

**APPROVED**  
**11.20.25**



# GEORGIA TRAUMA COMMISSION

## Georgia Trauma Commission Meeting Minutes

Thursday, May 15, 2025

9:00 AM – 12:00 PM

City of Madison Meeting Hall

Madison, Georgia

Meeting Recording: <https://youtu.be/V1E0lyniRo4>

Meeting Attachments: [trauma.ga.gov](https://trauma.ga.gov)

### COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman  
Dr. Regina Medeiros, Vice-Chair  
Dr. James Dunne  
Dr. John Bleacher  
Mr. Courtney Terwilliger  
Mr. Terry Cobb  
Dr. James "J" Smith  
Dr. S. Rob Todd

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth Atkins	Georgia Trauma Commisison, Executive Director	In Person
Gabriela Saye	Georgia Trauma Commisison, Business Operations Manager	In Person
Crystal Shelnutt	Georgia Trauma Commisison, Regional Trauma Development Mgr.	In Person
Gina Solomon	Georgia Trauma Commisison, GQIP Director	In Person
Katie Vaughan	Georgia Trauma Commisison, Finance Operations Officer	In Person
Patrice Walker	Atrium Health Navicent, CMO	Virtual
Laura Lunsford	Doctors Hospital of Augusta, TPM	Virtual
Christopher Ruiz	Doctors Hospital of Augusta, VP of Trauma	Virtual
Kelly Joiner	DPH Office of EMS and Trauma, Deputy Director	In Person
Danlin Luo	DPH Office of EMS and Trauma, Epidemiologist	Virtual
Stacee Smith	DPH Office of EMS and Trauma, Trauma Coordinator	In Person
Lynn Grant	Fairview Park Hospital, TPD	Virtual
Alexis Smith	GQIP, GQIP Associate TMD	Virtual
Pamela Vanderberg	Grady, VP, Trauma and Burn Services	Virtual
Mary Beth Goodwin	John D. Archbold Memorial Hospital, Trauma PI Coordinator	Virtual
Erika Mabes	Medical College of Georgia at Augusta University, Associate Professor	In Person
Christie Mathis	Morgan Medical Center, TPM	Virtual
Matthew Vassy	Northeast Georgia Medical Center, TMD	Virtual
Marie Probst	Oemst, State Trauma Registrar	In Person
Brett Buehner	Piedmont Augusta, TPM	Virtual

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Jon Horsager	Piedmont Augusta, PI Coordinator	Virtual
Jay Connelly	Piedmont Henry, Dir trauma	Virtual
Justin Keeton	Piedmont Henry Hospital, Trauma program manager	Virtual
Jason Radford	Piedmont Henry Hospital, Trauma PI Coordinator	Virtual
Brian Dorriety	Region 7, RTAC Coordinator	Virtual
Kyndra Holm	Wellstar MCG CHOG, PTPM and GCTE Vice Chair	Virtual

#### **CALL TO ORDER (00:00:08)**

Dr. Dennis Ashley, Georgia Trauma Commission Chair, called the meeting to order at 9:00 AM, with eight Commission members present.

#### **CHAIRMAN REPORT (00:00:24)**

##### ***Presented by Dr. Dennis Ashley***

Dr. Ashley welcomed attendees and began the report by highlighting the 2025 legislative session. The Tort Reform legislation included multiple community forums and stakeholder engagement. This reform was framed as an economic development strategy and received significant backing from the business community. It addressed challenges faced by hospitals and rural physician recruitment. The legislation passed through both chambers and is projected to positively impact trauma and non-trauma centers statewide.

During the legislative session, the Georgia Trauma Commission presented to Chair Cooper's House Public and Community Health Committee, emphasizing a patient story shared by Emily Brown from South Georgia Medical Center and survivor Captain Chris Bracewell. His case highlighted the necessity of a well-functioning trauma system in rural Georgia.

The Commission secured \$4 million in additional funding for trauma system expansion, now a line item in the budget. Although this amount falls short of the \$60 million requested, the continuity of this funding over two years represents a significant achievement.

Dr. Ashley acknowledged Elizabeth Atkins, Executive Director, for her installation as President of the Society of Trauma Nurses. In her presidential address, she focused on leadership and the influence of nurses on national health systems.

Dr. Ashley concluded his report by expressing gratitude to Commission volunteers and acknowledging their efforts and contributions.

#### APPROVAL OF MEETING MINUTES (00:06:46)

*Presented by Dr. Dennis Ashley*

Dr. Ashley requested a motion to approve the February meeting minutes, pp. 34-48.

