

**APPROVED**  
**08.21.25**

Georgia Committee for Trauma Excellence (GCTE)

May 8, 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
Kristal Smith, <i>Injury Prevention</i>	Atrium Health Navicent
Tracy Johns, <i>Former Chair</i>	Atrium Health Navicent

ATTENDEES		
FIRST NAME	LAST NAME	ORGANIZATION
Cindy	Hoggard	AdventHealth Redmond
Nicole	Sundholm	AdventHealth Redmond
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
Tracy	Johns	Atrium Health Navicent
Patti	Judd	Atrium Health Navicent
Brenna	McClure	Atrium Health Navicent
Susan	Murphy	Atrium Health Navicent
Kristal	Smith	Atrium Health Navicent
Susanne	Edwards	Children's Healthcare of Atlanta

ATTENDEES		
Alicia	Cochran	Children's Healthcare of Atlanta
Karen	Hill	Children's Healthcare of Atlanta
Rana	Roberts	Children's Healthcare of Atlanta
Kellie	Rowker	Children's Healthcare of Atlanta
Echo	Standley	Children's Healthcare of Atlanta
Ashley	Bullington	Crisp Regional Hospital
Shelby	Adams	Doctors Hospital of Augusta
Laura	Lunsford	Doctors Hospital of Augusta
Christopher	Ruiz	Doctors Hospital of Augusta
Adrian	Willis	Doctors Hospital of Augusta
Danlin	Luo	DPH OEMST
Marie	Probst	DPH OEMST
Stacee	Smith	DPH OEMST
Brooke J.	Marsh	Emanuel Medical Center
Gail	Thornton	Emanuel Medical Center
Lynn	Grant	Fairview Park Hospital
Jessica	Astrella	Grady
Miranda	Baras	Grady
Michael	Bentley	Grady
Lawrence	Blair	Grady
Katheryn	Brown	Grady
Samantha	Buchanan	Grady
Regina	Cannon	Grady
Jennifer	Freeman	Grady
Rebecca	Gaskins	Grady
Marci	Glenney	Grady
Sharona	Griffin	Grady
Krystal	Harper	Grady
Amy Annia	Jeune	Grady
Carey	Lamphier	Grady
Courtney	Lowry	Grady
Jasmin	Mercedes	Grady
Leigh	Pack	Grady

ATTENDEES		
Emily	Russell	Grady
Angela	Sanabria	Grady
Kelli	Scott	Grady
Stacey	Shipley	Grady
Maria	Silva	Grady
Roger	Smith	Grady
Alan	So	Grady
Ashley	Steele	Grady
Barbara	Thomas	Grady
Alana	Valadez	Grady
Pamela	Vanderberg	Grady
Stephanie	Verna	Grady
Kim	Brown	Hamilton Medical Center
Lauren	Zavala	Hamilton Medical Center
Ashley	Woodard	HCA
Kathy	Eberly	HCA Parallon
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
Tammie	Russell	Liberty Regional Medical Center
James	Burnsed	Memorial Health University Medical Center
Christie	Mathis	Morgan Medical Center
Walter	Wiley	Northeast Georgia Healthcare System
Natasha	Alvarado	Northeast Georgia 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
Morgan	Krause	Northeast Georgia Medical Center
Janice	Labbe	Northeast Georgia Medical Center
Jessica	Mantooth	Northeast Georgia Medical Center

