



GEORGIA TRAUMA COMMISSION

James Madison Inn
Madison, Georgia
February 15, 2024



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission

February 15, 2024

9:00 AM to 1:00 PM

James Madison Inn | Madison, GA

Agenda

09:00 am to 09:45 am (45 minutes)

Welcome, call to order & establish quorum

- Approval of November 16, 2023, Meeting Minutes*
- Chairman's Report

Bylaws Amendment/Election of Officers*

Executive Director's Report

Dr. Dennis Ashley

Dr. Regina Medeiros
Liz Atkins

09:45 am to 10:35 am Committee Reports I (50 minutes)

Budget Committee*

EMS Committee

Level III/Level IV/Rural Trauma Center Committee*

Georgia Committee for Trauma Excellence

Rehabilitation Committee

Dr. Regina Medeiros
Courtney Terwilliger
Dr. Greg Patterson
Dr. Alicia Register
Tracy Johns
Dr. Ford Vox

10:35 am -10:45 am (10 minutes) MORNING BREAK

10:45 am to 11:15 am Committee Reports II (30 minutes)

Trauma Administrators Committee

Trauma System Performance Committee

Trauma Medical Directors Committee

Dr. Patrice Walker
Dr. James Dunne
Dr. Matthew Vassy

11:15 am to 11:45 am Trauma System Partner Reports (30 minutes)

Georgia Trauma Foundation*

Georgia Quality Improvement Program

Office of EMS and Trauma

Cheryle Ward
Dr. S. Rob Todd
Gina Solomon
April Moss

11:45 am to 12:00 pm (15 minutes)

New Business | None

Summary of Action Items & Next Steps

Dr. Dennis Ashley

12:00 pm – 12:10 pm (10 minutes) TRANSITION TO CLOSED SESSION

12:10 pm-1:00 pm (50 minutes)

GTC Closed Session

Motion to Adjourn*

Dr. Dennis Ashley

***Commission action anticipated**



GEORGIA TRAUMA COMMISSION

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David V. Feliciano, MD, FACS, MAMSE
(1944-2024)

It is with heavy hearts that the AAST announces the passing of Dr. David V. Feliciano on Thursday, January 4, 2024. Dr. Feliciano was a colleague, mentor, inspiration, and a friend to many while also being a master surgeon, educator and researcher.

Dr. Feliciano received his medical degree from Georgetown University in Washington, D.C. He completed training in general surgery at the Mayo Clinic, in trauma at Detroit Receiving Hospital/Wayne State University, and in vascular surgery at Baylor College of Medicine. He also served as a Lieutenant in the U.S. Navy Medical Corps Reserve. He was Professor of Surgery at Emory University and Surgeon-in-Chief at Grady Memorial Hospital in Atlanta for many years before transitioning to the role of Chief of General Surgery at Indiana University and Chief of Surgery at Indiana University Hospital. Since 2018, he has been a Clinical Professor of Surgery at the University of Maryland and an Attending Surgeon (emeritus) at the Shock Trauma Center/Department of Surgery. After moving to Edgewater, Maryland, Dr. Feliciano bought his long sought after speed boat – a source of great joy over the last five years.

Dr. Feliciano was a general surgeon with strong interests in endocrine, reoperative abdominal, vascular, and trauma surgery. His research interests have been in vascular trauma, emergency general surgery, and in developing the next generation of acute care surgeons.

He has more than 600 articles/chapters/books published or in press, served as an Associate Editor of *The American Surgeon*, and was retired from the Editorial Boards of the *The Journal of Trauma and Acute Care Surgery* and *The American Journal of Surgery*. He has been Co-Editor of the textbook TRAUMA through all nine editions (1st, 1988; 2nd, 1991; 3rd, 1996; 4th, 2000; 5th, 2004; 6th, 2008; 7th, 2013; 8th, 2017; and 9th, 2021) and was lead Co-Editor for the 3rd, 6th, and 9th editions.

Dr. Feliciano was a member of numerous surgical/medical societies and president of eight surgical societies including: American Association for the Surgery of Trauma (2006-2007), PanAmerican Trauma Society (2006-2007), Western Trauma Association (2006-2007), Southeastern Surgical Congress (2006-2007), Southwestern Surgical Congress (2006-2007), Georgia Surgical Society (2006-2007), Atlanta Surgical Association (2006-2007), and Priestley Society (2006-2007).

Besides President, Dr. Feliciano served in a number of roles for AAST: Chairman of the Ad Hoc Committee on Multi-Institutional Trials, Manager at Large, Secretary-Treasurer and President-Elect. He was selected as the 47th Fitts Orator in 2022 and was a master surgeon lecturer in 2010.

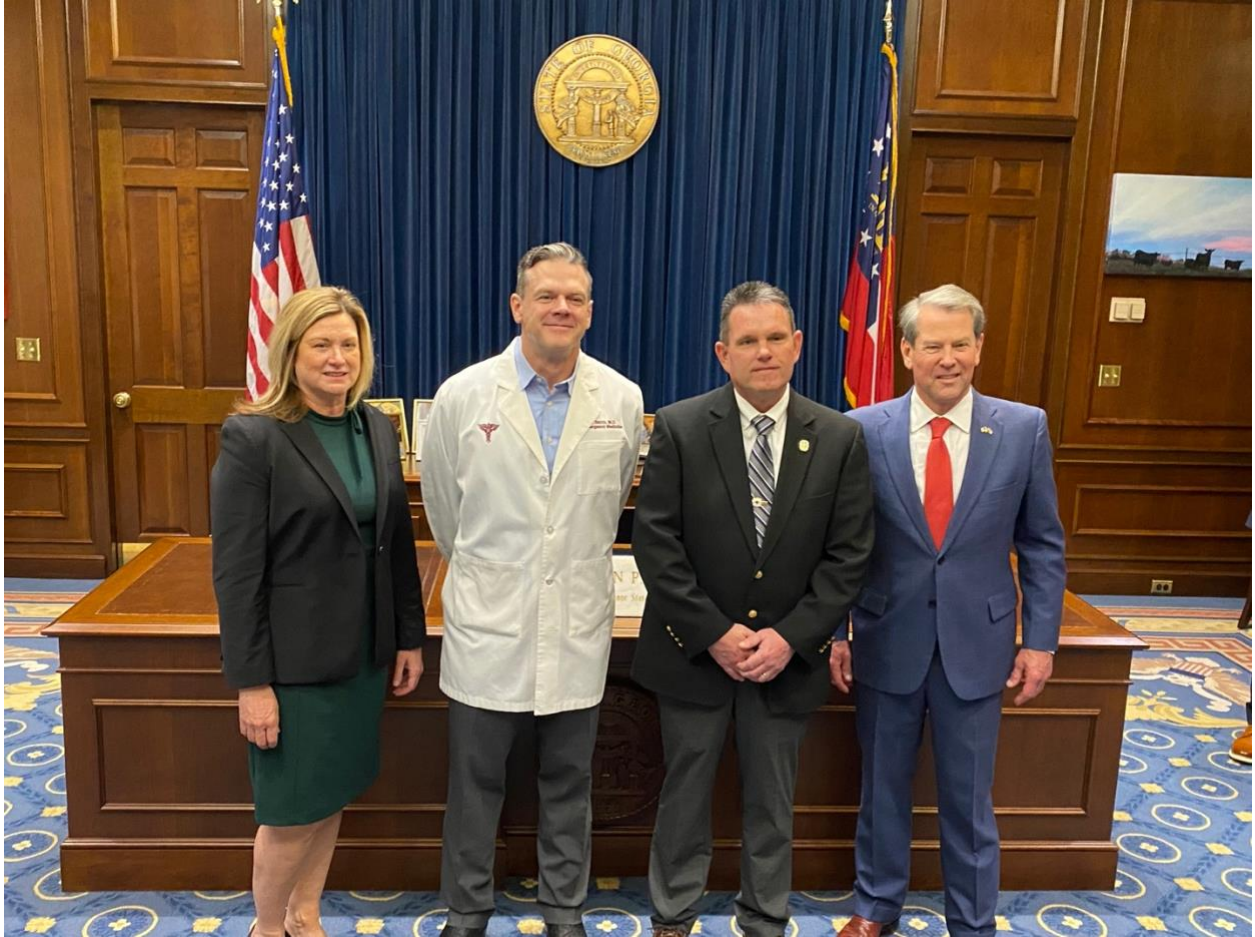
Dr. Feliciano is survived by his wife, Dr. Grace Rozycki and his two sons, David and Doug. Details about funeral services and celebrations of Dr. Feliciano's life will be forwarded as they become available.

The world of trauma has suffered a huge loss. Dr. Feliciano was instrumental in how trauma care is practiced worldwide. He has saved countless lives with his dedication to surgery, mentoring and research.



GEORGIA TRAUMA COMMISSION

Welcome, Dr. James “J” Smith and Terry Cobb



Pictured left to right: Elizabeth Atkins, MSN, RN, TCRN; James L. Smith, MD; Terry Cobb; Governor Brian P. Kemp



Trauma System Stabilization

An Investment in Georgia's Health and Economic Prosperity

Trauma doesn't have to end in tragedy...

A Heavy Cost, Too Many Lives Lost

- Traumatic injuries are the **#1 cause of death** of Georgians aged 1 to 44.
- For every **one** Georgian who dies from trauma, **2.2 are severely disabled**.
- Lost wages, tax revenue, and productivity from fatal traumatic injuries cost Georgia's economy **\$83 billion** in 2020.

Georgia's Trauma Care Network is Working

In 2007, the Georgia General Assembly created the Georgia Trauma Commission to “**establish, maintain, and administer a trauma center network.**” In 2008, a one-time appropriation of **\$60 million funded critical trauma care infrastructure**. Ongoing earmarked funding followed from **Super Speeder fines** (2010) and **fireworks excise taxes** (2015).

With these appropriations, Georgia is developing a top-tier trauma center network.

- Georgia **more than doubled** the number of designated trauma centers statewide.
- **84%** of Georgians now live within the “Golden Hour” of a Level I or II trauma center.
- The percentage of severely injured patients treated at a trauma center rose from **64%** to **93%**.

This initial investment is already saving lives.

- The injury-related death rate in Georgia dropped from **16% worse** than the national average to about **6% better**.
That's an additional **1,803 lives** saved in 2020.
- Lower rates of mortality and severe disability in 2020 have preserved an estimated **\$5.4 billion** in lifetime personal income, and **\$636 million** in lifetime tax revenue.
- **ROI of \$22.60** per dollar invested in Georgia's trauma care network in 2020, even better than the **\$7.30 per dollar** invested in the Savannah Harbor Expansion Project.

But Our Progress is Precarious

While Georgia's network of trauma centers has come a long way since 2007, **many challenges remain and threaten our gains.**

- With the closing of the **Atlanta Medical Center**, Georgia **lost one of only five Level I trauma centers.**
- Modest increases in funding for trauma center readiness and uncompensated care **have not kept pace** with the rise in costs.
- The **opioid epidemic, particularly fentanyl overdoses**, continue to drive the injury-related death rate upward, here and nationwide.

We Can Triumph Over Trauma

The \$61 million **Trauma System Stabilization Proposal** will secure the strides we've made toward the **top-tier trauma care network** envisioned in the General Assembly's 2007 legislation.

- **Reliable readiness offsets** to support trauma centers' financial resilience.
- **Start-up grants** for new candidate trauma centers.
- **Increased funding** for rural trauma centers.

It's an investment that will help extend trauma care to every corner of our state, saving lives and livelihoods while fortifying the foundation of **Georgia's health and economic prosperity.**


Together, we can triumph over trauma.



GEORGIA TRAUMA
COMMISSION

trauma.georgia.gov
(706) 841-2800

System Stabilization | Phased Proposal

TC Level	# of Centers	Average Readiness Cost By Center Level	Total Readiness Costs	Phase 1	Phase 2	Phase 3
				20% of Readiness Total Level I-III	35% of Readiness Total Level I-III	50% of Readiness Total Level I-III
				 Level IVs 100% of Readiness*		
I	6	\$10,078,506	\$60,471,036	\$12,094,207	\$21,164,863	\$30,235,518
II	9	\$4,925,103	\$44,325,927	\$8,865,185	\$15,514,074	\$22,162,959
III	10	\$1,715,025	\$17,150,250	\$3,430,050	\$6,002,587	\$8,575,120
IV	9	\$81,620	\$734,580	\$734,580*	\$734,580*	\$734,580*
Total	34	-	\$122,681,793	\$25,124,022	\$43,416,104	\$61,708,177





**2024 Board of Directors
Election Results**



President-elect
Elizabeth Atkins
MSN, RN, TCRN



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes

Thursday, November 16, 2023

9:00 AM – 12:00 PM

State Office of Rural Health

Cordele, Georgia

Meeting Recording: <https://youtu.be/U00xbHsTOKc>

Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman
Dr. James Dunne, Vice-Chairman
Dr. Regina Medeiros, Secretary /Treasurer
Dr. John Bleacher
Mr. Courtney Terwilliger
Dr. S. Rob Todd
Mr. Jim Adkins via Zoom
Pete Quinones via Zoom

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth Atkins	GTC, Executive Director	In person
Katie Hamilton	GTC, Finance Operations Officer	In person
Gina Solomon	GTC, GQIP Director	In person
Gabriela Saye	GTC, Business Operations Manager	In person
Cheryle Ward	Georgia Trauma Foundation, Executive Director	In person
Gabriel Carter	ACCG, Government Affairs Associate	In person
Suzanne Gardner	Adventhealth Redmond, Registrar	Virtual
Nicole Sundholm	Adventhealth Redmond, TPM	Virtual
Donald Mixon	Air Evac, Sr PD	In person
Marcus Lindsey	Air Methods AirLife Georgia, Account Executive	In person
Dawn Truett	Atrium Health Floyd Polk Medical Center, TPM	Virtual
Patrice Walker	Atrium Health Navicent, CMO Chair, Trauma Administrators Committee	Virtual
Kristal Smith	Atrium Health Navicent, Injury Prevention and Outreach Coordinator	In person
Tracy Johns	Atrium Health Navicent, TPM	Virtual
Alicia Register	Crisp Regional, TMD	In person
Christopher Ruiz	Doctor's Hospital of Augusta, VP of Trauma Service	In person
Michael Johnson	DPH/OEMST, Director	In person
Peki Prince	DPH/OEMST, Emergency Preparedness EMS Liaison	Virtual
Danlin Luo	DPH/OEMST, Epidemiologist	Virtual
Vincent Harris	DPH/OEMST, Region 4 Regional Director	Virtual
Michelle Archer	DPH/OEMST, Region 5 Regional Director	Virtual
Daniel Warren	DPH/OEMST, Region 8 Regional Director	In person
Stacey Smith	DPH/OEMST, State Trauma Program Coordinator	In person

Shehzad Muhamed	DPH/OEMST, Systems of Care Medical Director	Virtual
Amy Davis	Effingham Health System, Trauma Admin	In person
Gail Thornton	Emanuel Medical Center, Registrar / Trauma Coordinator	Virtual
Brooke Marsh	Emanuel Medical Center, TPM	In person
Lynn Grant	Fairview Park Hospital, TPD	In person
Becca Hallum	Georgia Hospital Association, Associate General Counsel	Virtual
Elizabeth Benjamin	Grady, TMD	In person
Pamela Vanderberg	Grady, VP Trauma Services	In person
Allen Owens	Hope EMS, Chief	In person
Mary Beth Goodwin	John D. Archbold Memorial Hospital, PI Coordinator	Virtual
Gregory Patterson	John D. Archbold Memorial Hospital, TMD	In person
Kelli Vaughn	John D. Archbold Memorial Hospital, TPM	In person
Jessica Davis	John D. Archbold Memorial Hospital, Trauma Registrar	Virtual
Tammie Russell	Liberty Regional Medical Center, TPM	In person
Karrie Page	Memorial Health Meadows Hospital, Trauma Coordinator	Virtual
Christie Mathis	Morgan Medical Center, TPM	In person
Matthew Vassy	Northeast Georgia Medical Center, TMD	Virtual
Jane Gray	Phoebe Putney Memorial Hospital, Chief Operating Officer	Virtual
Brandi Fitzgerald	Phoebe Putney Memorial Hospital, TPM	In person
Heather Morgan	Piedmont Athens, TPM	Virtual
Jay Connelly	Piedmont Henry, Dir Trauma and Stroke	Virtual
Richard Jacob	Piedmont Walton, TMD	In person
Karen Hust	Piedmont Walton, TPM	In person
Crystal Shelnett	Region 10 RTAC, Coordinator	In person
Duane Montgomery	Region 7 RTAC, Chair	In person
Brian Dorriety	Region 7 RTAC, Coordinator	In person
Jolleen Thies	South Georgia Medical Center, Interim TPM	Virtual
Hannah Irvin	Troutman, Manager	Virtual
Danielle Johnson	Wellstar Kennestone / RTAC 3, Outreach/IP Coordinator	Virtual
Alicia Allen	Wellstar Paulding, Director of Nursing	Virtual
Kerry Carter	Wellstar Paulding, TPM	Virtual
Andrea McCarson	Wellstar Paulding, Trauma Nurse Coordinator	Virtual
Michele Evans	Winn Army Community Hospital, ER Chief Nurse & TPM	Virtual

CALL TO ORDER (00:00:05)

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

CHAIRMAN REPORT (00:00:48)

Presented by Dr. Dennis Ashley

Dr. Ashley expressed gratitude for all the attendees present at today's meeting. A special thanks to the State Office of Rural Health for hosting the meeting, which aligns with National Rural Health Day.

- Nita Ham, the Senior Director of the State Office of Rural Health, was recognized and thanked for her dedication and support of trauma initiatives. A plaque was presented to her in honor of National Rural Health Day.
- Leading the Level III/IV Rural Committee, Dr. Greg Patterson was also acknowledged for his significant contributions. A plaque was presented to him in honor of National Rural Health Day.
- Commissioner Russell Carlson and Dr. Dean Burkner were welcomed and acknowledged for their support. Dr. Burkner expressed his passion for rural trauma and offered support wherever needed.
- Dr. Dunne has been reappointed to the Georgia Trauma Commission.
- Welcome Dr. S. Rob Todd as the newest Commission member. Dr. Todd replaces the seat formerly held by Dr. Michelle Wallace. As many of you know, Dr. Todd is also the Medical Director for GQIP.

The Chairman's report concluded by highlighting the abundance of data available after various assessments and studies: the 2022 NHTSA EMS System Assessment, the 2023 ACS Trauma System Consult, the 2022 Level IV PTSF Consults, the 2023 Pracht Study, the 2022 Level III/IV Readiness Costs, and the Trauma Center Stabilization Plan. Stakeholders were encouraged to get involved, analyze the data, and contribute to finding solutions. Gratitude was expressed to all volunteers.

APPROVAL OF MEETING MINUTES (00:16:37)

Presented by Dr. Dennis Ashley

Dr. Ashley requested a motion to approve the August 10 meeting minutes, p. 3-13, in the meeting packet (ATTACHMENT A).

MOTION GTCNC 2023-11-01:

Motion to approve August 10, 2023 meeting minutes as submitted

MOTION BY: Jim Adkins

SECOND BY: Pete Quinones

VOTING: All members are in favor of the motion.

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

BYLAWS AMENDMENT | ELECTION OF OFFICERS (00:17:18)

Presented by Dr. Regina Medeiros

Dr. Medeiros recognized a missed officer renomination session per the current Bylaws and proposed a temporary resolution to retain all current officers until the February meeting. A possible recommendation is to change the term of officers from two years to three.

MOTION GTCNC 2023-11-02:

Motion to retain all current Georgia Trauma Commission elected officers until the February 2024 meeting

MOTION BY: Regina Medeiros

SECOND BY: James Dunne

VOTING: All members are in favor of the motion.

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

There was discussion about the necessity of bringing up the motion twice to adhere to Roberts's Rules. Dr. Medeiros clarified that the resolution was temporary and that the final recommendation would be made in February after further discussion.

EXECUTIVE DIRECTOR REPORT (00:043:56)

Presented by Liz Atkins

Liz Atkins referenced the full report on pages 19-25, which provides a high-level overview of the last quarter's progression of our key initiatives.

- Congratulations to Gabby Saye and Katie Hamilton for their well-deserved promotions. Gabby Saye has been promoted to Business Operations Manager. Katie Hamilton has ascended in the state financial structure by completing a rigorous state government budget and finance management certification program.
- The Georgia Trauma Commission email migration has been completed. Please update our email contacts to the new gtc.ga.gov domain.
- Recruitment for the Regional Trauma System Development Manager position is in progress, with a panel interview scheduled for December 7, 2023. The expectation is to have someone in the role by early February.
- We have been participating in the Senate Rural Provider Study Committee. Liz Atkins emphasized the importance of addressing subspecialist recruitment and filling gaps in anesthesia, especially for level III trauma centers.
- There is an ongoing collaboration with the Trauma Center Association of America (TCAA) to create a national trauma survey, building on Georgia's Readiness Costs Survey. The goal is to present the survey at a national webinar, allowing trauma centers across the county to participate in assessing their readiness costs.

COMMITTEE AND WORKGROUP REPORTS

BUDGET COMMITTEE REPORT (00:32:44)

Presented by Dr. Regina Medeiros and Katie Hamilton

Dr. Regina Medeiros referenced the report on pages 26-42:

- We have added two new committee members: Jesse Gibson and Pete Quinones.
- Based on the new Office of Planning and Budget (OPB) instructions, we considered a 1% reduction for a one-time 3% increase for the FY 2025 budget. The proposed reduction would focus on the MAG MRC and the GQIP NSQIP budgets, as they are less than 100% aligned with the long-term Georgia Trauma Commission strategic mission. The 3% increase would help offset the GQIP costs, specifically the registry cost for upcoming trauma centers.

Katie Hamilton reviewed:

- Expense to Budget through September 30th: Costs not shown are the EMS equipment grant, which ended on October 31st. The first trauma center invoices are expected in January 2024.
- Open Purchase Order (PO) Summary: FY 2020 open POs are equipment-related and expected to close at the beginning of next year. FY 2021 open POs are outstanding projects, including Arbormetrix—the report on pages 30-33 details each open purchase order to date.
- Use of Readiness FY 2023 Funding Summary: Page 38 outlines the reported use of readiness funding by level. The highlighted areas are the most used categories.
- Super Speeder Revenue Summary: We are 14% above FY 2023 revenue.

The FY 2025 Performance-Based Pay (PBP) criteria were discussed, which include the following changes:

- **All Centers**
 - Added back maintenance of registry record closure rate of 80% within 60 days.
 - GQIP data submission requirement timeframe
- **Level III Trauma Centers**
 - ACS Verification requirement extended to FY 2026
- **Level IV Trauma Centers**
 - NTDB data submissions changed to annual
 - Submission of PI Plan

Dr. Medeiros asked the Commission to review the proposed FY 2025 PBP on pages 34-35 and requested a motion to approve.

MOTION BY: GTC Budget Committee

MOTION GTCNC 2023-11-03:

Motion to approve the FY 2025 Proposed Performance-Based Pay Criteria

MOTION BY: Budget Committee

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions

EMS COMMITTEE REPORT (00:45:45)

Presented by Courtney Terwilliger

Courtney Terwilliger referenced the report on pages 42-44 for the EMS Committee and provided the following updates:

- AVLS Open Enrollment will start next month for EMS agencies who wish to change cell carrier providers.
- The EMS Equipment Grant closed on October 31, 2023, and applications are being processed. A committee is trying to develop a more precise process for identifying the number of 911-zoned ambulances at each service.
- We are working on a survey with the Mercer Rural Innovation Center staff. After we have approved this instrument, Ms. Nita Ham has agreed to get this survey to the appropriate personnel at the rural hospitals.
- The GEMSA town hall meetings are continuing and should end this month. They have been collecting information from the EMS community concerning barriers to inter-hospital transportation.
- Jim Adkins shared an update on the Hospital Signage project. The Georgia Department of Transportation and the Governor's Office of Highway Safety are actively involved in changing and updating hospital signs across the state to help citizens locate hospitals in their communities.

Dr. Dunne requested a detailed spreadsheet on EMS education courses facilitated to ensure equal distribution of courses and relevancy across the state. There was a brief discussion on the challenges with courses like PHTLS and efforts to streamline the process for better accessibility. Liz Atkins added there are mapping initiatives underway to provide real-time EMS education tracking.

LIII/IV COMMITTEE REPORT (00:58:25)

Presented by Dr. Greg Patterson

Dr. Greg Patterson referenced the report on page 45:

- The MARCH PAWS third pilot was completed last month in Thomasville. We receive valuable feedback from participants and instructors and plan to set up more dates and locations for future courses.
- The ACS Trauma Systems Consult highlighted 11 key rural-focused recommendations, which we will discuss at the Rural Trauma System Action Planning meeting this afternoon. Ideas to address some of the recommendations are:
 1. Repeat financial survey for hospitals to reflect the updated standards
 2. Town hall meetings with EMS to capture barriers for transfers and patient transports
 3. Possible geo-mapping to assist with base locations
- Level III/IV centers continue to participate in the mentorship project, which partners centers based on GQIP data. The project aims to address challenges and foster collaboration between centers.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:04:20)

Presented by Lynn Grant

Lynn Grant referenced the report on pages 46-50 for the Georgia Committee for Trauma Excellence.

- The Registry Subcommittee is working on the AIS 2015 course funding to provide education to trauma centers, focusing on level III and IV centers.
- The PI Subcommittee is working on reducing the time to definitive care and creating an audit tool for level IV centers to monitor length of stay and shock index scores. A survey will be sent out to assess the implementation of the audit tool. A transfer feedback template for hospitals and EMS agencies is also under development.
- The Pediatric Subcommittee is focused on the Shock Index Pediatric Adjusted (SIPA) score, providing education and developing a tip sheet. Children's Healthcare of Atlanta Egleston will participate in MATIC-2 to investigate the use of whole blood for pediatric trauma.
- The Injury Prevention and Outreach Subcommittee remains active in virtual and in-person Stop the Bleed education. The Wellstar Kennestone team has actively coordinated Lutzie 43 Teen Driving Summits across the state.
- The Education Subcommittee is working on a toolkit for new Trauma Program Managers, one focused on the level III/IV centers and one on the TPMs in level I/II centers. They are also developing essential trauma nursing education for ED nurses in outlying hospitals to provide safe/effective care for trauma patients.

REHABILITATION COMMITTEE REPORT (01:08:00)

Presented by Dr. Ford Vox

Dr. Ford Vox referenced the report on pages 51-52:

- We began outlining the types of analyses we could pursue within the confines of the data available. Dr. Mlaver has made significant progress in this analysis and demonstrated to the committee how to analyze data by DX, ISS, and rehab services discharge.
- Dr. Vox met with Dr. Brick Johnstone, Director of ABI Research at the Shepherd Center, and found that these types of analyses, notably where they reveal access disparities, align with the ongoing research priorities of the TBI Model System. Shepherd Center will commit additional analysis resources, particularly cross-referencing the Trauma Commission dataset with other health research datasets by zip code.
- The committee reviewed a list of service lines ideally available at rehabilitation centers serving the trauma population and made various edits. The committee endorsed a process whereby the committee will contact all known rehabilitation centers in the state and invite them to participate in a database where

their facilities are listed along with the services provided and in ongoing discussions with the committee about improving services and access to the trauma population.

- The rehabilitation access survey and rehabilitation services info sheet are being developed.
- There are challenges related to access to rehab beds for trauma patients, particularly in cases of unfunded patients. The committee aims to address this issue through data analysis, stakeholder meetings, and discussions with entities like Georgia Medicaid.

