



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission

August 10, 2023

2:00 PM to 6:00 PM

The DeSoto | Madison Conference Room

Savannah, GA

Agenda

02:00 pm to 2:45 pm (45 minutes)

Welcome, call to order & establish quorum

Dr. Dennis Ashley

- Approval of May 25, 2023, Meeting Minutes*
- Chairman's Report

Trauma System Funding Analysis

Dr. Dennis Ashley

Executive Director's Report

Liz Atkins

Approval of 2024 Dates*

2:45 pm to 3:35 pm Committee Reports I (50 minutes)

Budget Committee

Dr. Regina Medeiros

EMS Committee

Courtney Terwilliger

Level III/Level IV/Rural Trauma Center Committee

Dr. Greg Patterson

Dr. Alicia Register

Georgia Committee for Trauma Excellence

Tracy Johns

Rehabilitation Committee

Dr. Ford Vox

3:35 pm -3:45 pm (10 minutes) AFTERNOON BREAK

3:45 pm to 4:15 pm Committee Reports II (30 minutes)

Trauma Administrators Committee

Dr. Michelle Wallace

Trauma System Performance Committee

Dr. James Dunne

Trauma Medical Directors Committee

Dr. Matthew Vassy

4:15 pm to 4:45 pm Trauma System Partner Reports (30 minutes)

Georgia Trauma Foundation

Cheryle Ward

Georgia Quality Improvement Program

Dr. S. Rob Todd

Gina Solomon

Office of EMS and Trauma

April Moss

4:45 pm to 4:50 pm (5 minutes)

New Business | None

Dr. Dennis Ashley

Summary of Action Items & Next Steps

Move to Closed Session*

4:50 pm – 5:00 pm (10 minutes) TRANSITION TO CLOSED SESSION

5:00 pm-6:00 pm (60 minutes)

GTC Closed Session

Dr. Dennis Ashley

Motion to Adjourn*

***Commission action anticipated**

**DRAFT FOR
APPROVAL AT
AUGUST MEETING**



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes

Thursday, May 25, 2023

9:00 AM-12:00 PM

City of Madison Meeting Hall

Madison, Georgia

Meeting Recording: <https://youtu.be/TCKq3-wKbyE>

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
Mr. Vic Drawdy via Zoom
Dr. Michelle Wallace via Zoom
Mr. Jim Adkins
Mr. Pete Quinones

STAFF MEMBERS & OTHERS SIGNING IN

REPRESENTING

Elizabeth Atkins	GTC, Executive Director
Gina Solomon	GTC, GQIP Director
Katie Hamilton	GTC, Finance Operations Officer
Gabriela Saye	GTC, Executive Assistant
Cheryle Ward	Georgia Trauma Foundation, Executive Director
Nicole Sundholm	AdventHealth Redmond, Trauma Program Manager
Ashley Faircloth	Augusta University, TPM P I
Alicia Register	Crisp Regional, TMD
Lynn Grant	Fairview Park Hospital, Trauma Program Director
Becca Hallum	Georgia Hospital Association, Associate General Counsel and Compliance Officer
Jenny Danker	Georgia Hospital Association, Legal Intern
Greg Nickel	Georgia Trauma Commission, STB Coordinator
S. Rob Todd	Grady, SVP / Chief, Acute Care Surgery
Sarah Parker	Grady, Trauma Program Director
Kelli Vaughn	J.D. Archbold Memorial Hospital, TPM
Fred Jones	MAG Medical Reserve Corps, Program Coordinator
John Harvey	MAG Medical Reserve Corps, Medical Director
Scott Maxwell	Mathews & Maxwell, Inc.
Rayma Stephens	Northside Hospital Gwinnett, Trauma PI Coordinator
Nadirah Burgess	Northside Hospital Gwinnett, Trauma Program Manager
April Moss	Office of EMS and Trauma, Systems of Care
Kelly Joiner	Office of EMS and Trauma, Deputy Director
Marie Probst	Office of EMS and Trauma, State Trauma Registrar

Brandi Fitzgerald	Phoebe Putney Memorial Hospital, Trauma Program Manager
Richard Jacob	Piedmont Walton, TMD
Karen Hust	Piedmont Walton, TPM
Brian Dorriety	RTAC Region 7, Coordinator
Ford Vox	Shepherd Center, Medical Director, DoC
Janani Rajbhandari	University of Georgia, Associate Professor

CALL TO ORDER (00:00:05)

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

CHAIRMAN REPORT (00:00:51)

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed all attendees and provided the following updates:

- Several trauma centers are undergoing ACS verification visits. It is a substantial amount of work, and I appreciate all those involved in making those visits happen.
- The 2023 legislative session is over. There was an attempt to cut \$700,000 from our FY 2024 budget; Fortunately, through some education efforts, we retained our full allocation. We appreciate all the legislators who participated and those in the room who provided emails and education during that time.
- We will discuss and approve the FY 2024 budget on today's agenda, which is getting tighter as we grow as a state. In the past, we had the initiative to generate \$80 million from the car tag fee, but unfortunately, we lost the vote. I think it's time to start getting our data together and go to the legislature during the next session and ask for additional funding to support our trauma system. We need to develop a plan and provide a case as to why we need the additional funds.
- The ACS trauma systems consultation report is available on the website. Please take the opportunity to review it. The report will help us determine what we need to prioritize. We will develop workgroups to address significant funding and transportation issues in rural Georgia.
- This week is EMS week, and I'd like to take the time to acknowledge our EMS colleagues and thank them for the work they do.

After the Chairman's Report, Dr. Ashley moved to approve meeting minutes.

APPROVAL OF MEETING MINUTES (00:07:30)

Presented by Dr. Dennis Ashley

Dr. Ashley asked for a motion to approve the March 1st meeting minutes, p. 2-13, in the meeting packet (ATTACHMENT A).

MOTION GTCNC 2023-05-01:

Motion to approve March 1, 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.

EXECUTIVE DIRECTOR REPORT (00:08:04)

Presented by Liz Atkins

Liz Atkins referenced the full report on pages 14-33, which provides a high-level overview of significant initiatives.

- In November, we had an open comment period for the FY 2024 performance-based pay criteria, in which we adjusted some meeting dates. We're also moving towards two trauma center invoicing payments next year, where your current performance dictates your future economic viability.
- The Georgia Trauma Commission staff have transitioned to the .gov email address. The .org emails cutoff date will be in August. Please save our new contact information.
- We have two new RTAC Coordinators: Jay Connelly for Region 4 and Andrew Altman for Region 9.
- Stop the Bleed is still ongoing with the additional kit beneficiaries. We are reviewing our current application process to determine future application periods.
- Due to a conflict with the Western Trauma Conference, the February GTC/GQIP Winter Meeting dates will be rescheduled. We are working with Chateau to determine possible options, including pushing back until May.
- Senator Warnock sponsored the Improving Trauma Systems and Emergency Care Act bill that passed last federal legislative year. Now, they're going forward with funding.
- Dan Walsh, our Attorney General (AG) representative, is transitioning to another role. We will be assigned a new representative with the AG office. A letter from the AG office is included in the packet, page 21, clarifying commission member presence and motions within committees. As long as the meeting is noticed as a committee meeting, the motions are considered a committee motion, regardless of how many commission members are present.
- There are two news articles included within the packet, which feature our Georgia trauma system.
- Dr. Ashley was honored at the Trauma Center Association of America Annual Meeting with the Distinction for Trauma System Leadership Award. The nomination is included in the packet. Congratulations to Dr. Ashley.
- Dr. Ashley and I met with the Georgia Hospital Association Center for Rural Health on May 11th and have been invited to attend their board meeting in August. They are close to the rural issues, and we hope to discuss solutions for the ACS findings.

COMMITTEE AND WORKGROUP REPORTS

BUDGET COMMITTEE REPORT (00:25:22)

Presented by Dr. Regina Medeiros

Dr. Regina Medeirosa referenced the report on pages 42-43:

- FY 2024 Budget; p. 35-37
 - A detailed summary with comments provides background on decisions to increase funds in some areas.
 - The uncompensated care is a projected amount. We still need the report. There may be slight adjustments to those numbers.
 - Due to user license agreements, the Commission still has to pay for software usage as a state agency.

- The Commission continues to fund the MAG (Medical Association of Georgia) Medical Reserve Corps, which provides resources and support in the event of disasters. Their report of activities is included in the packet, p. 52-57.
- FY2024 Departmentalized Budget; p. 38-46
 - The projected amount of revenue is based on Super Speeder, \$22,144,775.
 - You will see the budget breakdowns by category.
 - The last page, p. 46, shows the fund distribution for each trauma center. We have elected to include all participating designated trauma centers in the FY 2024 funding. The additional centers are in bold and will start receiving registry and readiness. Due to limited funding, the additional centers in bold will be eligible to receive uncompensated funds in three years once the costs are validated. We had to decrease the funds from other centers to provide funding for these centers. We must obtain more funding to recruit and maintain new centers that enter our system in the future.

MOTION BY: GTC Budget Committee

MOTION GTCNC 2023-05-02:

Motion to approve the FY 2024 Proposed Budget

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 (00:44:49)

Presented by Courtney Terwilliger

Courtney Terwilliger referenced the report on pages 47-48 for the EMS Committee and provided the following updates:

- The EMS committee has included two new funding items for FY2024:
 - \$10,000 to support the Metro Atlanta EMS conference and allow them to record and upload it to the TRAIN platform.
 - Earmarked funds for a pre-hospital EMS project with Dr. Bulger, an EMS physician in Washington state that has conducted substantial EMS research.
- We continue to work on the delay in transportation issues. We are working with Nita Ham at the State Office of Rural Health to identify stakeholders to collaborate with.
- We are determining what equipment supplies are available at the rural facilities to care for patients for MARCH PAWS.

Commission members briefly discussed the EMS workforce shortage and its impact on EMS education and training.

LIII/IV COMMITTEE REPORT (00:52:39)

Presented by Dr. Alicia Register

Dr. Alicia Register referenced the report on page 49:

- The plan is to meet and review the ACS and PTSF reports in the upcoming weeks and identify common themes, lowest-hanging fruit, and short-term versus long-term goals.

- We have a mentorship group between the higher-level centers and the rural centers. In addition, we have a subgroup of level III and IV center trauma program managers to connect, collaborate, and share information.
- We have a virtual meeting on June 2nd to review the plans for the first MARCH PAWS pilot course. We want to teach MARCH PAWS to coincide with best practice guidelines and not contradict other educational programs. The first course will be at Emanuel Medical Center in Swainsboro, followed by Cordele, then Thomasville. We plan to finish the first course by the end of summer and share updates at the August meeting.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:03:35)

Presented by Lynn Grant

Lynn Grant referenced the report on page 51 for the Georgia Committee for Trauma Excellence.

- The Rehab committee has requested data entry to include rehab and skilled nursing facility names to review where patients are going.
- The 2023 Data Dictionary was updated and released to all trauma centers. They are using a change log to update throughout the year. As soon as ACS releases its preliminary 2024 dictionary, we will start to work on our 2024 Data Dictionary.
- AIS 2015 injury coding will be required starting January 1, 2025. We have begun the transition planning for a registrar update course with Georgia Trauma Commission funding, emphasizing level III and IV center education.
- PI subcommittee's new chair is Karen Hust. Their primary focus is time to definitive care, and they will start to review level III and IV transfer out times.
- The Injury Prevention subcommittee has stayed busy with Child Abuse Prevention webinars, Bingocize (central GA & metro Atlanta with Floyd & Morgan starting programs soon), Trauma Awareness and Stop The Bleed Month – webinars; Participation encouraged in Georgia Stay SAFE, June 18-24.

REHABILITATION COMMITTEE REPORT (01:06:57)

Presented by Dr. Ford Vox

Dr. Ford Vox referenced the report on pages 52-54:

- We recently had our second committee meeting and continue to welcome new members.
- We established our first subcommittee for data analysis, led by Susannah Kidwell, Director of Rehabilitation Services at Children's Healthcare of Atlanta.
- The ACS report contains seven directives regarding rehabilitation integration into the trauma system. We are breaking those down and discussing the low-hanging fruit.
- Within the initial data request, we found some data gaps regarding where patients are going and the names of the facilities. We will ask registrars to start typing in facility names to analyze and determine the appropriate level of discharge and the utilization of rehabilitation services in the state. We also plan to analyze:
 - How patients are being treated according to payer source.
 - Discharge patterns and trends for post-acute rehab services and the basis of which trauma center and what's available in their region.
- The rehabilitation field has a variety of established quality standards and certifications that we can roll into official system guidelines and track compliance. The Commission on Accreditation of Rehabilitation Facilities (CARF) provides accreditations for relevant specialty programming such as TBI and SCI. The committee will work on incorporating these into the trauma system guidance.

- We are working with our individual facility's Quality Directors to determine metrics most appropriate to contribute to a state database.
- We are developing a survey to be sent to trauma hospitals to rank their challenges in discharging patients and determine their rehabilitation needs following trauma care. We will analyze where we can make recommendations for improvement in the system.
- Our next committee meeting is in August.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:17:16)

Presented by Dr. Michelle Wallace

Dr. Michelle Wallace referenced page 55 of the meeting packet for the committee report:

- Our two meetings were in March at Chateau and in April via Zoom. We had lots of discussions about the diversion and trauma status.
- Next Thursday, we have a diversion workgroup meeting to discuss system, regional, and state diversion definitions and plans. The workgroup will morph into the regional trauma status communication and plan team.
- We are still looking for a finance workgroup chair. Multiple people are interested in participating in the projects but are not interested in chairing.
- During our next July committee meeting, I plan to discuss the process for having patients return to their home sites once they meet the capabilities of their communities to support patients and their families better.

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (01:21:39)

Presented by Dr. James Dunne

Dr. James Dunne referenced page 56 of the meeting packet for the committee report:

- OEMST is working internally to pull data out of the new Georgia Patient Registry to provide epidemiologic data for analysis. OEMS&T and GQIP will resume work days to drill down into patients.
- The armband project is still in process; The pilot includes one trauma center and one non-trauma center, EMS & Law Enforcement. The team is working to link the data in Biospatial. NHTSA is the funding source and will only support data from motor vehicle crash patients, not all trauma patients.
- Atrium Navicent and Memorial Health University Medical Center are working on their own time to definitive care project by sharing and comparing data. We are waiting for IRB approval from Memorial Health to combine the data. We hope to have preliminary data available by the August Commission meeting.

SYSTEM PARTNER REPORTS

GEORGIA TRAUMA FOUNDATION REPORT (01:26:50)

Presented by Cheryle Ward

Cheryle Ward referenced the report on pages 57-61.

- Cheryle provided a brief overview of the Continuing Education Instructors' Database (CEID) project, pages 58-61. GTF is in its first year of operating an online directory that serves as a master list of trauma education providers throughout the state. The directory has been formally named Continuing Education Instructors' Database but will be known by its acronym CEID (pronounced seed). The database is a free, password-protected resource. Each trauma center will have its credentials for accessing this resource. The official statewide promotion and rollout of the system begins June 1.

- GTF was recently awarded a \$1.1 million grant from the Department of Community Health to coordinate continuing education programs for rural providers. By the end of the four-year grant, the Foundation will meet the objective of providing a minimum of 48 continuing education courses in the state's rural communities.

Cheryle Ward clarified that one of the ways the Foundation brings funds into the system is through grants. Cheryle works as a project manager for these grants. Still, the grant provides funds for additional salaries, such as coordinators, to help facilitate the programs and keep the database current. The funding for additional salaries is set for five years, but we will pursue other funding before the deadline. The responsibility of the Foundation will be to ensure that grant deliverables are met.

GEORGIA QUALITY IMPROVEMENT REPORT (01:40:12)

Presented by Dr. Rob Todd and Gina Solomon

Dr. Rob Todd reviewed the GQIP report and content in the packet on pages 62-64:

- We will sunset the TBI workgroup by the August meeting and look to introduce two new workgroups: VTE prophylaxis and time to definitive care. We will introduce a third workgroup after the summer meeting.
- Our GQIP Trauma Advisory Committee continues to meet monthly. We met on May 1st and worked on the summer meeting agenda. We plan to have an open GQIP meeting in the morning, but the afternoon will be a closed session for the TQIP collaborative review and to present some patient cases.

Gina Solomon added:

- The ArborMetrix platform is still in the build phase, and we meet with them twice a month. We have worked on fourteen process and outcome measures. The target kick-off data is mid-September.
- There is a glitch with the ACS and data imports; no one is getting any 2023 data at this time. While the kinks are worked out, we continue to examine 2022 data.
- We have established a meeting cadence with our PSO attorney starting in June.

OFFICE OF EMS AND TRAUMA REPORT (01:50:05)

Presented by April Moss and Kelly Joiner

April Moss reviewed their report on pages 62-64:

- We recently had two Level IACS re-verification visits, with VRC final reports pending.
- Two Level III Facilities with Provisional Designations submitted CD corrections and moved to full designation.
- The State Trauma Program Coordinator position is in the selection process.
- We received finalized Georgia ACS Consult Review Summary and are reviewing and prioritizing areas for improvement.
- OEMST met with our burn centers to revise the FY2024 Ongoing Burn Center Performance Evaluation (OBCPE) form to align the report with burn designation performance measures. The FY2024 form will open in October 2023
- The ImageTrend Patient Registry report writer training was offered from 4/24-26/2023. The OEMST, GTC, and cardiac and trauma center staff attended the sessions. The report writer is available for all users, including trauma centers using the V5 registry.
- We have a couple of other pending ACS verification visits throughout the summer. We also have a couple of new centers seeking level IV designations. We will visit those sites to discuss the processes and help them prepare to enter their retrospective data.

- 2023 schema status - ESO received the approved changes from OEMST again on 4/12/2023 to prepare the 2023 schema. ESO will distribute the schema SDL file to all V5 users, enabling users to download and import the 2023 registry records to the Georgia Patient Registry. The release is delayed due to ESO making additional national registry changes.
- The GCTE Registry Subcommittee and OEMST finalized the 2023 Georgia Trauma Data Dictionary. The Georgia Data Dictionary and the National Trauma Data Standard Dictionary represent the fields required by OEMST and GQIP.
- The OEMST and GQIP met to create a Trauma Data Dashboard to track and trend data from 2019 - to the present.
- 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. Data from the trauma records will be received in July once the data is downloaded from the trauma centers.
 - The Commission members discussed the amount of missing EMS trip reports. OEMST advised that they contact noncompliant ambulance services and work through a plan to ensure they submit trip reports. Kellie Joiner encouraged hospitals to contact OEMST if they notice any missing reports in the hospital hub.
- ACS New Resources for Optimal Care of the Injured Patient does not have Level IV Trauma Center Criteria. OEMST will be utilizing 2014 standards until ACS adds back level IV criteria.
- The Georgia Patient Registry received complete 2021 and 2022 imports from all but two designated centers. We plan to close the import links for 2021 and 2022 imports in June to prepare for the 2023 imports.
- A solution to the data export difficulties is being tested in the Georgia Patient Registry. The export issues prevent preparing the annual trauma report and new downloads to Biospatial. Dipti Patel and Dr. Danlin Luo will confirm when the data export is accurate for data analysis and download to Biospatial.
- As a result of the ACS and PA recommendations, discussions have begun to develop a formal mentorship program. The initiative is a joint effort between GCTE, OEMST, and GTC leadership to support trauma programs statewide. The mentorship will support all centers, focusing on level IV and new centers' needs.

Dr. Ashley added that the Office of EMS and Trauma and the Georgia Trauma Commission leaders have started to meet regularly to tackle some of the ACS recommendations.

Liz Atkins stated they are making headway on a dashboard for the trauma system. There are two separate databases: ImageTrend Georgia Patient Registry and ESO Central Site. April and I will work on a graphic for the August meeting. We want to avoid multiple databases in the future.

MAG MEDICAL RESERVE CORPS FY2023 (02:10:00)

Presented by Dr. John Harvey

Dr. John Harvey reviewed his report on pages 67-71:

- A couple of the events facilitated since last year are:
 - Drone Team Training
 - LZ Team training
 - Shelter Team/GDPH Training
 - Family Preparedness
 - K-9 Team Training

- We participated in an active shooter CME seminar, concentrated on active shooters at medical facilities.
- We continue to solicit the interest of physicians around the state. We have a reservoir of about 30 to 40 immediately deployable members.
- We continue to support Stop the Bleed and have provided training at the Georgia State Capitol.
- We participated in the EMAG summit with a speaker Dr. Paul Purcell and Gary Glemboski.
- Several members of MAGMRC attended this online webinar presented by the Southern Regional Disaster Response System.
- We participated in a Warner Robins multi-agency drill with triage in medical management for training capacity. We have another large-scale exercise in Atlanta next week.

Dr. Dunne asked for clarification on how the Commission funds are expended and other funding sources. Dr. Harvey advised that MAG's funding is allocated to uniforms, equipment, and underwriting the travel and lodging costs for training, especially for our instructors and participants. MAG's primary source of funding comes from the Georgia Trauma Commission and a small number of donations.

CLOSING COMMENTS (02:23:00)

Presented by Dr. Dennis Ashley

Before adjournment, Dr. Ashley stated there is a need to form workgroups to take on the ACS recommendations. Dr. Ashley suggested he work with Liz Atkins to start assigning specific recommendations to groups or create new groups if needed. We need an outline of how we want to do that and begin engaging stakeholders by the next Commission meeting.

Liz recommended beginning work on the trauma system plan, which will address some recommendations. We need to engage RTAC Chairs to facilitate the work and solutions throughout all regions. A possible strategy is to include focus groups during the winter meeting at Chateau Elan.

MOTION GTCNC 2023-05-03:

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 & ADJOURNMENT

- Commission approved: FY2024 Proposed Budget
- Dr. Ashley and Liz Atkins will start assigning specific recommendations to groups or create new groups if needed. We need an outline of how we want to do that and begin engaging stakeholders by the next Commission meeting.

Minutes Respectfully Submitted by Gabriela Saye

Trauma System Stabilization Proposal

Dennis W. Ashley, MD, FACS

Will C. Sealy Endowed Chair

Professor of Surgery

Mercer University School of Medicine

Director of Trauma Atrium Health Navicent

Chairman, Georgia Trauma Commission

Regina S. Medeiros, DNP, MHSA, RN

Administrative Director, Adult and Pediatric Trauma Programs

Augusta University Health

Secretary/Treasurer, Georgia Trauma Commission

Elizabeth V. Atkins, MSN, RN, TCRN

Executive Director

Georgia Trauma Commission



**GEORGIA TRAUMA
COMMISSION**

Definitive Trauma Care - A Scarce Resource

- This caught most of the trauma community off guard
- The impact of the loss of a level I trauma facility impacts the entire state and region
- The long-term financial and staffing commitment required makes it unlikely that we will be able to add an additional level I or II trauma center
- If it was easy, another center would have stepped up by now...



Trauma Center Retention Challenges

Trauma Centers Withdrawing from the GA Trauma System

- Oconee Regional Hospital (LIII)
- Hutcheson Medical Center (LIII)
- Columbia Barrow Medical Center (LIII)
- DeKalb Medical Center (LIII)
- Lower Oconee Community Hospital (LIV)
- Trinity Hospital of Augusta (LIII)
- Wills Memorial Hospital (LIV)
- Taylor Regional Hospital (LIV)
- Appling Healthcare (LIV)
- WellStar Atlanta Medical Center (LI)

Trauma Centers Downgrading Trauma Center Level

- Archbold Memorial Hospital (LII to LIII)
- Hamilton Medical Center (LII to LIII)
- Taylor Regional Hospital (LIII to LIV)*

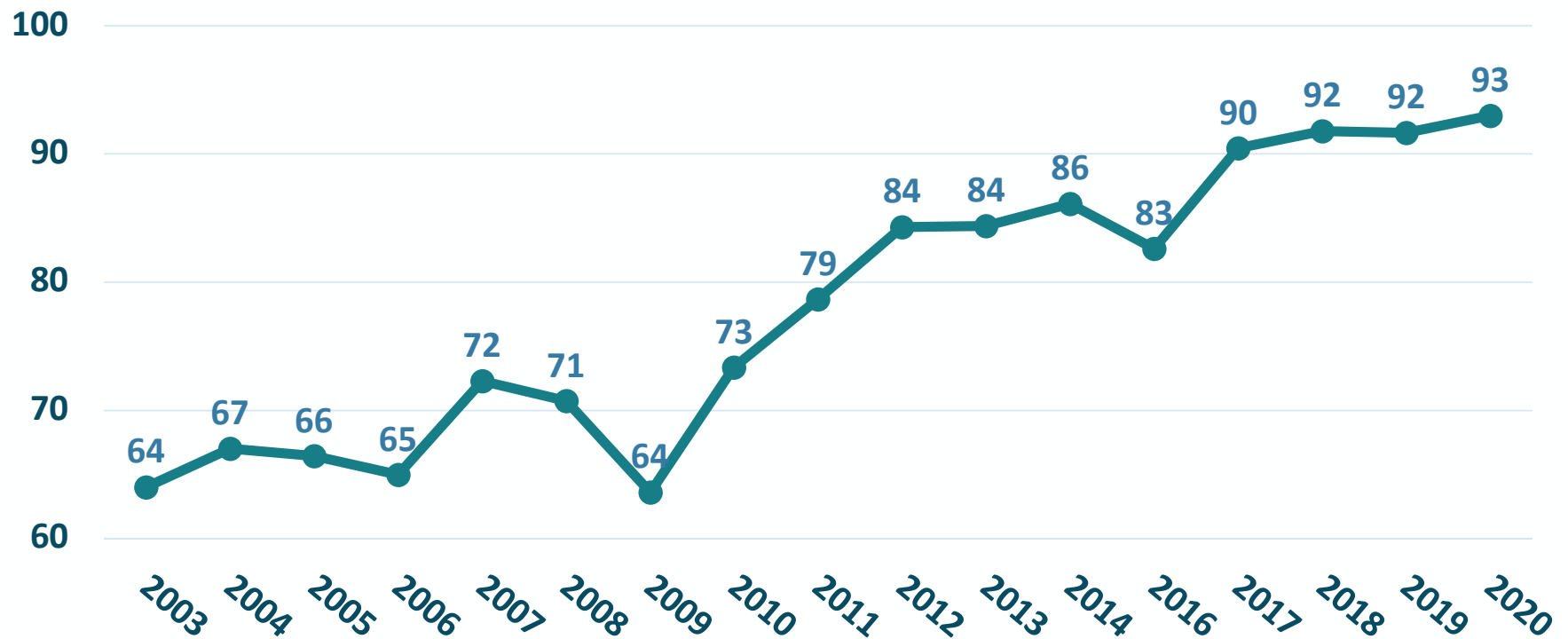
Trauma Centers Withdrawing & Returning to the GA Trauma System

- WellStar Cobb Medical Center (LIII)
- Piedmont Henry (LIII)

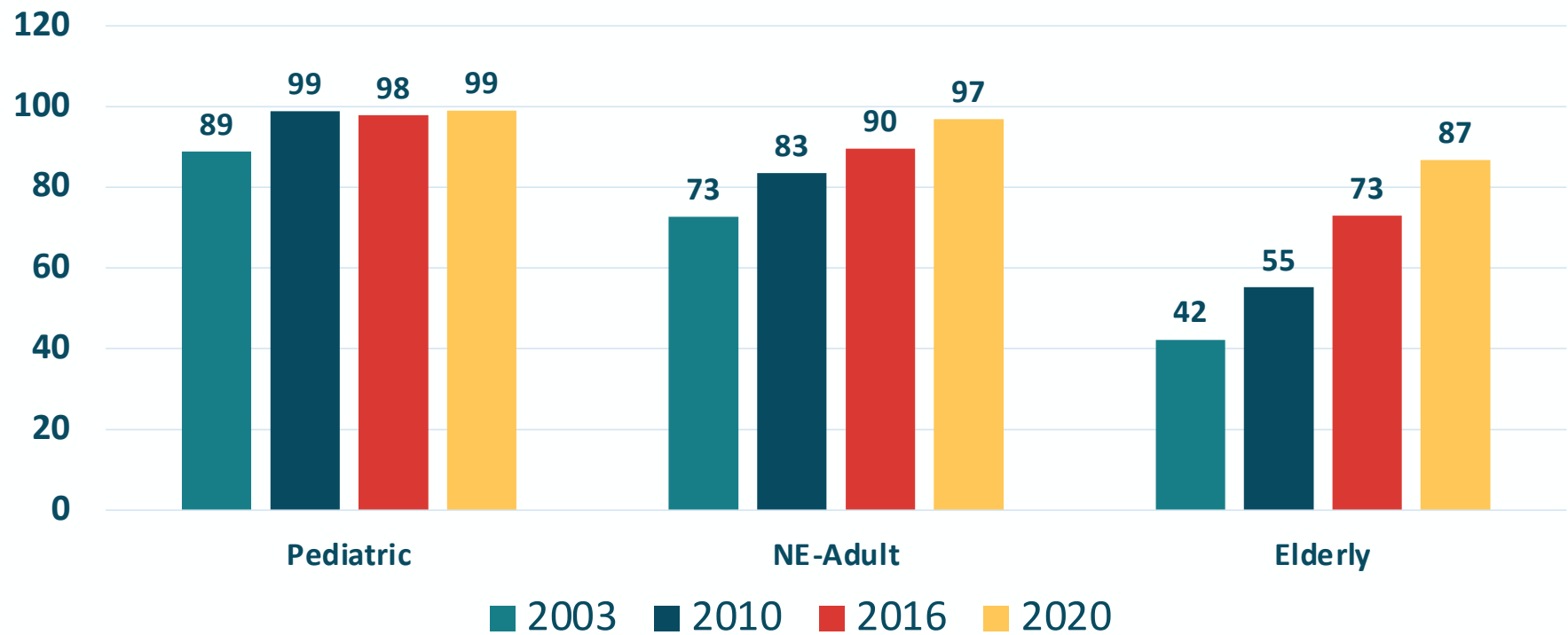


GEORGIA TRAUMA
COMMISSION

Percent Severely Injured Patients Treated at a DTC 2003 - 2020



Percent Severely Injured Patients Treated at a DTC Select Years



Trauma Center Financial Drivers:

1. Trauma Center Readiness
2. Uncompensated Care



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COMMISSION

1. Trauma Center Readiness

**Readiness Costs Validation, Funding &
Performance Based Payment Program**



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What Are Trauma Center Readiness Costs?