ATTENDEES		
Matthew	Vassy	Northeast Georgia Medical Center
Laura	Wolf	Northeast Georgia Medical Center
Nadirah	Burgess	Northside Gwinnett Hospital
Dana	Davis	Northside Gwinnett Hospital
Tracy	Harris	Northside Gwinnett Hospital
Sarah	Holcombe	Northside Gwinnett Hospital
Colleen	Horne	Northside Gwinnett Hospital
Rayma	Stephens	Northside Gwinnett Hospital
Terri	White	Phoebe Putney Memorial Hospital
Eva	Carignan	Piedmont Athens Regional
Natasha	Davis	Piedmont Athens Regional
Ana	Delgado	Piedmont Athens Regional
Nicole	Hester	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
Victoria	Carter	Piedmont Cartersville
Brad	Cothran	Piedmont Cartersville
Jerry	McMillan	Piedmont Cartersville
Amy	Stephens	Piedmont Cartersville
Karneshiha	Curry	Piedmont Columbus
Kelly	Gasser	Piedmont Columbus
Mary	Jameson	Piedmont Columbus
Tamara	Patterson	Piedmont Columbus
Jay	Connelly	Piedmont Henry
Justin	Keeton	Piedmont Henry
James	Polston	Piedmont Walton
Lisa	Weitzman	Piedmont Walton
Emily	Brown	SGMC Health
Chelsea	Carter	SGMC Health
Tetra	Jenkins	Washington County Regional Medical Center

ATTENDEES		
Lori	Adams	Wellstar Cobb
Shelby	Lemon	Wellstar Cobb
Nadine	Lynch	Wellstar Cobb
Cristina	Soto Olvera	Wellstar Cobb
Tanga	Spann	Wellstar Health System
Megan	Dawson	Wellstar Kennestone
Julie	Freeman	Wellstar Kennestone
Stephanie	Greenstein	Wellstar Kennestone
Danielle	Johnson	Wellstar Kennestone
Jamie	Van Ness	Wellstar Kennestone
Kelsie	Wanty	Wellstar Kennestone
Taitiana	Woods	Wellstar Kennestone
Dawn	Faircloth	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
Rhonda	Jones	Wellstar North Fulton
Andrea	McCarson	Wellstar Paulding
Duane	Mitchell	Wellstar Spalding
Vaughn	Tejedor	Wellstar Spalding
Cameron	Grimes-Ayres	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. Lynn welcomed attendees and acknowledged May as a month filled with recognitions such as Trauma Awareness Month, Trauma Registry Professionals Day, Nurses Week, Hospital Week, and EMS week.</p> <p>After quorum was established, Lynn requested a motion to approve the February 19<sup>th</sup> meeting minutes. Corrections were noted: Julie Freeman’s organization to be corrected to Wellstar Kennestone, and Karen Hill added to attendance.</p> <p><b><u>MOTION GCTE 2025-05-01:</u></b>  <b>Motion to approve February 19, 2025, meeting minutes with noted corrections</b>  <b>MOTION:</b> Kyndra Holm  <b>SECOND:</b> Ashley Bullington  <b>DISCUSSION:</b> None  <b>ACTION:</b> The motion <b><u>PASSED</u></b> 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>Georgia Trauma Commission (GTC) Update</p>	<p>Liz Atkins provided the following updates:</p> <ul style="list-style-type: none"> <li>• The next Commission meeting is scheduled for Thursday, May 15<sup>th</sup>. All are encouraged to attend for updates from system partners and committees.</li> <li>• An additional \$4 million in trauma funding was approved in the FY26 budget.</li> <li>• Contract renewals may be delayed due to legal review and language modernization.</li> <li>• We are partnering with Q-Centrix to assist Level IV centers. A kickoff meeting is being held, and implementation outreach is beginning soon.</li> <li>• The Georgia Trauma Commission has purchased a statewide license for STN orientation modules. The slides are editable, but restricted to internal Georgia trauma centers use only. Final materials to be released once proper language is embedded.</li> <li>• FY26 proposed performance-based pay revisions have been approved by the Finance Committee and is pending Commission approval on May 15. The updates include tiered meeting attendance structure to provide flexibility and fairness.</li> </ul>