Dr. Dunne inquired about access to data for analysis, and Dr. Vox explained that while some data is available, additional collection is needed; there are limitations related to discharge locations. Dr. Dunne commended the committee's organization and efforts, expressing gratitude for the increased input from rehabilitation.

Before the Trauma Administrators report, Commissioner Russell Carlson of the Georgia Department of Community Health expressed gratitude for hosting the meeting and congratulated Nita Ham and her team for their hard work. He acknowledged the planning efforts and the importance of partnerships in addressing trauma network growth and rural health challenges. Commissioner Carlson conveyed the Department's commitment to remaining an open and willing partner for all stakeholders, recognizing the need for collaboration across various entities.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:23:28)

Presented by Dr. Patrice Walker

Dr. Walker referenced page 53 of the meeting packet for the committee report:

- Dr. Walker introduced herself as the new Trauma Administrators Committee Chair. She is also the Chief Medical Officer at Atrium Health Navicent.
- The committee discussed Office of Inspector General (OIG) audits, which have been taking place across the United States. The audits are focused on trauma center charges and documentation.
- The proposed meeting dates for the upcoming year were reviewed, focusing on creating value for administrators through collaboration and resource sharing. Trauma Center Association of America (TCAA) has agreed to return for part two of the Finance Workshop, providing valuable information for administrators.
- The committee reviewed FY 2025 PBP changes, highlighting mandatory meetings administrators must attend and ensuring awareness of requirements.

Dr. Ashley commended Dr. Walker for taking on the committee and emphasizing the importance of their work to strengthen the Georgia Trauma Commission.

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (01:27:56)

Presented by Dr. James Dunne

Dr. James Dunne provided the following updates:

- The Armband Project, aimed to track time to definitive care, is ongoing, with 154 armbands placed to date. Data linkage remains a limitation for hospital records, but a temporary fix is being executed. Gina Solomon has agreed to analyze the data once we obtain it.
- The Trauma System Dashboard, a recommendation from the ACS Trauma Systems Consult, is under development to provide a statewide view of trauma system metrics. Various databases will be needed to populate the dashboard.
- Time to Definitive Care Navicent and Memorial Project is on hold due to required data use agreements between the two institutions.
- We are collaborating with the University of Georgia Public Health Group to review data and assist with the time to definitive care initiative.

Despite the challenges, Dr. Ashley acknowledged the committee's efforts and ongoing commitment to finding solutions. It was suggested that the committee create a workgroup of research staff to assist with research initiatives and efforts.

TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (01:39:32)

Presented by Dr. Matthew Vassy

Dr. Matthew Vassy referenced page 56 of the meeting packet for the committee report:

- We are in the process of identifying TMDs who are interested in forming a workgroup to discuss the committee's next steps offline at national conferences.
- The TMD survey questions have been formatted into SurveyMonkey by Gina Solomon; Dr. Vassy will review them in the upcoming days. The intent is to gather information about barriers to transfer and interest in the committee's work. We want to align with the MARCH PAWS concept and have begun conversations with Courtney Terwilliger. The goal is to synchronize efforts and enhance the impact of both initiatives.
- The redistribution of early transfer guidelines is under development. A poster and cover letter will be re-distributed to critical access centers to emphasize the importance of early recognition and expedited transfer of significantly injured patients.

Dr. Ashley mentioned it would be helpful to have a one-page document outlining standard information needed for hospital transfer and what each trauma center level wants for information. Dr. Ashley proposed a collaboration between Dr. Vassy (TMD Committee), Tracy Johns (GCTE), and Courtney Terwilliger (EMS Committee) to investigate what transfer information each trauma center level needs and how to standardize it.

SYSTEM PARTNER REPORTS

GEORGIA TRAUMA FOUNDATION REPORT (01:52:12)

Presented by Dr. John Bleacher

Dr. John Bleacher referenced the report on pages 57-62.

- There are two Georgia Trauma Foundation board member candidates for approval: Rustin Smith and Cecil Staton. The board member candidates' backgrounds were reviewed and are available on pages 58-62 of the meeting packet. Both candidates bring valuable skills, including legal expertise and fundraising experience.

MOTION GTCNC 2023-11-04:

Motion to approve both candidates, Rustin Smith and Cecil Staton, as Georgia Trauma Foundation Board Members

MOTION BY: Regina Medeiros

SECOND BY: James Dunne

VOTING: All members are in favor of the motion.

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

- The Giving Tuesday campaign was highlighted; the platform is active, and donations can be made to the Georgia Trauma Foundation online with various payment options.
- The Rural Trauma Education Program, funded by a grant, has successfully completed seven courses in the last five months, with eight more to be scheduled.

GEORGIA QUALITY IMPROVEMENT REPORT (02:05:20)

Presented by Dr. Rob Todd

Dr. Rob Todd reviewed the GQIP report and content in the packet on pages 63-68

- There was another call for volunteers for the new workgroups, VTE and Interfacility Transfer, during our November meeting. We obtained some more interest and look forward to starting those workgroups.
- The ArborMetrix user interface is on target for a late December go-live. There will be a staggered rollout for logins with a completion date of early February 2024—continuous improvement expected with user feedback. The testing site is live with 2021 and 2022 data; 2023 data will be added soon.
- The Patient Safety Organization application is expected to be completed by the end of the year. The application will be followed by infrastructure development with trauma center agreements as a priority item.
- The GQIP Trauma Advisory Committee is meeting as needed.
- Liz Atkins added that the PI Template Project has started with nine stakeholder volunteers. Kathy Martin has agreed to lead the project.

A brief overview of registry challenges was presented, highlighting the SBAR on pages 67-68. Technical challenges with linking trauma registry data across our various registry platforms exist. A recommendation was suggested to have all stakeholders advise of their registry needs to make a joint decision on possible solutions.

OFFICE OF EMS AND TRAUMA (OEMST) REPORT (02:26:02)

Presented by April Moss

April Moss reviewed their report on page 69:

- Welcome to our new State Trauma Coordinator, Stacey Smith, and Systems of Care Medical Director, Dr. Shazad Muhammad.
- There are nine potential level IV recruitments in EMS regions 2, 3, 4, 7, 8, and 9.
- OEMST and GTC are working on writing an updated state trauma plan per recommendations from the ACS consult visit.
- Resolution to the 2023 and 2024 data challenges has been confirmed, with SDL files for 2023 data to be distributed in a few weeks.
- Gina Solomon and Marie Probst have started data validation visits with our level IV centers and helped prepare them for their designation visits.
- The 2021 Trauma Annual Report is undergoing a Department of Public Health Communication review; it will be published once approved. The 2022 Trauma Annual Report will be started once we can access the data.

Before adjourning, Dr. Ashley encouraged attendees to donate to the Georgia Trauma Foundation and thanked the State Office of Rural Health again for hosting today's meeting.

MOTION GTCNC 2023-11-05:

Motion to adjourn.

MOTION BY: Regina Medeiros

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

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

SUMMARY OF ACTION ITEMS

- The Commission approved the August 10, 2023, meeting minutes
- Commission approved to retain all current Georgia Trauma Commission elected officers until the February 2024 meeting. A new Bylaw Committee must be appointed at the next Commission meeting.
- The commission approved the FY 2025 Performance-Based Pay Criteria.
- The commission approved Rustin Smith and Cecil Staton as Georgia Trauma Foundation Board Members.
- Dr. Dunne requested a detailed spreadsheet on EMS education courses facilitated to ensure equal distribution of courses and relevancy across the state.
- Dr. Ashley advised it would be helpful to have a one-page document outlining standard information needed for hospital transfer and what each trauma center level wants for information. Dr. Ashley proposed a collaboration between Dr. Vassy (TMD Committee), Tracy Johns (GCTE), and Courtney Terwilliger (EMS Committee) to investigate what transfer information each trauma center level needs and how to standardize it.

Minutes Respectfully Submitted by Gabriela Saye

GEORGIA TRAUMA CARE NETWORK COMMISSION

BYLAWS

ARTICLE I. NAME OF ORGANIZATION

The organization referred to in this document is the Georgia Trauma Care Network Commission, hereinafter referred to as “the Commission.”

ARTICLE II. AUTHORITY

The Georgia General Assembly statutorily created the Georgia Trauma Care Network Commission during the 2007 – 2008 legislative session, and its authority and duties are codified at O.C.G.A. § 31-11-100 et seq.

ARTICLE III. DUTIES OF THE TRAUMA CARE NETWORK COMMISSION

The Georgia Trauma Care Network Commission shall have the duties and responsibilities set forth in O.C.G.A. § 31-11-100 et seq.

ARTICLE IV. MEMBERSHIP

Membership on the Georgia Trauma Care Network Commission will be determined as prescribed in O.C.G.A. § 31-11-100 et seq. establishing and empowering the Commission.

Responsibilities of Membership:

1. The Commission shall meet upon the call of the Chairperson or upon the request of three members.
2. Members will prepare by having reviewed the draft agenda, previous meeting minutes, and materials for discussion at the meeting. Members are encouraged to be involved in Commission committee activities.
3. Vacancies: Any vacancy on the Commission shall be filled for the unexpired term by appointment by the original appointing authority.
4. Removal: The Commission may recommend removing a member, to the original appointing authority, for good cause by a two-thirds vote of Commission members present at a meeting where quorum is determined. Good cause includes:
 - i. Inappropriate conduct unbecoming of a member,
 - ii. Neglect of responsibilities assumed by a member or assigned by the

- Chairperson; and,
- iii. Failure to attend three consecutive meetings in a given year, or failure to consistently attend and participate in meetings of the Commission.

ARTICLE V. OFFICERS

Officers: There are three officer positions on the Commission. These are the Chairperson, appointed by the Governor, Vice-Chairperson and Secretary/Treasurer. The Vice-Chairperson and Secretary/Treasurer are elected by the Commission. In the temporary absence of the Chairperson, the Vice-Chairperson shall assume the duties of the Chairperson and conduct the Commission meeting.

The Chairperson shall be the chief executive officer of the Commission; and shall conduct its correspondence. Press releases and public announcements concerning the Commission's work shall be issued only by or with the approval of the Chairperson.

Officers' duties and roles include:

- a. Chairperson:
 - i. Determine that a quorum is present.
 - ii. Open the meeting at the specified time by calling the members to order.
 - iii. Announce the business of the Commission and the order in which it will be considered.
 - iv. Acknowledge members who are entitled to speak.
 - v. State all motions and for voting.
 - vi. Announce the results of all votes.
 - vii. Make sure that the discussion proceeds in an orderly fashion.
 - viii. Enforce decorum.
 - ix. Make the business of the meeting run as smoothly as possible.
 - x. Decide all questions of order.
 - xi. Inform the participants about a point of order or specific parliamentary practice when requested.
 - xii. Authenticate the proceedings with his or her signature.
 - xiii. Declare the meeting adjourned when all business has been concluded.
 - xiv. Establish committees and appoint members as needed
- b. Vice-Chairperson: The Vice-Chairperson shall serve as Chairperson in the temporary absence of the Chairperson. The Vice-Chairperson will assist the Chairperson with his or her duties, responsibilities and assist in orienting new members of the Commission.
- c. Secretary/Treasurer: The Secretary/ Treasurer shall be responsible for recording votes, ensuring written minutes are developed for each Commission meeting, and serve as the point of contact for budget reporting. The Secretary/ Treasurer shall have custody of the book of minutes and shall attest such documents as the Commission or Chairperson may direct or as the law may require. The

Secretary/Treasurer will ensure fund expenditure reports are obtained for the Commission from all appropriate State agencies. The Secretary/Treasurer shall ensure proper notice of all meetings and fund expenditure reports are provided to the Commission and shall perform such duties incident the office of Secretary/Treasurer and as the Commission may direct.

- d. Elections to Vice-Chairperson and Secretary/Treasurer: Elections are made based on nominations from the members of the Commission at the designated annual meeting. A two-thirds vote by the members present at the annual meeting where there a quorum determined is required to elect a member to an officer position.
- e. Term of Office: The Vice-Chairperson and Secretary/Treasurer positions are effective following the election of the officers. The Vice-Chairperson and Secretary/Treasurer shall serve for a term of **three (3) years** beginning at the annual meeting of the Commission. The Vice-Chairperson and Secretary/Treasurer can hold a limit of 2 consecutive terms.
- f. The Vice-Chairperson or Secretary/Treasurer may be removed from office by a two-thirds vote of Commission members present at a meeting where a quorum is determined for failure to comply with duties as defined.

ARTICLE VI. MEETINGS

The Commission shall meet upon the call of the Chairperson or upon the request of three members. The Commission shall hold at least quarterly regular meetings of the entire Commission. Each November meeting shall be designated as the annual meeting of the Commission. The time and place of the meetings will be at the discretion of the Commission. The Commission will provide notices of meetings per the Open Meetings Act of the State of Georgia.

With the approval of the Chairperson, any Commission member who cannot attend a meeting of the Commission may participate in such meeting by speaker telephone communication when technology is available. The member shall give the Chairperson advance notice that the member desires to participate in a meeting by speaker telephone. The speaker telephone shall be positioned so that all persons in the room where the meeting is held and the Commission member or members communicating by speaker telephone can hear and speak to each other. The Commission member or members participating in a meeting of the Commission by speaker telephone communication shall be counted present at the meeting for quorum determination and voting purposes.

Commission members must attend qualifying meetings in person to be eligible for expense allowance as determined by Georgia law. Qualifying meetings are regular meetings of the entire Commission and Commission committee meetings.

Unless otherwise stipulated in these Bylaws, the business of the Commission will be determined by a simple majority vote of Commission members present during a meeting where a quorum is determined.

ARTICLE VII. COMMITTEES

The Chairperson may appoint committees to provide guidance and recommendations to aid the Commission in making informed decisions. All committees shall have a Chairperson and a Vice-Chairperson appointed by the Commission Chairperson. The Commission Secretary/Treasurer will chair the Budget committee. All other committees may be chaired by a Commission member or a committee member. The committee Chairpersons shall serve for a term of three (3) years. The committee Chairperson may be reappointed to serve a second term, not to exceed a maximum of six (6) years.

ARTICLE VIII. QUORUM

1. A quorum shall consist of a simple majority of appointed Commission members present at a properly called Commission meeting.
2. Formal business shall take place if a quorum is present in accordance with the Georgia Open Meetings Act and generally accepted rules of parliamentary procedures.

ARTICLE IX. AMENDMENT OF BYLAWS

Proposed amendments of the bylaws shall be sent to the entire Commission membership at least fourteen (14) days prior to the meeting. A two-thirds vote of the Commission members present at the meeting where bylaws are reviewed where a quorum is determined is required to amend these bylaws.

The bylaws will be reviewed every three (3) years by members appointed by the Chairperson.

ARTICLE X. LEGAL COUNSEL

The Attorney General of the State of Georgia shall be legal counsel for the Commission. The Attorney General, or such persons as may be designated, shall represent the Commission in all legal matters.

ARTICLE XI. REIMBURSEMENT

Members of the Commission shall serve without compensation but shall receive the same expense allowance per day as that received by a member of the General Assembly for each day such member of the Commission is in attendance at a meeting of such Commission, plus either reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for the

use of a personal car in connection with such attendance as members of the General Assembly receive. Such expense and travel allowance shall be paid in lieu of any per diem, allowance, or other remuneration now received by any such member for such attendance.

ARTICLE XII. ORIENTATION OF NEW MEMBERS

1. It is the responsibility of the Commission to provide orientation to new members. With the assistance of the Secretary/Treasurer, the Vice-Chairperson will provide information and orient new members on their roles and responsibilities.
2. The Commission Secretary/Treasurer shall make Commission Bylaws, budgets, and expenditure reports, history of the Commission, other pertinent documents, and information available to a new Commission member to review and provide technical assistance as needed.

Amended, approved, and adopted by the Georgia Trauma Care Network Commission on 18 November 2021.



Dennis W. Ashley, M.D., Chairman



GEORGIA TRAUMA COMMISSION

Executive Director Report

Elizabeth Atkins

February 15, 2024

Madison, Georgia

Executive Director Report

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES		
<p>Presented November 29, 2023: The Gray Area of Trauma Finance: Calculating Your Trauma Readiness Costs</p>	<p>Presented by Dennis Ashley, Tracy Johns, and Liz Atkins</p>	<p>Liz provided an overview of the history and importance of being armed with readiness cost data. Dr. Ashley and Tracy reviewed some of the more nebulous calculations in a “how-to” fashion using examples from their readiness cost data.</p>
<p>American College of Surgeons Trauma Systems Consultative and Rural Focused Review - After Action Planning</p>	<p>Critical analysis of the current system status, including its challenges and opportunities, and recommendations for system improvement. The rural-focused review is a first for the ACS and will serve as a pilot for other states to replicate.</p>	<p>The Trauma System Executive Leadership Committee (TSEL) is paused.</p> <p>The rural action planning kickoff was held on November 16, 2023, to address the rural-focused ACS recommendations.</p> <p>ACS COT Rural Program Development Call January 23, 2024</p>
<p>Regional Trauma System Development Manager Recruitment</p>	<p>Replacement of the vacant role that originated as the system planner role and was most recently (2021) known as the Deputy Director role. This role will have primary oversight of the RTACs and the GA Stop the Bleed Program.</p>	<p>Crystal Shelnutt started on 02/01/24. A welcome letter with Crystal's brief bio is included in your packet.</p>
<p>Senate Rural Medical Personnel Recruitment Study Committee Final Report</p>	<p>2023 Legislative Session SR 371 created a study committee to raise awareness of the challenges of rural hospitals to recruit surgical personnel and to hire and retain surgical support personnel</p>	<p>Final report is included in the meeting packet. Committee findings and recommendations begin on page 13. Senator Hatchett's team requests GTC support on recommendations 8 and 9.</p>
<p>Georgia Trauma System Dashboard</p>	<p>Dashboard to display trauma system metrics and GTC financial overview as recommended in the ACS System Consult.</p>	<p>Systems of Care & GQIP met February 9th to continue work on the dashboard.</p>
<p>\$60 Million Trauma System Stabilization Proposal</p>	<p>Proposal for support of existing Trauma Center infrastructure and expansion to Rural Georgia.</p>	<p>The proposal has been presented to: Chair Watson, Senate Health and Human Services; Chair Taylor, Appropriations; House Health Subcommittee; the Governor’s Policy Team & Office of Health Strategy and Coordination; Chair Hatchett, House Appropriations Chair; Lieutenant Governor’s Policy Team; Senate Health and Human Services Committee; and House Committee on Public Health; and Senate Pro Tempore Chief of Staff. A one-pager with talking points has been created for stakeholders.</p>

Executive Director Report

Initiative/Project Updates	Description	Update
UPCOMING EVENTS		
AIS 2008 Coding Course	The 2022 ACS “Resources for Optimal Care of the Injured Patient” standards (“gray book”) requires at least one registrar be a Certified Abbreviated Injury Scale Specialist (CAISS) (Level I, II, III, PI, and PII).	The GTC is funding an AIS 2008 in-person coding course, to be held from February 29 through March 1, 2024, at the Georgia Public Safety Training Center in Forsyth, GA.
GQIP Spring Meeting	The Spring GQIP and May GTC meetings will be held together at Chateau Elan May 20-22, 2024. May 20 and May 21 are Trauma Center PBP required meetings; please refer to the PBP portion of your Trauma Center contract or visit: https://trauma.georgia.gov/system-development/contracted-traumaburn-center-funding	<p>May 20: GCTE Meeting and Finance Workshop for Trauma Administrators Committee</p> <p>May 21: GQIP Meeting*</p> <p>May 22: Georgia Trauma Commission Meeting</p> <p>*Registration required; a registration email will be sent out to required attendees.</p>
RTAC UPDATES		
RTAC Coordinator Transitions	Region 10 RTAC Coordinator posting will be available on trauma.georgia.gov .	The GTC is funding an AIS 2008 in-person coding course to be held from February 29 through March 1, 2024, at the Georgia Public Safety Training Center in Forsyth, GA.





GEORGIA TRAUMA COMMISSION

Welcome Crystal Shelnutt, MPH, NRP



We are pleased to announce the newest addition to our team, **Crystal Shelnutt**. Crystal will serve as the Georgia Trauma Commission's **Regional Trauma System Development Manager**. She joins the Commission after nearly 20 years as a paramedic and EMS educator in the Athens area. She served as the EMS Education Program Chair for Athens Technical College before founding Adaptive Training, where she continued providing initial and continuing education for public safety organizations across the state. While running successful EMS classes, Crystal has also developed several trauma-related programs, including an active threat response course presented at the 2020 American Public Health Association national conference. She has been the Region 10 RTAC Coordinator for three years, coordinating and providing oversight of many key trauma-related projects and programs.

Crystal graduated from the University of Georgia with a Master of Public Health, concentrating in Disaster Management. She also holds degrees in Homeland Security/Emergency Management and Paramedicine.

204 Coverdell Legislative Office Building
18 Capitol Square SW
Atlanta, Georgia 30334



Hayley Williams
Interim Director
404.656.0015

Georgia State Senate
Office of Policy and Legislative Analysis

**FINAL REPORT OF THE SENATE RURAL MEDICAL
PERSONNEL RECRUITMENT STUDY COMMITTEE
(SR 371)**

COMMITTEE MEMBERS

Senator Bo Hatchett, Chairman
District 50

Senator Kim Jackson
District 41

Senator Kay Kirkpatrick
District 32

Senator Nan Orrock
District 36

Senator Larry Walker
District 20

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STUDY COMMITTEE CREATION, FOCUS, AND DUTIES

The Senate Rural Medical Personnel Recruitment Study Committee was created by Senate Resolution 371 during the 2023 Legislative Session of the Georgia General Assembly.¹ The Study Committee was tasked with reviewing the rural medical personnel landscape, identifying issues facing organizations with regard to their recruitment and retention of such a group, and making recommendations regarding possible solutions or assistance that the State can provide to alleviate these issues.

Senator Bo Hatchett of the 50th served as Chair of the Study Committee. Membership also included Senator Kim Jackson of the 41st; Senator Kay Kirkpatrick of the 32nd; Senator Nan Orrock of the 36th; and Senator Larry Walker of the 20th.

The following legislative staff members were assigned to the Study Committee: Emily Leonard, Senate Press Office; Josselyn Hill, Senate Office of Policy and Legislative Analysis; Brenita Simmons, Office of Senator Bo Hatchett; Clair Bryan, Office of Legislative Counsel; and Mary Enloe, Senate Budget and Evaluation Office.

The Study Committee held meetings on:

- September 9, 2023 (Demorest, GA);
- October 24, 2023 (Augusta, GA);
- December 6, 2023 (State Capitol); and
- December 15, 2023 (Virtual via Zoom).

¹ S.R. 371, 158th Gen. Assemb., Reg. Sess. (Ga. 2023), <https://www.legis.ga.gov/legislation/65533>.

BACKGROUND, SUMMARY OF TESTIMONY, AND DISCUSSION

Meeting One – September 9, 2023 (Demorest, GA)

Chairman Hatchett began the meeting by explaining that this Committee is aiming to learn from Georgians around the State about the issues facing rural areas with regard to medical personnel and possible solutions from the State that can assist with those matters.

Department of Community Health: State Office of Rural Health

The State Office of Rural Health (SORH), provided a comprehensive overview of the challenges faced by rural Georgia and the proactive role their organization plays in addressing these issues. SORH (a division within DCH) is tasked with administering federal and state-funded grant programs. Their efforts span multiple program sections, including primary care, farmworker health, hospital services, and the SOAH program. In Fiscal Year 2023, SORH managed over \$27,000,000 in grants to support rural healthcare initiatives such as offering financial and operational improvements, quality improvement initiatives, continuing education, service line expansion, and telemedicine programs.

SORH's presentation highlighted the multifaceted challenges rural Georgia faces, including its declining population, high death rates for various health issues, and the uneven geographic distribution of hospitals. SORH indicated that workforce challenges (exacerbated by the aftermath of COVID-19) are a central concern for them, focusing on recruitment, retention, and strains on healthcare staff. Additionally, SORH explained that transportation difficulties, lack of broadband connectivity, and poor nutrition in rural communities also add to the complexity of providing quality healthcare.

SORH emphasized the importance of optimizing the current healthcare education system to meet growing demands. Proposed solutions included quick start programs, earn-to-learn initiatives, and faculty incentives to attract and retain a skilled healthcare workforce. Acknowledging the unique challenges faced by rural hospitals, SORH underscored the necessity of fostering strong relationships with local communities and involving them in decision-making. SORH's ongoing Rural Hospital Stabilization Grant Program was presented as a successful initiative, as it fosters community-specific solutions and promotes workforce growth. Additionally, the need for flexible schedules, continuing education opportunities, and creative community engagement strategies to attract and retain healthcare professionals in rural areas was highlighted.

SORH concluded their presentation by expressing their gratitude for the opportunity to present and showcase the resilience and resourcefulness of rural communities and healthcare leaders who illustrate a commitment to finding innovative solutions for the complex challenges faced by rural healthcare in Georgia.

Department of Public Health

DPH's presentation provided further insights into the challenges facing by rural healthcare. DPH explained that public health programs in each county consist of county health departments and environmental health services. DPH explained that the health departments provide clinical and preventive services, communicable disease control, and environmental health services. Their primary services include Women's Health, family planning, cancer screening, immunizations, and children's health services. Additionally, health departments collaborate with schools, senior centers, jails, prisons, social services organizations, and drug treatment centers to ensure comprehensive services for the community.

DPH indicated that one of the problems facing rural healthcare is staffing challenges. They explained that the primary difficulty is attracting a younger workforce. Despite competitive benefits including medical, dental, vision, holidays, and leave, younger generations prioritize flexibility, shift work, and higher pay which poses challenges for recruitment. DPH further indicated that salary disparities pose another challenge to recruitment and retention for them. The Department explained that their nurses start at \$49,000.00 to \$51,000.00 with increases to \$63,000.00 to \$66,000.00. DPH explained that this pay is lower than the private sector which in turn makes it challenging to retain and attract talent. DPH also indicated that the location and the commute for staff results in higher turnover rates because the remote nature of some counties impacts the desirability of working there. DPH further indicated that their environmental health personnel positions face attractiveness challenges. They explained that these positions often require these individuals to deal with angry or frustrated individuals due to their regulatory roles which decreases the desirability of these positions. Moreover, their salaries start at \$42,000.00 lower than the national average which further disincentive individuals from these positions along with the lack of tuition reimbursement and benefits for part-time positions

DPH proposed some recommendations that the Committee could adopt to help alleviate some of these challenges. They included:

1. **Address Staffing Challenges:** Recognizing the need to appeal to the younger workforce. A possible solution may involve exploring flexible work arrangements, shift options, and emphasizing the non-monetary benefits offered;
2. **Salary Adjustments:** Advocating for increased salaries to match or exceed private sector rates and make rural healthcare positions more competitive;
3. **Community Engagement:** Implementing strategies for community engagement and education that improve the understanding and acceptance of regulatory roles in environmental health; and
4. **Tuition Reimbursement Programs:** Establishing or promoting existing programs for tuition reimbursement to attract and retain qualified staff.

DPH concluded their presentation by re-emphasizing the complexities of rural healthcare, focusing on staffing and salary challenges while emphasizing their role in providing diverse health services to rural communities.

Georgia Trauma Commission

The Georgia Trauma Commission (GTC) began their presentation by expressing their gratitude for the opportunity to discuss trauma care, especially in the context of rural Georgia. GTC emphasized the importance of organized trauma systems in saving lives and shared the real-life case of an 18-year-old involved in a motorcycle accident who survived due to effective trauma care.

