The Georgia Trauma System
Where Are We Now And
What’s On The Horizon?

Barnsley Resort
March 1st, 2022
PAST
40 YEARS IN THE MAKING!

- But who’s counting?!
- Georgia’s first trauma center was designated 40 years ago
- We have made significant progress towards an optimal statewide trauma system
## Major 2006 Financial Loss for Georgia’s Trauma Centers

<table>
<thead>
<tr>
<th>Georgia Trauma Centers</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Revenue</td>
<td>$193,999,255</td>
</tr>
<tr>
<td>Patient Treatment Costs</td>
<td>$220,684,574</td>
</tr>
<tr>
<td>Trauma Center Readiness Costs</td>
<td>$44,063,224</td>
</tr>
<tr>
<td>Total Trauma Center Costs</td>
<td>$264,747,798</td>
</tr>
<tr>
<td>Loss on Trauma Center Operations</td>
<td>-$70,748,543</td>
</tr>
</tbody>
</table>
## How Does Trauma Care Payment In Georgia Compare to the US?

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>GA Payer Mix</th>
<th>National Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>39%</td>
<td>51%</td>
</tr>
<tr>
<td>Other Ins.</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicare</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Move Out of Your Comfort Zone!
Lessons Learned

Must Have Cost Data
State Trauma Study Committee

• Created during the 2006 Legislative Session

• Five members of House and five from the Senate

• Heard testimony from State and National trauma “experts”

• Held 5 regional public meetings
Georgia trauma death rate is 20 percent worse than the national average.

Only 30 percent of trauma injuries are treated at designated trauma centers.

Traumatic death rates in rural Georgia are much higher than in the urban areas of Georgia.

Annually, Georgia’s trauma care providers (hospitals, surgeons and EMS) deliver $250 million in uncompensated trauma care.
Lessons Learned

Must Have Battle Cry
Recommendations

1. Creation of the Georgia Trauma Commission
2. Creation of Georgia Trauma Care Fund
3. Develop a statewide Trauma System
Senate Bill 60 Legislation

- Passed in 2007
- O.C.G.A. § 31.11.100 - 103
- Established a nine-member “Georgia Trauma Care Network Commission”
- Administratively attached to DPH
SB 60 provided the Commission AUTHORITY to:

- Establish, maintain, and administer a statewide trauma system
- Coordinate the best use of existing trauma facilities
- Oversee fund dispersal into the entire Georgia trauma system, fairly and effectively
Lessons Learned

