



# GEORGIA TRAUMA COMMISSION

**APPROVED**  
**01.16.26**

## Level III/Level IV/Rural Committee Meeting Minutes

Thursday, November 20, 2025  
1:00-2:00 P.M.

State Office of Rural Health, Cordele, GA/ Zoom  
[Link to Meeting Recording and Meeting Material](#)

Committee Members Present*	Representing
Kelli Vaughn	Archbold
Christie Mathis	Morgan Medical
Nicole Sundholm	AdventHealth Redmond
Laura Corn	Atrium Polk Medical Center
Ashley Bullington	Crisp Regional
Alicia Register	Crisp Regional Hospital
April Dukes	Crisp Regional Hospital
Brooke J. Marsh	Emanuel Medical Center
Olalekan Akinyokunbo	Emanuel Medical Center
Gail Thornton	Emanuel Medical Center
Lynn Grant	Fairview Park Hospital
Shelly Harrell	Fairview Park Hospital
Kim Brown	Hamilton Medical Center
Tammie Russell	Liberty Regional Medical Center
Derek Rozier	Liberty Regional Medical Center
Christina McCain	Liberty Regional Medical Center
Susan Jackson	Morgan Medical Center
Marie Probst	OEMS&T
Sameer Mishra	Paulding Medical Center
Kaleigh Stallard	Piedmont
Jan Tidwell	Piedmont Cartersville Medical Center
Jerry McMillan	Piedmont Cartersville Medical Center
Amy Stephens	Piedmont Cartersville Medical Center
Karen Barrett	Piedmont Cartersville Medical Center
Brad Cothran	Piedmont Cartersville Medical Center
Jay Connelly	Piedmont Henry / RTAC 4
Justin Keeton	Piedmont Henry Hospital



# GEORGIA TRAUMA COMMISSION

James Polston	Piedmont Walton Hospital
Kailey Paulson	SGMC
Desiree Lacy	SGMC
Emily Brown	SGMC Health
Kerry Carter	Wellstar Health System
Shelby Lemon	Wellstar Health System Cobb
Heather Loftus	Wellstar Spalding

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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth Atkins Gabriela Saye Gina Soloman Crystal Shelnett Cheryle Ward Nita Ham	Georgia Trauma Commission, Executive Director Georgia Trauma Commission, Business Operations Manager Georgia Trauma Commission, GQIP Director Georgia Trauma Commission, System Planner Georgia Trauma Foundation, Executive Director State Office of Rural Health, Executive Director

## **CALL TO ORDER**

Dr. Alicia Register, Chair, called the meeting to order at 1:00 p.m., welcomed attendees joining in person from Cordele and virtually by Zoom, and reminded participants to confirm attendance using the QR code or electronic link placed in the chat.

## **APPROVAL OF MEETING MINUTES**

*Presented by Dr. Register*

Dr. Register noted that the July 18, 2025 meeting minutes had been distributed in advance and asked for a motion to approve.

**MOTION LIII/IV Committee 2025-11-01:**  
**Motion to approve July 18, 2025, meeting minutes as submitted.**

**MOTION BY:** Christie Mathis

**SECOND BY:** Brooke Marsh

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

**ACTION:** The motion **PASSED** with no objections or abstentions.

## **GTC Update**

*Presented by Liz Atkins*

## **FY Budget & Trauma Center Funding**



# GEORGIA TRAUMA COMMISSION

- The current fiscal year budget was approved at the recent GTC meeting and is posted in the Commission meeting packet on the GTC website.
- This is the first year of the updated funding model: Level I–III centers received a 3% increase across the board, and Level IV centers received a 50% increase. Liz encouraged all Level III and IV trauma centers to review their specific allocations in the posted budget and contact GTC with any questions.

## **Inter-Rater Reliability (IRR) / Q-Centrix Project**

- Implementation of the IRR project has been significantly delayed due to corporate IT/firewall requirements and access approvals at participating systems.
- Emanuel Medical Center is currently the only Level IV site fully ready to begin; GTC is exploring allowing them to start while other sites continue working through access issues.
- Funds for the IRR project remain available through the amended FY24 contracts.

## **Data Integrity, TQIP, and ArborMetrix**

- Liz emphasized the importance of high-quality trauma registry data to support TQIP benchmarking and ArborMetrix risk-adjusted analyses.
- IRR will help identify coding and abstraction opportunities, especially for low-resource centers, and strengthen statewide benchmarking on key measures such as resuscitation practices (e.g., blood versus crystalloid administration) and basic skills such as bag-valve-mask use.

## **ACS Level IV Standards & Rural Pillar**

- ACS has indicated the updated Level IV standards will be released in February; Liz noted cautious optimism but stressed the need to see final standards in writing.
- ACS is developing a rural pillar with planned resources in education and performance improvement tailored to Level III/IV and rural facilities, including support for multidisciplinary peer review in low-volume environments.

## **Education & PI Support**

- A rural-focused performance improvement (PI) course has been approved as part of a broader education proposal, with flexibility to scale class size by adding instructors.
- ACS and STN are working on toolkits and “community of providers” concepts to address the realities of rural trauma care, including advanced practice providers who may be the primary clinician for trauma patients.