GTC's presented an overview of trauma centers, emphasizing the distinction between different levels (1-4) and their capabilities. GTC explained that the American College of Surgeons (ACS) plays a significant role in setting standards for trauma systems. GTC was established to address challenges in Georgia's trauma care, with key findings indicating high death rates, limited trauma center usage, and insufficient funding.

GTC discussed the evolution of Georgia's trauma system and the creation of the Commission in response to identified issues. They mentioned the improvements in trauma care but also noted ongoing challenges, especially in rural areas.

GTC highlighted the recent consultation by ACS where the organization evaluated Georgia's rural trauma system. A report emphasized the need for comprehensive resource assessments, rural trauma care standardization, and improved recruitment and retention strategies for trauma providers.

GTC provided cost assessments for different trauma center levels which revealed the financial challenges faced by rural trauma centers. GTC highlighted initiatives and partnerships designed to address gaps in trauma care such as educational programs and the March Pause course..

GTC also touched on challenges faced by rural trauma centers, including limited resources, lack of time, and staffing shortages. They stressed the importance of improving scene response times, addressing staffing shortages through mutual aid agreements, and enhancing data entry proficiency.

Collaborative efforts, mentorship programs, and process improvement training were proposed to support rural trauma facilities. GTC explained that their Quality Improvement Program involves trauma program managers and medical directors from all trauma centers in Georgia while fostering collaboration and peer review.

GTC's presentation concluded with ongoing efforts, including educational and collaborative programs, to enhance trauma care in rural Georgia with a focus on addressing challenges and optimizing resources.

Georgia Board of Healthcare Workforce

The Georgia Board of Healthcare Workforce had a Physician Assistant (PA) provide insights into the profession and her personal journey. The PA emphasized the extensive education and clinical experience required to become a PA, including a four-year nursing undergraduate degree, four years of nursing work, and two years of PA school with at least 2,000 clinical hours. The PA also mentioned the need for recertification every 10 years and continuous medical education.

The PA briefly touched on her involvement with the Board of Healthcare Workforce where PAs collaborate with supervising physicians to provide medical services in rural and underserved areas of Georgia. The Board aims to address the shortage of practicing physicians in these regions by contributing to increased quality and quantity of medical services.

The PA highlighted some challenges faced by her peers, including difficulties in obtaining certain prescription-writing privileges, particularly for Schedule II medications. She noted instances where PAs in rural areas, lacking supervising physicians, struggle to provide necessary prescriptions, leading to patient admissions for pain management. She emphasized the broader issue involves the retention of PAs in Georgia, as the state experiences a lower number of newly licensed PAs compared to other states.

The PA mentioned ongoing efforts to address the low retention of PAs in Georgia, including a survey initiative to understand the reasons behind PAs choosing to leave the state after graduation. Additionally, there was a push for legislative changes, such as expanding prescription-writing privileges for PAs, especially in rural areas where immediate access to physicians is limited. The goal is to make Georgia more attractive for PA graduates, ensuring they stay and contribute to the healthcare workforce.

The PA's presentation also touched on challenges faced by PA graduates in obtaining timely licensure and job description approval from the Georgia Medical Composite Board, hindering their ability to start working promptly. The PA expressed her gratitude for recent legislative efforts to streamline this process, making Georgia a more appealing destination for PA professionals.

Hometown Health

Hometown Health's presentation provided insights into the organization's mission, challenges facing rural hospitals, and potential solutions. Hometown Health explained that it is a self-funded organization established in 1999 and dedicated to preventing rural hospital closures. Hometown

Health indicated that it is composed of 20 specialists with 400 years of healthcare experience. Hometown Health explained that it focuses on non-clinical aspects, such as operational and financial elements, to support struggling hospitals.

Hometown Health highlighted various challenges facing rural healthcare including workforce shortages particularly in the face of the pandemic. Physician shortages, high unemployment rates, financial stress in the post-pandemic era, inflation, state initiatives causing stress, economic challenges for hospitals, the transition to artificial intelligence, and transport issues all contribute to the difficulties faced by rural hospitals.

Hometown Health provided the following recommendations and solutions for the Committee to consider: They included:

1. Cash Infusion:
 - i. Emphasizing the importance of addressing cash flow issues in rural hospitals, and
 - ii. Advocating for Medicaid expansion to tap into additional funding;
2. Policy Changes:
 - i. Calling for Medicaid expansion implementation to unlock potential funds for community growth, and
 - ii. Urging municipal consolidation to optimize resources across 159 counties;
3. Proven Solutions that Georgia should continue to support and enhance:
 - i. Using telemedicine to enhance clinical services,
 - ii. Encouraging scope expansion for healthcare services,
 - iii. Advocating for increasing the hospital tax credit to \$150,000,000.00 annually,
 - iv. Supporting the replenishment of SORH,
 - v. Subsidizing obstetric services to address closures, and
 - vi. Creating a rural stipend for physicians to retain them in rural communities; and
4. Operational Approaches:
 - i. Using Hometown Health's operational approach as an example, encouraging innovative collaborations with business partners and advanced technology to address challenges and provide ongoing education through webinars.

Hometown Health concluded their presentation by stressing the urgency of addressing these issues to prevent further rural hospital closures. They highlighted the potential creation of a third-world nation scenario if the challenges persist, particularly in the context of OB closures leading to healthcare deserts in South Georgia.

Northeast Georgia Physicians Group

Dr. Tommy Hatchett, who is an OB-GYN with 30 years of experience and is currently a physician with Northeast Georgia Physicians Group, presented on the challenges faced by a rural hospital in Habersham County over the past 70 years. The hospital, initially established in the late 1940s, has undergone expansions in 1991 and 2008, with its recent purchase by Northeast Georgia Health System.

Dr. Hatchett provided historical context, emphasizing that in 1991, there were around 25 community-based physicians, and over the years, the medical staff didn't increase proportionally despite the county's population growth. He noted that the hospital coped with rising demand by employing nurse practitioners and physician assistants.

He indicated that the dire financial situation in recent years saw a decline in the number of full-time physicians with the hospital relying on visiting doctors to run services. Dr. Hatchett attributed part of the issue to a lack of specialist physicians leading to underutilized facilities.

Dr. Hatchett outlined the benefits of practicing in rural areas such as making a meaningful impact, work-life balance, and community involvement. He discussed strategies for physician recruitment at

various levels including through local communities, businesses, and state-level initiatives. He further suggests incentivizing medical education, offering loan repayments, and improving malpractice insurance rates and Medicaid reimbursement.

Dr. Hatchett concluded his presentation by emphasizing the need for alignment between communities and physicians, with a focus on shared goals. He advocated for breaking down silos and fostering collaboration among different agencies for effective physician recruitment. His presentation underscored the importance of tailoring recruitment efforts to align with the preferences of physicians and the unique attributes of rural areas.

Northeast Georgia Health System

Northeast Georgia Health System (NGHS) began their presentation by highlighting the importance of rural hospitals like Lumpkin and Habersham in their overall healthcare plan. NGHS emphasized the need for critical access hospitals in serving a local population.

NGHS discussed the critical state of nursing in Georgia by presenting statistics on the shortage of qualified nurses. They touched on workplace violence against healthcare workers, citing increased incidents of physical and verbal abuse. NGHS provided data from surveys indicating a rise in violence against nurses, expressing concerns about recruitment for the unlicensed workforce.

NGHS then transitioned to discuss the initiatives taken to address these challenges, particularly in the context of rural hospitals. In response to a growing need for healthcare professionals, a strategic plan was initiated in early 2022. NGHS highlighted various programs and partnerships such as an accelerated BSN program with the University of North Georgia and an accelerated CNA program with technical colleges. NGHS emphasized creative solutions including lowering the hiring age to 16 and introducing training programs for young individuals. NGHS also detailed different pipeline programs from LPN to RN bridge programs to innovative initiatives like the Compass PCT and Nurse Extern programs. NGHS shared success stories and mentioned ongoing efforts for employee retention such as leadership initiatives, flexible work options, and safety measures. NGHS called for support from the State including funding for increased security, incentives for attracting talent to the region, and promoting the beauty of Georgia.

NGHS's Nicholas Benton who is the Director of Physician Recruitment for Northeast Georgia Physicians Group and Georgia Heart Institute explained that surgical recruitment is a challenge on a national level, not just in Georgia.

He provided the recruitment landscape for surgeons using data from ACS which showed an 18 percent decline in the per capita supply of U.S. general surgeons from 2001 to 2019. He explained that rural areas experienced a significant decline in general surgeons, affecting small and isolated rural communities. Stats on the age distribution of urban and rural general surgeons were also presented. He further explained that there are limited numbers of general surgery graduates who are choosing rural settings, and on the national stage, currently there are 1,700 job openings for these graduates.

Mr. Benton provided some current strategies utilized in surgeon recruitment which included using rural healthcare initiatives, loan repayment plans, J-1 waivers, signing bonuses, and emphasizing positive aspects like community recognition and professional independence. He explained that some of the challenges involved in recruiting the first physician to a community include the needs of the physician's family. He further explained that there are programs being utilized that may need some changes which include state loan repayment initiatives and the J-1 waiver program. He highlighted the statistics from the 3RNet annual report which emphasized the scarcity of J-1 placements for general surgeons. He suggested that the commitment required under the J-1 program aims to establish long-term roots in rural areas.

NGHS provided a comprehensive picture of the challenges in rural healthcare, especially in recruiting surgeons. NGHS emphasized the importance of tailored recruitment strategies and the limitations of existing programs, particularly for specialists like general surgeons.

Georgia Nurses Association

Dr. Lisa Jellum, who is the Dean of Atrium Health Floyd School of Health Sciences at Georgia Highlands College and the VP of the Georgia Association of Nursing Deans, discussed rural healthcare workforce challenges and presented possible recommendations for the Committee. She detailed her rural background and the importance of community involvement in rural healthcare. Dr. Jellum highlighted the Georgia Nursing Leadership Coalition's collaborative efforts in these areas.

Dr. Jellum explained the disparity between active nursing licenses and actual employment, particularly in rural areas. She further explained the shortage of rural nurses is attributed to geographic challenges and a lack of incentives. She stressed the impact of clinical placements on nursing students' experiences and burnout rates.

Dr. Jellum provided some recommendations which included student loan forgiveness for those committing to rural service, additional funding access, and tax incentives for clinical preceptorships. She advocated for investing in structured nurse residency programs, citing higher retention rates and improved outcomes. She also shared her experience with Atrium Health Floyd's multi-year partnership to increase nursing capacity, incorporating innovative initiatives like free textbooks. She further underscores the importance of addressing bottlenecks in nursing education, collaborating with high schools, and creating affordable pathways for various health professions. She indicated that Atrium Health Floyd's investment included faculty retention funds, marking a positive shift towards long-term growth and addressing workforce challenges in nursing education.

Georgia Emergency Medical Services Association

The Georgia Emergency Medical Services Association (GEMSA) provided various challenges faced by Emergency Medical Services (EMS) in the state. They were:

1. **Workforce Issues and Funding:** GEMSA explained that the workforce challenges and funding issues are significant challenges to EMS. GEMSA mentioned a 2007 Workforce study and noted that issues have intensified both over time and due to the effects of pandemic;
1. **Recruitment and Retention:** GEMSA emphasized the difficulty of attracting and retaining personnel in the EMS profession. GEMSA indicated that paramedics are reportedly lured away by hospitals which can offer higher pay for fewer hours;
2. **Training and Education:** GEMSA discussed the challenges in EMS education such as technical colleges discontinuing EMT and paramedic programs. GEMSA mentioned difficulties in maintaining EMS education programs particularly in rural areas;
3. **Retirement Plans:** According to GEMSA, the absence of a retirement plan for EMS professionals is a significant issue. GEMSA suggested the need for a supplemental retirement plan similar to those for law enforcement and firefighters.
4. **National Oversight:** GEMSA pointed out the lack of a national EMS chief or director, contrasting it with the oversight provided for fire and law enforcement. GEMSA suggested that this lack of attention at the federal level contributes to challenges in EMS.
5. **Overtime and Staffing Issues:** GEMSA, identified mandatory overtime is a concern, leading to exhausted personnel working extended shifts. The potential risks associated with fatigue were highlighted;
6. **Costs and Reimbursement:** GEMSA noted the rising costs of ambulances, explaining that the average cost per ambulance transport is \$415.00, while Medicaid and Medicare reimbursement rates have not seen significant increases;

7. **Uncompensated Care:** GEMSA indicated that EMS is noted for providing a significant amount of uncompensated care. GEMSA mentioned challenges in managing ambulance response times, particularly in cases of long wait times at hospitals;
8. **Impact of COVID-19:** According to GEMSA, the workforce in EMS was significantly impacted by the pandemic with a reported one-third loss of EMS professionals during the peak of the pandemic in 2020-2021;
9. **Trauma Center Access:** The lack of access to level one trauma centers and extended transportation times were identified as factors hampering the delivery of care by EMS. Wait times at hospitals are also cited as a major problem by GEMSA; and
10. **Overuse of 911:** GEMSA expressed concerns about the overuse of 911 services for non-emergencies. They explained that it is turning it into "4-1-1 on steroids," leading to unnecessary responses from fire trucks and ambulances.

GEMSA provided some recommends which included: reforms in education to address challenges, promoting decreased ambulance response times, increasing recruitment and retention, and improving pass rates. GEMSA concluded their presentation by emphasizing the urgent need for comprehensive reforms and federal support to address the multifaceted challenges faced by EMS in Georgia.

Meeting Two – October 24, 2023 (Augusta, GA)

Chairman Hatchett opened the meeting by explaining that the Committee has traveled to Augusta University for this second meeting. Prior to the meeting, the Committee was invited for a lab tour at the University where they learned and had some experiential learning opportunities to better understand the education and lives of medical professionals.

Georgia Society of Anesthesiologists

The Georgia Society of Anesthesiologists (GSA) discussed the organization's efforts in rural medical personnel recruitment and healthcare. GSA, along with other medical specialty societies, advocate for physician-led medical care, emphasizing a team approach for practitioners in rural and underserved areas of Georgia. GSA highlighted the challenges in rural healthcare access, stressing the need for equality between rural and urban healthcare.

GSA provided some recommendations which focused on state-level actions with funding and federal advocacy through the Georgia Congressional Delegation. GSA underscored the importance of becoming intentional advocates at the federal level to address healthcare disparities. Dr. Stephen Miller, Chair of the Department of Anesthesiology at the Medical College of Georgia, supplemented the discussion by detailing the institution's role in training and placing healthcare professionals in Georgia. His discussion included insights into the anesthesiology residency program, graduation statistics, and proposed solutions to the anesthesiologist workforce shortage. He advocated for the anesthesia care team model, led by physicians, emphasizing its benefits in patient care.

GSA provided recommendations for the Committee. They are as follows:

1. **Federal Legislators Collaboration:** Work with federal legislators to support programs addressing issues faced by medical school graduates, both domestic and international, in finding residency programs;
2. **Residency Program Funding:** Address the inadequacy of Residency Program funding, primarily through CMS, by advocating for increased funding and building private partnerships;
3. **ACGME Stranglehold:** Examine legislation to remove the stranglehold that the Accreditation Council for Graduate Medical Education (ACGME) has on residency programs;
4. **Loan Repayment Programs:** Explore and enhance loan repayment programs at state and federal levels to incentivize healthcare professionals to work in rural and underserved areas;

5. **Scholarships and Incentives:** Implement and expand scholarships for medical students and state-level incentives to encourage healthcare professionals to serve in rural and underserved areas;
6. **Assistants in Rural Areas:** Introduce assistant positions or programs (like Alabama, Arizona, and Idaho) to utilize the time of medical students waiting to match into residency programs productively; and
7. **Increase Residency Sponsorship:** Emulate states like California, Texas, New York, Minnesota, and Michigan in sponsoring more medical residents to increase the healthcare workforce.

GSA's recommendations aim to address challenges in medical personnel recruitment, especially in rural areas, and offer potential solutions to improve healthcare accessibility and workforce distribution.

Georgia Association of Nurse Anesthetists

The Georgia Association of Nurse Anesthetists (GANA) presented on the role of Certified Registered Nurse Anesthetists (CRNAs) and their contribution to addressing rural healthcare challenges. CRNAs are advanced practice registered nurses that specialize in anesthesia and practice in various healthcare settings. They undergo rigorous education and training, holding doctorates in nursing practice, and maintaining board certification every eight years.

CRNAs operate with full practice authority, providing anesthesia services independently in rural areas, thereby increasing access to surgical procedures and reducing the need for patients to travel long distances. GANA emphasized CRNAs' critical care experience, which positions them well to recognize and address clinical signs, enhancing patient safety.

GANA discussed the legislative landscape, highlighting the bills introduced in Georgia to update language related to CRNAs' supervision, aiming to improve access to care by allowing them to work directly with surgeons. GANA advocated for adopting legislation that aligns with the opt-out model followed by 24 states, enabling hospitals to collect funds from CMS for CRNA-provided healthcare, supporting rural hospitals.

In addressing rural medical personnel shortages, GANA proposed embracing CRNAs as anesthesia providers without physician supervision, emphasizing their proven safety, high quality, and cost-effectiveness. GANA's presentation concluded with a call for Georgia to adopt legislation that reflects these considerations, ultimately enhancing rural healthcare delivery.

Georgia Hospital Association

The Georgia Hospital Association (GHA) explained that its members address the challenges faced by rural hospitals in recruiting medical personnel. With 14,718 clinical positions currently open in Georgia hospitals, GHA emphasized the critical need for healthcare professionals, citing difficulties in recruiting qualified personnel, especially in rural areas. Georgia, being a net exporter of nurses, faces challenges in retaining nursing graduates within the state.

GHA indicated that it supports legislative efforts, such as Senate Bill 102 and Hospital Bill 447, to grant CRNAs the ability to practice in rural areas without physician supervision. GHA highlighted the importance of maximizing clinicians' scope of practice to control costs and maintain positive margins for hospitals.

Addressing workforce challenges, GHA mentioned issues like the workforce being unwilling to relocate to rural areas, inability to compete with other facilities in terms of reimbursement, and the need for additional funding opportunities, including nursing student loan forgiveness and incentives for

hospitals to become teaching programs. GHA provided some recommendations which included implementing the Governor's Statewide Healthcare Workforce Commission's proposals, such as a Quick Start Academy for clinical staff and an earn-to-learn scholarship program.

GHA concluded their presentation by emphasizing the impact of workforce challenges on patient care, urging legislators to consider additional funding and support measures to address these issues in rural healthcare.

Augusta University: Medical College of Georgia

Dr. David Hess, representing the Medical College of Georgia (MCG), discussed the efforts to address healthcare workforce challenges, particularly in the context of medical education and residency programs. MCG, the 13th oldest medical school in the U.S., emphasized its role in training medical professionals and highlighted its Peach State Scholars program, which encourages medical students to practice in underserved Georgia areas by offering tuition scholarships. MCG was established in 1828 and is currently the ninth largest medical school. MCG has undergone curriculum changes, compressing the program to three years for some students, with various pathways for residency and additional training.

MCG provided some workforce challenges, emphasizing the shortages in specific medical specialties, particularly in primary care physicians. MCG also used Georgia's shortage of OBGYNs, ranking 49th in maternal mortality as another illustration of the shortages in Georgia. MCG explained that there is a need for interventions in rural areas.

MCG briefly explained that the Peach State Scholars Program aims to retain medical students in Georgia by offering tuition scholarships in exchange for practicing in underserved areas. MCG highlighted the economic benefits of the program, with a reported return on investment of \$17.50 for every dollar invested. Additionally, MCG detailed the collaboration between St. Joseph's Hospital and Georgia Southern University which has led to the expansion of the medical school in Savannah, with a partnership campus and renovations funded by the State.

MCG also provided some challenges that graduates face in residency placement. MCG indicated that graduates are shown to be practicing in various regions, emphasizing the effort to retain physicians within Georgia. MCG noted that there is a shortage of residency slots, indicating there needs to be an increase in graduate medical education (GME) programs to retain medical graduates. MCG has 51 ACGME-approved programs with around 580 residents. MCG explained that it faces challenges related to expanding residency programs, especially in specialized fields like anesthesiology and psychiatry. MCG emphasized the need for Georgia to address the GME shortage, urging considerations for incentives and programs to encourage physicians to stay in Georgia after completing their medical education.

Augusta University: College of Allied Health Sciences

The College of Allied Health Sciences at Augusta University provided some insights into the topic of rural medical personnel recruitment. The College explained that it has a 55-year history of supporting physicians and nurses. The College is comprised of seven undergraduate and soon-to-be seven graduate programs. The undergraduate programs include Clinical Laboratory Science, Dental Hygiene, Health Information Administration, Health Services, Nuclear Medicine Technology, Radiation Therapy, and Respiratory Therapy.

The College highlighted the importance of these programs by illustrating the demand for Allied Health Professions in Georgia and South Carolina. The College explained that the data on job openings and postings emphasize the need for health professionals in the region. Despite challenges like limited

faculty and clinical sites, the College has been consistently producing graduates, addressing the growing demand.

The College's presentation provided details of the specific programs, their application numbers, enrollment, and job market growth. The College discussed challenges in recruitment, especially for programs perceived as less glamorous but crucial, like Clinical Laboratory Science. The struggles of smaller programs are contrasted with the popularity of highly sought-after graduate programs such as Physical Therapy, Physician Assistant, and Occupational Therapy.

The College concluded their presentation by highlighting the success of the Medical Illustration program and the future addition of a Speech and Language Pathology program. The College emphasized the ongoing efforts to meet the demand for health professionals and the importance of addressing limiting factors such as faculty shortages and clinical site competition.

Augusta University: College of Nursing

Dr. Shannon Broxton who is a nurse anesthetist and an instructor at Augusta University presented on behalf of the College of Nursing. She explained the College of Nursing's mission and vision, emphasizing their goal to provide quality healthcare professionals in nursing. The College is accredited by various bodies, including the Georgia Board of Nursing and has special accreditation for CRNA training.

The College has three departments: pre-licensure programs, DNP programs, and nursing. They offer a range of programs from entry-level nurse to doctoral levels. Dr. Broxton highlighted growth potentials for the College, including a remodel in Athens, enrollment initiatives, and plans for a nurse midwifery program.

Dr. Broxton then shifts to discussing CRNA training at Augusta University. She shared historical information about CRNAs. She explained that there are over 130 accredited CRNA programs in the U.S., producing over 3,000 new certifications annually. In Georgia, Augusta University and Emory offer accredited CRNA programs. Dr. Broxton mentioned the challenges of faculty shortages and funding issues affecting program growth. She presented statistics about the program, such as the number of graduates and the recent reaccreditation. She also provided insights into admission criteria, average experiences, and the rigorous nature of CRNA training, including clinical rotations. She further emphasized the importance of simulation in preparing students for clinical practice.

Dr. Broxton described the post-graduation process, where students must pass a certification exam and undergo recertification every eight years. She outlined efforts to address healthcare access issues, including recruiting candidates from rural areas and securing funding for student travel during training. Dr. Broxton's presentation emphasized the commitment of Augusta University's CRNA program to producing highly qualified professionals and contributing to healthcare access in Georgia.

Meetings Three & Four – December 6 and 15, 2023 (State Capitol/Zoom)

The final two meetings of this Study Committee were held on the 6th and 15th of December 2023 at the State Capitol and virtually via zoom. At the December 6, 2023 meeting, the Study Committee discussed this Report and Recommendations. At the December 15, 2023 meeting, the Study Committee adopted this Report and Recommendations before adjourning.

FINDINGS AND RECOMMENDATIONS

Based on the testimony and research presented, the Study Committee on Rural Medical Personnel Recruitment recommends the following:

1. Amending the statute governing Certified Registered Nurse Anesthetists (CRNAs) in response to testimonies indicating that current Georgia laws on anesthesia delivery hinder surgical recruitment and acknowledging the current shortage of physician anesthesiologists, especially in rural Georgia. This change should recognize CRNAs' critical role and create a practice environment that aligns with the CRNAs' extensive training and experience, enabling them to perform their duties autonomously. This change would also recognize that CRNAs have requisite critical care experience before their anesthesia training which ensures their ability to provide safe and effective anesthesia care in all healthcare settings;
2. Retaining the existing workforce by continuing and strengthening efforts to combat workplace violence, keeping graduates in state by expanding service-cancelable loan programs, and incentivizing workers to retire later;
3. Supporting legislation that allows for COLA for County Public Health Nurses and Environmental Health staff to boost the attractiveness of such positions and increase retention rates among these groups;
4. Supporting the establishment of certain tax incentives solely for medical professionals who live and work in rural areas;
5. Funding SORH's rural hospital stabilization programs at \$10 million dollars per year;
6. Expanding the current HEART Hospital tax credit program for rural hospitals to include extending the sunset and increasing the cap for this program to help alleviate the financial hardships faced by such facilities;
7. Encouraging the assessment of the eligibility requirements on rural hospitals in order to participate in the HEART Hospital tax credit program, specifically analyzing their funding allocations as impacted potentially by their size and the size of the hospital network to which they belong to;
8. Establishing more level three and four trauma centers, thus making emergency medical services more readily available to Georgians;
9. Creating a pilot program for the expansion of vital transport or time-sensitive transfers, utilizing existing EMS ground, helicopter, and aircraft assets;
10. Improving access to emergency medical services by supporting efforts to increase the EMS workforce in rural areas;
11. Examining possible funding for the Georgia Board for Healthcare Workforce to begin a new loan repayment program for family medicine residents in Georgia with a possible year-for-year service payback clause;
12. Expanding of the scope and amounts available to the Georgia Board for Healthcare Workforce's loan repayment programs;
13. Establishing either tax credits or possible funding for OB units in rural hospitals to incentive the continuation and creation of such units in rural Georgia;
14. Supporting the development of additional training courses for EMT's through TCSG;
15. Enhancing healthcare education by developing "Quick Start" programs through TCSG, developing "earn to learn" programs that pay people while they are in clinical rotations, encouraging faculty incentives, and possibly establishing tax credits specifically for rural hospitals that fund continuing education of their medical professionals;
16. Attracting new healthcare workers by adding healthcare courses to dual enrollment, continuing to collect workforce data to identify gaps, working to eliminate licensing bottlenecks (especially for nurses), and developing "grow your own" programs around Georgia;
17. Establishing either tax credits or possible funding for psychiatric treatment programs in rural hospitals to incentive the continuation and creation of such treatment programs in rural Georgia;

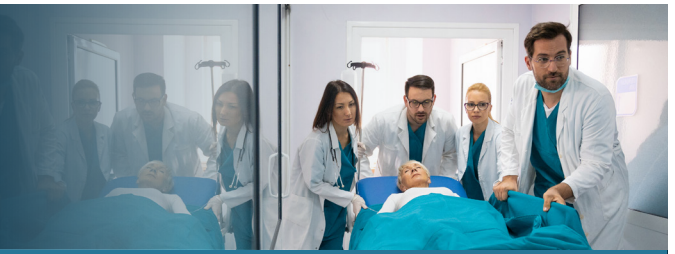
18. Supporting possible tax incentive or credit payment programs for any rural healthcare provider in Georgia that offers continuing or further education funding for its employees in rural areas;
19. Supporting the passage of legislation regarding the Preceptor Tax Incentive Program (PTIP) which provides an expansion to include dentistry, and an extension of the effective date;
20. Encouraging the Department of Economic Development to create a Primary Care public relations campaign for Georgia and to launch it within the year;
21. Examining possible funding for the Statewide AHEC Network to reflect the increased cost of student housing across the state;
22. Examining possible funding for the Statewide AHEC Network to develop a new designation for clinical training sites, "Learning Centers of Excellence" that meet certain thresholds of clinical training, and to develop potential new incentives to encourage sustained participation in training the next generation of providers;
23. Creating grants programs that encourage rural hospitals to start-up and develop telemedicine programs and capabilities and generally support the use of telemedicine in rural areas including for mental health;
24. Amending current Georgia law for licensing procedures for mental health professionals in order to streamline the licenses process and support efforts to recruit such professionals to rural areas;
25. Establishing an international medical licensing taskforce. The taskforce would examine the barriers facing immigrant and refugee healthcare workers. Additionally, it will identify career and licensure pathways for internationally trained immigrant and refugee healthcare workers; and
26. Expanding access to professional retentionist experts by placing regional retentionists at a designated pilot AHEC center to work with local community hospitals and providers to develop retention strategies within individual facilities to address the critical staffing shortages and retention challenges faced by each.

