



GEORGIA TRAUMA
COMMISSION

**Saving Lives.
Strengthening Georgia's Future.**

Fiscal Year 2025 | Annual Report



Every second counts. Every decision matters.
This is where Georgia’s trauma system
makes the difference.

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Elizabeth V. Atkins, MSN, RN, TCRN
EXECUTIVE DIRECTOR

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GEORGIA TRAUMA
COMMISSION

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Letter from Our Executive Director

To the citizens of Georgia, our dedicated partners, and valued stakeholders:

Fiscal Year 2025 marked a year of meaningful progress for the Georgia Trauma Commission. Together with our partners, we advanced access to high-quality trauma care across the state, supporting 31 adult trauma centers, 3 pediatric trauma centers, 2 burn centers, emergency medical services, system development, and operations.

Thanks to the ongoing support of Georgia’s citizens and the Georgia General Assembly, the Commission allocated more than \$29 million statewide in Fiscal Year 2025. These funds sustained essential support for trauma and burn centers and enabled the single largest increase in readiness funding for Level III and IV Trauma Centers. We further strengthened rural trauma care by advancing performance improvement at Level IV centers through our collaboration with the Pennsylvania Trauma Systems Foundation. Our Stop the Bleed program continued to grow, with 4,442 bleeding control kits distributed statewide.

To ensure prehospital providers were equipped to deliver lifesaving care, 169 agencies received EMS Trauma-Related Equipment Grants. In addition, the 2025 Educational Needs Assessment engaged more than 1,200 EMS stakeholders across Georgia, generating actionable data that is already shaping regional training plans and enhancing our ability to deliver high-impact, needs-driven education.

The results speak for themselves. In just 17 years, the number of trauma centers in Georgia has more than doubled—expanding access to care, reducing mortality rates, and improving patient outcomes. Our work also gained national recognition. The manuscript, *Impact of American College of Surgeons Trauma Verification on Statewide Collaborative Outcomes*, was presented at the 83rd Annual Meeting of the American Association for the Surgery of Trauma and published in the Journal of Trauma and Acute Care Surgery. This landmark study is the first to demonstrate a link between reduced variability and improved national benchmark performance after implementation of a statewide requirement for American College of Surgeons verification.

As we look ahead, the Georgia Trauma Commission remains committed to advancing innovation, equity, and preparedness across our trauma system. We invite you to follow our progress at trauma.ga.gov and join us in shaping a safer, stronger future for all who call Georgia home—or who may one day rely on its trauma system.



Elizabeth V. (Liz) Atkins, MSN, RN, TCRN
EXECUTIVE DIRECTOR



“Georgia ranks well below the age-adjusted injury-related death rate—proof that investment saves lives.”

—Elizabeth Atkins, MSN, RN, TCRN
Executive Director

When Seconds Count, Georgia Responds.

In 2007, the Georgia Legislature, through Senate Bill 60, established the Georgia Trauma Commission.



The Georgia Trauma Commission administers the statewide trauma care network and serves as the accountability mechanism for the entire trauma system, overseeing the flow of funds for system improvement.

Mission

The Georgia Trauma Commission is dedicated to improving the health of injured Georgians by ensuring access to quality trauma care, coordinating key trauma system components, and educating trauma care providers across the multidisciplinary continuum.

Vision

The Georgia trauma system will become a top-tier trauma system that provides the highest quality care and education through discovery and innovation.

Values

STEWARDSHIP

Manage resources responsibly and bring value to patients and taxpayers

INTEGRITY

Demonstrated through accountability, ethical behavior, transparency, and reliability

INCLUSIVITY

Ensure teamwork, collaboration, and inclusion of a diverse stakeholder group

Investing in Readiness. Delivering Results.

The Georgia Trauma Commission (GTC) annual budget is distributed by established funding formulas designed to sustain the critical infrastructure of the trauma system. This year, our entire budget allocation provided vital support to trauma centers, Emergency Medical Services (EMS), System Development, and Operations. We take great pride in showcasing the following accomplishments and improvements:

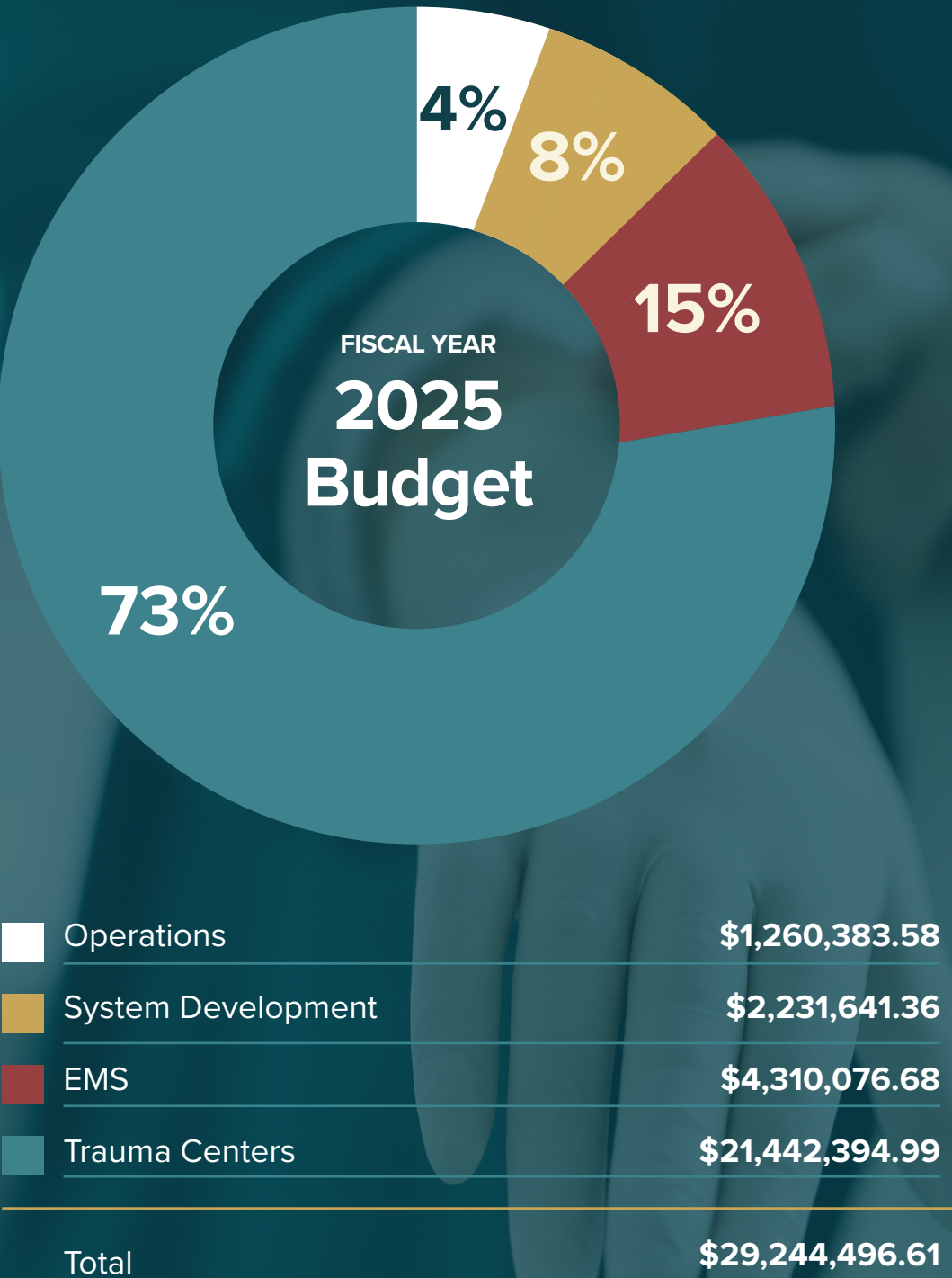


- Ongoing support for trauma education, including funding for:
 - The Abbreviated Injury Scale (AIS) 2015 Update Course to support trauma registry professionals.
 - Society of Trauma Nurses Orientation Modules, a customizable resource for helping trauma centers onboard new staff and partners into their trauma programs.
 - Trauma center finance education through the Trauma Center Association of America (TCAA) to strengthen knowledge of costs, charges, and codes related to trauma center reimbursement.