#### MOTION GTCNC 2025-05-01:

**Motion to approve the February 20, 2025, meeting minutes.**

**MOTION BY:** John Bleacher

**SECOND BY:** Terry Cobb

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

#### EXECUTIVE DIRECTORS REPORT (00:07:12)

*Presented by Liz Atkins*

Liz Atkins referenced the Executive Report noted on **pages 18-45**.

- Gabby Saye will present an overview of the FY2026 performance-based pay criteria and the Level I and II Readiness Costs Survey.
- A system-related project focused on mapping, *Access to Trauma Care: An Analysis of a State Trauma System*, led by Nick Medrano, has been accepted for a poster presentation by the American Association for the Surgery on Trauma (AAST). The Coalition for National Trauma Research is developing a manuscript for submission.

Liz transitioned from her report to present updates on the collaborative project with the Trauma Center Association of America (TCAA) to examine the financial landscape of trauma centers in Georgia, specifically concerning trauma activation fees. The project originated from legislative inquiries into whether activation fees were adequate to cover trauma readiness costs, which prompted a data-driven investigation into billing efficiency and payer reimbursement. A statewide financial key performance indicator (KPI) was developed to measure performance and identify inefficiencies. A two-part webinar series was conducted for administrative and revenue cycle professionals, who were asked to review 10% of trainee activations or a minimum of 20 cases. Findings included:

- Discrepancies exist between private payer and Medicaid billing practices regarding trauma codes.
- Many centers were not using the Type 5 designation in their billing systems due to incompatibility with Georgia Medicaid's system, due to a recent software transition.
- Most centers are dropping trauma activation charges, but are not aligning with the national billing code.

Overall, 17 centers submitted usable data, and about 150 professionals attended the webinars. Next steps include:

- Continue educating billing staff on correct trauma coding practices.
- Drill down on identified OFIs/barriers and action items reported in the tool.
- Share findings with Trauma Center Administrators. Committee
- Partner with the Georgia Hospital Association (GHA) to address Georgia Medicaid coding issues.
- Investigate claims-side outcomes to assess financial success.

Commission members discussed the ongoing challenge of aligning understanding between trauma program staff and billing departments. Billing staff need further education on appropriate coding practices and reimbursement rules. Dr. Medeiros noted that there are barriers to identifying whether trauma activation fees are reimbursed due

to DRG lump sum payments. Commissioners emphasized the importance of analyzing denial rates and improving documentation to reduce reimbursement denials. It was noted that there is inconsistent capture of field triage decision-making data. The need to collect this information from EMS trip sheets was emphasized.

The discussion shifted to legislators' requests regarding hospitals' earnings from trauma activation fees. It was noted that hospitals might be reluctant to disclose specific figures due to proprietary concerns. Another barrier discussed was that trauma activation reimbursements are bundled with DRG payments, making it difficult to isolate specific reimbursement amounts. A potential strategy includes calculating average reimbursement percentages across facilities or providing estimates based on total charges and readiness costs.

Liz asked Gabby Saye to provide an update on the FY 2026 PBP. Gabby provided a presentation on contractor and trauma center/burn center PBP criteria updates, **pages 143-169; 231-240**.

- Stakeholders, including trauma and burn centers, reviewed all PBP metrics across committee meetings in January and February. A two-week open comment period was held for PBP feedback from trauma and burn centers. The PBP workgroup addressed the feedback; their recommendations are included in the packet.
- Contractor PBP remains consistent with last year, focusing on specific participation and report submission.
- The Trauma and Burn criteria changes include:
  - Transition to a tiered structure similar to MTQIP, with reformatted criteria based on trauma center roles
  - New outcome measures added to include:
    - Time to first dose VTE Prophylaxis for patients > 16 yo with > 2 days LOS & Trauma Service Admit
    - Time to Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only centers)
  - Criteria addition highlights include:
    - Level IV trauma registry professional continuing education
    - Level III trauma registry professional virtual attendance at National TQIP
  - Criteria removal highlights include:
    - Level IV yearly NTDS data submission requirement
    - Redundant GTC contract requirement or ACS verification requirements.
  - Criteria edits:
    - Percentage adjustments due to the new tiered system
    - Added language for clarification
  - Future tracking of PBP will align with the fiscal year starting in FY 2026, with scorecards due in August. Funding impact will be delayed by one fiscal year (e.g., the FY 2026 score will impact FY 2028 funding).

Gabby completed the PBP update report by acknowledging and thanking the PBP workgroup members for their representation and contributions. She continued with updates on Level I and II Readiness costs surveys.

- The readiness costs survey was distributed in April, alongside an introductory webinar.
- Monthly drop-in webinars are being held to support trauma centers through the September 30th deadline.
- A resource hub containing webinar presentations, recordings, FAQs, timelines, and survey materials is available at [trauma.ga.gov](https://trauma.ga.gov).

