The Georgia Trauma System

Where Are We Now And What's On The Horizon?

Barnsley Resort

March 1st, 2022

GEORGIA TRAUMA COMMISSION

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

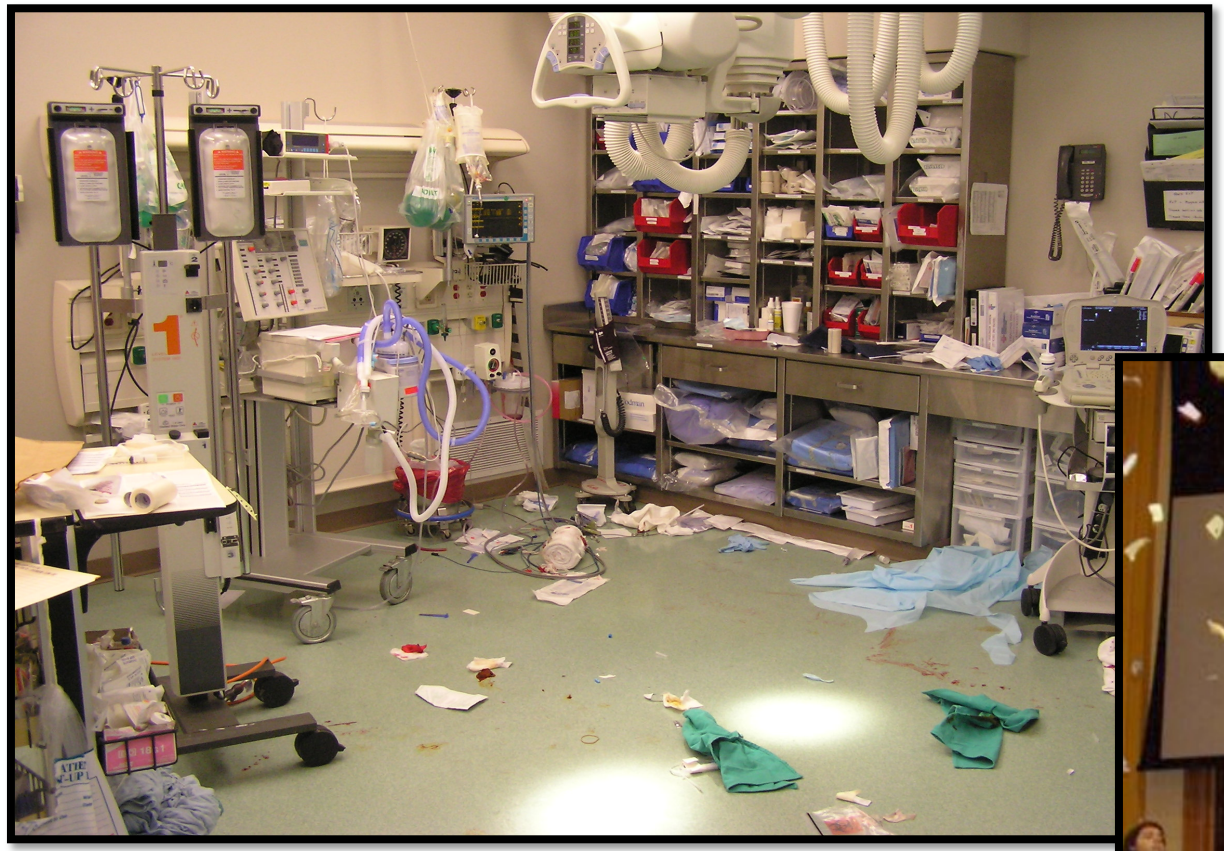
Major 2006 Financial Loss for Georgia's Trauma Centers

Georgia Trauma Centers	Amount
Patient Care Revenue	$193,999,255
Patient Treatment Costs	$220,684,574
Trauma Center Readiness Costs	$44,063,224
Total Trauma Center Costs	$264,747,798
Loss on Trauma Center Operations	-$70,748,543

How Does Trauma Care Payment In Georgia Compare to the US?

Type of Insurance	GA Payer Mix	National Norm
Commercial	39%	51%
Other Ins.	7%	3%
Medicare	12%	12%
Medicaid	17%	18%
Uninsured	25%	18%
Total	100%	100%

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

STATE TRAUMA STUDY COMMITTEE 2006 FINDINGS

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

STATE TRAUMA SERVICES STUDY COMMITTEE

Recommendations

1. Creation of the Georgia Trauma Commission

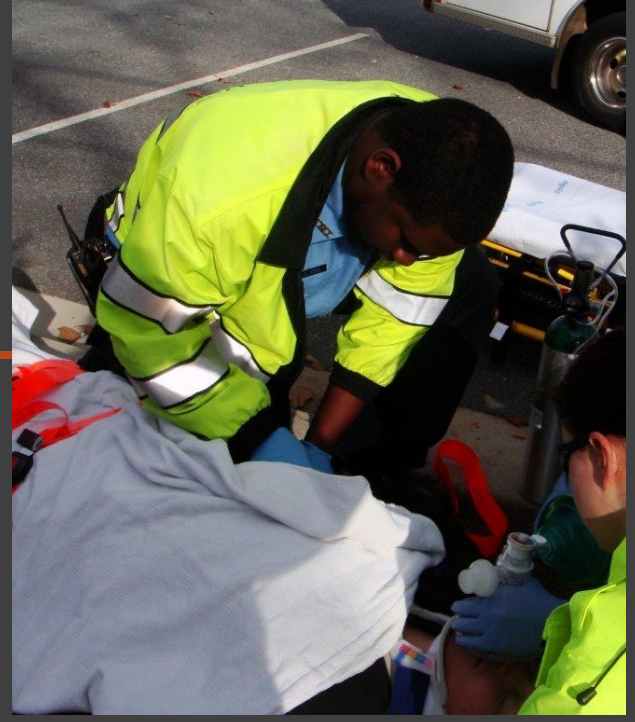
2. Creation of Georgia Trauma Care Fund

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

Georgia Trauma Commission Members



Authority

SB 60 provided the Commission *AUTHORITY* to:

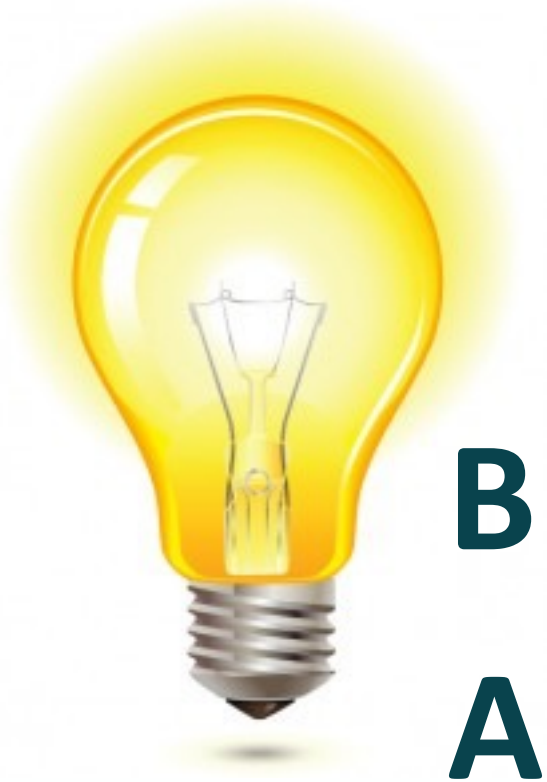
- Establish, maintain, and administer a statewide trauma system
- Coordinate the best use of existing trauma facilities
- Oversee fund dispersal into the entire Georgia trauma system, fairly and effectively

Lessons Learned

Supporting Legislation

The $60 Million Man

Lessons Learned



Be Careful What You Ask for…. Have a Plan!