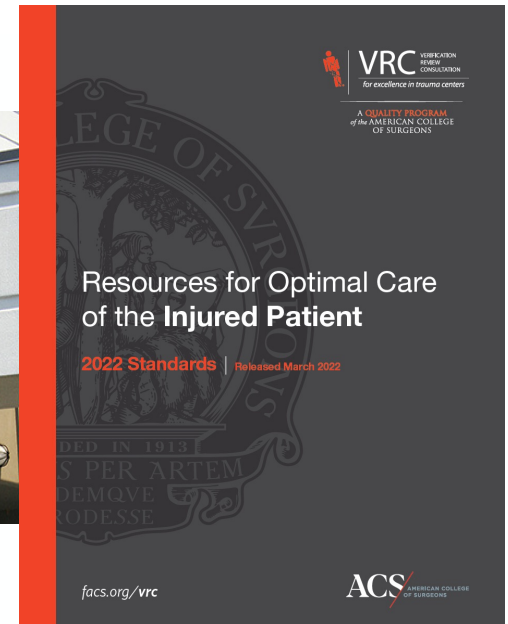
- Costs incurred by the trauma center to be ready to provide trauma care 24/7/365
- Costs to maintain essential infrastructure in compliance with the ACS's 2022 Resources for Optimal Care of the Injured Patient



THE
COMMITTEE
ON **TRAUMA**



GEORGIA TRAUMA
COMMISSION



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

LEVEL I TRAUMA CENTER: Readiness and Readiness Costs: A Survey

KEY WORDS: Readiness costs; trauma center; survey.

Assessing trauma readiness costs in level III and level IV trauma centers

	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

KEY WORDS: Readiness costs; trauma center; rural trauma; survey.

Percent of Trauma Center Readiness Costs Reimbursed Level I and II Centers FY 2008 – FY 2016

Fiscal Year	Budget	# Level Is	# Level IIs	Level I & II Combined Readiness Costs	Level I & II Combined Readiness Funding	% Readiness Costs Funded for Level I & II Trauma Centers
2008/2009	\$58,902,769	4	9	\$40,835,201	\$23,851,385	58%
2010	\$20,340,888	4	9	\$40,835,201	\$7,456,990	18%
2011	\$10,543,460	4	9	\$55,103,337	\$2,228,670	4%
2012	\$17,303,758	5	9	\$55,103,337	\$5,665,390	10%
2013	\$15,159,097	6	9	\$55,103,337	\$4,553,837	8%
2014	\$15,345,972	6	9	\$55,103,337	\$4,383,231	8%
2015	\$16,360,468	6	10	\$55,103,337	\$4,773,784	9%
2016	\$16,372,494	6	11	\$55,103,337	\$4,686,185	9%

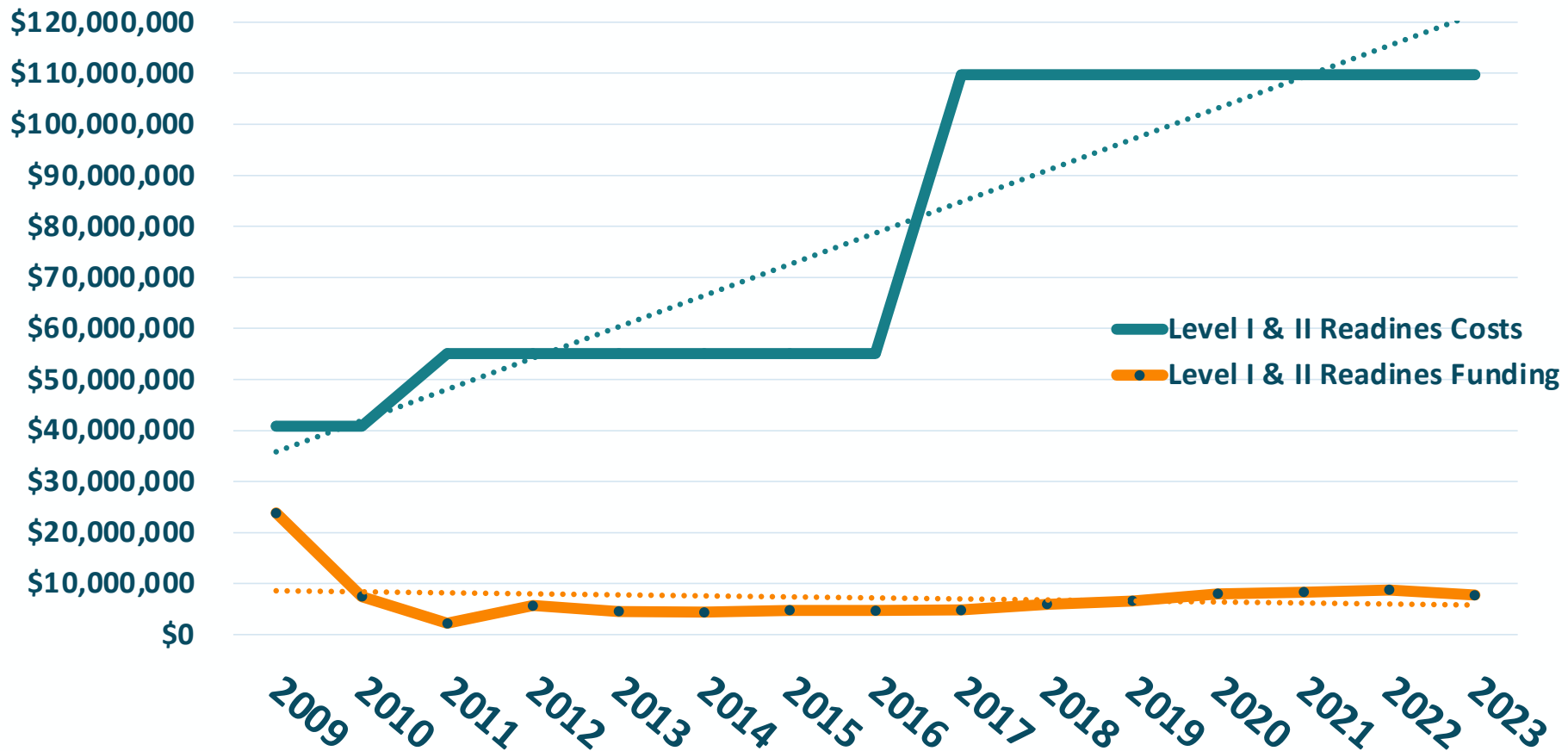
Percent of Trauma Center Readiness Costs Reimbursed Level I and II Centers FY 2017 – FY 2023

Fiscal Year	Budget	# Level Is	# Level IIs	Level I & II Combined Readiness Costs	Level I & II Combined Readiness Funding	% Readiness Costs Funded for Level I & II Trauma Centers
2017	\$17,475,377	6	10	\$109,722,061	\$4,828,481	4%
2018	\$21,760,160	6	10	\$109,722,061	\$5,964,578	5%
2019	\$22,565,420	6	10	\$109,722,061	\$6,589,598	6%
2020	\$22,510,137	6	9	\$109,722,061	\$7,989,828	7%
2021	\$23,557,846	6	8	\$109,722,061	\$8,326,300	8%
2022	\$22,966,934	6	8	\$109,722,061	\$8,754,806	8%
2023	\$22,942,155	5	8	\$109,722,061	\$7,743,475	7%

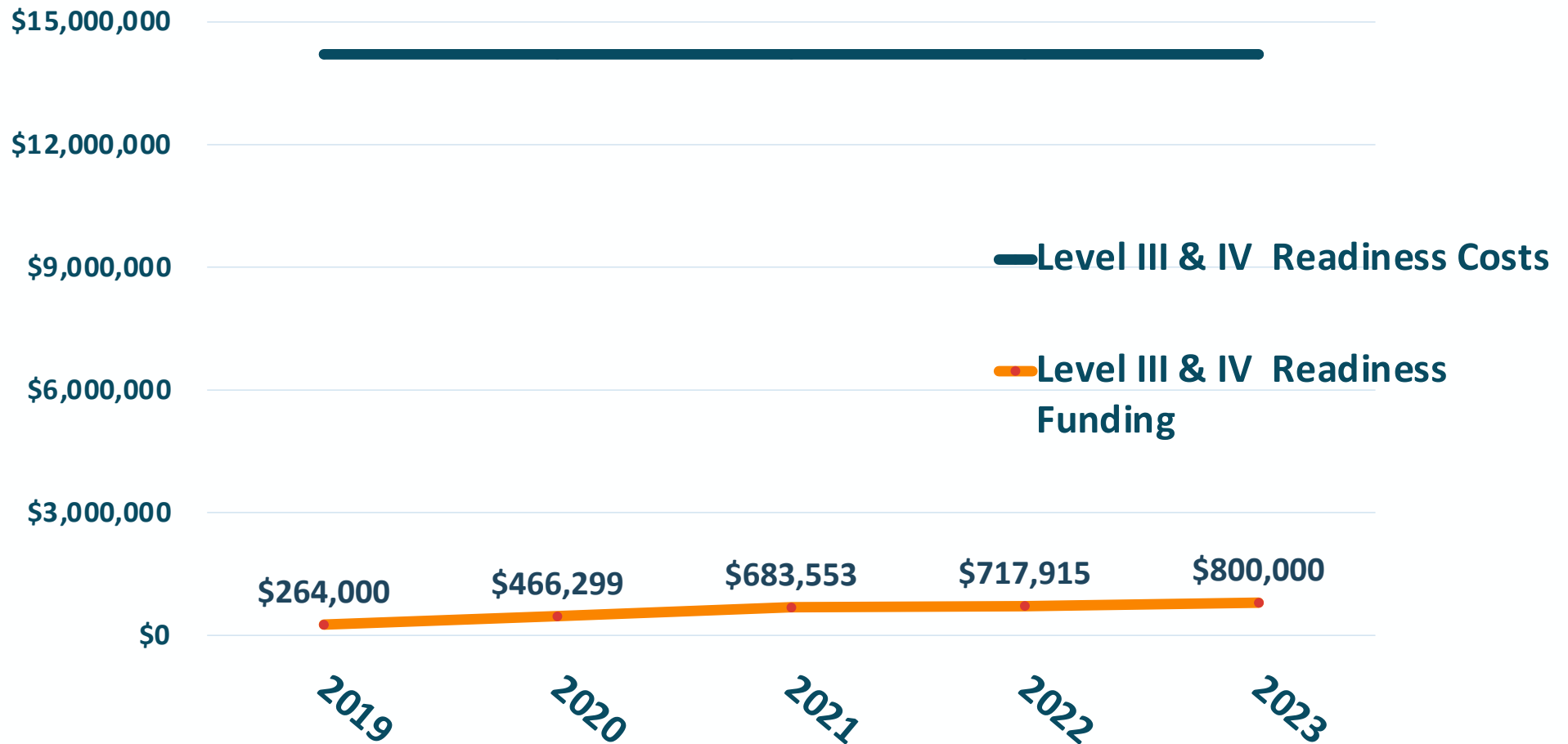
Percent of Trauma Center Readiness Costs Reimbursed Level III and IV Centers FY 2019 – FY 2023

Fiscal Year	Budget	# Level IIIs	# Level IVs	Level III & IV Combined Readiness Costs	Level III & IV Combined Readiness Funding	% Readiness Costs Funded Level III & IV Trauma Centers
2019	\$22,565,420	4	4	\$14,209,929	\$264,000	2%
2020	\$22,510,137	5	4	\$14,209,929	\$466,299	3%
2021	\$23,557,846	5	5	\$14,209,929	\$683,553	5%
2022	\$22,966,934	5	5	\$14,209,929	\$717,915	5%
2023	\$22,942,155	5	5	\$14,209,929	\$800,000	6%

Readiness Cost Compared to Available Funding Level I and Level II TCs Since Inception



Readiness Cost Compared to Available Funding Level III and Level IV TCs Since 1st Readiness Survey



Percent of Trauma Center Readiness Costs Reimbursed All Trauma Center Levels FY 2019 – FY 2023

Fiscal Year	Budget	Total # All TC Levels	Readiness Costs All TC Levels	Readiness Funding Available All TC Levels	% Readiness Costs Funded All Level Trauma Centers
2019	\$22,565,420	24	\$123,931,990	\$6,853,598	6%
2020	\$22,510,137	24	\$123,931,990	\$8,456,127	7%
2021	\$23,557,846	24	\$123,931,990	\$9,009,853	7%
2022	\$22,966,934	24	\$123,931,990	\$9,472,721	8%
2023	\$22,942,155	23	\$123,931,990	\$8,543,475	7%

Performance Based Payment Program



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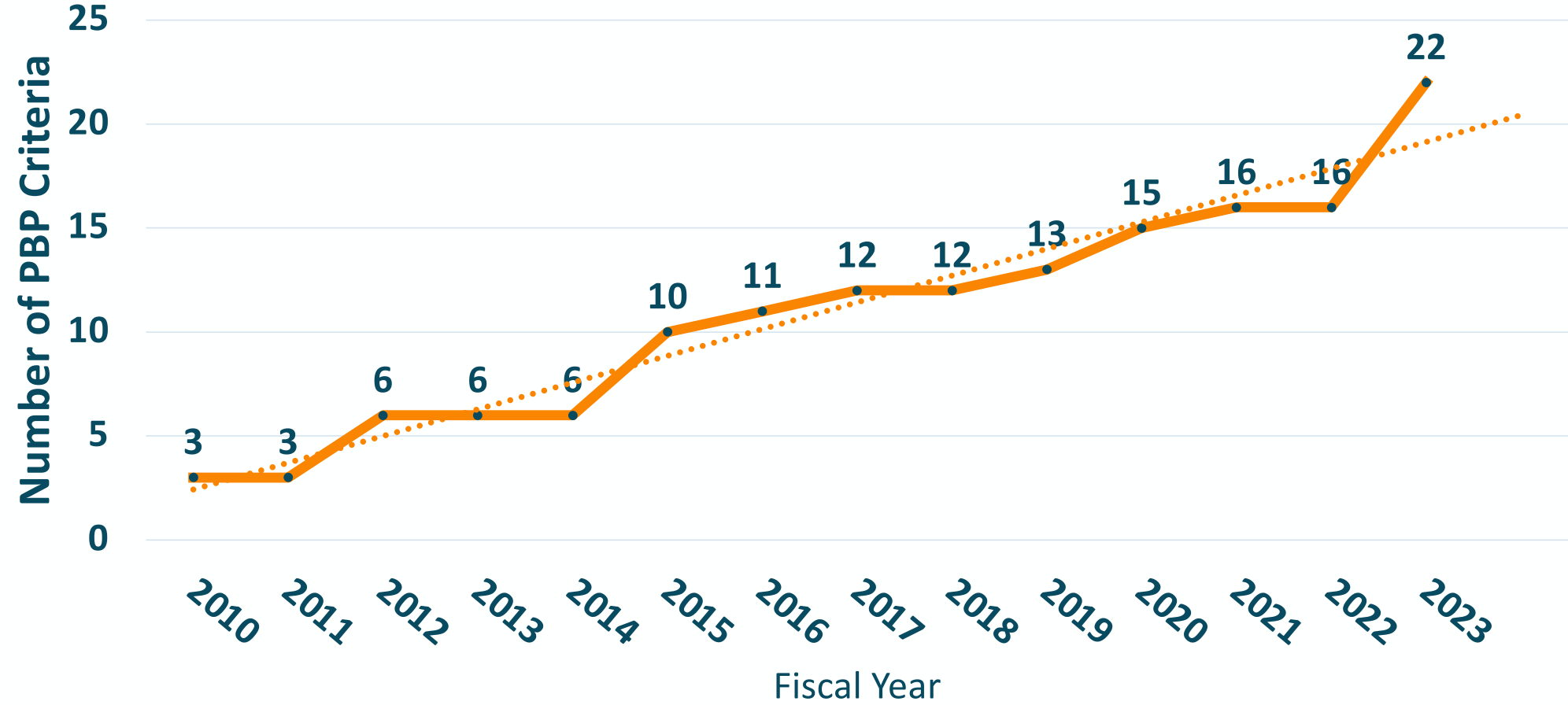
Trauma Center Performance-Based Payment Program (PBP)

- Accountability mechanism
- Three domains:
 1. System participation
 2. ACS Optimal Resources “Gray Book” criteria
 3. GQIP engagement & participation
- Each criterion assigned a percent
- Annual report card submission
- Final payment based on PBP performance

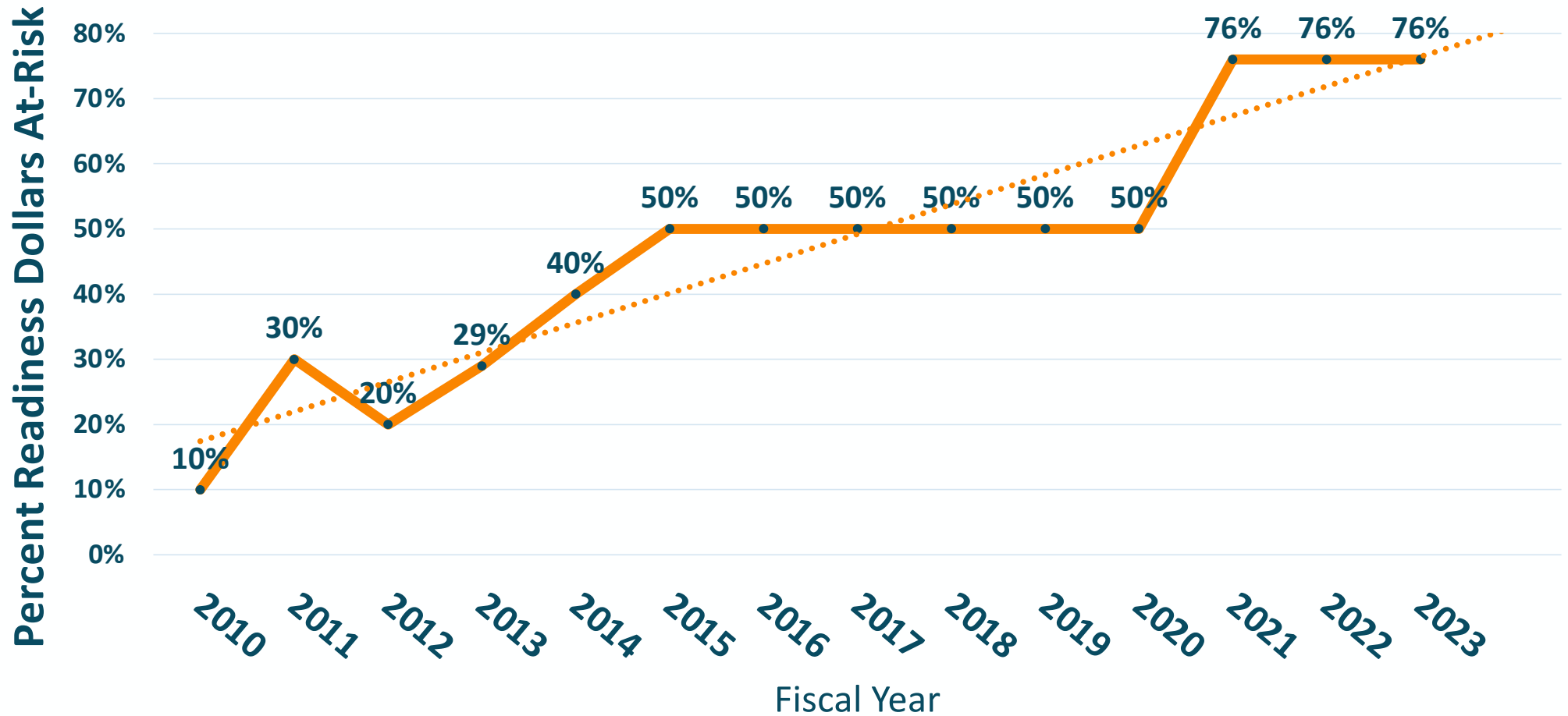
FY 2022 LEVEL I & II PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level I & II Center Specific Criteria	% Risk
System Participation	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	5	8. Participation by trauma program staff member in ONE GCTE official subcommittee	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	5	9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV AND TPM (and/or Designee)	5		
	4. Spring 2022 (Chateau Elan or alt location) meeting attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV) AND Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
ACS Optimal Resources Document Criteria	5. Peer Review Committee attendance 50% *	5	11. Surgeon response time *	5
	6. Timely quarterly NTDS data submissions*	10	12. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program (CD 5-23)	5
			13. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9)	10
			14. Achieve & maintain ACS Verification by 6.30.2023	0
GQIP			15. Participation in external data validation visit	0
			16. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings	5
			17. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC & Registrar attendance/involvement	5
				5
Total at Risk % Criteria for All Centers		40	Total at Risk % Level I & II specific criteria	45
		Total at Risk % Level I & Level II Trauma Centers		85

Performance Based Payment Program

Increase in Number of Criteria Since Inception



Performance Based Payment Program Increase in At-Risk Dollars Since Inception



2. Uncompensated Care (UCC)

Uncompensated Care Costs and Funding Methodology



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Percent of Uncompensated Care Claims Reimbursed Level I and II Centers FY 2008 – 2015

Fiscal Year	Number of UCC Submitted	Total Costs of UCC Submitted	Amount Available for UCC Program	Percent of UCC Costs Reimbursed
FY 2008/2009	3,029	\$38,787,061	\$23,851,385	61%
FY 2010	3,286	\$52,918,230	\$6,696,610	13%
FY 2011	2,674	\$36,862,099	\$2,262,100	6%
FY 2012	2,451	\$36,596,176	\$5,828,814	18%
FY 2013	2,279	\$29,555,083	\$5,192,331	18%
FY 2014	2,580	\$32,525,025	\$5,092,725	16%
FY 2015	3,008	\$35,759,766	\$5,431,599	15%

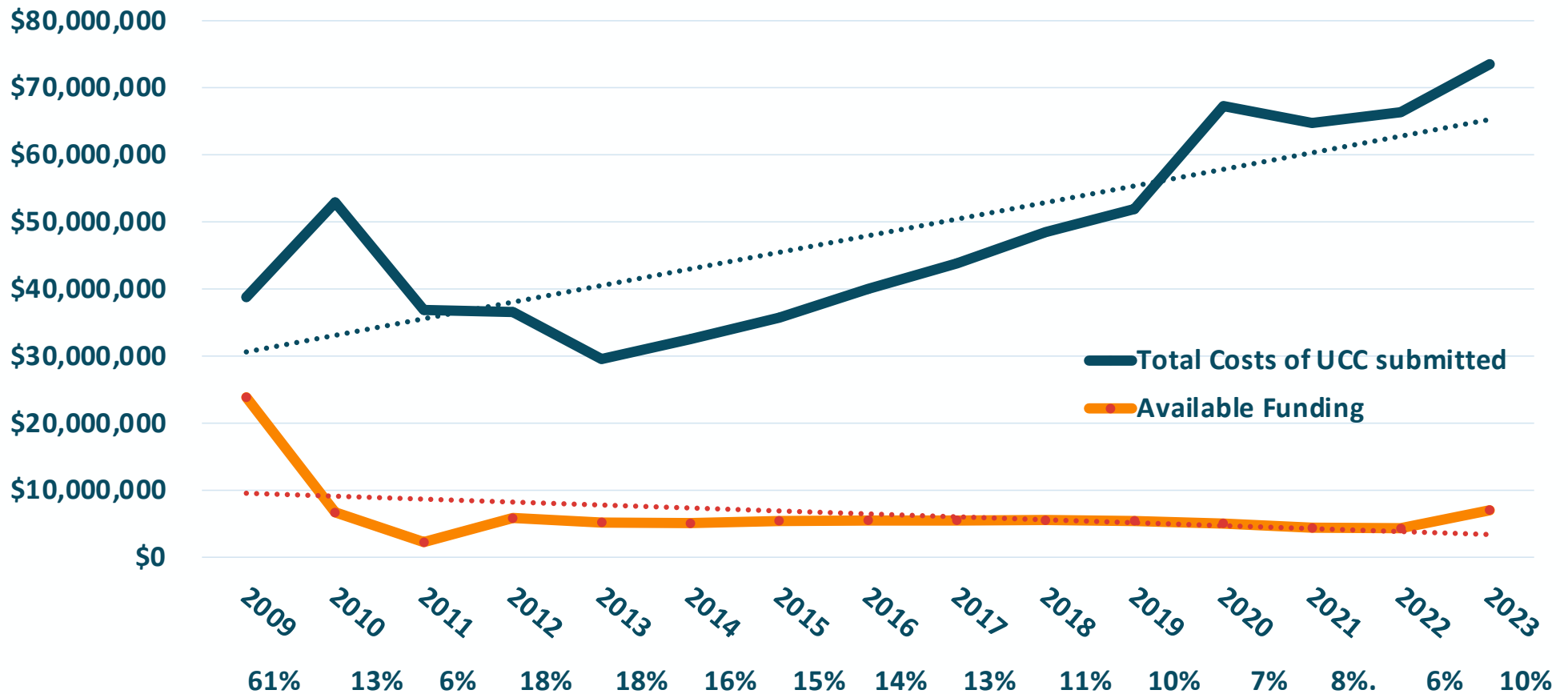
Percent of Uncompensated Care Claims Reimbursed Level I and II Centers FY 2008 – 2015

Fiscal Year	Number of UCC Submitted	Total Costs of UCC Submitted	Amount Available for UCC Program	Percent of UCC Costs Reimbursed
FY 2016	3381	\$39,995,073	\$5,484,005	14%
FY 2017	3506	\$43,829,505	\$5,480,851	13%
FY 2018	3866	\$48,468,249	\$5,518,852	11%
FY 2019	4138	\$51,899,783	\$5,419,638	10%
FY 2020	5581	\$67,242,437	\$5,039,868	7%
FY 2021	5278	\$64,772,646	\$4,388,850	8%
FY 2022	5414	\$66,377,091	\$4,297,324	6%
FY 2023	5594	\$73,520,821	\$7,031,547	10%

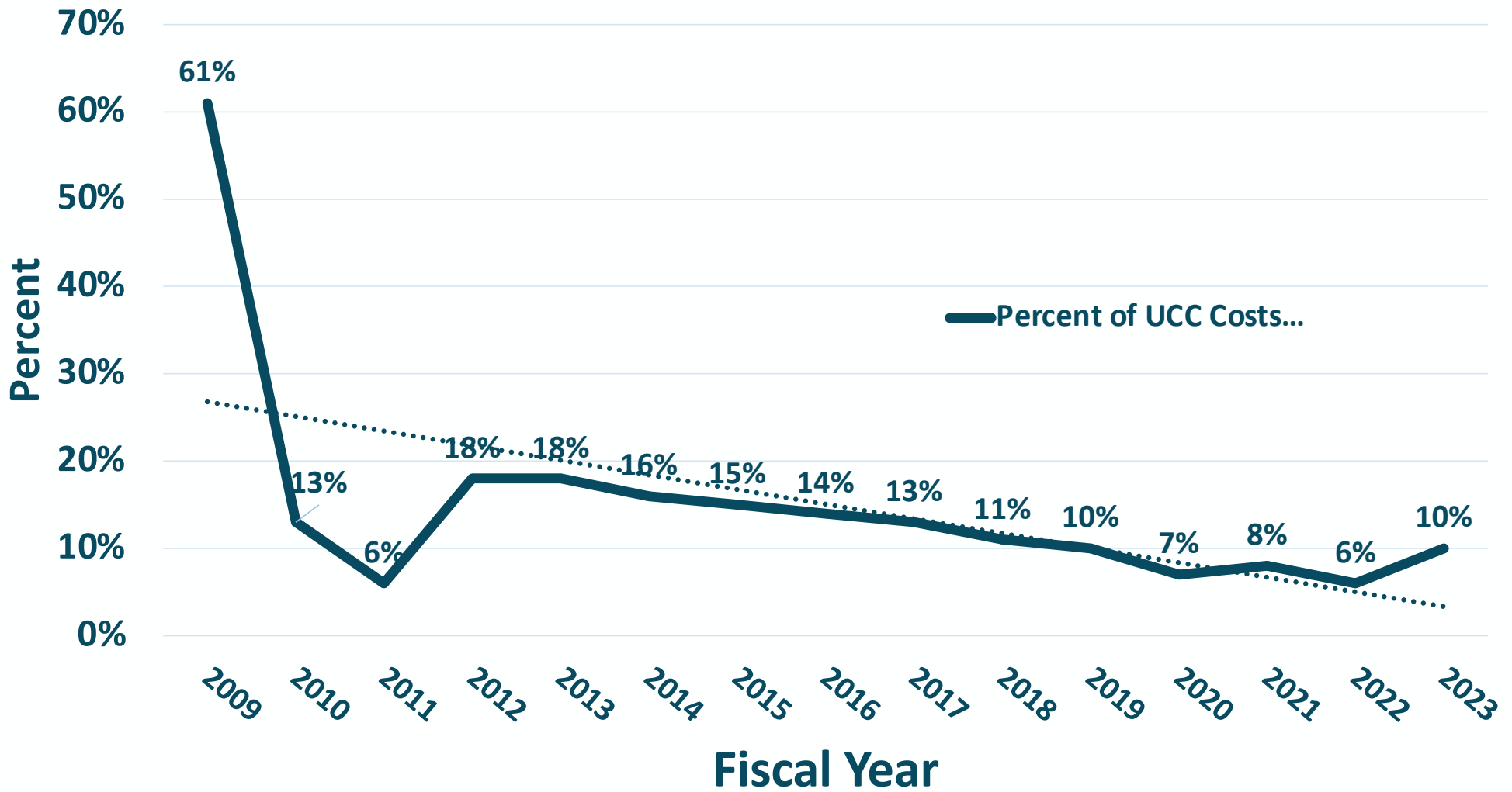
**Percent of Uncompensated Care Funded
Level I and II Centers FY 2023 – 2024**
Allowable vs. Actual Charges