Liz noted that transitioning criteria from the previous Orange Book to the streamlined Grey Book remains challenging. Quantifying dedicated operating costs continues to be a difficult area. Gabby concluded her updates by recognizing the key workgroup members' efforts in finalizing the readiness costs survey.

Commission members expressed appreciation for the updates and remarked on the progress of the PBP, highlighting the evolution from a limited number of criteria to a detailed system that includes outcome measures. Gabby was commended for her coordination in updating the PBP and Readiness Costs Survey.

Liz advised that the Executive Report was concluded and that the Georgia Quality Improvement Program (GQIP) and Regional Trauma Advisory Committee (RTAC) reports were officially moved under the meeting's Commission administrative updates to streamline all programmatic elements.

#### **GEORGIA QUALITY IMPROVEMENT REPORT (00:49:40)**

***Presented by Gina Solomon***

Gina Solomon provided a brief update and referenced the report on **pages 46-53**:

- All CY2024 data is in the AMx site. The risk adjustment model is nearing completion, with delays attributed to AMx staff turnover. The initial iteration of the dashboard is up on the testing site, and we are working with AMx to make adjustments. The estimated completion date is 5/31. This update aligns with upcoming PBP efforts, allowing trauma centers to monitor real-time performance. VTE analytics have been included in the build to start as soon as risk adjustment concludes, with an estimated completion time of Fall 2025.
- Work on the Data Use and Peer Protection policies continues with legal counsel.
- A joint GQIP and TMD call is scheduled for next Tuesday, May 20th. The Summer GQIP meeting is set for August 22nd at the Macon Marriott Conference Center, which will be a smaller, data-driven event.
- Dr. Smith and Dr. Ayoung-Chee hit the ground running with the February GQIP meeting. The GQIP leadership team has been meeting frequently, and a GQIP leadership retreat is planned for June 25 to discuss vision, priorities, and long-term plans. Sarah Parker is joining GQIP as a contract PI specialist.
- The March NSQIP meeting was well attended; a summary and photos are included in the meeting packet.
- Luke Galloway will conclude his fellowship in June, and a new Emory fellow, Dr. Hillary Jessup, will join us in July.

Dr. Dunne asked if the work were to end with Arbormetrix, would the centers still have access to the data? Gina advised that Dr. Ayoung-Chee may be able to answer that question, but noted that the site would not be accessible without Arbormetrix.

Gina concluded her report by sharing that a recent TQIP announcement about real-time data submission starting in 2026 may impact center workflows and data strategies.

#### **REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REPORT (00:56:47)**

***Presented by Crystal Shelnett***

Crystal Shelnett provided an overview of recent RTAC activities (**pgs 54-128**):

- All bleeding control kits from the last application period have been received, and Coordinators are distributing them. The next application period opens in June. New kits will include QR codes to report successful usage. \$250,000 for bleeding control kit purchasing has been included in the FY 2026 budget. Prioritization criteria for high-volume applications may need to be established.

- Region 9 saw a 60% reduction in training/backlog issues, led by the new Coordinator, Coy Tippins. The Region has reestablished formal meetings after years of inactivity. The first meeting is scheduled for June 18<sup>th</sup>, chaired by EMS Director Crystal Hensler.

Crystal proceeded to provide regional highlights:

- Region 1 (Scott Stephens) – Launched a new burn care course in partnership with Grady, addressing an EMS training gap identified in the Educational Needs Assessment.
- Region 2 (Kyle Gibson) – Initiated Pop-Up Education Sessions in trauma center ambulance bays, providing field crews with real-time airway and trauma skills training. Several other regions are now replicating this model.
- Region 3 (Danielle Johnson) – Will replace their next quarterly meeting with a tabletop MCI drill, promoting alignment between regional, hospital, and agency plans—a top training priority from the needs assessment.
- Region 4 (Jay Connelly) – Expanded Stop the Bleed outreach through HOSA partnerships and plans to implement ambulance bay skills labs using the Region 2 model.
- Region 5 (Kristal Smith) – Hosted a Pediatric Trauma Symposium and Sim Day using real children and a scenario inspired by a trauma survivor—an innovative and moving educational approach.
- Region 6 (Farrah Parker) – Trained 120 high school students in bleeding control and partnered with another state agency to bring a forensic fire death and burn care course to Georgia. Region 6 has also expanded RTAC leadership.
- Region 7 (Brian Dorriety) – Conducted a multi-agency MCI drill with EMS, hospitals, and emergency management, again aligned with priority gaps identified in the assessment.
- Region 8 – Final interviews are complete, and a new coordinator will be announced soon.
- Region 9 (Coy Tippins) – Will hold its first RTAC meeting in years on June 18. A full committee is in the works, and planning is underway.
- Region 10 (Kristin Spires) – Expanded its prehospital blood program. A newly participating service has transfused blood products twice in the field, demonstrating rapid impact and strong adoption.