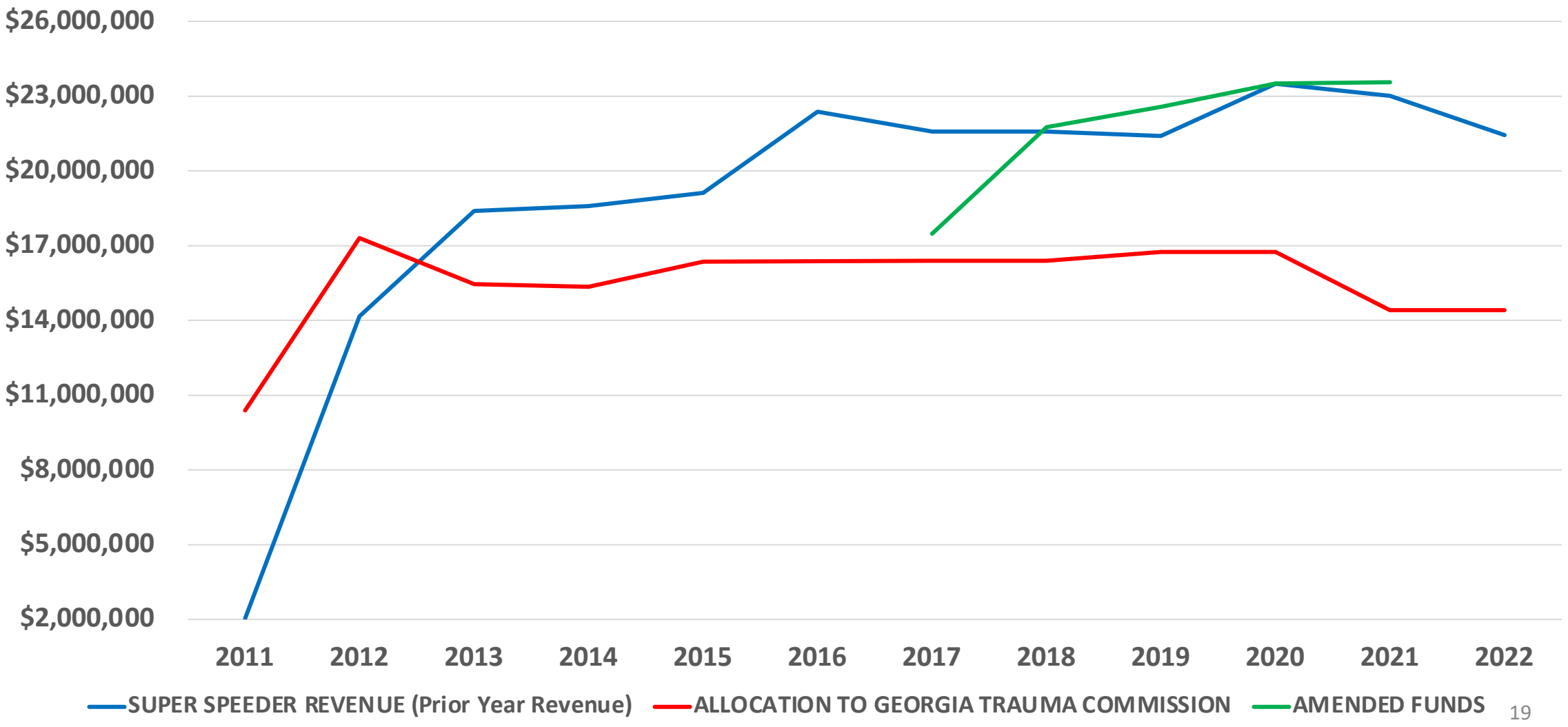
Hospital Funding Allocations

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

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

Fiscal Year	Revenues	Allocation to Georgia Trauma Commission
2021	$2,723,385	$458,575

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

TRAUMA SYSTEMS Consultation Program

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.

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

	Improvement in probability of survival when treated at a DTC versus NTC	P-Value
All severe trauma (ICISS < 0.85)	9.6%	<0.01
Most critical (ICISS < 0.25)	16.5%	<0.01
Intermediate critical (0.25 ≤ ICISS < 0.5)	22.0%	<0.01
Least critical (0.5 ≤ ICISS < 0.85)	8.3%	<0.01

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.

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?

DENNIS W. ASHLEY, M.D.,* ETIENNE E. PRACHT, PH.D.,† REGINA S. MEDEIROS, D.N.P., R.N.,‡ ELIZABETH V. ATKINS, B.S.N., R.N.,§ ELIZABETH G. NESMITH, PH.D., A.P.R.N.-B.C.,‡ TRACY J. JOHNS, M.S.N., R.N.-B.C., C.P.H.Q.,* JAMES R. DUNNE, M.D.,‖ JEFFREY M. NICHOLAS, M.D.,¶ AND THE GEORGIA RESEARCH INSTITUTE FOR TRAUMA STUDY GROUP

*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.

The American Surgeon: July 2017 Vol. 83(7), p 769-777

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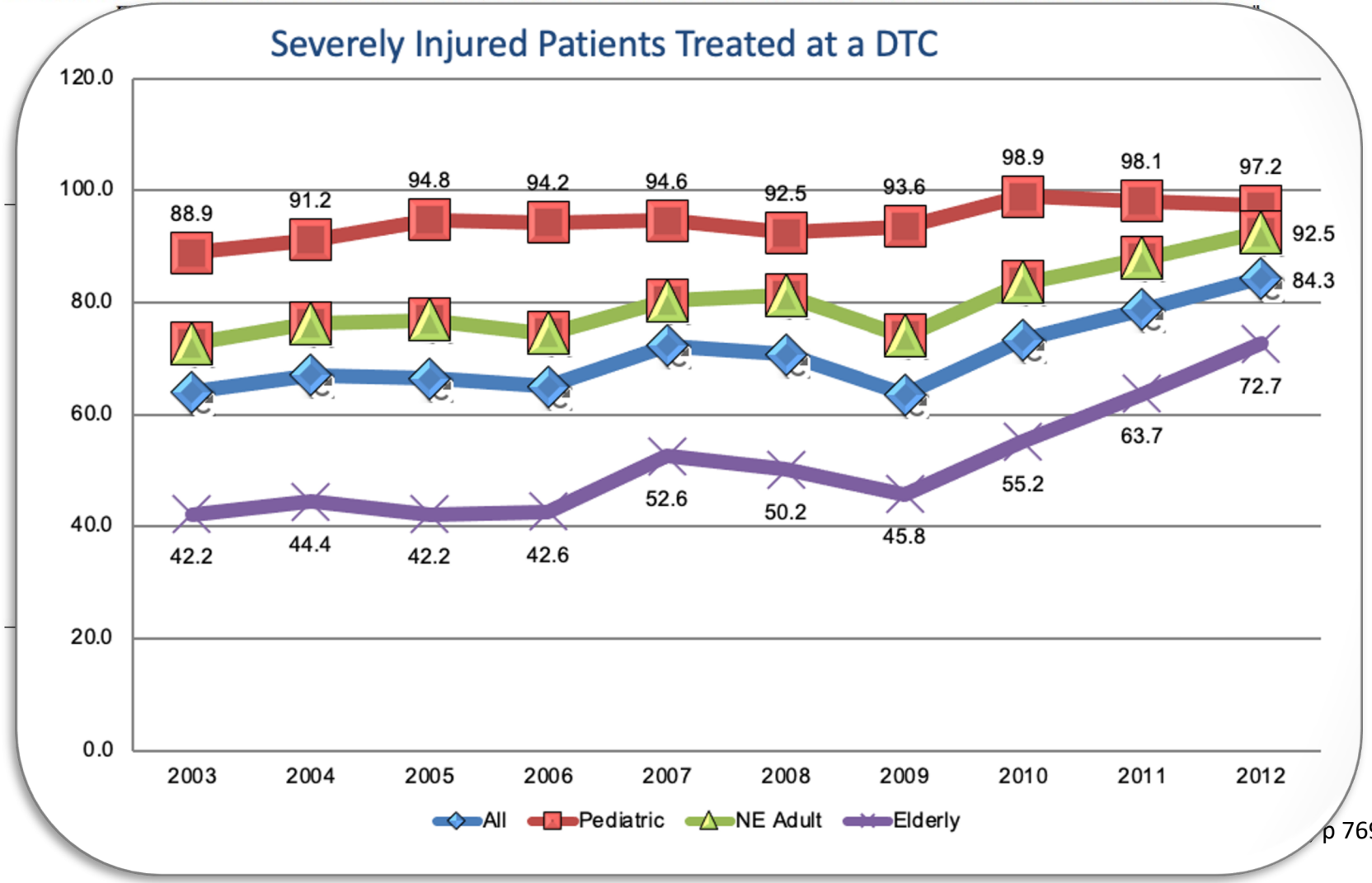