## **Trauma Billing, Documentation & TCAA Engagement**

- Prior analysis of Georgia trauma billing identified two key issues:
  - Inconsistent use of **Patient Type 5** (trauma center) on claims.
  - Variable capture of trauma team activations on the claim.
- A recent OIG review found billions in inappropriately billed trauma activations nationally; CMS has responded by focusing on education versus recoupment.
- Georgia Medicaid’s software transition has created compatibility issues with certain NUBC billing codes (including Type 5). GTC and GHA are working with Medicaid to resolve these issues.
- TCAA offers a free one-on-one consult for member hospitals; Liz encouraged centers to use this resource and to view the recent TCAA OIG/billing webinar.
- Additional statewide trauma finance education (Parts 3 and 4) is being considered for spring, potentially building on prior webinars and in-person sessions.

## **Super Speeder Revenue**

- Super Speeder revenue is slightly behind this time last year but within normal seasonal variation.

No formal actions were requested; members were encouraged to review the Commission meeting packet and the new GTC annual report (available in print and online) and to reach out with questions.



# GEORGIA TRAUMA COMMISSION

## **MARCH PAWS UPDATE**

*Presented by Dr. Register*

Dr. Mabes provided an update on the Augusta University rural trauma simulation course, which has effectively become the operational vehicle for many of the goals originally envisioned under MARCH PAWS:

- **Course Structure**
  - One-day, portable rural trauma simulation course delivered on site at participating Level III and IV centers in rural communities.
  - Morning: ~2 hours of interactive, case-based didactics and deconstructed trauma scenarios with active Q&A.
  - Afternoon: hands-on simulation focused on life-saving procedures practiced in realistic scenarios.
- **Participation & Reach**
  - Four courses have been delivered to date, with a total of six planned by the end of the year, reaching approximately 10 facilities.
  - Courses are multidisciplinary and open to ED physicians, advanced practice providers, nurses, respiratory therapists, and surrounding EMS agencies whenever feasible.
- **Evaluation & Outcomes**
  - Pre- and post-testing shows statistically significant improvement in medical knowledge.
  - Participant surveys demonstrate high satisfaction with course content, pace, and the integration of didactics with simulation.
- **Future Directions**
  - Additional courses are scheduled for spring; Emanuel County is among the next host sites.
  - Long-term vision is a train-the-trainer model, creating local instructors who can sustain and expand training to surrounding outreach communities.
  - The program is seen as a natural evolution of MARCH PAWS—emphasizing practical, life-saving procedures and stabilizing the trauma patient in rural environments.

Committee discussion highlighted alignment with the goal of ensuring high-quality trauma care in even the most remote areas, recognizing that rural providers often treat neighbors and community members and may carry significant emotional and professional pressure in those cases.

## **PTSF Consult Visit and System Planning Discussion**

*Presented by Dr. Register*

Dr. Register reviewed prior work related to PTSF consult visits, ACS Systems Consultation, and the associated rural and non-trauma center resource/demographic survey:

- **Survey & Consult Background**
  - The committee previously partnered with the State Office of Rural Health (SORH) and Nita Hamm to complete a rural and non-trauma center resource and demographic survey, achieving a 96% response rate.



# GEORGIA TRAUMA COMMISSION

- PTSF consults identified common themes: transfer barriers (EMS availability), documentation and registry utilization issues, and needs for PI education at low-volume centers.
- **Status of Presentations & Advocacy**
  - Damien Scott noted that survey findings were presented to GHA leadership and that he has an expanded role within GHA, positioning him to continue bringing trauma system issues forward.
  - There is strong alignment between these survey findings and more recent Level III/IV committee surveys: EMS shortages and transfer delays, equipment and training gaps in small EDs, and the need for operational support.
- **Rural Healthcare Transformation Program**
  - Damien shared that Georgia has applied for significant federal funding under a Rural Healthcare Transformation Program (HR1 funds).
  - If awarded (with early indications suggesting at least \$100 million), funds will likely flow through SORH and may support EMS workforce, trauma system readiness, and related projects.

Discussion emphasized the need to leverage this work to maintain momentum on readiness costs, rural hospital sustainability, and EMS transfer capacity.

