APPROVED
05.19.26

GEORGIA TRAUMA COMMISSION

Trauma Medical Directors Committee
Meeting Minutes
Thursday, February 19, 2026
3:30 PM – 5:00 PM
Hybrid | Emory Conference Center Hotel & Zoom
Meeting Material

COMMITTEE MEMBER MEETING ATTENDANCE	
COMMITTEE MEMBERS	**REPRESENTING**
Matthew Vassy	**Committee Chair**, Northeast Georgia Medical Center, TMD
J. Kelly Mayfield	Advent Health Redmond Hospital, TMD
Dennis Ashley	Atrium Health Navicent, TMD
Justin Sobrino	Children's Healthcare of Atlanta AMB, PTMD
David Carney	Children's Healthcare of Atlanta SR, PTMD
Alicia Register	Crisp Regional, TMD
Courtney Pettiford	Doctors Hospital of Augusta, TMD
David Kiefer	Effingham Hospital, TMD
Olalekan Akinyokunbo	Emanuel Medical Center, TMD
Laura Johnson	Emory/Grady, BMD
Elizabeth Benjamin	Grady, TMD
William Hardeman	Hamilton Medical Center, TMD
David Wykstra	HCA Memorial Satilla, TMD
Cianna Pender	J.D. Archbold Memorial Hospital, TMD
Bounthavy Homsombath	Joseph M. Still Burn Center, BMD
Christina McCain	Liberty Regional Medical Center, TMD
James Dunne	Memorial Health University Medical Center, TMD
Christie Mathis	Morgan Medical Center, TPM
Sid Nagrani	Morgan Medical Center, TMD
Romeo Massoud	Northside Gwinnett Medical center, TMD
Lemuel Dent	Phoebe Memorial, TMD
Michael Shotwell	Piedmont Athens Regional, TMD
Michael Thompson	Piedmont Cartersville, TMD
Arina Ghaffari	Piedmont Henry Hospital, TMD
Mark Benak	Piedmont Walton, TMD
James Davis	South Georgia Medical Center, TMD
Barry Renz	Wellstar Cobb, TMD
K. Aviva Bashan	Wellstar Kennestone, TMD
Eliza Fox	Wellstar MCG, TMD
Robyn Hatley	Wellstar MCG CHOG, PTMD
Jacob Holloway	Wellstar North Fulton, TMD
Sameer Mishra	Wellstar Paulding, TMD
Ezaldeen Numur	Wellstar Spalding, TMD
Ashley Orr	Wellstar West Georgia, TMD

COMMISSION MEMBERS PRESENT	STAFF AND OTHER ATTENDEES PRESENT
Dr. Dennis Ashley, GTC Chair	Elizabeth Atkins, GTC, Executive Director
Dr. James Dunne, GTC Member	Gabriela Saye, GTC, Business Operations Manager
Terry Cobb, GTC Member	Crystal Shelnutt, GTC, Regional Trauma Systems Development Mgr
	Gina Solomon, GTC, GQIP Director
	Katie Vaughan, GTC, Finance Operations Office
	Terry Cobb, GTC, Commission Member
	Patricia Ayoung-Chee, GQIP, Director of Data Analytics
	Patrice Walker, Atrium Health Navicent, CMO
	Rebecca Gaskins, Grady, Director of Trauma Programs

	Pamela Vanderberg, Grady, VP Trauma and Burn Kim Brown, Hamilton Medical Center, TPM Jessica Mantooth, Northeast Georgia Medical Center, Trauma Program Director Heather Morgan, Piedmont Athens Regional, TPM Raeda Anderson, Shepherd Center, Scientist

Call to Order

The meeting was called to order at 3:31 PM, with thirty-four committee members present. Dr. Matthew Vassy led the meeting, which was attended by committee members online and in person.

Approval of Meeting Minutes

Presented by Dr. Matthew Vassy

After a quorum was established, Dr. Vassy requested a motion to approve the August 21, 2025, meeting minutes.

> **MOTION TMD COMMITTEE 2026-02-01:**
> **Motion to approve the August 21, 2025, meeting minutes.**
> **MOTION:** James Dunne
> **SECOND:** Robyn Hatley
> **DISCUSSION:** None
> **ACTION:** The motion ***PASSED*** with no objections nor abstentions

GCTE Update

Presented by Becky Gaskins

Becky Gaskins provided GCTE subcommittee updates:

- **Performance Improvement (PI) Subcommittee:**
  - Continued development of the PI Toolkit to support statewide performance improvement initiatives.
- **Pediatric (PEDS) Subcommittee**
  - Completion of the Pediatric Transfer Toolkit is expected to be released shortly.
  - Updating the Pediatric Imaging Toolkit into a trifold format, expected in Q2.
  - Continuing data collection and EMS education on safe pediatric transport.
- **Registry Subcommittee**
  - Presentation by Dr. Ayoung-Chee regarding ArborMetrix data and its use in GQIP oversight and quality improvement.
  - Ongoing support and education for trauma registry personnel across centers.
- **Education Subcommittee**
  - The Georgia Trauma Commission is finalizing logistics for TOPIC and Optimal Courses.
  - Continued collaboration with RTAC coordinators to increase educational opportunities.
- **Injury Prevention Subcommittee**
  - Hosted Stop the Bleed Winter Blitz in January with approximately 250 participants.
  - Conducted Matter of Balance training in January.
  - Planning upcoming teen driver safety and child injury prevention events for the spring.

