

APPROVED
05.08.25

Georgia Committee for Trauma Excellence (GCTE)

February 19, 2025

2:00 PM – 4:00 PM

[Meeting Recording and Attachments Link](#)

Lynn Grant, Fairview Park Hospital

GCTE Chair

EXECUTIVE MEMBERS PRESENT	REPRESENTING
Lynn Grant, <i>Chair</i>	Fairview Park Hospital
Kyndra Holm, <i>Vice chair</i>	Wellstar MCG Children's Hospital of Georgia
Julie Freeman, <i>Education</i>	Wellstar Kennestone
Kellie Rowker, <i>Pediatric</i>	Children's Healthcare of Atlanta
Rayma Stephens/Ashley Bullington, <i>Performance Improvement</i>	Northside Gwinnett Hospital/Crisp Regional Hospital
Kelli Vaughn, <i>Registry</i>	Northside Gwinnett Hospital
Tracy Johns, <i>Former Chair</i>	Atrium Health Navicent

ATTENDEES		
FIRST NAME	LAST NAME	ORGANIZATION
Cindy	Hoggard	AdventHealth Redmond
Nicole	Sundholm	AdventHealth Redmond
Sheila	Bennett	Atrium Health Floyd
Katie	Hasty	Atrium Health Floyd
Melissa	Parris	Atrium Health Floyd
Crystal	Wynn	Atrium Health Floyd
Dawn	Truett	Atrium Health Floyd Polk Medical Center
Josephine	Fabico-Dulin	Atrium Health Navicent
Joanna	Goss	Atrium Health Navicent
Tracy	Johns	Atrium Health Navicent
Brenna	McClure	Atrium Health Navicent
Kristal	Smith	Atrium Health Navicent
Alicia	Cochran	Children's Healthcare of Atlanta

ATTENDEES		
Susanne	Edwards	Children's Healthcare of Atlanta
Rana	Roberts	Children's Healthcare of Atlanta
Kellie	Rowker	Children's Healthcare of Atlanta
Ashley	Bullington	Crisp Regional Hospital
Charly	Ussery	Crisp Regional Hospital
Shelby	Adams	Doctors hospital of Augusta
Laura	Lunsford	Doctors Hospital of Augusta
Courtney	Pettiford	Doctors Hospital of Augusta
Catherine	Ross-Garron	Doctors Hospital of Augusta
Christopher	Ruiz	Doctors Hospital of Augusta
Adrian	Willis	Doctors Hospital of Augusta
Danlin	Luo	DPH OEMST
Dipti	Patel	DPH OEMST
Marie	Probst	DPH OEMST
Stacee	Smith	DPH OEMST
Amy	Davis	Effingham Health System
Lindsey	Lewis	Effingham Health System
Olalekan	Akinyokunbo	Emanuel Medical Center
Brooke J.	Marsh	Emanuel Medical Center
Gail	Thornton	Emanuel Medical Center
Terry	Cobb	Georgia Trauma Commission
Cheryle	Ward	Georgia Trauma Foundation
Jessi	Astrella	Grady
Samantha	Buchanan	Grady
Teri	Craig	Grady
Joy	Eleby	Grady
Stephen	Elmgren	Grady
Jennifer	Freeman	Grady
Rebecca	Gaskins	Grady
Krystal	Harper	Grady
Carey	Lamphier	Grady
Courtney	Lowry	Grady
Jasmin	Mercedes	Grady