Commission members commended Crystal for the updates and the work done by the RTAC Coordinators. Discussion ensued regarding blood administration across the regions. Crystal noted there is a collaborative effort among RTAC Coordinators to standardize protocols and training for EMS blood administration. A central repository is being developed to help counties adopt blood administration programs easily. It was noted that blood administration is feasible in the field by paramedics, often via ALS or quick response vehicles. Challenges include maintaining proper temperature control and rotating blood back to hospitals to avoid wastage. Funding is hospital-driven, but discussions continue on the need for government or insurance support to cover costs sustainably.

Crystal continued her report, highlighting the RTAC educational needs assessment. The comprehensive report is detailed on **pages 56-82**. Findings included:

- EMS personnel want education that is affordable and geographically close.
- 68% of respondents have over 5 years of experience, yet they still request advanced training in skills such as airway management, needle decompression, trauma resuscitation, and tourniquet application.
- Medics prefer smaller, more frequent classes, with less enthusiasm for fully online education.
- Travel distance and time constraints are significant barriers. Pop-up training in ambulance bays or hospitals could be an effective solution.

Crystal continued to provide detailed findings, including simulation and training resources, hospital feedback on trauma patient care, confidence, and training frequency.

Dr. Medeiros highlighted that 52% of EMS respondents were unaware of all available educational resources, indicating a communication gap. Despite years of investment in EMS education, this continues to be a challenge, and efforts should continue to enhance outreach and awareness.

Commission members examined why trauma assessments may be inadequate and whether this results from knowledge gaps or other factors such as workload. It was acknowledged that multiple factors may contribute, including EMS's focus on critical life support, like managing airways, which may lead them to overlook other injuries, such as fractures.

Appreciation was conveyed for the excellent work done in compiling and formatting the large dataset. Crystal acknowledged the support of the now-graduated UGA interns, Samanta Chapin and Courtney Honore, who contributed significantly to this effort. Crystal emphasized that the data will assist in establishing a roadmap for future EMS education and training priorities. The RTAC Coordinators are already adjusting their programming based on the assessment findings.

#### **FINANCE & BUDGET COMMITTEE REPORT (01:21:36)**

***Presented by Dr. James Dunne and Katie Vaughan***

Before Katie reviews the budget items, Dr. Dunne, Vice-chair of the Finance Committee, provided an update on staff compensation, a discussion topic led by Pete Quinones. A 3.5% merit increase was initially suggested; however, the Department of Public Health (DPH) recommended a fair market value analysis to determine staff compensation. The analysis resulted in updated salary figures in the proposed budget. Dr. Dunne emphasized that the Commission is committed to regular staff compensation reviews, potentially at annual or bi-annual intervals. The Commission is dedicated to recognizing the staff as high performers deserving of fair and equitable pay.

Katie reviewed the following budget items, **pages 129-182**:

- FY 2025 expense to budget. Overall expenses align with the budget except for reallocation items.
- The budget timeline is on track; votes are occurring at the committee and full Commission levels as scheduled.
- Super speeder revenue summary shows a positive trend, about a 6% increase from last year.
- Gabby Saye reviewed the PBP criteria **pages 143-169**, which are up for Commission approval. Katie requested a motion:

**MOTION BY: Finance & Budget Committee**

**[MOTION GTCNC 2025-05-02:](#)**

**Motion to approve the FY 2026 PBP**

**MOTION BY: Finance and Budget Committee**

**VOTING: All members are in favor of the motion.**

Katie continued with the budget report: The FY 2025 final spending plan and reallocation are available for review. These are budgeted items that were underspent or delayed. Reallocation funds are from operations, system development, EMS, trauma centers, fireworks revenue, and FY 2024 trauma center funds. The Commission must approve the allocation of \$250,000 to the Stop the Bleed initiative. The reallocated funds will be distributed 80/20 between trauma centers and EMS. The trust fund interest remains reserved for future projects. Katie noted that the Finance Committee approved the plan at their level and that full Commission approval is required.