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	<ul style="list-style-type: none"> <li>The Level I and II Readiness Costs Survey drop-in webinars have launched to support data collection and clarify survey requirements. A comprehensive resource webpage is available with resources, FAQ, and session recordings.</li> </ul> <p>Gabby Saye shared the PBP and Level I and III Readiness Costs Survey updates were distributed for review (<b>ATTACHMENT A</b>). Gabby highlighted there were two significant PBP criteria changes as a result of the open period feedback period:</p> <ul style="list-style-type: none"> <li>Level III Registrar National TQIP virtual attendance added</li> <li>Level IV NTDS data submission removed</li> </ul> <p>Lynn Grant asked Crystal Shelnutt to provide Regional Trauma Advisory Committee (RTAC) updates:</p> <ul style="list-style-type: none"> <li>The Region 9 RTAC Coordinator is onboarded with the Chair and committee have been established</li> <li>The Region 8 RTAC Coordinator interviews are complete; announcement with a new Coordinator is forthcoming.</li> <li>GQIP RTAC data reports have generated useful discussions and projects within regions.</li> <li>Stop the Bleed kits distribution is underway from the last application period. Applications will reopen in June.</li> <li>The educational needs assessment received over 1,200 responses from EMS providers, EMS leadership, and hospitals. The RTACS will tailor education programming to regional needs.</li> <li>Upcoming conferences:             <ul style="list-style-type: none"> <li>May 22: Region 10-UGA Sports Medicine Conference</li> <li>Late August: Region 10-Instructor and Provider Conference</li> <li>October 3: Region 2-10<sup>th</sup> Annual Northeast Georgia Trauma Conference</li> </ul> </li> </ul> <p>Lynn expressed appreciation for the RTAC reports and the positive feedback received during the Region 5 meeting.</p>
Office of EMS & Trauma (OEMST) Update	<p>Marie Probst provided the following updates:</p> <ul style="list-style-type: none"> <li>Q3 reports are still under review. Level I and II centers appear to be meeting the standards. Data on Level III and IV centers is forthcoming.</li> <li>Please ensure to prompt your TMD to complete the attestation forms in the license management system to reduce backlogs.</li> </ul>

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	<ul style="list-style-type: none"> <li>Q4 reports will open on June 15<sup>th</sup>.</li> </ul> <p>Stacee Smith provided the following updates:</p> <ul style="list-style-type: none"> <li>The State Trauma Plan work continues in collaboration with the Georgia Trauma Commission. The next review meeting is scheduled for June.</li> <li>We are open to schedule 2025 consultations for verifications/designations. If interested, please contact Marie or Stacee through <a href="mailto:trauma@dph.ga.gov">trauma@dph.ga.gov</a></li> <li>There are two facilities seeking Level IV designation in region 9</li> <li>Congratulations to the following centers were extended:             <ul style="list-style-type: none"> <li>Liberty Regional-Level IV Designation</li> <li>Doctors Hospital-ACS Verified and Level II Redesignation</li> <li>Redmond-ACS Verified and Level III Redesignation</li> <li>Wellstar West Georgia- Level IV Redesignation</li> </ul> </li> <li>The SBIRT addition to reports has helped facilities work standards 80% compliance. We are seeking feedback to enhance the OTCP/B reports to further improvements. FY26 OTCP/OTCB comments for revisions or feedback are welcome through early July to <a href="mailto:trauma@dph.ga.gov">trauma@dph.ga.gov</a></li> </ul>
Georgia Trauma Foundation Update	<p>Lynn Grant provided the following updates on behalf of Cheryle Ward:</p> <ul style="list-style-type: none"> <li>The statewide fundraiser, "Tides of Change and Trauma Care," is set to take place at the Georgia Aquarium on May 17.</li> <li>Collaboration continues with Julie and the Education subcommittee to support the Rural Continuing Education Program.</li> </ul> <p>Foundation resources and events are available on their website: <a href="https://georgiatraumafoundation.org/">https://georgiatraumafoundation.org/</a></p>
Georgia Quality Improvement Program Update	<p>Gina Solomon provided the following updates:</p> <ul style="list-style-type: none"> <li>The CY2024 data is loaded into the GQIP site. The Risk Adjustment Model is in User Acceptance Testing site; it is expected to move to the production site by end of May.</li> <li>VTE prophylaxis measures analytics are under review by ArborMetrix. Tentatively expected in the site by fall 2025.</li> <li>A filter enhancement is being added to group data more efficiently.</li> <li>Upcoming meetings:             <ul style="list-style-type: none"> <li>May 20<sup>th</sup> at 4:00 pm: Virtual GQIP meeting in conjunction with TMD meeting</li> <li>August 22: In-person GQIP Summer meeting in Macon; following the same closed session format as November's meeting. Agenda is in development.</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>• The Spring 2025 TQIP reports have been distributed to TQIP centers. A collaborative report is also available. We are building a performance matrix for the report; to be reviewed during the August meeting.</li> <li>• Dr. Smith and Dr. Ayoung-Chee are planning facility visits and/or calls to connect with trauma centers, starting at the Level IIIs. Centers may be contacted by Gina to schedule.</li> <li>• GQIP will gain part-time support from a contracted PI Specialist, expected to be announced soon.</li> <li>• The TQIP call for data is open. Centers must submit their Q1 2025 GQIP download by June 2, 2025. Gina noted some centers are experiencing download delays, but updates should have been installed system wide.</li> <li>• RTAC reports have been distributed highlighting regional trends. Reports use raw data from the central site.</li> </ul> <p>Lynn noted the RTAC reports sparked her curiosity to explore and interact more with her facility data.</p>
Subcommittee Reports	<p><b>Education:</b> Julie Freeman provided the following updates:</p> <ul style="list-style-type: none"> <li>• Every meeting this year has welcomed at least one new member</li> <li>• Meetings are held monthly on the first Tuesday at 11:00 AM</li> <li>• We are focusing on increasing the number of TCRN-credentialed nurses. Multiple centers have begun or continue to review courses.</li> <li>• The STN orientation module is nearing finalization. The module is non-transferable, and it cannot be shared externally.</li> </ul> <p><b>Pediatric:</b> Kellie Rowker provided the following updates:</p> <ul style="list-style-type: none"> <li>• Children's Healthcare of Atlanta is currently involved in the MATIC 2 Study, focusing on whole blood transfusion. More updates anticipated as the study progresses.</li> <li>• Ongoing data collection from reports of unsafe pediatric transport by EMS agencies. The data is housed in Children's Healthcare of Atlanta Redcap tool. Please contact <a href="mailto:kellie.rowker@choa.org">kellie.rowker@choa.org</a> if you need the QR code.</li> <li>• We are finalizing a one-page pediatric transfer poster, aligning with the adult version approved by Dr. Vassy. We are waiting on Pediatric TMD approval before final formatting. Sarah Holcombe and Liz Atkins will assist with branding and formatting.</li> </ul>