- Sustained investment in bleeding control kits to support Georgia’s STOP THE BLEED statewide program.
- Ongoing collaboration with the Pennsylvania Trauma Systems Foundation (PTSF) to revisit Level IV centers consulted in 2022 and assess performance improvement efforts.
- Reimbursement support for Level III trauma centers participating in the Trauma Quality Improvement Program (TQIP).
- Reimbursement support for Level IV centers participating in the Q-Centrix Inter-Rater Reliability Program to assist in consistent and accurate data reporting.
- Provision of equipment grants for Georgia’s 911 emergency response vehicles to enhance prehospital care.
- Facilitation of EMS Education through the Georgia Emergency Medical Services Association (GEMSA).

\$29.2M+
million budgeted and allocated through the Georgia Trauma Commission.

Investing \$29.2M+ in Care, Capacity, and Lifesaving Outcomes



Every Level of Care. Every Corner of Georgia.

Trauma Center Distribution

In FY 2025, \$21M was distributed across all levels of Georgia’s trauma, pediatric trauma, and burn centers.

This funding plays a critical role in supporting trauma center operations, including readiness costs, registry management, and the provision of uncompensated care.

Notable funding features include:



PERFORMANCE-BASED PAY PROGRAM (PBP):

A portion of readiness funding is tied to performance outcomes. All Centers are evaluated using established metrics, and funding levels are adjusted accordingly, encouraging excellence and continuous improvement.



TRAUMA QUALITY IMPROVEMENT PROGRAM (TQIP) MEMBERSHIP REIMBURSEMENT:

To promote participation in national benchmarking efforts, the Georgia Trauma Commission reimbursed TQIP membership fees for Level III trauma centers to encourage participation in national benchmarking efforts.



UNCOMPENSATED CARE FUNDING (UCC):

UCC funding was allocated to Level I, Level II, and burn centers to help offset the costs of treating uninsured or underinsured patients. Distribution is based on each center’s historical data and is audited annually by an independent third party to ensure accountability and transparency.



Q-CENTRIX INTER-RATER RELIABILITY PROGRAM REIMBURSEMENT:

Level IV centers were reimbursed for participation in the Q-Centrix Inter-Rater Reliability program, supporting data accuracy and consistency within the trauma registry.

The FY 2025 funding strategy reflects Georgia’s ongoing commitment to a high-performing trauma system. By investing in readiness, incentivizing quality care, and strengthening data reliability, Georgia continues to enhance trauma care delivery and outcomes across the state.



- LEVEL I

● LEVEL II

● LEVEL III

● LEVEL IV
-  PEDIATRIC LEVEL I

 PEDIATRIC LEVEL II

 BURN CENTERS

- LEVEL I**

The center provides total care, from prevention through rehabilitation. These also offer a teaching program for medical residents, as well as ongoing research.
- LEVEL II**

The center is similar to a Level I trauma center but may not offer teaching or research. Levels I and II treat both children and adults.
- LEVEL III**

The center is smaller than Level I and II centers, but provides prompt care to injured patients.
- LEVEL IV**

The center provides trauma care and life support before patients are transferred to a higher-level trauma center.

Trauma Center Distribution

FY 2025 Base Budget Allocations					
Contracted Trauma Centers	Readiness	Performance Based Pay Dollars (Based on 2024 Scorecard Results)	Total Readiness Payments	UCC (CY 2022)	Total from Trauma Fund
Level I					
Atrium Health Navicent Macon	176,647.00	723,420.00	900,067.00	814,799.00	1,714,866.00
Wellstar MCG Health	176,647.00	723,420.00	900,067.00	457,651.00	1,357,718.00
Children's Healthcare of Atlanta Arthur M. Blank	176,647.00	681,898.00	858,545.00	47,812.00	906,357.00
Grady Memorial Hospital	176,647.00	723,420.00	900,067.00	2,087,786.00	2,987,853.00
Memorial Health University Medical Center	176,647.00	723,420.00	900,067.00	1,312,893.00	2,212,960.00
Northeast Georgia Medical Center	176,647.00	672,022.00	848,669.00	487,716.00	1,336,385.00
Level II					
Atrium Health Floyd	86,323.00	355,400.00	441,723.00	201,128.00	642,851.00
Wellstar MCG Health Children's Hospital	86,323.00	355,400.00	441,723.00	-	441,722.00
Children's Healthcare of Atlanta Scottish Rite	-	-	-	-	-
Doctors Hospital of Augusta	86,323.00	355,400.00	441,723.00	-	441,722.00
Northside Gwinnett	86,323.00	355,400.00	441,723.00	529,098.00	970,820.00
Piedmont Athens Regional	86,323.00	355,400.00	441,723.00	280,211.00	721,934.00
Piedmont Columbus Regional	-	-	-	-	-
Wellstar Kennestone Regional Medical Center	86,323.00	355,400.00	441,723.00	408,979.00	850,701.00
Wellstar North Fulton Hospital	86,323.00	339,366.00	425,689.00	157,195.00	582,883.00
Level III					
AdventHealth Redmond Hospital	60,119.00	88,678.00	148,797.00	-	148,797.00
Crisp Regional Health Services	60,119.00	95,290.00	155,409.00	-	155,409.00
Fairview Park Hospital	60,119.00	84,928.00	145,047.00	-	145,047.00
Hamilton Medical Center	60,119.00	87,928.00	148,047.00	-	148,047.00
J.D. Archbold Memorial Hospital	60,119.00	95,290.00	155,409.00	-	155,409.00
Piedmont Catersville Medical Center	60,119.00	81,928.00	142,047.00	-	142,047.00
Piedmont Henry Hospital	60,119.00	82,678.00	142,797.00	-	142,797.00
Piedmont Walton Hospital	60,119.00	95,290.00	155,409.00	-	155,409.00
SGMC Health	60,119.00	90,178.00	150,297.00	-	150,297.00
Wellstar Cobb Hospital	60,119.00	82,678.00	142,797.00	-	142,797.00
Level IV					
Atrium Polk Medical Center	33,056.00	8,663.00	41,719.00	-	41,719.00
Effingham Hospital	33,056.00	8,663.00	41,719.00	-	41,719.00
Emanuel Medical Center	33,056.00	6,004.00	39,060.00	-	39,060.00
Morgan Medical Center	33,056.00	8,663.00	41,719.00	-	41,719.00
Wellstar Paulding Medical Center	33,056.00	8,663.00	41,719.00	-	41,719.00
Wellstar Spalding Medical Center	33,056.00	7,254.00	40,310.00	-	40,310.00
Wellstar West Georgia Medical Center	33,056.00	7,254.00	40,310.00	-	40,310.00
Burn Center					
Grady Burn Center	-	-	-	-	-
Joseph M. Still Burn Center	197,004.00	202,654.00	399,658.00	176,388.00	576,046.00
Total	2,693,729.00	7,862,050.00	10,555,779.00	6,961,656.00	17,517,430.00

