs, and other trauma-system support initiatives.
- Georgia Trauma Foundation save the dates:
  1. Trauma Awareness Day at the Capitol: February 24
  2. Annual Fundraising Gala: May 30

*Minutes Respectfully Submitted by Gabriela Saye*