## **Trauma Connections Group Update**

*Presented by Christie Mathis*

Christie provided a structured update on the Trauma Connections Group, a monthly 30-minute virtual peer forum primarily attended by trauma program managers, registrars, and PI staff:

- **Purpose & Format**
  - Informal, safe space for Level III/IV teams to share challenges, ask questions that larger centers may not fully understand, and exchange practical solutions.
  - Focus on operational “how-to” issues rather than high-level policy.
- **Recent Topics**
  - **Organizational Structure & Reporting Lines**
    - Discussion of recommended reporting relationships (TPM to trauma administrator, dotted-line to TMD) and how to manage multiple roles/“wearing multiple hats” within rural hospitals.
  - **Q-Centrix Experience**
    - Morgan Medical Center is currently the only site actively using Q-Centrix for IRR; early feedback has focused on small but meaningful documentation changes (e.g., using “none” instead of “N/A” in specific fields).
  - **Injury Prevention**
    - Several centers have initiated **Matter of Balance** and are awaiting introduction of “Bingo-size” activities/tools for injury prevention programming.
  - **Registry / Report Writer Issues**
    - Variability observed in registry Report Writer tools and available fields.
    - The SBIRT report output was identified as particularly difficult to use in its current format for quarterly reporting.
- **PI Module Demonstrations (ESO v5 & ImageTrend)**
  - Mary Beth (Archbold) recently demonstrated use of the ESO v5 PI module.
  - Tammy (Liberty) will demonstrate the ImageTrend PI module at the next meeting.



# GEORGIA TRAUMA COMMISSION

- These demonstrations revealed that some sites may lack access to tabs and features they believe they are paying for.
- **Follow-up**
  - Gina is working with vendors (e.g., V5) to resolve potential permission/configuration issues so that centers can fully utilize PI modules.
  - The group plans to continue “screen-sharing” comparisons to uncover additional gaps or misconfigurations.

Christie and others noted that these peer exchanges often reveal “unknown unknowns,” particularly in registry and PI tools, and have been highly valuable.

## **NEW BUSINESS LEVEL III/IV COMMITTEE PRIORITIES SURVEY RESULTS**

*Presented by Dr Register*

Dr. Register revisited the committee priorities survey reviewed at the July 2025 meeting and linked it to the ongoing rural and consult work:

### **Top Priority Areas (from prior survey)**

- Performance improvement (PI) and loop closure at low-volume centers.
- Inter-facility transfers and EMS availability.
- Teletrauma/teleconsultation to reduce unnecessary transfers.

### **PI at Low-Volume Centers**

- Members discussed challenges of achieving timely loop closure when volumes are low and providers work infrequent schedules or are contracted ER physicians.
- PTSF aggregate reports identify limited knowledge and inconsistent utilization of registry PI modules and report writer tools as a common opportunity.
- Alexis Smith and Gina are conducting site-level ArborMetrix and registry visits with Level III and IV centers to maximize use of technology and PI functionality.

### **Teletrauma / Teleconsultation**

- There is broad conceptual support among Level I centers for teletrauma, but progress has been slow due to operational, liability, documentation, and shared-care concerns.
- The committee agreed that teletrauma pathways could reduce unnecessary transfers and support rural teams, similar to existing telestroke and telepsych programs, but will require dedicated workgroup effort and administrative buy-in.

### **EMS Transfers & Blood/Capability in Transport**

- Persistent statewide EMS workforce shortages are limiting timely inter-facility transfers.
- Dr. Register shared a recent case requiring nurse accompaniment to deliver ongoing blood transfusion during a ground transfer to a Level I. This highlighted gaps in EMS scope/training and operational policy for high-acuity inter-facility transports.

### **Physician Engagement & Leadership**

- Dr. Register candidly noted lower participation from trauma medical directors (TMDs) in clinical initiatives compared to TPMs and nurses, acknowledging that trauma is often only a small portion of a rural physician’s responsibilities.
- She expressed a desire to better support TMDs, encourage their involvement in PI and clinical projects, and create realistic, shared expectations of TMD responsibilities in rural trauma centers.



# GEORGIA TRAUMA COMMISSION

Members were encouraged to email Dr. Register and/or Gabby if they are interested in serving on workgroups for:

1. PI for Level III/IV centers
2. Teletrauma/teleconsultation
3. EMS transfer/transport and workforce issues

No formal votes were taken; this item was a strategic discussion.

## **VICE-CHAIR NOMINATIONS**

*Presented by Dr. Register*

Dr. Register discussed the need for a sustainable leadership structure for the committee:

- Proposed a chair/vice-chair rotation, with each role held for approximately two years.
- Envisioned a model where the vice-chair serves alongside the chair to learn the role, then transitions into the chair position while a new vice-chair is identified.
- Emphasized that the vice-chair does not have to be a TMD; TPMs or even experienced registrars who are deeply engaged in trauma operations could be excellent candidates.
- Highlighted the benefits of shared leadership, succession planning, and avoiding a single point of failure if one leader is unavailable.

Outcome:

- Discussion only; no formal nominations were received during the meeting.
- Dr. Register will follow up individually with potential candidates, and interested members are encouraged to contact her directly with questions or to express interest.

## **CY2026 PROPOSED MEETING DATES**

*Presented by Dr. Register*

Dr. Register reviewed the proposed CY2026 Level III/IV Committee meeting dates as displayed.

### **MOTION LIII/IV Committee 2025-11-02:**

**Motion to approve the proposed CY2026 Level III/IV Committee dates as presented.**

**MOTION BY:** Cianna Pender

**SECOND BY:** Brooke Marsh

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

**ACTION:** The motion **PASSED** with no objections or abstentions.

*Minutes Respectfully Submitted by Crystal Shelnett*