Supporting Legislation
The $60 Million Man
Lessons Learned

Be Careful What You Ask for.... Have a Plan!
## Hospital Funding Allocations

<table>
<thead>
<tr>
<th>Trauma Center</th>
<th>Uncompensated Care Cost Pool</th>
<th>Readiness Cost Pool</th>
<th>Total</th>
<th>% of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2- Archbold</td>
<td>$684,249</td>
<td>$1,522,429</td>
<td>$2,206,678</td>
<td>4.6%</td>
</tr>
<tr>
<td>B2- Atlanta</td>
<td>$2,230,489</td>
<td>$1,522,429</td>
<td>$3,752,918</td>
<td>7.9%</td>
</tr>
<tr>
<td>C2- Columbus</td>
<td>$1,104,678</td>
<td>$1,522,429</td>
<td>$2,627,107</td>
<td>5.5%</td>
</tr>
<tr>
<td>D2- Floyd</td>
<td>$461,024</td>
<td>$1,522,429</td>
<td>$1,983,453</td>
<td>4.2%</td>
</tr>
<tr>
<td>E2- Gwinnett</td>
<td>$1,134,721</td>
<td>$1,522,429</td>
<td>$2,657,150</td>
<td>5.6%</td>
</tr>
<tr>
<td>F2- Hamilton</td>
<td>$297,656</td>
<td>$1,522,429</td>
<td>$1,820,085</td>
<td>3.8%</td>
</tr>
<tr>
<td>G2- North Fulton</td>
<td>$539,719</td>
<td>$1,522,429</td>
<td>$2,062,147</td>
<td>4.3%</td>
</tr>
<tr>
<td>H2- Egleston</td>
<td>$401,211</td>
<td>$1,522,429</td>
<td>$1,923,640</td>
<td>4.0%</td>
</tr>
<tr>
<td>I2- Scottish Rite</td>
<td>$155,674</td>
<td>$1,522,429</td>
<td>$1,678,103</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Level II Totals</strong></td>
<td><strong>$7,009,422</strong></td>
<td><strong>$13,701,859</strong></td>
<td><strong>$20,711,282</strong></td>
<td><strong>43.4%</strong></td>
</tr>
<tr>
<td>A1- Grady</td>
<td>$10,166,745</td>
<td>$2,537,381</td>
<td>$12,704,126</td>
<td>26.6%</td>
</tr>
<tr>
<td>B1- MCGG</td>
<td>$1,016,492</td>
<td>$2,537,381</td>
<td>$3,553,873</td>
<td>7.5%</td>
</tr>
<tr>
<td>C1- MCG</td>
<td>$2,533,490</td>
<td>$2,537,381</td>
<td>$5,070,871</td>
<td>10.6%</td>
</tr>
<tr>
<td>D1- Memorial Health</td>
<td>$3,125,236</td>
<td>$2,537,381</td>
<td>$5,662,618</td>
<td>11.9%</td>
</tr>
<tr>
<td><strong>Level I Totals</strong></td>
<td><strong>$16,841,963</strong></td>
<td><strong>$10,149,526</strong></td>
<td><strong>$26,991,488</strong></td>
<td><strong>56.6%</strong></td>
</tr>
<tr>
<td><strong>Total LI/LII</strong></td>
<td><strong>$23,851,385</strong></td>
<td><strong>$23,851,385</strong></td>
<td><strong>$47,702,770</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Primary Source of Revenue: Super Speeder

- January 1, 2010
- All fees deposited in the general fund of this state with the intent that these moneys be used to fund a trauma care system in Georgia
- The Office of the State Treasurer shall separately account for the moneys received under the provisions of this Code section
Super Speeder Revenue Summary
Secondary Source of Revenue: Fireworks Excise Tax

• January 1, 2016

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Revenues</th>
<th>Allocation to Georgia Trauma Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>$2,723,385</td>
<td>$458,575</td>
</tr>
</tbody>
</table>

safety purposes
The Funding Solution

• Ballot Amendment 2 creates a $10 car tag fee for trauma care
  • Paid yearly with car registration
• This constitutional amendment locks in funds; every dime to trauma care
Lessons Learned

A Trust Fund is Preferable to the State General Fund
ACS System Review Findings:

• Limited budgetary support within EMS/Trauma
  • Significant tasks of center designation and registry support
  • Limited resources for system development and process improvement
  • Limited resources for data analysis

• Self described “network” of trauma centers, little true system integration

• Significant issues with hospital diversion

• Significant issues with medical specialty coverage
Islands of excellence in a sea of chaos,” J. Patrick O’Neal, 2008
An analysis of the effectiveness of a state trauma system: Treatment at designated trauma centers is associated with an increased probability of survival

Dennis W. Ashley, MD, Etienne E. Pracht, PhD, Regina S. Medeiros, DNP, RN, Elizabeth V. Atkins, RN, Elizabeth G. NeSmith, PhD, APRN-BC, Tracy J. Johns, MSN, RN-BC, CPHQ, and Jeffrey M. Nicholas, MD, Macon, Georgia

BACKGROUND: States struggle to continue support for recruitment, funding and development of designated trauma centers (DTCs). The purpose of this study was to evaluate the probability of survival for injured patients treated at DTCs versus nontrauma centers.

METHODS: We reviewed 188,348 patients from the state's hospital discharge database and identified 13,953 severely injured patients admitted to either a DTC or a nontrauma center between 2008 and 2012. DRG International Classification of Diseases—9th Rev. Injury Severity Scores (ICISS), an accepted indicator of injury severity, was assigned to each patient. Severe injury was defined as an ICISS less than 0.85 (indicating ≥15% probability of mortality). Three subgroups of the severely injured patients were defined as most critical, intermediate critical, and least critical. A full information maximum likelihood bivariate probit model was used to determine the differences in the probability of survival for matched cohorts.

RESULTS: After controlling for injury severity, injury type, patient demographics, the presence of comorbidities, as well as insurance type and status, severely injured patients treated at a DTC have a 10% increased probability of survival. The largest improvement was seen in the intermediate subgroup.

