**Trauma Medical Directors Committee**

**DRAFT FOR APPROVAL**

**Meeting Minutes**

Friday, February 21, 2025

7:15 AM – 8:45 AM

Hybrid | Callaway Gardens & Zoom

[Meeting Material](https://trauma.georgia.gov/events/2025-02-21/gtc-trauma-medical-director-committeega-cot-meeting)

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| **COMMITTEE MEMBER MEETING ATTENDANCE** |
| **COMMITTEE MEMBERS** | **REPRESENTING** |
| Matthew VassyDennis AshleyJohn Kelly MayfieldCatherine MartinClarence McKemieJustin SobrinoDavid CarneyAlicia RegisterDavid KieferJohn PolhillElizabeth BenjaminWilliam HardemanBounthavy HomsombathCianna PenderJim DunneRudra BeharrysinghNaila AveryLemuel DentJames DavisBarry RenzKeren Aviva Bashan-GilzenratJacob HollowayKevin HordAshley OrrArina GhaffariCourtney PettifordRobyn HatleyElizabeth FoxEzaldeen NumurMark Benak | **Committee Chair**, Northeast Georgia Medical Center, TMDGeorgia Trauma Commission, Chair, Atrium Health Navicent, TMDAdventHealth Redmond, TMDAtrium Floyd Polk Medical Center, TMDAtrium Health Floyd, TMDChildren's Healthcare of Atlanta AMB, TMDChildren's Helathcare of Atlanta Scottish Rite, TMDCrisp Regional, TMDEffingham Hospital, TMDFairview Park Hospital, TMDGrady, TMDHamilton Medical Center, TMDJMS Burn Center at Doctors Hospital, BMDJohn D. Archbold Memorial Hospital, TMDMemorial Health University Medical Center, TMDMorgan Medical Center, TMDNorthside Hospital Gwinnett, TmdPhoebe Putney Memorial, TMDSouth Georgia Medical Center, SurgeonWellstar Cobb, TMDWellstar Kennestone, TMDWellstar North Fulton, TMDWellstar Paulding, TMDWellstar West Georgia, TMDPiedmont Henry, TMDDoctors Hospital of Augusta, TMDWellstar MCG CHOG, TMDWellstar MCG, TMDWellstar Spalding, TMDPiedmont Walton, TMD |

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| **COMMISSION MEMBERS PRESENT** | **STAFF AND OTHER ATTENDEES PRESENT** |
| Dr. Dennis Ashley, GTC ChairDr. James Dunne, GTC Member | Gabriela Saye, GTC, Business Operations ManagerCrystal Shelnutt, GTC, Regional Trauma Systems Development MgrGina Solomon, GTC, GQIP DirectorAlexis Smith, GQIP, Associate TMDBenji Christie, COT, State ChairLynn Grant, Fairview Park Hospital, TPDChristie Mathis, Morgan Medical Center, TPMHeather Morgan, Piedmont Athens, TPMJames Polston, Piedmont Walton Hospital, TPM |

**Call to Order**

The meeting was called to order at 7:20 AM, with thirty committee members present. Dr. Matthew Vassy led the meeting, which was attended by committee members online and in person.

**Committee on Trauma (COT) Update**

***Presented by Dr. Benji Christie***

Dr. Benji Christie shared an overview of the relationship between the COT and the Georgia Trauma Commission, discussing opportunities for collaboration, barriers, and potential benefits of aligning efforts.

* **Historical Context and COT Purpose**

COT is a national organization under the American College of Surgeons. It provides governance, education, and advocacy for trauma care standards. Each state has a committee that reports to the regional and national COT bodies.

* **State-Level Trauma and COT Participation**

Historically, COT activities have been closely aligned with the Georgia Trauma Commission. Recently, the meetings have become more distinct, with gaps in collaboration. The need to reintegrate COT efforts with trauma system initiatives was discussed.

* **Resident Paper Competition**

The competition was previously a central part of trauma-related meetings in Georgia. It offers an opportunity to engage trainees and promote research in trauma care. The meetings were historically linked with the Georgia Society of the American College of Surgeons (GSACS. Committee members discussed reintroducing and supporting this initiative at both state and regional levels.

* **Future Collaboration**

Organizational differences produced separate meetings, logistical issues such as location conflicts with joint sessions were mentioned, and meeting fatigue was voiced as a concern by participants. Committee members discussed opportunities to create formalized information-sharing mechanisms, such as sharing distribution lists and enhancing communication between the COT and trauma stakeholders. Other opportunities mentioned included aligning research efforts through the Georgia Research Institute for Trauma (GRIT) and leveraging COT’s structure to support regional trauma care initiatives.

The discussion concluded by highlighting the shared goals of the COT and the Georgia Trauma Commission and underscored the potential benefits of closer collaboration. Moving forward, the focus will be on reducing barriers and enhancing communication to ensure Georgia remains at the forefront of trauma care and research.

**Opthalmology Coverage**

***Presented by Matthew Vassy***

Dr. Vassy revisited the discussion on the challenges of Opthalmology coverage and the difficulties of ensuring 24/7 coverage for ophthalmologic exams in trauma cases.