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	<p><b>Performance Improvement:</b> Rayma Stephens provided updates:</p> <ul style="list-style-type: none"> <li>• The time to definitive care project is currently on hold, awaiting broader group decisions before continuing.</li> <li>• Initial steps underway to develop a comprehensive PI playbook. A survey has been conducted to identify trauma center needs. The goal is to share tools and best practices, such as loop closure in PI processes, and tools for reporting and drill-down analyses.</li> </ul> <p><b>Registry:</b> Kelli Vaughn provided the following updates:</p> <ul style="list-style-type: none"> <li>• The ICD-10 education course is awaiting vendor approval from the State. The training is tentatively planned for Fall. A survey will be sent to registrars to guide planning, and registration will be coordinated by Gabby with the vendor.</li> <li>• We are evaluating alternatives to V5. Two demos have been completed, one additional is pending response. The goal is to select the most suitable software solution for the State, considering verification and abstraction cycles.</li> </ul> <p><b>Injury Prevention and Outreach:</b> Kristal Smith provided an update on activities:</p> <ul style="list-style-type: none"> <li>• Stop the Bleed webinars scheduled for Monday, May 19<sup>th</sup> and Wednesday, May 21<sup>st</sup>. Stop the Bleed webinars have engaged over 8,700 Georgians since 2021. Registration trends indicate higher sign-ups closer to the event date. Skill check-off sessions can be offered alongside virtual programs to complete certification. We encourage centers to sponsor trauma llama t-shirts as participation prizes (~\$15 each).</li> <li>• There is a new ACS Stop the Bleed curriculum available in the instructor portal. The new version is lean, visual-heavy, and password-protected. Instructors are advised to co-teach with new instructors to ensure message consistency. Instructors should revisit the national instructor portal to download updated materials.</li> <li>• The National Stop the Bleed instructor list is being cleaned and updated. For public visibility and referrals, instructors can also register on the Georgia-specific list: <a href="http://www.stopthebleedgeorgia.org/">http://www.stopthebleedgeorgia.org/</a></li> <li>• We encourage every center should post at least one public offering on the National Stop the Bleed site by the end of June or July.</li> <li>• Georgia Stay Safe Week is June 15-21, focusing on firearm injury prevention. Educational materials are available at: <a href="http://www.georgiastaysafe.org/">http://www.georgiastaysafe.org/</a>. Materials are co-brandable, with color and black and white versions.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Matter of Balance March in-person training was well-received. A follow-up virtual training is planned for July 5 to onboard new instructors.</li> <li>• The June license renewal for the statewide Bingocize program is secured thanks to the Middle Georgia Regional Commission. Only previously trained facilitators can renew at this time. A proposal to the Georgia Trauma Commission has been submitted to offset ongoing program costs.</li> </ul>
5.3 Levels of Trauma Activation	Lynn Grant reviewed ACS Standard 5.3 ( <b>ATTACHMENT B</b> ), applies to Levels I, II, III, and pediatric Levels I and II. Requires the center to include at least 8 specific criteria for its highest-level activation. These criteria are mandatory, and additional ones can be added as needed. Kyndra Holm added pediatric criteria must be clearly outlined, especially in centers with both adult and pediatric populations
5.4 Trauma Surgeon Response for Highest-Level Activation.	Lynn Grant reviewed ACS standard 5.4 ( <b>ATTACHMENT C</b> ), which also applies to Levels I, II, III, and pediatric Levels I and II. Requires trauma surgeon be at bedside within 15 minutes for Level I and II centers and 30 minutes for Level III centers. This must be achieved 80% of the time. Trauma residents do not count toward compliance; it must be a trauma surgeon. The metric is included in the quarterly state reporting, easing ACS preparation.
5.5 Trauma Surgical Evaluation for Activations Below Highest Level	<p>Josephine Fabico-Dulin reviewed Atrium Navicent (Level I) protocol relating to standard 5.5 (<b>ATTACHMENT D</b>). The tier 2 is surgeon response within 30 minutes, which is documented in trauma chart. Tier 3 is surgical resident response within 60 minutes and documented in the H&amp;P. The documentation is reviewed by the PI team, monthly registry reports are generated for all tiers, goal compliance is &gt;80%. Similar documentation and compliance review process for higher-level activations.</p> <p>Ashely Bullington shared Crisp Regional's (Level III) protocol as a rural trauma center with limited surgical staff. Tiered system includes Level 2, seen within 12 hours, Level 3, seen within 24 hours. The timeframes are set to match resources, surgeon availability, and community needs. It is backed by real-time rounding and monthly PI dashboard tracking. Peer-to-peer reviews and re-education are conducted if timeframes are missed. Standards are included in trauma response policy.</p> <p>Jay Connelly asked about consistency across state trauma centers (particularly Level III) on surgical evaluation timeframes for lower-tier activations. Lynn acknowledged variation and encouraged input. Ashley Bullington noted she surveyed other Level III centers and found similar variability. Her center's 12 and 24-hour model was based on internal discussions considering their specific resources.</p> <p>Jay also asked if ACS accepted the 12/24 hours model during verifications. Karen Barrett shared that Piedmont Cartersville received an opportunity for improvement related to standard 5.5. Their policy is</p>