Fiscal Year	Number of UCC Submitted	Actual UCC Charges Submitted	Total Allowable Charges of UCC Submitted	Amount Available for UCC Program	Percent of UCC Allowable Charges	Percent of Actual UCC Charges to Funding
FY 2023	5594	\$592,123,190	\$73,520,821	\$7,031,547	10%	1.2%
FY 2024	5376	\$659,152,758	\$70,869,171	\$6,751,270	10%	1%

Uncompensated Care Allowable Costs Submitted Compared to Available Funding



Percent of UCC Costs Funded



Total Trauma Center Costs

Readiness Costs

- Levels I & II = \$109,722,061
- Levels III & IV = \$14,209,929
- **Total Readiness Costs (L1, LII, LIII, LIV) = \$123,931,990**

Uncompensated Care Costs (Level I & II)

- Submitted Charges (Total) = \$659,152,758
- 10% Allowable on Total Submitted Charges = **\$70,869,171**

Total Trauma Center Costs (Readiness Costs + UCC) = \$194,801,161



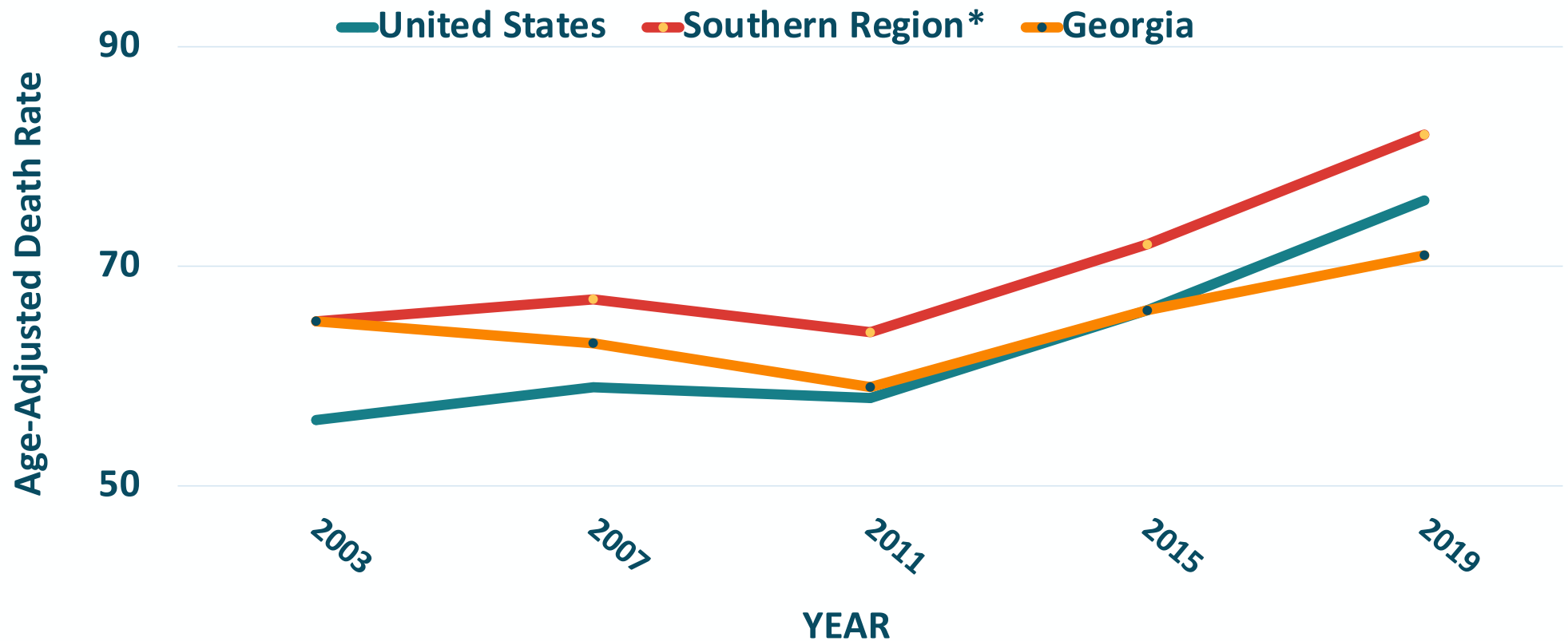
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Age-Adjusted Injury Mortality



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Age-Adjusted Injury-Related Death Rate GA Compared to National

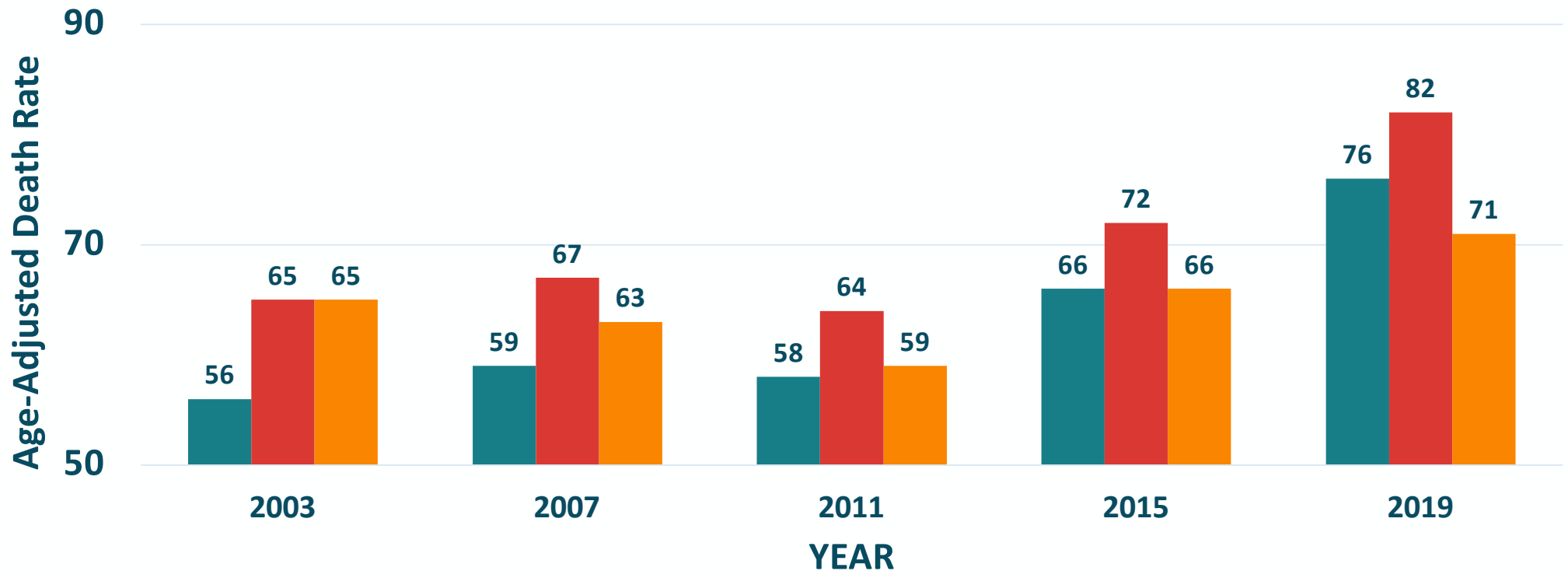


CDC Web-based Injury Statistics Query and Reporting System (WISQARS)

*AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

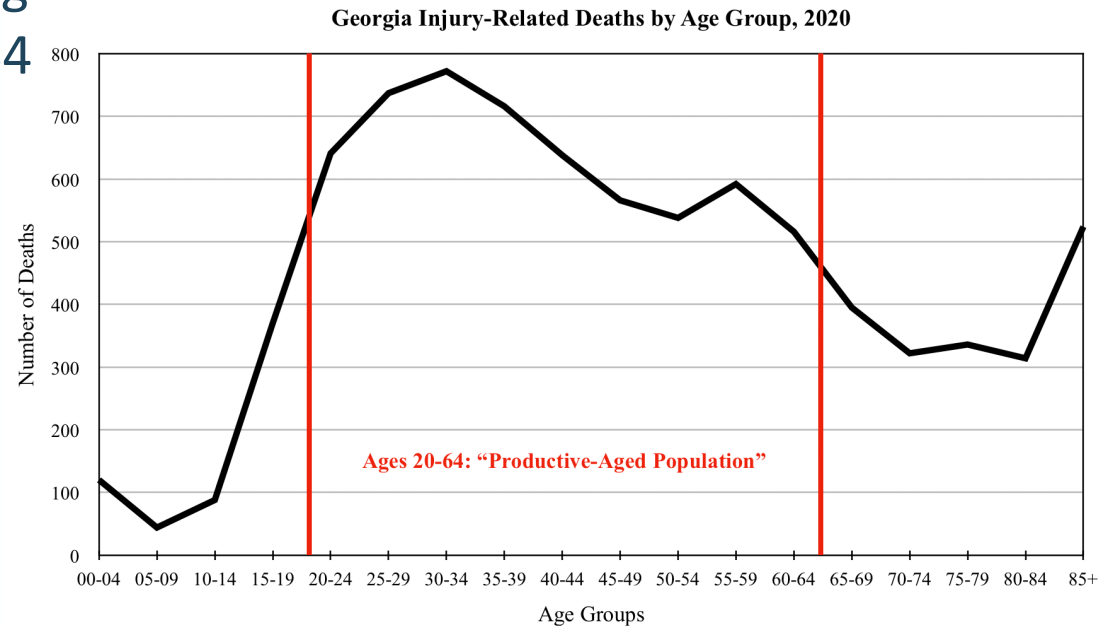
Age-Adjusted Injury-Related Death Rate GA Compared to National

■ United States ■ Southern Region* ■ Georgia



Trauma's Impact on Society

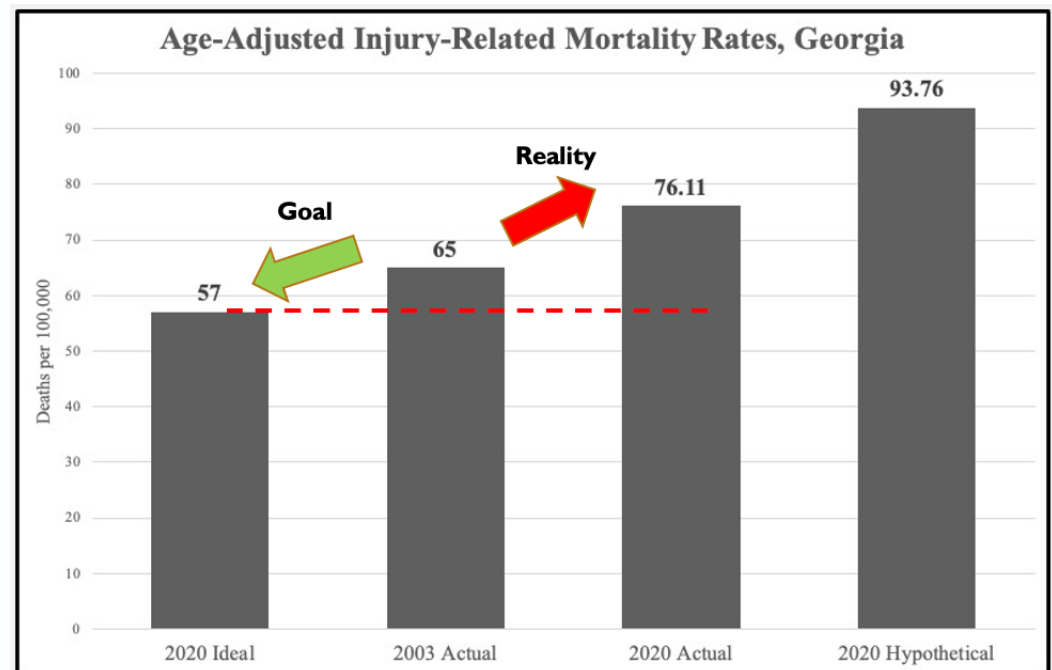
- Unintentional injury is the leading cause of death for Americans < 44
- CDC estimates cost the US economy \$4.2 trillion
 - lost wages, tax revenue, productivity, etc.
 - \$2.4 trillion associated with working age Americans (age 20-64)
- CDC estimates that trauma cost Georgia's economy \$83 billion



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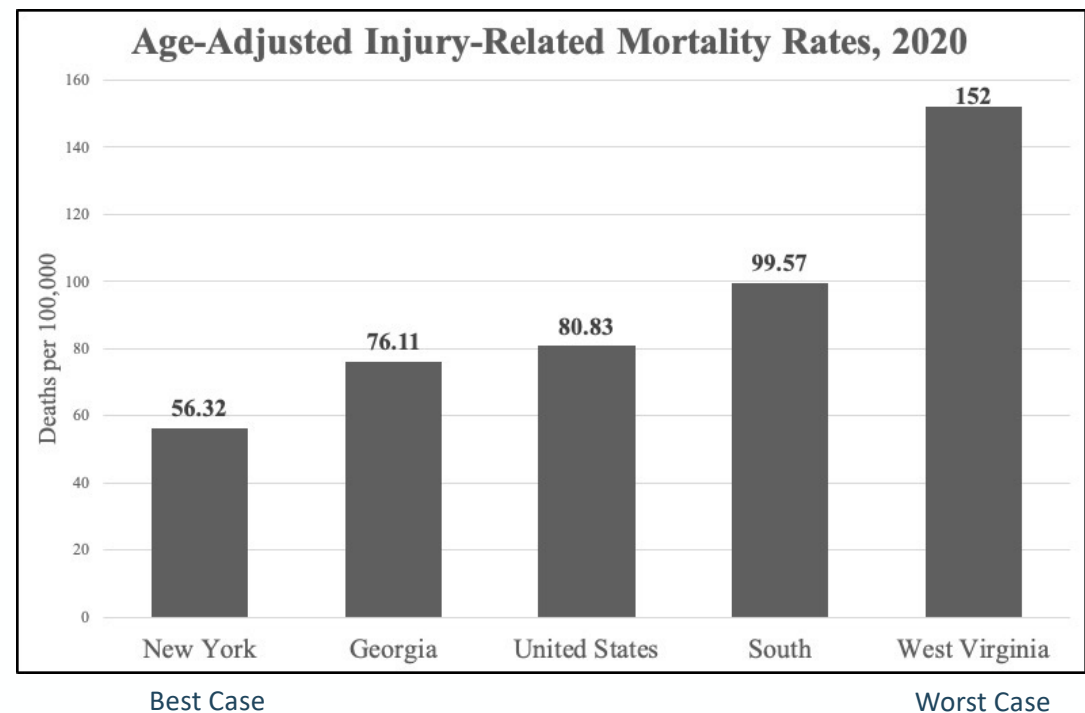
Injury-Related Mortality Rate Trends

- Since 2011, mortality rates have steadily risen
- In 2007 paper, argued for investment to reduce mortality by 14% compared to 2003
- Goal of trauma systems was a trauma mortality rate of ~57
- Instead, trauma mortality rate rose ~17% to 76.11



Injury-Related Mortality Rate Trends 2020

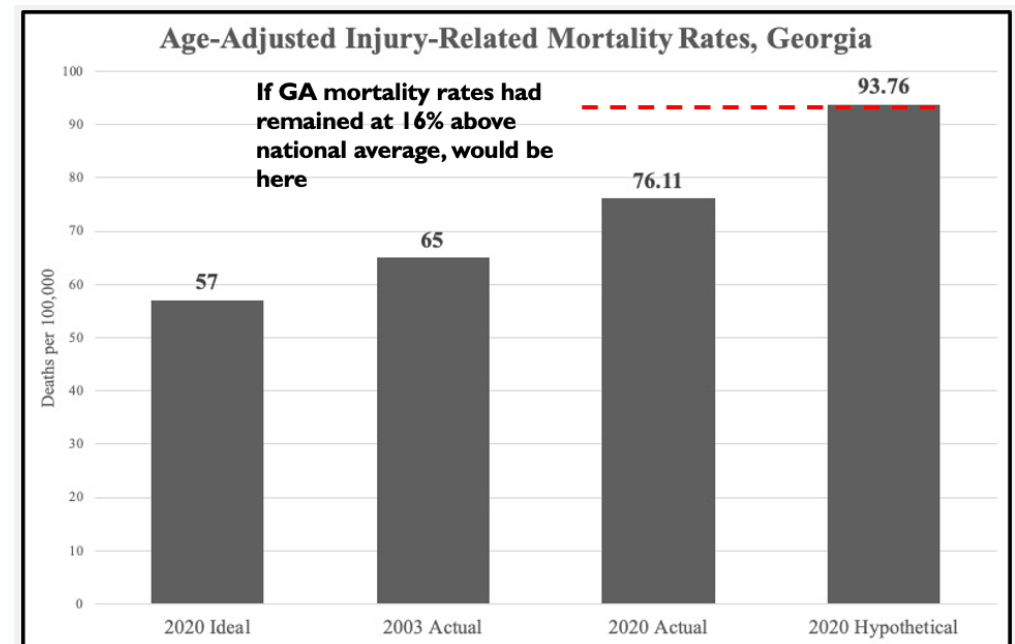
- Higher in absolute terms than 2003, but below national average
- Not as bad as they could have been, however



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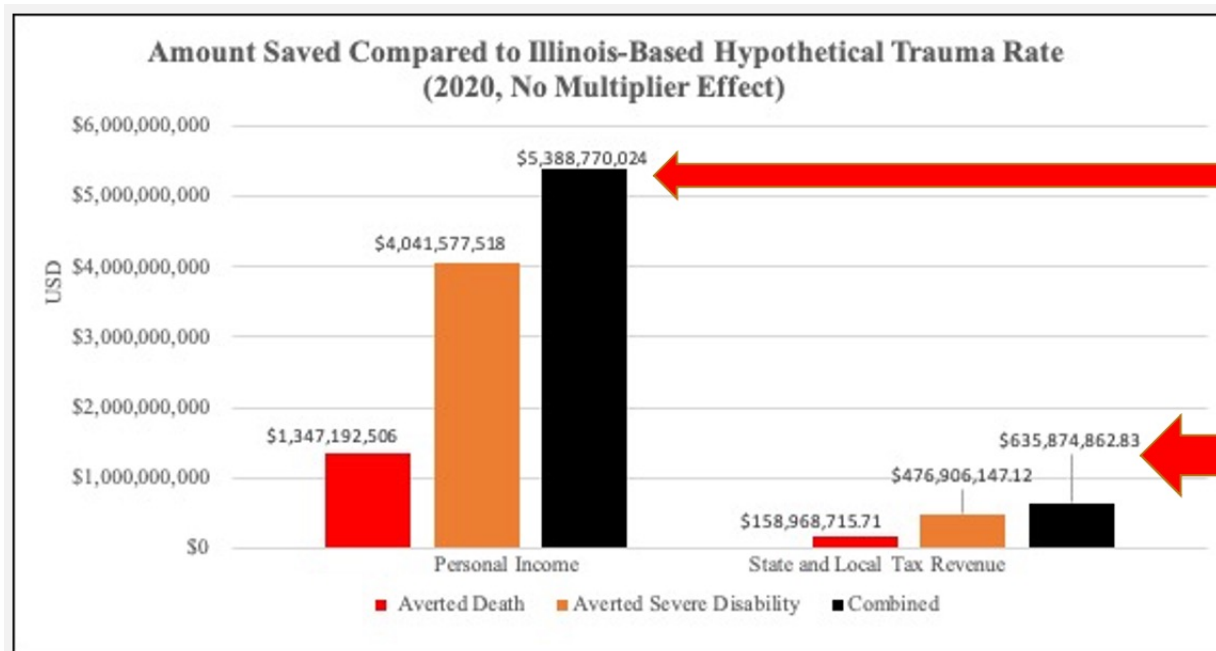
Impact of the Georgia Trauma Commission

- While absolute rates of mortality did ↑, proportional gains were made
 - Moved from 16% ↑ national average to ~6% ↓
- Had GA stayed at 16% above national average, mortality rate would have been 93.76
 - Equates to an additional 1,803 trauma deaths in 2020



The Georgia Trauma Commission's Impact:

The Estimated Base Economic Effects of Lower Mortality Rates in 2020



\$5.4 billion in lifetime personal income preserved

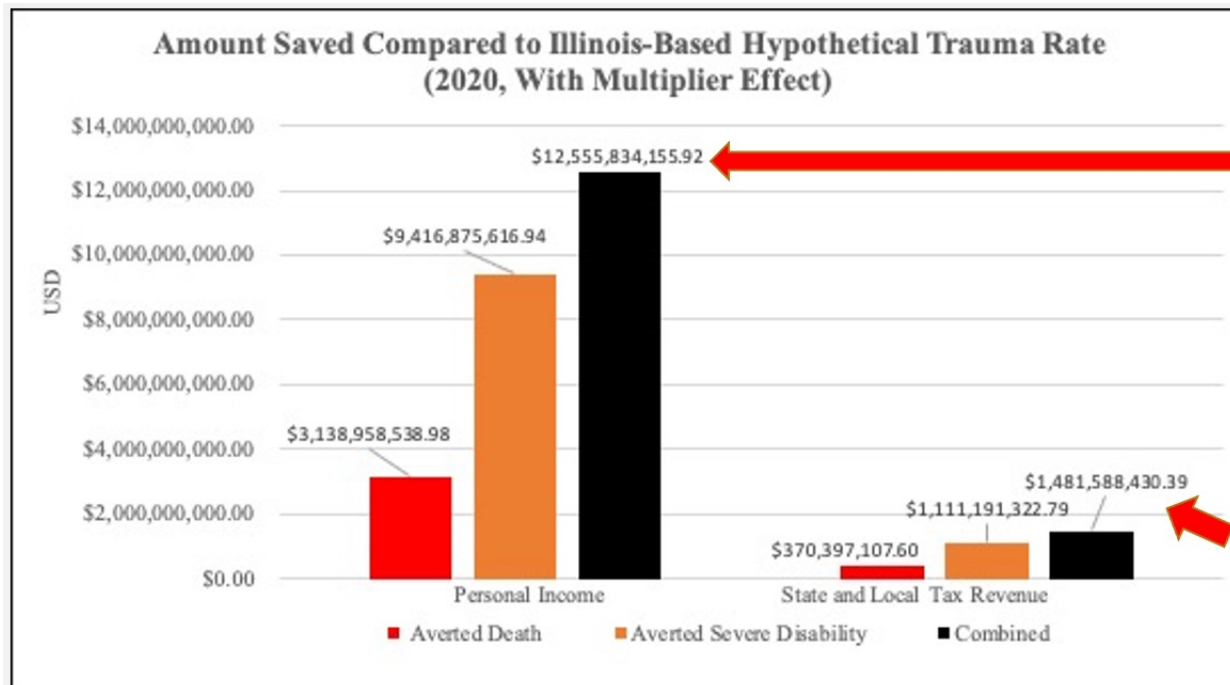
\$636 million in lifetime tax revenue preserved ✓



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The Georgia Trauma Commission's Impact:

The Estimated Base Economic Effects of Lower Mortality Rates in 2020



\$12.5 billion in lifetime personal income preserved

\$1.4 billion in lifetime tax revenue preserved ✓



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Stabilization Proposal

**Using Validated Readiness
Model For Trauma Center Retention**



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System Stabilization Proposal

TC Level	# of Centers	Average Readiness Cost By Center Level	Total Readiness Costs	Proposed 50% of Readiness Per Center Levels I - III	Proposed 100% of Readiness Per Center Level IV	Proposed 50% of Readiness Total
I	6	\$10,078,506	\$60,471,036	\$5,039,253		\$30,235,518
II	9	\$4,925,103	\$44,325,927	\$2,462,551		\$22,162,959
III	10	\$1,715,025	\$17,150,250	\$857,512		\$8,575,120
IV	9	\$81,620	\$734,580	-	\$81,620	\$734,580
Total	34	-	\$122,681,793	-	-	\$61,708,177



What the Stabilization Plan Offers

- A predictable readiness cost offset that allows the trauma centers to better plan for fiscal challenges
- Allows for system expansion through start-up grants for candidate trauma centers without threatening the viability of the existing trauma centers
- Increase in funding for rural centers (recommended by ACS) while minimizing the impact on the level I and II trauma centers



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GEORGIA TRAUMA COMMISSION

Executive Director Report

Elizabeth Atkins

August 10, 2023
Savannah, Georgia

Executive Director Report

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES		
American College of Surgeons Trauma Systems Consultative and Rural Focused Review After Action Planning	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.	Establishment of the Trauma System Executive Leadership Committee (TSEL) – Dr. Ashley, Liz Atkins, Xavier Crockett, Michael Johnson, April Moss. This group will define the dyad leadership structure, develop the crosswalk and provide stakeholder education for clarity.
TCAA National Replication of Level I/II Trauma Center Readiness Costs Survey	In collaboration with TCAA, this is a national replication opportunity for our readiness costs methodology, now known as the “Haley Model Trauma Center Readiness Cost Assessment Tool.”	Five level I centers participating from across the country. Pilot completed. Initial results very similar to GA data. Expecting full results in TCAA webinar. TN and DE are also replicating the Haley Model.
Georgia Hospital Association Center for Rural Health	Dr. Ashley and Liz were invited to address the GHA CRH on May 11, 2023, to discuss the ACS Trauma Systems Consult and Rural Focused Review findings. There were approximately 43 attendees, CEO-level from 23 rural centers, and the GHA team.	The group provided great feedback. Interfacility transportation to tertiary care was the top issue. This stems from a need for more personnel/trucks in rural areas and competing priorities with 911 zone contracts. Next meeting with GHA Rural Committee is August 15 th in St. Simons.
Georgia Trauma System Dashboard	Dashboard to display trauma system metrics and GTC financial overview	In partnership with the Office of EMS & Trauma, as recommended by the ACS during the TSC, we are developing a dashboard to assess the efficiency and effectiveness of the GA trauma system.