ATTENDEES		
Erin	Moorcones	Grady
Leigh	Pack	Grady
Kelli	Scott	Grady
Maria	Silva	Grady
Roger	Smith	Grady
Barbara	Thomas	Grady
Barbara	Thomas	Grady
Pamela	Van Ness	Grady
Pamela	Vanderberg	Grady
Elizabeth	Williams-Woods	Grady
Emily	Russell	Grady Health System
Kim	Brown	Hamilton Medical Center
Lauren	Zavala	Hamilton Medical Center
Farrah	Parker	JMS Burn Center at Doctors Hospital
Jessica	Davis	John D. Archbold Memorial Hospital
Mary Beth	Goodwin	John D. Archbold Memorial Hospital
Kelli	Vaughn	John D. Archbold Memorial Hospital
Bethany	Chapman	KJTC
Kim	Kottemann	LifeLink of GA
Chuck	Massey	LifeLink of GA
James "Tracy"	Burnsed	Memorial Health University Medical Center
Christie	Mathis	Morgan Medical Center
Shawna	Baggett	Northeast Georgia Medical Center
Carol	Gerrin	Northeast Georgia Medical Center
Linda	Greene	Northeast Georgia Medical Center
Courtney	Herrin	Northeast Georgia Medical Center
Blanca	Hinojosa	Northeast Georgia Medical Center
Janice	Labbe	Northeast Georgia Medical Center
Jessica	Mantooth	Northeast Georgia Medical Center
Walter	Wiley	Northeast Georgia Medical Center
Laura	Wolf	Northeast Georgia Medical Center
Tracy	Harris	Northside Gwinnett Hospital
Nadirah	Burgess	Northside Hospital Gwinnett

ATTENDEES		
Dana	Davis	Northside Hospital Gwinnett
Sarah	Holcombe	Northside Hospital Gwinnett
Colleen	Horne	Northside Hospital Gwinnett
Rayma	Stephens	Northside Hospital Gwinnett
Amanda	Eubanks	Phoebe Putney Memorial Hospital
Brandi	Fitzgerald	Phoebe Putney Memorial Hospital
Amy	Stephens	Piedmont
Natasha	Davis	Piedmont Athens Regional
Heather	Morgan	Piedmont Athens Regional
Stephanie	Stribling	Piedmont Athens Regional
Shannon	Thomas	Piedmont Athens Regional
Brett	Buehner	Piedmont Augusta
Karen	Barrett	Piedmont Cartersville Medical Center
Brad	Cothran	Piedmont Cartersville Medical Center
Kelly	Gasser	Piedmont Columbus Midtown
Karneshiha	Curry	Piedmont Columbus Regional
Caitlin	Dejesus Rodrigo	Piedmont Columbus Regional
Marilyn	Dunlap	Piedmont Columbus Regional
Mary	Jameson	Piedmont Columbus Regional
Tamara	Patterson	Piedmont Columbus Regional
Shalonda	Wright	Piedmont Columbus Regional
Jay	Connelly	Piedmont Henry
Justin	Keeton	Piedmont Henry
Jason	Radford	Piedmont Henry
Marylynn	Sullivan	Piedmont Henry
Mark	Benak	Piedmont Walton
James	Polston	Piedmont Walton
Brian	Dorriety	Region 7 RTAC
Emily	Brown	SGMC Health
Courtney	Canino Eason	SGMC Health
Beth	Cargile	SGMC Health
Chelsea	Carter	SGMC Health
Janann	Dunnavant	SGMC Health

ATTENDEES		
Randy	Smith	SGMC Health
Tetra	Jenkins	Washington County Regional Medical Center
William	Briggs	Wellstar Cobb
Shelby	Lemon	Wellstar Cobb
Nadine	Lynch	Wellstar Cobb Burn Program
Adalynn	Rath	Wellstar Douglas
Dana	Bouse	Wellstar Kennestone
Megan	Dawson	Wellstar Kennestone
Julie	Freeman	Wellstar Kennestone
Karen	Johnson	Wellstar Kennestone
Grace	Mills	Wellstar Kennestone
Jamie	Van Ness	Wellstar Kennestone
Tatiana	Woods	Wellstar Kennestone
Brian	Bays	Wellstar MCG
Ashley	Faircloth	Wellstar MCG
Nancy	Pritz	Wellstar MCG
Adrian	Ruiz	Wellstar MCG
Patricia	Smith	WellStar MCG
Kyndra	Holm	Wellstar MCG CHOG
Nidhi	Chawala	Wellstar North Fulton
Ron	Darby	Wellstar North Fulton
Elizabeth	Folse	Wellstar North Fulton
Jacob	Holloway	Wellstar North Fulton
Rhonda	Jones	Wellstar North Fulton
Andrea	McCarson	Wellstar Paulding
Ezaldeen	Numur	Wellstar Spalding Medical Center
Vaughn	Tejedor	Wellstar Spalding Medical Center
Regina	Medeiros	Wellstar System
Tracy	Gynther	Wellstar West Ga Medical Center
Rachel	Hand	Wellstar West Ga Medical Center
Melissa	Hungerford	Winn Army Community Hospital