Respectfully Submitted,

**FINAL REPORT OF THE SENATE RURAL MEDICAL
PERSONNEL RECRUITMENT STUDY COMMITTEE
(SR 371)**



**Senator Bo Hatchett – Committee Chairman
District 50**



Trauma System Stabilization

An Investment in Georgia's Health and Economic Prosperity

Trauma doesn't have to end in tragedy...

A Heavy Cost, Too Many Lives Lost

- Traumatic injuries are the **#1 cause of death** of Georgians aged 1 to 44.
- For every **one** Georgian who dies from trauma, **2.2 are severely disabled**.
- Lost wages, tax revenue, and productivity from fatal traumatic injuries cost Georgia's economy **\$83 billion** in 2020.

Georgia's Trauma Care Network is Working

In 2007, the Georgia General Assembly created the Georgia Trauma Commission to “**establish, maintain, and administer a trauma center network.**” In 2008, a one-time appropriation of **\$60 million funded critical trauma care infrastructure**. Ongoing earmarked funding followed from **Super Speeder** fines (2010) and **fireworks excise taxes** (2015).

With these appropriations, Georgia is developing a top-tier trauma center network.

- Georgia **more than doubled** the number of designated trauma centers statewide.
- **84%** of Georgians now live within the “Golden Hour” of a Level I or II trauma center.
- The percentage of severely injured patients treated at a trauma center rose from **64%** to **93%**.

This initial investment is already saving lives.

- The injury-related death rate in Georgia dropped from **16% worse** than the national average to about **6% better**.
That's an additional **1,803 lives** saved in 2020.
- Lower rates of mortality and severe disability in 2020 have preserved an estimated **\$5.4 billion** in lifetime personal income, and **\$636 million** in lifetime tax revenue.
- **ROI of \$22.60** per dollar invested in Georgia's trauma care network in 2020.

But Our Progress is Precarious

While Georgia's network of trauma centers has come a long way since 2007, **many challenges remain and threaten our gains.**

- With the closing of the **Atlanta Medical Center**, Georgia **lost one of only five Level I trauma centers.**
- Modest increases in funding for trauma center readiness and uncompensated care **have not kept pace** with the rise in costs.

We Can Triumph Over Trauma

The \$61 million **Trauma System Stabilization Proposal** will secure the strides we've made toward the **top-tier trauma care network** envisioned in the General Assembly's 2007 legislation.

- **Reliable readiness offsets** to support trauma centers' financial resilience.
- **Start-up grants** for new candidate trauma centers.
- **Increased funding** for rural trauma centers.

It's an investment that will help extend trauma care to every corner of our state, saving lives and livelihoods while fortifying the foundation of **Georgia's health and economic prosperity.**

Together, we can triumph over trauma.



trauma.georgia.gov
(706) 841-2800



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

ORDERED: That the Honorable John Christopher Bleacher of Fulton County, Georgia, is reappointed to serve as a member of the Georgia Trauma Care Network Commission, for a term of office expiring January 31, 2028.

This 31st day of January 2024

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GOVERNOR



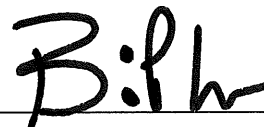
THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

ORDERED: That the Honorable Terry T. Cobb of Laurens County, Georgia, is appointed to serve as a member of the Georgia Trauma Care Network Commission, for a term of office expiring January 31, 2028, to succeed the Honorable Victor Drawdy, whose term expired January 6, 2024.

This 31st day of January 2024

A handwritten signature in black ink, appearing to read "Bill", written over a horizontal line.

GOVERNOR



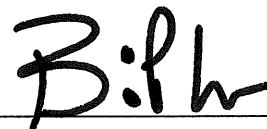
THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

ORDERED: That the Honorable James Lofton Smith, Jr. of Gwinnett County, Georgia, is appointed to serve as a member of the Georgia Trauma Care Network Commission, for a term of office expiring January 31, 2028, to succeed the Honorable James L. Adkins, Jr., whose term expired January 6, 2024.

This 31st day of January 2024

A handwritten signature in black ink, appearing to read "Bill", written over a horizontal line.

GOVERNOR



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Budget Committee	
Project/Activity ¹	Comments	
1. Super Speeder	Super speeder revenue took a slight dip in November but remained positive at 12% .	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
2. Registry start-up grant application	The committee reviewed the proposed language for the registry start-up grant application. This grant will allow centers that have committed to join the trauma system to begin participating in data collection at no cost while preparing for designation and verification. The committee finalized the application and voted to approve it for use. It will now go to the full commission for approval.	
Status: Pending Approval		Support GTC Strategic Priorities? (Y/N): Y
3. Reallocation plan	The committee reviewed and voted on the FY 2024 Initial Reallocation Proposal. This plan will need to be approved by the full commission.	
Status: Pending Approval		Support GTC Strategic Priorities? (Y/N): Y
4. FY 25 working draft budget	The GTCNC FY 2025 Draft Working Budget was shared with the full committee. This document is the same document prepared each year and provides a high-level overview of the anticipated expenditure of funds based on instructions from OPB for budget development. This is not a final budget but a preliminary budget that is used during the appropriations hearings.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
5. ACS verification date extension	Due to backlogs with the ACS the date for full verification for level III centers was discussed. No vote was taken on the extension, more information from the ACS VRC is needed.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	Motion to approve the proposed initial FY 2024 reallocation plan Motion to approve registry start-up grant application and implementation of registry start-up program
Committee Members:	Jim Dunne, co-chair, Courtney Terwilliger, Dennis Ashley, Pete Quinones, Jesse Gibson, Katie Hamilton, Elizabeth Atkins
Chair/Commission Liaison:	Regina Medeiros
Date of Next Committee Meeting:	03/18/24

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

ACCOUNT	Approved FY 2024	Actual Expenses December 31, 2023	Percent of Actual Expenses	Remaining FY 2024 Funds \$
GTC OPERATIONS				
Staff Salaries	\$ 544,132.13	\$ 226,876.95	42%	\$ 317,255.18
Benefits	\$ 435,843.93	\$ 149,969.48	34%	\$ 285,874.45
DOAS Administrative Fee	\$ 16,229.00	\$ 10,294.00	63%	\$ 5,935.00
Staff Education and Travel	\$ 35,000.00	\$ 6,659.20	19%	\$ 28,340.80
Commission Member Per Diem	\$ 8,500.00	\$ 1,218.14	14%	\$ 7,281.86
Rent	\$ 7,800.00	\$ 3,900.00	50%	\$ 3,900.00
Office Expenses	\$ 1,296.00	\$ -	0%	\$ 1,296.00
Printing	\$ 6,500.00	\$ 2,856.41	44%	\$ 3,643.59
Office Supplies and Equipment	\$ 5,000.00	\$ 12.65	0%	\$ 4,987.35
Postage	\$ 200.00	\$ 100.48	50%	\$ 99.52
Meeting Expense	\$ 164,300.00	\$ 50,989.82	31%	\$ 113,310.18
Warren Averett Financing Optimization	\$ -	\$ -	#DIV/0!	\$ -
TCAA	\$ 1,500.00	\$ -	0%	\$ 1,500.00
Telephone	\$ 26,900.00	\$ 1,477.95	5%	\$ 25,422.05
Virtual Meeting Platform	\$ 1,900.00	\$ 149.90	8%	\$ 1,750.10
Office Telephone and Internet	\$ 16,000.00	\$ 956.71	6%	\$ 15,043.29
Staff Cell, Mifi, and Equipment	\$ 9,000.00	\$ 371.34	4%	\$ 8,628.66
SOFTWARE/IT	\$ 39,315.00	\$ 22,392.64	57%	\$ 16,922.36
Website Maintenance	\$ 4,500.00	\$ -	0%	\$ 4,500.00
The Box Cloud Storage	\$ 1,800.00	\$ -	0%	\$ 1,800.00
Adobe	\$ 280.00	\$ 119.88	43%	\$ 160.12
DocuSign	\$ 2,090.00	\$ -	0%	\$ 2,090.00
Office 365.org	\$ 4,000.00	\$ 1,235.61	31%	\$ 2,764.39
Office 365.gov	\$ -	\$ -	#DIV/0!	\$ -
Name Cheap	\$ 45.00	\$ 45.00	100%	\$ -
Quickbooks	\$ 2,400.00	\$ 1,200.00	50%	\$ 1,200.00
Georgia GovHub/GTA	\$ 4,200.00	\$ -	0%	\$ 4,200.00
Media/Graphic Designer	\$ 20,000.00	\$ 4,750.00	24%	\$ 15,250.00
Misc Software	\$ 968.00	\$ 2,200.15	227%	\$ (1,232.15)
Reserves	\$ 138,204.00	\$ 12,842.00	9%	\$ 125,362.00
Total GTC Operations	\$ 1,431,688.06	\$ 476,747.72	33%	\$ 954,940.34
SYSTEM DEVELOPMENT				
RTAC Funds	\$ 403,640.00	\$ 127,981.82	32%	
Start Up Grants	\$ -	\$ -		
Region 1	\$ 40,364.00	\$ 10,876.94	27%	\$ 29,487.06
Region 2	\$ 40,364.00	\$ 17,406.61	43%	\$ 22,957.39
Region 3	\$ 40,364.00	\$ 14,176.04	35%	\$ 26,187.96
Region 4	\$ 40,364.00	\$ 11,945.10	30%	\$ 28,418.90
Region 5	\$ 40,364.00	\$ 9,486.00	24%	\$ 30,878.00
Region 6	\$ 40,364.00	\$ 13,838.00	34%	\$ 26,526.00
Region 7	\$ 40,364.00	\$ 16,151.32	40%	\$ 24,212.68
Region 8	\$ 40,364.00	\$ 15,232.75	38%	\$ 25,131.25
Region 9	\$ 40,364.00	\$ 3,663.56	9%	\$ 36,700.44
Region 10	\$ 40,364.00	\$ 15,205.50	38%	\$ 25,158.50
MulkeyMedia RTAC Website	\$ 7,200.00	\$ 3,400.00		
NameCheap	\$ 16.00	\$ 15.24		
Stop the Bleed Coordinator (Contract)	\$ 50,000.00	\$ -	0%	\$ 50,000.00
UGA Time to Definitive Care/System Economic Impact	\$ 150,000.00	\$ -		#DIV/0!
Bulger Research Group (UW) Prehospital Research Consultant	\$ -	\$ -		#DIV/0!
Legal-Peer Review P&P Development (Continuation)	\$ 72,000.00	\$ -		#DIV/0!
State Trauma Medical Director Consultant (Kaufman)	\$ 50,000.00	\$ -		
TQIP Participation for Level III	\$ -	\$ -		
ACS TQIP State Participation	\$ -	\$ -		
Pract Study	\$ -	\$ -		
MAG (Year 7)	\$ 170,000.00	\$ 42,500.00	25%	\$ 127,500.00
GQIP (Year 6)	\$ 255,290.00	\$ 64,107.32	25%	\$ 191,182.68
INJURY PREVENTION	\$ -	\$ -		
GEORGIA TRAUMA FOUNDATION (Year 8)	\$ 272,500.00	\$ 80,979.00	30%	\$ 191,521.00
OEMS&T	\$ 435,983.00	\$ -	0%	\$ 435,983.00
Reserves	\$ 301,768.27	\$ 1,125.00	0%	\$ 300,643.27
Total System Development	\$ 2,168,397.27	\$ 320,108.38	15%	\$ 1,848,288.89
EMS STAKEHOLDERS				
AVLS Maintenance	\$ -	\$ -	#DIV/0!	\$ -
Program Management-Tim Boone	\$ 42,000.00	\$ -	0%	\$ 42,000.00
AVLS Airtime Support	\$ 634,800.00	\$ 208,486.84	33%	\$ 426,313.16
AVLS Equipment	\$ 36,531.73	\$ 2,044.00	6%	\$ 34,487.73
EMS Equipment Grant	\$ 1,123,932.44	\$ 1,089,549.06	97%	\$ 34,383.38
Metro Atlanta EMS Conference	\$ 10,000.00	\$ -		
Bulger Research Group (UW) Prehospital Research Consultant	\$ 30,000.00	\$ -	0%	\$ 30,000.00
EMS Education	\$ 1,850,113.76	\$ 337,204.16	18%	\$ 1,512,909.60
Total EMS Stakeholders	\$ 3,727,377.93	\$ 1,637,284.06	44%	\$ 2,090,093.87
TRAUMA CENTERS				
Trauma Center Readiness, Registry, and Uncompensated Care	\$ 14,664,689.74	\$ -	0%	\$ 14,664,689.74
Warren Averett UCC Audits	\$ 50,000.00	\$ -	0%	\$ 50,000.00
Warren Averett Readiness Costs Analysis	\$ -	\$ -		\$ -
Registry Education Support	\$ 33,750.00	\$ 300.00		\$ 33,450.00
TQIP Participation for Level III	\$ 68,872.00	\$ -		\$ 68,872.00
Total Trauma Centers	\$ 14,817,311.74	\$ 300.00	0%	\$ 14,817,011.74
Total Budget by Fiscal Year	\$ 22,144,775.00	\$ 2,434,440.16	11%	\$ 19,710,334.84



FY 2024 REALLOCATION

ACCOUNT	DESCRIPTION OF BUDGET ITEMS FOR REALLOCATION	AMOUNT
GTC OPERATIONS	1) OFFICE TELEPHONE \$14,000 (GOVERNMENT SERVICE CONVERSION)?	\$ 14,000.00
SYSTEM DEVELOPMENT	1) STOP THE BLEED COORDINATOR \$50,000 2) REGION 1 RTAC \$7,367.50 (COORDINATOR NOT IN POSITION FULL YEAR) 3) GQIP \$36,856 (FUNDS REALLOCATED FROM FY 2023 UNSPENT FUNDS) 4) RTAC WEBSITE \$1,800	\$ 96,023.50
EMS STAKEHOLDERS	1) EMS EQUIPMENT GRANT REMAINING FUNDS	\$ 34,383.40
TOTAL		\$ 144,406.90

FY 2024 FIREWORK ALLOCATION

FY 2024	FY 2024 FIREWORK REVENUE	\$ 1,729,894.65
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FY 2024 INITIAL REALLOCATION PROPOSAL

FUNDING PRIORITIES	FUNDING PRIORITIES DESCRIPTION	AMOUNT
TOTAL FUNDING AVAILABLE		\$ 1,874,301.55
SOUTH GEORGIA MEDICAL CENTER	READINESS, REGISTRY, AND REPORT WRITER PACKAGE	\$ 94,095.00
PHOEBE PUTNEY	REGISTRY FUNDING	\$ 45,331.00
TRAUMA CENTER EDUCATION	AAAM	\$ 2,200.00
LENZ MARKETING	HEALTHCARE STRATEGY, MEDIA, DIGITAL, AND CREATIVE EXPERTISE	\$ 10,000.00
EMS	INSTALL FEE TO AGENCIES AND REMAINING TO AVLS EQUIPMENT	\$ 34,383.40
DEPARTMENT OF LAW	PSO ATTORNEY/SAAG	\$ 20,000.00
NORTH AMERICAN RESCUE	STOP THE BLEED TRAINER KITS	\$ 16,200.00
SOUTHERN REGIONAL	REACTIVATION, REGISTRY AND REPORT WRITER PACKAGE	\$ 34,695.00
		\$ -
TOTAL FUNDING PRIORITIES		\$ 256,904.40
TOTAL REMAINING		\$ 1,617,397.15



GEORGIA TRAUMA COMMISSION

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director
Elizabeth.Atkins@gtc.ga.gov
Office: 706-841-2800
Cell: 762-887-0096

The Georgia Trauma Care Network Commission distributes funds appropriated for trauma system improvement and works to stabilize and strengthen the state's trauma care system.

Georgia Trauma Care Network Commission FY 2025 Draft Working Budget				
Budget Areas	Description	O.C.G.A. Reference	\$ 22,144,775	\$ 22,737,833
Commission Operations	Staff salaries, benefits, office rental, business IT, telecommunications, virtual meeting platforms, meeting equipment, and travel; standardize grant and contracting processes; implement business intelligence processes and tools	O.C.G.A. § 31.11.102.11,16	\$ 1,431,688	\$ 1,468,598
System Development, Access & Accountability	Regional trauma system development & outcome metrics	O.C.G.A. § 31.11.102.12-15	\$ 1,693,107	\$ 783,435
MAG Medical Reserve Corps	Medical reserve corps administrative, recruitment and education support	O.C.G.A. § 31.11.102.13	\$ 170,000	\$ 170,000
Georgia Quality Improvement Program (GQIP)	National benchmarking to elevate the quality of trauma care in Georgia. Includes over 850 participating centers nationally.	O.C.G.A. § 31.11.102.14	\$ 255,290	\$ 255,290
Injury Prevention	Coordinate, establish, maintain and administer programs designed to educate the citizens of Georgia on trauma prevention	O.C.G.A. § 31.11.102.13	\$ 50,000	\$ 50,000
Georgia Trauma Foundation	Create, oversee, and maintain a foundation to raise funds specifically for investment in the overall trauma system.	O.C.G.A. § 31.11.102.8	\$ 272,500	\$ 272,500
DPH Office of EMS & Trauma (Maximum 3%)	Monitor state-wide trauma care, recruitment of trauma care service providers into the network as needed and continue to operate and improve the system	O.C.G.A. § 31.11.102.9	\$ 435,983	\$ 486,838
Subtotal of Budget Areas			\$ 4,308,568	\$ 3,486,661
Available for Stakeholders Distribution			\$ 17,836,207	\$ 19,251,172
EMS Stakeholders	Supports emergency medical services trauma readiness costs. Provide Ambulance Automatic Vehicle Location Systems (AVLS) maintenance and Pre-hospital provider education.	O.C.G.A. § 31.11.102.7	\$ 3,567,241	\$ 3,850,234
Trauma Center UCC Audits	Annual third party validation of uncompensated care claims	O.C.G.A. § 31.11.102.5	\$ 50,000	\$ 50,000
Trauma Centers & Physicians Stakeholders	Support trauma center readiness and uncompensated care	O.C.G.A. § 31.11.102.3-5	\$ 14,218,965	\$ 15,350,938
Subtotal of Stakeholder Distribution			\$ 17,836,207	\$ 19,251,172
Totals			\$ 22,144,775	\$ 22,737,833

Super Speeder Revenue Summary

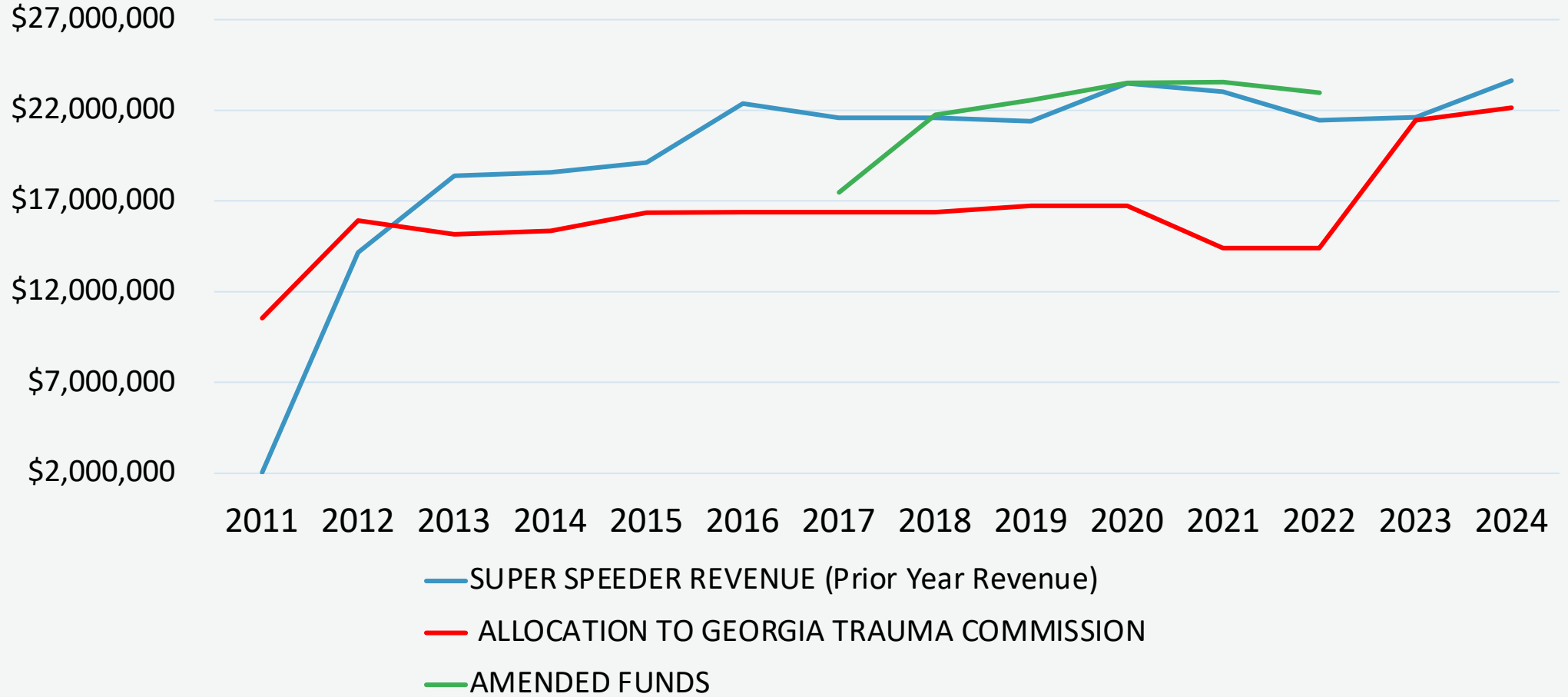
FY 2024

FEBRUARY 15, 2024

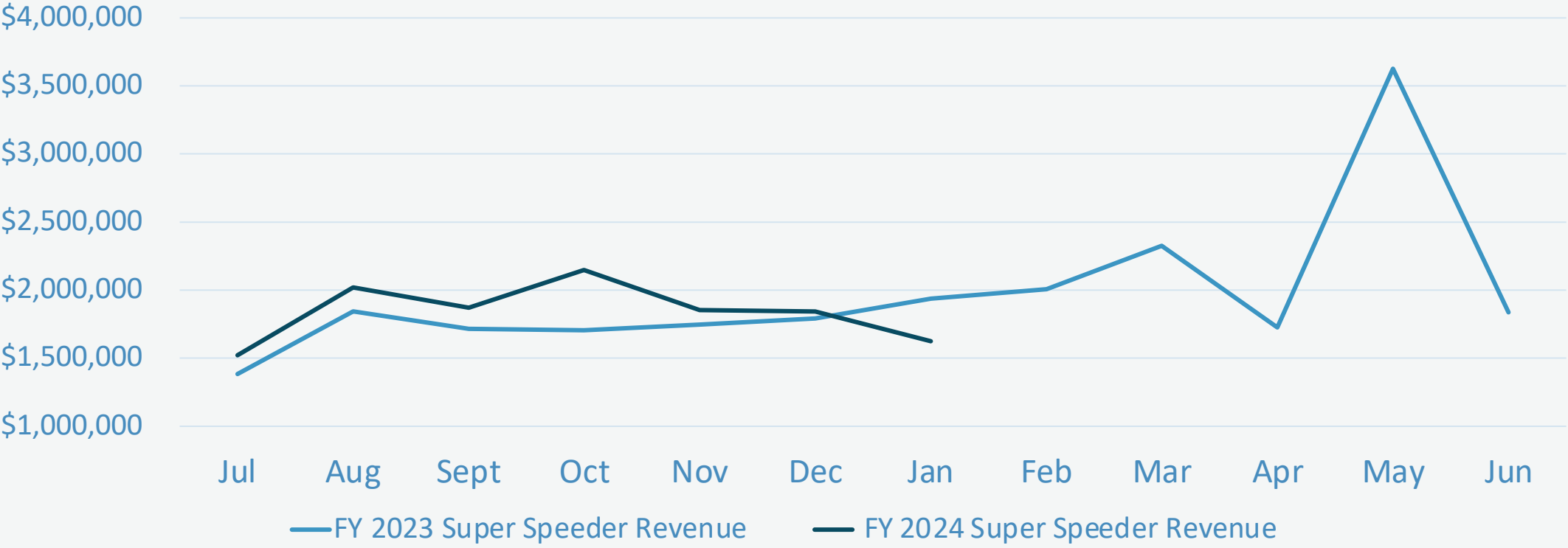


**GEORGIA TRAUMA
COMMISSION**

Revenue to Budget Comparison



Super Speeder Revenues FY 2023 vs. FY 2024



Super Speeder Cumulative Revenue

FY 2023 vs. FY 2024

Month	FY 2023 Cumulative Total	FY 2024 Cumulative Total	Cumulative Variance	Percentage +/-
Jul	\$ 1,382,770.00	\$ 1,521,462.00	\$ 138,692.00	10%
Aug	\$ 1,843,870.00	\$ 2,019,481.00	\$ 314,303.00	10%
Sept	\$ 1,713,281.00	\$ 1,869,542.00	\$ 470,564.00	10%
Oct	\$ 1,705,226.00	\$ 2,148,114.00	\$ 913,452.00	14%
Nov	\$ 1,744,598.00	\$ 1,853,945.00	\$ 1,022,799.00	12%
Dec	\$ 1,791,982.00	\$ 1,843,507.00	\$ 1,074,324.00	11%
Jan	\$ 1,937,553.00	\$ 1,625,148.00	\$ 761,919.00	6%
Feb				
Mar				
Apr				
May				
Jun				



AFY 2024/2025 Governor's Report

AFY 2024/2025

FEBRUARY 15, 2024



**GEORGIA TRAUMA
COMMISSION**

Governor's Budget Report

Recommendations

Department of Public Health Program Budget Financial Summary

	FY 2024 Original Budget	Changes	Amended FY 2024 Budget	FY 2024 Original Budget	Changes	FY 2025 Budget
Vital Records						
State General Funds	4,877,699	269,717	5,147,416	4,877,699	201,200	5,078,899
Other Funds	800,000	0	800,000	800,000	0	800,000
TOTAL FUNDS	\$5,677,699	\$269,717	\$5,947,416	\$5,677,699	\$201,200	\$5,878,899
Agencies Attached for Administrative Purposes:						
Brain and Spinal Injury Trust Fund						
Brain & Spinal Injury Trust Fund	1,913,773	0	1,913,773	1,913,773	(65,585)	1,848,188
TOTAL FUNDS	\$1,913,773	\$0	\$1,913,773	\$1,913,773	(\$65,585)	\$1,848,188
Georgia Trauma Care Network Commission						
State General Funds	7,056,269	4,306	7,060,575	7,056,269	453,624	7,509,893
Trauma Care Trust Funds	15,088,506	0	15,088,506	15,088,506	1,139,434	16,227,940
TOTAL FUNDS	\$22,144,775	\$4,306	\$22,149,081	\$22,144,775	\$1,593,058	\$23,737,833

AFY 2024 Changes

Georgia Trauma Care Network Commission

Purpose: The purpose of this appropriation is to establish, maintain, and administer a trauma center network, to coordinate the best use of existing trauma facilities and to direct patients to the best available facility for treatment of traumatic injury and participate in the accountability mechanism for the entire Georgia trauma system, primarily overseeing the flow of funds for system improvement.