Executive Director Report

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES (Continued)		
GTC Email Migration	Email phishing attempt in April 2022 necessitating migration to ga.gov server. GTC.GA.GOV accounts established & .ORG to .GOV migration was completed in May.	.ORG forwarding to .GOV until August. Working on next steps to permanently deactivate .ORG
RTAC UPDATES		
RTAC Coordinator Transitions	Recent transition in Region 1 and Region 2 has moved forward with contracting an RTAC coordinator. The Region 2 role was previously filled by NEGAMC and RTAC funds went to support the Region 2 Symposium.	Region 2 RTAC Coordinator has been filled; Kyle Gibson's contract is in the process of execution. Recruitment for Region 1 applicants closes on August 26.
Stop the Bleed – In August 2022, the GTC voted unanimously to expand the distribution of GTC-funded bleeding control kits to include public education institutions, law enforcement, and government agencies.	We are on the fourth round of application cycles. The current application period started July 1 and ends August 31.	Q4 - In Progress <u>Total applications - 12</u> Public Education - 0 Law Enforcement - 10 Gov. Facility - 2 Q3 <u>Total applications - 27</u> Public Education - 9 Law Enforcement - 5 Gov. Facility - 13 Q2 <u>Total applications - 58</u> Public Education - 23 Law Enforcement - 9 Gov. Facility - 26



Executive Director Report

Initiative/Project	Description	Update
FUTURE MEETINGS & KEY DATES		
November 16, 2023 Commission Meeting	State Office of Rural Health Cordele, GA	Updated to the SORH to coincide with Rural Health Day
February 15, 2024 Commission Meeting	City of Madison Meeting Hall Madison, GA	Location and date change due to GQIP meeting transition
May 22, 2024 Commission Meeting & Spring GQIP Meeting	Chateau Elan Braselton, GA	Due to multiple competing meetings, the "Winter" GTC/GQIP meeting is moved to May. Pre-meeting focus groups are planned to discuss the ACS recommendations and action planning.
Updated Commission-related meeting information can be found at: trauma.georgia.gov/events		



GEORGIA TRAUMA SYSTEM DASHBOARD

	YEAR	2019	2020	2021	2022	2023	TREND	STATUS	TARGET
SYSTEM DEMOGRAPHICS	Georgia Population	10.63	10.71	10.78	10.91				
	Trauma <i>n</i>	32	31	31	32				
	Trauma Centers Per Capita	3.01	2.89	2.88	2.93				
	Trauma Registry Patients <i>n</i>	34,419	36,192	38,853	40,018				
	Trauma Registry Non-designated <i>n</i>	408	2,066	1,051	2292				
EMS SCENE TIME	Median Time in Minutes (all EMS)	15.4	15.7	16.1	16.1	16.5			< 20 minutes
	Median Time in Minutes (e PCR "trauma")	13.2	13.9	13.9	13.8	13.6			
	Median Time in Minutes Registry	17	18	17	18				
	Median Time in Minutes (Registry ISS > 15)	*	*	16	16				
	Median Time in Minutes (Registry Full TTA)	*	*	14	15				< 10 minutes
TRAUMA CENTER MORTALITY	Gross Mortality - All Registry <i>n</i>	34,419	36,192	38,853	40,018				
	Gross Mortality - Mortalities (ED or Hosp Dispo = Dead) <i>n</i>	1,557	1,797	1,684	1,702				
	Gross Trauma Center Mortality Rate	4.5%	5.0%	4.3%	4.3%				< 5%
OVER AND UNDER TRIAGE	ISS > 15 treated at Level I and II Trauma Centers <i>n</i>	5775	6239	6529	6578				
	ISS > 15 treated at Level III and IV Trauma Centers <i>n</i>	248	407	309	397				
	ISS > 15 treated at Level III and IV and Tx to Level I and II <i>n</i>	*	*	*	210				
	Total ISS > 15	6023	6646	6987	6923				
	ISS > 15 treated at Level I and II Trauma Centers %	96%	94%	93%	95%				> 94%
	ISS > 15 treated at Level III and IV and Tx to Level I and II %	*	*	*	53%				**Trend**
	Undertriage Rate (Cribari Matrix) %	12%	13%	13%	12%				< 15%
	Overtriage Rate (Cribari Matrix) %	56%	57%	57%	56%				< 65%
TIME TO CARE	Double Transfer <i>n</i>							0	
	Median Time to Definitve Care - S Group	0:52:00	0:53:00	*	*			0	< 60 minutes
	Median Time to Definitive Care - R Group	5:23:00	5:39:00	*	*			0	
	Trauma Diversion	*	*	*					
DATA	Data Submission Compliance - EMS (Michael and Kelly)							0	
	Data Submission Compliance - Trauma Centers	100%	100%	97%	97%			97%	100%
STATUS LEGEND								MET	
								AT RISK	
								NOT MET	

AGENCY COMMENTS

Georgia Trauma Care Network Commission Strategic Plan FY 2023-FY 2026

Agency Mission: The Georgia Trauma Commission is dedicated to improving the health of Injured Georgians by ensuring access to quality trauma care, coordinating key trauma system components and educating trauma care providers across the multidisciplinary continuum.

Agency Vision: The Georgia trauma system will become a top-tier trauma system that provides the highest quality trauma care and education through discovery and innovation.

Agency Core Values: (optional):

- Stewardship: Manage resources responsibly and bring value to patients and taxpayers
- Integrity: Demonstrated thorough accountability, ethical behavior, transparency, and reliability
- Inclusivity: Ensure teamwork, collaboration and inclusion of a diverse stakeholder group

Agency Head Comments on Strategic Plan

the Georgia Trauma Commission is charged with establishing, maintaining, and administering a trauma center network and serves as the accountability mechanism for the entire Georgia trauma system, primarily overseeing the flow of funds for system improvement. The GTC's FY 2023 - 2026 strategic plan development was led by the GTC Executive Director and included participation of the entire staff of four full-time equivalent team members that fulfill the GTC's mission and vision. Few substantive changes were included in this year's iteration of the GTC's strategic plan. FY 2023 represented a significant analysis year for Georgia's trauma system as it underwent a number of external reviews from various national multidisciplinary consultative entities, including National Highway Transportation Safety Association (NHTSA), American College of Surgeons (ACS), and a trauma care access evaluation using the uniform discharge dataset . This year's strategic plan focuses on some of the action plans that address a number key findings from the published reports from those external reviews. .

ENVIRONMENTAL SCAN

External Scan		Internal Scan	
Elastic Factors	Inelastic Factors	Strengths & Weaknesses	Workforce Analysis
<p>Forces and trends in the agency's external environment that affect the agency's core mission and operation and over which it has at least <u>partial influence or control</u>.</p> <ol style="list-style-type: none"> 1. Managing the expectation gap about Georgia Trauma Commission's role within the trauma system. 2. Legacy rural/urban distrust limits progress aimed at improving outcomes for all Georgians. 3. Collaboration with all local and statewide entities that impact the care of injured citizens. 4. Lack of reliable, valid data to drive operational improvement to the trauma system 5. Limited fund raising capacity of mandated non-profit arm of GTC 6. Restructure of GTC Committees to align with GTC strategic priorities, foster engagement, support leadership succession planning and enhance accountability (possibly break apart and put and put leadership succession in inelastic factor column) 7. Lack of a structured crosswalk that defines trauma system responsibilities for the GTC and DPH OEMST (as recommended in 2009 and 2023 ACS Trauma System Consults). 	<p>Forces and trends in the agency's external environment that affect the agency's core mission and operations and are <u>outside of its control</u>.</p> <ol style="list-style-type: none"> 1. Amount of available funding allocated to the GTC for trauma system development. 2. Long transport times for critically injured patients related to size of geographic area served and lack of specialized trauma care in rural Emergency Medical Services regions 3. Inability to increase trauma tertiary care access in underserved areas 4. Risk of trauma centers withdrawing from participation in the trauma system. 5. The administrative attachment to our assigned agency can cause workflow inefficiencies, particularly with respect to financial processes. 6. Lack of modernized IT infrastructures/platforms/software to support contemporary workflows. 7. Reliance on volunteers to serve as leaders to propel system initiatives forward; many of whom are juggling multiple competing priorities. 	<p>Within the agency's organization, what aspects of its core mission does it perform well and what aspects could potentially improve? What internal factors (e. g. structure, culture, policies/procedures) are helpful and which could potentially be re-evaluated?</p> <p>STRENGTHS</p> <ul style="list-style-type: none"> •The Georgia Trauma Commission works collaboratively with other entities and agencies across all 159 counties •High level of trauma stakeholder engagement •Diverse, goal-driven team •National recognition of several key GTC initiatives such as Stop the Bleed, the Georgia Quality Improvement Program, and the Performance-Based Payment Program structure •Dedicated funding source & established trust fund •Improved rural/urban collaboration aimed at improving outcomes for all citizens. •Increased focus on the needs of the rural areas of the trauma system, both funding and support of initiatives. •Performance based payments initiated for all contractors providing services. <p>WEAKNESSES</p> <ul style="list-style-type: none"> •Small staff in relation to the number of contracts and grants executed annually •Long transport times for critically injured patients related to size of geographic area served and lack of specialized trauma care in rural Emergency Medical Services regions •Inability to increase trauma tertiary care access in underserved areas •Long-standing legacy operational inefficiencies with budget processes, and IT infrastructure. •Lack of reliable, valid data to drive operational improvement to the trauma system 	<p>Trends and other information on the agency's workforce whose duties are key to the agency's core mission, such as turnover rates, vacancies, recruitment/retention issues, or employee satisfaction.</p> <ol style="list-style-type: none"> 1. Low voluntary turnover 2. No vacancies but given small team (4 FTEs), when vacancies occur, they have significant impact on operations. 3. Recruitment & retention issues are low impact 4. Employee satisfaction has not been formally measured; feedback in monthly employee/manager reflects overall high satisfaction and motivation.

CRITICAL ISSUE IDENTIFICATION

#	Critical Issue or Challenge	Description
	<i>Brief statement of issue or challenge, based on results of environmental scan. Finance - not enough money</i>	<i>Based on the environmental scan, why is this issue important and what may happen if it is not addressed? How is the issue preventing or hindering the agency from performing key activities or advancing its core mission? How are the agency's customers affected by the issue or challenge?</i>
1	<i>The Georgia trauma system lacks the amount of funding required to support current infrastructure and precludes expansion.</i>	<i>Since inception of the Georgia Trauma Commission, the system has expanded from 13 trauma centers to 35 trauma centers. While overall system funding has increased since inception, the system has grown by 60% outpacing the available funding significantly limiting system expansion and recruitment and retention of centers in areas of need.</i>
2	<i>Rural Georgia, particularly South Georgia, is underfunded and under resourced to support the mission to provide the highest quality care to injured patients.</i>	<i>Many of Georgia's rural areas lack access to definitive trauma care and are challenged to expedite transfer to definitive care where necessary. As a result, interfacility transfer times are prolonged which may contribute to suboptimal outcomes for those patients with time-sensitive injuries.</i>
3	<i>The Georgia Trauma System lacks comprehensive plan to utilize data in a transparent manner to drive quality outcomes for trauma patients.</i>	<i>The efficiency and quality of trauma care services cannot be assessed without access to timely and valid data. While trauma centers are required to collect trauma registry data there has been no consistent or organized methods to ensure data quality. Incomplete, inaccurate and delayed data hinders reviewing data for outcomes and leads to inaccurate benchmarking. This leads to an inability to identify opportunities for performance improvement within our trauma system and centers. Once addressed, these data and metrics should be easily accessible for viewing by all system stakeholders.</i>

Note

* Three rows for Critical Issues are provided, but agencies are not required to utilize all three. Additionally, agencies may insert more rows if they identify more than three critical issues.

OBJECTIVES AND ACTION PLANS

Objective		Action Plan						
		#	Action Items/Tasks	Measurable Outcomes	Resources/Responsibilities	Associated Funding	Completion Dates	Progress Updates from Previous Year
1	Develop a process to collect and evaluate data to improve the provision of trauma care based on evidenced based principles. (QUALITY PILLAR)	1a	Develop policies and procedures that address the eight required patient safety activities of a PSO by June 30, 2024.	Achieve PSO designation by AHRQ.	GQIP Director/Health Law Attorney	\$80,000 line item in System Development budget for PSO Work - FY 2023 PO	June 2024	Last year expected outcome: GQIP will achieve Patient Safety Organization (PSO) status by December 31, 2024. While there has been some delays in deploying the Arbormetrix Risk-adjusted benchmarking platform, the PSO designation is on track to exceed the target of Dec 31, 2024.
		1b	Develop a targeted quality improvement plan utilizing the PSWP, along with GATQIP report with GQIP leadership and members by December 31, 2023. Readjust to March 31, 2024.	Full approved Quality Improvement Plan posted to GQIP website.	GQIP Director/GQIP Trauma Medical Director/GQIP Trauma Advisory Committee/GQIP Collaborative Members	\$0	March 2024	
		1c	Develop custom data elements/reports targeted at identified opportunities by June 30, 2025.	Custom data elements submitted to ESO for implementation review for v5 by July 15, 2025.	GQIP Director/GQIP Trauma Medical Director/GQIP Trauma Advisory Committee/GQIP Collaborative Members/Registry Subcommittee/ArborMetrix Project Team	ArborMetrix/ESO: 3-Yr subscription paid out of AFY 21 budget - \$1,585,245. Does not require another budget allocation until FY 2027, if continuation is desired. ESO annual subscription \$49,800	June 2025	
2	Increase access to trauma care for citizens and visitors of the state of Georgia. (ACCESS PILLAR)	2a	Develop stakeholder approved action plan to address 5 of the 14 priority recommendations of the ACS TSC by June 2024.	Approved Action plan posted to GTC website for stakeholder review and tracking	The Trauma System Leadership Executive committee (TSEL) will lead development of initial action plans that will be presented and approved by stakeholder group.	\$0	June 2024.	ACS TSC and Rural Focused Review completed Jan 2023 and full report released Apr 2023. Pracht study completed and reported out at Mar 2023 GTC meeting.
		2b	Convene first formalized meeting of the multidisciplinary trauma advisory committee by May 2024 (at Spring meeting).	Confirm appointees by Nov 2023 and agenda and mins from May 2024 meeting.	TSEL will collaborate on representatives and GTC will be responsible for meeting logistics.	\$0	May 2024	
		2c	Perform a comprehensive needs assessment of the rural trauma environment that addresses: 1. Funding, 2. Capacity to care for and rapidly transport trauma patients, and 3. Recruitment and retention of providers across the trauma care continuum.	Final needs assessment of Rural Trauma released to GTC prior to FY 2027 start.	TSEL will collaborative with Rural Level III/IV committee and EMS Committee (as well as another rural partner assets, e.g. GHA Rural Committee and Georgia Rural Health Innovation Center) will guide assessment process.	Estimated to be at \$500,000 (total) line item in System Development Budget across multiple fiscal years until project completion in June 2026.	June 2026	
3	Optimize contract and grant process (FINANCE PILLAR)	3a	Create internal/external checklist for contract and grant required documentation by December 2023.	95% of recurring contracts/grants released by T+ 4 weeks, where T = final GTC approved budget.	Finance Operations Officer will develop a contracts and grants checklist to ensure all proper documentation is received from contractors and grantees to execute contracts and grants timely.	\$0	December 2023	Last year expected outcome: Increase release of 80% of following fiscal year contracts by June 1st of current fiscal year. This FY budget approval process was significantly protracted (legislative, committee and GTC) resulting in a 15 day delay. New outcome measure will be time based, e.g. T + 4 week where T = final GTC approved budget.
		3b	Standardize all contract and grant templates for FY 2025 (proposals, invoice, reporting templates) by January 2024.	80% standardization of all templates by January 2024.	Finance Operations Officer and Executive Assistant will develop standardized proposal, invoice, and reporting templates for contractors and grantees.	\$0	January 2024	
		3c	Track all contractors/grantees deliverables for compliance by August 2024.	80% of deliverables tracked by August 10, 2024 for fiscal year 2024 and contractors/grantees notified of missing deliverables.	Finance Operations Officer and Executive Assistant will track contractors and grantees deliverables to ensure compliance during the contracted year.	\$0	August 2024	
4	Establish financial efficiency metrics and trend cost data with supporting visual displays to maximize stakeholder awareness and accountability (FINANCE PILLAR)	4a	Obtain and report Trauma Center Fund cost data by July 2024.	100% of Readiness cost data by T + 4 weeks, where T = final GTC approved budget.	Finance Operations Officer will update cost data spreadsheets with funding information each fiscal year by July.	\$0	July 2024	Established reporting cadence for financial efficiency for each quarterly GTC meeting, aligns with budget timeline. Contract & invoicing tracking is still a manual process due to limited to no available software/technology.
		4b	Net Return of Fiscal State Funds under \$1,000	Under \$1,000 of Fiscal Year State funds returned to Treasury.	Finance Operations Officer will ensure a net return of under \$1,000 by advising Commission of funds that need to be allocated.	\$0	July 2024	
		4c	Prior year purchase order total closed by December 31 of following fiscal year.	80% of prior year purchase order total closed by December 31 of following fiscal year.	Finance Operations Officer will reconcile open purchase orders on a monthly basis to close out purchase orders in a timely manner.	\$0	December 2024	

GEORGIA TRAUMA COMMISSION MEETING DATES

2024

THU. 02/15
MADISON, GA
TENTATIVE

WED. 05/22
BRASELTON, GA
CHATEAU ELAN

THU. 08/15
MADISON, GA
TENTATIVE

THU. 11/21
CORDELE, GA
STATE OFFICE OF RURAL HEALTH



SCAN FOR ALL GTC MEETINGS
trauma.ga.gov/events



GEORGIA TRAUMA COMMISSION

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director
Liz@gtcnc.org
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 2024 Approved Budget			
Budget Areas	Description	O.C.G.A. Reference	\$ 22,144,775.00
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 <i>Includes Cost of Living Adjustment (HB 19 264.1)</i>	O.C.G.A. § 31.11.102.11,16	\$ 1,431,688
System Development, Access & Accountability	Regional trauma advisory committee support, Stop the Bleed program administration, ACS Trauma Quality Improvement Program participation, Time to Definitive Care Study, and reserve for system support. <i>Includes Net Super Speeder Collections increase (HB 19 264.2) and Reinstatement Fees reduction (HB 19 264.3)</i>	O.C.G.A. § 31.11.102.12-15	\$ 1,034,624
MAG Medical Reserve Corps	Medical reserve corps administrative, recruitment and education support	O.C.G.A. § 31.11.102.13	\$ 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
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
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
Subtotal of Budget Areas			\$ 3,600,085
Available for Stakeholders Distribution			\$ 18,544,690
EMS Stakeholders	Supports emergency medical services trauma readiness costs. Provide Ambulance Automatic Vehicle Location Systems (AVLS) maintenance and Pre-hospital provider education. <i>Includes Net Super Speeder Collections increase (HB 19 264.2) and Reinstatement Fees reduction (HB 19 264.3)</i>	O.C.G.A. § 31.11.102.7	\$ 3,727,378
Trauma Center UCC Audits	Annual third party validation of uncompensated care claims	O.C.G.A. § 31.11.102.5	\$ 50,000
Trauma Centers & Physicians Stakeholders	Support trauma center readiness and uncompensated care <i>Includes Net Super Speeder Collections increase (HB 19 264.2) and Reinstatement Fees reduction (HB 19 264.3)</i>	O.C.G.A. § 31.11.102.3-5	\$ 14,767,312
Subtotal of Stakeholder Distribution			\$ 18,544,690
Totals			\$ 22,144,775

State General Funds	HB 19	\$ 7,850,481
Trauma Care Trust Funds	HB 19	\$ 13,594,359
\$2,000 Cost-Of-Living Adjustment	HB 19 264.1	\$ 13,566
FY 2022 Super Speeder Collections	HB 19 264.2	\$ 1,494,147
FY 2022 Reinstatement Fees	HB 19 264.3	\$ (807,778)
Total FY 2024 Governor's Recommendation		\$ 22,144,775

ACCOUNT	FY 2023 Approved/Reallocated	Acutal Expenses through 6.30.23	Percent of Actual Expenses through 6.30.23	Encumbered	Remaining FY 2023 Funds \$	FY 2023 Notes
GTC OPERATIONS						
Staff Salaries	\$ 425,566.13	\$ 426,566.16	100%		\$ (1,000.03)	
Merit System Assessment Adjustment	\$ -				\$ -	
Benefits	\$ 295,732.34	\$ 295,688.81	100%		\$ 43.53	
DOAS Administrative Fee	\$ 16,229.00	\$ 16,229.00	100%	\$ -	\$ -	
Staff Education and Travel	\$ 35,000.00	\$ 28,725.40	82%	\$ -	\$ 6,274.60	
Commission Member Per Diem	\$ 3,500.00	\$ 5,400.62	154%	\$ 2,787.19	\$ (4,687.81)	
Rent	\$ 7,800.00	\$ 7,800.00	100%		\$ -	
Printing	\$ 6,500.00	\$ 5,692.15	88%		\$ 807.85	
Office Supplies and Equipment	\$ 5,000.00	\$ 4,321.80	86%		\$ 678.20	
Postage	\$ 500.00	\$ 35.08	7%		\$ 464.92	
Meeting Expense	\$ 100,000.00	\$ 210,232.04	210%		\$ (110,232.04)	
Warren Averett Financing Optimization	\$ 15,000.00		0%		\$ 15,000.00	Reallocated
TCAA	\$ 1,500.00	\$ 1,500.00	100%	\$ -	\$ -	
Telephone	\$ 11,650.00	\$ 8,317.16	237%	\$ 3,128.41	\$ 204.43	
Virtual Meeting Platform	\$ 2,650.00	\$ 2,263.56	85%		\$ 386.44	
Office Telephone and Internet	\$ 2,000.00	\$ 1,835.68	92%		\$ 164.32	
Staff Cell, Mifi, and Equipment	\$ 7,000.00	\$ 4,217.92	60%	\$ 3,128.41	\$ (346.33)	
SOFTWARE/IT	\$ 35,650.00	\$ 16,769.42	420%	\$ 287.84	\$ 18,592.74	
Website Maintenance		\$ 7,525.00		\$ -	\$ (7,525.00)	
The Box Cloud Storage	\$ 4,100.00	\$ 1,800.00	44%	\$ -	\$ 2,300.00	
Adobe	\$ 1,140.00	\$ 466.28	41%	\$ 87.84	\$ 585.88	
Office 365	\$ 4,000.00	\$ 3,904.00	98%	\$ -	\$ 96.00	
Name Cheap	\$ 50.00	\$ 59.64	119%		\$ (9.64)	
Quickbooks	\$ 2,160.00	\$ 2,500.00	116%	\$ -	\$ (340.00)	
Georgia GovHub/GTA	\$ 4,200.00	\$ -	0%		\$ 4,200.00	
Media/Graphic Designer	\$ 20,000.00	\$ 514.50	3%	\$ 200.00	\$ 19,285.50	
Firework Revenue	\$ 200,000.00				\$ 200,000.00	
Contingency	\$ 115,000.00	\$ 111,469.20	97%	\$ 30,503.30	\$ (26,972.50)	
Total GTC Operations	\$ 1,274,627.47	\$ 1,138,746.84	89%	\$ 36,706.74	\$ 99,173.89	
SYSTEM DEVELOPMENT						
RTAC Funds	\$ 403,640.00	\$ 241,327.71	60%			
Start Up Grants						
Region 1	\$ 40,364.00	\$ 29,821.70	74%	\$ 9,808.25	\$ 734.05	
Region 2	\$ 40,364.00		0%	\$ 40,364.00	\$ -	
Region 3	\$ 40,364.00	\$ 26,380.01	65%	\$ 8,283.95	\$ 5,700.04	Reallocated
Region 4	\$ 40,364.00	\$ 5,894.00	15%	\$ 6,144.00	\$ 28,326.00	Reallocated
Region 5	\$ 40,364.00	\$ 40,364.00	100%		\$ -	
Region 6	\$ 40,364.00	\$ 29,756.00	74%	\$ 3,950.00	\$ 6,658.00	
Region 7	\$ 40,364.00	\$ 33,787.64	84%	\$ 2,908.00	\$ 3,668.36	
Region 8	\$ 40,364.00	\$ 37,538.75	93%	\$ 2,825.25	\$ -	
Region 9	\$ 40,364.00	\$ 3,147.80	8%	\$ 8,890.20	\$ 28,326.00	Reallocated
Region 10	\$ 40,364.00	\$ 34,637.81	86%	\$ 5,726.19	\$ -	
State Trauma Medical Director	\$ 32,883.82		0%		\$ 32,883.82	Reallocated
ACS TQIP State Participation	\$ 15,000.00	\$ 15,000.00	100%	\$ -	\$ -	
TQIP Participation for Level III	\$ 68,872.00		0%	\$ 68,872.00	\$ -	
Legal-Peer Review P&P Development	\$ 10,000.00	\$ 10,000.00	100%	\$ -	\$ -	
MAG (Year 7)	\$ 170,000.00	\$ 170,000.00	100%	\$ -	\$ -	
GQIP (Year 6)	\$ 164,630.00	\$ 111,233.15	68%	\$ 53,396.85	\$ -	
INJURY PREVENTION	\$ 50,000.00		0%		\$ 50,000.00	Reallocated
GEORGIA TRAUMA FOUNDATION (Year 8)	\$ 182,000.00	\$ 182,000.00	100%		\$ -	
OEMS&T	\$ 432,183.49	\$ 432,183.00	100%		\$ 0.49	
Total System Development	\$ 1,529,209.31	\$ 1,161,743.86	76%	\$ 211,168.69	\$ 156,296.76	
EMS STAKEHOLDERS				\$ -		
AVLS Maintenance	\$ 128,445.18	\$ 289,945.18	226%	\$ -	\$ (161,500.00)	Reallocation
Program Management-Tim Boone	\$ 42,000.00	\$ 27,644.93	66%	\$ 14,355.07	\$ -	
AVLS Airtime Support	\$ 597,840.00	\$ 510,618.97	85%	\$ 87,221.03	\$ -	
AVLS Equipment	\$ 134,884.82	\$ 142,522.00	106%	\$ 198,697.00	\$ (206,334.18)	Reallocation
EMS Equipment Grant	\$ 1,165,031.00	\$ 1,138,725.88	98%		\$ 26,305.12	Reallocated to Equipment
Firework Revenue	\$ 259,463.05				\$ 259,463.05	Reallocated to Equipment/Maintenance for FY 2024
Contracts/Grants	\$ 1,700,000.00	\$ 941,423.80	55%	\$ 758,576.20	\$ -	
Total EMS Stakeholders	\$ 4,027,664.05	\$ 3,050,880.76	76%	\$ 1,058,849.30	\$ (82,066.01)	
TRAUMA CENTERS						
Nurses Education						
Warren Averett UCC Audits	\$ 50,000.00	\$ 8,885.00	18%	\$ 41,115.00	\$ -	
Trauma Center Readiness, Registry, and Uncompensated Care	\$ 15,022,802.00	\$ 7,758,078.00	52%	\$ 7,439,522.56	\$ (174,798.56)	Reallocation
Firework Revenue	\$ 1,037,851.44			\$ 1,037,851.44	\$ -	
Total Trauma Centers	\$ 16,110,654.44	\$ 7,766,963.00	48%	\$ 8,518,489.00	\$ (174,797.56)	
DPH BANK RECONCILIATION ENTRY					\$ 6,328.00	
Total Budget by Fiscal Year	\$ 22,942,155.27	\$ 13,118,334.46	57%	\$ 9,825,213.73	\$ 4,935.08	Bank Reconciliation by DPH added \$6,328 to our FY 2023 Budget

