



GEORGIA TRAUMA COMMISSION

APPROVED
11.20.25

Level III/Level IV/Rural Committee

Meeting Minutes

Friday, July 18, 2024

8:30-9:30 A.M.

Zoom

[Link to Meeting Recording and Meeting Material](#)

Committee Members Present*	Representing
Amy Jordan	AdventHealth Redmond, Chief Nursing Executive
Nicole Sundholm	AdventHealth Redmond, Trauma Program Manager
Tifani Kinard	Atrium Health Floyd Polk Medical Center, VP of Rural Health
Dawn Truett	Atrium Health Floyd Polk Medical Center, TPM
April Dukes	Crisp Regional Hospital, CNO
Alicia Register	Crisp Regional Hospital, TMD
David Kiefer	Effingham Hospital, TMD
Olalekan Akinyokunbo	Emanuel Medical Center, TMD
Brooke J. Marsh	Emanuel Medical Center, TPM
Damien Scott	Emanuel Medical Center, CEO
Lynn Grant	Fairview Park Hospital, Trauma Program Director
Kim Brown	Hamilton Medical Center, TPM
Christie Mathis	Morgan Medical Center, TPM
Jonathan Horsager	Piedmont Augusta Hospital, RN, BSN PI Coordinator
Karen Barrett	Piedmont Cartersville, TPM
Paula Butts	Piedmont Henry Hospital, CNO
Stevanie Reynolds	Piedmont Walton, CNO
James Polston	Piedmont Walton, TPM
Mark Benak	Piedmont Walton, TMD
Chelsea Carter	SGMC Health, TPM
Erica Thrift	SGMC Health, Injury Prevention Coordinator
Adalynn Rath	Wellstar Douglas, Trauma Coordinator
Heather Loftus	Wellstar Spalding, TPM
Rachel Hand	Wellstar West Ga, TPM
Jan Tidwell	Piedmont Cartersville, CNO
Amy Jordan	AdventHealth Redmond, Chief Nursing Executive
Nicole Sundholm	AdventHealth Redmond, Trauma Program Manager
Tifani Kinard	Atrium Health Floyd Polk Medical Center, VP of Rural Health
Dawn Truett	Atrium Health Floyd Polk Medical Center, TPM



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

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth Atkins	Georgia Trauma Commission, Executive Director
Gabriela Saye	Georgia Trauma Commission, Business Operations Manager
Gina Soloman	Georgia Trauma Commission, GQIP Director
Crystal Shelnutt	Georgia Trauma Commission, System Planner
Allie Leitz	Georgia Trauma Commission, Intern
Megan Owens	Georgia Trauma Commission, Intern
Cheryle Ward	Georgia Trauma Foundation, Executive Director
Rebecca Butler	Coffee Regional Medical Center, BSN RN Trauma Program Manager
Nita Ham	State Office of Rural Health, Executive Director

CALL TO ORDER

Dr. Alicia Register opened the meeting and thanked attendees for being on time. Participants were asked to confirm attendance via QR code or link within the Zoom chat.

APPROVAL OF MEETING MINUTES

Presented by Dr. Register

Dr. Register requested a motion to approve the April meeting minutes.

MOTION LIII/IV Committee 2025-07-01:

Motion to approve April 25, 2025, meeting minutes as submitted.

MOTION BY: Damien Scott

SECOND BY: Christie Mathis

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 2027 Budget Prep: Preliminary budget submitted using current FY as a base due to anticipated changes during legislative session.
- Strategic Planning: Considering goal-setting for this workgroup using data from rural trauma needs assessments and recent surveys.
- Q-Centrix Inter-Rater Reliability Program: Morgan Hospital has completed all steps. Centers experiencing issues should contact Liz or Q-Centrix directly.
- FY 2026 Contracts: Contracts delayed due to significant edits to the state's contract boilerplate. Language updates reflect clearer purpose-based clauses, especially regarding performance-based payments. Level I contract is almost finalized and will serve as a model for others. Target release date: August 1.



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- Strategic Plan Edits: Goals based on recent surveys may be developed for the group.

