

**APPROVED**  
**03.16.26**



# GEORGIA TRAUMA COMMISSION

## Georgia Trauma Commission Finance & Budget Committee

January 16, 2026

Meeting Minutes

[Meeting Documents Link](#)

Zoom Meeting

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Pete Quinones, Chair, GTC Secretary/Treasurer	
Dr. Dennis Ashley, GTC Chair	
Dr. James Dunne, GTC Member	
Courtney Terwilliger, GTC Member	
Jesse Gibson, Northeast Georgia Medical Center	

OTHERS PRESENT	REPRESENTING
Elizabeth Atkins	GTC, Executive Director
Gina Solomon	GTC, GQIP Director
Crystal Shelnett	GTC, Regional Trauma Systems Development Mgr
Katie Vaughan	GTC, Finance Operations Officer
Gabriela Saye	GTC, Business Operations Mgr
Dr. Erika Mabes	Director of Surgical Simulation, Medical College of Georgia (Augusta University)

### **CALL TO ORDER**

The meeting commenced at 3:30 p.m. on Friday, January 16, 2026, with five committee members in attendance.

### **APPROVAL OF MINUTES**

*Presented by Pete Quinones*

With quorum established, the Chair, Pete Quinones, called for consideration of the minutes from the December 15, 2025, meeting.

#### **MOTION GTCNC FINANCE COMMITTEE 2026-01-01:**

**Motion to approve December 15, 2025, meeting minutes as submitted**

**MOTION BY:** Dr. James Dunne

**SECOND BY:** Courtney Terwilliger

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

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

### **FINANCE & BUDGET ITEMS**

*Presented by Katie Vaughan*

Katie presented the finance update (**ATTACHMENT A**). She reported that approximately 40-50% of operational expenses have been expended and that system development expenses are lower at this time due

to anticipated upcoming invoices. She noted ongoing coordination with Emory to process outstanding invoices.

Additional updates included:

- EMS equipment grant payments are still being processed and nearing completion; a total expenditure summary will be presented at the next EMS meeting.
- Trauma center invoices are beginning to be received, with the first due January 31.
- An operations dashboard was provided showing the current status of invoices and contracts.
- Super Speeder revenue for December was received and reflected an upward trend, currently approximately 1% below cumulative FY2025 levels
- Fireworks revenue, the budget timeline, and trust fund year-to-date statements were also included for reference.

## **RURAL INTERACTIVE TRAUMA SIMULATION PROGRAM**

*Presented by Dr. Erika Mabes*

Elizabeth Atkins introduced Dr. Erika Mabes, Director of Surgical Simulation, Medical College of Georgia (Augusta University). Dr. Mabes thanked the Committee for the opportunity to present an overview (**ATTACHMENT B**) of the Rural Interactive Trauma Simulation (RITS) Program, a statewide trauma readiness initiative developed in collaboration with the Georgia Trauma Commission. She described the program's multidisciplinary simulation-based trauma training, including pre- and post-assessments, and its alignment with statewide trauma readiness goals.

Dr. Mabes explained that the program was piloted earlier in the year, following discussions with the Georgia Trauma Commission regarding support and reallocation of fellowship funding. She presented the program as an ongoing rural outreach and education effort and expressed interest in continued support to ensure long-term sustainability. Dr. Mabes' funding proposal totaled \$162,160.00 annually from the Georgia Trauma Commission to support the simulation fellowship, program operations, and development efforts.

Discussion:

Jesse Gibson raised concern about the low physician participation rate, noting that providers comprised only about 7-8% of attendees. Dr. Mabes acknowledged the challenge but noted recent sessions showed improved provider and APP involvement, totaling nearly 20%. She explained that some rural sites rely on locum tenens physicians, limiting provider attendance. Dr. Mabes described plans to increase engagement, including potentially making the training a credentialing requirement delivered via virtual platforms within 3-5 years. Jesse highlighted the key role of APPs and suggested leveraging regional resources to expand training reach. Dr. Mabes confirmed ongoing collaboration with regional partners to schedule future sessions and emphasized efforts to refine the curriculum and expand the instructor base to support program sustainability.