FY 2023 Budget Closeout Summary

FY 2023

Savannah

August 10, 2023

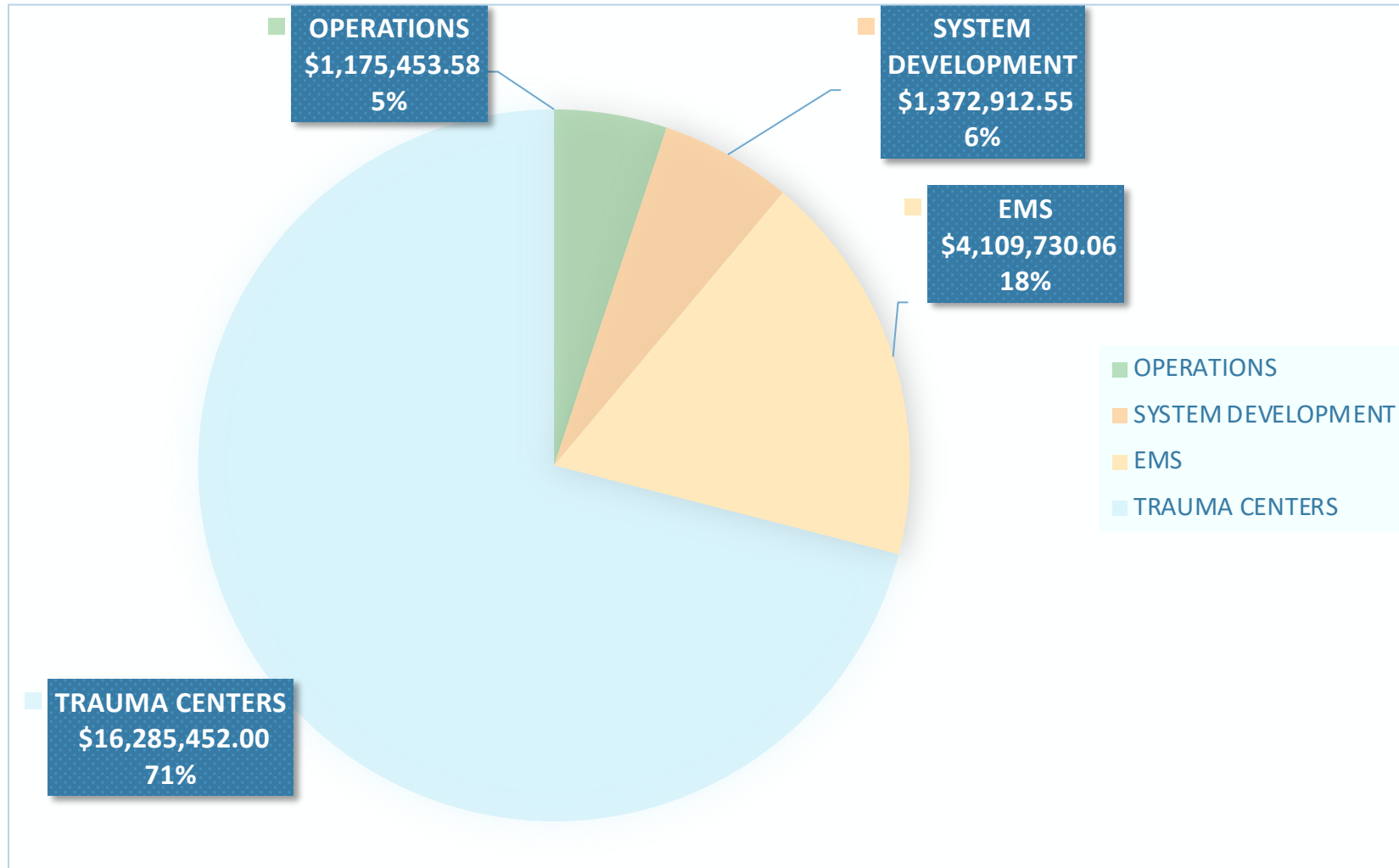


**GEORGIA TRAUMA
COMMISSION**

FY 2023 Departmentalized Budget Summary Pie Charts



FY 2023 Overall Budget Summary \$22,943,548.19

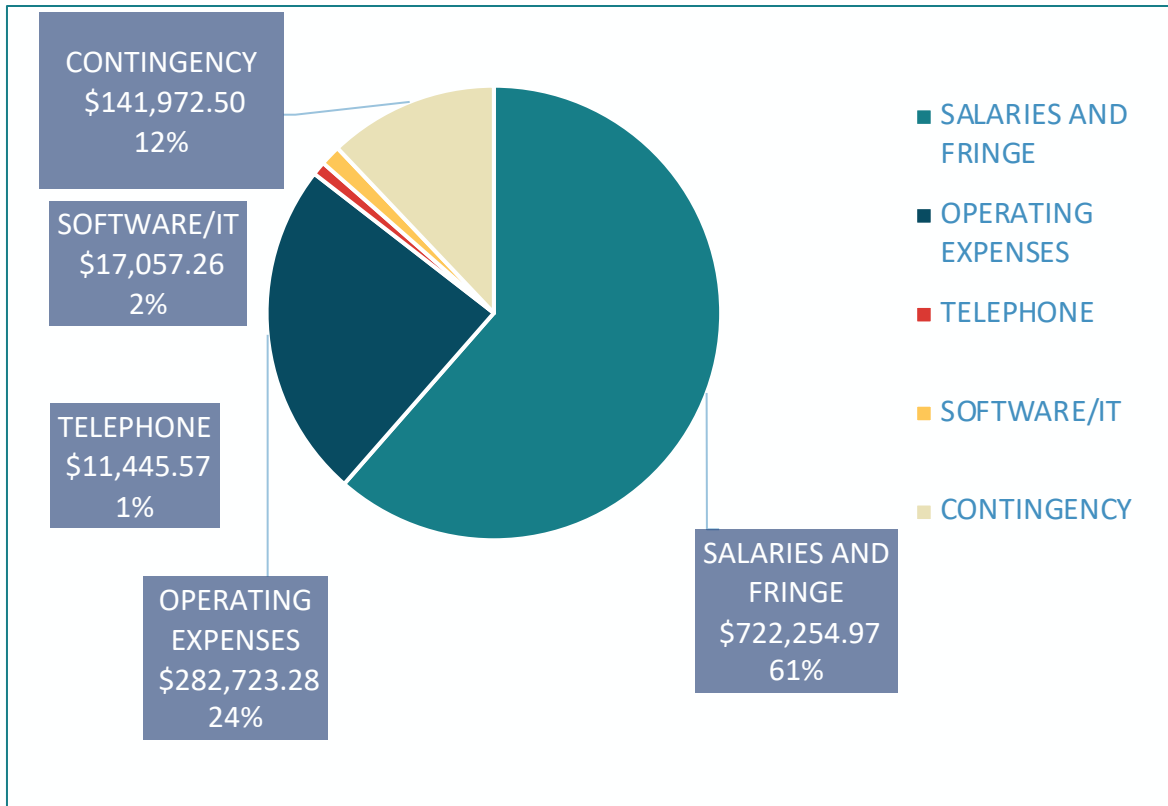


FY 2023 Departmentalized Budget Summary

Operations and System Development

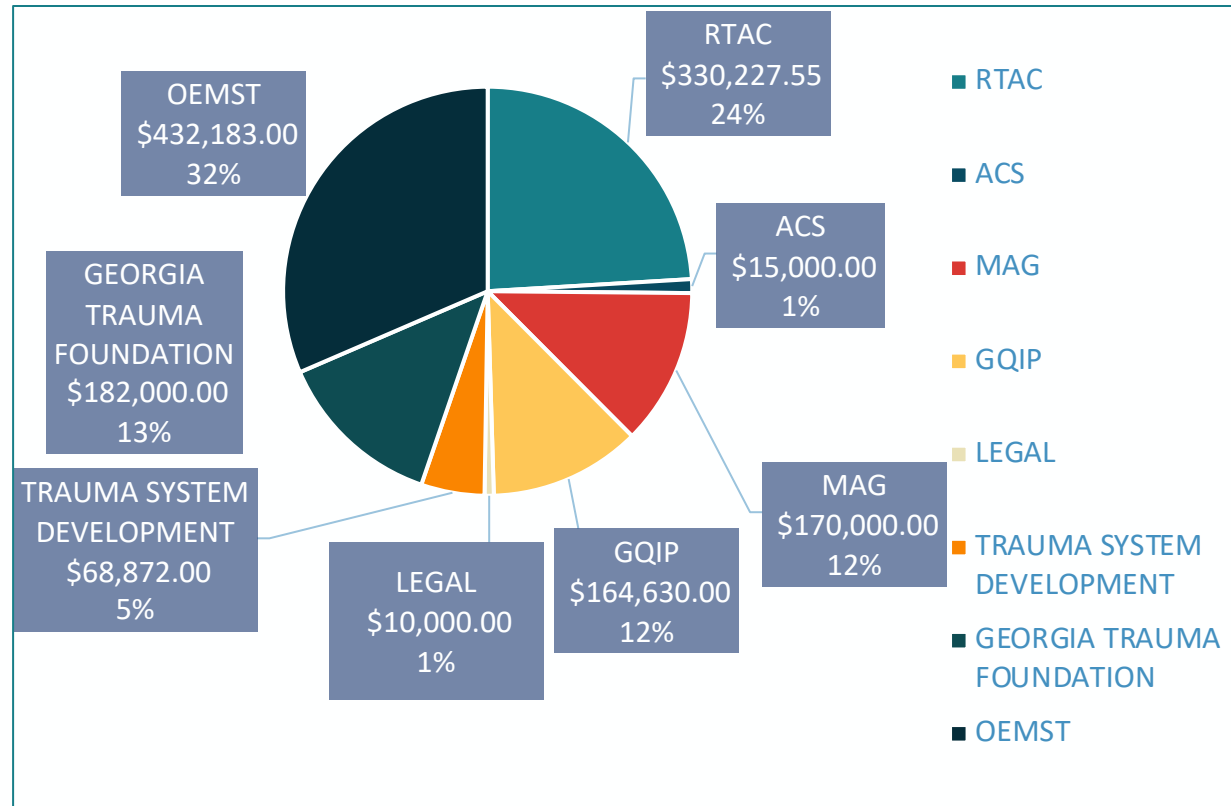
Operations Budget

\$1,175,453.58



System Development

\$1,372,912.55

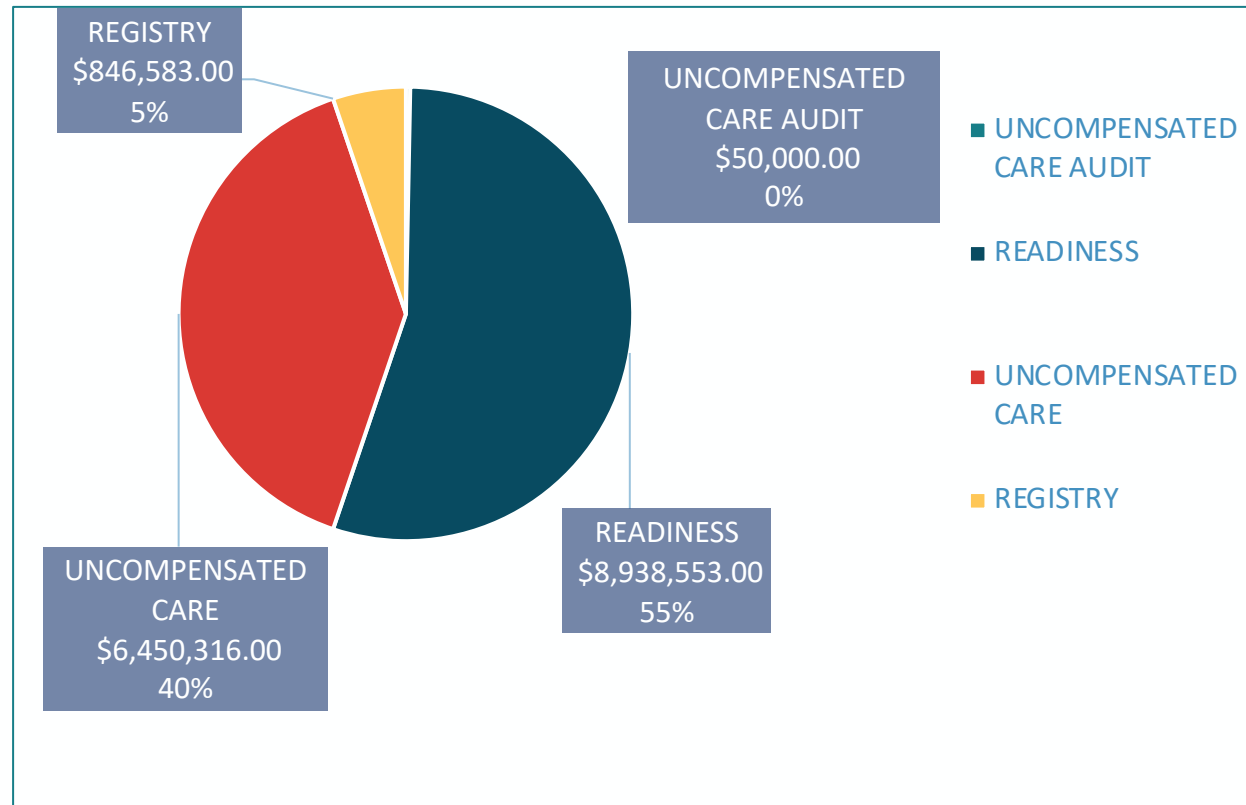
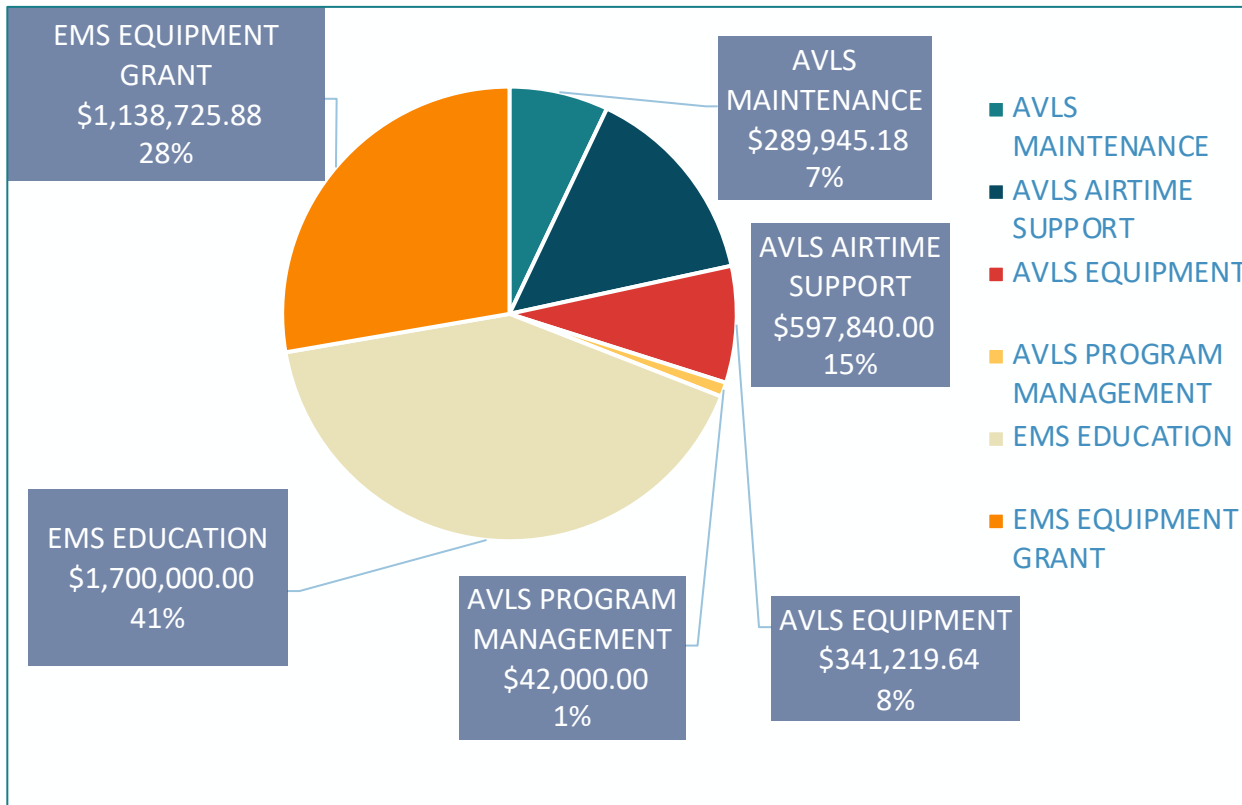


FY 2023 Departmentalized Budget Summary

EMS Stakeholders and Trauma Centers

EMS Stakeholders \$4,109,730.06

Trauma Centers \$16,285,452.00



GTC Operations Budget

Total GTC Operations: Remaining funds for reallocation \$99,173.89

- Warren Averett Financial Optimization completed
- Media/Graphic Designer budget for video production has not started
- Staff travel resuming
- Over budget items paid from contingency
 - Meeting Expenses
 - Lawyer
 - STB Coordinator
 - STB Supplies
 - IT Expenses



System Development Budget

Total System Development: Remaining funds for reallocation \$156,296.76

- State Trauma Medical Director position not filled
- Injury Prevention projected not started
- RTAC Purchase Order Reconciliation
 - Prior year funds held over to cover period at beginning of fiscal year while purchase orders are being dispatched
 - Region 4 RTAC Termination
 - Region 9 RTAC Resignation



EMS Stakeholders Budget

Total EMS Stakeholders: Funds reallocated from EMS Equipment Grant \$26,305

Funds allocated from Firework Revenue \$259,463

Funds reallocated from overall budget \$82,067

- AVLS Maintenance for FY 2024: \$161,500.00
- AVLS Equipment: \$ 206,335.00



Trauma Center Budget

Total Trauma Center Budget: Funds reallocated from remaining funds \$174,799

Funds allocated from Firework Revenue \$1,037,851

- Reallocated funds from remaining funds in Operations and System Development Budgets
- Allocated funds from Firework Revenue



FY 2023 Unspent Funds

- **Total Unspent Funds: \$4,935.08**
 - FY 2023 unspent State Funds returned to Treasury: \$146.74
 - FY 2023 remaining Firework Trust Fund: \$39.97
 - FY 2023 remaining Georgia Trust Fund: \$4,748.37 due to a bank reconciliation adjustment made by DPH.
- **Goal = Return less than \$1,000 State Funds**



FY 2023 & FY 2024 Performance Based Payment Summary

FY 2023

Savannah

August 10, 2023



**GEORGIA TRAUMA
COMMISSION**

Overview of PBP by Percent

- **Level I/II (80%)**
5% per criteria
Two criteria at 10%
 - Timely NTDS submissions
 - Registry FTE
- **Level III (60%)**
No higher than 5% per criteria
- **Level IV (19%)**
2% with exception of NTDS submission at 5%
- **Burn (45%)**
5% per criteria



Trauma Center PBP at Risk Dollars by Criteria

FY 2023



GEORGIA TRAUMA
COMMISSION

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
All Center Criteria					
1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	\$28,524	\$17,114	\$2,500	\$0	\$14,262
2. 75% TPM participation in Georgia for Trauma Excellence (GCTE) meetings.	\$28,524	\$17,114	\$2,500	\$200	\$14,262
3. 2022 Summer “Day of Trauma” (St. Simons) GQIP mtg attendance by BOTH TMD AND TPM	\$28,524	\$17,114	\$2,500	\$200	\$14,262
4. Spring 2023 (Chateau Elan or alt location) meeting attendance by BOTH TMD AND Trauma Program Manager	\$28,524	\$17,114	\$2,500	\$200	\$14,262
5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	\$28,524	\$17,114	\$2,500	\$200	\$14,262
6. Peer Review Committee attendance 50%	\$28,524	\$17,114	\$2,500	\$0	\$14,262
7. Timely quarterly NTDS data submissions	\$57,047	\$34,228	\$2,500	\$500	\$0

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
System Participation					
8. Participation in rural, Level III/Level IV workgroup	\$0	\$0	\$2,500	\$200	\$0
9. Participation by trauma program staff member in ONE GCTE official subcommittee	\$28,524	\$17,114	\$0	\$0	\$0
10. Trauma Medical Director/Burn Center Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	\$28,524	\$17,114	\$2,500	\$0	\$14,262

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
ACS Optimal Resources Document Criteria					
11. Surgeon response time	\$28,524	\$17,114	\$2,500	\$0	\$0
12. TQIP Participation	\$0	\$0	\$0	\$0	\$0
13. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program	\$28,524	\$17,114	\$0	\$0	\$0
14. One full-time equivalent employee for NTDS data set for each 500-700 admitted patients annually	\$57,047	\$34,228	\$2,500	\$0	\$0
15. Achieve & maintain ACS Verification by 6.30.2023	\$0	\$0	\$0	\$0	\$0
16. Multidisciplinary participation in “March Paws”	\$0	\$0	\$1,500	\$200	\$0

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
GQIP					
17. Participation in external data validation visit	\$0	\$0	\$0	\$0	\$0
18. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings	\$28,524	\$17,114	\$1,000	\$0	\$0
19. National TQIP meeting attendance by TPM (or designee), TMD (or Designee) with strong consideration to TPIC & Registrar attendance/involvement	\$28,524	\$17,114	\$0	\$0	\$0
20. Submit aggregate report of ED LOS for trauma transfer patients to GQIP Collaborative	\$0	\$0	\$0	\$200	\$0

Burn Center Criteria	LI	LII	LIII	LIV	Burn
ABA Criteria					
21. Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative	\$0	\$0	\$0	\$0	\$14,262
22. The burn program regularly participates in regional education related to burn care	\$0	\$0	\$0	\$0	\$0
23. Attendance at burn continuing education meetings by Burn Surgeon, Burn Nursing leader & Burn Therapy in regional, national, or international	\$0	\$0	\$0	\$0	\$14,262
Burn-Specific Criteria					
24. Participation by burn program staff member in Burn Center Workgroup	\$0	\$0	\$0	\$0	\$14,262

FY 2023 PBP Results



GEORGIA TRAUMA
COMMISSION

TOP THREE CRITERIA ASSOCIATED WITH PBP DEDUCTIONS BY CENTER LEVEL

Center Level	Meeting Attendance	Peer Review Committee	Response Times
Level I	\$0	\$0	\$0
Level II	\$0	\$17,116	\$0
Level III	\$5,000	\$2,500	\$5,000
Level IV	\$400	\$0	\$0
Burn	\$0	\$0	\$0

Detailed Notes:

Level II: Peer Review Committee: 1 center out of 8 did not meet

Level III: Summer Meeting Attendance: 1 center out of 5 did not meet

Trauma Administrators Group: 1 center out of 5 did not meet

Peer Review Committee: 1 center out of 5 did not meet

Response Times: 2 centers out of 5 did not meet

Level IV: GCTE Meeting Attendance: 1 center out of 5 did not meet

Summer Meeting Attendance: 1 center out of 5 did not meet

Trauma Center PBP at Risk Dollars FY 2023 vs. FY 2024



Trauma Center Criteria	LI	LII	LIII	LIV	Burn
All Center Criteria (FY 2023/2024)					
1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$0	\$14,262/\$12,345
2. 75% TPM participation in Georgia for Trauma Excellence (GCTE) meetings.	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$200/\$500	\$14,262/\$12,345
3. 2022 Summer “Day of Trauma” (St. Simons) GQIP mtg attendance by BOTH TMD AND TPM	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$200/\$500	\$14,262/\$12,345
4. Spring 2023 (Chateau Elan or alt location) meeting attendance by BOTH TMD AND Trauma Program Manager	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$200/\$500	\$14,262/\$12,345
5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$200/\$500	\$14,262/\$12,345
6. Peer Review Committee attendance 50%	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$0	\$14,262/\$12,345
7. Timely quarterly NTDS data submissions	\$57,045/\$49,380	\$34,228/\$29,782	\$2,500/\$3,750	\$500/\$1,750	\$0

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
System Participation (FY 2023/FY 2024)					
8. Participation in rural, Level III/Level IV workgroup	\$0	\$0	\$2,500/\$3,750	\$200/\$500	\$0
9. Participation by trauma program staff member in ONE GCTE official subcommittee	\$28,524/\$24,690	\$17,114/\$14,814	\$0	\$0	\$0
10. Trauma Medical Director/Burn Center Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$0	\$14,262/\$12,345

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
ACS Optimal Resources Document Criteria (FY 2023/2024)					
11. Surgeon response time	\$28,524/\$24,690	\$17,114/\$14,814	\$2,500/\$3,750	\$0	\$0
12. TQIP Participation	\$0	\$0	\$0	\$0	\$0
13. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program	\$28,524/\$24,690	\$17,114/\$14,814	\$0	\$0	\$0
14. One full-time equivalent employee for NTDS data set for each 500-700 admitted patients annually	\$57,045/\$49,380	\$34,228/\$29,782	\$2,500/\$3,750	\$500/\$1,750	\$0
15. Achieve & maintain ACS Verification by 6.30.2023 (Level I/Level II); 6.30.2025 (Level III)	\$0	\$0	\$0	\$0	\$0
16.Multidisplinary participation in “March Paws”	\$0	\$0	\$0	\$0	\$0

Trauma Center Criteria	LI	LII	LIII	LIV	Burn
GQIP (FY 2023/2024)					
17. Participation in external data validation visit	\$0	\$0	\$0	\$0	\$0
18. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings	\$28,524/\$24,690	\$17,114/\$14,814	\$1,000/\$1,500	\$0	\$0
19. National TQIP meeting attendance by TPM (or designee), TMD (or Designee) with strong consideration to TPIC & Registrar attendance/involvement	\$28,524/\$24,690	\$17,114/\$14,814	\$0	\$0	\$0
20. Submit aggregate report of ED LOS for trauma transfer patients to GQIP Collaborative	\$0	\$0	\$0	\$200/\$500	\$0

Burn Center Criteria	LI	LII	LIII	LIV	Burn
ABA Criteria (FY 2023/2024)					
21. Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative	\$0	\$0	\$0	\$0	\$14,262/\$12,345
22. The burn program regularly participates in regional education related to burn care	\$0	\$0	\$0	\$0	\$0
23. Attendance at burn continuing education meetings by Burn Surgeon, Burn Nursing leader & Burn Therapy in regional, national, or international	\$0	\$0	\$0	\$0	\$14,262/\$12,345
Burn-Specific Criteria (FY2023/2024)					
24. Participation by burn program staff member in Burn Center Workgroup	\$0	\$0	\$0	\$0	\$14,262/\$12,345

FY 2024 PBP Summary

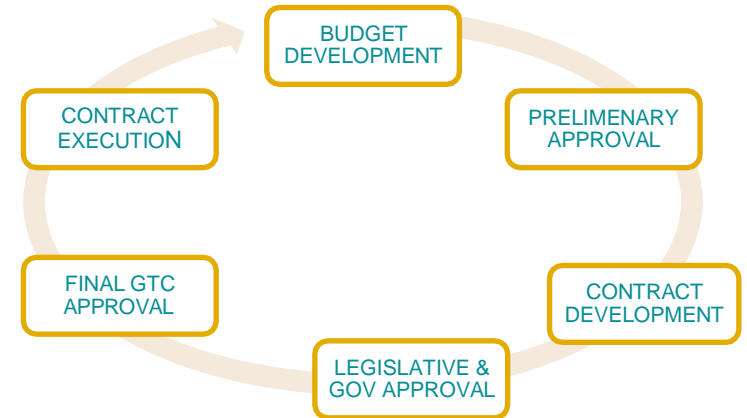
- Starting in FY 2024, Performance-based funding amounts were based on FY 2023 Scorecard Results.
- FY 2025 Performance-based funding amounts will be based on FY 2024 Scorecard Results.





GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Budget Cycle Timeline



MONTH	BUDGET MILESTONES	BUDGET SUBCOMMITTEE	FULL COMMISSION
JUL		<ul style="list-style-type: none">FY 2025 Preliminary Recommendation for Motion to Full Commission	
AUG			<ul style="list-style-type: none">FY 2025 Preliminary Budget Vote
SEP	<ul style="list-style-type: none">FY 2025 Commission-Approved Budgets Submitted to OPB by ED5 Year Strategic Plan Submitted to OPB by EDFY 2025 PBP Proposal Survey		
OCT		<ul style="list-style-type: none">FY 2025 Proposed PBP Approval	
NOV	<ul style="list-style-type: none">FY 2025 Final Preparations for 2024 Legislative Session	<ul style="list-style-type: none">FY 2024 Initial Reallocated Funds Vote	<ul style="list-style-type: none">FY 2025 Proposed PBP
DEC			
JAN	<ul style="list-style-type: none">FY 2025 Governor's Budget Recommendations ReleasedFY 2024 House and Senate Appropriations Budget Hearings – Commission Presents at Capitol	Prepares Final AFY 2024 budget recommendation for Motion to Full Commission	
FEB	<ul style="list-style-type: none">Amended 2024 Contracts and Grants Draft in ProcessFollowing Fiscal Year Proposals and Deliverables Due		
MAR	<ul style="list-style-type: none">FY 2025 Final Governor ApprovalSubmit FY 2025 Contracts & Grant Drafts to AG's Office	<ul style="list-style-type: none">Approve Following Fiscal Year Proposals	<ul style="list-style-type: none">FY 2024 Reallocation Budget Voted on by Full Commission
APR	<ul style="list-style-type: none">FY 2025 Contracts & Grants Drafts in Process from AG's Office	<ul style="list-style-type: none">FY 2024 Final Reallocation VotePrepare Final FY 2025 Budget Recommendation for Motion to Full Commission	<ul style="list-style-type: none">FY 2025 Budget Vote
MAY			<ul style="list-style-type: none">FY 2024 Performance-Based Pay Results

Four Year Open Purchase Order Summary

FY 2023

Savannah

August 10, 2023



**GEORGIA TRAUMA
COMMISSION**

Four Year Open Purchase Order Summary

	FY 2020	FY 2021	FY 2022	FY 2023
Current Open Purchase Order by Fiscal Year	3	4	8	*
Cumulative Open Prior Year Purchase Orders	28	10	7	15
Total Dollar Amount open on prior year Purchase Orders	\$1,076,965.62	\$552,412.65	\$1,143,017.49	\$1,164,471.17

* Measured November 1, 2023



GEORGIA TRAUMA
COMMISSION

FY 2023 Prior Year Open Purchase Order Summary

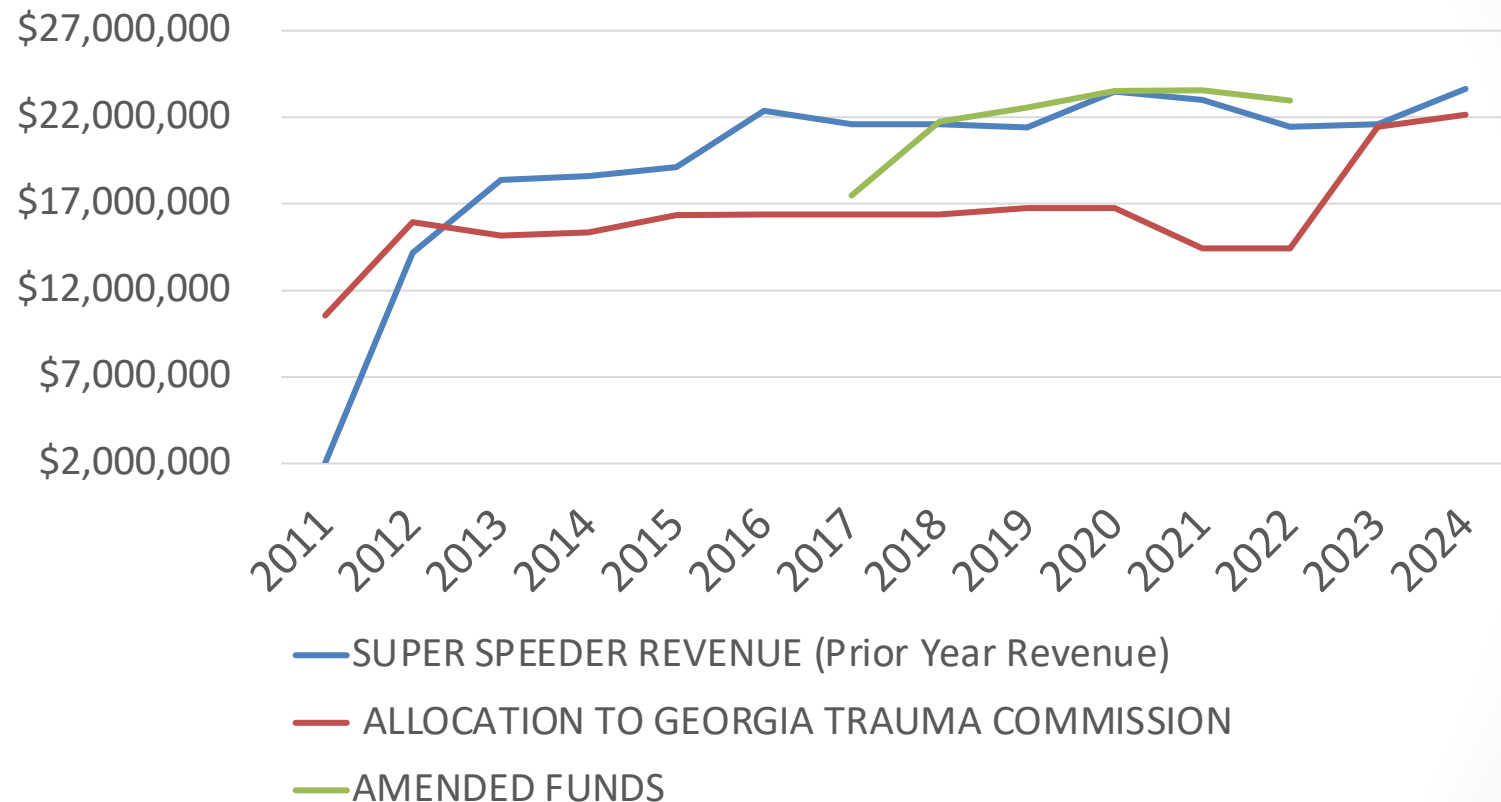
Vendor	Fiscal Year	Amount	Explanation
Apple	2020	\$21,700.81	Equipment
Home Depot	2020	\$17,848.53	FY 2022 Total \$40,122,31/Waiting on invoices and substituting items
Amazon	2020	\$3,293.22	
Warren Averett	2021	\$12,000	Will close with projects in FY 2024
ArborMetrix	2021	\$749,850	Project
March Paws	2021	\$262,500	Project
Pracht	2021	\$6,166.78	Remaining funds from Study performed in FY 2023
UGA	2022	\$2,436.83	Redirected RTAC Funds Balance after Conference
GTA	2022	\$3,350	Website Development and Management
Department of Law	2022	\$10,000	Invoice in process
John D Archbold	2022	\$19,000	ACS Visit scheduled 9/12/23-9/13/23
Redmond Regional	2022	\$19,000	ACS Visit scheduled
Piedmont Walton	2022	\$19,000	ACS Visit scheduled
ESO	2022	\$9,340	Trauma Center Registry Funding
ArborMetrix	2022	\$8,484	Project