MARCH PAWS UPDATE

Presented by Alicia Register & Damien Scott

- Partnership initiated between Dr. Courtney Terwilliger and Dr. Mabes (AU/Wellstar MCG) to merge simulation and MARCH PAWS efforts.
- Collaboration aims to resolve prior manpower shortages and will now utilize AU's simulation infrastructure.
- Videography component being added to create educational materials and public-facing content explaining trauma system levels and community impact.
- Positive momentum with AU's leadership aggressively coordinating launch logistics.

PTSF Consult Visit and System Planning Discussion

Presented by Dr. Register

- Two of the five original PTSF consult hospitals were revisited.
- Key strengths identified:
 - Strong commitment to trauma care and community outreach.
 - Widespread TNCC education among nursing staff.
- Areas for improvement:
 - Under-triage and inconsistent use of ATLS protocols.
 - Inconsistent trauma documentation in EMRs.
 - Need for improved use of databases for performance improvement (PI).
- Transfer challenges noted include lack of EMS availability, limited tertiary center feedback, and inefficient documentation workflows.
- Suggested: Creation of workgroups to improve PI, under-triage standardization, and transfer protocols.
- Liz recommended proposing educational needs to GTC for potential funding.

Trauma Connections Group Update

Presented by Rachel Hand

- PI, EMS transfer delays, and eFAST validation processes discussed.
- Geriatric CMS measures not applicable to CAHs but relevant to others.
- "Right Site" service discussed as a potential solution to non-emergent 911 call burden on EMS.
- Facilities exploring use of contracted EMS transport services.
- Facilities seeking more training in report writer tools and documentation workflows.
- Educational offerings:
 - Pediatric stabilization lecture (Dr. Alexis Smith, virtual, July 23).
 - Dr. Mabes simulation at Wellstar Douglas (Aug 29) and Spalding (Oct 30).
 - Mini ABLIS course in Fayette County (Aug 8, with Grady).

NEW BUSINESS LEVEL III/IV COMMITTEE PRIORITIES SURVEY RESULTS

Presented by Allie Leitz & Megan Owens (GTC MPH Interns)

- Top Priorities:



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- Standardization of trauma care (29% ranked it #1).
- Rural patient transfers (43% ranked it #1).
- Key Findings:
 - 66% identified documentation as the workflow most in need of improvement.
 - Top training needs: trauma scoring, pediatric trauma, and trauma documentation.
 - Preferred education format: peer learning and simulation.
 - 73% believe teleconsultation would reduce unnecessary transfers; 86% would consider implementing it.
 - Most cited transfer barrier: EMS and air transport availability (79%).
 - Funding priorities: Education and training, followed by transport partnerships.
- Workforce challenges noted include staffing shortages, contracted provider disengagement, and lack of compliance with existing protocols.

WORK GROUP FORMATION

Presented by Dr Register

Based on the survey and discussion, the following workgroups will be formed:

1. Standardization and Trauma Protocols
2. Trauma Telehealth
3. Performance Improvement (PI)
4. Transfer Improvement

Participants were encouraged to join only one workgroup and contact Dr. Register or Gabby with their preferences.

ADDITIONAL DISCUSSION

Presented by D. Register

PI Improvement:

- Attendees expressed strong interest, including from Brooke Marsh (Emanuel Medical Center).
- Under-triage tracking, reevaluation documentation, and use of registry PI tools highlighted as key tactics.

Trauma Nurse Education Modules (STN):

- GTC has purchased STN Orientation Modules for all trauma centers.
- These can be customized for in-house use and are especially useful for trauma bay nurses.
- Contact Gabby to access modules (requires signed attestation).

Trauma Center Financial Viability – Damien Scott:

- Advocated for improved readiness cost reimbursement for Level IVs.
- Emphasized rising operating costs and concern about trauma center sustainability.
- Liz Atkins confirmed a future Level III/IV readiness cost survey is planned and encouraged early advocacy.

Trauma Billing & Reimbursement:

- Discussion included trauma charge capture, documentation for billing, and use of 68X trauma activation codes.
- Potential partnership with TCAA for coding and finance education explored.

Minutes Respectfully Submitted by Crystal Shelnett