*Includes \$518,463 of prior year Trust Funds

		Amended FY 2025 Budget Allocations				Total FY 2025
Registry Support	Total Base Funds	Additional Readiness*	Q-Centrix IRR Reimbursement	TQIP Participation Support	Total Amended Funds	Total Base + Amended
75,451.00	1,790,317.00	244,635.00	-	-	244,635.00	2,034,952.00
75,451.00	1,433,169.00	244,635.00	-	-	244,635.00	1,677,804.00
75,451.00	981,808.00	244,635.00	-	-	244,635.00	1,226,443.00
75,451.00	3,063,304.00	244,635.00	-	-	244,635.00	3,307,939.00
75,451.00	2,288,411.00	244,635.00	-	-	244,635.00	2,533,046.00
75,451.00	1,411,836.00	244,635.00	-	-	244,635.00	1,656,471.00
45,331.00	688,182.00	119,547.00	-	-	119,547.00	807,729.00
45,331.00	487,053.00	119,547.00	-	-	119,547.00	606,600.00
45,331.00	45,331.00	-	-	-	-	45,331.00
45,331.00	487,053.00	119,547.00	-	-	119,547.00	606,600.00
45,331.00	1,016,151.00	119,547.00	-	-	119,547.00	1,135,698.00
45,331.00	767,265.00	119,547.00	-	-	119,547.00	886,812.00
45,331.00	45,331.00	-	-	-	-	45,331.00
45,331.00	896,032.00	119,547.00	-	-	119,547.00	1,015,579.00
45,331.00	628,214.00	119,547.00	-	-	119,547.00	747,761.00
17,595.00	166,392.00	41,628.00	-	9,312.00	50,940.00	217,332.00
8,595.00	164,004.00	41,628.00	-	9,312.00	50,940.00	214,944.00
11,995.00	157,042.00	41,628.00	-	9,312.00	50,940.00	207,982.00
17,595.00	165,642.00	41,628.00	-	9,312.00	50,940.00	216,582.00
17,595.00	173,004.00	41,628.00	-	9,312.00	50,940.00	223,944.00
11,995.00	154,042.00	41,628.00	-	9,312.00	50,940.00	204,982.00
17,595.00	160,392.00	41,628.00	-	9,312.00	50,940.00	211,332.00
8,595.00	164,004.00	41,628.00	-	9,312.00	50,940.00	214,944.00
17,595.00	167,892.00	41,628.00	-	9,312.00	50,940.00	218,832.00
17,595.00	160,392.00	41,628.00	-	9,312.00	50,940.00	211,332.00
8,595.00	50,314.00	10,348.00	7,524.00	-	17,872.00	68,186.00
11,995.00	53,714.00	10,348.00	7,524.00	-	17,872.00	71,586.00
11,995.00	51,055.00	10,348.00	7,524.00	-	17,872.00	68,927.00
8,595.00	50,314.00	10,348.00	7,008.00	-	17,356.00	67,670.00
17,595.00	59,314.00	10,348.00	19,932.00	-	30,280.00	89,594.00
11,995.00	52,305.00	10,348.00	22,560.00	-	32,908.00	85,213.00
17,595.00	57,905.00	10,348.00	19,920.00	-	30,268.00	88,173.00
37,675.00	37,675.00	-	-	-	-	37,675.00
37,675.00	613,721.00	86,712.00	-	-	86,712.00	700,433.00
1,171,150.00	18,688,580.00	2,880,067.00	91,992.00	93,120.00	3,065,179.00	21,753,759.00

Equipping Frontlines. Expanding Training. Saving Lives.

Emergency Medical Services Distribution

\$4.3M was allocated to Emergency Medical Services (EMS) stakeholders across Georgia. Guided by improving prehospital trauma care, the Georgia Trauma Commission EMS Committee evaluates the allocations of these funds to ensure they make the most significant impact.

Key supported initiatives include:

\$1.83M+ TO SUPPORT EMS EDUCATION THROUGH THE GEORGIA EMERGENCY MEDICAL SERVICES ASSOCIATION (GEMSA)

The EMS Committee invested \$1.89 million through the Georgia Emergency Medical Services Association (GEMSA) to expand and enhance education and training across the state. These funds support a wide range of programs, not only essential courses like EMT and EMR training, but also leadership development and mental health support for EMS providers.

\$1.6M+IN TRAUMA EQUIPMENT GRANTS FOR 911-ZONE AMBULANCES

These grants provide 911-zone ambulances throughout the state with the opportunity to procure essential life-saving equipment to provide optimal prehospital trauma care.



CONTINUED SUPPORT FOR THE AUTOMATIC VEHICLE LOCATING SYSTEM (AVLS) PROGRAM

This initiative provides Wi-Fi to cellular gateways to primary 911 Zone Providers' ambulances in Georgia. These gateways facilitate real-time tracking and communication, ensuring seamless coordination between various EMS agencies and hospitals. Program costs include equipment maintenance, program management, and Airtime support.

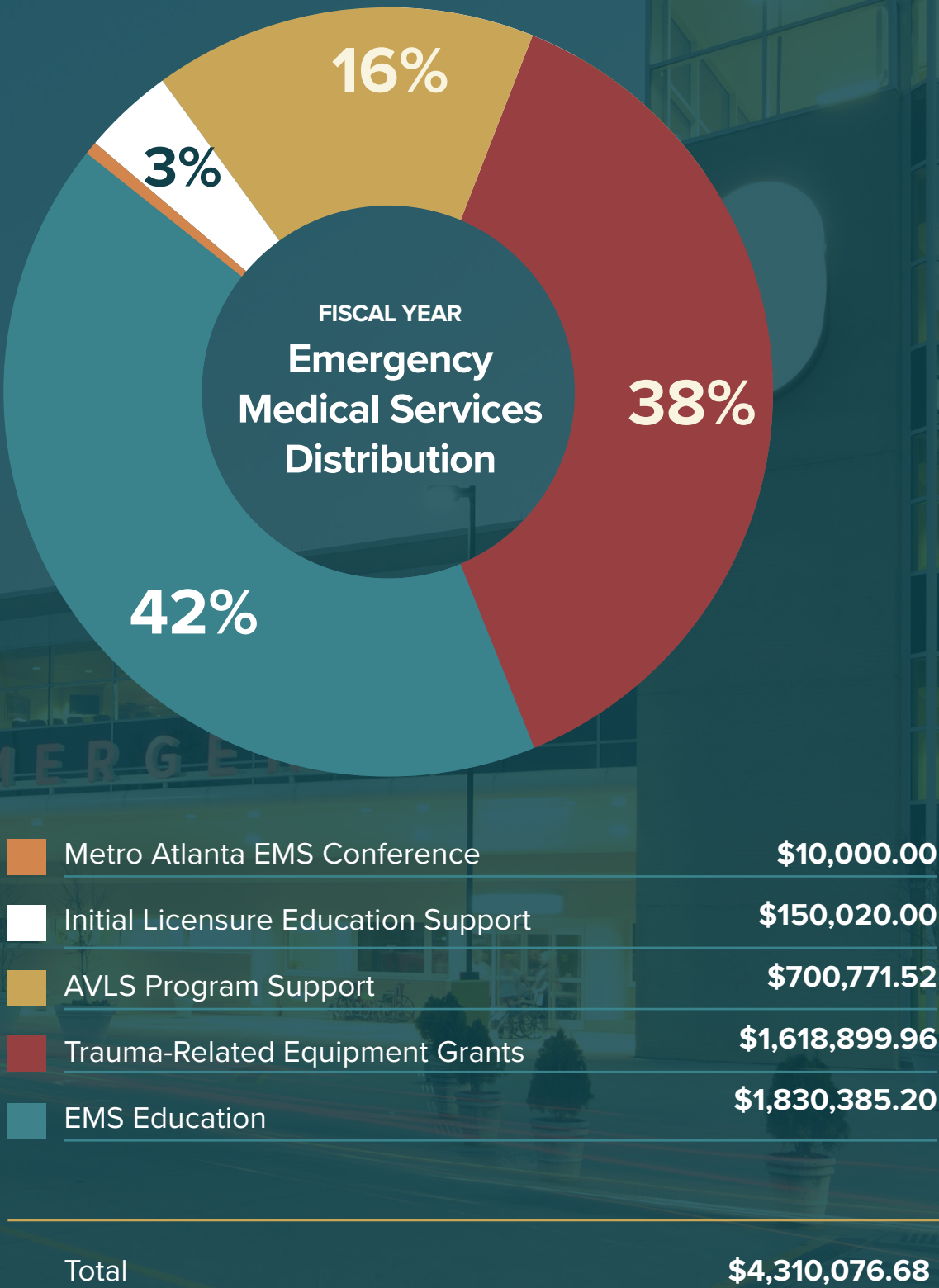
STRENGTHENING EMT EDUCATION WITH MEDED PREP

By partnering with MedEd Prep, the EMS Committee has infused funding to provide additional resources and study materials to GTC-funded EMT courses. This software offers instructors real-time feedback on student progress, helping them tailor support where needed most.

SUPPORT EMS CONFERENCE

\$10K was allocated to support the annual Metro Atlanta EMS conference, an educational event dedicated to enhancing patient outcomes through emergency medical training and promoting best practices across the EMS community.

These targeted investments represent our ongoing commitment to strengthen Georgia's EMS system from frontline response to education and technology.



Critical Tools. Statewide Impact.

EMS Trauma-Related Equipment Grants

This year, \$1.6M+ was awarded to 911-zone Georgia’s ambulances to help purchase life-saving equipment. A total of 169 agencies applied and received support to buy critical tools such as advanced airway management equipment, fluid warmers, needle decompression kits, and automated CPR devices, ensuring they’re equipped to deliver high-quality trauma care when every second counts.

WHAT IS A 911 ZONE?

In Georgia, a 911 zone is the designated geographic area where a specific EMS provider is authorized and responsible for responding to emergency 911 calls. This system ensures every community has reliable, around-the-clock ambulance coverage.