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	<p>written for a partial trauma activation, consult to be within 90 mins. The ACS suggested to lower it to 60 minutes. Lynn noted, their lower tier is also 60 minutes.</p>
5.6 Geriatric Activation Criteria	<p>Chris Ruiz shared insights from their ACS verification experience at Doctor's Hospital, noting deficiencies related to Standard 5.6 (<b>ATTACHMENT E</b>), prompting review and revision of internal protocol's.</p> <p>Key feedback from the ACS was there was no systolic BP activation threshold specifically for patients 65+ and no mention of anticoagulation/antiplatelet use in Level 1 and 2 criteria. Recommended revisions included adding SBP&lt;110 mmHg for patients 65+ and including anticoagulant/antiplatelet use as part of the Level 1 or 2 activation criteria or escalate activation level when known.</p> <p>Chris noted previous challenges with confusing Level 2 criteria for head strikes in geriatric patients and difficulty with ED and TNL education due to ambiguous "and/or" conditions.</p> <p>We reviewed and are looking to adopt best practice criteria:</p> <ul style="list-style-type: none"> <li>• Ground level fall + anticoagulants/antiplatelet</li> <li>• SBP&gt;110 mmHg</li> <li>• HR&gt;90 bpm</li> <li>• Shock Index&gt;1 (currently excluded due to data tracking limitations)</li> <li>• Ground level fall + GCS&lt;14 + signs of head trauma (no anticoagulants)</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Integrate criteria with 30-minute response time requirement</li> <li>• Elevate activation to Level 1 when other injuries are present</li> <li>• Assess feasibility of tracking shock index for future inclusion</li> </ul> <p>Chris asked the committee for best practices to manage and reduce high non-surgical admissions (NSAs).</p> <p>Ashley shared her facility has adjusted their activation criteria based on insights from Chris's team. They are facing challenges in appointing a geriatric liaison. Some geriatric guideline revisions include:</p> <ul style="list-style-type: none"> <li>• Frailty screening</li> <li>• Early medical reconciliation</li> <li>• Fall assessments</li> </ul>

