

**APPROVED**  
**02.19.26**



# GEORGIA TRAUMA COMMISSION

## Trauma Medical Directors Committee Meeting Minutes

Thursday, August 21, 2025  
3:30 PM – 5:00 PM

Hybrid | Edgar H. Wilson Convention Center & Zoom

[Meeting Material](#)

COMMITTEE MEMBER MEETING ATTENDANCE	
COMMITTEE MEMBERS	REPRESENTING
Matthew Vassy	<b>Committee Chair</b> , Northeast Georgia Medical Center, TMD
J. Kelly Mayfield	Advent Health Redmond Hospital, TMD
Benjie Christie	Atrium Health Navicent, Associate Director of Trauma, COT, State Chair
Catherine Martin	Atrium Health Polk Medical Center, TMD
Justin Sobrino	Children's Healthcare of Atlanta AMB, TMD
David Carney	Children's Healthcare of Atlanta SR, TMD
Alicia Register	Crisp Regional, TMD
Courtney Pettiford	Doctors Hospital of Augusta, TMD
David Kiefer	Effingham Hospital, TMD
Olalekan Akinyokunbo	Emanuel Medical Center, TMD
John Polhill	Fairview Park, TMD
Elizabeth Benjamin	Grady, TMD
Laura Johnson	Grady Burn, BMD
William Hardeman	Hamilton Medical Center, TMD
Cianna Pender	J.D. Archbold Memorial Hospital, TMD
Bounthavy Homsombath	Joseph M. Still Burn Center, BMD
Christina McCain	Liberty Regional Medical Center, TMD
Jim Dunne	Memorial Health University Medical Center, TMD
Jacob Werkin	Morgan Medical Center, TMD
Romeo Massoud	Northside Gwinnett, TMD
Michael Shotwell	Piedmont Athens Regional, TMD
Michael Thompson	Piedmont Cartersville Medical Center, TMD
Arina Ghaffari	Piedmont Henry Hospital, TMD
Mark Benak	Piedmont Walton, TMD
Barry Renz	Wellstar Cobb, TMD
Eliza Fox	Wellstar MCG, TMD
Robyn Hatley	Wellstar MCG CHOG Augusta, TMD
Kevin Hord	Wellstar Paulding Medical Center, TMD
Ezaldeen Numur	Wellstar Spalding Regional, TMD
Ashley Orr	Wellstar West Georgia Medical Center, TMD

COMMISSION MEMBERS PRESENT	STAFF AND OTHER ATTENDEES PRESENT
Dr. James Dunne, GTC Member	Elizabeth Atkins, GTC, Executive Director Gabriela Saye, GTC, Business Operations Manager Crystal Shelnett, GTC, Regional Trauma Systems Development Mgr Gina Solomon, GTC, GQIP Director Katie Vaughan, GTC, Finance Operations Office Nicole Sundholm, AdventHealth Redmond, TPM Lynn Grant, Fairview Park Hospital, TPD Kim Brown, Hamilton Medical Center, TPM Patricia Ayoung-Chee, Morehouse School of Medicine, GQIP Data Analytics Director Christie Mathis, Morgan Medical Center, TPM Heather Morgan, Piedmont Athens Regional, TPM Tetra Jenkins, Washington County Regional Medical, TPM



## **Call to Order**

The meeting was called to order at 3:30 PM, with thirty committee members present. Dr. Matthew Vassy led the meeting, which was attended by committee members online and in person.

Dr. Vassy acknowledged the recent loss of Dr. Regina Medeiros, a long-standing and foundational member of the trauma community. She was praised for her passion, leadership, and service. A moment of silence and reflection was held in honor of Dr. Regina Medeiros.

## **Guest Presentation | Evaluation and Management of Ophthalmologic Emergencies**

### ***Presented by Zach Balest***

Dr. Vassy introduced Dr. Zach Balest, a local ophthalmologist and current President of the Georgia Society of Ophthalmology. He currently practices with North Georgia Eyes Associates, serving Northeast Georgia and parts of Western North Carolina.