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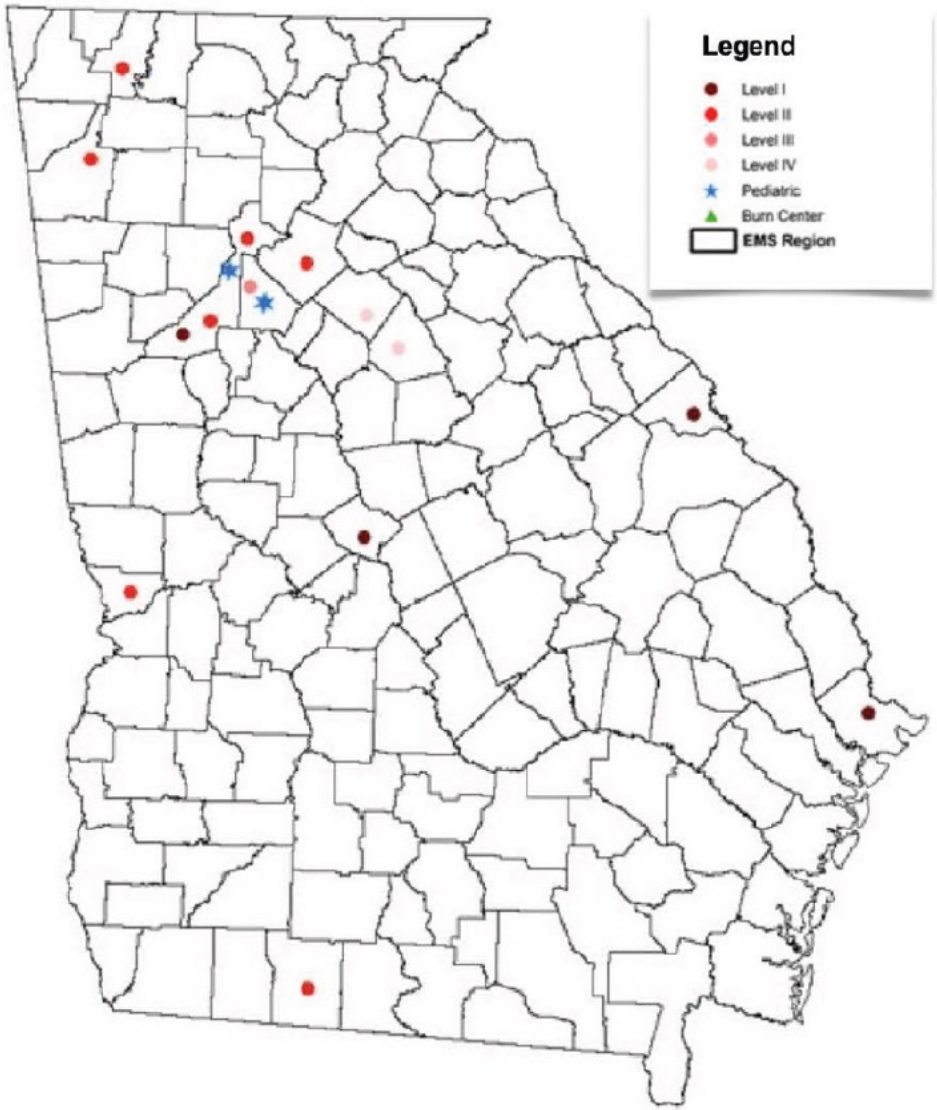
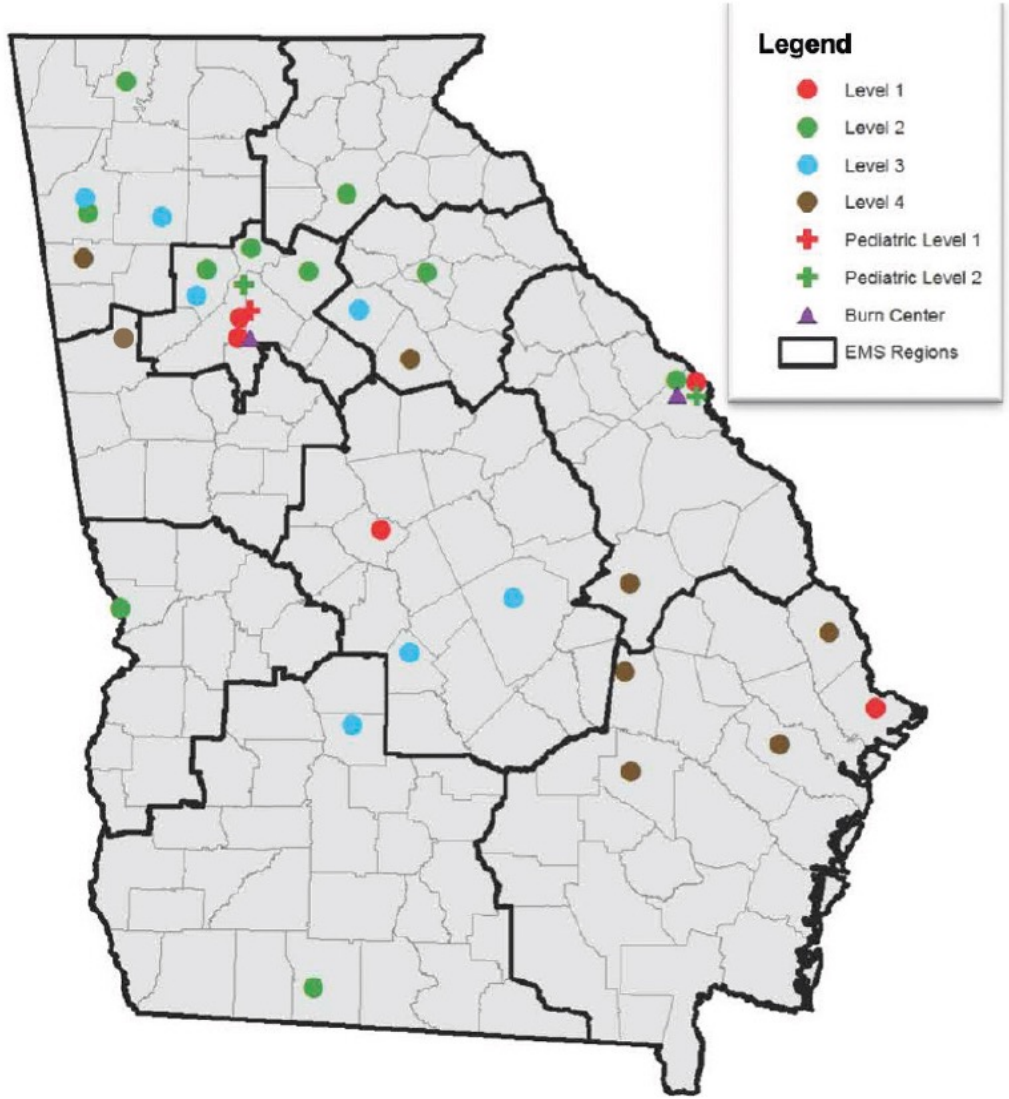
2006