Additional Notes:

- The Pediatric Urgent Transfer Guideline is nearing final publication and will be distributed soon.

- Members were encouraged to submit their interest in the Optimal Course scheduled in conjunction with the GQIP Summer meeting at Jekyll Island. A survey was circulated to assess interest in the course for planning and room block purposes.

Regional Medical Operations Coordinating Centers (RMOCC) Introduction and Resources

Presented by Dr. Matthew Vassy

Dr. Vassy reviewed the American College of Surgeons (ACS) RMOCC pitch deck (**ATTACHMENT A**). Reviewing Trauma Care in the US and challenges, RMOCC overview and network, National Trauma and Emergency Preparedness System (NTEPS) mission and vision, and RMOCC scalability and goals.

After the presentation, Dr. Vassy invited comments or questions. Committee discussion included:

- Members noted that the RMOCC initiative is still in its early stages, making it difficult to identify specific implementation questions.
- A major concern raised was hospital bed availability and system capacity, with many hospitals currently operating at 90-110% capacity.
- Members discussed the distinction between:
    - Bed capacity: existing operational capacity
    - Surge capacity: additional capacity during emergencies

Concerns raised included:

- Where patients would be placed during large-scale disasters or mass casualty situations.
- The difficulty of redistributing non-trauma patients to free capacity at trauma centers.
- The need to consider not only patient volume but also patient acuity during surge conditions.
- Determining which facilities would manage medium-acuity patients if trauma centers become overwhelmed with high-acuity cases.

Dr. Vassy emphasized that disaster scenarios require a different operational mindset and greater system-wide coordination.

Trauma Administrators Committee Survey

Presented by Dr. Patrice Walker

Dr. Walker shared results from an informal survey conducted among trauma administrators to assess awareness and interest in RMOCC development. The survey followed a presentation on trauma readiness by Benjie Christie after his return from Ukraine. The goal was to understand baseline familiarity, interest, and potential barriers among administrators as planning progresses. Dr. Walker reviewed the findings (**ATTACHMENT B**), including familiarity with NTEPS, interest in workgroup participation, engagement levels, and barriers to RMOCC implementation.

Dr. Vassy thanked Dr. Walker for presenting the survey results and noted that many of the identified barriers align with concerns already raised by Trauma Medical Directors. He emphasized that it is encouraging to see administrative leadership actively engaged in RMOCC discussions, as their involvement will be essential for future implementation. The Chair opened the floor for questions or comments from members, both in person and online.

The committee continued its discussion on the development of an RMOCC system and the opportunities it presents to improve patient transfer coordination and disaster readiness in Georgia. Members noted that while RMOCCs are often discussed in the context of large-scale disasters or military conflicts, similar coordination

challenges already exist in everyday practice. Physicians in rural and smaller facilities frequently spend significant time contacting multiple hospitals to arrange trauma transfers. A centralized coordination system could streamline this process, potentially allowing providers to secure patient placement much more efficiently through a single point of contact.

The group also reflected on prior efforts in Georgia to improve statewide coordination, including the Trauma Communications Center (TCC) and the Georgia Communications Center (GCC). These systems previously provided real-time information about hospital capacity, trauma coverage, and diversion status, but ultimately ended due to political and structural challenges. Members agreed that lessons from these initiatives could inform future RMOCC planning and help avoid past barriers.

To advance the discussion, a motion was proposed to establish a small cross-committee workgroup comprised of members from the Trauma Medical Directors Committee and the Trauma Administrators Committee. The workgroup will review coordination models used in other states, assess operational and resource needs, and develop recommendations for implementing an RMOCC framework in Georgia. The group will also evaluate potential costs, staffing requirements, and infrastructure needs before presenting findings to both committees and ultimately the Georgia Trauma Commission.

Members emphasized that broad stakeholder engagement will be critical for success, including collaboration with hospital leadership, the Georgia Hospital Association, and the Medical Association of Georgia. The long-term goal is to develop a coordinated system that improves routine patient transfers while strengthening the state's ability to respond effectively to large-scale emergencies or disasters.