TOPIC	DISCUSSION
<p>Call to Order/Approval Mins Intro of New Members</p>	<p>Lynn Grant, Committee Chair, called the meeting of the Georgia Committee for Trauma Excellence (GCTE), a committee of the Georgia Trauma Commission (GTC), to order at 2:00 pm.</p> <p>Lynn requested a motion to approve the November 20th meeting minutes:</p> <p><u>MOTION GCTE 2025-02-01:</u> Motion to approve November 20, 2024, meeting minutes.</p> <p>MOTION: Kellie Rowker SECOND: Brooke March DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <p>After minutes approval, Lynn asked if new committee members were present and welcomed them to the committee.</p>
<p>Lifelink Update</p>	<p>Kim Kottemann provided an overview of Lifelink updates (ATTACHMENT A):</p> <ul style="list-style-type: none"> • Review of Scientific Registry of Transplant Recipient data, which tracks organ donation across the United States. It was noted head trauma serves as a key indicator for organ donation eligibility, with approximately 95% of organ donors falling under this category. • Discussion on overall decline in trauma-related organ donors. Potential reasons for decline included: <ul style="list-style-type: none"> • Potentially fewer trauma cases overall • Process inefficiencies in referrals, transportation, or identification of eligible donors • Changes in ambulance and hospital referral patterns, which may impact whether trauma patients are being directed to high-level trauma centers. • Organ donors from trauma cases decreased by 38% from 2023 to 2024 <p>The meeting transitioned to a discussion on how trauma centers track and report organ-related data with current requirements set by the American College of Surgeons (ACS) including:</p> <ul style="list-style-type: none"> • Agreements with Organ Procurement Organization (OPOs) • Donation and brain death policies • Metrics such as referral and donation rates.

TOPIC	DISCUSSION
	<p>Challenges identified in data tracking include:</p> <ul style="list-style-type: none">• Variability in how trauma centers classify and track donation-related fields• Inconsistencies in reporting where a referral was made, if a patient qualified as a donor, and if donation occurred• The shift to off-site organ recovery centers, making it difficult for hospitals to track final donation outcomes. <p>It was noted that hospital liaisons can get reports tailored to your facility. Committee members discussed challenges such as the language used to collect data does not match the language on the report. It was suggested if the language was the same, it would improve clarity and reduce confusion. Lack of referrals could be from lack of knowledge, community understanding, and organ donation impact were mentioned.</p> <p>Attendees acknowledged that the trauma registry is expected to transition to a new platform, which could present an opportunity to refine data collection and processes, ensuring alignment with ACS requirements. Efforts to cross-reference trauma patient lists between hospitals and liaisons were highlighted, with findings indicating minimal discrepancies in trauma patient counts.</p> <p>Discussion concluded with a suggestion to revisit the topic within the registry subcommittee to establish clearer guidelines for trauma patient categorization at the state level. The need for continued collaboration was emphasized, with a commitment for streamlining processes while ensuring data integrity.</p>
Georgia Trauma Commission (GTC) Update	<p>Liz Atkins provided the following updates:</p> <ul style="list-style-type: none">• The legislative session has reached its 19th day with Georgia Trauma Commission presentations made to both the Senate and House. The budget approval process may face delays due to uncertainties surrounding federal funding cuts. Despite the uncertainties, the additional \$4 million secured last year for trauma stabilization has been included in the upcoming budget again.• Dr. Ashley will present the. "<i>Impact of American College of Surgeons Trauma Verification on a Statewide Quality Collaborative</i>" during the Commission and GQIP meetings. The paper on this study was released as open access (ATTACHMENT B).• A report was created about a geospatial study that analyzed the location of trauma centers in relation to 911 ambulance stations (ATTACHMENT C). This study, conducted in collaboration with the Coalition for National Trauma Research (CNTR), identified gaps in trauma care accessibility