WHY THE GRANTS MATTER

Funds were awarded to 911-zone ambulance providers to purchase specialized tools that save lives in critical moments:

Advanced Airway Management Equipment – Quickly and effectively manage compromised airways.

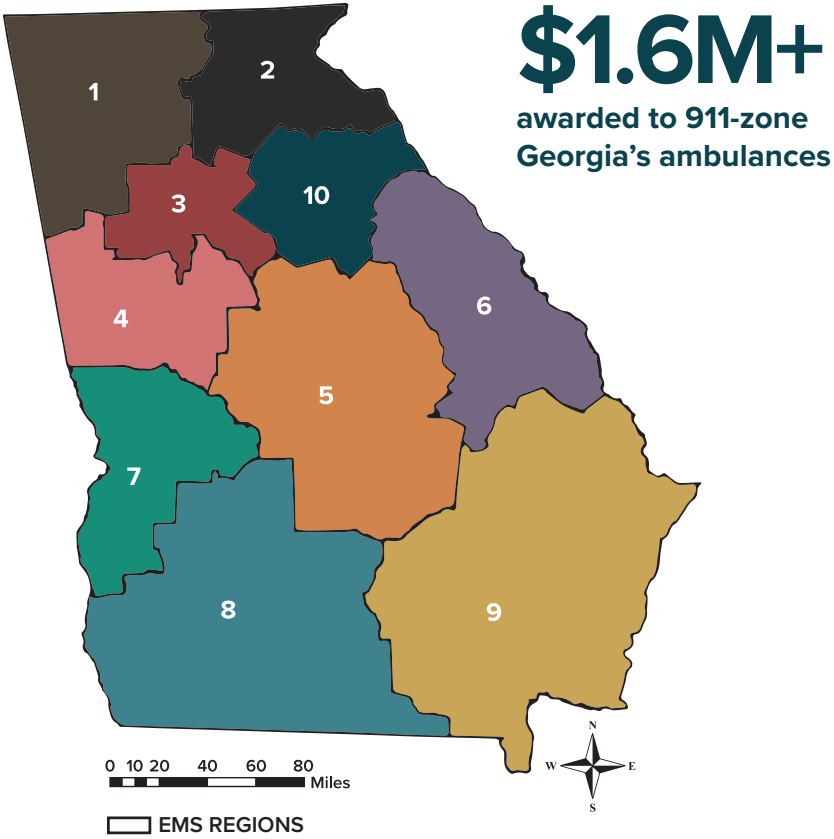
Fluid warmers – Prevent dangerous hypothermia after trauma.

Needle decompression kits – Relieve collapsed lungs from chest injuries.

Automated CPR devices – Deliver steady, lifesaving compressions.



REGION	FY 2025 GRANT FUNDS
Region 1	\$201,045.22
Region 2	\$123,584.23
Region 3	\$427,835.28
Region 4	\$128,382.56
Region 5	\$136,771.70
Region 6	\$94,733.87
Region 7	\$65,515.58
Region 8	\$146,665.92
Region 9	\$208,047.83
Region 10	\$97,861.87
TOTAL	\$1,630,444.06



Go From Bystander to Lifesaver.

In FY25, the Georgia Trauma Commission’s Stop the Bleed (STB) program continued to expand its reach, further establishing itself as a critical component of trauma preparedness across the state. A total of 4,442 bleeding control kits were requested this year alone.

Three application periods were held during the fiscal year, with continued progress toward the program’s goal of 100% kit and training coverage for public schools and school buses statewide. Nearly all public schools and more than 94% of buses are now equipped, and participation has grown among law enforcement, fire departments, and other government agencies.

Georgia’s STB initiative has already demonstrated lifesaving impact, with multiple kit uses reported this year by school staff, public safety partners, and other recipients. To support data collection and quality improvement, the Commission launched a new online reporting portal, now accessible via a QR code included in every newly shipped kit. These improvements ensure rapid reporting of kit use and help inform future training and distribution strategies.

Looking ahead, the Georgia Trauma Commission has proposed continued funding for FY26 to sustain this momentum and ensure bleeding control training and equipment remain accessible, especially in rural and high-risk communities.



The success of the STB program has also opened the door for Regional Trauma Advisory Committees to engage schools and community partners in broader injury prevention efforts.

Leveraging the trust and relationships built through RTACs continue to lead innovative safety and education initiatives across Georgia, including fall prevention, youth safety education, and improving care for the injured athlete. They have also played a pivotal role in expanding prehospital blood programs, strengthening the state’s trauma system and improving outcomes for critically injured patients.

These partnerships not only advance the GTC’s mission to reduce preventable death and disability, but also foster the cross-sector collaboration necessary to build stronger regional trauma systems.

This work would not be possible without the commitment of the RTAC committees and the tireless efforts of their coordinators, who manage all aspects of the program at the local level, from application intake and training coordination to kit distribution, ensuring that each community is equipped and empowered to respond effectively in a bleeding emergency.

This fiscal year, the Georgia Trauma Commission’s Stop the Bleed program had multiple documented deployments that directly saved lives across the state:

- A Georgia school that had been equipped with STB kits, along with the local fire department and EMS agency, was able to immediately respond during a school shooting, applying tourniquets to save lives.
- Just one week after completing an STB class from his RTAC Coordinator, a police officer who was stabbed multiple times used his issued kit to apply a tourniquet to control his bleeding until help arrived.
- A teenager injured in a motor vehicle collision survived because friends trained in Stop the Bleed applied a tourniquet at the scene; he has since become an STB instructor and advocate.
- Deputies responding to a severe crash in a remote area used their training to apply a tourniquet for an amputated leg, saving the victim’s life and enabling surgeons to reattach the limb.

- A volunteer firefighter who also serves as his community’s STB instructor applied tourniquets in two separate emergencies this year, one for a gunshot wound and another for a vehicle crash victim, both using bleeding control kits issued by the GTC.

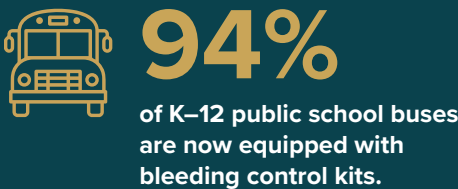
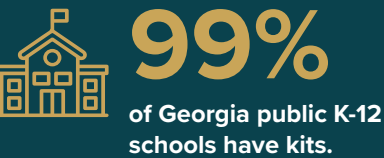


ACS, Lifesaving Technologies Collaborate to Enhance Emergency Response Preparedness Across the US

The ACS and Lifesaving Technologies have joined forces under a transformative licensing agreement to expand access to lifesaving emergency response equipment and training—creating a bold, nationwide initiative designed to empower communities to act in the face of trauma and emergencies.

The ACS Stop the Bleed program is the original U.S. Department of Defense STOP THE BLEED® partner.

ACS Stop the Bleed offers the premier bleeding control course and kits. They are the largest global provider of bleeding control training and empower anyone to save a life by learning 3 basic actions to control severe bleeding in an injured person.



Scan the QR Code to learn more about the Georgia Trauma Commission Bleeding Control Kit Program.

Care That Reaches Further.

TCAA Finance Team Workshop | Progress in Trauma Center Reimbursement

This fiscal year, the Georgia Trauma Commission teamed up with the Trauma Center Association of America (TCAA) investing in trauma center reimbursement education to Georgia trauma centers to ensure claims are fully optimized. As part of the fiduciary responsibility to ensure that Trauma Trust Fund is the payer of last resort, we hosted two finance-focused webinars in August and November 2024 to strengthen trauma billing practices and identify areas for improvement.

WORKSHOP GOALS

1. Understand the degree of success/challenge each center has with activation capture and claims from a system perspective.

2. Develop two system-level Trauma finance Key Performance Indicators (KPIs).
- Following the webinars, the Georgia Trauma Commission and TCAA developed a KPI worksheet to evaluate trauma activation and claims data from January through March 2024. Sixteen trauma centers submitted completed worksheets.

WHAT WE LEARNED | COMMON THEMES

- There is more room for improvement in capturing FL 14 Type 5 charges than in TTAR (Trauma Team Activation Response) charges.

• Success rates of capture weren't specific to trauma center levels.