15 DESIGNATED TRAUMA CENTERS

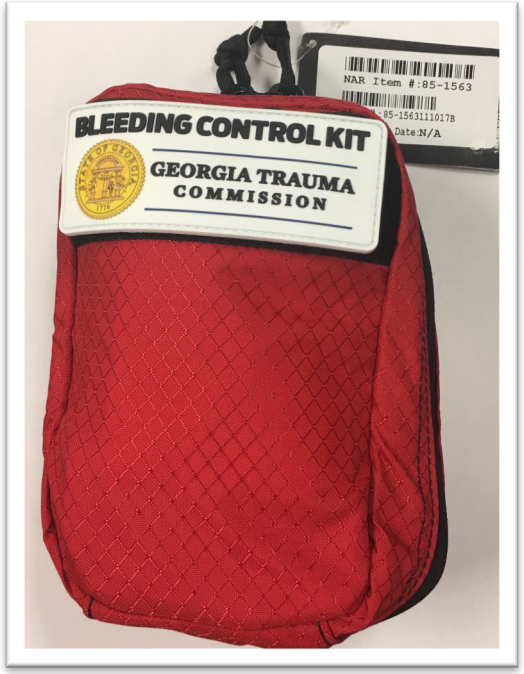
2021



33 DESIGNATED TRAUMA CENTERS

PRESENT

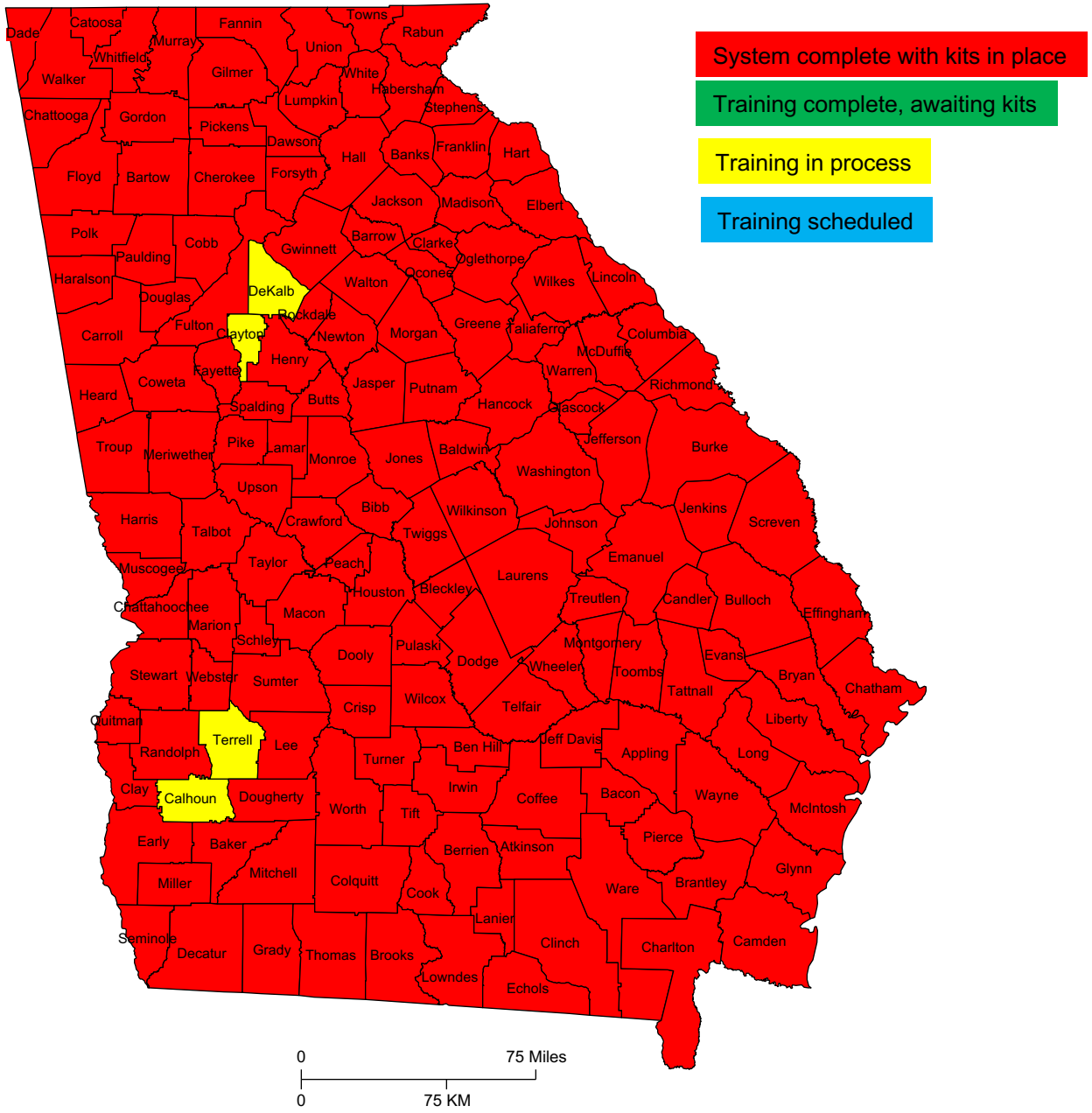
STOP THE BLEED GEORGIA



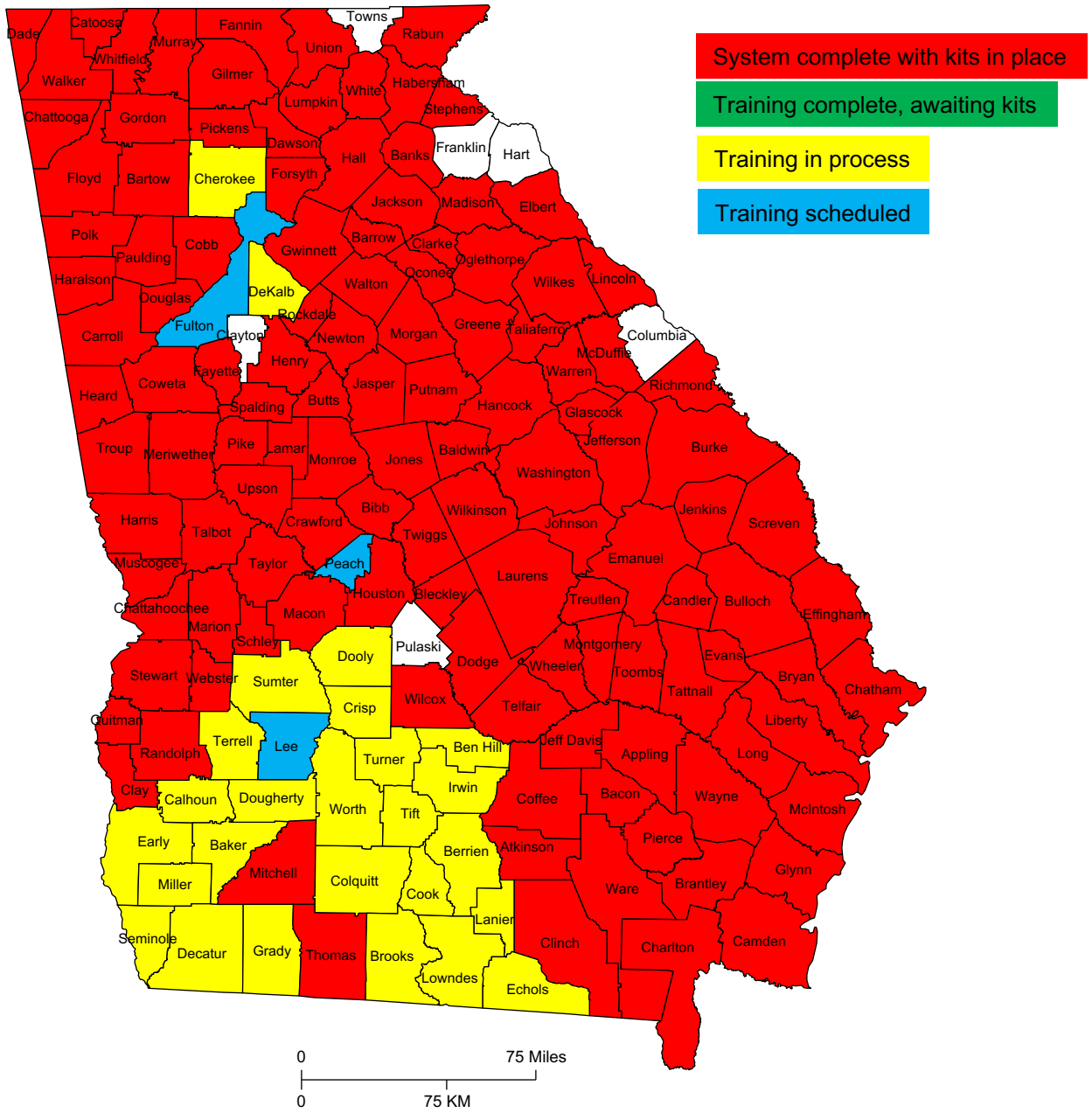
Individual Bleeding Control Kits Include:

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

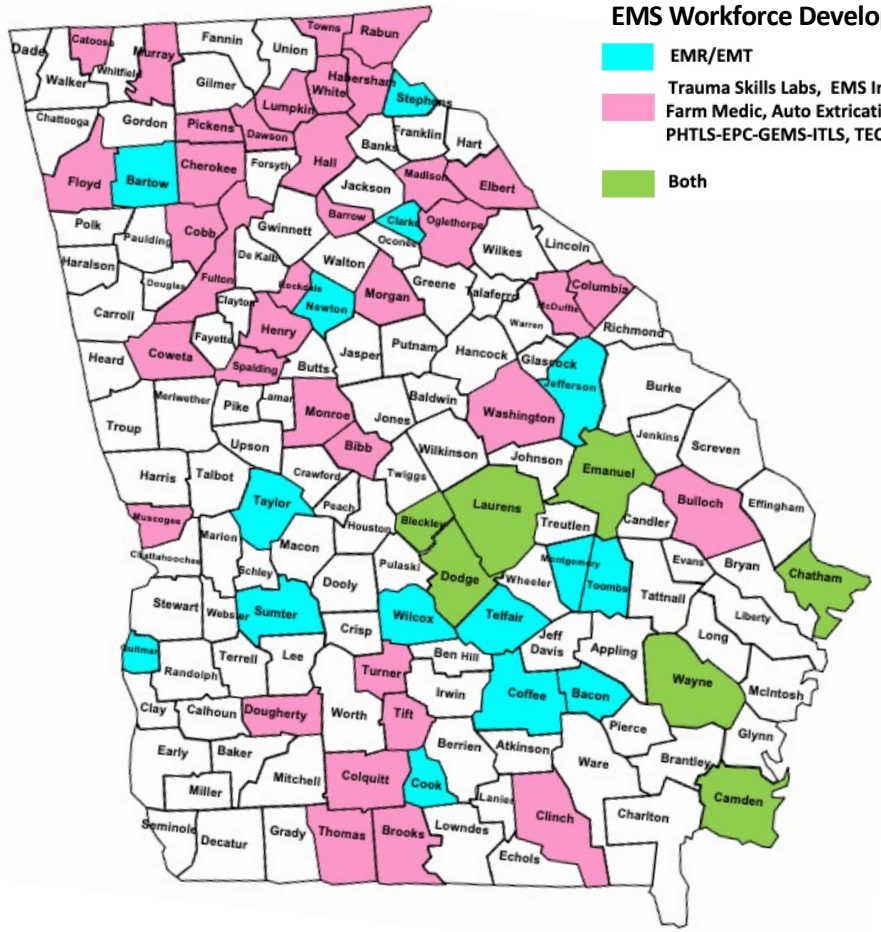
STB Schools Project

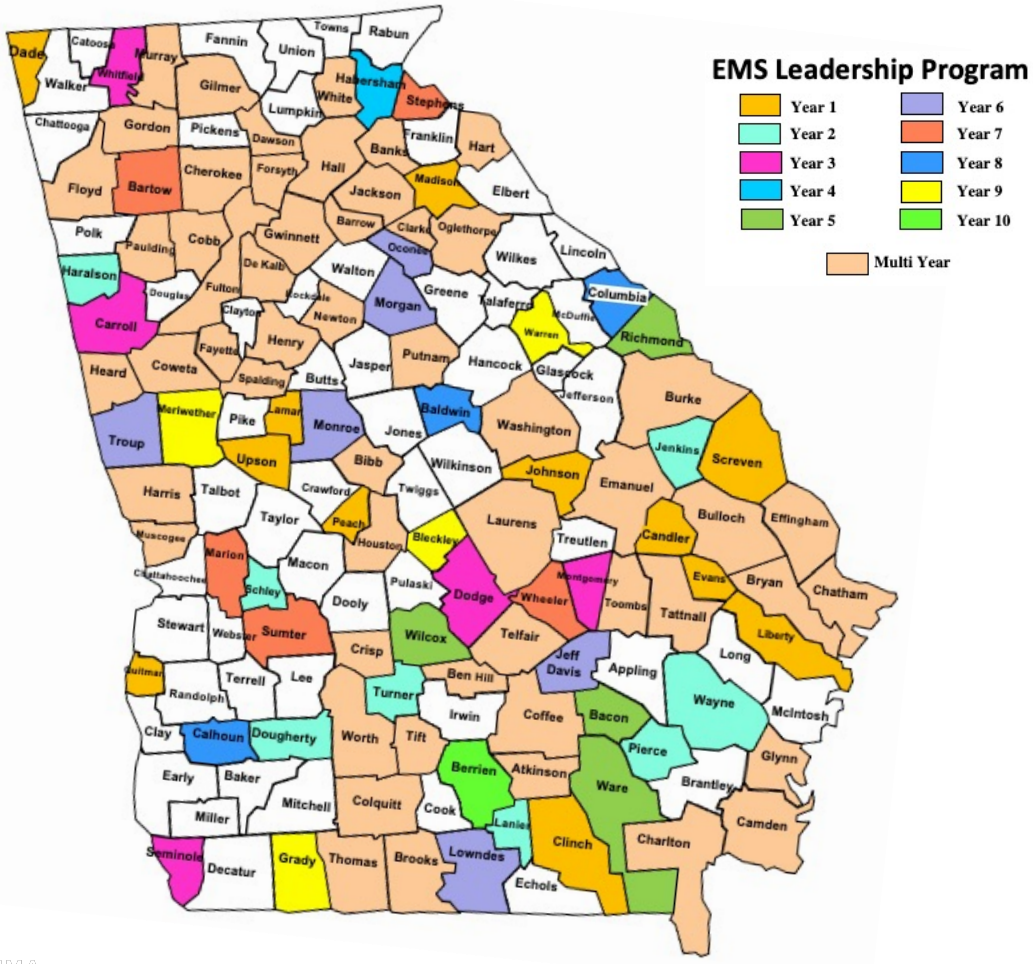


STB School Bus Project



EMS Workforce, Education and Leadership Development

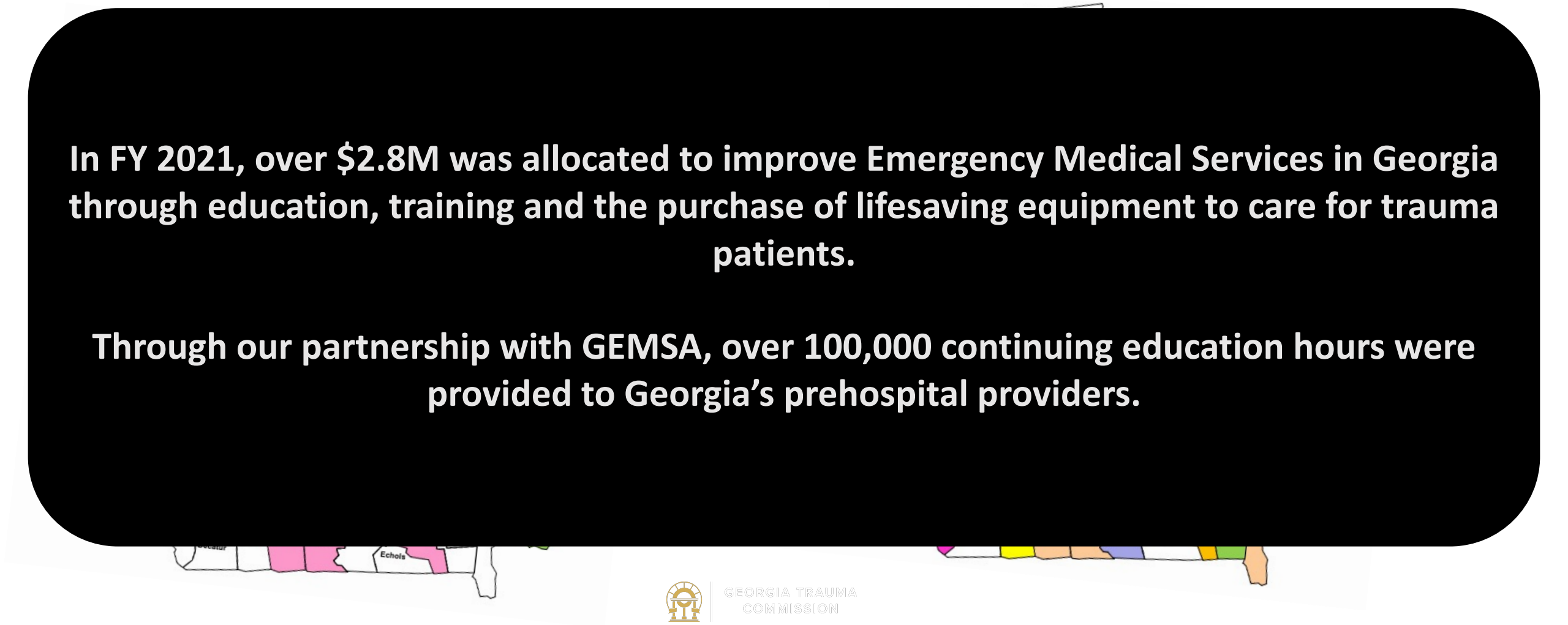




EMS Workforce, Education and Leadership Development

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)

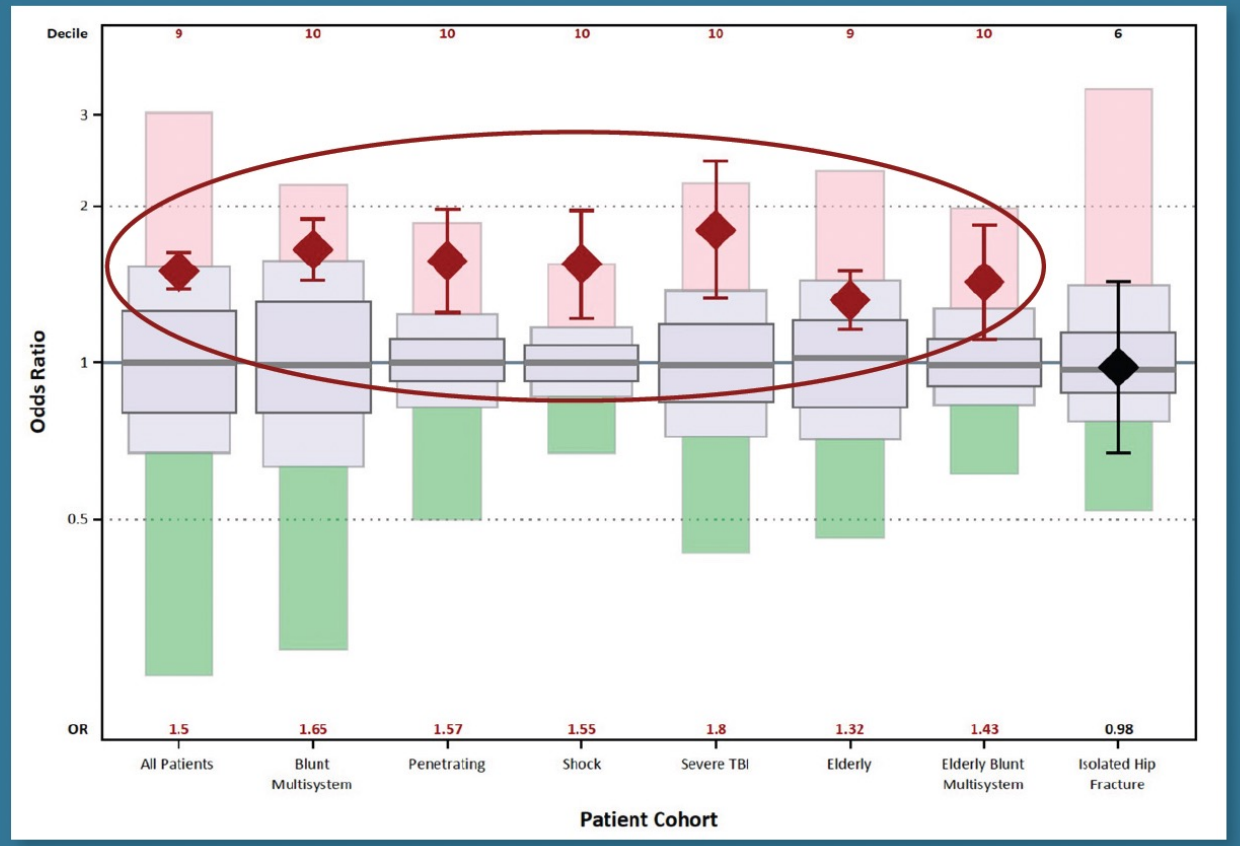
TQIP accomplishes its work by:

- 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.

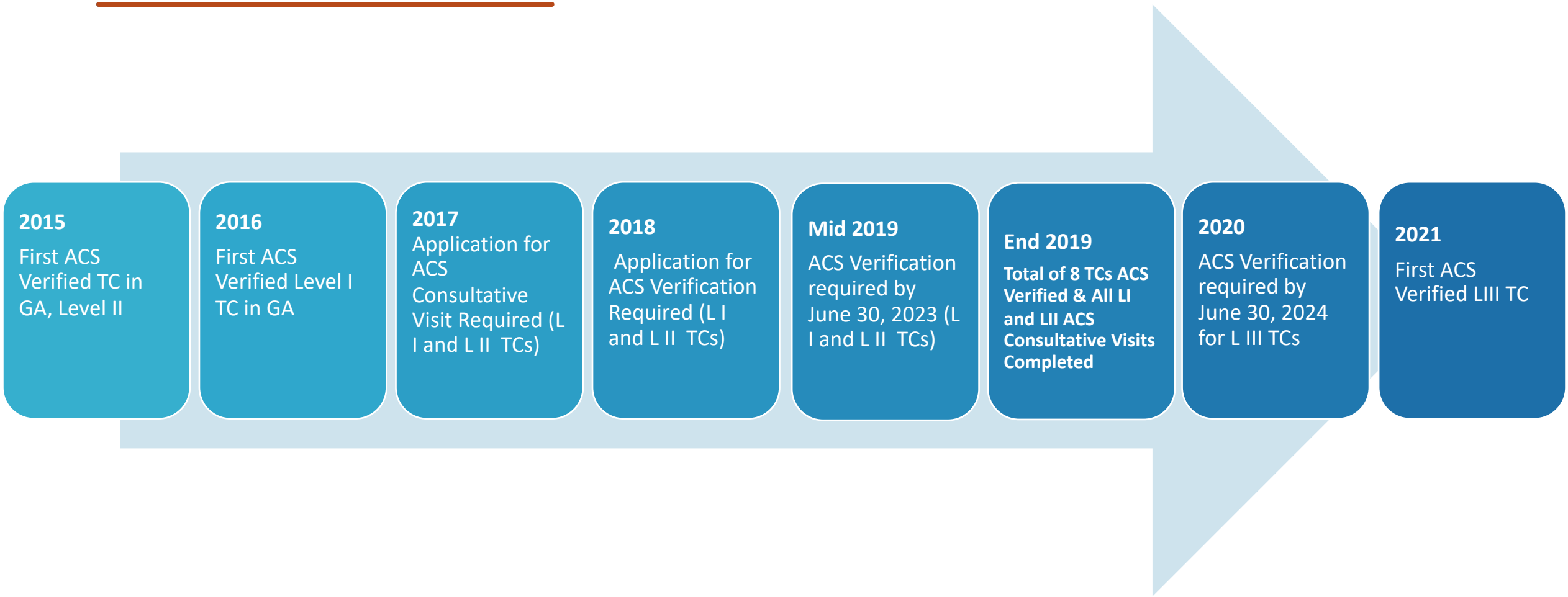
The program uses risk-adjusted benchmarking to provide your hospital with accurate national comparisons.