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	<p>and suggested potential solutions, such as upgrading certain centers from a Level III to a Level II. This information is crucial for assessing areas where trauma care services are lacking or could be enhanced. Nick Medrano, a geospatial resource expert, is presenting this study during the upcoming Commission meeting.</p> <ul style="list-style-type: none"> • Thanks to all who submitted with KPI worksheets; these provided valuable insights into the financial landscape of trauma care. Challenges related to Georgia Medicaid's software transition was mentioned, which resulted in discrepancies in trauma care reimbursement codes. • A Level I and Level II Readiness Cost Survey to assess the financial burden of maintaining ACS-verification will be released soon. This survey will help quantify the updated costs associated with trauma center readiness. Tracy will provide more details after the FY 2026 performance-based pay overview. <p>Gabby Saye reviewed the FY 2026 Performance-Based Pay (PBP) workgroup updates (ATTACHMENT D):</p> <ul style="list-style-type: none"> • Outlined the PBP review process, which included a workgroup of eight stakeholders. The PBP changes are currently being presented to all Georgia Trauma Commission Committees in preparation for an open comment period expected in March. The Finance Committee and Commission will review and approve the PBP updates in May. The new criteria will be incorporated into the contracts sent in June 2025. • PBP updates include: <ul style="list-style-type: none"> • Tiered metrics for eligible criteria modeled after the MTQIP PBP. • Two outcome measures designed to assess quality: <ul style="list-style-type: none"> • Timely VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit • Timely Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only) centers) • Both outcome measures will follow the tiered model, with an initial focus on monitoring performance without financial penalties (0% risk). • Centers will have ongoing visibility into their performance with some data available through the GQIP central site, with the possibility of submitting data bi-monthly rather than quarterly. • Level I Research Workgroup physician participation. • Level IV evidence of registry continuing education

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	<ul style="list-style-type: none">• The PBP impact cadence will also be updated in FY 2026. The PBP scorecard will now be tracked on a fiscal year basis (July through June), with scorecards due in August. The fiscal year score will impact the second subsequent fiscal year funding. For example, the FY 2026 score will impact the FY 2028 funding. This change aims to better align reporting with contract periods and provides more predictable funding distributions. <p>The presentation concluded with a reminder that an open comment period will be held in March, providing stakeholders with the opportunity to share feedback and ask questions. Gabby encouraged participants to review the proposed changes and take advantage of the open comment session.</p> <p>Tracy Johns reviewed the Level I and Level II Readiness Cost Survey workgroup updates (ATTACHMENT E):</p> <ul style="list-style-type: none">• Emphasized the survey aims to understand the costs associated with being a verified trauma center and help capture accurate cost data to be presented to legislature to help inform future funding decisions.• The readiness cost survey dates back to 2008, with the most recent survey collecting data from 2019 using Level III and IV data. The last data collected from Level I and II centers was 2016 data, which resulted in Level I average readiness cost average of nearly \$10.1 million and Level II costs around \$4.9 million. This data was presented in a AAST paper conference (ATTACHMENT F) and is central to demonstrating the financial investment needed for trauma care.• Liz shared a tribute to Dr. Haley, noting his pivotal role in the development of the readiness cost survey tool, which has been named the Haley Model in his honor. His work, including his efforts in the early stages of developing the readiness cost model, left a lasting impact on the Georgia trauma system.• Tracy shared significant progress has been made since the 2016 Level I and II readiness cost data with most centers achieving ACS verification and improving patient outcomes.• The upcoming readiness cost survey has been updated to reflect the latest standards from the ACS and includes reorganized sections based on the updated Grey book. The tool is pending finalization and is scheduled to be released in April with an introduction webinar.• The Level I and III readiness cost survey will be due by September 30, 2025, and the workgroup will host optional monthly webinars for Q&A. <p>Tracy emphasized the importance of starting the process early to ensure timely completion. While participation in the monthly webinars is options, they offer valuable opportunity for guidance and</p>