Dr. James Dunne inquired whether the didactic interactive session was pre-hospital or emergency room-based. Dr. Mabes clarified that while the session is conducted in an ER setting, the content is applicable to both pre-hospital and hospital environments. She described the session as highly interactive, utilizing platforms like Kahoot to engage participants with rapid-fire multiple-choice questions focused on trauma resuscitation decision-making and procedures. The morning session covers didactics on life-saving trauma procedures, followed by over 4 hours of hands-on simulation training led by experts in the afternoon. Comparisons were made with the American College of Surgeons (ACS) Rural Trauma Team Development Course (RTTDC), noting that the RITS program offers more interactive didactics and significantly increases practical skills time.

Courtney Terwilliger raised concerns about rural hospitals lacking essential trauma equipment. Dr. Mabes agreed and suggested assembling a basic trauma readiness equipment package, referencing recent incidents highlighting equipment inadequacies. She expressed willingness to assist in developing this package with

input from stakeholders.

Pete Quinones thanked Dr. Mabes for her presentation, describing it as very eye-opening, and expressed his intent to explore ways to support the funding request. Dr. Mabes expressed gratitude for the opportunity to conduct the program, expressing enthusiasm for potential institutional support.

The meeting then proceeded to new business.

### **GOVERNORS' REPORT & INITIAL REALLOCATION PLAN**

*Presented by Katie Vaughan*

Katie Vaughan provided an update on the Governor's FY26 amendment report (**ATTACHMENT C**), noting a one-time FY26 state employee incentive. Some changes were noted to the FY27 budget, and Katie confirmed that she has reached out to the Office of Planning and Budget policy analysts to clarify the state general fund amounts and the reduced \$4 million allocation.

Katie also highlighted that the initial reallocation plan (**ATTACHMENT D**) for review, including firework revenue, trauma center funds, and EMS funds; no Committee vote is required at this time. The approved Trauma Center Education Funds request of \$100,000 was clarified as a net \$50,000 ask due to the existing budget allocations.

### **LEVEL III AND IV TRAUMA CENTER SUSTAINABILITY**

*Presented by Elizabeth Atkins*

The discussion then shifted to funding challenges for Level III and Level IV trauma centers. Elizabeth Atkins explained that Emanuel Medical Center, a Level IV center, has identified that it needs approximately \$130,000 annually to operate effectively. Last year, the center received just under \$70,000 in funding. Committee members emphasized the importance of a coordinated approach to legislative additional funding requests to avoid duplicative or fragmented efforts. The group discussed the ongoing financial pressures on smaller, rural hospitals and the need for adequate support for uncompensated care and readiness costs, noting that staffing challenges and turnover in rural facilities further strain operations.

The group agreed to invite Emanuel Medical Center to provide detailed data at the next meeting on February 16th to better inform funding decisions.

Members also discussed the need for Level I centers to provide feedback and mentorship to smaller hospitals, highlighting disparities in support and the critical role of local champions in sustaining care quality.

The meeting concluded with no additional new business.

### **SUMMARY OF ACTION ITEMS & ADJOURNMENT**

- Katie reviewed financial materials provided in the meeting packet (**ATTACHMENT A**).
- Dr. Erika Mabes presented an overview of the Rural Interactive Trauma Simulation (RITS) Program and funding proposal (**ATTACHMENT B**).
- Katie Vaughan provided an update on the Governor's FY26 amendment and FY27 budget report (**ATTACHMENT C**).
- Katie included the initial reallocation plan (**ATTACHMENT D**) for review; no vote was required at this meeting.
- Committee members discussed funding challenges for Level III and Level IV trauma centers. The committee agreed to invite Emanuel Medical Center to the next Finance Committee meeting to review their identified need.

Meeting minutes respectfully submitted by Gabriela Saye