Spring 2016 TQIP Benchmark Report Georgia Trauma Centers

- 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

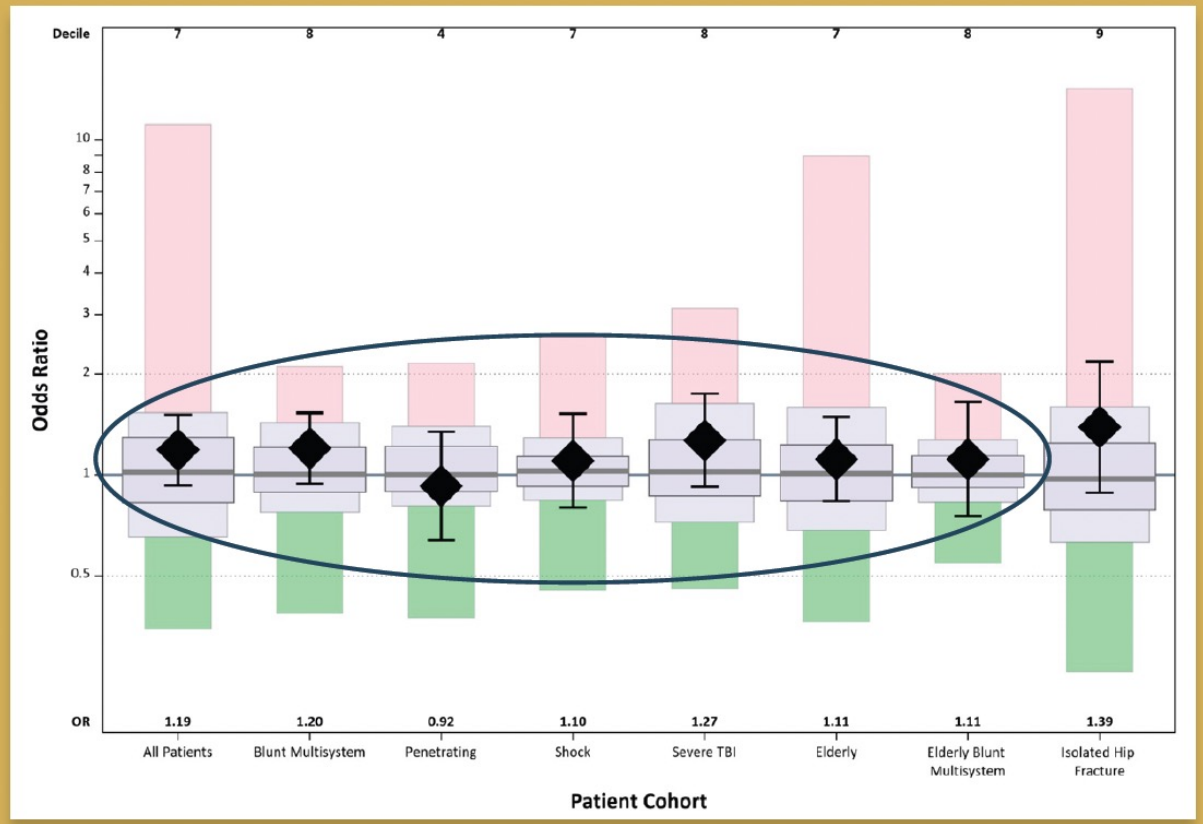


ACS Consultation and Verification Progress



Fall 2021 TQIP Benchmark Report Georgia Trauma Centers

- 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



RAISING
THE BAR ON
TRAUMA CARE

Georgia ACS Verified Trauma Centers

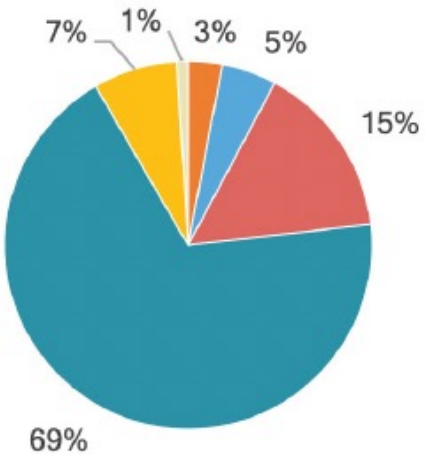
- Augusta University Medical Center – Level I adult
- Grady Memorial Hospital – Level I adult
- Atrium Health Navicent – Level I adult
- Doctors Hospital of Augusta – Level II adult
- Northeast Georgia Medical Center – Level II adult
- Wellstar North Fulton Hospital – Level II adult
- Wellstar Kennestone 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

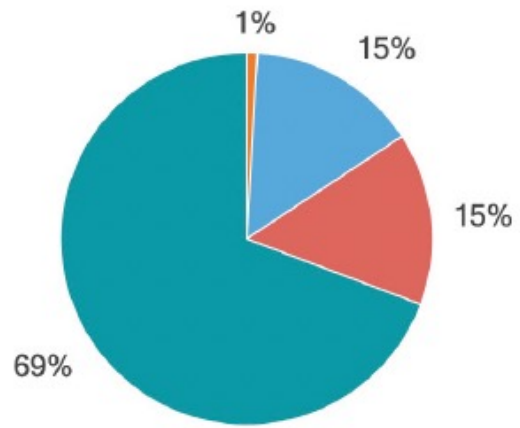
$23.5+ MILLION BUDGETED AND ALLOCATED THROUGH GEORGIA TRAUMA COMMISSION

FY 2021 BUDGET



STATE OEMST	$432,183.49
SYSTEM DEVELOPMENT	$695,151.98
EMS	$2,212,424.95
TRAUMA CENTERS	$9,857,052.00
OPERATIONS	$1,068,582.59
GEORGIA TRAUMA FOUNDATION	$141,500.00
TOTAL BASE FUNDS	**$14,406,895.01**

AFY 2021 BUDGET



STATE OEMST	$85,169.00
SYSTEM DEVELOPMENT	$1,354,850.00
EMS	$1,370,864.00
TRAUMA CENTERS	$6,340,068.00
TOTAL AMENDED FUNDS	**$9,150,951**

Trauma Center Accountability

Performance Based Pay Program

- Three domains:
  - System participation
  - ACS Optimal Resources "Orange Book" criteria
  - GQIP engagement & participation
- Annual report card submission

Trauma Center Level	Percent of Readiness Subject to Performance Based Pay (PBP)
Level I & Level II	**85%**
Level III	**60%**
Level IV	**19%**
Burn	**50%**

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 IIs. Clinical medical staff was the costliest component representing 55% of costs for level Is and 64% for level IIs. 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.

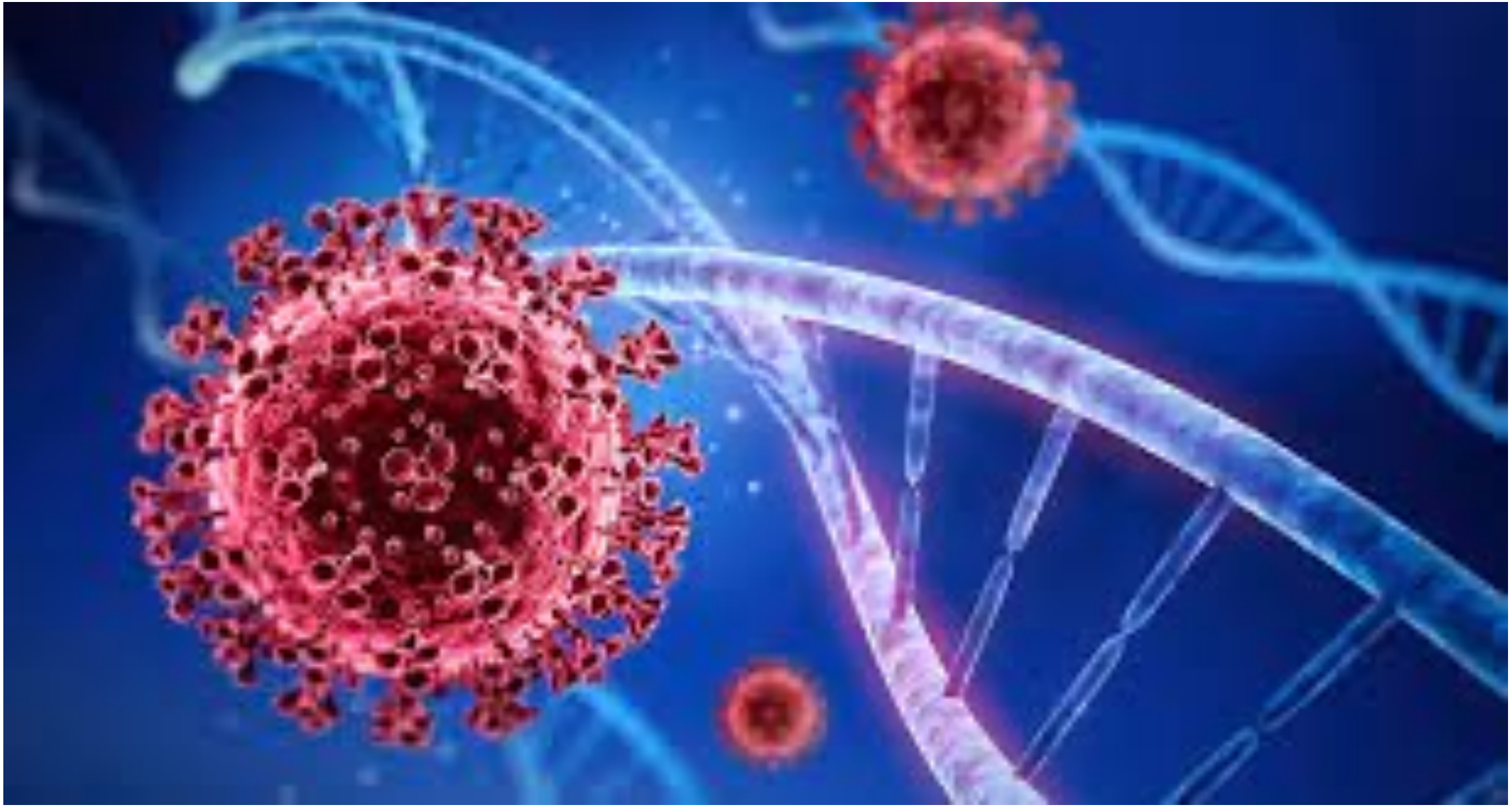
KEY WORDS: Readiness costs; trauma center; survey.