Recommended Change:

1. Increase funds to provide a one-time \$1,000 salary supplement for full-time, benefit-eligible employees for recruitment and retention.

\$4,306

Total Change

\$4,306

FY 2025 Changes

Georgia Trauma Care Network Commission

Purpose: The purpose of this appropriation is to establish, maintain, and administer a trauma center network, to coordinate the best use of existing trauma facilities and to direct patients to the best available facility for treatment of traumatic injury and participate in the accountability mechanism for the entire Georgia trauma system, primarily overseeing the flow of funds for system improvement.

Recommended Change:

1.	Increase funds to provide for a 4% cost-of-living-adjustment for state employees not to exceed \$3,000.	\$21,556
2.	Increase funds for Trauma Care Network Trust Funds to reflect FY 2023 Super Speeder Collections pursuant to HB 511 (2021 Session).	1,139,434
3.	Increase funds to reflect FY 2023 drivers license reinstatement fee collections.	432,068
	Total Change	<hr/> \$1,593,058



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	EMS Committee
Project/Activity ¹	Comments
1. . Spending Plan	We reviewed the EMS equipment grant monies that were not spent. We approved the purchase of additional AVLS equipment and included the purchase of temperature monitoring devices. These devices can assist the agency in monitoring the temperature in their drug compartments
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
2. EMS Education	We reviewed and discussed the current course schedule for training. We are initiating a look at EMS pass rates on initial education programs. This information might allow us to impact pass rates with additional educational resources.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
3. AVLS On-Going	We are in the “open enrollment” period for this project. All regional members have been asked to help validate the numbers in their region.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
4. EMS Equipment Grant	A work group has been assigned to confirm vehicle numbers eligible for this grant.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
5. Inter-hospital Transportation	GEMSA has been asked to produce a written report on findings from the ten (10) regional town hall meetings. We continue to refine the survey instrument for rural hospitals. We are trying to understand EMS resources and are working with Dr. Bulger's group to produce a map showing these resources. We were confused about what an "EMS Station" actually is. We will continue to look at this.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
6. EMS Recruitment tool	The tool is currently available. We have had an initial report from GEMSA. They will continue to report on this tool.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None

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GEORGIA TRAUMA
COMMISSION

Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Scott Stephens, Pete Quinones, Scott Roberts, Lee Oliver, Duane Montgomery, Allen Owens, Huey Atkins, Brian Hendrix, Jeff Adams, Jim Atkins, John Smith
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	April 11, 2024

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
2 general provisions regarding emergency medical services, so as to provide for a two-year
3 pilot program to provide additional ambulances to certain areas of this state; to provide for
4 definitions; to provide for eligibility; to provide for acquisition of the ambulances; to provide
5 for termination of the pilot program and automatic repeal of the statute; to provide for related
6 matters; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 SECTION 1.

9 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to general
10 provisions regarding emergency medical services, is amended by adding a new Code section
11 to read as follows:

12 "31-11-13.

13 (a) As used in this Code section, the term:

14 (1) 'Ambulance' means a motor vehicle that is specially constructed and equipped and
15 is intended to be used for the emergency transportation of patients.

16 (2) 'Region' means a geographical district designated by the department in accord with
17 Code Section 31-3-15 that administers an emergency medical services system within such
18 district.

19 (b) The department shall establish a pilot program to be developed and implemented by
20 the Georgia Trauma Care Network Commission and the State Office of EMS and Trauma,
21 in collaboration with the Region 2 Emergency Medical Services Council and the Region 8
22 Emergency Medical Services Council, during Fiscal Years 2025 and 2026.

23 (c) Such pilot program shall provide for the procurement and operation of four
24 ambulances, of which:

25 (1) One shall be dedicated to an air helicopter crew to allow such crew to respond to an
26 emergency call in the event they are unable to fly;

27 (2) One shall be dedicated solely to inter-facility nonemergency transfers; and

28 (3) One shall be assigned to Region 2 and one shall be assigned to Region 8. The
29 primary use of each ambulance shall be to support coverage for counties that dispatch
30 ambulances on extended patient transfers. The secondary use shall be for nonemergency
31 transfers.

32 (d) No later than December 1, 2024, the department shall:

33 (1) Release a request for proposals on the Georgia Procurement Registry, pursuant to
34 subsection (b) of Code Section 50-5-69, to identify suppliers of ambulances; or

35 (2) Purchase four ambulances for use in the pilot program established in this Code
36 section on its own behalf, if so authorized by rules and regulations issued by the
37 commissioner of administrative services pursuant to subsection (a) of Code Section
38 50-5-69.

39 (e) The directors of Region 2 and Region 8 shall each submit monthly a detailed written
40 report to the Georgia Trauma Care Network Commission and the State Office of EMS and
41 Trauma. Such reports shall contain information on the implementation and effectiveness
42 of the additional ambulances on the regions' emergency medical services system, including,

43 but not limited to, data relative to the activity and usage of the ambulances and the impact
44 on service delivery. Such reports shall be submitted on the fifteenth day of the month
45 following the first full month of service of the ambulance provided to such region under
46 this pilot program.
47 (f) The pilot program created by this Code section shall terminate June 30, 2027, and this
48 Code section shall be repealed by operation of law on such date."

49 **SECTION 2.**

50 All laws and parts of laws in conflict with this Act are repealed.



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Level III/IV Rural Trauma Committee	
Project/Activity ¹	Comments	
1. MARCH PAWS	The MARCH PAWS project is in video development phase. The videos will be pre-course modules for students to watch prior to the course. Mercer will assist in the video development process.	
Status:		Support GTC Strategic Priorities? (Y/N):Y
2. ACS Trauma Systems Consultation – Rural Focused Site Visit	Ongoing Senate Study Committee on Rural Health Care Provider Recruitment has sparked potential solutions for EMS transportation challenges.	
Status:		Support GTC Strategic Priorities? (Y/N): Y
3. Access to specialty care e.g., re-implantation, ECMO	The survey is in the finalization process.	
Status:		Support GTC Strategic Priorities? (Y/N): Y
4. PI project specific to LIII/LIV: PI Process and Mentorship	A mentorship program will launch February 21, 2024. Rachel Hand & Christie Mathis are working through the process.	
Status: In process		Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	<p>The current GTC contract deliverable states that Level III trauma centers “maintain and achieve ACS verification by June 30, 2025”. The ACS is currently scheduling consultative and verification visits July to December 2025. This means that unless centers already have verification visits scheduled, logistically this deliverable is not achievable.</p> <p>The Level III/ IV Rural Sub-committee is asking for approval from the Georgia Trauma Commission to request the verification date for trauma centers be extended to June 30, 2026. Consideration should be made for newly designated centers similar to the Level I and II initial process for consultation and verification.</p>
Committee Members:	Trauma Program Managers, Medical Director and Administrators of the Georgia Level III and IV Trauma Centers, as well as representatives from the DPH OEMS/T, SORH, GTC
Chair/Commission Liaison:	Greg Patterson MD Chair & Commission Liaison; Alicia Register MD, Vice Chair
Date of Next Committee Meeting:	April 19, 2024 @ 7 AM

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence- February 2024	
Project/Activity ¹	Comments	
1. Registry	AIS 2008 course February 29- March 1, 2024, at GPSTC in Forsyth. The 2024 Image Trend Data Dictionary was completed and presented to centers. Registry PowerPoints uploaded to Basecamp for centers to access	
Status: In process of downloading 2023 data to state central site and GQIP		Support GTC Strategic Priorities? (Y/N): Y
2. Education	Developing TPM toolkit and trauma nursing skills outline, resources and goals	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
3. PI: Time to Definitive Care; Ditch to Door; Transfer Feedback Template; Change in Co-Chair	Lit review and best practices to facilitate decreasing ED LOS & Time to Definitive Care. Developing a Transfer Feedback template Level IV Audit Tool webinar in October well attended/received; follow up survey on use Karen Hust retired, will be replaced by Ashley Bullington from Crisp Regional, LIII	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
4. Injury Prevention	Virtual STB with 500+ participants- January 2024 Bingocize renewal license bought by Middle Georgia Regional Commission, refresher training needed for initial instructors Hypothermia education shared with EMS and hospital partners ATV Safety Webinar held with MHUMC	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
5. Peds	Working with Education/PI committee creating an Interfacility Transfer Toolkit Ped Whole Blood study pending. Continued participation with State Peds Readiness	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
Questions, Issues, and Rec's Requiring Commission Discussion:		None
Motions for Consideration at the Commission Meeting:		None
Committee Members:		Designated trauma center staff
Chair/Commission Liaison:		Tracy Johns, RN Chair; Lynn Grant, RN Vice-Chair
Date of Next Committee Meeting:		February 8; May 20

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Rehabilitation Committee
Project/Activity ¹	Comments
1. Rehab Data Analysis	<p>The committee welcomed Dr. Raeda Anderson to assist with rehab data analysis, and Dr. Anderson acknowledged the challenge of selecting key questions and the importance of addressing them concisely and meaningfully.</p> <p>Liz Atkins reviewed a portion of the American College of Surgeons(ACS) Trauma Quality Improvement Program (TQIP) collaborative report (ATTACHMENT A), which reveals Georgia underperforms in discharge disposition compared to the national average. Liz proposed a collaboration with TQIP to address the issue of patients slipping through the cracks.</p> <p>Liz Atkins and Gina Solomon will discuss data access offline to determine what data can be shared with the Committee.</p> <p>Dr. Vox outlined plans to survey rehab hospitals and trauma centers. Liz Atkins agreed to support the Committee by distributing the survey via email and mail.</p> <p><i>This activity addresses the following ACS recommendation:</i> 5.5.5. Perform a comprehensive resource needs assessment of rehabilitation services for trauma patients, especially for traumatic brain injuries, spinal cord injuries, and pediatric patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p>
Status:	Support GTC Strategic Priorities? (Y/N):
2. Rehab quality standards / Develop trauma rehab quality indicators	<p>The committee will contact all known rehabilitation centers in the state and invite them to participate in a database where their facilities are listed along with the services provided, and in ongoing discussions with the committee about improving services and access to the trauma population.</p> <p><i>This activity addresses the following ACS recommendations:</i> 5.5.4. Define minimum requirements and qualifications for inpatient rehabilitation centers caring for injured patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.) 5.5.6. Include the rehabilitation phase of care in a system performance improvement process using appropriate indicators and benchmarks. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)</p>
Status:	Support GTC Strategic Priorities? (Y/N):
2. Improve Rehab Transition	<p>Rehabilitation access survey is in development. Rehabilitation services info sheet is in development.</p> <p><i>This activity addresses the following 3 ACS recommendations:</i> 5.5.2. Optimize the transition process from the acute inpatient setting to rehabilitation from both a timing and funding source allocation perspective.</p>

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



GEORGIA TRAUMA
COMMISSION

	5.5.3. Develop inpatient rehabilitation transfer recommendations and guidelines for the statewide trauma system. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.) 5.5.7. Work with payers and governmental agencies to improve access to rehabilitation services in a timely manner.
Status:	Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	Committee expects to welcome Dr. Hamad Aslam of Northside Glancy Rehab at the next meeting. Kevin Gohman (Northeast Georgia), Susannah Kidwell (CHOA), Alex Liagminas (Wellstar), Dana Norall (Wellstar), Jackson Elam (Warm Springs), Kathy Clark (Warm Springs), Brick Johnstone (Shepherd), Issi Clesson (Shepherd), Edelle Field-Fote (Shepherd), Mark Hinrichs (Emory/Grady).
Chair/Commission Liaison:	Ford Vox, MD
Date of Next Committee Meeting:	4/25/24



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Trauma Administrators Committee
Project/Activity ¹	Comments
1. Trauma Stabilization Proposal	Talking points will be developed and sent to Administrators to share with their local hospital leaders and any government affairs contacts they have.
Status: Reviewed	Support GTC Strategic Priorities? (Y/N): Y
2. Trauma Center Annual Actual Use Report	Required starting FY 2025. Funded centers will provide information on how Georgia Trauma Commission readiness funding is allocated across various categories. The report will be included with the FY 2025 contracts sent out on June 1 st .
Status: Reviewed	Support GTC Strategic Priorities? (Y/N): Y
3. August 2024 Committee Date Finalized	Committee voted and approved August 19 th .
Status: Scheduled	Support GTC Strategic Priorities? (Y/N):
4. TCAA Finance Workshop	<p>A real-time survey was conducted to seek feedback on the upcoming May TCAA Finance Workshop for trauma administrators.</p> <ul style="list-style-type: none"> • The top three refresher topics noted by the committee were: <ol style="list-style-type: none"> 1. Establishing charges/fees for trauma response/activations 2. Improving reimbursement for trauma 3. Claims example (e.g. trauma activations +/- critical care)
Status: Feedback obtained	Support GTC Strategic Priorities? (Y/N):
5. Trauma Patient Safety Organization	A real-time survey was conducted to obtain feedback from centers that currently use or are a part of a Patient Safety Organization (PSO). Georgia Quality Improvement Program (GQIP) is submitting an application to become a Patient Safety Organization.
Status: Feedback obtained	Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Designated Trauma Center Senior Executives and Appointed Designees
Chair/Commission Liaison:	Patrice Walker, MD, Chair; Dr. Regina Medeiros, Commission Liaison
Date of Next Committee Meeting:	May 20, 2024

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Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Trauma System Performance Committee
Project/Activity ¹	Comments
1. Eileen Bulger Project Update	The Eileen Bulger Project faces challenges in mapping ambulance station locations and understanding the disparities in EMS resource definitions across different regions. The GTC EMS Committee.
Status: Ongoing	Support GTC Strategic Priorities? (Y/N): Y
2. Armband Project Update	The Armband Project is ongoing: <ul style="list-style-type: none"> • 225 armbands have been applied <ul style="list-style-type: none"> ○ 5 had incorrect applications ○ 220 were trauma patients ○ 2 were interfacility transfers • Dr. Dunne expressed gratitude for the update and asked to defer Armband Project updates until the project is completed and a final report is available.
Status: Ongoing	Support GTC Strategic Priorities? (Y/N): Y
3. Trauma Registry Data Report: Update on Image Trend Migration Status	Trauma center data has been received from 29 centers, with 3 using direct data entry and 26 using ESO import. The SDL file has worked for most centers; 4 centers have encountered issues.
Status: ongoing	Support GTC Strategic Priorities? (Y/N): Y
4. Time to Definitive Care-Navicent and Memorial Project	There was a stall on the project due to data use agreements and legal reviews, with the latest version sent to HCA. After reviewing some of Navicent's data, Tracy found that many patients were missing EMS data and is working with Kelly Joiner to find the PCRs.
Status: Ongoing	Support GTC Strategic Priorities? (Y/N): Y
5. UGA Trauma Utilization Pattern, Healthcare Utilization, And Outcomes Research	Dr. Janani Thapa provided an initial overview of the Trauma Utilization Pattern Project. Efforts are underway to collaborate with the Georgia Hospital Association to obtain more hospital details. There is a need for additional datasets, including EMS data and trauma registry data, to enhance analysis and identify transfer times.
Status: Ongoing	Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



GEORGIA TRAUMA
COMMISSION

Committee Members:	Kelly Joiner, Danlin Luo, April Moss, Marie Probst, Gina Solomon, Tracy Johns, Kelli Vaughn, Courtney Terwilliger, Dr. Regina Medeiros
Chair/Commission Liaison:	Dr. James Dunne
Date of Next Committee Meeting:	Pending Dr. Dunne's Call Schedule



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Trauma Medical Director Committee	
Project/Activity ¹	Comments	
1.Revitalization of Committee	Barriers are recent leadership changes and prior disengagement. Updated contact list. Gaining consensus on face-to-face meeting schedules for core members.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
2. TMD survey	Survey sent to 40 on updated contact list, 24 surveys returned to date (60% response rate). Initial results from all levels of trauma center I-IV. Urban/Suburban/Rural centers represented. Unfortunately the current version of the survey platform doesn't support high level analytics, so I am in the process of cross-referencing responses by trauma center level and type for a deeper dive. NOTE: I will be attending GTC meeting remotely so hope to be able to share graphs of initial survey results via zoom to group.	
Status: 24/40 surveys returned. Initial data to be presented at GTC mtg. Data analytics begun (see above)		Support GTC Strategic Priorities? (Y/N): Y
3. Redistribution of early transfer guidelines	Several years ago, GTC circulated a poster and cover letter to critical access centers regarding importance of early recognition and expedited transfer of significantly injured patients (similar to RTTDC principles) which was very effective. Like most efforts to achieve a paradigm shift, reminders are often needed. I plan to revise as needed and redistribute this (after review from GTC, of course) in a similar manner.	
Status: Poster obtained and reviewed, revisions and cover letter in process (awaiting input from MARCH PAWS stakeholders)		Support GTC Strategic Priorities? (Y/N): Y
4. Referring center feedback project	In response to request from Dr. Dunne at last GTC meeting, arranged update meeting with GCTE leadership and Dr. Dunne to assist with project to establish a template for feedback to referring centers on progress/outcomes of transferred patients.	
Status: Met with Lynn Grant via zoom to discuss and offered to review first draft of template when available with TMD committee members.		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None

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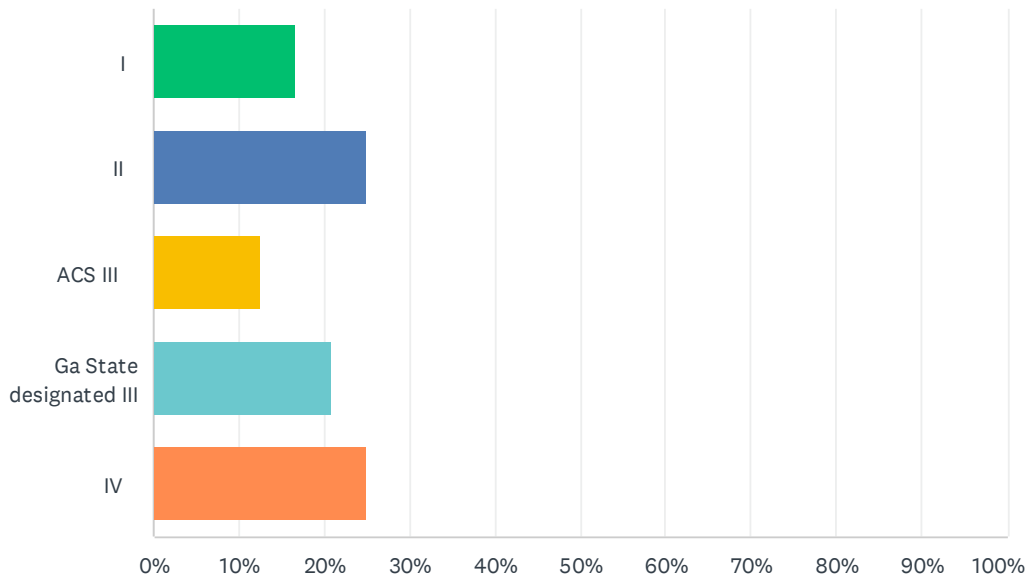


GEORGIA TRAUMA
COMMISSION

Committee Members:	All interested TMDs in Georgia
Chair/Commission Liaison:	W. Matthew Vassy, MD FACS, Northeast Georgia Medical Center
Date of Next Committee Meeting:	TBD

Q1 What is your center's level of trauma designation/verification?

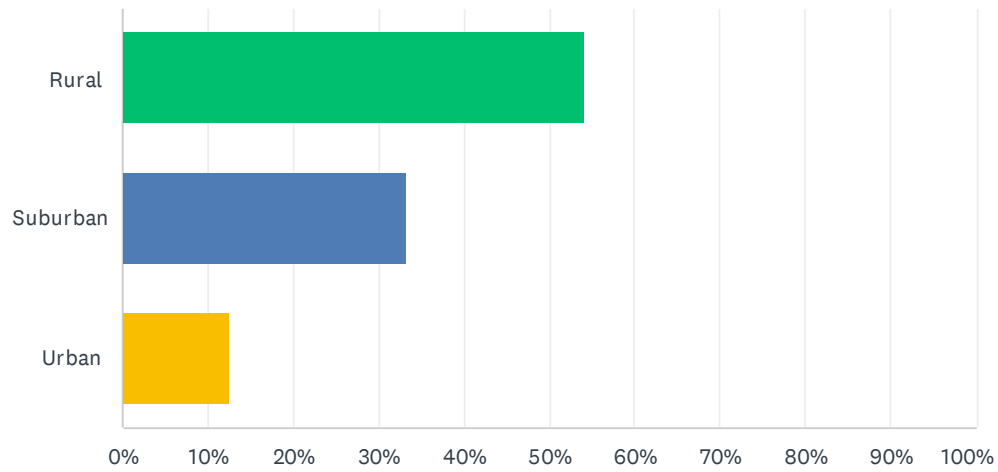
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
I	16.67%	4
II	25.00%	6
ACS III	12.50%	3
Ga State designated III	20.83%	5
IV	25.00%	6
TOTAL		24

Q2 What type of trauma center would you consider yourself to be?

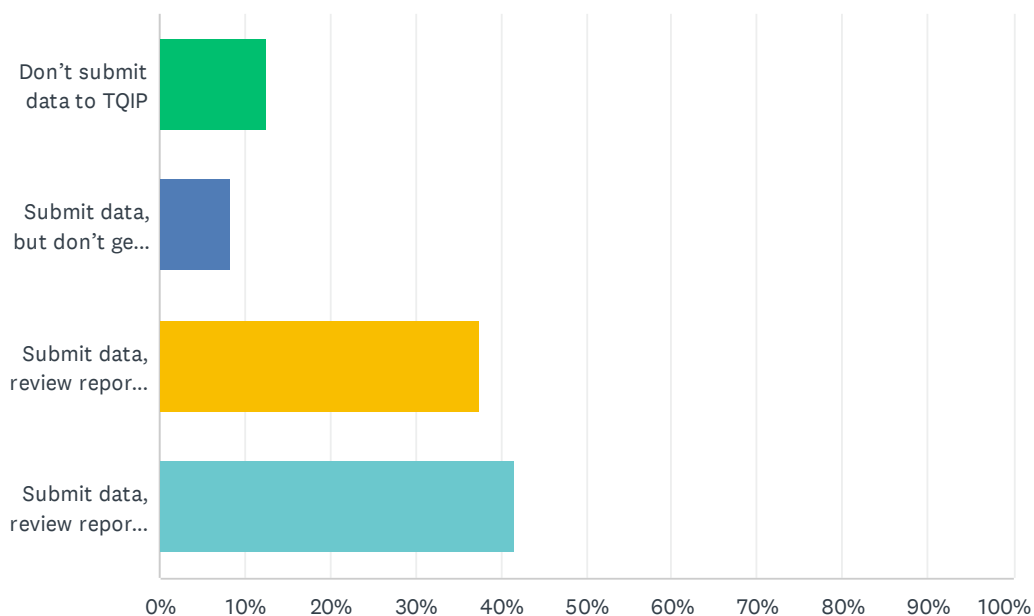
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES
Rural	54.17% 13
Suburban	33.33% 8
Urban	12.50% 3
TOTAL	24

Q3 How robust do you consider your center’s participation in TQIP?