KPI #1: Percent of Sample with FL 14 Type 5																
Center	D	C	F	K	J	M	E	I	O	A	L	Q	P	N	H	B
Percent of total TTAR Volume	28%	18%	100%	15%	15%	4%	100%	40%	17%	32%	10%	100%	10%	100%	12%	28%
Percent with FL14 Type 5 in Sample	100%	100%	97%	95%	95%	74%	65%	62%	60%	22%	12%	7%	0%	0%	0%	0%

KPI #2: Percent of Sample with TTAR Response																
Center	D	C	F	I	H	K	J	B	N	P	M	E	Q	A	L	O
Percent of total TTAR Volume	28%	18%	100%	40%	12%	15%	15%	28%	100%	10%	4%	100%	100%	32%	10%	17%
Percent with FL14 Type 5 in Sample	100%	100%	100%	100%	100%	98%	98%	98%	94%	89%	79%	65%	55%	45%	45%	25%

NEXT STEPS

1. Offer more education and training on trauma finance practices.

2. Take a closer look at the opportunities identified and develop action plans.
3. Share findings with the GTC Trauma Center Administrators Committee.

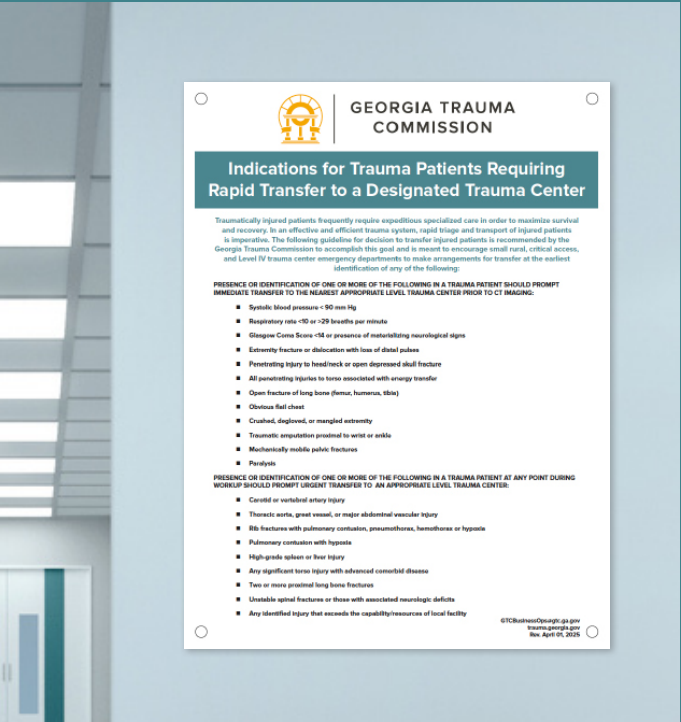
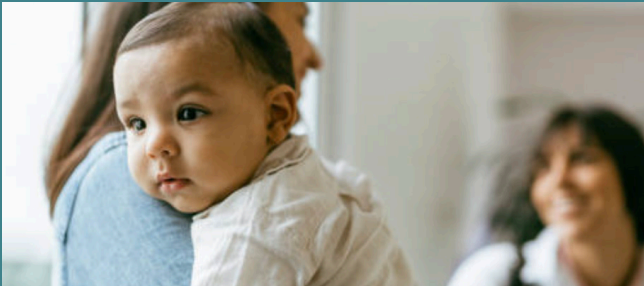
4. Examine Medicaid coding opportunities vs improvements.

5. Conduct a more in-depth analysis of trauma claims data.

Improving Access to Trauma Care in Rural Georgia.

The Georgia Trauma Commission's Trauma Medical Directors Committee, chaired by Dr. Matthew Vassy, has completed an essential update to the "Indications for Trauma Patients Requiring Rapid Transfer to a Designated Trauma Center" poster, initially released in 2015. We are proud to share that the newly revised poster was shipped in May 2025 to 68 identified emergency departments across Georgia, including small rural hospitals, critical access facilities, and Level IV trauma centers.

Each facility received a durable, laminated 18x24-inch poster designed for prominent display within their hospital. Our goal is to empower critical access providers with the confidence to initiate transfers, knowing their patients will be welcomed by ready and capable receiving trauma centers.



Scan to Download the Trauma Transfer Poster





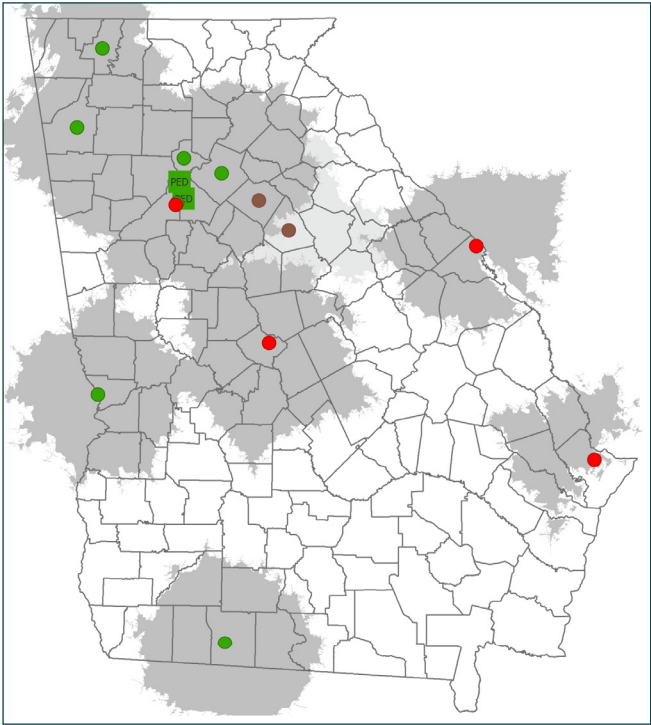
More Centers. More Access. More Lives Saved.

Trauma System Growth

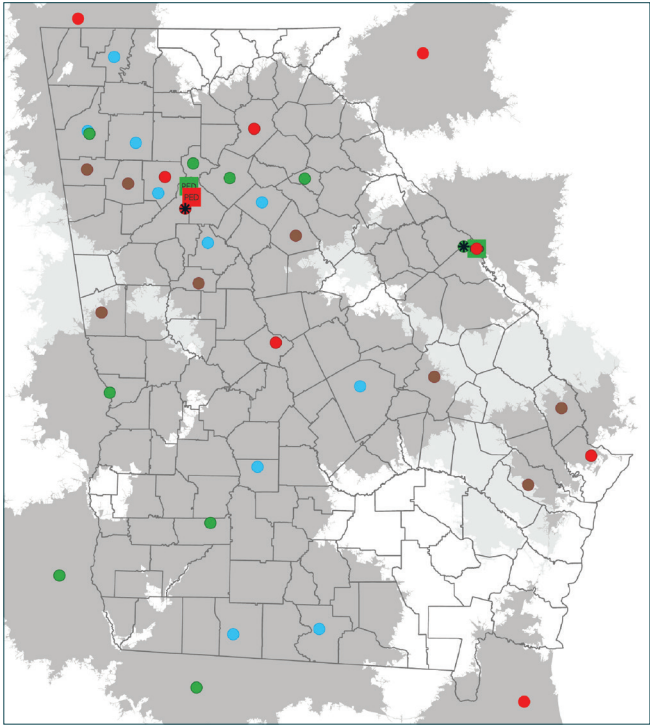
Over the past 17 years, the number of Trauma Centers has more than doubled, improving access to trauma care by 30%.

Trauma Served Areas: 60-minute Access Coverage

2007 (Before)



2025 (After)



*2025 numbers as of April 2025. The Department of Public Health, Office of EMS and Trauma works with hospitals and other organizations across the state to develop trauma facility designation, protocols, and policies, and to designate stroke facilities in the state.