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	<p>clarification. The goal is that Level I and II trauma centers are accurately capturing their costs and that the data is used effectively to advocate for continued support and funding.</p> <p>Liz Atkins asked Crystal Shelnutt to provide Regional Trauma Advisory Committee (RTAC) updates:</p> <ul style="list-style-type: none"> • Coy Tippins is the new Region 9 RTAC Coordinator. He is a flight medic and educator and assumed his role in January. • The Region 8 RTAC Coordinator position remains open following the retirement of Anita, who dedicated many years of service to the trauma system. A replacement is expected to be announced within the next month. • The first in-person RTAC Chair and Coordinator meeting is set to take place Thursday, February 20th. The goal of this annual meeting is to enhance statewide collaboration, ensuring successful programs developed in one region are accessible to all others. • In collaboration with Gina Solomon and GQIP, key data points will be collected and shared quarterly to help RTACs measure and monitor the effectiveness of their programs. • The educational needs assessment received over 1,200 responses from EMS providers, EMS leadership, and hospitals. The data gathered provides invaluable insights into perceived deficiencies, preferred educational formats, and how training can be optimized for each region. • The Stop the Bleed project continues with 99% of schools complete with training and kits in place, while 95% of school buses are equipped. Additionally, 60% of Georgia's counties have benefited from the program's outreach to law enforcement agencies, public parks, and recreation departments. <p>Crystal Shelnutt closed with encouraging committee members to get involved with their RTACs, as they continue to make significant impact statewide. Lastly, appreciation was expressed for the University of Georgia Master of Public Health interns, Samantha Chapin and Courtney Honore, who have been instrumental in analyzing the 1,200 educational needs assessment responses.</p> <p>Liz recommended adding RTAC updates to future GCTE meeting agendas. Lynn Grant confirmed that would be possible.</p>
Office of EMS & Trauma (OEMST) Update	<p>Marie Probst provided the following updates:</p> <ul style="list-style-type: none"> • 100% of the centers submitted their downloads timely to OEMST's ImageTrend system. • The average closure rate stands at 93%, with Level IV centers having some room for improvement. • The average for the required Trauma Surgeon arrival is 93%, with Level II centers having some room for improvement.

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	<ul style="list-style-type: none"> The Q3 FY 2025 report will be available starting March 15 and is due April 15 and will close April 30. Marie commended TPMs for ensuring TMD attestations were signed promptly and encouraged all attendees to check with feedback logs in the LMS system. <p>Stacee Smith provided the following updates:</p> <ul style="list-style-type: none"> In 2024, five Level IV trauma centers underwent consults for designation, with three centers officially designated. Ten centers across the State received designations either through ACS or DPH. OEMST is open for more consults, which can be conducted in-person or virtually depending on the needs of the center. Stacee emphasized the importance of preparation for verification/designation and encouraged centers to schedule consults for 2025. Three centers to be re-designated for Level IVs in 2025. Two facilities have shown interest in seeking trauma designation in region 9, one potentially qualifying as a Level III center. Last quarter, Morgan Medical Center was re-designated as a Level IV center and Grady Burn Center achieved ABA verification. Congratulations were extended to both institutions for their accomplishments. The public comment period for ACS Level IV standards is expected in March. The team will review the new standards and determine the implementation strategy for the coming year. The Cardiovascular EC-3 Conference is scheduled for March 14th and they are encouraging participants to register if interested. <p>In closing, Stacee highlighted a key focus area for ACS verification in 2025-geriatric trauma care. Centers undergoing verification should have strong protocols, policies, and activation criteria tailored for injured older adults.</p>
Georgia Trauma Foundation Update	<p>Cheryle Ward provided the following updates:</p> <ul style="list-style-type: none"> The Foundation's grant application period has closed, and winners will be officially announced at the Georgia Trauma Commission meeting on February 20th. A total of eight grants, each with a maximum award of \$10,000, would be distributed to support various projects. Trauma Awareness Day is scheduled to take place at the Georgia Capitol on Wednesday, February 26th. This makes the event's comeback after a multi-year hiatus. While there will be no formal legislative request this year, the primary focus will be on expressing gratitude to lawmakers for their past support and encouraging continued commitment to trauma care. If registered,