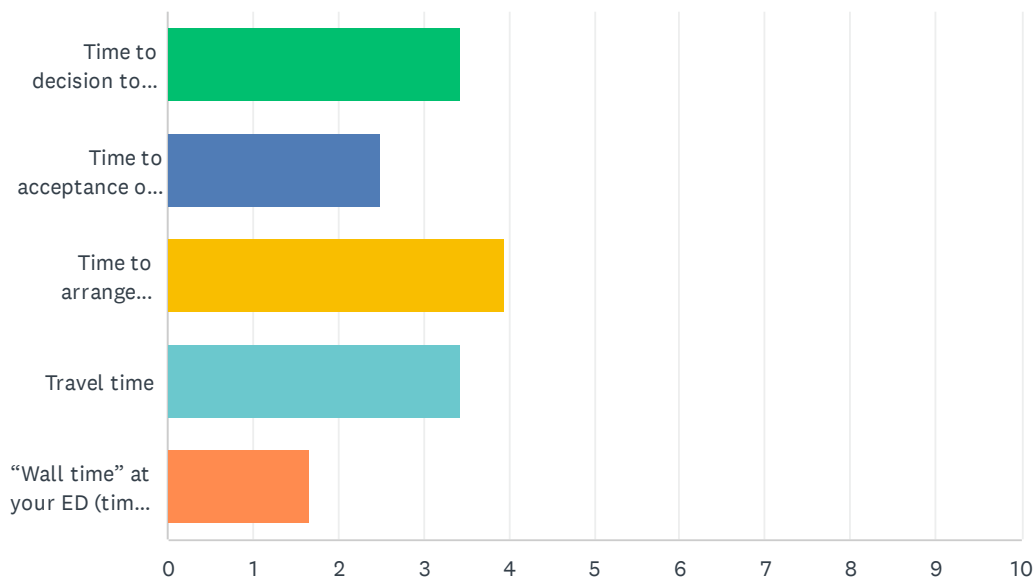
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Don't submit data to TQIP	12.50%	3
Submit data, but don't get much use from reports	8.33%	2
Submit data, review reports for overall performance status, rarely generate QI projects from reports	37.50%	9
Submit data, review reports, frequently generate QI projects from reports	41.67%	10
TOTAL		24

Q4 When receiving a trauma patient transferred to your center from a referring ED, rank encountered delays from longest to shortest: (1 = Longest, 5 = Shortest)

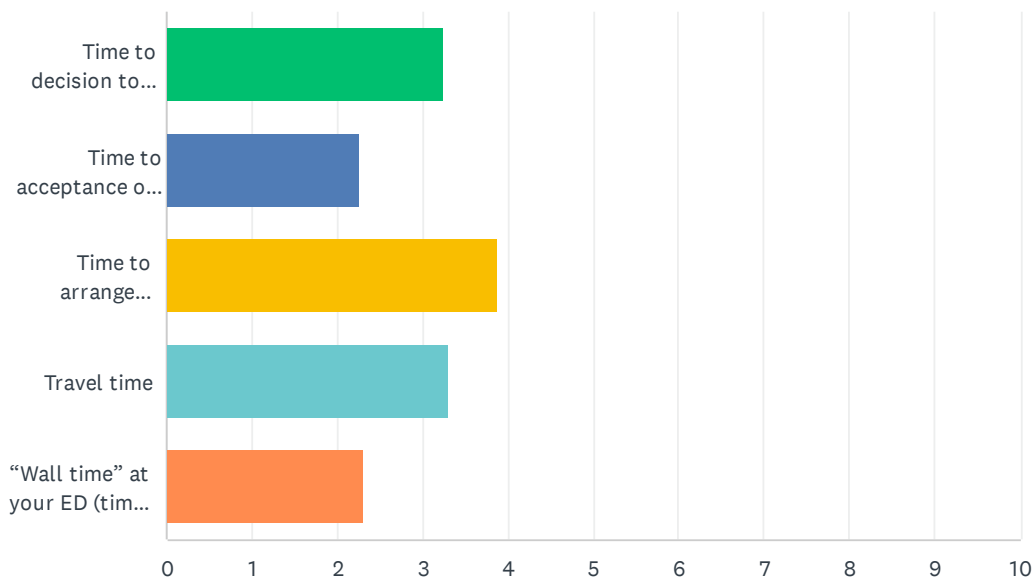
Answered: 18 Skipped: 6



	1	2	3	4	5	TOTAL	SCORE
Time to decision to transfer by referring ED	22.22% 4	22.22% 4	33.33% 6	22.22% 4	0.00% 0	18	3.44
Time to acceptance of transfer	16.67% 3	16.67% 3	5.56% 1	22.22% 4	38.89% 7	18	2.50
Time to arrange transport	33.33% 6	33.33% 6	27.78% 5	5.56% 1	0.00% 0	18	3.94
Travel time	22.22% 4	27.78% 5	22.22% 4	27.78% 5	0.00% 0	18	3.44
"Wall time" at your ED (time awaiting an ED bed assignment)	5.56% 1	0.00% 0	11.11% 2	22.22% 4	61.11% 11	18	1.67

Q5 When receiving a trauma patient transferred to your center from a referring ED, rank encountered delays from most common to least common: (1=Most Common, 5 =Least Common)

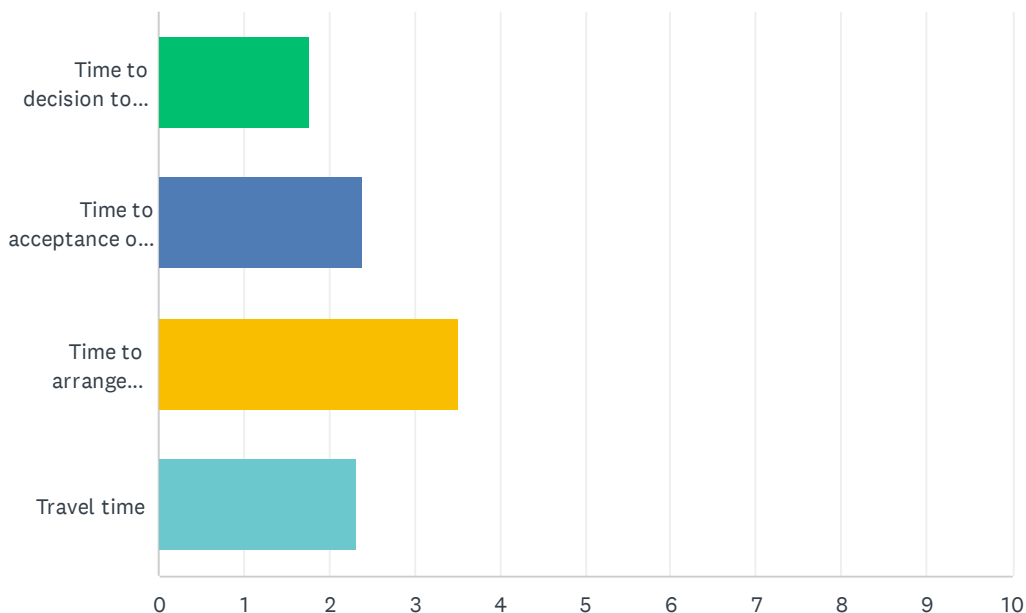
Answered: 16 Skipped: 8



	1	2	3	4	5	TOTAL	SCORE
Time to decision to transfer by referring ED	18.75% 3	25.00% 4	31.25% 5	12.50% 2	12.50% 2	16	3.25
Time to acceptance of transfer	6.25% 1	12.50% 2	12.50% 2	37.50% 6	31.25% 5	16	2.25
Time to arrange transport	37.50% 6	18.75% 3	37.50% 6	6.25% 1	0.00% 0	16	3.88
Travel time	18.75% 3	31.25% 5	18.75% 3	25.00% 4	6.25% 1	16	3.31
'Wall time' at your ED (time awaiting an ED bed assignment)	18.75% 3	12.50% 2	0.00% 0	18.75% 3	50.00% 8	16	2.31

**Q6 When transferring a trauma patient from your ED to a higher level of care, rank encountered delays from longest to shortest:
(1=Longest,4=Shortest)**

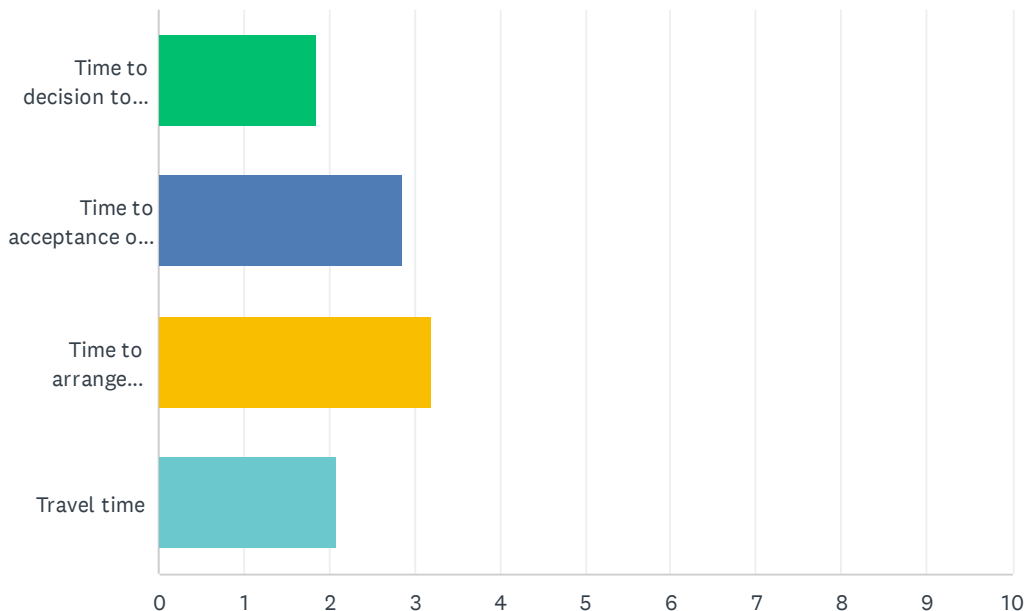
Answered: 21 Skipped: 3



	1	2	3	4	TOTAL	SCORE
Time to decision to transfer by referring ED	0.00% 0	28.57% 6	19.05% 4	52.38% 11	21	1.76
Time to acceptance of transfer	23.81% 5	14.29% 3	38.10% 8	23.81% 5	21	2.38
Time to arrange transport	66.67% 14	19.05% 4	14.29% 3	0.00% 0	21	3.52
Travel time	9.52% 2	38.10% 8	28.57% 6	23.81% 5	21	2.33

Q7 When transferring a trauma patient from your ED to a higher level of care, rank encountered delays from most common to least common: (1=Most Common,4=Least Common)

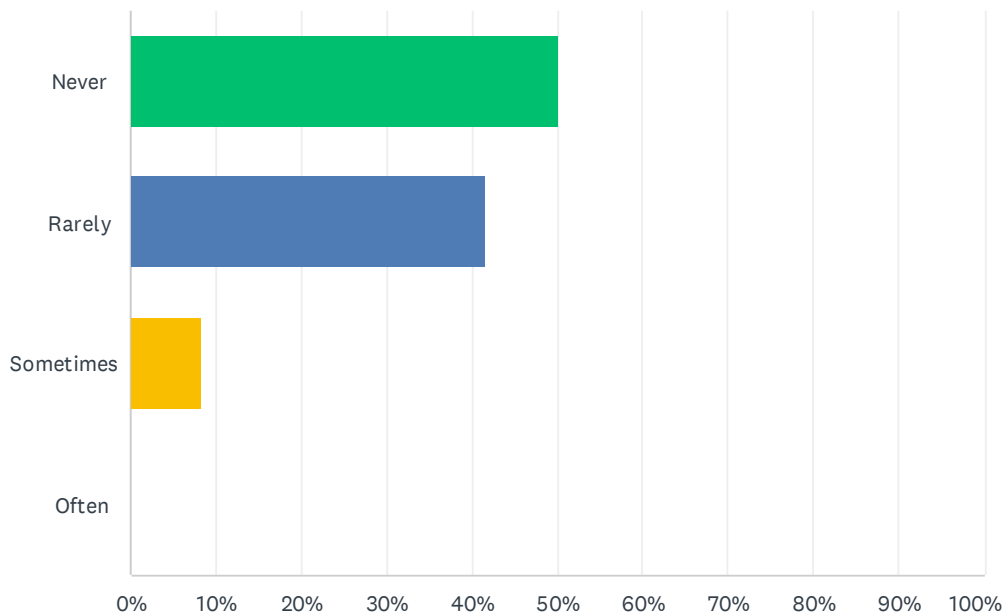
Answered: 20 Skipped: 4



	1	2	3	4	TOTAL	SCORE
Time to decision to transfer by referring ED	5.00% 1	20.00% 4	30.00% 6	45.00% 9	20	1.85
Time to acceptance of transfer	45.00% 9	15.00% 3	20.00% 4	20.00% 4	20	2.85
Time to arrange transport	40.00% 8	40.00% 8	20.00% 4	0.00% 0	20	3.20
Travel time	10.00% 2	25.00% 5	30.00% 6	35.00% 7	20	2.10

Q8 How often does your center go on trauma diversion (complete diversion, not just for transfers in)?

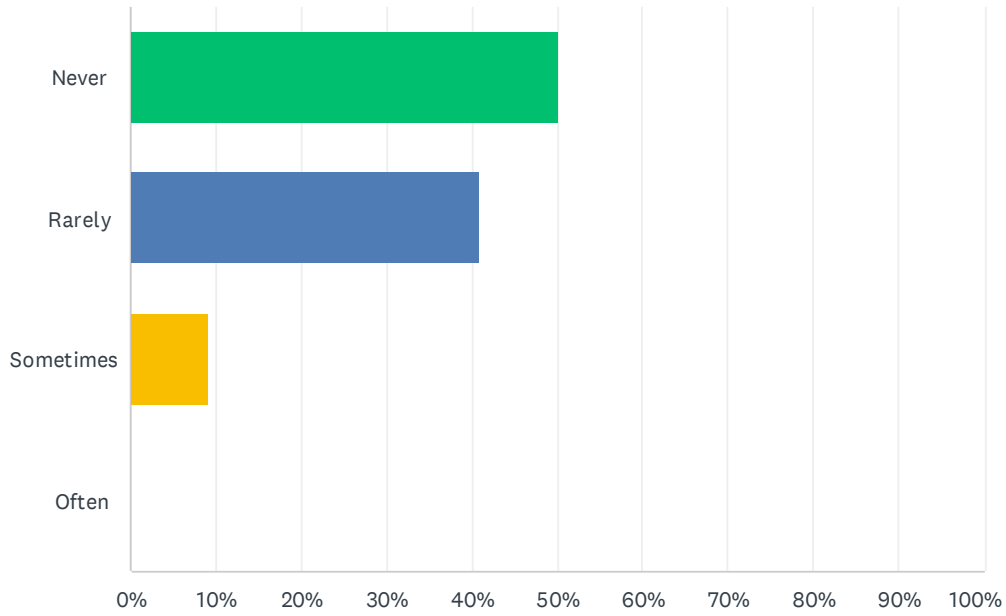
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Never	50.00%	12
Rarely	41.67%	10
Sometimes	8.33%	2
Often	0.00%	0
TOTAL		24

Q9 How often does your center go on diversion for trauma transfers?

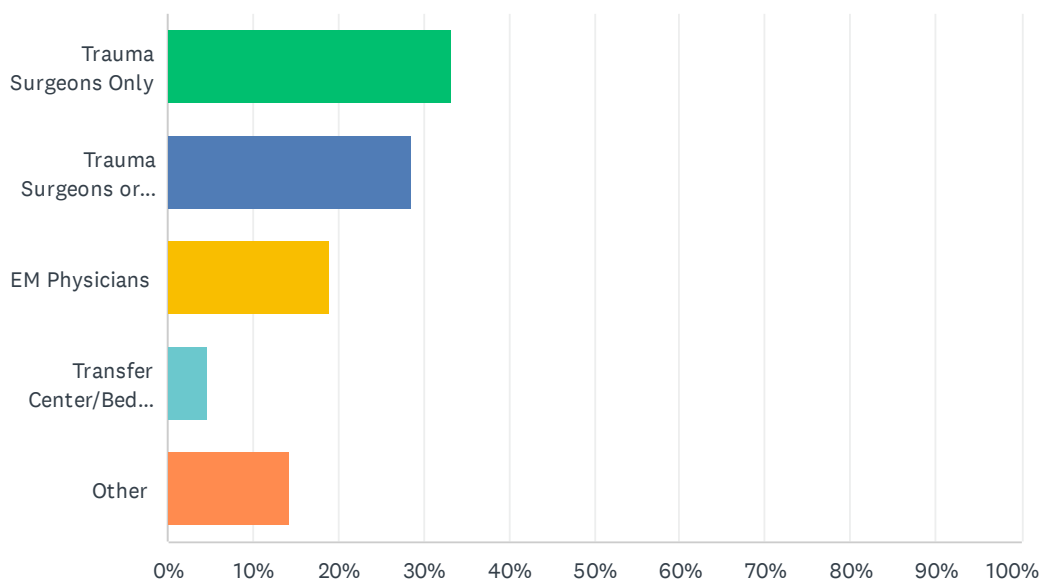
Answered: 22 Skipped: 2



ANSWER CHOICES	RESPONSES	
Never	50.00%	11
Rarely	40.91%	9
Sometimes	9.09%	2
Often	0.00%	0
TOTAL		22

Q10 Who accepts your trauma transfers?

Answered: 21 Skipped: 3



ANSWER CHOICES	RESPONSES	
Trauma Surgeons Only	33.33%	7
Trauma Surgeons or Surgical Speciality	28.57%	6
EM Physicians	19.05%	4
Transfer Center/Bed Control	4.76%	1
Other	14.29%	3
TOTAL		21



Trauma System Partner Report to the Georgia Trauma Care Network Commission

Name of Partner:	Georgia Trauma Foundation	
Project/Activity¹	Comments	
Board Expansion	The Foundation Board of Directors has identified a candidate from Region 7. This candidate is a healthcare executive with nearly three decades of experience in healthcare, relationship development, fundraising, strategic planning, and government relations. He is being presented to the Commission for approval.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
Public Awareness/Fundraising	The Foundation completed its first year of participation in Georgia Gives on Giving Tuesday. The campaign generated \$8,134. The Board will review and prioritize a project for allocation of the funds.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
Public Awareness/Fundraising	The Foundation will raise money and awareness to address the needs of Georgia's trauma system during an adrenaline-pumping fundraising event on May 18, 2024. The event will take place at the Porsche Museum and Experience Center in Atlanta from 6:00-10:00. Sponsorship packages are being sold now. Individual tickets will go on sale at the end of February.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
Continuing Education	The Rural Continuing Education Program Initiative continues. Last quarter, five courses were conducted with student representation from 27 different counties. Eight courses are scheduled for this quarter.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	Board Member Candidate
Motions for Consideration at the Commission Meeting:	None
Commission Liaison:	John Bleacher
Date of Next Meeting:	March 6, 2023

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



GEORGIA TRAUMA FOUNDATION
BOARD MEMBER NOMINATION FORM

A 501(c)3 board should be diverse in talents, skills, and experience. Together the members will be committed to supporting the mission of the foundation and to providing advice and assistance to the Executive Director when needed. Nominating board members are asked to complete the following form and return it to the Executive Director for evaluation and recommendation for a Board vote.

Terms are for two (2) years, with an option of three (3) terms.

Name of Nominee: M. Scott Hill

Nominated by: Ninfa Saunders

Company: Piedmont Healthcare

Position/Title: President & CEO

Candidate Overview:

Scott Hill has been a healthcare executive for nearly 30 years. He currently serves as President and CEO of Piedmont Columbus – a Level 2 trauma center. He has worked in senior leadership roles with Columbus Regional Health, Northern Virginia Community and Dominion Hospitals, and HealthSouth Corporation.

Hill is a sought-after presenter and podium speaker at events across the southeast. His presentation during the Voices of Experience: Leadership During a Disaster Conference is still posted on YouTube. His topic was “The Virginia Tech Response.” Hill provided a first-hand account of his hospital’s response to that tragic shooting, in which 32 people were killed and 17 others were wounded. At the time, he was at the helm of LewisGale Medical Center in Blacksburg, Virginia.

Hill has been a Board member with numerous organizations, including the Georgia Hospital Association, Chamber of Commerce, Rotary Club, Ronald McDonald House Charities, March of Dimes, MercyMed Clinic, Compass Bank and Georgia Alliance of Community Hospitals.



Scott Hill
President and Chief Executive Officer
Piedmont Columbus Regional

With 28 years of industry experience and 25 years in senior leadership roles, Scott is described as a “passionate healthcare executive” who always puts the patient and the organization first. He leads by serving others and fostering a culture of collaboration and trust among Physicians, Hospital Staff, and Board members.

Hill is a Virginia native who began his career in healthcare serving as Head Exercise Physiologist in the Cardiac rehabilitation program at St. Francis Hospital in Columbus, Georgia. After 15 years away from Columbus, he returned in 2012. He has worked with Piedmont Healthcare for the past five years.

Hill is committed to being an active and visible leader in the community as evidenced by his service on nonprofit and community Boards as well as his professional affiliations:

- Fellow in the American College of Healthcare Executives
- Board Member Georgia Hospital Association
- Board Member- Georgia Alliance of Community Hospitals
- Board Member- Vizient Midsouth
- Board Member- Columbus Chamber of Commerce
- Board Member- Compass Bank, Auburn, Alabama
- Board Member- MercyMed Clinic, Columbus Georgia
- Board Member- River Center for the Performing Arts
- Nominating Committee- Georgia Hospital Association Board
- Board Member-Ronald McDonald House Charities of West Georgia
- Rotary Club of Columbus
- Board Member - Blacksburg Partnership
- Community Advisory Board Member - National Bank of Blacksburg
- Board Member, Treasurer, and Chair - Montgomery County Chamber of Commerce
- Board Member - Free Clinic of the New River Valley
- Executive Board Member - March of Dimes of Central Virginia
- Make-A-Wish Foundation Golf Tournament Committee Chair
- Big Brothers-Big Sisters of Richmond Golf Tournament Committee Chair
- Auburn University Alumni Association Life Member



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	GQIP
Project/Activity ¹	Comments
1. Workgroups	Added some additional interested members and co-leads to VTE and Time to Care workgroups at November call but unfortunately in the interim several of those have or are leaving the system.
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y
2. Benchmarking Platform & Data Central Site	GQIP ArborMetrix site is officially live! All centers will have gained access by 2/5. Brief overview and Q&A session held by ArborMetrix staff on 1/29. Feedback crucial from all the centers as we work with the data and metrics to refine.
Status: COMPLETE	Support GTC Strategic Priorities? (Y/N): Y
3. Peer Protection & Data Use Policies	Currently still working on PSO application with attorneys as well as clarifying PSWP.
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y
4. GQIP Trauma Advisory Committee	Potential need to restructure due to changes in current members roles at their facilities.
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y
5. GQIP Research Fellow	Excited to announce FY25 GQIP Research Fellow Dr. Luke Galloway. Bio attached.
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Dr. R. Todd, Dr. J. Sharma, G. Solomon, Trauma Center Program Staff
Chair/Commission Liaison:	Dr. Todd & G. Solomon
Date of Next Committee Meeting:	Next Virtual Meeting February 20, 2024. GQIP Spring Meeting May 21, 2024

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GEORGIA QUALITY IMPROVEMENT PROGRAM

FY 2025 Georgia Quality Improvement Program Research Fellow



Luke Galloway, MD is a general surgery resident at Emory University currently on research sabbatical. He is completing a 2-year fellowship in quality improvement and patient safety at the Joseph Maxwell Cleland Atlanta VA Medical Center through the VA Quality Scholars program.

During his fellowship, Dr. Galloway has focused on using automated data display and statistical process control to implement, monitor, and sustain enhanced recovery protocols and reduce postoperative length of stay in colorectal surgery. He is pursuing a career in colorectal surgery with academic interests in healthcare quality improvement, medical informatics, and patient-centered peri-operative pathways.

Georgia Office of EMS and Trauma Report to Trauma Commission, February 15, 2024

	Trauma Program
<p>Significant Events (Previous or Upcoming):</p>	<p>Previous:</p> <ul style="list-style-type: none"> • 5 Level III facilities pending ACS Consultative visits September – November 2023 • 2 Level III facilities DPH Re-designated • 2 Level I facilities received ACS verification • Received finalized Georgia ACS Consult Review Summary. Reviewing and prioritizing areas for improvement. Working in collaboration with GTC to update our state trauma plan. • 2023 schema status – Since the last report to GTC, ESO distributed the 2023 SDL update on 12/07/2023 to the V5 users. Facilities installed the software update to enable them to download and import data into the OEMST ImageTrend Patient Registry central site. To date, 29 centers have imported their 2023 data successfully. Imports from four centers are outstanding. <p>Upcoming:</p> <ul style="list-style-type: none"> • 4 Level IV DPH Consults and Designation visits scheduled for 2024 • New Level II facility scheduled designation visit for February 2024 • 11 potential Level IV Recruitments in EMS regions 2, 3, 4, 7, 8, 9, 10 • 2 potential Level III facilities in EMS regions 2 and 3 • OEMST and GTC are continuing to update a state trauma plan per recommendations from ACS consult visit in 2023. • 2024 schema status – No new information available to report. ESO previously estimated the 2024 development would take a minimum of 180 days from 10/24/2023 to complete. ESO provided ImageTrend with the 2024 ITDX file in late August. Due to the same complications involving the 2023 XSD file, the decision was made for the OEMST and ImageTrend to prepare a condensed 2024 schema and data dictionary. The condensed schema will include a minimal number of Georgia Extension fields, all NTDS/TQIP, and all ITDX fields. The combination of fields is required for the OEMST to meet the needs of the Armband Project and the Annual Trauma Registry Data Report. ImageTrend sent the 2024 updated/condensed schema to ESO on 10/24/2023. The OEMST sent the condensed DPH OEMST Georgia Trauma Data Dictionary to ESO on 10/24/2023. A timeline from ESO is pending for the SDL preparation and distribution to ESO V5 users. ESO understands the urgency of preparing the 2024 SDL. Once the SDL is distributed to the ESO V5 users and installed into the facility’s registry, the centers will resume downloads to the OEMST ImageTrend Patient Registry central site.
<p>Successes for the Entity/Program/Region:</p>	<ul style="list-style-type: none"> • The 2021 and 2022 Georgia Trauma Registry Annual Reports are complete. Both reports have been distributed and posted to the OEMST website. The 2021 and 2022 analysis were made possible by using the GQIP data exports. • The OEMST and GTC continue to meet to create a Trauma Data Dashboard to track and trend data from 2019 to the present. Meeting scheduled 02/09/2024. • Marie Probst, State Trauma Registrar and Gina Solomon, GQIP Director continue the data validation visits with the Level IV Trauma Centers. Monthly appointments with the facilities are being confirmed. The visits will be based on

	<p>upcoming re-designation dates or immediate need. To date, visits to Morgan Medical Center and Effingham Hospital have been completed.</p> <ul style="list-style-type: none"> • April Moss, Deputy Director, Stacey Smith State Trauma Coordinator, Marie Probst, State Registrar are conducting consultation visits to trauma facilities prior to designation visits to ensure quality of care and success in their trauma program.
<p>Challenges for the Entity/Program/Region:</p>	<ul style="list-style-type: none"> • GOHS/OEMST Armband Project: The pilot project has begun (April 11th) with Law Enforcement and EMS in White County, Law Enforcement and EMS in Lumpkin County, AirLife GA and Northeast GA Health System Gainesville and Dahlonega. Project pending NEGA to install the 2023 SDL and download the 2023 data. • ACS new Resources for Optimal Care of the Injured Patient does not have Level IV Trauma Center Criteria. Will be utilizing 2014 standards until ACS adds back level IV criteria. • In the Georgia Patient Registry, bulk exports of data continue to be tested for 2023 data forward. The bulk export data will be used to prepare the trauma registry annual report analysis and upload to Biospatial.
<p>Other items of note not listed above:</p>	<ul style="list-style-type: none"> • Kelly Joiner is working with Trauma Commission (Liz and Courtney) on the GA Trauma System Project to identify trauma hospitals and EMS locations (air/ground) across the state. • Richard Rhodes, Heather Reddick, and Kelly Joiner are working with Liz and EMS Subcommittee on Training Course maps for TC funded EMS courses. • The OEMST has worked with Georgia Data Analytics Center (GDAC) to develop an EMS Workforce Dashboard that is public facing and available to any entity/community. The EMS Dashboard includes workforce distribution, demographics, license level information, and service provider information. The EMS Data is updated quarterly. https://gdac.georgia.gov/health
<p>Name of Person Submitting Report:</p>	<p><i>Stacey Smith</i> <i>State Trauma System Coordinator, OEMST</i></p>



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	1	RTAC Chair	Brad Cothran	RTAC Coordinator	Scott Stephens
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Date Submitted	01-18-2024
Quarter	2

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	Facilitated Over 200 DNR Employees throughout the State to complete STB Training at their annual refresher in 6 different classes throughout the state, with two being held in Gilmer & Bartow Counties. Working through getting KITS to Trained Grant Recipients Ongoing Training for any requested Agency The Original Stop The Bleed Training for Counties has been Completed.
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	Multiple agencies are engaged in on going training around the Region to include PHTLS ,TECC,and State Approved Trauma Refresher Classes. The EMSC has scheduled their Annual EMSC 8 hr Symposium that will be held in Gordon County Georgia Northwestern Tech College this year with the theme focus being Trauma in Peds. Region 1 is hosting our 16hr D.A.R.T Class with over 100+ signed up for training Trauma Skills Lab has been Scheduled for April in Rome Auto Extrication is scheduled for April 26,26,27 in Floyd Co.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Working through the Region EMSC PEDS CQI project ,looking to expand it to adults as well. The committee held its first meeting during this Quarter and reviewed several submitted calls with feedback sent to EMS agencies and Facilities involved with great feedback as well. To Date 120+ pediatric calls have been submitted
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	Child Passenger Safety Technician (CPST) CEU class CPST course, CPST CEU, and CPST Renewal course Multiple agencies Awarded the 2024 Car Seat mini-grants Initiatives through the holidays by multiple agencies for Home safety include Christmas trees/lights, heaters, candles, and Fire safety.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103. O.C.G.A and Strategic Plan can be found <https://trauma.georgia.gov/about-us>



GEORGIA TRAUMA COMMISSION

RTAC Successes	The Region RTAC has two new members in leadership positions to move us forward, and there is lots of excitement. Next week will be the first action meeting with those appointments in place. The PI project has been received well, and we look forward to open submissions for review by all ages.
RTAC Barriers	People are engaged, but with leadership changes, people are waiting for the new to move us forward. The PEDS PI project has encountered some issues with hospitals not wanting to release information about the calls submitted through the QR code.
Date of last BIS Assessment	3/22
Date of last Trauma Plan	11/16 currently updating
Date of last region meeting	RTAC region meeting occurred on Oct 26 2023Mins Attached
Date of next region meeting	1/25/2024

Regional Summary

Region 1 has just replaced the RTAC Chair and The RTAC Coordinator; with this in mind, we are attempting to get our feet underneath us and are catching up to what the previous people had in place. This has proven to be a challenging task, but we are moving forward in a positive direction. Our first action meeting will be next week to lay out the plan and introduce it to the newly updated RTAC Membership.