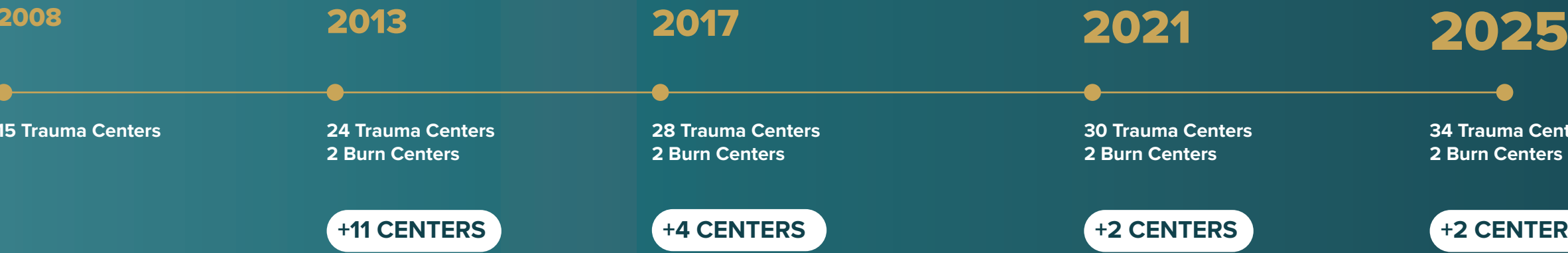
Legend

- * BURN
- LEVEL I
- LEVEL II
- LEVEL III
- LEVEL IV

- PED PED LEVEL I
- PED PED LEVEL II
- COUNTIES

1 hr Service Area to Current and Neighboring Facilities:

- LEVELS I, II, III, Burn, Pediatric
- LEVEL IV



2025 NUMBERS BY LEVEL	
7	Level I
9	Level II
10	Level III
8	Level IV
2	Burn Centers

Mapping Access. Maximizing Survival.

Access to Trauma Care | An Analysis of the Georgia Trauma System

The Georgia Trauma Commission partnered with the Coalition for National Trauma Research (CNTR) to conduct a comprehensive, statewide analysis of trauma care access through Georgia’s air and ground EMS infrastructure. Under the leadership of Dr. Eileen Bulger, Professor in the Division of Trauma, Burn, and Critical Care Surgery at the University of Washington, the CNTR team provided a data-driven evaluation to support future trauma system improvements.

We thank CNTR and Dr. Eileen Bulger for their expert leadership and significant contributions to this vital work. CNTR’s abstract summarizing the recommendations was presented at the 84th Annual Meeting of the AAST and Clinical Congress of Acute Care Surgery in Boston, MA on September 11, 2025.

See Full CNTR Report:



Select Project Milestones

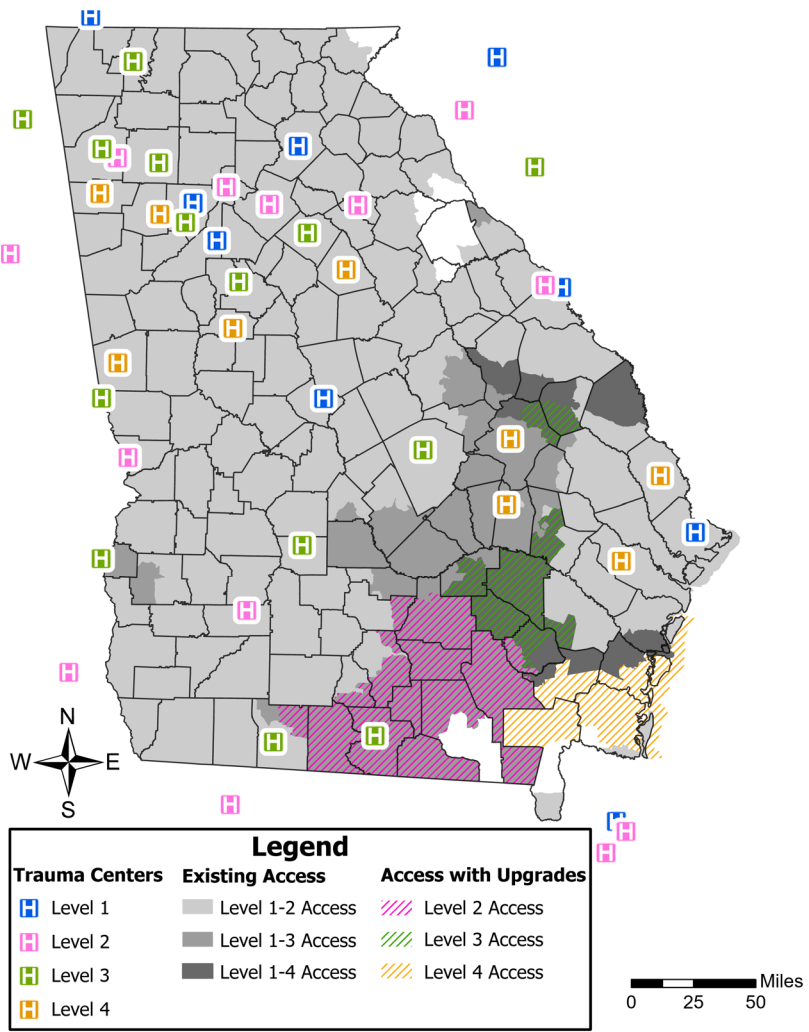
Georgia Trauma System Mapping

Development of the current statewide trauma system network by geocoding locations of:

- 545 ground EMS depots
- 29 helicopter EMS depots
- 37 designated centers*

The network also included select facilities in neighboring states to reflect real-world coverage.

Georgia Trauma Care Accessibility with Trauma Center Upgrades



POPULATION ACCESS TO CARE

CNTR calculated trauma system response times and population coverage using GIS-based network analysis and U.S. Census Bureau data.

SERVICE AREA MODELING

A detailed mapping of 60-minute service areas was created using CNTR’s validated methodology.

GEORGIA TRAUMA SYSTEM OPTIMIZATION ANALYSIS

Identified optimal trauma center upgrades to maximize population accessibility within the 60-minute service area.

*Study includes Georgia centers designated as of April 2024: 32 adult trauma centers, 3 pediatric trauma centers, and 2 burn centers.

Mapping the Gaps: Progress on Rural Trauma Needs.

Rural Trauma Needs Assessment 2025 Progress & Next Steps

In a collaborative effort to strengthen rural trauma care, the Georgia Trauma Commission partnered with the Georgia State Office of Rural Health and the Georgia Health Innovation Center to conduct a statewide needs assessment of rural hospitals. This initiative followed the 2023 ACS Trauma System Consultation and Rural-Focused Review, which recommended a comprehensive assessment to guide future improvements in trauma care throughout rural Georgia.

KEY ASSESSMENT INSIGHTS & OPPORTUNITIES:

- Strong engagement from rural hospitals reflects a clear commitment to improving trauma care.
- Opportunities exist to enhance consistency in trauma protocols, including antibiotic use for open fractures and blood massive transfusion.
- Many hospitals expressed readiness to pursue higher trauma designations with additional support for funding, staffing, and infrastructure.
- Enhancing pediatric readiness and expanding access to essential ED resources were identified as priority areas.
- Improving transfer processes through better bed coordination, transport logistics, and staffing support can enhance system efficiency.
- Increased interest in trauma education and training, including ATLS, RTTDC, pediatric trauma, and telemedicine.
- Several facilities identified a need to improve blood product storage and availability to support emergency care.



94%
response rate

Conducted from March 11 to April 5, 2024, the survey achieved an **impressive 94% response rate, with 62 of 66 rural hospitals participating.**



STAKEHOLDER ENGAGEMENT & ADDITIONAL INSIGHTS

In November 2024, the Commission and the State Office of Rural Health hosted two webinars to share results and gather additional feedback from rural stakeholders. These sessions provided deeper context on system needs and improvement opportunities:

- Blood/fluid warmer access: 52% reported no barriers; cost and aging equipment were moderate concerns.
- Helicopter EMS usage is often driven by unavailability or delays in ground transport, particularly over long distances.
- ATLS certification barriers include course availability, scheduling, cost, and travel; offering on-site or regional training could improve access.
- Trauma designation concerns include costs, specialist recruitment, and clarity on requirements; stakeholders identified a need for step-by-step guides and funding pathways.
- Training delivery preferences: 50% prefer on-site scenario-based learning, 34% favor virtual/interactive formats, and the least preferred method is pre-recorded video.
- Training frequency: Quarterly or biannual training is favored, with physicians showing a strong preference for in-person sessions.

LOOKING AHEAD

This assessment and the resulting feedback highlight the commitment of Georgia's rural hospitals and provide a foundation for targeted strategies to improve trauma care access and outcomes across the state. In FY 2026, we're excited to expand C-MARCH PAWS simulation-based trauma training, in collaboration with Augusta University and Emanuel Medical Center. This program ensures rural providers receive relevant, high-impact training where they need it most. The Commission sincerely thanks all participating hospitals and partners for their invaluable contributions.

Turning Strategy Into Action.