Dr. Vassy noted that the Trauma Medical Directors Committee has repeatedly discussed challenges related to consistent ophthalmology coverage, such as availability and ongoing coverage maintenance. We invited Dr. Balest to share insights and educate committee members on when ophthalmology coverage is essential, aiming to improve triage and reduce unnecessary patient transfers.

Dr. Balest delivered a detailed presentation on triaging ocular emergencies and common eye conditions (**ATTACHMENT A**). The focus of the presentation included:

- How to triage ophthalmology patients in trauma settings
- Standardized evaluation methods for screening
- Case examples illustrating practical application.

Committee members commended the presentation and found it helpful in addressing common clinical questions. Dr. Balest confirmed sharing the presentation (**ATTACHMENT A**) for committee review.

## **GCTE Updates**

### ***Presented by Lynn Grant***

Dr. Vassy introduced Lynn Grant, GCTE Chair, to provide Georgia Committee for Trauma Excellence (GCTE) updates to strengthen coordination and reduce the duplication of efforts. GCTE updates will remain a standing agenda item for cross-committee updates.

Lynn Grant shared the following updates:

- The Pediatric Subcommittee has finalized the poster for assessing, stabilizing, and transferring pediatric patients. The poster is pending Commission review and reformatting.
- GCTE members recently reviewed the ACS ophthalmology coverage standards. Many facilities noted exploring creative solutions to meet the standard.

TMD Committee members also shared some of their facility's methods to meet the ACS standard, such as:

- Tele-ophthalmology contracts have significantly reduced transfers; however, service is costly. APPs are trained to measure intraocular pressures and conduct exams under an ophthalmologist's guidance. Due to staff turnover, training consistency is a challenge.



- Another facility is investigating having local Ophthalmology techs perform in-person exams with remote specialist input. The model is still in the early implementation phase, and there is some uncertainty about its capabilities.

Dr. Vassy reminded committee members that the adult transfer poster was distributed to smaller hospitals to support the early transfer of patients when appropriate. He emphasized facilities must be prepared to say “yes” to transfers to ensure consistent messaging and support.

### **Committee on Trauma (COT) Membership GTC Requirement Overview**

#### ***Presented by Dr. Matthew Vassy***

Dr. Vassy opened a discussion on the GTC performance-based pay (PBP) Committee on Trauma (COT) membership requirement for Trauma Medical Directors. Dr. Vassy invited Dr. Christie to provide an overview of the COT Membership process:

- **COT Membership Process**  
Individuals request membership directly through him and are tracked manually.
- **TMD COT Membership PBP Verification**  
Liz Atkins confirmed that the COT membership status is self-reported. She also emphasized that maintaining your COT membership is tied to Georgia Trauma Commission funding.
- **National COT**  
Dr. Bulger highlighted the history of the COT, founded in 1922 with strong regional structures, still operating in 57 state committees. She emphasized the importance of robust/regional participation in the national COT and suggested expanding state leadership roles (vice chairs focused on pediatrics, readiness, or other specialties). Dr. Bulger encouraged creating infrastructure that enables broader engagement, including residents and graduates.

It was noted that State COTs are often funded through ATLS course revenues. Funding supports administrative functions and is limited. Infrastructure solutions may require creative approaches.

Committee members discussed the potential overlap with the Trauma Commission activities. Suggestions included: using infrastructure for broader communication and project coordination, joint work on guidelines, research, and publishing, and following robust COT models in other states.

### **Committee on Trauma (COT) Update**

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

Dr. Christie presented COT updates (**ATTACHMENT B, slides 1-7**), including:

- Future Trauma Leader Program: Dr. Christine Castater was awarded a two-year COT leadership program term after a competitive process. Opportunities include professional development, high-level training, and project leadership.
- COT Meeting Schedule:
  - September 4th-7th 2025. Ga COT, Trauma Resident Paper Competition and ACS meeting, Amelia Island, Florida
  - October 4th-6th. Central COT and ACS Congress. Chicago, Illinois
  - November 1-4th-15th, 2025. Region IV Resident Paper Competition. Jackson, Mississippi.