The Region is engaged and excited to see what information we get from the PEDS PI Project and has expressed interest in taking that into the Adults as well. Work has begun updating the trauma plan, as it is outdated. Committees were formed at the January meeting. These committees will meet face-to-face to assist in finishing this update. The new leadership has discussed plans moving forward with the evaluation of ongoing training and is formulating a plan. The overall Stop the Bleed Schools and Buses are complete in Region 1.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	2	RTAC Chair	Jesse Gibson, MBA, RN	RTAC Coordinator	Kyle Gibson, APRN
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Date Submitted	January 17, 2024
Quarter	QTR 2 FY 2024 (October 1, 2023 – December 31, 2023)

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	<p>STB Application Kits We continue to reach out to law enforcement, EMS, etc., to backfill STB kits. Attempted to reach out to the local DNR office regarding training and kits. They reported that they do annual training along with CPR. They report they have tourniquets. Potential to start working with local State of Georgia parks, too.</p> <p>School Bus Drivers All Region-2 counties have completed STB training.</p> <p>Organizations Dave Shanks from the Department of Homeland Security continues to work with our region and Region 10. Dave performed training at Stephens County Schools (6) and the Stephens County Library (59).</p>
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	<p>Annual Northeast Georgia Trauma Symposium We had over 600 attendees, both in person and virtually, attend our 2023 trauma symposium. Our speakers were highly impressed with the professionalism and the ease of working with us. Work has already been performed to secure next year’s symposium. The date for the 2024 symposium will be October 4th, 2024. We have secured a majority of the speakers, including Juan Duchesne, Scotty Bolleter, and other industry experts. We are looking for additional funding sources to create a national-caliber symposium on the local level. Save the dates will be created in January to send out to staff and schools.</p> <p>Education Plan Continuing to finetune the educational plan assessment. RTAC members are aware, and this is a deliverable. I plan to send it to members of the RTAC in the 3rd quarter of January. However, NGHS continues to utilize their sim-bus for EMS agencies, which likely has more impact than sponsored courses. Luke Anderson, NGHS emergency preparedness and Healthcare Coalition – B coordinator, is working on additional grant-funded courses such as TECC, RTTDC, and TNCC.</p>

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GEORGIA TRAUMA COMMISSION

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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3. Performance Improvement Projects	<p>Pre-Hospital Ultrasound Project Robby Poole, PA-C is working with counties to secure training dates in quarter 3 with education refreshment. Again, this project will assist with point of injury care, potential triage to definitive care, and hopefully decrease scene times.</p> <p>Regional EMS Performance Improvement NGHS has hired a second PI coordinator, Janice Labbe. She previously worked for the trauma program in it’s infancy. She has a ED, HEMS, and IR background. Early discussions on formalizing a monthly EMS-PI meeting with Dr. Creel and/or Dr. Kuhn, trauma surgeons, to assist with performance improvement. We continue to utilize EMS breakrooms with information as well based off trends.</p> <p>Regional Response Team Our regional “Go-Team” has been developed. A trauma surgeon and APP has the means to respond to the scene for prolong extrications and/or MCI events. This was highlighted in our survivor story at our symposium. Funding will be used by Coalition-B funds to assist with some start-up and equipment needs. However, EMS has been instructed to call NGHS dispatch for request. Scene capabilities will be advance airway, whole-blood, REBOA, ultrasound, and other pertinent resuscitation needs.</p>
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Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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4. Injury Prevention Activities	<p>We continue to partner with Safe Kids – Northeast Georgia to provide distracted driving education for parents as well as car seat safety.</p> <p>Would like to start conversations with a “Keep The Wreath Green” fire-safety program with local fire-departments. However, funding will be an issue. Will attempt to work with some potential donors.</p>
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Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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RTAC Successes	Our symposium continues to be successful with reach across the U.S. We continue to have stakeholder engagement throughout the region. After a discussion with Robby, momentum is gaining for the re-education of ultrasound needs. Our blood project continues to be a success.
RTAC Barriers	<p>Participation of rural facilities in RTAC meetings: Sherry Loggins from Stephens County is now a part of our board-owning rural hospital engagement.</p> <p>Funding for other projects is limited, and we will need to potentially look for donors or grants.</p>
Date of last BIS Assessment	2017
Date of last Trauma Plan	2017



GEORGIA TRAUMA COMMISSION

Date of last region meeting	September 8, 2023
Date of next region meeting	January 5, 2024

Regional Summary

The 2023 Northeast Georgia Trauma Symposium continues to be the pride of Region 2. Much effort goes into making this symposium the most well-attended trauma symposium in the State of Georgia, with continued attendance of over 500 individuals. We are thankful for the support the Georgia Trauma Commission has given Region 2 to provide this educational opportunity to members of Region 2 and across the State of Georgia and the Southeast. This year's speakers had topics ranging from pediatrics to robotic surgery and LVAD emergencies. We are already in the works for next year's symposium. Our 2023 trauma survivor film was a hit, and the link can be found here:

<https://vimeo.com/879477901/7dfaca9052?share=copy>

Our regional point-of-injury initiatives continue to prove their worth. Our prehospital blood program allowed 54 units of blood to be delivered to patients suffering from life-threatening bleeding – extending the “golden hour.” Our prehospital ultrasound project continues to gain momentum, with Robby Poole working with EMS leaders across Region 2 to secure training dates. EMS will be performing lung-slide ultrasound to identify the possibility of pneumothoraxes in trauma patients. This program will ultimately grow to EMS performing E-FAST exams and being able to send these images to a cloud. The hope is the potential to one day bypass the ED resuscitation area if a patient is FAST positive and hypotensive. The data supports the mortality decrease when patients spend less time in ED resuscitations. We have updated our prehospital blood guideline to include an advanced resuscitation bundle mindset of 2 units of blood product, 2 grams of calcium chloride, and 2 grams of TXA.

Stop The Bleed efforts continue. We want to evolve this in our region to extend education to our recreational areas and State Parks. We would also like to work with our marinas and boat dealers to give information to buyers so they can have STB kits on their watercraft.

Structurally, the RTAC board has expanded to include two additional EMS at-large positions. These positions will help with EMS special projects like ultrasound; the other is an ambassador-like role to help get people to the meetings and improve participation. Sherry Loggins, ED manager at Stephens County Hospital, is leading the rural facility sub-committee that was formed. She will be working with other ED managers to assess needs and barriers to facilitate optimal trauma care.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	III	RTAC Chair	Dr. Elizabeth Benjamin	RTAC Coordinator	Danielle Johnson
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Date Submitted	1/18/2024
Quarter	2 – FY24

Current Quarter Project/Activity	Comments
Stop The Bleed	<ul style="list-style-type: none"> • Coordinating with Clayton Co EMA • Supply Pickup/Delivery for Johns Creek PD and DeKalb Fire • Coordinated STB Training and supply deliver to Georgia Board Workers Comp – Investigator and Enforcement division • STB materials delivery to Northside Gwinnett Trauma Services • Ongoing coordination with Clayton Co S.D. for STB planning/training • Coordination of upcoming trainings (Innovation Academy, Midtown High School, Sweetwater Creek State Park) • Ongoing promotion of STB Trainings • Management of R3 Bleeding Control Kit Applications – Complete. • Distribution of Approved Allocations • Summary of Regional Applications provided below
Status: On-going	Support GTC Strategic Priorities?¹ (Y/N): Yes
Injury Prevention	<ul style="list-style-type: none"> • Safe Driving Summit (10/10) – Coordinated event with R10 Coordinator <ul style="list-style-type: none"> - Focused breakout sessions for 300+ teens (15-19) from Commerce, Jefferson, East Jackson, and Jackson County High Schools - Wellstar Kennestone and North Fulton participated - Partnered with Piedmont Athens, Wellstar Paulding, Wellstar West Georgia, Jefferson Co FEMS • Safe Driving Summit (11/15) – Coordinated event with R5 Coordinator <ul style="list-style-type: none"> - Focused breakout sessions for 230+ Students from Jackson, Hancock, Brentwood, and Washington High Schools - Wellstar Kennestone Participated - Partnered with Fairview Park Hospital • Safe Driving Summit (11/16) – Coordinated event with R5 Coordinator <ul style="list-style-type: none"> - Full school assembly with focused breakouts for 175 students from Baldwin, Putnam, and Wilkinson County High Schools - CHOA & Wellstar Kennestone Participated - Partnered with Wellstar MCG, Atrium Health Navicent, Piedmont Henry



GEORGIA TRAUMA COMMISSION

Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
Education	<ul style="list-style-type: none"> R3 re-allocations of Coordinator funds to provide two grant-funded ABLIS courses for first responders <ul style="list-style-type: none"> Second offering 12/18/2023 Trauma Grand Rounds – Grady – “Updates and Controversies in Management of Traumatic Hemopneumothorax” – 10/3/2023 Trauma Grand Rounds – Kennestone – “Imaging Contrast Update: Myths & Facts” – 11/10/2023 Trauma Grand Rounds – Grady – “Preparing for the Silver Tsunami: Burn Surgery in an Aging World” – 12/5/2023 Metro Atlanta EMS Conference (MAEMSC) – Event scheduled for April 25-26, 2024 – Planning Committee includes members from Cobb County FEMS, Smyrna Fire, CHOA, Wellstar Kennestone, Wellstar North Fulton, Roswell Fire, Gwinnett FEMS, Clayton County FEMS Creation of Region III Hospital Capability Resource (Project on hold) 	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
Sub-Committees	PI/EMS Sub-committee within RTAC <ul style="list-style-type: none"> No update Education Sub-committee within RTAC <ul style="list-style-type: none"> Members volunteered to participate No update Collaboration with R3 EMS Council Education Chair <ul style="list-style-type: none"> Discussed regional education of trauma center variability Educational powerpoint created and under review 	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
Region Website	Monthly updates and maintenance provided by RTAC Coordinator	

RTAC Successes	Multiple Educational Offerings provided with CE for pre-hospital and trauma personnel around the region Multiple partnerships with other RTAC Coordinators
RTAC Barriers	
Date of last BIS Assessment	1/2016
Date of last Trauma Plan	8/10/2023
Date of last region meeting	November 29th 11:00 – 1:00p (Vinings Health Park & Virtual via Teams)
Date of next region meeting	February 29th Time and Location TBD



Region 3 May – Aug Bleeding Control Kit Application Summary

- All applications for Region 3 have been completed – GTC Smartsheet updated
- All kits listed below have been delivered
- 2 Applications remain pending more information
 - o South Fulton
 - o Clayton County

# of Kits	Agency	Contact
294	Clayton County EMA	Phong Nguyen
58	South Fulton Fire Rescue	Terrence Kerney
352 Kits		



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	4	RTAC Chair	Scott Roberts	RTAC Coordinator	Jay Connelly, RN
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Date Submitted	01-18-2024
Quarter	2

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	Multiple STB courses completed across the region. Rachel Hand has agreed to take the lead as a regional coordinator for Stop the Bleed. Several orientation meetings have occurred to establish a baseline. Limited historical data and equipment are available. Delivered 124 kits to Chief Perry with West Georgia Tech and established contact with the National Guard for their needs.
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	Rural Trauma course completed with West Georgia. Western area of the region was able to participate. Began discussion on having region 4 trauma symposium to take place in spring or summer with Wellstar as the host. Participation on region F trauma skills lab. Planning for Lutzie 43 teen Safe driving Event. Henry night out with focus on Pedestrian safety, home safety and gun safety to 5000+ participants. MIST training to assist with expectations for pre-hospital report. Establishment of Trauma Center Committee that meets monthly to try and coordinate efforts and expectations across the region. West Georgia trauma bay orientation.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Monthly meetings among all trauma centers in the region to begin to drive performance locally with regional themes. MIST training with trauma centers to roll out to region. Trauma center collaboration to provide consistent care across the center. Discussions related to pre-hospital blood products. Region 4 town hall. Life Link table top.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	Henry night out completed (pedestrian safety, fall prevention and gun safety) with participation from hospital, pre-hospital and law enforcement to 5000+ participants. Car seat safety. Next quarters focus on fire prevention and Hypothermia safety. Participation if GTCE injury outreach committee. Troop County Trauma response Collaborative (pediatric safety).
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

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RTAC Successes	Continue to gain traction. Trauma center communication improved and providing more consistent care across the region. Better collaboration to identify needs across the region. Centers not able to share best practices and learn from one another. Rebuilding the STB program and establishment of STB coordination for the region. Delivery of needed supplies for STB and identification of future needs. Pre-hospital personnel having to leave the region for care is decreasing which allows for better response times to patients in need.
RTAC Barriers	Participation. Continue to have limited participation from pre-hospital members. Will attempt to develop more regional participation within region 4 by having each trauma center take a lead in their catchment area. Transitions to web-ex options for RTAC meeting.
Date of last BIS Assessment	NA
Date of last Trauma Plan	NA
Date of last region meeting	10-10-23
Date of next region meeting	1-26-24

Regional Summary

We continue to see improvement in access and level of care around the region. Trauma center communication and interactions are improving. Look for trauma centers to take the lead locally to improve all aspects of care delivery. We are looking at strategies to improve pre-hospital participation and assess the needs across the region. The expansion of services offered throughout the region led to definitive care being offered. We will continue to attempt to grow support and participation in RTAC across the region.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	5	RTAC Chair	Todd Dixon	RTAC Project Coordinator	Kristal Smith
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Date Submitted	01/18/2024
Quarter	FY 2024; Q2

Current Quarter Project/Activity ¹	Comments
1. STOP THE BLEED [®]	<p>10/20/23 – GEMA/HS STOP THE BLEED[®] Forsyth-Monroe County – 77 Participants</p> <p>10/30/23 – STOP THE BLEED[®] LE Mandate at GPSTC - 30 Participants</p> <p>11/20/2023 – STOP THE BLEED[®] DNE at Little Olgmulgee State Park – 40 Participants</p> <p>11/20/2023 – STOP THE BLEED[®] Monthly National Champions Meeting</p> <p>11/28/23 – GEMA/HS STOP THE BLEED[®] Jones County Schools – 7 Participants</p> <p>11/29/2023 – STOP THE BLEED[®] Instructor Orientation//Dodge County EMA – 20 Participants</p> <p>11/29/2023 – STOP THE BLEED[®] Monroe Co EMS/Fire/EMA – GroGreen – 12 Participants</p> <p>11/29/2023 – STOP THE BLEED[®] Skills Only Training/Dodge County EMA – 20 Participants</p> <p>12/15/2023 – STOP THE BLEED[®] Inst. Orientation US Public Health Service – 48 Participants</p> <p>12/15/2023 – STOP THE BLEED[®] US Public Health Service – 48 Participants</p> <p>12/18/2023 – STOP THE BLEED[®] Monthly National Champions Meeting</p> <p>12/22/23 – STOP THE BLEED[®] LE Mandate at GPSTC – 20 Participants</p> <p>On-going - R5 RTAC PI continues to drive regional STOP THE BLEED[®] initiatives. We continue to maintain and resupply our regional equipment caches. We support an incredibly passionate instructor cadre and promote flexible program delivery strategies when possible.</p>

Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes
2. Education	<p>10/07/23 – ATLS Course – Atrium Health Navicent – 17 Participants</p> <p>10/11/23 – MCI Multiverse Multi-Regional/State Exercise – 200 VTX Participants</p> <p>11/17/2023 – GEMSA Trauma Skills Lab, Laurens County – 138 Participants</p> <p>11/17/2023 – MCI Multiverse Exercise - Fairview Park Hospital – 80 VTX Participants</p> <p>11/28/2023 – Regional Trauma System Lunch and Learn Session – 20 Participants</p> <p>11/28/2023 – TECC Course Dodge County - GEMSA Funded – 20 Participants</p> <p>11/29/2023 – TECC Course Dodge County - GEMSA Funded – 20 Participants</p> <p>12/05/2023 – National C-TECC Meeting/Webinars – 2 R5TRAUMA Participants</p> <p>12/07/2023 – MCI Triage Training - Bleckley Co Fire, SO, Heartland EMS – 16 Participants</p> <p>12/12/2023 – Trauma Critical Care Academy Module – 35 Participants</p> <p>12/20/2023 – MCI Multiverse/ASE Bleckley County HS, Cochran PD, Bleckley SO, Bleckley EMA/Fire, Cochran Fire, Heartland EMS – 50 plus In-person Participants, 30 VTX Participants</p> <p>12/22/23 – TECC Workshop LE Mandate at GPSTC – 8 Participants</p> <p>On-going - Eleven RTAC-sponsored The Q-Word Podcasts have been published. Over 25,000 podcast downloads to date. Partner with the Office of EMS and Trauma to post RTAC webinars posted to the GA TRAIN System.</p>

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GEORGIA TRAUMA COMMISSION

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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3. Performance Improvement Projects	<p>General System Improvement – Continue to educate partners on 2022 Field Triage Guidelines and 2022 NASEMSO Clinical Guidelines. Case reviews and follow-up on-going.</p> <p>Management of trauma cardiac arrest (TCA), Peri-arrest – Continue to educate partners on 2022 Field Triage Guidelines and 2022 NASEMSO Clinical Guidelines, CoTECC Guidelines, etc.</p> <p>Pediatric Readiness – Support of Regional EMS-C and Peds Champs Initiatives, Pediatric Specific content included in Surge Readiness and MCI Multiverse offerings, Regional Pediatric Trauma Symposium planning underway.</p> <p>Surge Readiness – Continue to educate partners on surge management priorities and tactics. Education offerings include - STOP THE BLEED® Offerings, HRUC/RTF/TECC Offerings, Coalition Skills Day Sessions, M-A-R-C-H and M-A-R-C-H P-A-W-S, MCI Multiverse/Exercises, Hospital Surge Readiness Course. Case reviews and follow-up on-going.</p> <p>Time to Definitive Care – Continue to educate partners on 2022 Field Triage Guidelines and 2022 NASEMSO Clinical Guidelines. Case reviews and follow-up on-going.</p> <p>On-going - R5 RTAC PI continues to drive regional education and outreach initiatives. The PI Subcommittee works in close collaboration with our Regional Education Committee, Regional EMS for Children Committee, and our regional stakeholders.</p>
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Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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4. Injury Prevention Activities	<p>10/11/23 – MCI Multiverse Exercise – Multiple Locations – 200 VTX Participants</p> <p>10/21/23 – Fairview Park Hospital Movie on the Lawn – Firearm/Pedestrian Safety – 500</p> <p>11/14/2023 – Lutzi 43 Event – Washington County – 230 Participants</p> <p>11/15/2023 – Lutzi 43 Event – Wilkinson County – 175 Participants</p> <p>11/16/2023 – Trauma After-Hours Presentation - ATV Safety – 20 Participants</p> <p>11/17/2023 – MCI Multiverse Exercise - Fairview Park Hospital – 80 VTX Participants</p> <p>12/14/2023 – Macon-Bibb TIM Team Meeting</p> <p>12/20/2023 – MCI Multiverse/ASE Bleckley County – 30 VTX Participants</p> <p>On-going: Material Distribution and Social Media Messaging specific to fall prevention, TBI prevention, pedestrian safety, hyperthermia prevention, suicide prevention, child occupant protection, gun safety etc. NEW Injury Prevention Content added to MCI Multiverse.</p>
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Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
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RTAC Successes	Numerous successes. All programming is reaching new heights!
RTAC Barriers	Our calendars are saturated as we work to ensure all of our regional efforts are adequately supported.
Date of last BIS Assessment	Jan 2012. New BIS assessment under review.
Date of last Trauma Plan	10/12/2022
Date of last region meeting	1/5/2024
Date of next region meeting	4/5/2024

Regional Summary

The Region 5 RTAC continues to be strong, active, and innovative. We remain committed to sharing resources, talent, expertise, and success. *The latest* STOP THE BLEED® Virtual Training Blitz coordinated in collaboration with our Georgia Trauma System Partners had more than 500 participants in just three days. Our MCI Multiverse celebrated its first birthday and continues to be well received. We have been asked to expand the Multiverse resources by a number of regional, state, and national partners. “Return to the MCI Multiverse: Exploring the Tactics of Trauma Surge Response” will be presented at the coming Georgia EMAG Summit!



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	6	RTAC Chair	Nicky Drake	RTAC Coordinator	Farrah Parker
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Date Submitted	01/17/2024
Quarter	2

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	11/17/2023 – LEPC Summit, 20 attendees 12/9/2023 – MCR Volunteer, 10 attendees
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	11/17-11/18 – TECC, Columbia County 12/1-12/3 - Rescue Redefined Extrication Course and Patient Care – Swainsboro, GA 12/15/2023 – Trauma Skills Lab, Emanuel County
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Region 6 along with the trauma centers in the Region have had participation with Region 5 with MCI events and virtual STB events. We continue to review patient cases to help provide feedback without local EMS agencies. The Performance Improvement committee will now work on initiatives to support recommendations from the ACS Rural Consult visit. With this we will continue to collect outcomes data that is relevant to current PI projects.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	10/19/2023 – Trunk or Treat, Columbia County, 500+ attendees 11/18/2023 – National Injury Prevention Day, Richmond County, 75+ attendees
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

RTAC Successes	The committee continues to hold strong partnerships with local trauma centers and EMS agencies.
RTAC Barriers	Current barriers are the decreased participation with education offerings. This has been discussed at multiple meetings to provide solutions. The region will increase the distribution of class offerings and engage the stakeholders.
Date of last BIS Assessment	2011

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Date of last Trauma Plan	06/08/2023
Date of last region meeting	The last Region 6 RTAC meeting was held on 01/07/2024 at Doctors Hospital
Date of next region meeting	04/04/2024

Regional Summary

Region 6 has completed 100% of schools and school buses Stop the Bleed training. We still provide resources and training for new staff within our region to continue supporting the STB initiative. We still offer STB training to our community and local providers. We can do this with support from our Level 1 and Level 2 trauma centers.

Our level 3 trauma center provides education, injury prevention, and STB training to our rural counties. They are still working to establish relationships with local nursing homes to establish a fall prevention program. Our RTAC chair, Nicky Drake, is leading this initiative.

The RTAC committee has identified the top goals for the upcoming year. We will focus our Education, Performance Improvement, and Injury Prevention around the areas of recommendation from the ACS visit. The focus will be on the continuum of care, emergency medical services, system triage, and patient flow.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	7	RTAC Chair	Duane Montgomery	RTAC Coordinator	Brian Dorriety
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Date Submitted	January 18, 2024
Quarter	2nd Quarter FY 24

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	STB Training is ongoing. Trained Schley County Sheriff's Department application completed with Kits delivered. We will continue to train as requests for training are submitted. No training equipment is needed at the current time for Region 7.
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	<ul style="list-style-type: none"> Trauma Skills Lab coming up in January 26, 2024 CFEMS just graduated 20 students from their paramedicine program. They will start another class in February 2024. Registration just closed. Columbus Technical College has an EMT Course with 16 students currently in progress. They are scheduled to graduate April 2024. They are scheduled to graduate 16 students from their AEMT course in December 2023. Columbus Technical College will also begin its new paramedicine program in January 2024. Region 7 is looking to host several ITLS and TECC, TNCC, and ATL courses in the upcoming year. An educational needs assessment has been completed. Met with Cheryl Ward from the Trauma Foundation to discuss possible funding for future courses.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Continuously monitoring our time to infinite care. We are showing improvements with the reports being turned in for our Registrars to evaluate. However, we still have a couple of agencies that need to improve with getting their reports in so that our registers can track appropriate data. Our EMS Council is addressing those agencies so that we may show better results with our data. We will continue to monitor those agencies. Data shows that Falls, MVC, and Penetrating injuries are still our top three mechanisms of trauma injuries. Falls have decreased by 23% since last quarter.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

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GEORGIA TRAUMA COMMISSION

<p>4. Injury Prevention Activities</p>	<p>Fall Prevention:</p> <ul style="list-style-type: none"> Fall injuries are still our number 1 in trauma related patients, however we do have a decrease of 23% in fall injuries since last quarter. Muscogee – We completed th“Matter of Balance & Tai Chi Classes” and will continue our “Matter of Balance & Tai Chi Classes” for 2024 in partnership with Area Agency on Aging. <p>Penetrating Injuries: continues to be our number 2 in trauma related injuries.</p> <ul style="list-style-type: none"> Cure Violence Columbus has trained 4 Cure Violence Interruptors that are visiting the Youth Detention Centers and Speaking with the young boys about violence and retaliation. Also visting schools that have a high volume of violence. Safe Kids of Columbus is working on grant funds to help purchase gun lock boxes to be given away. <p>Safe Kids Columbus</p> <ul style="list-style-type: none"> River Savvy Kids Event – ATIP Committee has been working on this years “Free Life Jackets” for Kids, give away.We have partnered up with Academy Sports and palnning again for this years giveaway scheduled for the spring. We had several Car Seat Safety Classes last quarter and will continue to put them on this year around the region. Registration have been sent throughout the region.
<p>Status: On-going Support GTC Strategic Priorities? (Y/N): Yes</p>	

RTAC Successes	We had a decrease in support from stakeholders from Region 7 last quarter due to many different reasons. We voted to move our quarterly RTAC meetings to the same day as the Regional Council meeting, and the outcome has made a positive difference in attendance.
RTAC Barriers	Amount of Funds available to do more for the region. Lack of stake holders involvement.
Date of last BIS Assessment	March 2020
Date of last Trauma Plan	July1, 2023
Date of last region meeting	December 12, 2023
Date of next region meeting	March 12, 2024

Regional Summary

Using our new STB trainer kits, region 7 has progressed with Stop the Bleed in the hospitals. The plan to continue training throughout the region. To include government buildings, civic centers, and schools as they schedule training sessions.

Region 7 is 100% complete with STB in the Schools and Buses. We will continue to add additional training sessions for new hires and new schools as they request.



GEORGIA TRAUMA COMMISSION

Region 7 continues to schedule different types of training for EMS agencies and hospitals throughout the region. We continue offering courses for our region as agencies request. This is an opportunity where a regional training grant may be utilized.

I attended the Rural Stakeholders meeting to discuss the challenges and barriers in the region's rural areas.

All agencies in our region completed region 7 EMS equipment grants.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	8	RTAC Chair	Allen Owens	RTAC Coordinator	Anita Matherley
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Date Submitted	01/18/2024
Quarter	3

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed 2. Fall Injury Prevention	1. STB instruction completed for school systems in Irwin County STB instruction completed for law enforcement Dougherty County STB instruction completed for school systems in Ben Hill County 2. Participation in Fall Prevention/Safety Outreach Project. Group interested met and discussed trials of outreach in the surrounding communities. Fire department officials partnering with medical staff including SGMC began reaching out to provide safety education to business in the Valdosta area. Home visits are also being offered by medical staff prior to discharge from the hospital. Once the trials are tested over the next 3 months we will meet again to discuss guidelines for training others to instruct/educate in other areas of region 8. Our goal is to involve others, Fire Fighters, First Responders, EMS, and medical staff, once trained to join in these efforts to assist with reducing fall injury and fall injury. Particularly injury that results in hospital admissions and repeat hospital admissions.
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
3. Education	1. Planning to follow up with information toward Trauma Center Designation 2. Delivered documents for evaluating educational needs over Region 8 3. Continue to provide TNCC, ENPC and ATLS as areas qualify and need
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Performance Improvement Projects	Awaiting participation, assessment, and evaluation to obtain additional information and guidance for educational needs across Region 8. These efforts are to improve patient care across the region. Crisp Regional Staff requested to explore gun safety and/or crime prevention. Planning to follow up as requested.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
5. Injury Prevention Activities	November 14, 2023 Injury Prevention/Safety Outreach partnering with SGMC and Fire and Safety to conduct classes for follow up post discharge from hospital for patients admitted for fall injuries. Post discharge guidelines will include fall safety

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GEORGIA TRAUMA COMMISSION

related to home inspection conducted by trained individuals in order to reduce falls in the home!

