

APPROVED
03.16.26



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Finance & Budget Committee

February 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	Jesse Gibson, Northeast Georgia Medical Center
Courtney Terwilliger, GTC Member	

OTHERS PRESENT	REPRESENTING
Elizabeth Atkins	GTC, Executive Director
Gina Solomon	GTC, GQIP Director
Crystal Shelnutt	GTC, Regional Trauma Systems Development Mgr
Katie Vaughan	GTC, Finance Operations Officer
Gabriela Saye	GTC, Business Operations Mgr
Damien Scott	Emanuel Medical Center, CEO

CALL TO ORDER

The meeting commenced at 3:30 p.m. on Monday, February 16, with three committee members in attendance.

APPROVAL OF MINUTES

Presented by Pete Quinones

Approval of the January meeting minutes was deferred until the next committee meeting.

FINANCE & BUDGET ITEMS

Presented by Katie Vaughan

Katie presented the finance update (**ATTACHMENT A**), including the FY2026 expense-to-budget report through January 31. She noted that expenditures are generally tracking at approximately 50% across applicable line items, consistent with the fiscal year timeline. The trauma centers' first biannual invoice has been received; however, only the registry portion has been invoiced to date, resulting in approximately 15% of the total contract amounts reflected.

Katie reviewed revenue updates:

- Super Speeder Revenue: Tracking closely with FY25 trends, with similar fluctuations month-to-month. While slightly below FY25 in January, cumulative revenue is down only 1% year-to-date.
- Fireworks Revenue: No update at this time
- The budget timeline was also provided for reference

ARBORMETRIX QUOTE

Presented by Elizabeth Atkins

The committee continued discussion from the previous meeting regarding the continuation of the ArborMetrix subscription (**ATTACHMENT B**). The current three-year agreement, totaling \$1.5 million, concludes this December. Elizabeth Atkins explained that the initial contract included significant startup costs and was structured as a three-year purchase order in coordination with the Governor's Office of Planning and Budget to avoid losing implementation investments.

For the next three-year term, the projected total cost is approximately \$1.7 million, with annual costs beginning around \$530,000 and increasing modestly as additional dashboards are added. Proposed enhancements include:

- Development of one new dashboard with 10 measures in Years 4 and 5.
- Addition of two more dashboards by Year 6 to create a more robust analytics framework.
- Movement toward a model aligned with the Michigan Trauma Quality Improvement Program (MTQIP), particularly in terms of rigor and benchmarking structure.

Discussion emphasized the importance of expanding risk-adjusted benchmarking capabilities, particularly for Level III and Level IV trauma centers. Proposed measures for Level IV centers would likely focus on resuscitation metrics, timeliness measures, and decision-to-transfer intervals-areas within the centers' control.

Gina Solomon noted that the cost estimates provided are realistic placeholders for budgeting purposes and may ultimately be lower. She further stated that dashboard development typically requires approximately six months per dashboard, making the projected build schedule feasible. The current dashboard platform has been live since 2023, and the program is now in its third year of operation.

Discussion:

- A question was raised regarding return on investment and the duration of full system functionality across centers. Gina confirmed that system-wide access and functionality began in 2023.
- Question whether Level III and IV centers are actively using the platform to drive performance or viewing it as informational. It was confirmed that the platform has increased engagement, particularly through the PDF scorecards.
- Question whether the proposed renewal requires a 3-year commitment or year-by-year flexibility. It was confirmed that the contract can be structured either way; however, it is recommended to execute a multi-year contract to ensure platform stability, continue infrastructure support, maintain necessary FTE and support, and avoid service fragmentation.
- State-level analytics offer more controlled oversight, improved data quality initiatives, and emerging inter-rater reliability work.
- Early analyses provide new visibility into Level IV performance. The registry start-up grants for Level III and IV candidate centers are also expanding data submission, providing a window into performance metrics previously unavailable.
- A concern was raised about platform usage requirements, as ACS-related action plans are tied to TQIP reports rather than ArborMetrix. It was clarified that specific measures, such as hip fracture and VTE prophylaxis, have been incorporated into the Performance-Based-Payment (PBP) trauma center contract and are being monitored through scorecards distributed to centers.
- It was confirmed that the data are risk-adjusted and protected under the Patient Safety Organization (PSO) designation from the Agency for Healthcare Research and Quality (AHRQ).