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	<p>attendees received more event information. Recommended attire included whites coats for medical professionals or red clothing for others participating.</p> <ul style="list-style-type: none"> The statewide fundraiser, “Tides of Change and Trauma Care,” is set to take place at the Georgia Aquarium on May 17. This event follows last year’s successful fundraiser at Porche and aims to generate support for mobile simulation labs. Tickets will go on sale the following Monday at \$175 each. Cheryle encouraged attendees to help spread the word and expressed hope that many would attend to support the cause. <p>Foundation resources and events are available on their website: https://georgiatraumafoundation.org/</p>
Georgia Quality Improvement Program Update	<p>Gina Solomon provided the following updates:</p> <ul style="list-style-type: none"> The GQIP Winter meeting is scheduled for Friday, February 21st, which features a packed agenda and an extensive discussion plan. The GQIP team is making significant progress on the GQIP central site risk adjustment initiative, with full implementation expected by the end of February. The next build will be the VTE process measure. The deadline for data downloads for the last quarter of 2024 is March 3rd. Organizations should submit a full-year dataset to ensure that any updated or newly added records are captured. This step is crucial for finalizing metrics and closing out the reporting year.
Subcommittee Reports	<p>Education: Julie Freeman provided the following updates:</p> <ul style="list-style-type: none"> The subcommittee plans to focus on aligning with GCTE objectives and enhancing trauma education across Georgia. Key efforts include acquiring STN course modules for trauma centers and continuing educational initiatives with the Georgia Trauma Foundation to target rural areas. Julie shared if anyone is interested in joining the Education Subcommittee, please scan the QR code (ATTACHMENT G). The meetings are the first Tuesdays of the month at 11:00 AM. <p>Kyndra Holm added that the STN e-library, containing educational modules for trauma centers, is still available. Thumb drives are available if needed. An MOU will be required for centers to access these resources.</p> <p>Pediatric: Kellie Rowker provided the following updates:</p> <ul style="list-style-type: none"> The Shock Index Pediatric-Adjusted (SIPA) project is ongoing, with educational materials sent out to every center in the State. If you did not receive educational packets, please reach out to: kellie.rowker@choa.org.

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	<ul style="list-style-type: none">• Ongoing efforts to develop a pediatric transfer toolkit, particularly focusing on conditions like linear skull fractures that require long-distance transfers.• Scottish Rite and the Arthur M. Blank hospitals will be involved in the MATIC 2 Study starting soon.• A QR code was shared previously (ATTACHMENT H) for reporting unsafe pediatric transport by EMS agencies. The data is housed in Children’s Healthcare of Atlanta Redcap tool. Additional reference documents with the project backstory are included. (ATTACHMENT I).• Data on overuse of pan scans for children is being analyzed, prompting an update to the pediatric radiology toolkit, which will be redistributed to improve practices. <p>There is a proposal to create a more structured collaboration by capturing the names of pediatric champions in hospitals and EMS agencies to enhance communication and resource sharing across subcommittees. April Moss clarified that a list of pediatric champions is available and will be shared with interested parties.</p> <p>Performance Improvement: Rayma Stephens provided updates:</p> <ul style="list-style-type: none">• The Subcommittee has previously sent out a survey to gather input on the definitions for emergent and urgent transfers, with a satisfactory number of responses received. It was recommended to establish standardized definitions to ensure consistency across the state.• A PI playbook is being created for verification and re-verification processes. The playbook would allow centers to share best practices and lessons learned from their verification processes. Rayma encouraged committee members to submit any helpful resources or strategies to Ashley Bullington, the Co-chair, to assist in building this playbook.