Regional Trauma Advisory Committees (RTACs): Advancing the Georgia Trauma System Through Education, Performance Improvement, and Injury Prevention

The Regional Trauma Advisory Committees (RTACs) serve as critical extensions of the Georgia Trauma Commission, transforming state-level strategies into regional action. Operating across all 10 EMS regions, RTACs work to enhance trauma care outcomes by addressing local needs through a framework of injury prevention, performance improvement, and education. These committees, composed of regional healthcare stakeholders, EMS professionals, and trauma leaders, actively implement initiatives aligning with GTC’s strategic priorities.



1 STRENGTHENING TRAUMA EDUCATION ACROSS GEORGIA

The RTACs continue to lead trauma education efforts that are responsive, collaborative, and highly localized. With support from the GTC and guided by findings from the EMS Education Needs Assessments, RTACs have expanded access to high-quality training tailored to the specific challenges in each region. Notable examples include:

- Pop-up training in the ambulance bay turns routine hospital drop-offs into opportunities for EMS crews to practice high-acuity, low-frequency skills such as intubation and needle decompression, ensuring providers stay sharp and ready for critical cases.
 - Mass Casualty Incident (MCI) Tabletop Exercises and large-scale MCI drills brought together a broad mix of EMS, hospital, public safety, and emergency management partners in a realistic and collaborative environment.
 - Hands-on pediatric trauma courses, trauma conferences, and virtual education blitzes, all adapted to local needs and delivery barriers.
- Many regions have formed or expanded education subcommittees, enhanced instructor recruitment efforts, and launched EMS education calendars. In some areas, instructor prep courses and region-specific educator conferences are underway, building long-term capacity to deliver trauma education closer to home.

2 DRIVING PERFORMANCE IMPROVEMENT

RTACs continue to lead performance improvement (PI) initiatives aimed at system-level gains in trauma care delivery. Highlights include:

- Prehospital blood administration projects that are either operational or actively under development. Several RTACs are guiding the expansion of these programs by supporting training, equipment validation, and coordination with trauma centers and blood banks.
- Regional case review programs, including anonymous submission systems, that collect pediatric and adult trauma cases for shared learning and recognition. These projects support field engagement and foster a culture of transparent performance improvement.
- Focused PI projects addressing time to definitive care, antibiotic administration for open fractures, pelvic binder application, and tourniquet conversion practices, all helping move the needle on key clinical indicators.
- Each region, in collaboration with the Georgia Quality Improvement Program (GQIP), is evaluating regional trauma data to support performance initiatives and ensure that committee decisions are data-driven and responsive to local trends and outcomes. This data partnership strengthens the connection between clinical performance and system-level change across prehospital and hospital care.

Review Regional Updates and Meetings Here:



3 PREVENTING INJURIES BEFORE THEY OCCUR

Injury prevention remains a cornerstone of RTAC activities, with efforts tailored to the risks and populations within each region. Common initiatives included:

- Teen driver safety events, gun safety campaigns, ATV and bike safety outreach, and car seat education in both urban and rural communities.
- Fall prevention campaigns, safe infant sleep programs, and outreach at large public events
- Distribution of bleeding control kits and education for schools, public safety, and community groups, often in collaboration with Stop the Bleed instructors.

Georgia’s healthcare coalitions, injury prevention networks, and grant-funded partnerships supported many of these programs. RTACs have played an instrumental role in maintaining program momentum, adapting offerings to evolving community needs, and connecting prevention efforts to trauma system priorities.

4 SUPPORTING THE TRAUMA SYSTEM, REGION BY REGION

RTACs have proven indispensable in connecting state-level trauma initiatives with frontline providers. Whether supporting EMS agencies with trauma education, deploying essential equipment such as training tools and tourniquets, or facilitating region-specific drills and case reviews, RTACs are vital in ensuring Georgia’s trauma system is responsive, regionally specific, and outcome-driven. As we move forward, the Georgia Trauma Commission is supporting RTACs in:

- Addressing funding gaps for regional training identified in the needs assessment.
- Supporting education infrastructure, such as simulation equipment and rural access.
- Expanding the reach of prehospital blood programs statewide.
- Encouraging active participation from trauma centers and EMS stakeholders at each RTAC.

RTACs are not only responding to trauma—they are preparing for it, preventing it, and improving outcomes when it occurs. Their work directly reflects GTC’s mission and invests in the health and safety of all Georgians.

Turning Data Into Action.

Regional Collaboration and Data-Driven Insights

In FY 2025, the Georgia Quality Improvement Program (GQIP) collaborated with system development and Regional Trauma Advisory Council (RTAC) leadership to develop the first regional scorecards utilizing GQIP data. These scorecards offer actionable insights into key areas such as mechanisms of injury, age distribution, and EMS scene times. This initial data was unveiled at the 2025 GQIP Winter meeting.