**MOTION BY: Finance & Budget Committee**

**MOTION GTCNC 2025-05-03:**

**Motion to approve the FY 2025 Final Spend Plan**

**MOTION BY: Finance and Budget Committee**

**VOTING: All members are in favor of the motion.**

Katie moved to review the proposed FY 2026 budget highlights:

- Budget increases include:
  - Staff Development: continued investment in team growth, including participation in the UGA Leader Development Program.
  - Staff salary increase: average of 7.6%, totaling \$44,857.
  - System Development: allocated for state-required RTAC equipment to align with DPH IT security policies.
  - Office internet, telephone, and security updates for the Madison office.
  - Salary increase for the GQIP NSQIP Medical Director
- Budget decreases include:
  - Meeting expenses
  - Staff cell phones
- The FY 2026 budget is distributed across operations, system development, EMS, and trauma centers. The historical budget comparison since FY 2023 has been added for context.

Dr. Todd inquired about the NSQIP Medical Director's salary increase. Liz responded that it is due to Emory's salary increase for Dr. Sharma. The current arrangement involves a 10% time buy-down, and the existing agreement structure requires the salary to flow through Emory. Dr. Todd expressed interest in revisiting the terms with Emory in the future. Discussion clarified that salary increases reflect academic productivity but do not correspond to the actual work delivered.

**MOTION BY: Finance & Budget Committee**

**MOTION GTCNC 2025-05-04:**

**Motion to approve the FY2026 budget**

**MOTION BY: Finance and Budget Committee**

**VOTING: All members are in favor of the motion.**

Dr. Medeiros reviewed an additional proposal to approve a grant opportunity for supporting centers seeking re-verification. Dr. Medeiros shared that verification visits under the new Grey Book standards have become more challenging than previous standards. Georgia and other states have experienced an increase in unsuccessful ACS

verification visits. Facilities that fail verifications lose critical funding; Level I and II centers lose readiness and uncompensated care, while Level III centers lose readiness funding. The proposed STRIVE (Support Toward Readiness, Improvement, and Verification Excellence) Grant will support re-verification efforts and sustain the trauma system statewide.

Dr. Medeiros provided a grant overview:

- The purpose is to provide limited financial assistance to facilities that fail ACS verification, specifically following a failed corrective action review.
- Eligible centers are those that receive a no-verification letter.
- The funding source would be money withheld from non-verified centers.
- The grant is application-based. Centers would submit a formal request with detailed justification for using funds, such as for performance improvement process development or external consultation. Unacceptable uses include call pay, locum tenens coverage, and non-sustainable solutions.
- A workgroup or committee must review applications, determine if they are approved, and monitor outcomes to ensure compliance with grant conditions.
- Applications will follow a standardized format, but specific requested items will vary by center needs.
- Centers will not receive the full amount of withheld funding. The grant will provide partial support only.
- We have not set a maximum funding percentage, and as this is a new process, it will need to be assessed on a case-by-case basis.
- All approved grants and disbursements will be reported through the Finance Committee.
- Centers must provide documentation showing how the funds were used.

Discussion shifted to the funding eligibility timeline, noting that centers that receive a no-verification letter will lose at least one year of funding, regardless of timing. If a center receives its failure notice before contracts are finalized, it will not be eligible for the next fiscal year's funds. If the failure notice is delayed, the center retains its current year funding but loses the next year's funding. If a center regains verification within the following year, eligibility resumes for the year after that.

Dr. Medeiros highlighted that the STRIVE Grant is designed for longer-term verification failures, not short-term or minor corrective issues. The target audience is centers that failed both their verification and corrective action. The goal is to support foundational improvements focusing on sustainable change, not to cover general staffing or administrative costs.

Dr. Todd expressed concern about the fairness of the funding eligibility timing; centers with early-year site visits may have more time to correct issues, while late-year visits could lead to a greater risk of losing two years of funding due to shorter remediation windows.

While this timing issue was acknowledged as valid, it was noted that centers should be aware of and proactively address issues prior to verification. A recommendation was made to revisit this model to avoid unintentionally penalizing centers based on the timing of their visits.

### MOTION GTCNC 2025-05-05:

### Motion to approve the use of withheld trauma center funds to support centers through the STRIVE Grant

**MOTION BY:** Regina Medeiros

**SECOND BY:** S. Rob Todd

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

Dr. Ashley emphasized the need for further discussion to revisit verification visit timing and equity concerns. A virtual meeting was requested for June 12th or 13th to review and discuss these matters in more detail. Dr. Ashley also requested that documentation be sent out promptly for Commission review and consideration.

### EMS COMMITTEE REPORT (02:02:34)

*Presented by Courtney Terwilliger*

Courtney Terwilliger provided the following updates, referencing **pages 183-191**.

- The Committee previously tasked collaborating partners to bring back EMS education assessments and recommendations. Reports were received from various contributors, including the RTAC Coordinators.
- We hosted a called EMS Committee meeting to vote on the reallocation budget.
- A meeting is scheduled for Thursday, May 22<sup>nd</sup>, to vote on budget items. Attendance is encouraged
- Due to a decline in technical colleges and high variability in initial EMS education success rates, an agreement requiring grant-funded programs to use MedEd Prep's online module tests was implemented.