CONCLUSION: Treatment of severely injured patients at a DTC is associated with an improved probability of survival. This argues for continued resources in support of DTCs within a defined statewide network. (J Trauma Acute Care Surg. 2015;78: 706–714. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.)

LEVEL OF EVIDENCE: Epidemiologic study, level III.
KEY WORDS: Trauma center; trauma systems; mortality.
An analysis of the effectiveness of a state trauma system: Treatment at designated trauma centers is associated with an increased probability of survival

<table>
<thead>
<tr>
<th>Improvement in probability of survival when treated at a DTC versus NTC</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All severe trauma (ICISS &lt; 0.85)</td>
<td>9.6%</td>
</tr>
<tr>
<td>Most critical (ICISS &lt; 0.25)</td>
<td>16.5%</td>
</tr>
<tr>
<td>Intermediate critical (0.25 ≤ ICISS &lt; 0.5)</td>
<td>22.0%</td>
</tr>
<tr>
<td>Least critical (0.5 ≤ ICISS &lt; 0.85)</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

was seen in the intermediate subgroup.

CONCLUSION: Treatment of severely injured patients at a DTC is associated with an improved probability of survival. This argues for continued resources in support of DTCs within a defined statewide network. (J Trauma Acute Care Surg. 2015;78: 706–714. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.)

LEVEL OF EVIDENCE: Epidemiologic study, level III.

KEY WORDS: Trauma center; trauma systems; mortality.
A Decade Evaluation of a State Trauma System: Has Access to Inpatient Trauma Care at Designated Trauma Centers Improved?


From the *Department of Surgery, The Medical Center Navicent Health, Macon, Georgia; †University of Florida, Gainesville, Florida; ‡Augusta University Health, Augusta, Georgia; §Grady Memorial Health, Atlanta, Georgia; ||Memorial Health, Savannah, Georgia; and ¶Gwinnett Medical, Lawrenceville, Georgia

Recently, the trauma center component of the Georgia trauma system was evaluated demonstrating a 10 per cent probability of increased survival for severely injured patients treated at designated trauma centers (DTCs) versus nontrauma centers. The purpose of this study was to determine the effectiveness of a state trauma system to provide access to inpatient trauma care at DTCs for its residents. We reviewed 371,786 patients from the state's discharge database and identified 255,657 treated at either a DTC or a nontrauma center between 2003 and 2012. Injury severity was assigned using the International Classification Injury Severity Score method. Injury was categorized as mild, moderate, or severe. Patients were also categorized by age and injury type. Access improved over time in all severity levels, age groups, and injury types. Although elderly had the largest improvement in access, still only 70 per cent were treated at a DTC. During the study period, increases were noted for all age groups, injury severity levels, and types of injury. A closer examination of the injured elderly population is needed to determine the cause of lower utilization by this age group. Overall, the state's trauma system continues to mature by providing patients with increased access to treatment at DTCs.
A Decade Evaluation of a State Trauma System: Has Access to Inpatient Trauma Care at Designated Trauma Centers Improved?

Dennis W. Ashley, M.D.,* Etienne E. Pracht, Ph.D.,† Regina S. Meiros, D.N.P, R.N.,‡ Elizabeth V. Atkins, B.S.N., R.N.,§

Severely Injured Patients Treated at a DTC

- 2003: 88.9%
- 2004: 91.2%
- 2005: 94.8%
- 2006: 94.2%
- 2007: 94.6%
- 2008: 92.5%
- 2009: 93.6%
- 2010: 98.9%
- 2011: 98.1%
- 2012: 97.2%

- All: Blue line
- Pediatric: Red line
- NE Adult: Yellow line
- Elderly: Purple line

0% 20% 40% 60% 80% 100% 120%

15 DESIGNATED TRAUMA CENTERS

33 DESIGNATED TRAUMA CENTERS
PRESENT
Individual Bleeding Control Kits Include:

2 – Pair of Nitrile Gloves
1 – C-A-T Tourniquet
2 – Compressed Gauze
1 – 6” Emergency Trauma Dressing
1 – Trauma Shears
1 – 5”x9” Trauma Pad
1 – 2” Roll of Tape
1 – English/Spanish Instruction Card
STB Schools Project
STB School Bus Project
In FY 2021, over $2.8M was allocated to improve Emergency Medical Services in Georgia through education, training and the purchase of lifesaving equipment to care for trauma patients.