Potential solutions for coverage gaps:

* Exploration of partnerships with organizations like the Georgia Society of Opthalmology (GSO).
* Introduction of teleophthalmology as a potential solution to minimize unnecessary transfers and enhance patient evaluation.
* Consideration of a centralized dashboard to track on-call specialists in real-time.
* Statewide guidelines for ophthalmology trauma cases to ensure consistency in care. Review Vanderbilt’s trauma PMG as a potential model for ophthalmology screening. However, it was noted there is no one-size-fits-all approach, as each hospital has unique capabilities and limitations.
* The use of biomarkers in trauma care, particularly for traumatic brain injury, was briefly discussed. The Committee expressed interest in exploring how biomarkers could assist in triaging trauma patients more accurately, potentially reducing the need for transfers. However, the difficulty in establishing standardized criteria for biomarker use and ensuring a low failure rate was acknowledged as a significant issue.

**Early Transfer Letter**

***Presented by Matthew Vassy***

Dr. Vassy focused on finalizing the content of the Adult Transfer Letter (**ATTACHMENT A**), which incorporated insights from previous Committee discussions.

Key discussion points:

* Committee members reviewed the distinction between emergency transfers and non-emergency but necessary transfers. Concerns were raised about ensuring clear guidance for rural and critical access hospitals in identifying urgent cases versus cases that can be stabilized before transfer.
* Committee members debated whether Level III trauma centers should be included in the guidelines for certain injuries. While some Level III center facilities manage specific cases, the consensus was that critical access hospitals should prioritize sending patients to Level I and II centers when possible.
* The need for flexibility was acknowledged, allowing for regional variations in trauma care capabilities.
* Concerns were raised about overreliance on imaging before initiating transfers. Some hospitals delay transfers by performing unnecessary scans, which can increase patient risk.
* It was recommended that immediate transfer be preferred over diagnostic workup if an injury is suspected but cannot be managed locally.
* While some critical access hospitals hesitate to transfer unstable patients, others over-transfer manageable cases.
* Educating rural hospitals on appropriate thresholds for transfer was highlighted.
* Committee members agreed that the updated guidelines should reinforce the message that facilities should not feel pressured to complete imaging before initiating transfers, empowering them to act quickly when transfers are needed.
* A recommendation is to add a clear opening statement to clarify these guidelines are intended for non-trauma centers and rural facilities.

Dr. Vassy thanked Committee members for their feedback and encouraged them to email concerns or suggestions for further refinement.

**Upcoming Georgia Trauma Commission Updates**

***Presented by Dr. Alexis Smith and Dr. Dennis Ashley***

Due to meeting time constraints, Dr. Alexis Smith advised there would not be time to review the overview of the FY 2026 performance-based pay (PBP) updates (**ATTACHMENT B**). However, she briefly shared that outcomes and process measures will be added to the FY 2026 PBP focused on VTE prophylaxis and hip fracture management.

Dr. Ashley quickly shared the upcoming Level I and II Readiness Cost Survey (**ATTACHMENT C**), due September 30, 2025. The survey is vital for understanding the costs associated with trauma services. Committee members were encouraged to collaborate closely with their finance teams to gather the necessary data, which will involve tracking costs for 2024. The survey plays a major role in determining future budget allocations and trauma center funding. Dr. Ashley shared his contact information and offered to walk anyone through the survey if they encountered difficulties.

Gabby Saye added that the survey will be based on ACS 2022 standards and released in April 2025 with an introduction webinar. Until the September due date, there will be optional monthly webinars designed to assist participants in accurately completing the survey.

Dr. Vassy thanked Committee members for their feedback and contributions. The meeting adjourned with no further questions or discussion.

**SUMMARY OF MEETING/ACTION ITEMS**

* Dr. Benji Christie shared an overview of the relationship between the COT and the Georgia Trauma Commission, discussing opportunities for collaboration, barriers, and potential benefits of aligning efforts. It was recommended that the Georgia Trauma Commission TMD Committee distribution list be shared with Dr. Benji Christie.
* Committee members discussed the challenges around specialty coverage, particularly ophthalmology. The need for standardized guidelines, telemedicine utilization, and coordination of specialty resources across the state was highlighted.
* Committee members reviewed the adult transfer guidelines (**ATTACHMENT A**), which aim to provide clear criteria for when a patient should be transferred. Please email additional feedback to Dr. Matthew Vassy.
* Toward the end of the meeting, Dr. Alexis Smith shared that outcome measures will be incorporated into the FY 2026 Performance-Based Pay (PBP) criteria. Due to time constraints, the Committee did not have time to review all upcoming PBP updates (**ATTACHMENT B**). An open comment period for PBP feedback is tentatively scheduled for March, and it will be sent to the TMD group as well as all trauma stakeholders.
* The upcoming readiness cost survey was briefly reviewed (**ATTACHMENT C**). Committee members were encouraged to collaborate closely with their finance teams to gather the necessary data, which will involve tracking trauma center costs for calendar year 2024. The survey is tentatively set to be released in April and will be due September 30, 2025.

The meeting adjourned at 8:55 AM.

*Minutes Respectfully Submitted by Gabriela Saye*