Status: On-going

Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	<ol style="list-style-type: none"> 1. Safety outreach and injury prevention continue now with a definitive plan for active involvement with hospitals across Region 8 to directly address fall prevention for patients admitted for fall injuries to reduce falls and, therefore, injuries. 2. Increased communication by distributing educational needs assessment identification across region 8 among stakeholders. 3. Provide communication/education related STB and upcoming guideline changes for greater continuity of care across Region 8. The Region 8 RTAC, continues collaboration with our regional and state partners, provided bleeding control training to all facilities as requested. Multiple hospital staff as well as EMS personnel have stepped up to provide instruction and leadership in Region 8 for Stop The Bleed Training. Training and kits provided for Dougherty, Ben Hill and Irwin Counties.
RTAC Barriers	Time constraints and staffing demands/shortages continue to be significant barriers in regard to RTAC project execution.
Date of last BIS Assessment	
Date of last Trauma Plan	
Date of last region meeting	
Date of next region meeting	February 27 th , 2024

Regional Summary

Region 8 struggles with participation due to staff shortages and time constraints. Direct communication is ongoing to evaluate educational needs and assistance.

Region 8 continues progressing with Stop the Bleed in the school systems, colleges, transportation agencies, law enforcement, and fire departments. Across Region 8, there are available local instructors available for the training. Many school districts have the infrastructure, resources, and expertise to sustain in-house Stop the Bleed programming, and several of our region’s school nurses assist with providing community training.

Safety Outreach group will meet again in January 2024 for an update on training addressing fall injury and prevention. This is for patients admitted to the hospital with fall injuries status post-discharge. The group will partner with hospitals and fire departments across Region 8.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	9	RTAC Chair	Mr. Vic Drawdy	RTAC Coordinator	Andrew Altman
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Date Submitted	12/31/2023
Quarter	2

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	10/4 Wayne County Sheriff/School; 10/6 School Savannah, 10/10 Glynn School, Waynesville Fire, 10/12 STB Library staff, 10/23 Wayne School, 11/7 DNR, 11/18 BC School Nurse, 12/5 GA DNR Regional Meeting,
Status: On-going	Support GTC Strategic Priorities?¹ (Y/N): Yes
2. Education	None at this time.
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	Triage Tag Training
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	Bleeding Control Kit Grants; Stop the Bleed Surge (Winter)
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	Several STB Initiatives and new instructors across the region.
RTAC Barriers	Reorganizing Region RTAC Committees; Turnover in participating facilities/organizations; New coordinator learning role.
Date of last BIS Assessment	January 2019
Date of last Trauma Plan	January 2019
Date of last region meeting	10/26/2023 Deliverable: submit meeting minutes from your most recent RTAC meeting along with quarterly report.
Date of next region meeting	01/25/2024

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GEORGIA TRAUMA COMMISSION

Regional Summary

- Region 9 has seen a large amount of turnover since COVID-19 with participating facilities. The board needs to be refreshed and as stated in the bylaws- new members for committees will need to be elected. Stop the Bleed is still going well in the Region with many school systems becoming independent on their training through use of online training or by utilizing their school nurse and law enforcement workforce. The schools are 100% complete and the school buses are 100% complete.
- Numerous applications received within the region for Bleeding Control Kits.
- GEMA Area 5 All Hazards Council (10/17)
- RTAC Meeting (10/26)
- R9EMSC Mtg (10/26)
- GTC (11/16)
- RTAC Mtg (11/28)
- Area 5 All Hazards Council (12/14)
- Area 5 Sheltering/Evac Discussion(12/15)



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	10	RTAC Chair	Dr. Kurt Horst	RTAC Coordinator	Crystal Shelnett
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Date Submitted	1/15/2024
Quarter	2 (October-December 2023)

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	<p>10/6: STB with Oconee County Schools 10/13: STB with Walton County SO 11/2: STB Provider/Instructor for Region 10 EMS Providers 11/13: 6 STB courses at Piedmont Athens Regional 11/30: STB with GA DNR 12/6: STB with Jackson County law Enforcement</p>
Status: Ongoing	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	10/10: Lutzie 43 Safe Driving Summit hosted in Jackson County
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	<p>On November 28th, the Region 10 Prehospital Plasma Project officially went live! Two plasma units have been placed on a quick response vehicle with Elbert County EMS.</p> <p>The first phase of the EMS Educational Needs Assessment is complete, with the director portion of the surveys returned and evaluated. We received great feedback and 100% participation from our regional directors.</p>
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	<ul style="list-style-type: none"> 9 Safe Kids Fire Safety Education events taught in October at various Clarke County Elementary Schools 5 days of activities with Piedmont Athens Regional for National Injury Prevention week including Stop The Bleed, Fall Prevention, and Safe Kids events.
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	

RTAC Successes	We are excited to finally announce the implementation of the Region 10 Prehospital Plasma Project! Elbert County EMS now deploys two units of plasma in a Quick Response Vehicle, enhancing their response to high acuity trauma calls. Despite delays caused by COVID-related supply chain
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GEORGIA TRAUMA COMMISSION




	issues and technology complications, we take immense pride in the project's realization. Furthermore, two additional EMS services have expressed interest in joining the initiative, and we are poised to initiate their onboarding process, including training and equipment acquisitions, in the coming months.
RTAC Barriers	Since the implementation of the injury Prevention subcommittee, the Region 10 RTAC has benefited from increased engagement from community partners. Our most significant barrier remains the active and measurable participation from many of our EMS partners.
Date of last BIS Assessment	October 31, 2016
Date of last Trauma Plan	December 18, 2018
Date of last region meeting	December 12, 2023
Date of next region meeting	March 19, 2024

Regional Summary




This quarter has been very successful with many activities and the implementation of the prehospital plasma project. On October 10th, Jackson County hosted a Lutzie 43 Safe Driving Summit for several local high schools. We appreciate Danielle Johnson and the Region 3 RTAC for such a successful and impactful injury prevention event. Our Stop The Bleed programs remained active, with classes taught to schools, law enforcement, hospital employees, and more than 60 DNR wildland firefighters.

November was a very active month as we celebrated National Injury Prevention Week with multiple events hosted by Piedmont Athens Regional and the Safe Kids Athens programs. On November 28th, we placed two plasma units on a quick response vehicle with Elbert County EMS. The resilient and dedicated subcommittee appreciated the long-awaited implementation phase of this project. We expect to add two additional EMS services in the coming months, Greene County EMS and Madison County EMS. Our committee is working with Tim Boone to utilize the AVLS system for a more seamless and economical temperature and data reporting option. The subcommittee will meet monthly to review all plasma administrations in the field and present quarterly at the RTAC meetings.

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

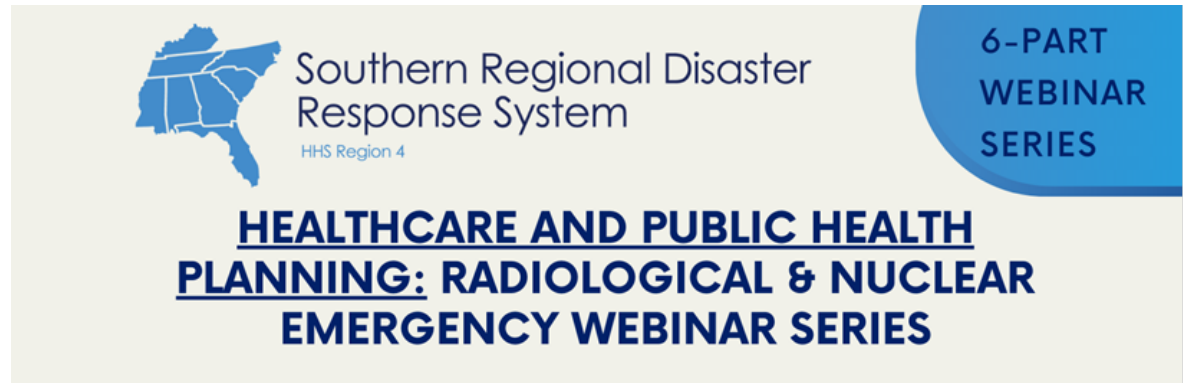
Name of Committee or Workgroup:	MAG Medical Reserve Corps
Project/Activity ¹	Comments
1. MAGMRC Executive Leadership Meeting	<p>01/2023 – MAGMRC Executive Leadership met to review previous events and discuss upcoming events and potential training opportunities.</p> <ul style="list-style-type: none"> • Drone Team Training • LZ Team training • Family Preparedness • K-9 Team Training • Mass Casualty Exercise – Warner Robins
Status: Complete	Support GTC Strategic Priorities? (Y/N): Y
2. STB Training at State Capitol Building	<p>02/2023 – At the request of the State Legislature, MAGMRC provided Stop the Bleed training at the Georgia State Capitol.</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <div style="text-align: center; margin-top: 10px;">  </div>
Status: Complete	Support GTC Strategic Priorities? (Y/N): Y

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<p>3. Mass Casualty Multiagency Exercise, Warner Robins, GA</p>	<p>03/2023 – MAGMRC member and member of the Executive Leadership Team assisted the a multiagency mass casualty training exercise, training attendees in how to properly triage victims and to setup and manage a triage area.</p> 
<p>Status: Complete</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
<p>4. E-MAG Summit, Savannah, GA</p>	<p>04/2023 – Gary Glemboski, MAGMRC member, presented “Family Preparedness for Crisis Responders,” a presentation prepared jointly by Mr. Glemboski and Paul Purcell, member of the MAGMRC Executive Leadership Team.</p> <p style="text-align: center;">*****Family Preparedness for Crisis Responders*****</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="370 1035 683 1438"> <p>Gary Glemboski GA Tactical</p>  </div> <div data-bbox="695 1035 997 1438"> <p>Paul Purcell CEO InfoQuest</p>  </div> </div> <p><i>“The world is a more dangerous place than last year. Natural disasters have been more numerous, manmade attacks have sadly set new records, and our dedicated Public Safety and Public Health personnel have been busier than ever. Though Public Safety and Public Health may perform different functions, they all have one thing in common. In times of crisis, they leave their families at home as they report for duty. This one-hour presentation takes “basic” family preparedness to an entirely new level. Attendees will learn far more than the simple “kit” concept, but the information will be realistic, easy to understand, and immediately useful at home, at work, and in the community. Even more important, the attendee will be exposed to a variety of ways in which this material can be taught to others. In short, this year our breakout session is more of a “train the trainer” session.”</i></p>
<p>Status: Complete</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>

5. Radiological and Nuclear Emergency

04/2023 & 05/2023 – Several members of MAGMRC attended SRDRS online webinars presented by the Southern Regional Disaster Response System.




Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

6. Drone Team Training, Grayson, GA

06/2023 – Drone Team members received additional training in potential missions of the MAGMRC Drone Team. Training revolved around a search and rescue simulation. Each member was tasked with the drone take-off, locating a victim in a field or wooded area, communicating the coordinates of the victim, returning the drone to the take-off location, and landing safely.



Status: Complete	Support GTC Strategic Priorities? (Y/N): Y
7. ORISE & REAC/TS ARM and NATO CBRN Medical Symposium	<p>06/2023 – Dr. Luz Heaton, a long-time member of MAGMRC and a member of the MAGMRC Leadership Team, attended a 5-day symposium in Oakridge, TN on “Advanced Radiation Medicine.” The symposium was co-sponsored by the Oak Ridge Institute for Science and Education and the Radiation Emergency Assistance Center.</p> 
Status: Complete	Support GTC Strategic Priorities? (Y/N): Y
8. MAGMRC – Executive Leadership Team Meeting	07/2023 – The MAGMRC ELT met online to discuss ongoing projects, and to plan a meeting for the larger extended Leadership Team that will be held on August 19, 2023.
Status: Complete	Support GTC Strategic Priorities? (Y/N): Y
9. MAGMRC – Leadership Team Meeting	<p>08/2023 – The MAGMRC Leadership Team, comprised of 22 MAGMRC members from throughout the state of Georgia, met at MAG headquarters to discuss goals, schedules, and other concerns for MAGMRC. Decisions made included:</p> <ul style="list-style-type: none"> • Dr. Tanna Lim was named Shelter Team Leader. • Required training for MAGMRC K-9 Team members will be expanded to include the AKC K-9 Good Citizen award. • MAGMRC will identify a Quick Response Team of physicians and K-9 Team members to aid Fulton County Schools at Family Reunification sites for the purpose of re-triaging disaster event victims arriving at the site. • MAGMRC will seek to hold training meetings in various regions in the state. • Due to a lack of assistance from Medical Schools, the Medical Student Section and Nursing Student Section have been discontinued. • The Resident Section will be retained. • See item 10. below.
Status: Complete	Support GTC Strategic Priorities? (Y/N): Y
10. MAG MRC Co-Medical Director	08/2023 – At the MAGMRC Leadership Team meeting, it was decided to name W. Hayes Wilson, MD to be Co-Medical Director of MAGMRC to work alongside Dr. John Harvey. Dr. Wilson is a graduate of Emory University School of Medicine. He is a practicing Rheumatologist at Piedmont Rheumatology Consultants, P.C., where he practices along with his wife, Dr. Kimberley Wilson. Dr. Wilson is a long-time member of MAGMRC, a member of the Executive Leadership Team, Leader

10. (continued)

of the MAGMRC Drone Team, and has participated in nearly every exercise and training event held since the multi-agency Operation Vigilant Guard in Savannah, GA.



Dr. Wilson, on behalf of MAGMRC, presenting to participants in 2023 Fulton County School System Active Shooter Exercise



Raising Med Surge Tent at Welstar Kennestone Hospital Covid-19 Mission



Operation Vigilant Guard

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

11. Fulton County Schools – Multiagency Active Shooter Exercise

09/2023 – MAGMRC participated in the planning and execution of a multiagency exercise headed by the Fulton County Schools. Several planning meetings over the months of June, July, and August were held at the FCS Admin Center in which MAGMRC served as an integral participant. Efforts culminated in a table-top exercise on September 6th at Riverwood High School. Original plans were for the table-top exercise to be followed by a functional exercise on October 11th. However, the functional exercise was postponed until participating agencies could address weaknesses identified during the table-top exercise.


Participating agencies included Fulton County Schools (Safety & Security Department, FCS Police Department), Sandy Springs Fire & Rescue, Sandy Springs Police, American Medical Rescue, MAGMRC, AFCEMA, Dekalb County Fire & Rescue, Georgia Army National Guard.



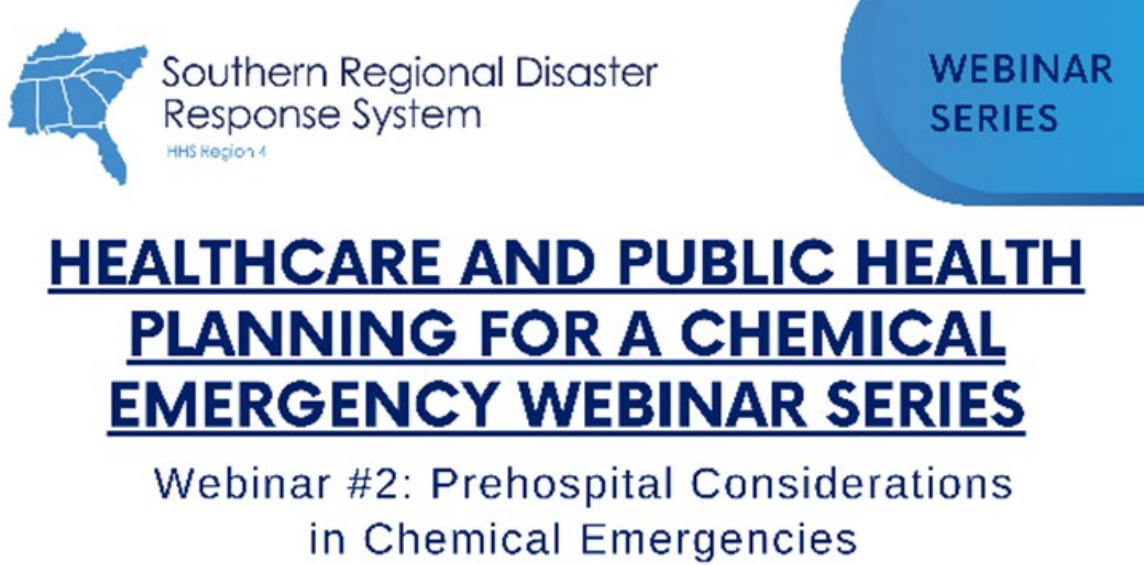
Pictured (L-R): Chayne Sparagowski, AFCEMA; Fred Jones, MAGMRC Program Coordinator; Jack, MAGMRC K-9 Team; Paul Hildreth, Director of Safety and Security-FCS & MAGMRC; Chip, MAGMRC K-9 Team; Dr. John Harvey, MAGMRC Co-Medical Director

Status: In Process

Support GTC Strategic Priorities? (Y/N): Y

<p>12. Law Enforcement Business Continuity Summit (BCS)</p>	<p>12/2023 – MAGMRC members Paul Purcell and Gary Glemboski provided expertise to the 15th annual BCS. This year’s BCS focused to a large extent on preparing for the upcoming World Cup to be held in Atlanta. Paul Purcell led a one-hour panel discussion entitled “Working With Security Teams.” Gary Glemboski served on the panel along with law enforcement personnel.</p>  <p><i>Pictured: Paul Purcell, MAGMRC at lecturn; Gary Glemboski, MAGMRC, 2nd panelist from left (note – other panelist’s faces have been blurred to protect their anonymity)</i></p>
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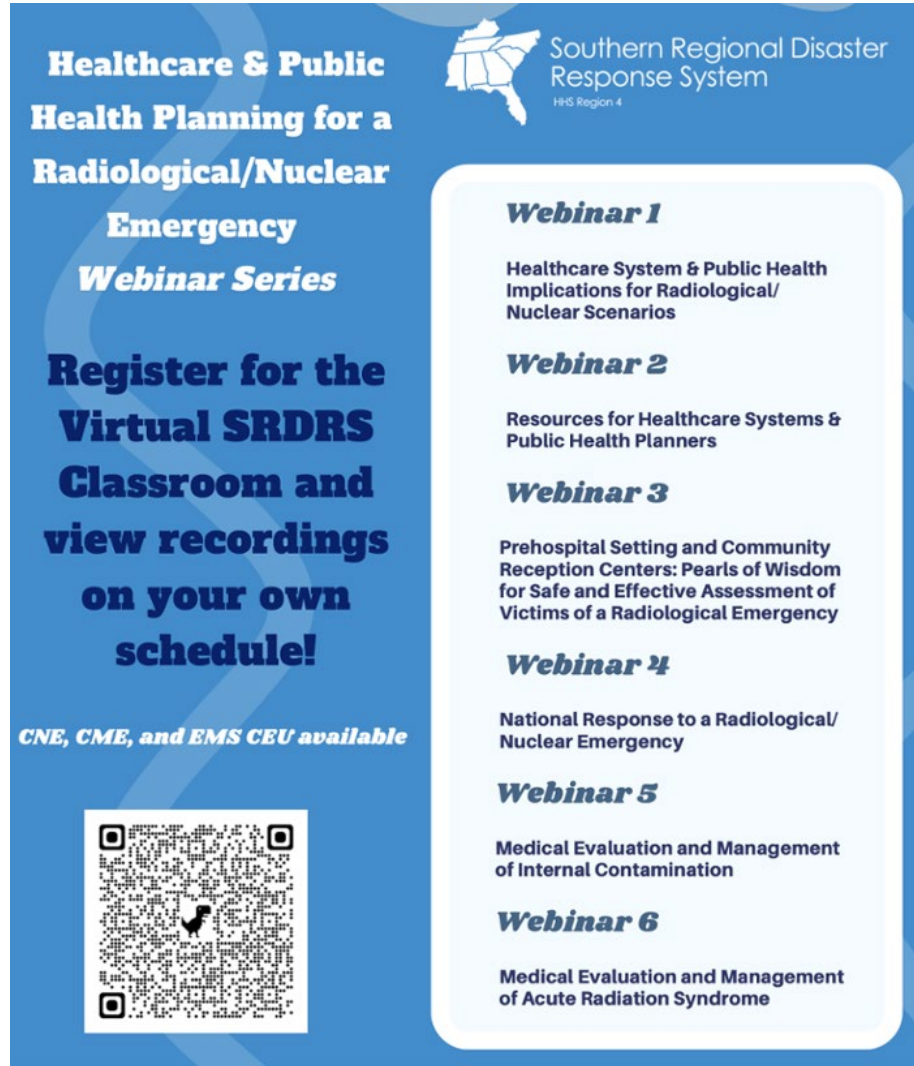
<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
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<p>13. SRDRS Webinar</p>	<p>01/2024 – On January 16, several members of MAGMRC attended a webinar sponsored by the Southern Regional Disaster Response System.</p> 
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<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
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14. SRDRS Webinar Series

Several MAG MRC members have expressed interest in attending the series of SRDRS webinars Radiological / Nuclear Emergency.



The graphic is a blue and white promotional poster for the SRDRS Webinar Series. At the top right, there is a map of the Southern United States with the text 'Southern Regional Disaster Response System' and 'HHS Region 4'. The main title is 'Healthcare & Public Health Planning for a Radiological/Nuclear Emergency Webinar Series'. Below this, it says 'Register for the Virtual SRDRS Classroom and view recordings on your own schedule!'. A QR code is located at the bottom left. At the bottom, it states 'CNE, CME, and EMS CEU available'. On the right side, there is a white rounded rectangle containing a list of six webinars:

- Webinar 1**
Healthcare System & Public Health Implications for Radiological/ Nuclear Scenarios
- Webinar 2**
Resources for Healthcare Systems & Public Health Planners
- Webinar 3**
Prehospital Setting and Community Reception Centers: Pearls of Wisdom for Safe and Effective Assessment of Victims of a Radiological Emergency
- Webinar 4**
National Response to a Radiological/ Nuclear Emergency
- Webinar 5**
Medical Evaluation and Management of Internal Contamination
- Webinar 6**
Medical Evaluation and Management of Acute Radiation Syndrome

Status: In Process

Support GTC Strategic Priorities? (Y/N): Y

15. Fulton County Schools Conference

01/2024 – Dr. John Harvey was asked to address the subject of Emergency Preparedness at the Fulton County Schools’ 14th Annual School Nurse and Clinic Assistant Conference on January 16th. The conference was postponed due to weather, but will be held at a later date.



**DISTRICT HEALTH SERVICES
14th ANNUAL SCHOOL NURSE AND CLINIC ASSISTANT CONFERENCE**

**Focus on the 3'Cs:
Care, Competency, and Communication
The Role of the Health Services Team**




**Tuesday, January 16, 2024
AGENDA**

- 8:30-8:50 AM **Welcome and Opening** - Lynne Meadows, Director, District Health Services, FCS
Guest Greetings - Cliff Jones, Chief of Staff, FCS
- 8:50 -9:20 AM **Clinic Assistant of the Year Recognition and Award - CAOTY Award Committee**
Surprise Guest
- 9:20-10:20 AM **Review of Student Clinic Presentation (Head-to-Toe Observation)**
Mark Griffiths, MD, Medical Director, Emergency Department, Children’s Healthcare of Atlanta
- 10:20-10:30 AM **Break and Door Prizes**
- 10:30-11:30 AM **Emergency Preparedness – Paul Hildreth, Director, Department of Safety & Security**
Dr. John S. Harvey
- 11:30-12:15 PM **Lunch and Door Prizes**
- 12:15-1:15 PM **Update Communicable Illnesses – Fulton County Board of Health ~ Office of Epidemiology**
Sasha Smith, MPH, Chief Epidemiologist; Mallory Hazel, MPH, Epidemiologist Supervisor; and Anna Genetti, Epidemiologist
- 1:15-2:00 PM **Review of Medication Administration - Rights and Routes**
Suzie Orr, RN, Chattahoochee Cluster School Nurse
Connie Harwood, RN, John’s Creek Cluster School Nurse
- 2:00-2:10 PM **Break and Door Prizes**
- 2:10-3:15 PM **Clinic Assistant Panel – Best Practices Clinic Tips**
Keia Ward, CA, Wolf Creek ES; Laura Gordon, CA, Heard’s Ferry ES; Anne Cherian, CA, River Trails MS; Katie Knope, CA, Milton HS; Ann Goud, CA, Roswell HS; Kay Long, CA, Chattahoochee Hills Charter School
- 3:15-3:30 PM **Wrap up/Q&A/Evaluation & Door Prizes – Lynne Meadows and Conference Committee**

Status: In Process

Support GTC Strategic Priorities? (Y/N): Y

<p>16. K-9 Team Training</p>	<p>01/2024 – MAGMRC has long sought to provide training to K-9 Team handlers in K-9 first aid, and how to properly manage a K-9 in a disaster response environment. Valkyries Austere is a training organization specializing in training medical responders for disaster and tactical situations, for both human and K-9 care. A 2-day K-9 First Aid training has been scheduled for January 27 & 28.</p>  <p><i>K-9 First Aid training picture from Valkyries Austere website.</i></p>
<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
<p>17. LZ (Landing Zone) Team Training</p>	<p>Date TBD – MAGMRC and an Aviation Unit of the Georgia National Guard are working to coordinate a live training event for members of the MAGMRC LZ Team. Each team member will receive additional training and hands-on experience at identifying a suitable landing zone and martialing into and out of the LZ a military helicopter.</p>
<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
<p>18. Other Training</p>	<p>Other training events in the planning stages:</p> <ul style="list-style-type: none"> • Shelter Team • Drone Team – Member FAA Certifications • Patient Transport • Communications
<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>
<p>19. Statewide MRC Meetings</p>	<p>MAGMRC personnel participate in monthly statewide MRC conference calls with the GDPH.</p>
<p>Status: In Process</p>	<p>Support GTC Strategic Priorities? (Y/N): Y</p>

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	
Chair/Commission Liaison:	
Date of Next Committee Meeting:	

**MAG Institute for Excellence in Medicine
MAG Medical Reserve Corps
Grant MAG2024.1**

	<u>Amount Requested</u>	<u>Amount Spent As of 12/31/23</u>
Direct Costs		
Program Coordinator	35,000	17,499
Education & Training	35,000	303
Travel	15,000	5,562
Supplies	33,500	9,572
Consulting	5,000	0
Website	10,000	4,607
Recruitment	6,000	3,150
Membership Mgt System	4,000	456
PayPal Fees	200	0
Postage	1,200	0
Rent - Office & Storage	3,600	1,800
Printing	1,500	0
Meetings - Leadership	3,000	842
Total Direct Costs	<u>153,000</u>	<u>43,791</u>
Indirect Costs		
Administration	17,000	8,504
Total	<u><u>170,000</u></u>	<u><u>52,295</u></u>