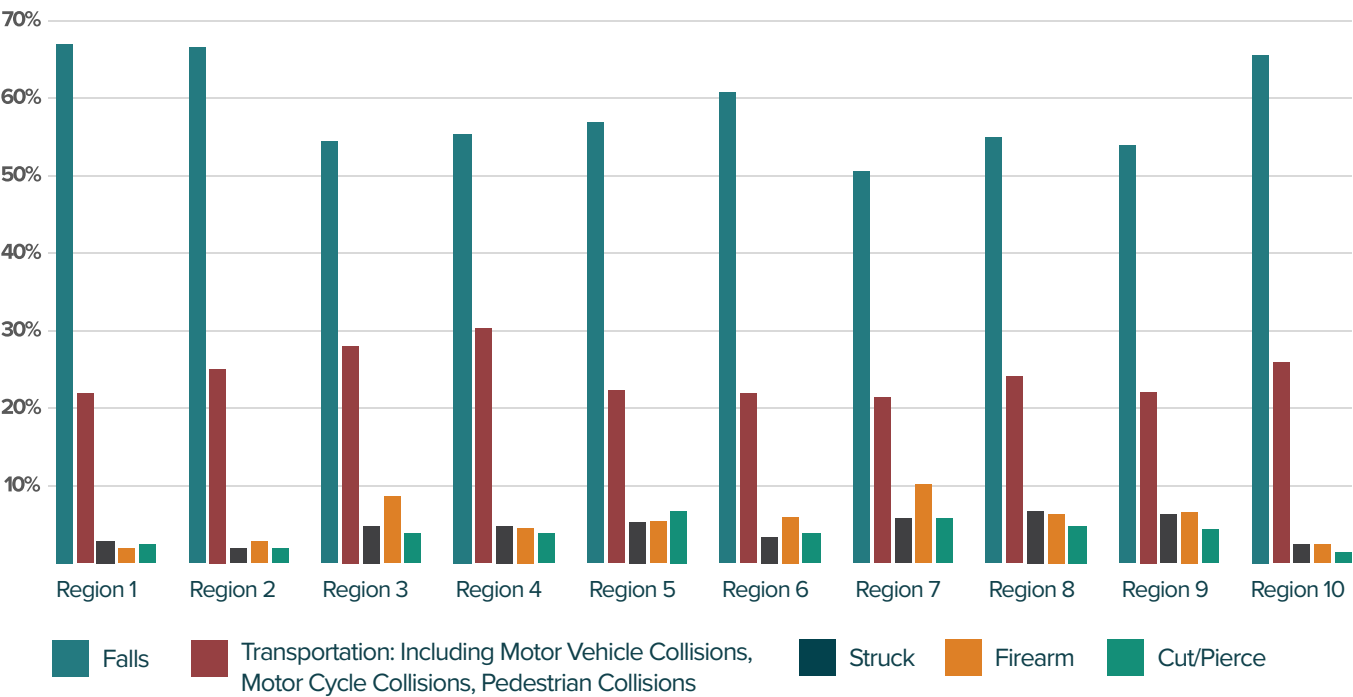
Scan to Learn
More About GQIP



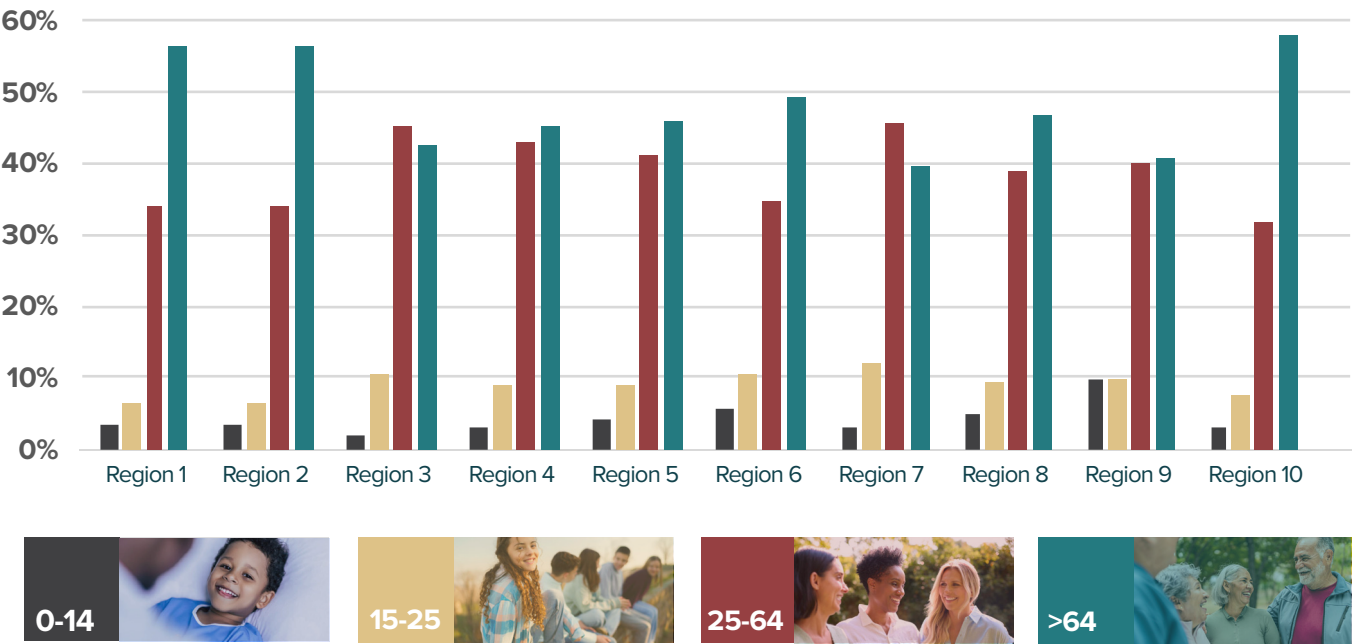
STRENGTHENING TRAUMA EDUCATION ACROSS GEORGIA

At the same meeting, trauma program leaders and administrators received the first comprehensive analysis of discharge data, presented by Raeda Anderson, PhD. The event also featured a keynote address by Dr. Alex Valadka, a nationally recognized expert in neurosurgery, who delivered an engaging presentation on Traumatic Brain Injury (TBI) Management in 2025. His talk addressed current challenges and shared forward-thinking strategies to improve outcomes in TBI care.

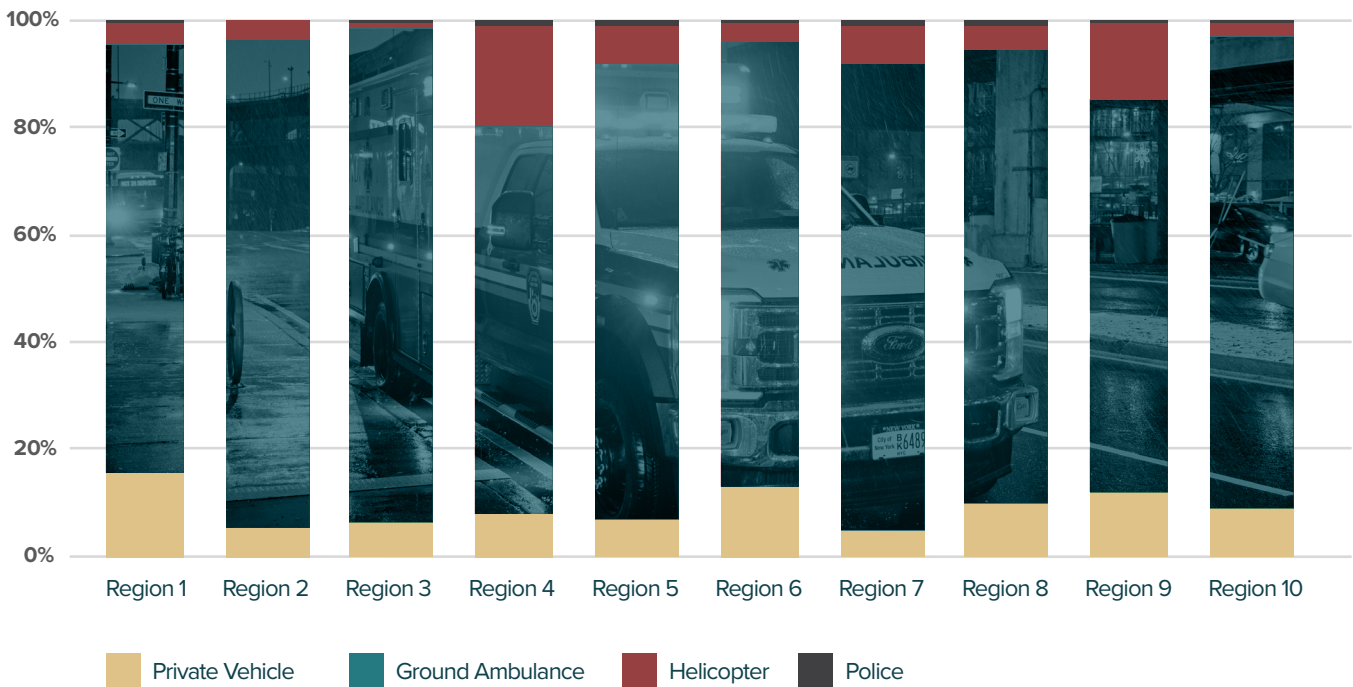
Mechanism of Injury % Per Region CY2024



Age Distribution % Per Region



Mode of Arrival % Per Region



Every Second. Every Unit of Blood. Every Life.

Trauma Survivor Story | Captain Bracewell’s Journey

In November 2024, the Georgia Trauma Commission held its quarterly meeting at the State Office of Rural Health in observance of National Rural Health Day. During this meeting, South Georgia Medical Center (SGMC Health) presented the remarkable and inspiring story of Captain Bracewell, a powerful testament to the life-saving impact of a dedicated and organized trauma system in rural Georgia.



On October 24, 2023, Captain Chris Bracewell, a respected member of the public safety community, was critically injured in a devastating vehicle collision when his vehicle was T-boned by a large truck. He sustained multiple life-threatening injuries, including rib fractures, internal bleeding, and major organ lacerations. The nearest trauma center, SGMC Health, a Level III Trauma Center in Lowndes County, quickly activated its trauma response to stabilize him. However, several significant challenges highlighted the barriers faced in rural trauma care:

- Adverse weather conditions prevented air transport, including dense fog and low cloud ceilings.
- Multiple helicopter cancellations (three in total) resulted in a delay of over 8.5 hours before the patient could be transferred to a Level I Trauma Center.
- During that time, the trauma team administered 67 units of blood, nearly three times his total blood volume, to sustain him through critical care and surgery.

67
units of blood transfused

Despite the logistical and environmental obstacles, the SGMC team provided life-saving care, including emergency surgery, massive transfusion protocols, and continuous resuscitation efforts. Eventually, Captain Bracewell was airlifted to a Level I Trauma Center for advanced treatment. After 45 days in the hospital, Captain Bracewell remarkably recovered and returned to work in April 2024.

During the November meeting, SGMC Health was formally recognized for its commitment to Georgia’s trauma system and exceptional efforts in caring for critically injured patients. Attendees were further moved by Captain Bracewell, who delivered a powerful account of his experience and recovery.

“After 45 days, I walked out alive. Because Georgia was ready.”

Captain Bracewell continued to share his story during the 2025 legislative session. He addressed the Senate Health and Human Services Committee as part of the Georgia Trauma Commission’s funding impact report, helping advocate for continued investment in trauma care infrastructure, especially in rural areas.

— Captain Chris Bracewell

Leading Our Statewide Commitment to Saving Lives.



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Director of Trauma
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Emanuel County



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Grady Health System



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Medical Director

Northside Gwinnett
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Terry T. Cobb
EMS Director

Laurens County Emergency
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GEORGIA TRAUMA COMMISSION

The Georgia Trauma Commission administers the statewide trauma care network and serves as the accountability mechanism for the entire trauma system, overseeing the flow of funds for system improvement.



Learn more at trauma.ga.gov.