- Spring 2026 COT Meeting, TBA
- National Pediatric Readiness Project: The goal is to ensure that every Emergency Department is prepared to care for pediatric patients. Champions are sought at the state level.
- Trauma Care—Where Seconds Matter Campaign: The plan is to bring members of Congress into trauma centers and highlight system value. COT Advocacy Pillar and ACS Washington, DC Office are working on providing resources such as checklists, talking points, and media guidance.

## **Regional Medical Operations Coordinating Centers (RMOCC) Introduction**

***Presented by Dr. Benjie Christie, Dr. Elizabeth Benjamin***

Dr. Christie and Dr. Benjamin provided an overview of the Regional Medical Operations Coordinating Centers (RMOCCs) concept to be discussed during the GQIP Summer meeting (**ATTACHMENT B, slides 8-13**):

The National Defense Authorization Act for FY2025 contains new provisions related to global conflict preparedness. The Defense Board report emphasizes the challenge of prolonged field care and evacuation difficulties due to evolving warfare. There was recognition of a need to strengthen U.S. civilian hospital readiness for potential mobilization during large-scale conflicts. Some opportunities identified included Military-civilian trauma training partnerships and expansion of RMOCC concepts into broader readiness planning.

Dr. Elizabeth Benjamin reviewed:

- The fundamental core RMOCC function is designed to manage patient transfers across the whole hospital system, which can be multiple hospital systems. It also balances load and puts the right patient in the right place at the right time.
- RMOCC Key functions:
  - Manage patient transfers across multiple hospital systems
  - Provide centralized information sharing and load balancing
  - Scalable from day-to-day operations to mass casualty events
- The primary purpose of this is to have situational awareness of what's happening in different areas and figure out a way to load balance if needed, similar to how we handled COVID-19. Additionally, it aims to find a way to coordinate this response across both hospital systems, involving the national disaster medical system and the military health system, and establishing a web of communication.
- We reviewed a scalable concept and determined day-to-day problems that this concept could help us with, and that we could scale up should we need to.
- Partnering is needed for mass casualty events, and a team must work to communicate, load balance, and share resources.
- The COT is working with regional groups to deliver a toolkit to regional chiefs to implement or support existing RMOCCs. The next steps are to develop a roadmap, determine key players, and create a common language to integrate across the COT pillars.

Dr. Vassy encourages committee members to consider RMOCC questions to ensure a productive GQIP discussion during tomorrow's session.



**Georgia Trauma Commission Educational Opportunities**

***Presented by Liz Atkins***

Liz provided the following updates:

- Encourage the group to consider potential educational opportunities for next year's budget. Budget planning starts in January or February during the legislative session. The next TMD meeting may include discussing which courses or priorities to request funding.
- The Augusta University Simulation Program will deliver rural simulation courses to five centers. Funding is secured for at least the first year, and the Commission will likely continue to support.
- A new version of the Rural Trauma Development Course is underway and expected within the following year. The program offers trauma centers a structured way to conduct outreach with rural hospitals.

**SUMMARY OF MEETING/ACTION ITEMS**

- Dr. Balest delivered a detailed presentation on the Evaluation and Management of Ophthalmologic Emergencies (**ATTACHMENT A**).
- The committee reviewed the GTC performance-based pay (PBP) Committee on Trauma (COT) membership, highlighting the process for obtaining membership, how it is tracked for PBP, and a brief background of the National COT.
- Dr. Christie presented COT updates (**ATTACHMENT B, slides 1-7**)
- Dr. Christie and Dr. Benjamin provided an overview of the Regional Medical Operations Coordinating Centers (RMOCCs) concept to be discussed during the GQIP Summer meeting (**ATTACHMENT B, slides 8-13**)
- Liz Atkins encouraged TMDs to consider educational priorities for next year's budget planning.

The meeting adjourned at 5:10 PM.

*Minutes Respectfully Submitted by Gabriela Saye*