Super Speeder Revenue Summary



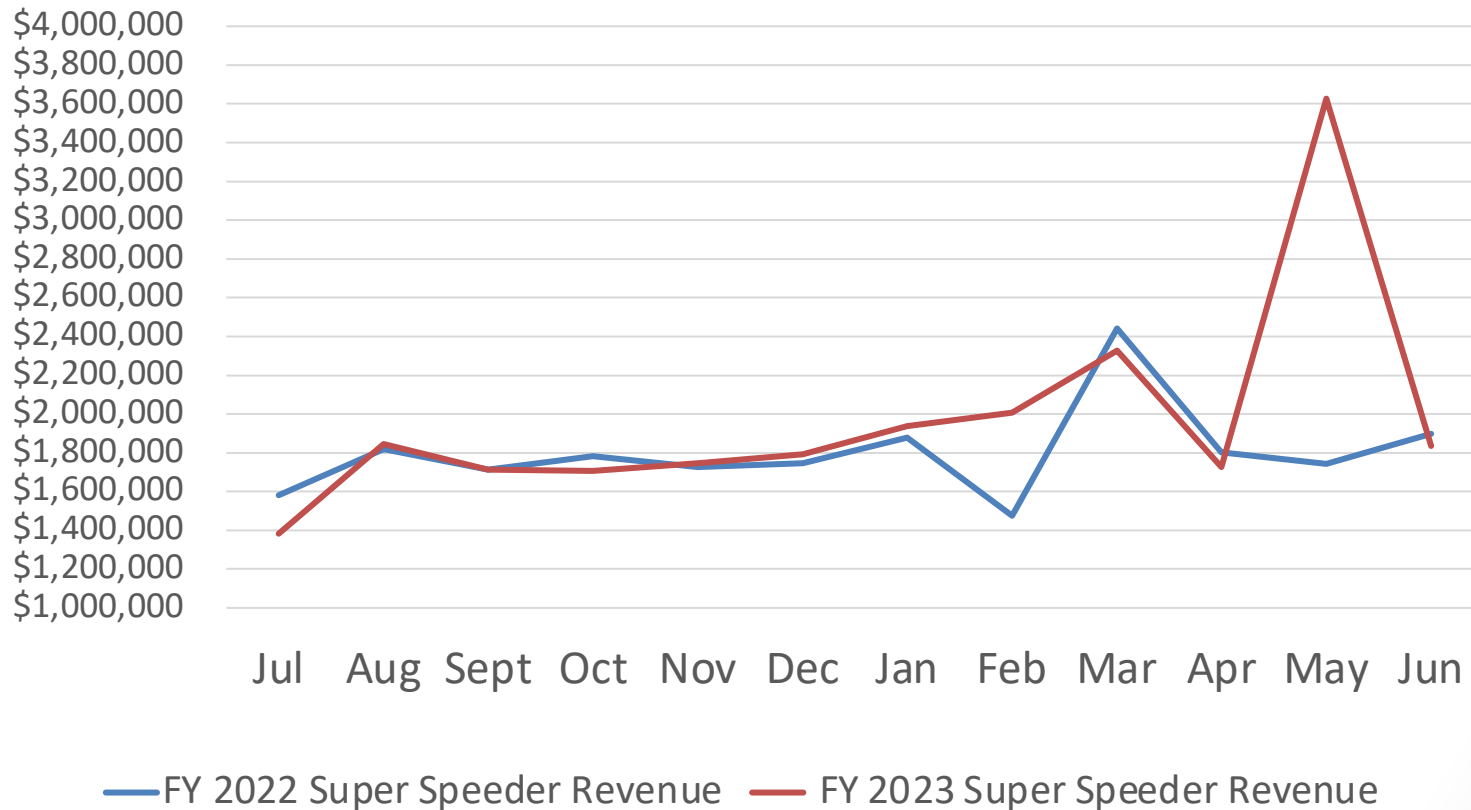
GEORGIA TRAUMA
COMMISSION

Revenue to Budget Comparison: Super Speeder



Super Speeder Revenues

FY 2022 vs. FY 2023



Super Speeder Cumulative Revenue FY 2022 vs. FY 2023

Month	FY 2022 Cumulative Total	FY 2023 Cumulative Total	Cumulative Variance	Percentage +/-
Jul	\$ 1,580,677.00	\$ 1,382,770.00	\$ (197,907.00)	-13%
Aug	\$ 3,400,448.00	\$ 3,226,640.00	\$ (173,808.00)	-5%
Sept	\$ 5,111,959.00	\$ 4,939,921.00	\$ (172,038.00)	-3%
Oct	\$ 6,895,251.00	\$ 6,645,147.00	\$ (250,104.00)	-4%
Nov	\$ 8,623,089.00	\$ 8,389,745.00	\$ (233,344.00)	-3%
Dec	\$ 10,368,341.00	\$ 10,181,727.00	\$ (186,614.00)	-2%
Jan	\$ 12,245,538.00	\$ 12,119,280.00	\$ (126,258.00)	-1%
Feb	\$ 13,720,763.00	\$ 14,126,293.00	\$ 405,530.00	3%
Mar	\$ 16,162,195.00	\$ 16,452,804.00	\$ 290,609.00	2%
Apr	\$ 17,965,676.00	\$ 18,178,233.00	\$ 212,557.00	1%
May	\$ 19,709,703.00	\$ 21,805,002.00	\$ 2,095,299.00	11%
Jun	\$ 21,606,366.00	\$ 23,639,541.00	\$ 2,033,175.00	9%



Office of the State Treasurer

Georgia Fund 1

Statement of Account

GA TRAUMA CARE NETWORK COMM

Statement Period

HB511
248 WEST JEFFERSON ST

Sun, 01 Jan 2023 through Fri, 14 Jul 2023

MADISON, GA 30650

Account Type

GA TRAUMA CARE NETWORK COMM

Current Yield	4.14341
Prior Balance	\$7,992,356.08
Deposits	\$6,921,694.00
Withdrawals	\$6,317,970.59
Earnings Reinvested	\$151,499.18
New Balance	\$8,747,578.67

Date	Activity	Amount	Balance
01/01/2023	Forward Balance	\$0.00	\$7,992,356.08
01/27/2023	Deposit	\$1,132,863.00	\$9,125,219.08
01/31/2023	Reinvestment	\$29,164.66	\$9,154,383.74
02/24/2023	Withdrawal	\$6,317,970.59	\$2,836,413.15
02/28/2023	Deposit	\$1,132,863.00	\$3,969,276.15
02/28/2023	Reinvestment	\$27,809.60	\$3,997,085.75
03/31/2023	Deposit	\$1,132,863.00	\$5,129,948.75
03/31/2023	Reinvestment	\$15,699.65	\$5,145,648.40
04/28/2023	Deposit	\$1,132,863.00	\$6,278,511.40
04/30/2023	Reinvestment	\$20,547.52	\$6,299,058.92
05/31/2023	Deposit	\$1,132,866.00	\$7,431,924.92
05/31/2023	Reinvestment	\$26,885.27	\$7,458,810.19
06/30/2023	Reinvestment	\$31,392.48	\$7,490,202.67
07/03/2023	Deposit	\$1,257,376.00	\$8,747,578.67



Office of the State Treasurer

Georgia Fund 1

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Earnings Reinvested	\$151,499.18
New Balance	\$8,747,578.67

Date	Activity	Amount	Balance
07/14/2023	Ending Balance	\$0.00	\$8,747,578.67
	Current period earnings received after close:		\$0.00
	Previous period earnings received after close:		\$0.00
	Average daily invested balance during period:		\$6,844,018.19
	Net Management Fee withheld from distribution:		\$1,781.51



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

Name of Committee or Workgroup:	EMS Committee Report
Project/Activity ¹	Comments
1. Spending Plan	The subcommittee has been asked to attend the EMS Town Hall meetings to determine funding priorities for future consideration. The spending plan is on track.
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
2. EMS Education	Ms. Kim Littleton provided detailed information on training done by GEMSA with Trauma Commission funding. In FY 2023 we had 189,048 contact hours. GEMSA is working to finish placing the training for this FY. Richard Rhodes gave an update on EMS pass rates on the various levels of licensure. There was a discussion on the EMR course curriculum vs the EMT-R curriculum as they pertain to course approval and funding.
Status:	Support GTC Strategic Priorities? (Y/N): Yes
3. AVLS On-Going	Dr. Tim Boone presented current data on counties that do not participate and provided information on each of these. We are looking at cost of the services between the different providers and trying to get better pricing
Status:	Support GTC Strategic Priorities? (Y/N): Yes
4. EMS Equipment Grant	We continue to look at this funding opportunity to ensure that it meets the needs of the trauma patient and is distributed in an appropriate manner.
Status: Completed for this FY	Support GTC Strategic Priorities? (Y/N): Yes
5. Inter-hospital Transportation	A group representing the ACCG, the GHA, OEMS/T, SORH, and EMS providers met in Cordele to research barriers to the immediate transportation of critical patients. We hope to gather additional information from the Town Hall meetings being conducted with EMS agencies across Georgia. We are also working with SORH and Mercer Rural Innovation Center to develop a survey for rural hospitals to get a more information on this issue.
Status: On-going	Support GTC Strategic Priorities? (Y/N): YES
6. EMS Recruitment tool	Ms. Littleton showed a video of an add campaign developed to get interest in EMS as a profession. Some issues need to be worked out on how we can communicate with those interested after they view the video. GEMSA is also working to provide a provide a PSA on the appropriate use of EMS resources.
Status: On-going	Support GTC Strategic Priorities? (Y/N): YES

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



7. Hospital Signage	Mr. Jim Adkins is working with the Governor's Office of Highway Safety and the Georgia DOT to evaluate placement of the blue hospital signs. These signs are designed to help motorist find the nearest hospital. The group voted to support this work.
Status: On-going	Support GTC Strategic Priorities? (Y/N): YES

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
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:	October 12, 2023

GEMSA Course Costs APPROVED							
Program	Cost Per Course	Proposal	Total Cost	Admin Fee (%)	Admin Fee	Total Cost	Funding Designated by EMS Sub-Committee
Leadership	\$148,500.00	1	\$148,500	10%	14,850.00	163,350.00	163,350.00
Pre-Hospital and Hospital Emergency Care Trauma Skills Lab	\$45,100.00	10	\$451,000	10%	45,100.00	496,100.00	496,100.00
NAEMT	\$5,850.00	25	\$146,250	\$585 Per Course	14,625.00	160,875.00	160,875.00
GEMSA Intro to EMS Leadership Program	\$25,000.00	1	\$25,000	10%	2,500.00	\$27,500	27,500.00
Farm Medic	\$7,040.00	8	\$56,320	10%	5,632.00	61,952.00	61,952.00
Auto Extrication	\$20,900.00	4	\$83,600	10%	8,360.00	91,960.00	91,960.00
Axioms of Leadership	\$20,955.00	2	\$41,910	10%	4,191.00	46,101.00	46,101.00
TECC	\$8,800.00	10	\$88,000	10%	8,800.00	96,800.00	96,800.00
EVOC	\$5,747.20	3	\$17,242	10%	1,724.16	18,965.76	18,965.76
EMS Instructional Preparedness Course for Initial Credentials	\$14,850.00	2	\$29,700	10%	2,970.00	32,670.00	32,670.00
Issues in EMS: Workforce EMS Profession Public Service Announcements	\$150,000.00	1	\$150,000	10%	15,000.00	165,000.00	165,000.00
EMR/EMT	\$8,340.00	45	\$375,300	\$834.00 per course	37,530.00	412,830.00	412,830.00
Patient Handling Low Angle	\$8,800.00	2	\$17,600	10%	\$1,760	\$19,360	19,360.00
Moulage Course	\$8,250.00	2	\$16,500.00	10%	1,650.00	18,150.00	18,150.00
GEMSA Instructor Training to include Workshop and Development	\$20,000.00	1	\$20,000.00	10%	2,000.00	22,000.00	22,000.00
Equipment for TECC, Farm Medic and Cadaver Labs	\$15,000.00	1	\$15,000.00	10%	1,500.00	16,500.00	16,500.00
On Line Training for People EMS CEUs Unlimited Courses over 12 months for 3,000 users Option B	\$0.00	1	\$0.00	10%	0.00	0.00	0.00
Georgia SOEMS Instructors 1 Day Consortium on Development and Preparedness	\$0.00	1	\$0.00	10%	0.00	0.00	0.00
			\$1,681,922		168,192.16	1,850,113.76	1,850,113.76



GEORGIA TRAUMA
COMMISSION

GEMSA

2023 FY

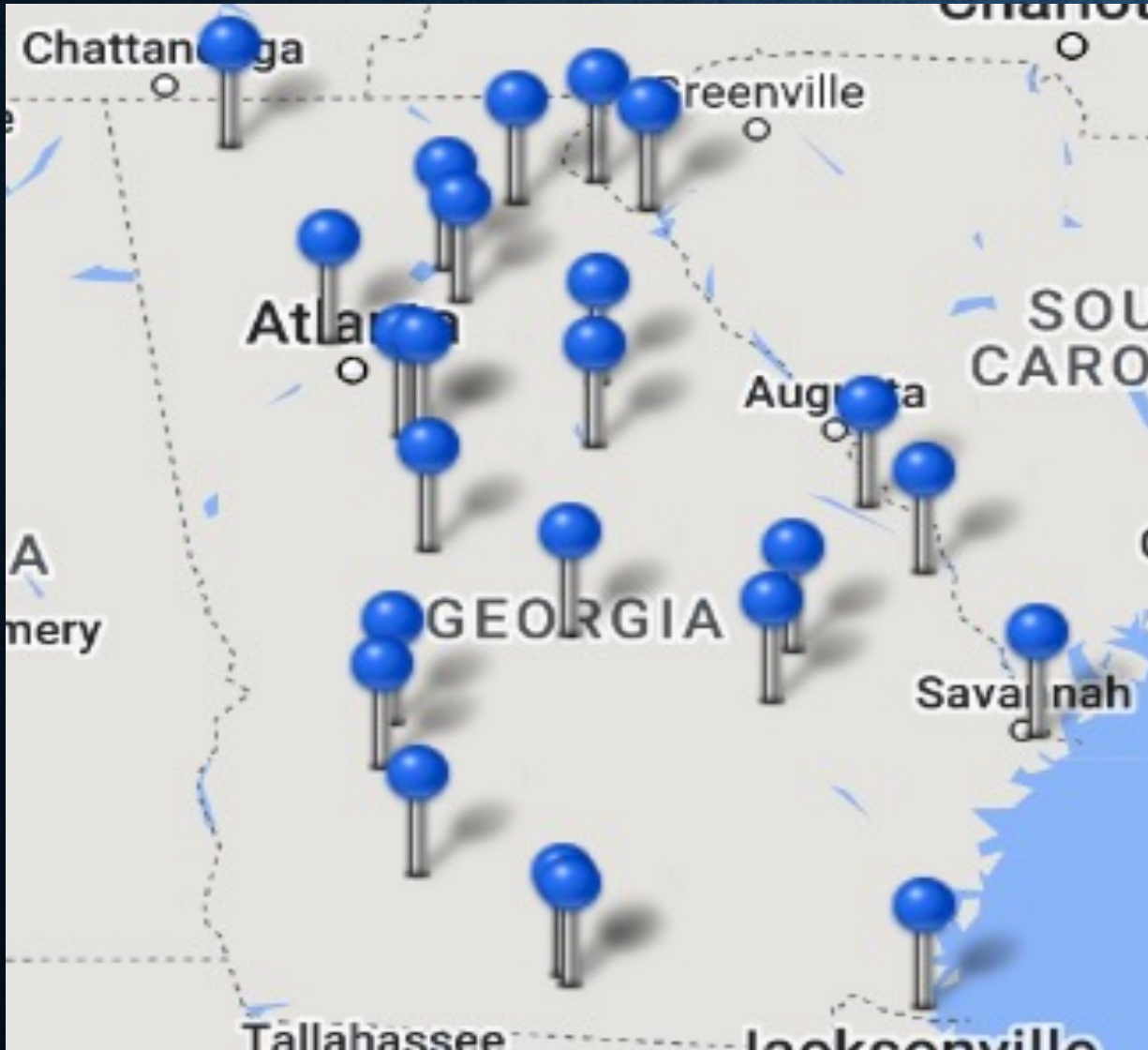
Report



GEORGIA TRAUMA
COMMISSION

The Georgia EMS Association is
proud to partner with the Georgia
Trauma Commission to deliver
education to Georgia Providers.