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	<p>Registry: Kelli Vaughn provided the following updates</p> <ul style="list-style-type: none">• An AIS 15 update course for registrars was successfully conducted between October and December 2024. The subcommittee is now looking into offering an ICD-10 course for approximately 95 registrars. The cost estimate for this training is about \$60,000. <p><u>MOTION GCTE 2025-02-02:</u> Motion to approve \$60,000 GCTE request for ICD 10 course, advanced or basic. MOTION: Kelli Vaughn SECOND: Kyndra Holm DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <ul style="list-style-type: none">• Registry orientation training resources are available on Basecamp for Trauma Program Managers. Training times vary by center, ranging for 6-12 weeks.• The transition from AIS 2008 to AIS 2015 officially started January 1, 2025. A few glitches were encountered initially, but they have been resolved.• An error has occurred related to ITDX mapping, which was traced back to the ESO system, but it appears to have been resolved after a blanket communication was issued. Another issue was identified regarding alcohol comorbidity data during uploads. A workaround was shared by Colleen, and it seemed to resolve the issue for affected centers. Kelli assured she would distribute the workaround to those experiencing the problem. <p>Injury Prevention and Outreach: Lynn Grant provided an update on activities on behalf of Kristal Smith:</p> <ul style="list-style-type: none">• The Stop the Bleed blitz held earlier this year was a success. A total of 525 post-course evaluations were collected, and 30 new instructors were onboarded for the program. Thanks for the support from everyone involved, particularly in teaching the webinars and delivering educational sessions. The program continues to gain momentum as a crucial resource for trauma education.• With spring and summer seasons approaching, there are plans to release more resources related to ATV safety.• A new training opportunity will be hosted by the Falls Prevention Task Force, “A Matter of Balance” Coach Training. This full-day session will be led by Nicole from the Middle Georgia Regional Commission, and while hybrid participation is being considered, it’s emphasized that virtual teach-back may not be feasible.

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	<ul style="list-style-type: none"> • The first week of summer will mark Georgia Stay Safe Week, and activity books are being prepared. Although badge buddies won't be ready for upcoming meetings, they are expected to be distributed soon, along with other digital resources. Kristal reminded everyone that digital resources are available to everyone and can be found on https://www.preventtraumageorgia.org, which will also be migrated to the Georgia Trauma Foundation repository. • Prevent hypothermia resources remain available for those needing to distribute or spread awareness.
3.1 Operating Room Availability	<p>Lynn Grant reviewed ACS Standard 3.1 (ATTACHMENT J) and asked Emily Brown from SGMC Health to share her facility's challenges to meeting the 30-minute operating room readiness requirement for Level III centers. Emily shared the team uses EPIC computers and badge readers for precise tracking of when OR staff arrive at the emergency room. The hospital has implemented a system where a nurse and circulator are available overnight, adding support for trauma cases, reducing delays in OR set up.</p> <p>Although progress has been made, some documentation issues arise when staff are overwhelmed, but they have a backup system in place to verify times through timekeeping systems. Another committee member shared a key recommendation by an ACS physician surveyor was to ensure that callback logs are readily available for review during the ACS survey process.</p>
3.2 Additional Operating Room Availability	<p>Kyndra Holm reviewed ACS standard 3.2 (ATTACHMENT K), which also applies to Levels I, II, II, and pediatric Levels I and II. If the primary OR is occupied, an additional OR must be available and staffed. Kyndra Holm shared that the pediatric center does not have a 24/7 OR and afterhours OR. If an additional OR is required, they follow up in the adult center.</p>
4.7 Emergency Department Physician Requirements	<p>Standard 4.7 (ATTACHMENT L) emphasizes ED physicians involved in the care of trauma patients must be currently board-certified, or board-eligible, or have been approved through an Alternate Pathway.</p> <p>Committee members discussed the ATLS course requirement and advised some EM physicians may have never taken ATLS, so verification of credentials is critical. An ATLS card verification is essential to avoid compliance issues during surveys. ATLS Coordinators can assist a facility in securing ATLS certification cards.</p>
Shared Celebrations	<p>The meeting concluded with shared celebrations. Chris Ruiz shared Doctors Hospital of Augusta had a successful ACS survey and discussed findings from their review.</p>

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	Tracy Johns recognized Josie Fabico-Dulin as the new Atrium Health Navicent Trauma Program Director. The Trauma Program Manager and Trauma Program Specialist roles are available due to transitions within the team.
Adjournment	Before adjournment, Lynn expressed appreciation for everyone's participation and contributions. The next meeting is scheduled for May 8 th . <i>Lynn Grant adjourned the meeting at 4:00 pm</i>

Minutes Crafted by Gabriela Saye