How much green does it take to be orange? Determining the cost associated with trauma center readiness

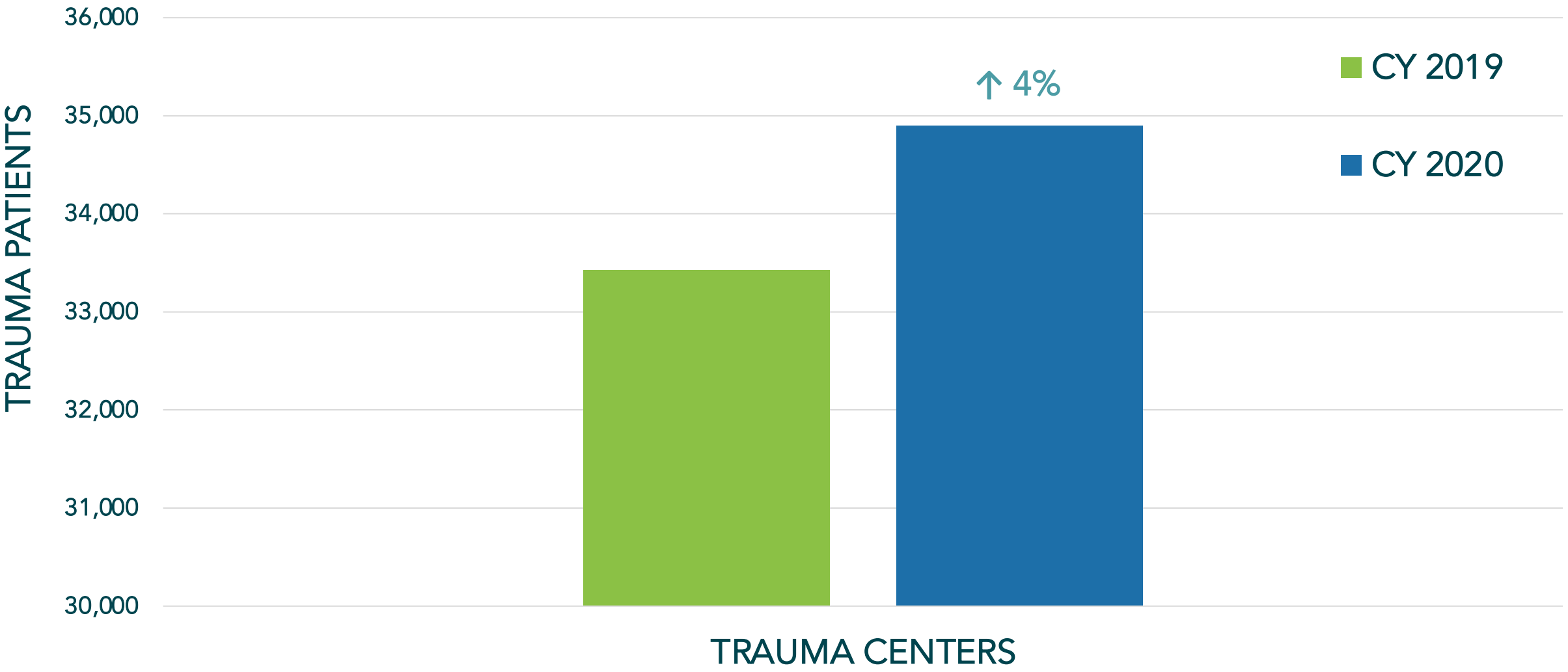
Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
Level I	**$10,078,506**	Clinical Medical Staff	Education and Outreach
Level II	**$4,925,103**	Clinical Medical Staff	Education and Outreach

The significant cost of trauma center readiness highlights the need for additional trauma center funding

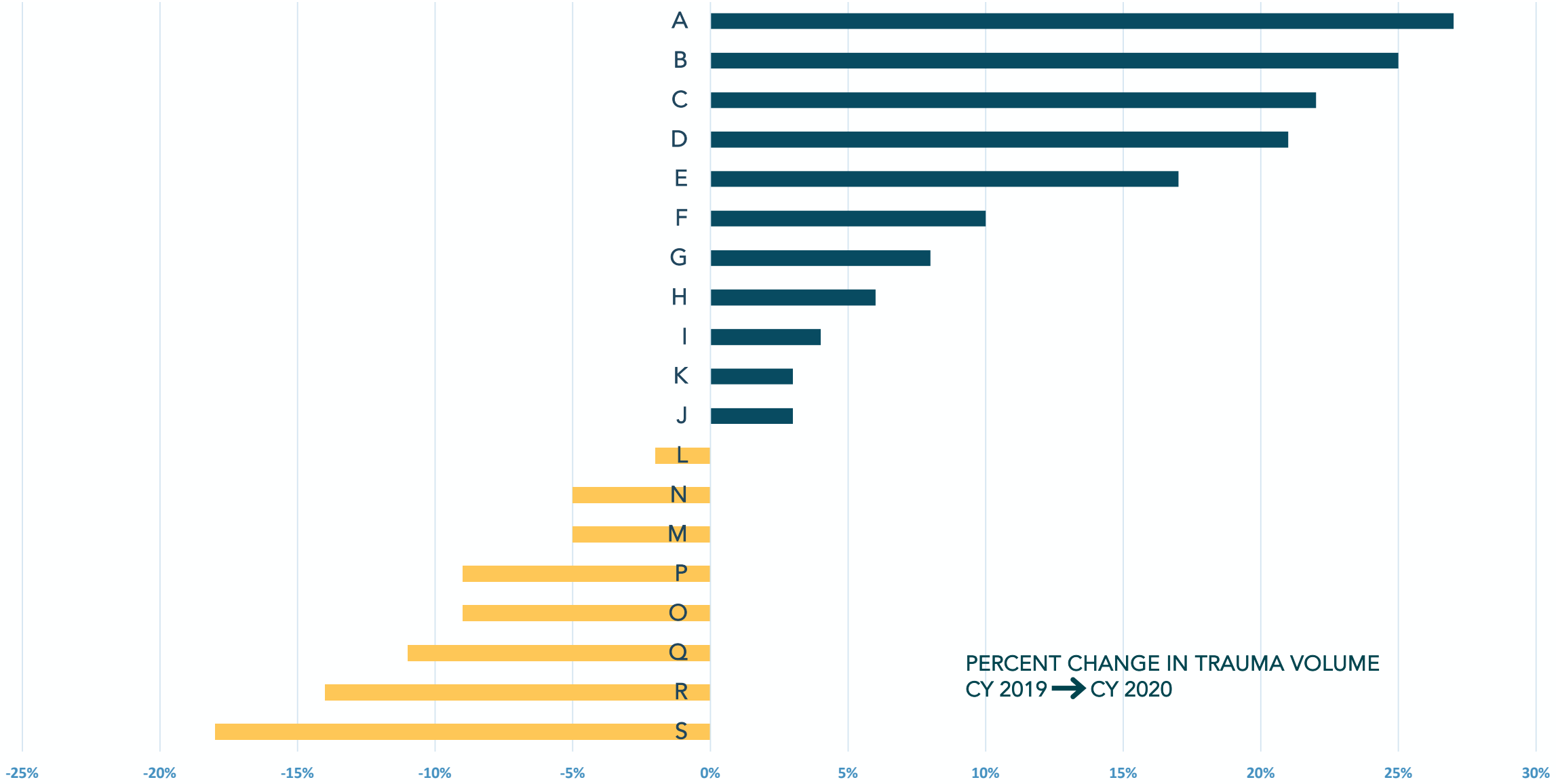
	Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
2016	Level I	**$10,078,506**	Clinical Medical Staff	Education and Outreach
	Level II	**$4,925,103**	Clinical Medical Staff	Education and Outreach
2019	Level III	**$ 1,715,025**	Trauma Surgeon Staff	Education and Outreach
	Level IV	**$ 81,620**	Trauma Director	TMD Participation Costs



Georgia Trauma Registry Data: COVID-19 Impact



Georgia Trauma Registry Data: Covid-19 Impact



FUTURE

Georgia Coordinating Center

Hospital	County	Nedocs	Status	Updated
Grady Health System	Fulton	Severe	Psych Diversion CALL GCC (404) 616-6440	02/08/2022 17:08:27
WellStar AMC	Fulton	Severe		02/08/2022 17:06:54
Augusta University Medical Center	Richmond	Severe	ER Diversion Psych Diversion Medical Diversion ICU/CCU Diversion	02/08/2022 11:44:48
Atrium Health Navicent Medical Center	Bibb	Severe		02/08/2022 08:48:58
Memorial Health University Medical Center	Chatham	Severe	ICU/CCU Diversion Medical Diversion ER Diversion	02/08/2022 07:56:37