The solution aims to:

- Track student performance at the end of each module
- Identify early indicators of potential student failure
- Improve National Registry pass rates

Courtney asked Crystal Shelnutt to provide an update on the MedEd Prep partnership, **pages 185-191** :

- The program started early last year.
- To date, about 600 students have participated.
- By analyzing the exit exam pass rate and National Registry success rate, we can make predictions about our initial education programs:
  - EMS Operations exam:>80% score = 92% likelihood of passing the National Registry
  - Airway/Respiratory:>70% score=high pass probability
  - Final Exam:<65% score=30% chance of success
- Some challenges discussed:
  - Pushback from instructors who view the testing as burdensome
  - Communication gaps between the EMS Committee and program directors/instructors.
  - Some programs had no formal testing or used inadequate test banks.

Crystal shared that initial data suggests a 10% increase in pass rates due to the MedEd Prep resource potentially adding 50 new EMS providers in the field this year. 500+ data points are being tracked across subjects. For example, chest trauma has emerged as a surprising area of weakness.

Courtney mentioned the development of a toolkit to support instructors is a goal for the near future.

Courney continued the EMS report:

- 7 of the 10 RTACS have requested training class funding, which will be reviewed at the next meeting.
- AVLS funding and support continue.
- The EMS equipment grant for FY 2025 has been completed and processed.
- No solution yet to the complex hospital transport issues. Multiple puzzle pieces remaining unsolved
- Continue collaboration with Dr. Bulger to help map EMS resource locations more definitively. Ongoing efforts to understand the level of care, equipment, and protocols for time-sensitive emergencies at each EMS station.

Courtney introduced Dr. Erica Maves, Trauma Surgeon and Director of Surgical Simulation at the Medical College of Georgia at Augusta University, who offered updates on the trauma simulation training program:

- The program is a collaborative effort with Dr. Matt Lyon to enhance training for rural emergency practices.
- Launched in February, the pilot program included a needs assessment, didactic sessions, and practical simulations.
- The curriculum emphasizes trauma resuscitation, chest tube placement, airway management, hemorrhage control, and other vital skills. It was created in response to feedback from rural providers and internal data analysis.
- Looking ahead, plans involve establishing a surgical simulation and education research fellowship. The fellow will support the C-MARCH PAWS initiative and other outreach efforts in rural areas.
- We will maintain our partnership with the Georgia Trauma Commission to integrate training initiatives further.

Courtney added context that the C-MARCH PAWS program is referred to as an entry-level trauma course. Dr. Maves' simulation program provides more comprehensive hands-on training. A contract with Augusta University is underway to integrate the simulation program with C-MARCH PAWS. Funding and budget planning are in progress.

Dr. Ashley expressed appreciation for Dr. Maves' collaboration and participation, emphasizing the value of continued partnerships to enhance EMS and trauma care training statewide.

#### **TRAUMA ADMINISTRATORS COMMITTEE REPORT (02:22:27):**

##### ***Presented by Dr. Patrice Walker***

Dr. Patrice Walker provided a verbal report on the Trauma Administrator meeting highlights: Liz shared updates from the Commission. Gabby offered updates regarding the PBP and the Level I and II Readiness Costs Survey. Administrators previewed the survey resource hub, which was praised as a valuable tool. The financial KPI worksheet was reviewed and discussed. Pam Vanderberg updated us on the ESO Registry Beta Testing, highlighting several issues:

- Lack of GQIP or state templates
- Limited data visibility and mapping
- Problems with report-writing capabilities
- Substantial increase in cost
- Potential for an additional application, which would incur added costs.

Dr. Walker also mentioned that a registry group is exploring alternative registry options. Liz emphasized the importance of multidisciplinary input during the committee meeting, including insights from Administrators and Medical Directors. The next committee meeting is scheduled for August.

#### **LI/II/IV COMMITTEE REPORT (02:26:27)**

***Presented by Dr. Alicia Register***

Dr. Alicia Register referenced the report on **page 192**:

- The C-MARCH PAWS updates were already discussed during the EMS Committee report. We are enthusiastic to support the partnership with Augusta University to expand simulation training to rural and non-designated trauma centers. The PTSF Level IV follow-up visits are scheduled for June.
- Three of the five original Level IV trauma centers will be re-evaluated since their initial assessment. The Inter-rater Reliability project focuses on Level IV in partnership with Q-Centrix to improve data validation for GQIP submissions. It reinforces the importance of reliable and validated trauma data.
- A survey will be distributed to all Level III/IV members to assess achievements to date, current needs, and future goals.
- There is an upcoming collaborative meeting planned to review the ACS proposed Level IV standards.