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	<ul style="list-style-type: none"> <li>• Social work involvement</li> <li>• Mobility program (reduce aspiration, prevent ICU bounce-backs)</li> <li>• Early discharge planning</li> </ul> <p>Pam Vanderburg asked about the Nelson scoring tool and it's use to stratify patients for admission. Karen Barrett shared their facility uses the Nelson scoring tool, ACS noted opportunity for improvement in tertiary exams. They added 24-hour tertiary surveys for specific patients. Jay Connelly shared the development of a modified Nelson Tool renamed the Trauma Admission Scoring Tool. The scores proactively guide admission decisions with ranges (<b>ATTACHMENT F</b>).</p> <p>Dr. Vassy shared his facility limits NSAs to isolated hip fractures. They added a hospitalist to trauma peer review committee for better coordination.</p>
Other discussions	<p>Marie provided additional information regarding the ESO 2025 State updates:</p> <ul style="list-style-type: none"> <li>• ESO has up to 180 days (until September 10, 2025) to complete and distribute the update.</li> <li>• Optimistic estimate of completion is mid to late June 2025.</li> <li>• Once the update is released, the 2025 import link on the ImageTrend registry site will open</li> <li>• The Jan-March 2025 data is due June 2nd for OEMST ImageTrend, GQIP, and TQIP reporting. The data for OEMST ImageTrend can be downloaded anytime after the update is installed.</li> <li>• The Jan-June 2025 data is due Sept 1st for OEMST ImageTrend, GQIP, and TQIP reporting.</li> </ul> <p>Liz Atkins encouraged Level IV centers to:</p> <ul style="list-style-type: none"> <li>• Complete the feedback form on the ACS Level IV Standards. Gina has compiled the definitions into one document (<b>ATTACHMENT G</b>).</li> <li>• The Georgia Trauma Commission is hosting a collaborative call on May 28<sup>th</sup> for Level IV leadership to provide feedback to the ACS.</li> </ul>
Shared Celebrations	<p>The meeting concluded with shared celebrations:</p> <ul style="list-style-type: none"> <li>• Liberty Regional passed their trauma designation.</li> <li>• Rachel Hand thanked Stacey, Ashley, and Dr. Sutherland for their support during the Wellstar West Georgia survey process.</li> </ul>
Adjournment	<p>Before adjournment, Lynn expressed appreciation for everyone's participation and contributions. The next meeting is scheduled for August 21, 2025.</p> <p><i>Lynn Grant adjourned the meeting at 3:30 pm</i></p>