Leadership Program

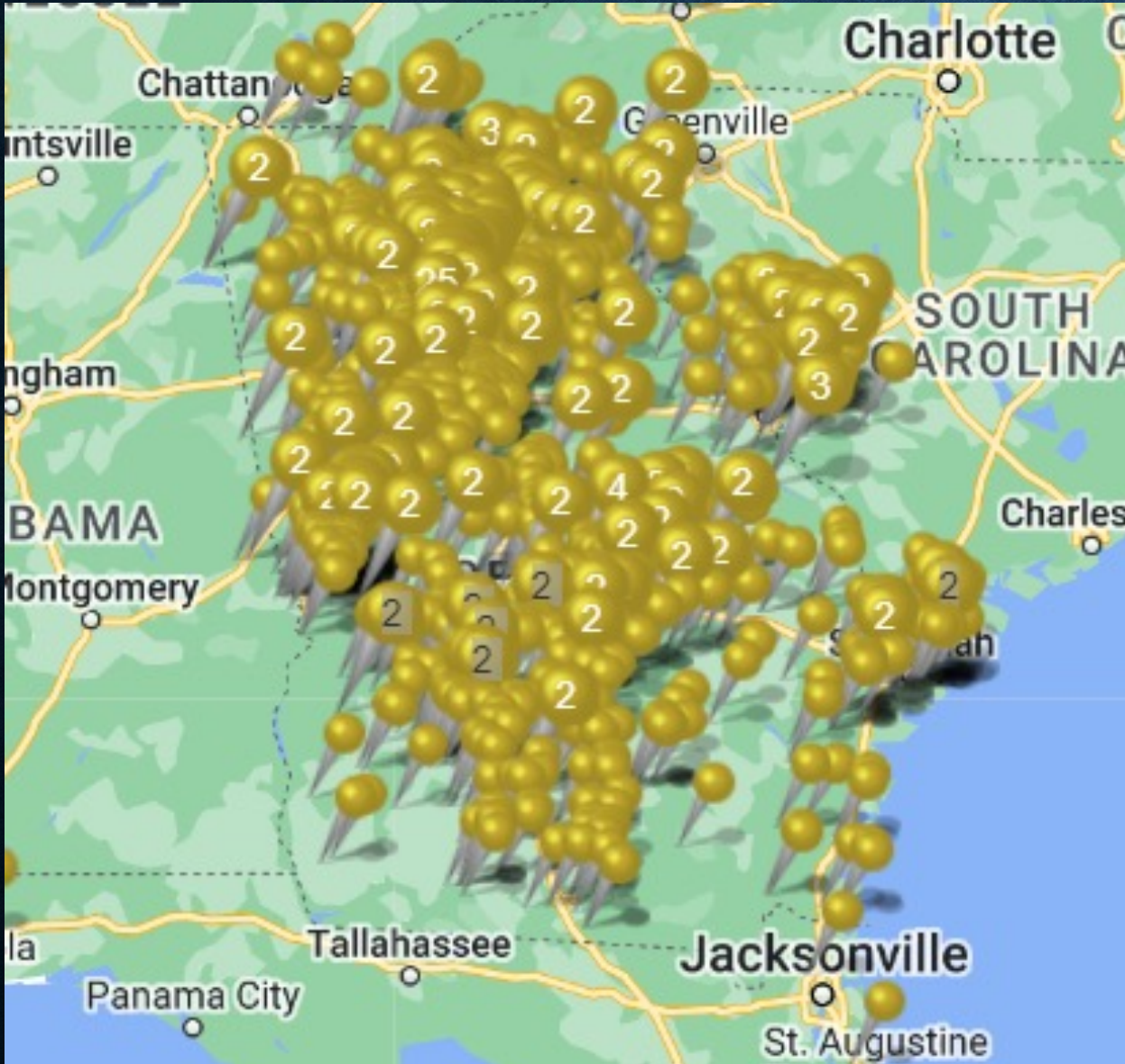


4 – 1 Week modules
throughout the year

24 Students

3840 Contact Hours

Trauma Skills Labs



10 Trauma Skills Lab

1462 Students

5848 Contact Hours

EMR –EMT Program



49 EMR/EMT Courses
Completed

648 Students

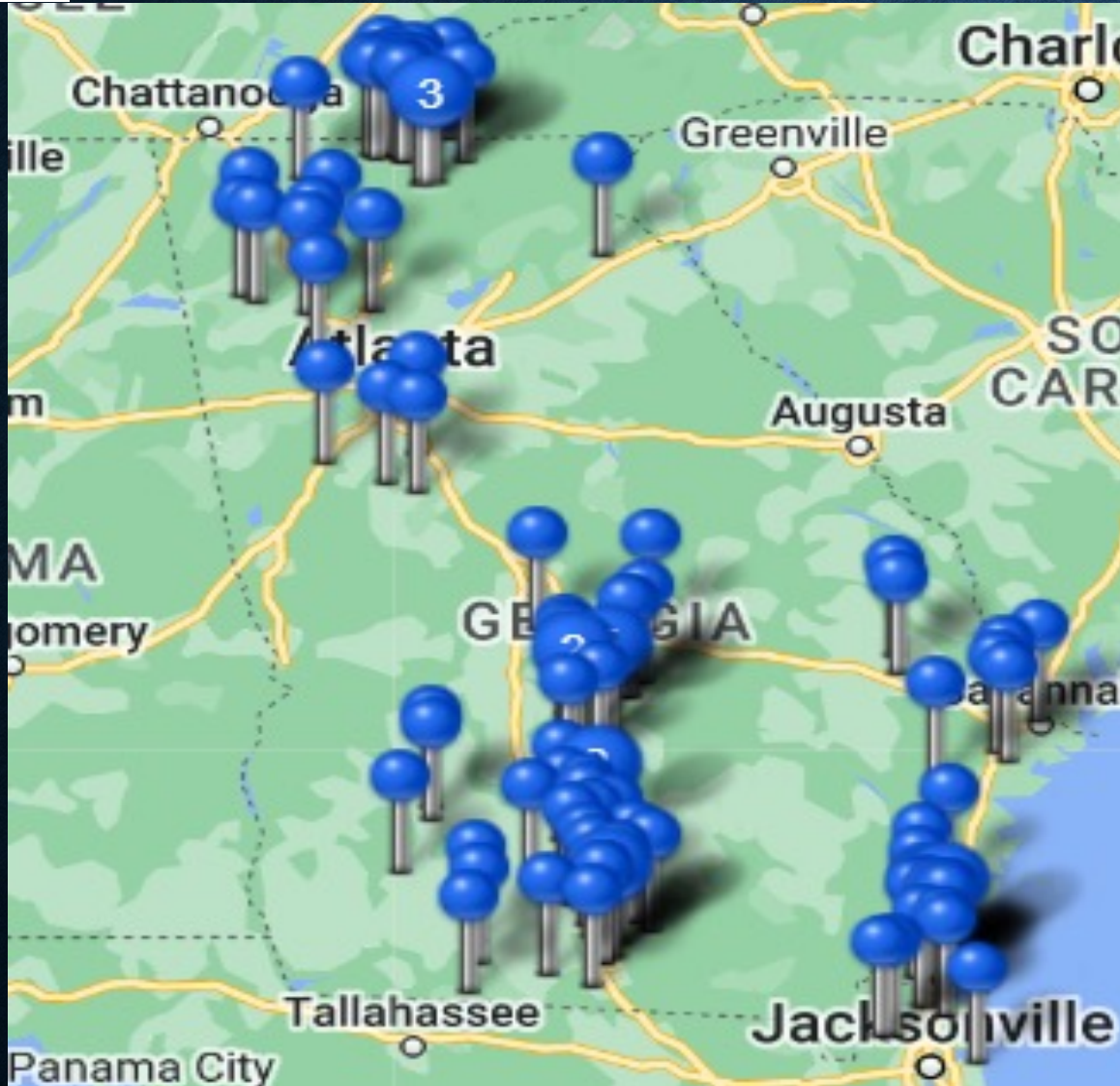
162,000 Contact Hours



Auto Extrication with Patient Care Focus



GEORGIA TRAUMA
COMMISSION



4 Courses

113 Students

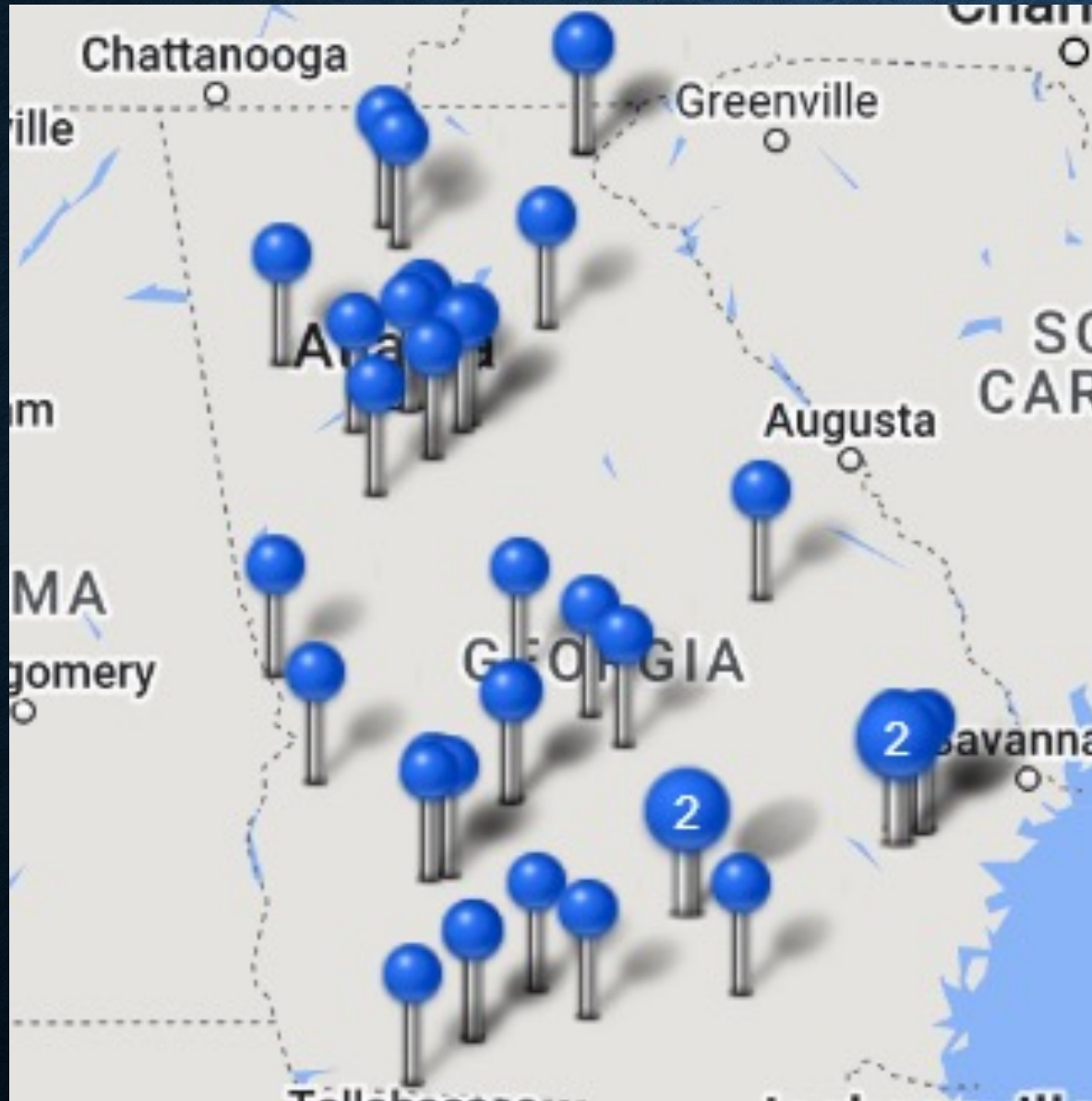
2712 Contact Hours



EMS Instructor Preparedness



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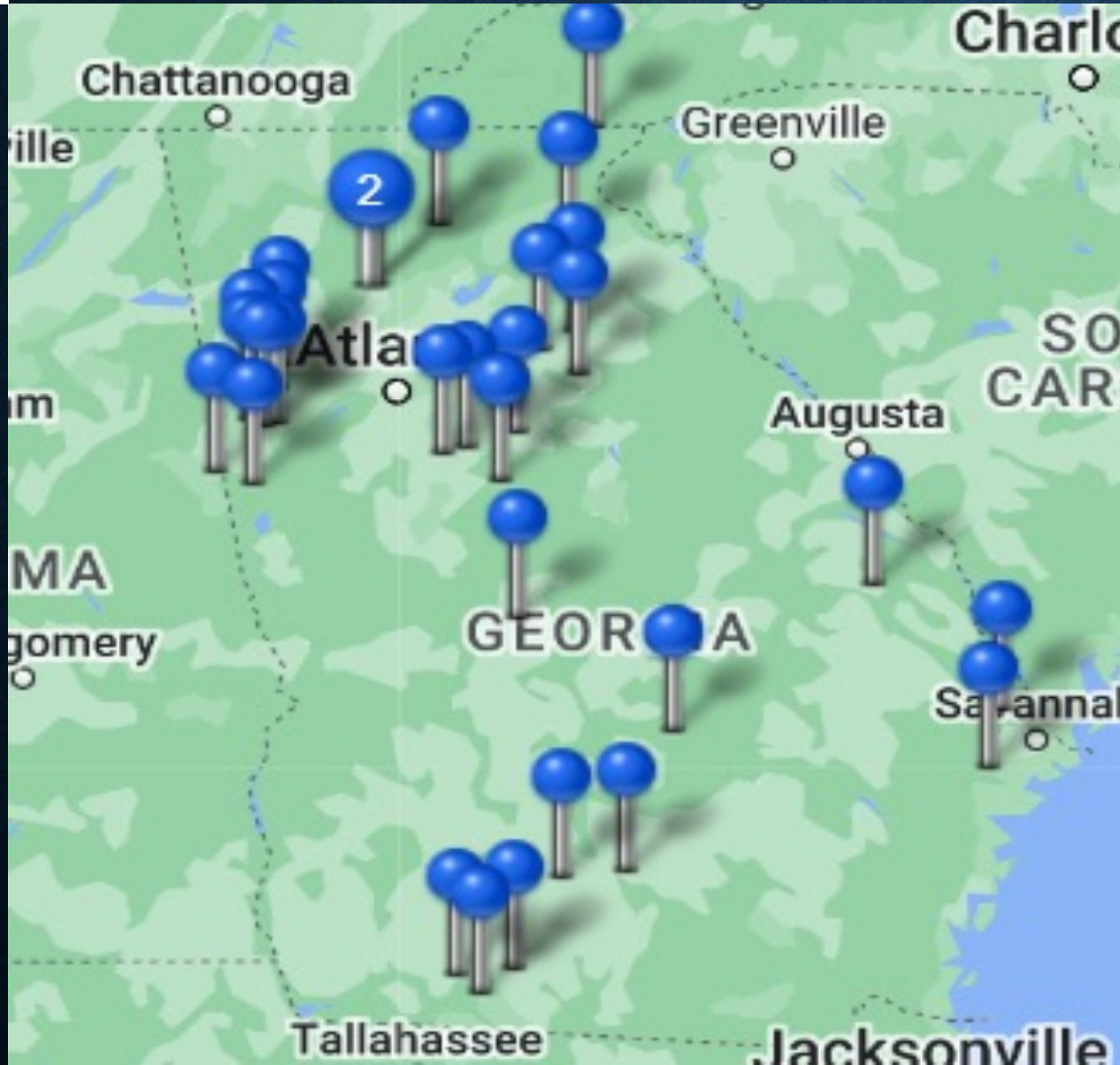


2 Courses

32 students

1280 Contact Hours

Axioms of Leadership



1 Course

30 Students

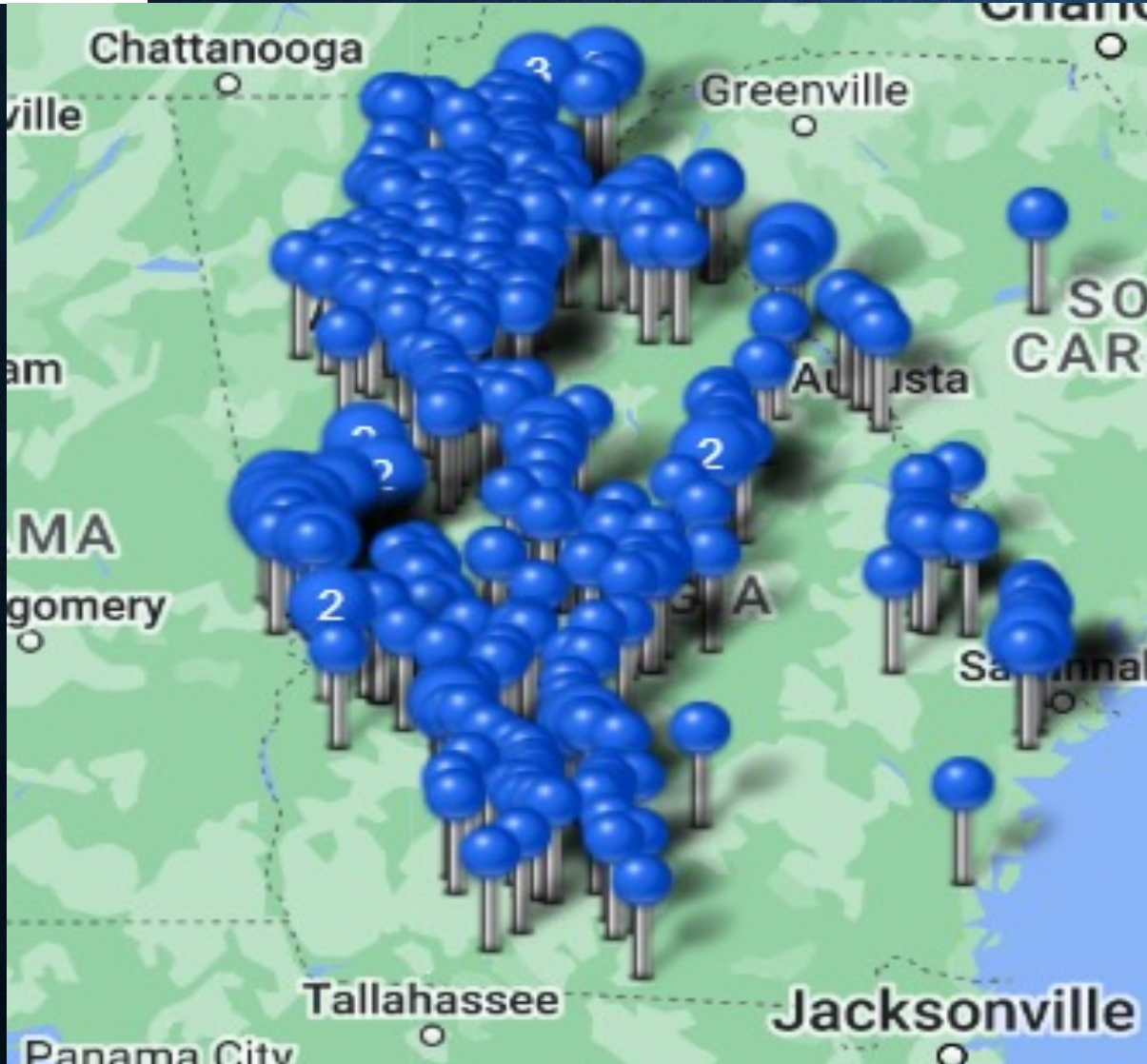
600 Contact Hours



NAEMT Courses



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COMMISSION

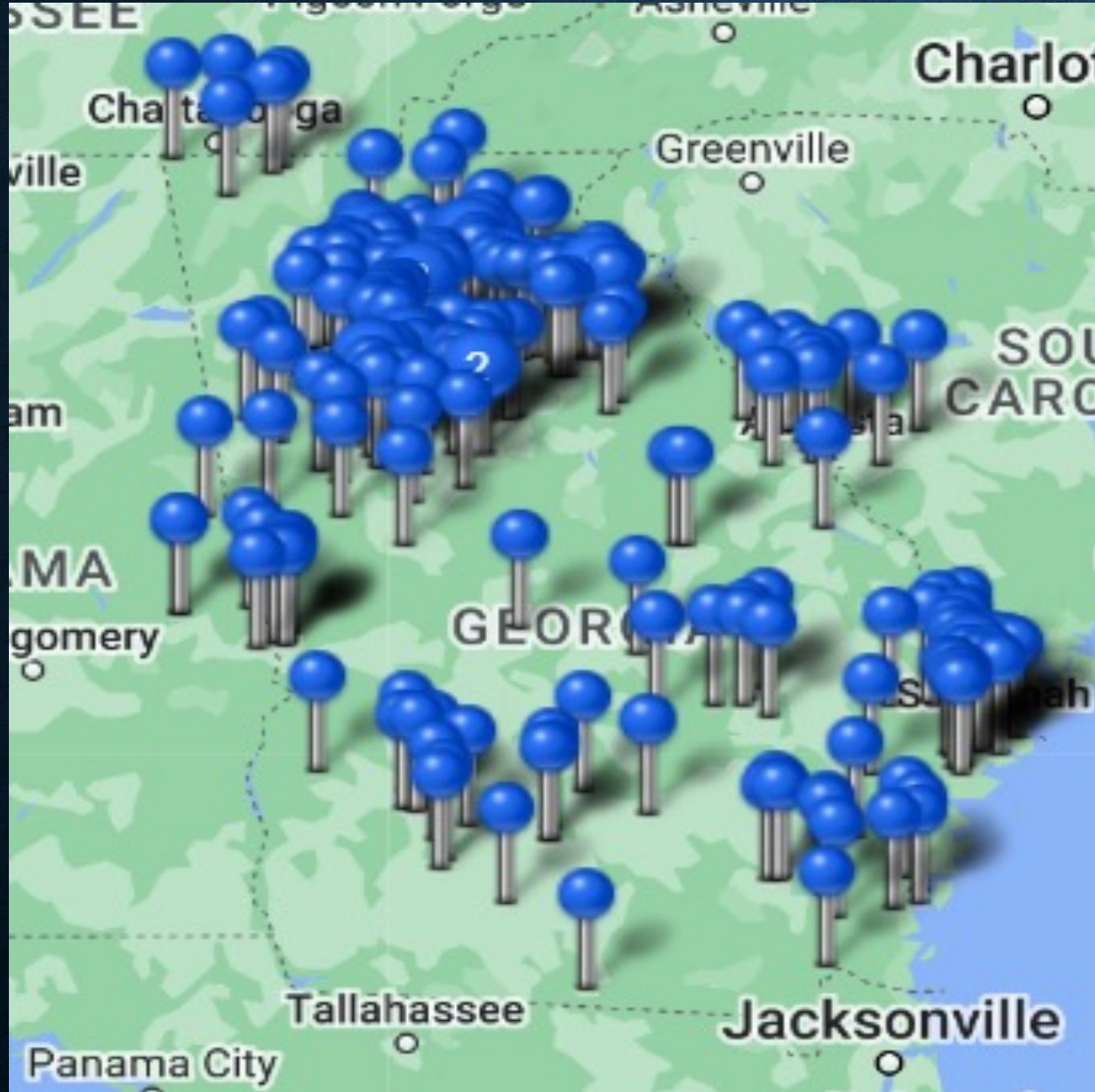


25 Courses Completed

361 Students

5664 Contact Hours

Tactical Emergency Casualty Care Courses

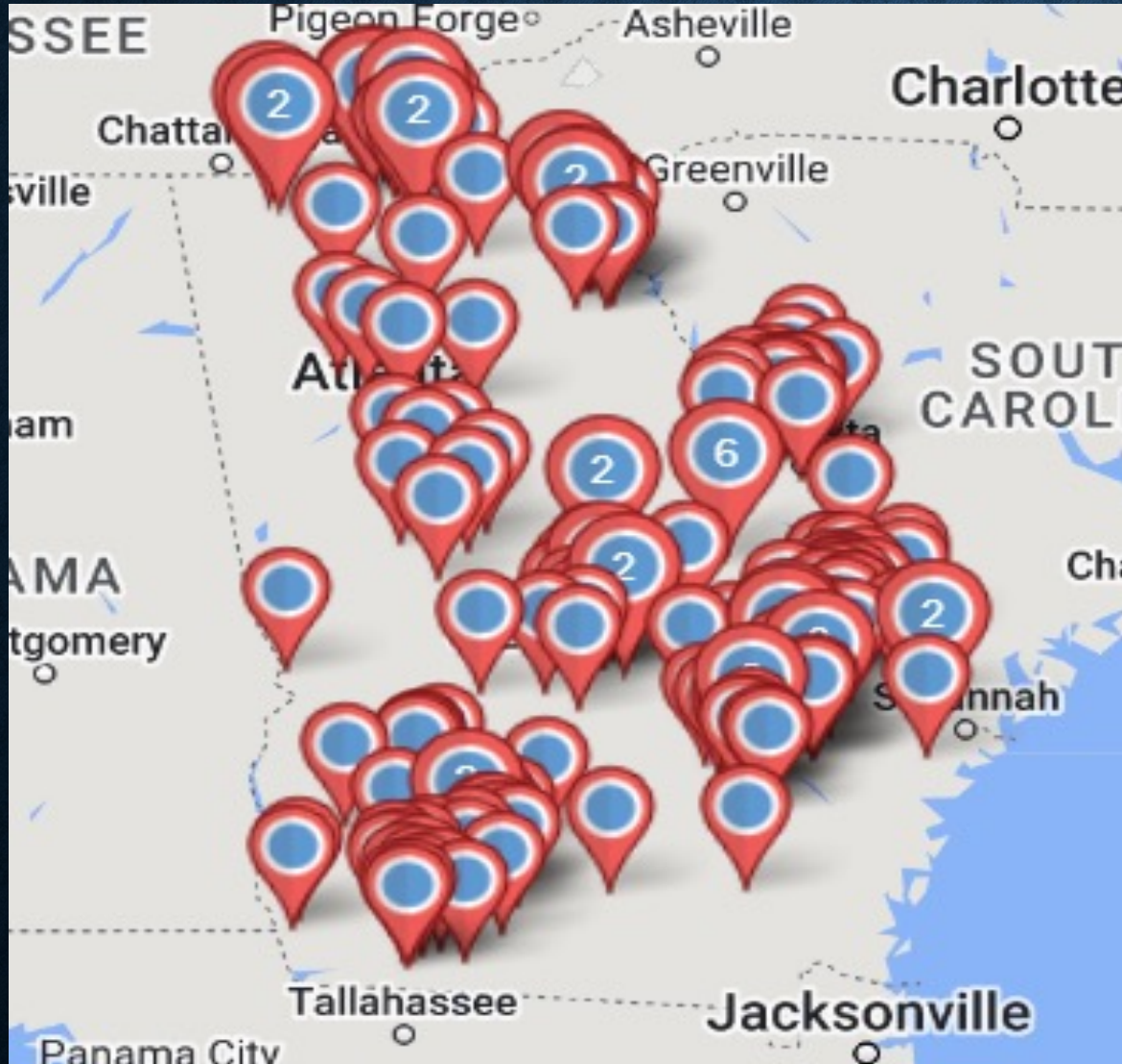


13 Courses Completed

223 Students

3568 Contact Hours

Farm Medic Courses



13 Courses

212 Students

3392 Contact Hours



GEORGIA TRAUMA
COMMISSION

Trauma Skills Lab, EMS Instructor, Leadership, EMR/EMT,
Axioms of Leadership, Tactical Emergency Casualty
Care, NAEMT Courses, Farm Medic, Auto Extrication
with Patient Care Focus, Moulage

3123 Students for a total of

189048 Contact Hours



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	Pilot Course June 30 with revisions to logistics of course. Second course scheduled for September 22 nd in Swainsboro, and the third (and hopefully final) pilot course scheduled October 27 th in Thomasville, GA.	
Status: Awaiting availability for course dates		Support GTC Strategic Priorities? (Y/N):Y
2. ACS Trauma Systems Consultation – Rural Focused Site Visit	<p>Eleven key priorities were identified for the level III/IV sub-committee and ideas discussed for each issue.</p> <ol style="list-style-type: none"> 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 	
Status: Final report pending April 2023		Support GTC Strategic Priorities? (Y/N): Y
3. Access to specialty care e.g., re-implantation, ECMO	Annual revision/ update at summer meeting	
Status: Annual update August		Support GTC Strategic Priorities? (Y/N): Y
4. PI project specific to LIII/LIV: PI Process and Mentorship	GCTE is working on a mentoring program	
Status: In process		Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
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:	October 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.



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

Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence – August 2023	
Project/Activity¹	Comments	
1. REGISTRY: Data uploads	TQIP data uploads completed. GQIP & State uploads overdue pending software updates.	
Status: GQIP & State pending; TQIP/NTDB complete		Support GTC Strategic Priorities? (Y/N): Y
2. REGISTRY: Registry Education	Registry ed money approved for FY24 → emphasis on required registrar & AIS courses. GOAL: create process to facilitate allow course funded registration by Nov 2023. Course funding may be pro-rated depending on center level (Lev 3-4: pay 100% vs. Lev 1-2: pay 50% registration costs).	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
3. PI: Support initiative to decrease time to definitive care	The group met in June & July. Monitoring tool (Excel) sheet was developed for use to monitor transfers out. Form distributed to all GCTE PI Com members and form use reviewed.	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
4. INJ PREV: multiple ongoing activities	Bingocize (advancing with ongoing courses statewide), Back-to-School STB courses; Several Teen Driving Events planned for Fall www.stopthebleedgeorgia.org AND www.preventtraumageorgia.org	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
5. GCTE	Last meeting 6/1 (hybrid); committee reports, new PI Committee co-chair (K Hurst); reviewed 2022 ACS standards 2.8 – 2.11 TMD & TPM (with Lev 4 suggestions)	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
Questions, Issues, and Recommendations Requiring Commission Discussion:		
Motions for Consideration at the Commission Meeting:		
Committee Members:	Designated trauma center staff	
Chair/Commission Liaison:	Tracy Johns RN, Chair, Lynn Grant RN, Co-Chair	
Date Next Committee Meeting:	11/15/2023 2022 Standards for review: 4.31 – 4.34 Registry standards	

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	Comments
1. Rehab Data Analysis	<p>Update: Subcommittee created to be able to have more meetings on this project. Susannah Kidwell (Children's) is leading this subcommittee.</p> <p>Began obtaining discharge trends data, breakout by diagnosis codes of TBI, SCI, Amputee. Will also add Pediatric. Working to understand available data and what additional data may be needed to achieve goals. Initial focus is on getting a handle of whether there are enough acute rehabilitation beds in the state for the size of our trauma population, and whether there is overuse of lower level of care (SNF or Home) due to lack of resources. This can likely be approximated by comparing ISS by diagnoses cohorts and dc location. We may want to evaluate the DC trends of the state's trauma hospitals by ISS/Dx codes to see if some systems are underutilizing Acute rehabilitation, and then look further at barriers to access. We will consider ways to estimate the "rehabilitation disadvantage score" in terms of decreased access to acute rehabilitation resources (vs DC to home or SNF) if a patient is Unfunded or receiving Medicaid benefits at the time of their traumatic injury. This score can be estimated by comparing cohorts of similar dx and ISS score and available DC location data broken out by the Payor data.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>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: In process.	Support GTC Strategic Priorities? (Y/N): Yes
2. Improve Rehab Transition	<p>Update: Began building a Rehabilitation Access Survey which will go out to trauma hospital case managers, helping better understand access barriers at a systemwide level. Some of the draft questions are attached. This survey will be discussed at the next committee meeting.</p> <p><i>This activity addresses the following 3 ACS recommendations:</i></p> <p>5.5.2. Optimize the transition process from the acute inpatient setting to rehabilitation from both a timing and funding source allocation perspective.</p> <p>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.)</p> <p>5.5.7. Work with payers and governmental agencies to improve access to rehabilitation services in a timely manner.</p>
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes

3. Endorse / incorporate rehab quality standards	<p>Committee will discuss adopting already existing third party certification schemes.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>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.)</p>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	
4. Develop trauma rehab quality indicators	<p>Update: Update: Began working with the Quality department at Shepherd Center which is devoting staff time to Dr. Vox to help this project. It is currently estimated to have a completion at end of year. Attachment includes an overview of some of the initial challenges encountered and plans.</p> <p>We will consider system indicators such as referral to CARF accredited rehabilitation programming. We will consider creating a trauma system rehabilitation provider partner network where membership requires data sharing participation with the central repository about admission and discharge functional levels from inpatient services, and later adding efforts at tracking outpatient rehab needs and access, vocational services utilization, long term outcome data etc.</p> <p><i>This activity addresses the following ACS recommendation:</i></p> <p>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>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	
5. Other Projects	<p>The following potential projects are not highlighted in the ACS report but matters of interest that will be developed as time allows:</p> <p>Gathering and analyzing data on Medicaid and Medicare applications by Georgia residents, and trends over time, related to disabilities whose cause is trauma.</p> <p>Providing strategic guidance on state resources of importance to trauma survivors, including vocational rehabilitation</p> <p>Discussions regarding creating a voluntary Level system for rehabilitation facilities that mirrors the level designation for trauma hospitals, with a goal of promoting the necessary rehabilitation resources in the state to support its trauma population. This activity helps achieve the ACS goal of including “the rehabilitation phase of care in a systemwide performance improvement process using appropriate indicators and benchmarks.”</p>
<div>Status: In process</div> <div>Support GTC Strategic Priorities? (Y/N): Yes</div>	

Questions, Issues, and Recommendations Requiring Commission Discussion:	None at this time.
Motions for Consideration at the Commission Meeting:	None requested at this time.
Committee Members:	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:	Chair: Ford Vox, MD (Shepherd Center)
Date of Next Committee Meeting:	8/3/23

Georgia Trauma System Rehab Metrics:

Engaged Shepherd Center's quality dept, discussed a variety of challenges to devising metrics all of Georgia's willing acute rehabilitation hospitals will be able to contribute.

Trauma population is relatively thin at most rehab facilities. Harms tracking is per 1000 patient days and will lead to wonky data (Fall rate, acute transfer rate).

Some facilities, Shepherd Center and Childrens especially, treat patients from across state lines and do not normally distinguish whether pt's are Georgia or not in their quality metrics data.

Most rehab hospitals will already contribute data to UDS or eRehab, third party databases that integrate w/ CMS. Shepherd uses UDS, which excludes our patients under age 18.

Most metrics the trauma system is using currently are structural and process variables. Outcome variables include LOS, infection, and similar safety outcomes.

Working with Shepherd's quality department I expect we will be able to devise metrics that match those already in use as much as possible from trauma facility datasets. Our initial conversations included discharge to community, self care and mobility scores at discharge vs predicted, percentage annual trauma volume, third party rehab accreditation (CARF, Joint Commission). Would like to include 30 day rehospitalization rate but we are aware of significant barriers in this metric. Even in the trauma system the data is incomplete as hospitals only know if patient is Re admitted to their facility specifically. Shepherd Center only has this data because we have dedicated a staffer to calling patient/family to collect this information, and that is a resource most Georgia rehab facilities will not have.

DRAFT DOCUMENT UNDER EDITING

Georgia Trauma System Rehabilitation Access Survey

Demographics

- Title/Role of person completing the survey
- Size of hospital and/or trauma program
- Whether part of health system with integrated rehabilitation/post-acute facilities

Instructions: This survey is primarily intended for case managers working with trauma patients, but can be completed by any trauma team member. Guidelines encourage the referral of trauma patients requiring rehabilitation with complex care needs including multi trauma, amputation, spinal cord injury, traumatic brain injury and pediatric trauma to specialty acute rehabilitation. The purpose of this survey is to better define the barriers Georgia's trauma hospitals encounter in transferring patients to acute rehabilitation facilities.

Please rank order the following common *social* barriers to accessing specialty acute rehabilitation facilities, based on your experience at your trauma hospital. Please order from most common (1) to least common. [Drop down menu design for rank number]

Childcare

Food
Transportation
Lodging
Other ____

If financial assistance could be provided to families so that the trauma patient could receive the highest level of rehabilitation care available, what *social* barrier would you utilize the money for? Please order from most common (1) to least common. [Drop down menu design for rank number]

Childcare
Food
Transportation
Lodging
Other ____

Please rank order the following *insurance* barriers for commercially insured patients (Eg, Blue Cross, Cigna etc), in terms of the frequency with which they delay discharge from the trauma floor to acute rehabilitation:

Insurance says acute rehabilitation is not appropriate, but treatment team disagrees
Insurance will not approve specific facility patient/family wants, offers other facilities
Insurance approval process for rehabilitation level of care is slow
Insurance does not have enough acute rehabilitation facilities in network

Please rank order the following *insurance* barriers for Medicare and Medicaid insured patients, in terms of the frequency with which they delay discharge from the trauma floor to acute rehabilitation:

Insurance says acute rehabilitation is not appropriate, but treatment team disagrees
Insurance will not approve specific facility patient/family wants, offers other facilities
Insurance approval process for rehabilitation level of care is slow

Insurance does not have enough acute rehabilitation facilities in network

Approximately __% of Georgia's trauma patient population is uninsured, presenting a well recognized barrier and delay to transferring patients from trauma floors to rehabilitation facilities. At the same time, it is well known that rehabilitation can be very effective in this patient population in reducing long term disability, regardless of insurance and socioeconomic status. What policy measures do you think would be most effective for improving access of uninsured Georgians to rehabilitation services. Please rank order, and you may use the Other field to enter your own recommendation.

Temporary rapid approval of Medicaid applications. (The state would temporarily approve Medicaid for uninsured trauma patients on the basis of very limited residency and financial information, and handle recoupment of costs as warranted at a later date)

Affordable Care Act expansion.

Require rehabilitation facilities to admit more uninsured patients.

Other: _____

How often do you encounter delays in transferring patients to acute rehabilitation due to lack of bed availability?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

When thinking about your trauma patients who need acute inpatient rehabilitation as a whole, and the frequency with which there are delays in transferring them to rehabilitation facilities, how often is transfer delayed by at least **one week**?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

When thinking about your trauma patients who need acute inpatient rehabilitation as a whole, and the frequency with which there are delays in transferring them to rehabilitation facilities, how often is transfer delayed by at least **two weeks**?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

How often do you have to transfer patients who would benefit from acute inpatient rehabilitation facilities (Such as Children's, Shepherd Center, Warm Springs, Wellstar Rehab, Emory Rehab) to skilled nursing facilities that provide some rehabilitation services instead, due to lack of bed availability at the acute rehab hospitals or insurance or other issues?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%
76 to 100%

Some trauma patients are too sick for rehabilitation, still require ventilator weaning, or have other extended medical complications that prompt their transfer to long term acute hospitals (Select, Kindred etc) but will ultimately need acute rehabilitation services. Please rank order the measures below by likelihood they would speed access to acute rehabilitation after discharge from acute care to LTACH:

Trauma programs provide education to patient/family about acute inpatient rehabilitation

Trauma programs provide recommendation for acute inpatient rehabilitation as soon as ready in discharge orders

Trauma programs verify insurance coverage for acute inpatient rehabilitation and provide this information to patient/family

Other: _____

Does your trauma program have a Physical Medicine and Rehabilitation (PM&R) physician available for consultation to the patients in your hospital?

Yes

No

When discharging patients from your trauma program to post acute rehabilitation services, approximately what percentage of the time do patients who need acute inpatient rehabilitation unable to access it, and instead discharge directly home, or to a skilled nursing facility?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

If you could reduce length of stay from trauma floor to rehab, what specific resources do you need to help you complete this task?

Family education

Reduced case load

Transportation

Insurance education

Other _____

What is one resource you wish (hospital, insurance, community, gov't) provided to assist with transition from acute care to rehabilitation that does not exist?

[Open ended question]

What is the single biggest (social, financial, medical) barrier to getting rehab ready patients access to the highest level of acute rehabilitation? Please provide details.

[Open ended question]

What are the top 3 considerations when choosing/directing patients to a rehabilitation/post-acute facility. Rank 1-3: [We'll have to give multiple choices since trauma centers would have to choose Patient Choice/Insurance Network as one consideration.]