Dr. Register closed her report by expressing gratitude for the opportunity to present.

#### **GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (02:32:31)**

***Presented by Lynn Grant***

Lynn Grant referenced the report on **pages 193-194** for the Georgia Committee for Trauma Excellence.

- The Performance Improvement Subcommittee has sent a survey to all centers for feedback on the creation of the PI playbook. Centers are encouraged to share useful tools to enhance PI. They continue to work on timely, definitive care with a statewide group. The Pediatric Subcommittee is collaborating with the TMD chair and Pediatric TMDs to create a one-page Quick Reference for assessing, stabilizing, and transferring pediatric patients. The Pediatric Transfer toolkit has been reviewed, and sections have been assigned to committee members. SIPA education is ongoing. They continue collecting data on the EMS Safe Transport project, and the EMS education PowerPoint has been approved and is available.
- The Registry Subcommittee is currently planning the ICD-10 course, which is expected to be offered in the fall. The core group of Registrars is reviewing different vendor registries.
- The Education Subcommittee is looking to conduct TCRN review courses to increase facility certification. In collaboration with GTF, they are expanding RTTDC courses throughout the state. The Subcommittee is finalizing the purchase of the STN Orientation modules.
- The Injury Prevention Subcommittee is planning for Georgia Stay Safe Week, which is underway for the start of summer break. Two statewide STB webinars are scheduled for May 19 and May 21. Over 525 participants attended the sessions in January, bringing the total number of virtual attendees to over 8,500 since January 2021. They aim to sustain and expand evidence-based fall prevention programming. They have requested funding to support facilitator training, equipment, and the development of internal Master Trainer capacity for A Matter of Balance.

## **TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:36:40)**

***Presented by Dr. James Dunne***

Dr. James Dunne provided the following update referenced on **pages 195-218**

- Barriers exist to obtaining trauma registry data due to complex access requirements, hospital affiliations with large corporations creating silos, or emerging proprietary trauma registries by hospital systems threatening the statewide trauma database integrity. Staffing limitations exacerbate the difficulty in collecting and analyzing statewide trauma data.
- The ACS Systems Committee suggested developing a dashboard, and a preliminary state-level dashboard has been created to prioritize actionable metrics based on registry data.

Dr. Dunne reviewed a presentation on the Time-to-Care study, **pages 196-218**. The analysis focused on the time from injury to definitive care. A total of 813 patients were included in the final data set after excluding incomplete or inactive records. Dr. Dunne reviewed the methods and results of the study. The data findings were:

- Time to definitive care is NOT an independent predictor of mortality.
- ISS is the strongest predictor of mortality, particularly
- ISS 25+ blood transfusion increases mortality risk, likely reflecting severity.
- Multiple complications drive mortality risk, not individual ones.
- Increased time at OSH accounts for most of the TDC

The analysis suggests that while EMS and initial response times are efficient, delays at outside hospitals are a critical block. Recommendations include:

- Enhancing data quality and reporting systems
- Ensuring comorbidity data is accurately reported
- Educating hospitals on the importance of prioritizing patients who require transfusions
- Revisiting strategies to triage and transport critical patients faster from rural hospitals.

Commission members discussed the concept of automatic acceptance policies for specific trauma criteria, noting regional differences in practice. Some states accept patients based on predefined criteria to expedite transfers. It was highlighted that 39% of trauma transfers are discharged shortly after arrival at the trauma center. This raises concerns about unnecessary transfers that could burden EMS resources and trauma centers.

The Commission emphasized exploring teletrauma as a way to reduce unnecessary transfers. A pilot project is underway with a Level III center focusing on traumatic brain injuries, facial fractures, and ophthalmologic injuries. The center aims to keep patients unless their condition worsens. It was also noted that the time spent at the referring hospital and the transport modality are not always captured clearly. Better tracking in GEMSIS and registry integration is needed for future studies.

Dr. Vassy highlighted the unknown duration spent outside emergency departments deciding on and arranging patient transfers to trauma centers. Critical delays could occur in securing transfer acceptance and arranging transport. Commission members also noted that when transferred, some patients may be unable to access post-discharge services at trauma centers, perpetuating gaps in care.

Dr. Ashley asked if there were updates to the transfer poster. Dr. Vassy provided a poster update as part of his Trauma Medical Directors Committee report.