Through our partnership with GEMSA, over 100,000 continuing education hours were provided to Georgia’s prehospital providers.
Trauma Quality Improvement Program (TQIP)

TQIP accomplishes its work by:

• Collecting data from your trauma center
• Providing feedback about your center’s performance.
• Identifying institutional characteristics that your trauma center staff can implement to improve patient outcomes.

The program uses risk-adjusted benchmarking to provide your hospital with accurate national comparisons.
Significant underperformance in seven of the eight risk-adjusted major hospital events by cohort

Odd ratios with confidence intervals in all seven cohorts were well above the median

Many in the 9th and 10th decile
ACS Consultation and Verification Progress

2015
First ACS Verified TC in GA, Level II

2016
First ACS Verified Level I TC in GA

2017
Application for ACS Consultative Visit Required (L I and L II TCs)

2018
Application for ACS Verification Required (L I and L II TCs)

Mid 2019
ACS Verification required by June 30, 2023 (L I and L II TCs)

End 2019
Total of 8 TCs ACS Verified & All LI and LII ACS Consultative Visits Completed

2020
ACS Verification required by June 30, 2024 for L III TCs

2021
First ACS Verified LIII TC
By fall 2021, an improvement was noted across all cohorts in the benchmark report.

No high outliers in any of the eight risk-adjusted major hospital events by cohort.

Odds ratios with confidence intervals in all eight cohorts cross the median.

Many under the 7th decile.
Georgia ACS Verified Trauma Centers

- Augusta University Medical Center – Level I adult
- Grady Memorial Hospital – Level I adult
- Atrium Health Navicent – Level I adult
- Doctors Hospital of Augusta – Level II adult
- Northeast Georgia Medical Center – Level II adult
- Wellstar North Fulton Hospital – Level II adult
- Wellstar Kennestone Hospital – Level II adult
- Piedmont Cartersville- Level III adult
- Children’s Hospital of Georgia-Augusta University-Level II peds
- Children’s Healthcare of Atlanta at Egleston – Level I peds
ACS Verified Trauma Centers in Georgia

As of June 30, 2024 – All Level I, II and III Trauma Centers must be ACS verified to be eligible for Commission funding.
$23.5+ MILLION
BUDGETED AND ALLOCATED THROUGH GEOGRAPHY TRAUMA COMMISSION

FY 2021 BUDGET

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OEMST</td>
<td>$432,183.49</td>
</tr>
<tr>
<td>SYSTEM DEVELOPMENT</td>
<td>$695,151.98</td>
</tr>
<tr>
<td>EMS</td>
<td>$2,212,424.95</td>
</tr>
<tr>
<td>TRAUMA CENTERS</td>
<td>$9,857,052.00</td>
</tr>
<tr>
<td>OPERATIONS</td>
<td>$1,068,582.59</td>
</tr>
<tr>
<td>GEORGIA TRAUMA FOUNDATION</td>
<td>$141,500.00</td>
</tr>
<tr>
<td>TOTAL BASE FUNDS</td>
<td>$14,406,895.01</td>
</tr>
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</table>

AFY 2021 BUDGET

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OEMST</td>
<td>$85,169.00</td>
</tr>
<tr>
<td>SYSTEM DEVELOPMENT</td>
<td>$1,354,850.00</td>
</tr>
<tr>
<td>EMS</td>
<td>$1,370,864.00</td>
</tr>
<tr>
<td>TRAUMA CENTERS</td>
<td>$6,340,068.00</td>
</tr>
<tr>
<td>TOTAL AMENDED FUNDS</td>
<td>$9,150,951</td>
</tr>
</tbody>
</table>
Performance Based Pay Program

• Three domains:
  • System participation
  • ACS Optimal Resources “Orange Book” criteria
  • GQIP engagement & participation