> **MOTION TMD COMMITTEE 2026-02-02:**
> **Motion to establish a cross-committee workgroup of Trauma Medical Directors and Trauma Administrators to evaluate RMOCC models, assess operational needs, and develop recommendations for a statewide RMOCC framework for Georgia.**
> **MOTION:** Dennis Ashley
> **SECOND:** James Dunne
> **DISCUSSION:** None
> **ACTION:** The motion ***PASSED*** with no objections nor abstentions

Dr. Elizabeth Benjamin commended the committee's progress and noted that Georgia's collaborative approach between clinical and administrative leadership positions it well to advance RMOCC planning.

Alabama Coordinating Center Introduction

Presented by Becky Gaskins

Becky Gaskins presented Grady Hospital's experience within the Alabama State Trauma System (**ATTACHMENT C**). Her presentation covered an overview of the Alabama trauma system, the Alabama Trauma Communication workflow, the prehospital patient entry flowchart, Grady's role within the system, and the observed outcomes and benefits.

Committee members discussed the operational aspects of the system, including staffing requirements and workflow integration. It was noted that maintaining the status board requires minimal additional staffing, as updates are incorporated into existing communication workflows.

Additional discussions highlighted the importance of EMS engagement, standardized protocols across EMS agencies, and strong regional oversight in supporting the system's effectiveness. Members also referenced similar coordination models in Arkansas, noting the value of robust performance improvement processes and data analysis to monitor patient flow and system performance.

The committee agreed that examples from Alabama and Arkansas demonstrate that centralized coordination systems can be implemented with relatively simple infrastructure while providing significant benefits for patient routing, system transparency, and regional collaboration. Members expressed interest in further exploring operational details, including coordination center structure, staffing, and data management, as the RMOCC workgroup continues its evaluation.

Vice-Chair Nominations

Presented by Dr. Vassy

Dr. Vassy discussed enhancing the Committee's leadership structure to improve coordination and continuity. A three-pronged model was proposed, including a current chair, an immediate past chair, and a vice chair set to succeed the current chair. Members were encouraged to express interest or nominate candidates via email to support succession planning and preserve institutional memory.

EGS Verification

Presented by Dr. Vassy

Emergency General Surgery (EGS) verification was briefly addressed, with members identifying those involved or interested. It was noted that trauma program managers increasingly oversee both trauma and acute care surgery verification, highlighting challenges in data collection and the need to justify additional registrar positions. The American College of Surgeons offers support and resources, including accountability support, to help institutions navigate the verification process.

Collaboration with the Georgia NSQIP Collaborative and efforts to integrate trauma registries with EPIC were highlighted as key initiatives to improve data collection and reduce manual entry. Several institutions are beginning to re-engage with NSQIP and explore its EGS module for quality improvement. Members are committed to sharing resources and continuing discussions around EGS verification.

BACKBOARD TRANSPORT POSITION STATEMENT

Dr. K. Aviva Bashan brought forth a proposal from the NAEMSP/COT to issue a position statement advocating discontinuing the use of backboards for patient transport while maintaining spinal precautions on stretchers. There was general support for the idea, noting that many pre-hospital services already treat backboards primarily as extrication rather than transport devices. Members were encouraged to review the related papers shared by Dr. Beshan and provide feedback (**ATTACHMENT D-F**).

The committee agreed to consider formalizing a statewide position statement once the group has had time to evaluate the materials.

Following this discussion, the chair thanked members for their participation, reminded them to submit nominations for committee leadership roles, and adjourned the meeting without objections.

SUMMARY OF MEETING/ACTION ITEMS

- Dr. Matthew Vassy reviewed the American College of Surgeons (ACS) Regional Medical Operations Coordinating Centers (RMOCC) pitch deck (**ATTACHMENT A**).
- Dr. Patrice Walker shared results from an informal survey conducted among trauma administrators to assess awareness and interest in RMOCC development (**ATTACHMENT B**)
- The Committee agreed to establish a cross-committee workgroup of Trauma Medical Directors and Trauma Administrators to evaluate RMOCC models, assess operational needs, and develop recommendations for a statewide RMOCC framework for Georgia.
- Becky Gaskins presented Grady Hospital's experience within the Alabama State Trauma System (**ATTACHMENT C**).
- Dr. Matthew Vassy proposed that the TMD Committee's leadership structure consist of a current chair, an immediate past chair, and a vice chair. Committee members were encouraged to express interest or nominate candidates via email.
- Emergency General Surgery (EGS) verification interest or involvement was briefly addressed.
- Dr. Aviva Bashan brought forth a proposal from the NAEMSP/COT to issue a position statement advocating discontinuing the use of backboards for patient transport while maintaining spinal precautions on stretchers. The committee agreed to consider formalizing a statewide position statement once the group has had time to evaluate the materials (**ATTACHMENTS D-F**).

The meeting adjourned at 5:00 PM.

Minutes Respectfully Submitted by Gabriela Saye