It was emphasized that the first three years of the platform were focused on startup and implementation; the next phase emphasizes expansion. Committee members agreed that defining how the Commission

intends to leverage the analytics platform strategically is a key next step, with clearer expectations for performance impact and long-term system accountability.

GEORGIA TRAUMA FOUNDATION FY2027 PROPOSED BUDGET

Presented by Pete Quinones

Mr. Quinones reviewed the Georgia Trauma Foundation FY2027 proposed budget (**ATTACHMENT C**) and noted that it represents a 24% increase from FY2026 to FY2027, with 80% of the increase attributed to contracted services and payroll. Katie Vaughan confirmed that she is preparing a spreadsheet to detail budget variances.

It was suggested that the Foundation present to the committee at the next meeting to answer questions regarding staffing and budget allocations. It was emphasized that there should be an understanding of the importance of return on investment from the funding. It was clarified that the grants distributed are funds raised by the Georgia Trauma Foundation, not funds allocated by the Commission. Courtney Terwilliger requested greater transparency into the sources of funds and expenditures before committing to continued funding.

EMANUEL MEDICAL CENTER AND RURAL CHALLENGES

Presented by Damien Scott

Damien Scott, CEO of Emanuel Medical Center in Swainsboro, Georgia, provided an overview of their hospital and the broader challenges facing rural trauma facilities in Georgia (**ATTACHMENT D**). Emanuel is among the state's most financially stressed trauma hospitals and faces significant challenges, including high uncompensated care costs, a large uninsured population, limited staffing, and financial impacts from recent natural disasters.

Mr. Scott highlighted Emanuel's provisional trauma designation, noting that access to performance improvement software is now in place to achieve full designation. He stressed the importance of using that data not just for reporting, but to improve patient outcomes.

Mr. Scott addressed systemic rural trauma challenges:

- Rural facilities are underfunded and often lack resources to pursue trauma designation.
- Strategic support is needed to encourage rural hospitals to join the trauma system, particularly in Regions 8 and 9.
- Continued implementation of recommendations from prior trauma system reports is essential to strengthen rural trauma care.

It was also noted that Emanuel directly employs its physicians, thereby enhancing the quality of care and enabling targeted expertise in rural trauma. It was requested that the Commission increase funding for Level III and IV hospitals and reassess the costs to better support these facilities.

Commission members acknowledged the importance of supporting rural trauma hospitals and continue to explore strategies to support trauma services across underserved areas.

Pete Quinones thanked Damien Scott for his insights and presentation.

MARCH PAWS UPDATE

Presented by Courtney Terwilliger

Courtney Terwilliger provided an update on the MARCH PAWS initiative. He reported that the first draft of the training course video has been completed and is under review by Dr. Mabe for final corrections.

Remaining work includes:

- A short informational video explaining trauma center levels.
- A key video highlighting the importance of trauma systems for rural hospitals and the need to transfer critically injured patients to higher-level facilities.

Courtney noted that, instead of duplicating training efforts, additional grant funds may be used to support Dr. Mabe's program for purchasing equipment or conducting supplemental classes. This approach aligns with the program's original goals while leveraging the high quality of Dr. Mabe's work.

The meeting concluded with the confirmation of the next meeting scheduled on March 16 at 3:30 PM via Zoom.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Katie reviewed financial materials provided in the meeting packet (**ATTACHMENT A**).
- The committee reviewed the ArborMetrix three-year quote (**ATTACHMENT B**).
- The committee reviewed the Georgia Trauma Foundation FY2027 proposal and requested that the Foundation present an overview at the next Committee meeting (**ATTACHMENT C**).
- Damien Scott presented an overview of Emanuel Medical Center and the broader challenges facing rural trauma facilities in Georgia (**ATTACHMENT D**).
- Courtney Terwilliger provided an update on MARCH PAWS progress, noting that the first draft of the training course video has been completed. It is under review by Dr. Mabe for final corrections.

Meeting minutes respectfully submitted by Gabriela Saye