• Annual report card submission

<table>
<thead>
<tr>
<th>Trauma Center Level</th>
<th>Percent of Readiness Subject to Performance Based Pay (PBP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I &amp; Level II</td>
<td>85%</td>
</tr>
<tr>
<td>Level III</td>
<td>60%</td>
</tr>
<tr>
<td>Level IV</td>
<td>19%</td>
</tr>
<tr>
<td>Burn</td>
<td>50%</td>
</tr>
</tbody>
</table>
How much green does it take to be orange? Determining the cost associated with trauma center readiness

Dennis W. Ashley, MD, Robert F. Mullins, MD, Christopher J. Dente, MD, Tracy J. Johns, MS, Laura E. Garlow, MHA, Regina S. Medeiros, DNP, Elizabeth V. Atkins, MSN, Gina Solomon, RN, Dena Abston, BS, Colville H. Ferdinand, MD, and Georgia Research Institute for Trauma Study Group, Macon, Georgia

BACKGROUND: Readiness costs are real expenses incurred by trauma centers to maintain essential infrastructure to provide emergent services on a 24/7 basis. Although the components for readiness are well described in the American College of Surgeons' Resources for Optimal Care of the Injured Patient, the cost associated with each component is not well defined. We hypothesized that meeting the requirements of the 2014 Resources for Optimal Care of the Injured Patient would result in significant costs for trauma centers.

METHODS: The state trauma commission in conjunction with trauma medical directors, program managers, and financial officers of each trauma center standardized definitions for each component of trauma center readiness cost and developed a survey tool for reporting. Readiness costs were grouped into four categories: administrative/program support staff, clinical medical staff, in-house operating room, and education/outreach. To verify consistent cost reporting, a financial auditor analyzed all data. Trauma center outliers were further evaluated to validate variances. All level I/level II trauma centers (n = 16) completed the survey on 2016 data.

RESULTS: Average annual readiness cost is US $10,078,506 for a level I trauma center and US $4,925,103 for level IIIs. Clinical medical staff was the costliest component representing 55% of costs for level IIs and 64% for level IIIs. Although education/outreach is mandated, levels I and II trauma centers only spend approximately US $100,000 annually on this category (1%–2%), demonstrating a lack of resources.

CONCLUSION: This study defines the cost associated with each component of readiness as defined in the Resources for Optimal Care of the Injured Patient manual. Average readiness cost for a level I trauma center is US $10,078,506 and US $4,925,103 for a level II. The significant cost of trauma center readiness highlights the need for additional trauma center funding to meet the requirements set forth by the American College of Surgeons. (J Trauma Acute Care Surg. 2019;86: 765–773. Copyright © 2019 American Association for the Surgery of Trauma.)

LEVEL OF EVIDENCE: Economic and value-based evaluations, level III.

KEY WORDS: Readiness costs; trauma center; survey.
How much green does it take to be orange? Determining the cost associated with trauma center readiness

<table>
<thead>
<tr>
<th>Trauma Center</th>
<th>Average annual readiness cost</th>
<th>Most significant cost</th>
<th>Lowest Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>$10,078,506</td>
<td>Clinical Medical Staff</td>
<td>Education and Outreach</td>
</tr>
<tr>
<td>Level II</td>
<td>$4,925,103</td>
<td>Clinical Medical Staff</td>
<td>Education and Outreach</td>
</tr>
</tbody>
</table>

The significant cost of trauma center readiness highlights the need for additional trauma center funding
<table>
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<th>Lowest Cost</th>
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</thead>
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<tr>
<td>Level I</td>
<td>$10,078,506</td>
<td>Clinical Medical Staff</td>
<td>Education and Outreach</td>
</tr>
<tr>
<td>Level II</td>
<td>$4,925,103</td>
<td>Clinical Medical Staff</td>
<td>Education and Outreach</td>
</tr>
<tr>
<td>Level III</td>
<td>$1,715,025</td>
<td>Trauma Surgeon Staff</td>
<td>Education and Outreach</td>
</tr>
<tr>
<td>Level IV</td>
<td>$81,620</td>
<td>Trauma Director</td>
<td>TMD Participation Costs</td>
</tr>
</tbody>
</table>
Georgia Trauma Registry Data: COVID-19 Impact