Georgia Coordinating Center

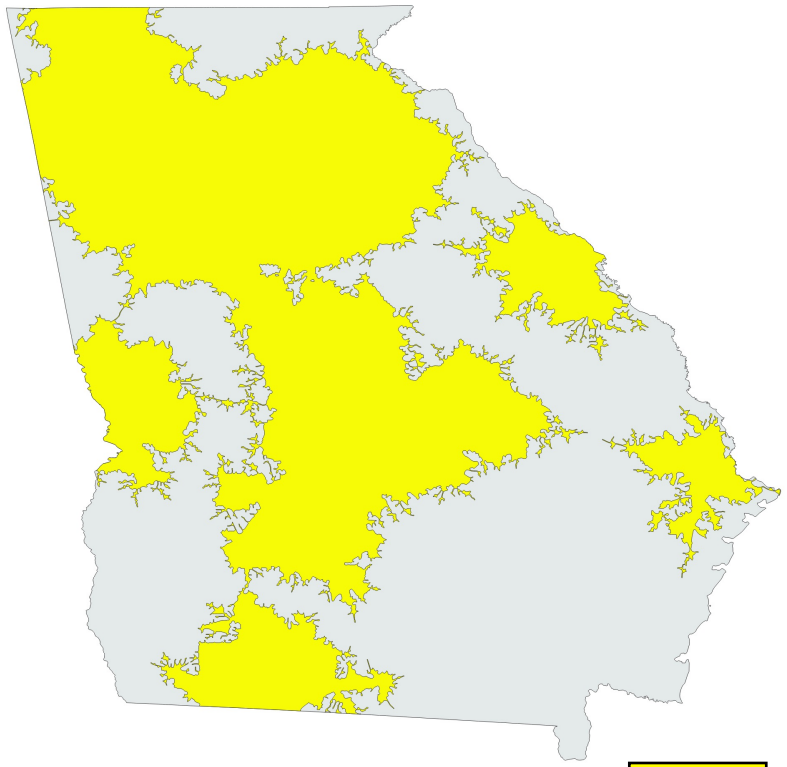
Hospital	County	Nedocs	Status	Updated
WellStar North Fulton Hospital	Fulton	Severe	Psych Diversion	02/08/2022 17:07:43
NGMC Gainesville RCH	Hall	Overcrowded	ER Saturation	02/08/2022 11:52:57
Doctors Hospital	Richmond	Overcrowded	ER Diversion ICU/CCU Diversion Neuro/Stroke Diversion STEMI Diversion	02/08/2022 08:51:02
Piedmont Athens Regional Medical Center	Clarke	Overcrowded	Medical Diversion ICU/CCU Diversion	02/08/2022 08:05:15
Northside Gwinnett	Gwinnett	Busy		02/08/2022 06:13:29
WellStar Kennestone Hospital	Cobb	Severe		02/07/2022 15:56:50
Atrium Health Floyd	Floyd	Busy		02/07/2022 12:47:39
Piedmont Columbus Regional Midtown Camp	Muscogee	Severe		02/06/2022 17:58:36

Georgia Coordinating Center Website

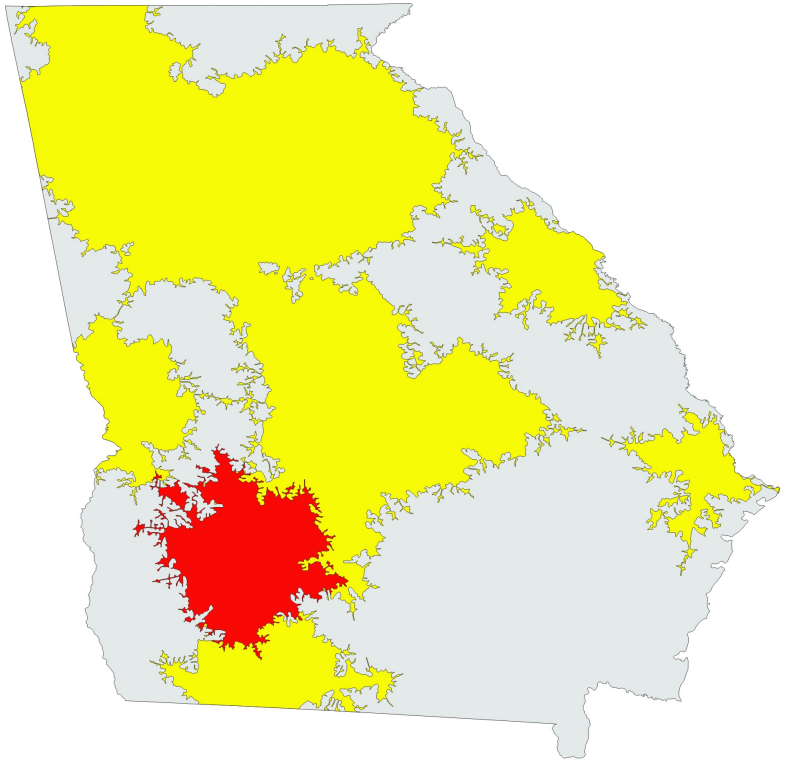
- May be useful for referring facilities to quickly access trauma care destination
- Avoid multiple phone calls that cause delays to definitive care
- Georgia Trauma Commission recommended data enhancements to assess utility for referral of injured patients to appropriate level

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

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

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

Rural Focused ACS Consult Visit

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Georgia's Consult will be the first rural-focused pilot project for the ACS

Level IV Consult Visits

pennsylvania TRAUMA SYSTEMS foundation

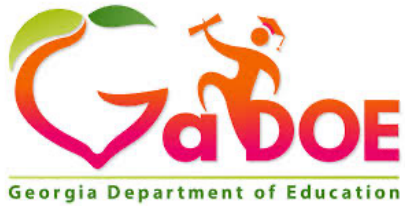
PTSF will deploy two site survey teams to GA to conduct consult visits for all level IV centers October 10-14, 2022

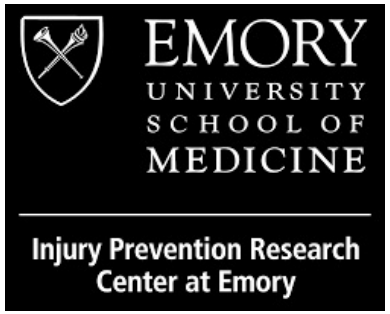
Research Collaborative

Kelly Mayfield MD, Advent Health Redmond; Riley Benter, Advent Health Redmond; Dennis Ashley MD, Atrium Health Navicent; Tracy Johns, Atrium Health Navicent; Catherine Martin MD, Atrium Health Polk; Sharon Hogue, Atrium Health Polk; Terrence O'Keefe MD, Augusta University; Regine Medeiros , Augusta University; Amina Bhatia MD, CHOA Egleston; Moe Schmid, CHOA Egleston; Alexis Smith MD, CHOA Scottish Rite; Kellie Rowker, CHOA Scottish Rite; Alicia Register MD, Crisp Regional; Cassandra Bellamy, Crisp Regional; Christopher Hogan MD, Doctors Hospital; Chris Ruiz, Doctors Hospital; David Kiefer MD, Effingham Hospital; John Brinson, Effingham Hospital; William Headley MD, Emanuel Medical Center; Brooke Marsh, Emanuel Medical Center; John Polhill, Fairview Park Hospital; Lynn Grant, Fairview Park Hospital; Walter Ingram MD, Grady Burn Center; Carey Lamphier, Grady Burn Center; Elizabeth Benjamin MD, Grady Memorial Hospital; Sarah Parker, Grady Memorial Hospital; Steven Paynter MD, Hamilton Medical Center; Kim Brown, Hamilton Medical Center; Gregory Patterson MD, Archbold Memorial Hospital; Kelly Vaughn, Archbold Memorial Hospital; Bounthavy Homsombath MD, Still Burn Center; Farrah Parker, Still Burn Center; Kurt Hofmann MD, Memorial Health Meadows; Karrie Page, Memorial Health Meadows; James Dunne MD, Memorial Health; Whitney Williamson, Memorial Health; Dennis Spencer MD, Morgan Medical Center; Michelle Benton, Morgan Medical Center; Charles Richart MD, Northeast Georgia Medical Center; Jesse Gibson, Northeast Georgia Medical Center; Naila Avery MD, Northside Gwinnett; Nadirah Burgess, Northside Gwinnett; Michael Shotwell MD, Piedmont Athens; Heather Morgan, Piedmont Athens; John Simmons MD, Piedmont Cartersville; John Pope, Piedmont Cartersville; Scott Hanay MD, Piedmont Columbus; Mary Willis, Piedmont Columbus; Richard Jacob MD, Piedmont Walton; Karen Hust, Piedmont Walton; Katherine Kohler MD, Wellstar Atlanta Medical Center; Pam Vanderberg, Wellstar Atlanta Medical Center; Barry Renz MD, Wellstar Cobb; Rebecca Innes, Wellstar Cobb; Aviva Bashan MD, Wellstar Kennestone; Jamie Van Ness, Wellstar Kennestone; Mark Gravlee MD, Wellstar North Fulton; Bernadette Frias, Wellstar North Fulton, Arthur Curran MD, Wellstar Paulding; Kerry Carter, Wellstar Paulding; Bjorn Bernhardsen MD, Winn Army Hospital; Michelle Evans, Winn Army Hospital.

GEORGIA RESEARCH INSTITUTE FOR TRAUMA

Key Partnerships





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GEORGIA TRAUMA COMMISSION