### **TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (03:11:41)**

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

The poster, **page 220**, and cover letter were finalized and sent to the targeted small rural, critical access, and Level IV trauma center emergency departments. The posters included grommets and adhesive backing to ensure ease of display. The State Office of Rural Health provided key hospital contact information for effective distribution. Dr. Vassy emphasized that trauma centers must be prepared to act consistently with the messaging in the updated materials: accepting patients when appropriate, and demonstrating support during inter-facility calls. The next step is to develop a pediatric transfer toolkit to complement the current adult trauma transfer guidelines.

Another initiative under Committee discussion is the possibility of tele-ophthalmology to reduce unnecessary transfers for isolated eye injuries. Dr. Zach Balest, local ophthalmologist and incoming president of the Georgia Society of Ophthalmology, will present during the August meeting to discuss triage and eye injury evaluation.

Dr. Ashley expressed appreciation for the Trauma Medical Directors Committee's efforts.

### **GEORGIA TRAUMA FOUNDATION REPORT (03:24:23)**

#### ***Presented by Dr. John Bleacher***

Dr. John Bleacher referenced the report on **pages 221-222**.

- Trauma Awareness Day at the State Capitol had 68 attendees and received positive feedback. Recognitions included:
  - Trauma Champion Awards: Senator Kay Kirkpatrick and Representative Lee Hawkins
  - Trauma Heroes Award: Senator Ben Watson and Representative Butch ParrishLegislators expressed gratitude for being honored.
- We have an ongoing partnership with Lenz Marketing, which includes radio outreach featuring Dr. Bleacher and Cheryle Ward on WSB Radio, along with two more appearances scheduled for the year. Additionally, press releases were distributed statewide to announce the award recipients. Electronic ads are now promoting the Foundation throughout Georgia. In 2025, we will enhance media efforts to target the Atlanta area.
- The Annual Gala at the Georgia Aquarium is scheduled for two dates. Early indicators suggest better ticket sales and sponsorship performance than last year.

Dr. Bleacher emphasized the Foundation's mission: investing in trauma care to save lives in Georgia and the vision, paraphrased, from injury to recovery, ensuring that all Georgians have access to optimal trauma care, regardless of location.

### **OFFICE OF EMS AND TRAUMA (OEMST) REPORT (03:29:49)**

#### ***Presented by Stacey Smith***

Stacey Smith reviewed their report on **pages 223-224**.

- Congratulations to the following centers were extended:
  - Liberty Regional-Level IV Designation
  - Doctors Hospital-ACS Verified and Level II Redesignation
  - Redmond-ACS Verified and Level III Redesignation
  - Wellstar West Georgia- Level IV Redesignation

- The 2025 OEMST State-approved schema file was sent to ESO on March 10th. ESO estimates that the development and distribution of the update to ESO users will take 90-180 days to complete. The OEMST 2025 schema will include 18 additional fields over what was required in 2024. ESO users must install the update before downloading 2025 for the OEMST ImageTrend Patient Registry.
- Data import testing with Grady Memorial Hospital continues from the new ESO platform. ESO continues its work with Grady to complete the new ESO registry and report writer. No go-live date is set.
- Data QA sessions were held with a Level 2 center and a Region 9 facility working towards designation. Marie Probst, State Trauma Registrar, and Gina Solomon, GQIP Director, will continue the QA data validation sessions.
- 2025 Annual facility ID numbers and EMS provider IDs for the new ESO Patient Registry were posted to the GTC Basecamp site.
- 2024 ESO trauma registry records were received in March. The dataset is closed. Dr. Danlin Luo has exported the data to prepare the annual report for release in August.
- The ACS recently published the proposed Level IV standards for open comment. The Georgia Trauma Commission is planning a meeting on May 28<sup>th</sup> to review the standards with the Level IV centers and collect feedback.

#### **ADJOURNMENT (03:34:39)**

Dr. Ashley expressed gratitude for the hard work of our Committees, system partners, and staff. No new business items were raised or submitted. Dr. Ashley requested a motion to adjourn.

#### **MOTION GTCNC 2025-05-06:**

#### **Motion to adjourn**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Terry Cobb

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

#### **SUMMARY OF ACTION ITEMS**

- Commission approved the FY 2026 Performance-Based Pay (PBP) criteria, **pages 143-169; 231-240.**
- Commission approved the FY 2025 Final Spend Plan, **page 175.**
- Commission approved the FY 2026 budget, **page 179.**
  - Commission members expressed interest in revisiting future Emory agreements concerning the current time-buydown compensation arrangement.
- Commission approved the use of withheld trauma center funds to support centers through the STRIVE Grant.
- Dr. Ashley requested a called meeting to discuss the ACS verification timeline for readiness funding eligibility by June 12th or 13th.

*Minutes Respectfully Submitted by Gabriela Saye*