- **Year 2019** (Green): 33,000
- **Year 2020** (Blue): 37,000

↑ 4% increase from 2019 to 2020.
Georgia Trauma Registry Data: Covid-19 Impact

Percent Change in Trauma Volume
CY 2019 vs CY 2020

A: -25%
B: -20%
C: -15%
D: -10%
E: -5%
F: 0%
G: 5%
H: 10%
I: 15%
J: 20%
K: 25%
L: 30%
FUTURE
# Georgia Coordinating Center

<table>
<thead>
<tr>
<th>Hospital</th>
<th>County</th>
<th>Nedocs</th>
<th>Status</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grady Health System</td>
<td>Fulton</td>
<td></td>
<td>Psych Diversion</td>
<td>02/08/2022 17:08:27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CALL GCC (404) 616-6440</td>
<td></td>
</tr>
<tr>
<td>WellStar AMC</td>
<td>Fulton</td>
<td></td>
<td>ER Diversion</td>
<td>02/08/2022 17:06:54</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psych Diversion</td>
<td></td>
</tr>
<tr>
<td>Augusta University Medical Center</td>
<td>Richmond</td>
<td></td>
<td>Medical Diversion</td>
<td>02/08/2022 11:44:48</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ICU/CCU Diversion</td>
<td></td>
</tr>
<tr>
<td>Atrium Health Navicent Medical Center</td>
<td>Bibb</td>
<td></td>
<td>ICU/CCU Diversion</td>
<td>02/08/2022 08:48:58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Diversion</td>
<td></td>
</tr>
<tr>
<td>Memorial Health University Medical Center</td>
<td>Chatham</td>
<td></td>
<td>ER Diversion</td>
<td>02/08/2022 07:56:37</td>
</tr>
<tr>
<td>Hospital</td>
<td>County</td>
<td>Nedocs</td>
<td>Status</td>
<td>Updated</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
<td>-----------</td>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>WellStar North Fulton Hospital</td>
<td>Fulton</td>
<td>Severe</td>
<td>Psych Diversion</td>
<td>02/08/2022 17:07:43</td>
</tr>
<tr>
<td>NGMC Gainesville RCH</td>
<td>Hall</td>
<td>Overcrowded</td>
<td>ER Saturation</td>
<td>02/08/2022 11:52:57</td>
</tr>
<tr>
<td>Doctors Hospital</td>
<td>Richmond</td>
<td>Overcrowded</td>
<td>ER Diversion</td>
<td>02/08/2022 08:51:02</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ICU/CCU Diversion</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>Neuro/Stroke Diversion</td>
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<td>STEMI Diversion</td>
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<td>Northside Gwinnett</td>
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Georgia Coordinating Center Website

- May be useful for referring facilities to quickly access trauma care destination
- Avoid multiple phone calls that cause delays to definitive care
- Georgia Trauma Commission recommended data enhancements to assess utility for referral of injured patients to appropriate level
Access to Level I, II and III Trauma Center Within 1-Hour Drive

Exclusive of Phoebe Putney Memorial Hospital

Inclusive of Phoebe Putney Memorial Hospital

= 1-hour drive time to existing TC

= 1-hour drive time with addition of LII TC
MARCH PAWS Initiative

Massive Hemorrhage
Airway
Respirations
Circulation
Head Injury/Hypothermia

Pain Control
Antibiotics
Wounds
Splinting
Emanuel Medical Center, a level IV trauma center, received grant funding from the Georgia Trauma Commission to develop a trauma care protocol adoptable by hospital and prehospital providers in rural Georgia.
MARCH PAWS Kickoff at Lake Blackshear

February 1-2, 2022

Participants included:
• Trauma Program Managers
• Trauma Surgeons
• Trauma Nurses
• Emergency Department Doctors
• Prehospital Professionals
Rural Focused ACS Consult Visit

ACS Consultation program offers a critical analysis of the current system status including:

• Challenges
• Opportunities
• Provides recommendations for system improvement and enhancement

Principles that are important to the program mission include:

• Reduction of injury incidence and severity
• Rigorous performance improvement standards
• Assurance of appropriate resources for designated facilities
• Cost containment and efficacy enhancement
Georgia’s Consult will be the first rural-focused pilot project for the ACS.
Level IV Consult Visits

PTSF will deploy two site survey teams to GA to conduct consult visits for all level IV centers October 10-14, 2022
Key Partnerships