Specialized services for injury type

Quality outcomes of the facility

Expertise of providers and staff

Reputation for excellence

Previous experience with transfers
Search result in automated referral software (Careport, Navihealth, etc.)
Continuity of care within the health system
Family support (training & education, housing, counseling, etc.)
CARF Accreditation
Location
Timely bed availability
Ease of submitting the initial referral
Ease of overall referral process and requirements
Educational resources for trauma staff
Communication on patient progress/results
Patient choice/Insurance network
Other _____

What are the 3 top barriers/challenges to transferring patients to the preferred facility? Rank 1-3:

- ☐ Insurance network participation
- ☐ Insurance approving the level of care
- ☐ Insurance requiring use of first available bed at any facility
- ☐ Insurance, other limitations
- ☐ Ease of submitting the initial referral
- ☐ Ease of overall referral process and requirements
- ☐ Prioritizing continuity of care within the health system
- ☐ Timely bed availability
- ☐ Transportation
- ☐ Matching rehabilitation diagnosis needs
- ☐ Non-rehabilitation patient needs (dialysis, chemo, psych, etc.)
- ☐ Patient/Family decision – location
- ☐ Patient/Family decision – other
- ☐ Other _____

• What is the effectiveness of current “automated” referral systems in identifying appropriate rehabilitation options?

- ☐ Helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Unhelpful

• How can “automated” referral systems improve identifying appropriate rehabilitation options?

- ☐ More refined clinical criteria for searches
- ☐ Add quality/outcomes metrics to help evaluate facilities
- ☐ Additional facility descriptions to understand appropriateness
- ☐ More information on facility amenities
- ☐ More information on family and patient support services
- ☐ Nothing – all is good
- ☐ Other _____



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. Regional trauma status communication and plan	Develop a communication plan and process for diversion, challenges by region To include standardizing definitions in conjunction with GHA, DPH Stabilization of new system- Image trend	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
2. Image trend rollout statewide	Rolled out 7/1, once stabilized will build in communication platforms	
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y
3. Diversion work group	<p>Workgroup of the admin subcommittee to discuss system, regional and state diversion definition, and plans. This group will morph into the regional trauma status communication and plan team.</p> <p>The team met twice since our last meeting. Reviewing plans and definition from other states.</p> <p>Reviewed GA OEMST definition for diversion.</p> <p>Cataloged active definitions being used</p>	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
4. Finance workgroup	<p>Three main objectives:</p> <ul style="list-style-type: none"> Engagement and Education Understanding and Transparency of funds use within trauma centers Evaluation and Recommendation of trauma center funding distribution 	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None currently
Motions for Consideration at the Commission Meeting:	None currently
Committee Members:	Senior Leaders- each trauma center
Chair/Commission Liaison:	Michelle Wallace
Date of Next Committee Meeting:	October 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.



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

Name of Committee or Workgroup:	Trauma Medical Director Committee	
Project/Activity¹	Comments	
1.Revitalization of Committee	Barriers are recent leadership changes and prior disengagement. Obtained contact list for purposes of re-engagement. See project 2 for initial strategies.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
2. TMD survey	I am currently creating a survey to be sent to all TMD contacts with the goals of 1) encouraging/measuring engagement, 2) obtaining perceptions regarding both barriers to sending/receiving transferred trauma patients (to perhaps supplement our “Ditch to Door” initiative) as well as participation in/value added by TQIP/GQIP.	
Status: Formulating survey questions		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		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:	All interested TMDs in Georgia
Chair/Commission Liaison:	W. Matthew Vassy, MD FACS, Northeast Georgia Medical Center
Date of Next Committee Meeting:	TBD

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.



Trauma System Partner Report to the Georgia Trauma Care Network Commission

Name of Partner:	Georgia Trauma Foundation	
Project/Activity¹	Comments	
Coordination of Continuing Education Programs for Rural Providers	The CE Program calendar for Year One of the grant has been set, with 15 courses scheduled from August '23 – March '24. The courses consist of three for RTTDC and six for each TNCC and ENPC. An education coordinator has been hired to oversee the day-to-day administrative tasks associated with course facilitation. The coordinator will also help create a successful program model that can remain in place as a Foundation program beyond its initial grant funded period and be emulated in other states looking to support rural trauma education.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
Fundraising	The Foundation continues to work on its multi-year fundraising campaign with a goal of generating \$5,000,000 through major gifts, grants, corporate donations and special events.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	None
Commission Liaison:	John Bleacher
Date of Next Meeting:	September 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.

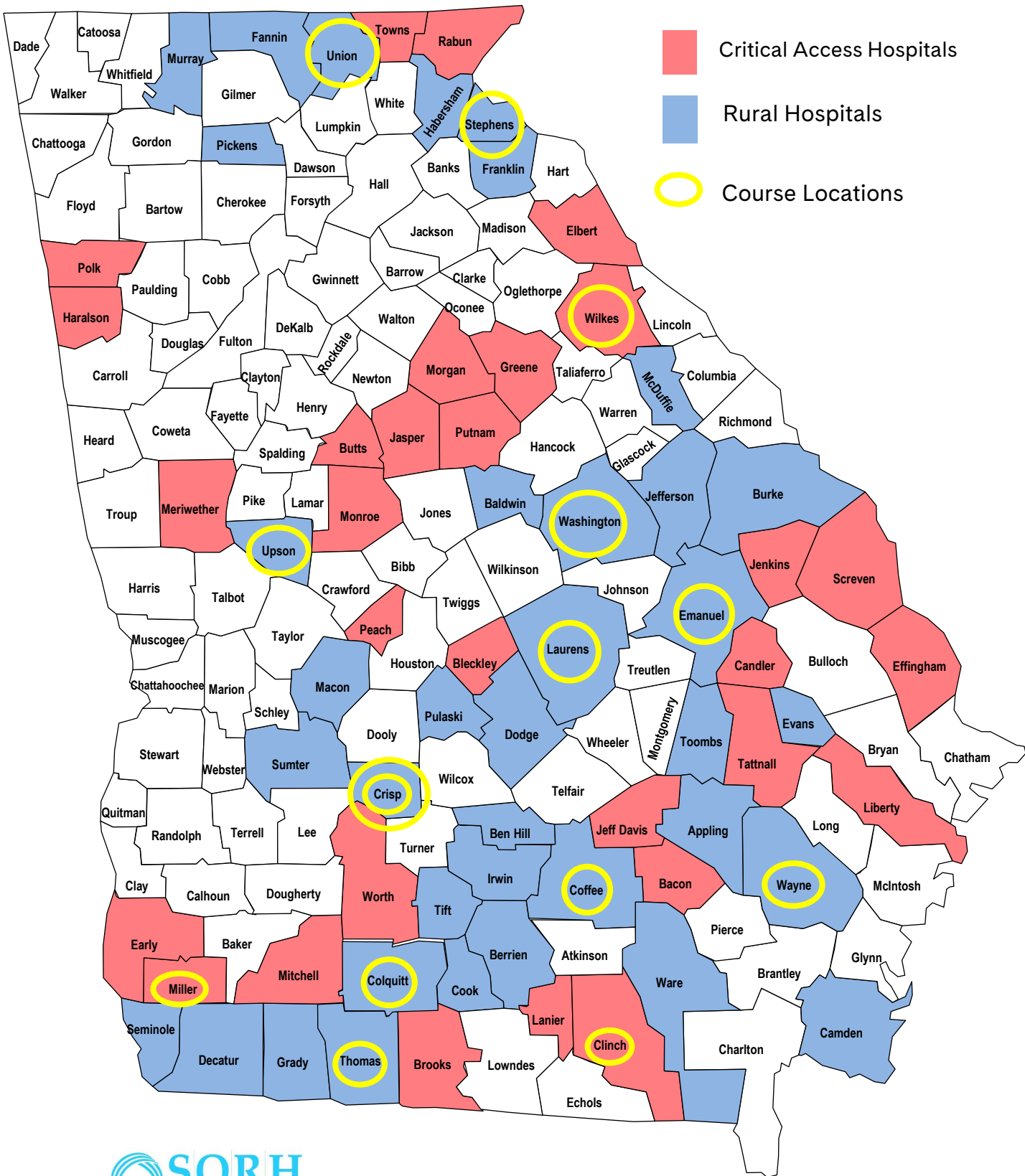


Rural Continuing Education Program Initiative
 Statewide Continuing Education Course Schedule
 August 2023 – March 2024

<i>Date</i>	<i>Course</i>	<i>County Location</i>	<i>Host Hospital/Organization</i>
August 24-25	TNCC	Thomas	Archbold Memorial
September 8	RTTDC	Upson	Upson Regional
September 22-23	TNCC	Wayne	Wayne Memorial
October 11-12	TNCC	Union	Union General
October 27-28	ENPC	Crisp	Crisp Regional
November 1-2	ENPC	Washington	Washington County RMC
December 6-7	ENPC	Clinch	Clinch Memorial
January 18-19	ENPC	Emanuel	Emanuel Medical
January 25-26	TNCC	Coffee	Coffee Regional
February 7	RTTDC	Wilkes	Wills Memorial
February 15-16	TNCC	Laurens	Fairview Park
February 22-23	TNCC	Colquitt	Colquitt Regional
March 7-8	ENPC	Stephens	Stephens County
March 15	RTTDC	Crisp	State Office of Rural Health
March 21-22	ENPC	Miller	Miller County Hospital

Rural Continuing Education Program Initiative

Statewide CE Course Location Map





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	Time to Care & VTE workgroups developing. Plan to kick off at August summer meeting. Challenges with enlisting volunteers for workgroups.	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
2. Benchmarking Platform & Data Central Site	Launch date for ArborMetrix pushed back again to 12/20/2023. Meeting requested with ArborMetrix leadership.	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
3. Peer Protection & Data Use Policies	Work with PSO attorney has started. Plan to submit application to AHRQ by end of 2023. Beginning to work through required policies.	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
4. GQIP Trauma Advisory Committee	Plan to meet in person prior to summer meeting.	
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:	Summer Meeting August 11, 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.

ArborMetrix/GQIP Updated Timeline 7.27.23

Item #	Milestone	Owner	Status	Dependency	Deadline
1	Confirm all final data questions from GQIP	Rose/Theresa	In progress		8/1/2023
2	Finish data mapping	Rose	In progress	2	8/15/23
3	Modify data model and load data to QA	Rose	In progress		8/22/23
4	Update measures and finish testing in QA	Steven	In progress	3	9/8/23
5	Build schema in UAT	Amanda	Not started		9/12/23
6	Load data into UAT	Rose	Not started	3	9/15/23
7	Update and promote reports to UAT	Eva	Not started	4	9/22/23
8	Promote UI to UAT	Eva	Not started	7	9/27/23
9	Internal UAT testing	AMx	Not started		10/13/23
10	GQIP testing	GQIP	Not started		11/3/23
11	UAT rework	AMx	Not started		11/27/23
12	GQIP Final Sign-off	GQIP	Not started		12/1/23
13	Move to Production	AMx	Not started		12/20/23

GQIP Resident Research Scholar Presentations & Publications FY23

Dr. Eli Mlaver

Presentations

1. "Practical Quality Improvement Basics," Seminar at Georgia Quality Improvement Project Winter Meeting, March 2023.
2. "Admission GCS Impacts Course and Disposition of Severe Traumatic Brain Injury Patients." Mlaver E*, Codner J, Solomon G, Benjamin ER, Todd SR. Oral presentation. Academic Surgical Congress. Houston, Texas. 2023.
3. "State of the Peach State: An Update on the Georgia Quality Improvement Project." Mlaver E*, Solomon G, Codner J, Atkins EV, Ashley DW, Todd SR, Sharma J. Poster. American College of Surgeons Quality and Safety Conference. Minneapolis, MN. 2023.
4. "Value of a Statewide Collaborative in Addressing Traumatic Brain Injury." Mlaver E*, Solomon G, Mizuki J, Todd SR, Sharma J, Benjamin E. Poster. American College of Surgeons Quality and Safety Conference. Minneapolis, MN. 2023.
5. "Variability in initial trauma resuscitation and acute kidney injury relevant practices within Georgia." Codner J, Mlaver E*, Solomon G, Todd SR, Johns T, Cormican M, Ayoung-Chee P, Kholer K, Jones A. Poster. Georgia Society of the American College of Surgeons Annual Meeting. St. Simons, Georgia. 2022.
6. "Focus on Isolated Head Injury Underscores Need for Protocolized Geriatric Traumatic Brain Injury Care." Mlaver E*, Codner J, Solomon G, Todd SR, Benjamin ER. Oral presentation. Southeastern Surgical Congress. Savannah, Georgia. 2023.

Publication:




"The Epidemiology of Isolated Head Injury Underscores the Need for Protocolized Geriatric Traumatic Brain Injury Care" Mlaver E, Codner J, Solomon G, Todd SR, Benjamin E. May 2023. The American Surgeon. PMID: 37157111. DOI: 10.1177/00031348231175110

Georgia Office of EMS and Trauma Report to Trauma Commission – July 28, 2023

	Trauma Program
Significant Events (Previous or Upcoming):	<p>Previous:</p> <ul style="list-style-type: none"> • New Level III Trauma Center Designated by DPH June 2023 • 3 ACS initial verification visits for Level II Trauma Centers June 2023. ACS reports pending. • 1 ACS initial verification visit for Level III Trauma Center July 2023. ACS report pending. • State Trauma Program Coordinator position in hiring process. • Received finalized Georgia ACS Consult Review Summary. Reviewing and prioritizing areas for improvement. Working in collaboration with GTC to update our state trauma plan. • OEMST is meeting with burn centers to revise the FY2024 On-going Burn Center Performance Evaluation (OBCPE) form to align the report with burn designation performance measures. The FY2024 form will open in October 2023 <p>Upcoming:</p> <ul style="list-style-type: none"> • 5 Level III facilities pending ACS Consultative visits September – November 2023 • New Level II facility working toward designation currently with goal of early 2024 • 9 potential Level IV Recruitments in EMS regions 2, 3, 4, 7, 8, 9 • 2023 schema status - ESO received a new/updated 2023 XSD from Georgia OEMST/ImageTrend on 6/13/2023. The new file was necessary after the additional national registry changes. ESO estimates the 2023 SDL file will be ready for distribution to the V5 users in a minimum of 90-120 days from the 6/13 date. Afterwards, V5 users will install the 2023 SDL and download 2023 data to the Georgia Patient Registry. • 2024 schema status – the process for preparing the 2024 schema has begun. ESO will provide ImageTrend with the 2024 ITDX file. ESO estimates the development process through distribution to V5 users will take a minimum of 180 days to complete. Afterwards, V5 users will install the 2024 SDL and download 2024 data to the Georgia Patient Registry.
Successes for the Entity/Program/Region:	<ul style="list-style-type: none"> • The GCTE Registry Subcommittee and OEMST finalized the 2023 Georgia Trauma Data Dictionary. The Georgia Data Dictionary and the National Trauma Data Standard Dictionary represent the fields required by OEMST and GQIP. • The OEMST and GTC meeting to create a Trauma Data Dashboard to track and trend data from 2019 - to the present.
Challenges for the Entity/Program/Region:	<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. Data from the trauma records will not be received until July. • 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. • The Georgia Patient Registry received 2021 and 2022 imports from V5 registry centers except one facility. Record counts are being validated with each center before closing the datasets for these two years. • Data validity discrepancies were discovered in the 2021 and 2022 data due to mapping changes made by the software vendors. The mapping discrepancies have been corrected for the 2023 SDL file and 2023 data imports. • GQIP data export access is being provided to Dr. Danlin Luo to prepare the 2021 and 2022 trauma registry annual reports.

	<ul style="list-style-type: none"> • GQIP data exports will be used to upload the 2021 and 2022 registry data to Biospatial. • 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.
Other items of note not listed above:	<ul style="list-style-type: none"> • As a result of the ACS and PA recommendations, discussions have begun to develop a formal mentorship program. The initiative is a joint effort between GCTE, OEMST and GTC leadership to support trauma programs statewide. The mentorship will support all centers, focusing on the needs of level IV centers and new centers.
Name of Person Submitting Report:	<i>April Moss</i> Deputy Director, Systems of Care

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 data-bbox="456 1024 943 1388">  </div> <div data-bbox="963 1024 1450 1388">  </div> <div data-bbox="691 1402 1211 1793">  </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.



GEORGIA TRAUMA
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<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> <div data-bbox="370 380 664 772"> </div> <div data-bbox="683 380 1206 772"> </div>
<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 data-bbox="370 1035 683 1438"> <p>Gary Glemboski GA Tactical</p> </div> <div data-bbox="699 1035 997 1438"> <p>Paul Purcell CEO InfoQuest</p> </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>
<p>5. Radiological and Nuclear Emergency</p>	<p>04/2023 & 05/2023 – Several members of MAGMRC attended SRDRS online webinars presented by the Southern Regional Disaster Response System.</p>



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5. (Continued)



Southern Regional Disaster
Response System

HHS Region 4

6-PART
WEBINAR
SERIES

HEALTHCARE AND PUBLIC HEALTH PLANNING: RADIOLOGICAL & NUCLEAR EMERGENCY WEBINAR SERIES

Status: Complete

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

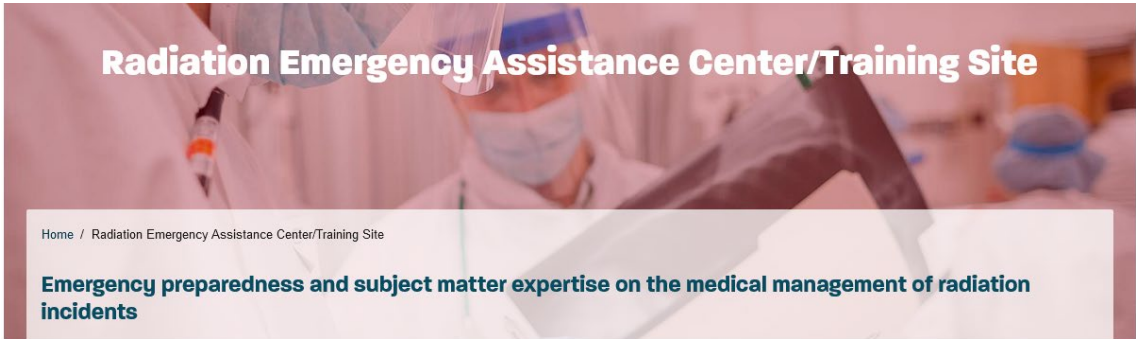
6. Drone Team
Training,
Grayson, GA

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. Fulton County Schools – Multiagency Active Shooter Exercise	06/2023 & 07/2023 – MAGMRC has been asked to participate in a multiagency exercise headed by the Fulton County Schools. Several planning meetings have occurred in which MAGMRC has been an integral participant. Efforts will culminate in a table-top exercise on September 6 th and a functional exercise on October 11 th . Participating agencies include Fulton County Schools (Safety & Security Department, FCS Police Department), Sandy Springs Fire & Rescue, Sandy Springs Police, American Medical Rescue, MAG MRC, AFCEMA, Dekalb County Fire & Rescue, Georgia Army National Guard.
<div> <div>Status: In Process</div> <div>Support GTC Strategic Priorities? (Y/N): Y</div> </div>	
8. 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> 
<div> <div>Status: Complete</div> <div>Support GTC Strategic Priorities? (Y/N): Y</div> </div>	
9. 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.
<div> <div>Status: Complete</div> <div>Support GTC Strategic Priorities? (Y/N): Y</div> </div>	
10. K-9 Team Training	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. A trainer with applicable K-9 disaster response experience has been identified and a 2-day training event is being planned for some time in 2023.
<div> <div>Status: Complete</div> <div>Support GTC Strategic Priorities? (Y/N): Y</div> </div>	
11. Statewide MRC Meetings	MAGMRC personnel participate in monthly statewide MRC conference calls with the GDPH.
<div> <div>Status: Complete</div> <div>Support GTC Strategic Priorities? (Y/N): Y</div> </div>	



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	2	RTAC Chair	Jesse Gibson	RTAC Coordinator	Jackie Payne
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Date Submitted	April - June 2023
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Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	<p>STB Application Kits Three organizations applied for STB kits—completed education and kit distribution for two organizations.</p> <p>School Bus Drivers Two counties still need to complete STB education.</p> <ul style="list-style-type: none">• Hart- waiting for a response from the superintendent.• Franklin- no progress. Will continue efforts to complete education. <p>Organizations Completed STB education for NGMC's Directors and Manager meeting - 45 participants. Banks County EMS completed STB education for their community members – 17 participants.</p> <p>Assisted with Virtual STB Blitz on May 25th for National Stop the Bleed Day.</p>
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes
2. Education	<p>Annual Northeast Georgia Trauma Symposium Registration is open.</p> <p>RTTDC Completed RTTDC at Northeast Georgia Medical Center Braselton on May 8th – 16 participants.</p> <p>PHTLS Completed grant-funded PHTLS on May 30-31st – 11 participants.</p>
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	<p>Pre-hospital Ultrasound Project Education continues.</p> <p>Pre-hospital Open Fracture Guideline</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. O.C.G.A and Strategic Plan can be found <https://trauma.georgia.gov/about-us>



GEORGIA TRAUMA COMMISSION

The guideline was adopted in Jan of 2023. 8 out of 13 EMS agencies have implemented this guideline. 5 EMS agencies are pending medical director approval and/or education rollout.

Status: On-going

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

4. Injury Prevention Activities

Firearm Safety

Distributed Georgia Stay Safe materials and gunlocks to local gun stores to support Georgia Stay Safe Week.

Fall Prevention

Bingocize continues in the community in partnership with Legacy Link and Senior Centers.

Distracted Driving

We partner with Safe Kids to provide monthly distracted driving education for parents.

Status: On-going

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

RTAC Successes	Community STB, pre-hospital education, and regional open fracture guidelines.
RTAC Barriers	We continue to have challenges completing school bus driver's STB training for Hart and Franklin.
Date of last BIS Assessment	Unknown, requires update
Date of last Trauma Plan	Unknown, requires update
Date of last region meeting	April 21 st , 2023
Date of next region meeting	July 21 st , 2023

Regional Summary

Region 2 has completed STB education for all schools and 85 % of school bus drivers. The superintendents of the remaining counties have yet to be responsive to the formal letters and follow-up emails. Region 2 will continue its efforts with the remaining counties.

Regional STB education continues in the community for schools and organizations. Region 2 has provided STB education for two of the three organizations that applied for STB kits, NGMC Director and Managers meeting, and assisted with the virtual STB blitz to support National Stop the Bleed Day.

Region 2 has completed several education events this past quarter; RTTDC at Northeast Georgia Medical Center Braselton and PHTLS for Region 2. Registration is open for the Northeast Trauma Symposium.

Region 2 community injury prevention continues. Distributed Georgia Stay Safe material and gunlocks to local gun stores to support Georgia Stay Safe Week. Bingocize continues in the community in partnership with Legacy Link and Senior Centers. Region 2 also partners with Safe Kids to provide distracted driving education to parents during car seat classes.

The region 2 RTAC board determined a paid coordinator should be hired, rather than continue with support directly from NGMC Trauma Services resources. The position was posted and interviews are underway.

Regional Advisory Trauma Committee Quarterly Report

EMS Region	III	RTAC Chair	Dr. Liz Benjamin	RTAC Coordinator	Danielle Johnson
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Date Submitted	7/30/2023
Quarter	4 – FY23

Current Quarter Project/Activity	Comments
R3 Trauma Plan Update	<p>Prior version of trauma plan found to be outdated with minimal movement from previously created subcommittee.</p> <ul style="list-style-type: none"> Coordinated with R3 Chair and EMS Director Encouraged subcommittee and member engagement Revisions and updated draft presented at quarterly meeting (3/2/23) Final draft created to present to EMS Council for review and approval Plan approval on agenda at R3 EMS Council (May 11th meeting) – Requested information from OEMST remained pending. To be added and reviewed at next quarterly meeting on August 10th
Status: On-going	Support GTC Strategic Priorities?¹ (Y/N): Yes
Stop The Bleed	<p>Ongoing coordinating and providing of STB information, classes and supplies</p> <ul style="list-style-type: none"> Emory School of Medicine – STB Training Planning for Clayton County School District Sister’s Self-Protection Seminar (Atlanta Black Chamber Event with collaboration from their Veteran Entrepreneurs and Women’s League) – Overview of STB provided, hosted vendor booth, and promoted upcoming trainings scheduled for National African American Gun Association Conference (NAAGA) Lovejoy Police Department – Application Grant approved, Agreement contract completed and kits supplied <p>Continued conversations with region partners regarding schools systems still pending STB training and kit distribution</p> <ul style="list-style-type: none"> Clayton County – Working with Phong Nguyen (CC Deputy Director of Emergency Management) to complete trainings and assist with kit distributions DeKalb County – No update <p>Continued conversations with STB Coordinator</p> <ul style="list-style-type: none"> Supply request completed for region Multiple requests for updates regarding Application Program #2 (May) and remains pending <p>Ongoing promotion of current & upcoming Bleeding Control Kit Application Periods</p>
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

Education	<ul style="list-style-type: none"> • Trauma Grand Rounds – Grady – “How Healthcare Professionals Drive Social Change” – 4/4/2023 • Trauma Grand Rounds – Kennestone – “All Eyes On Trauma: Management of Ocular Injuries” – 5/12/2023 • Trauma Symposium – Wellstar Trauma Network – 4/25/23 <ul style="list-style-type: none"> ➤ (CE approved for EMS, Trauma Registrars, Nurses, RT, PT, OT, Advanced Practice Providers, Physicians) • Metro Atlanta EMS Conference – Multiple Region 3 Agencies – 26-28th <ul style="list-style-type: none"> ➤ Planning committee includes members from Cobb Fire, Clayton Fire, CHOA, Douglas Fire, Grady, Gwinnett Fire, MAAS, Marietta Fire, Northside Gwinnett, Smyrna Fire, Wellstar ➤ CE approved for EMS and Nurses • Trauma Symposium – Grady – 5/18/2023 • Hospital Surge Readiness Event – Piedmont Henry – 5/31/2023 – Collaboration with Region 4 and 5
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Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
PI	<p>Re-vamp of PI/EMS Sub-committee within RTAC</p> <ul style="list-style-type: none"> • Zach Botkin, Clayton Co. Fire & EMS – Deputy Chief Medical Officer volunteered to chair the sub-committee • Initial meeting held on June 13th for all interested volunteers <ul style="list-style-type: none"> - Potential projects include agency/facility immobilization protocols for information sharing around region, review of Geriatric TBI, EMS Scene Times, and Ditch to Door Definitive Care reviews. - Secondary meeting held with Subcommittee Chair, RTAC Coordinator and GQIP Director to discuss gathering of regional data - Followup subcommittee meeting to be scheduled for next steps 	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	<p>Multiple Educational Offerings provided with CE for pre-hospital and trauma personnel around the region</p> <p>First in-person quarterly meeting offered since 2019.</p> <p>Multiple partnerships with other RTAC Coordinators</p>
RTAC Barriers	<p>Minimal engagement/interaction from members noted during quarterly meetings. Cameras have now been requested to remain on for virtual attendees. Discussion for need of interactive polling. Requests to agencies/facilities have been sent to request case reviews or PI presentation.</p> <p>Need clear understanding of STB Coordinator Role/Expectations vs. RTAC Coordinator Role/Expectations for regional needs/requests.</p>
Date of last BIS Assessment	1/2016 – Education on this would be appreciated.
Date of last Trauma Plan	Updated draft finalized and pending EMS Council Approval

Date of last region meeting	May 4th 12:30-2:30p (In-Person at Clayton Co Training Facility & Virtual via Teams)
Date of next region meeting	August 23rd 3:00-4:00p (Virtual via Teams)

Regional Summary

- RTAC website launched – ongoing promotion to regional agencies/facilities of new site. Continued requests from the region to provide information to be shared.
- Multiple educational opportunities provided by trauma centers and EMS agencies
- FY24 Region 3 Quarterly Meeting Dates
 - August 23rd
 - November 30th
 - February 22nd
 - May 23rd



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	07-31-23
Quarter	4

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	Multiple STB courses completed including large trainer course (15 new instructors)
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes
2. Education	Trauma Surge (pre hospital and all trauma centers participated) Rural Trauma course (September) Trauma Skills lab (august)
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	Needs assessment requested at re-launch of region 4 RTAC
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	Needs assessment requested at re-launch of region 4 RTAC
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	Successful first meeting in several years of region 4 RTAC Discussions around need assessments for all initiatives. Establishment of leadership councilis.
RTAC Barriers	Participation. Focus will be to rekindle the participation in efforts to improve the trauma care to the comunity served in region 4.
Date of last BIS Assessment	NA
Date of last Trauma Plan	NA
Date of last region meeting	7/13/23
Date of next region meeting	10-10-23

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Regional Summary

We are excited to have successfully implemented the Region 4 RTAC. It has been a great first couple of months of making contacts and beginning to build the committee's framework. We have filled all the administrative positions and have excellent participation from all the trauma centers in the region.

We held the first RTAC meeting in several years on July 13th and began to get the fire started to improve trauma care and prevention in region 4.

We are excited about several education offerings that have taken place and more to come.

- *Surge readiness*
- *STB course and Instructor course*
- *RTTDC – Piedmont Henry September 14th and West Georgia – date TBA*
- *GEMSA trauma training day – August 25th*
- *MCI with Region 5 – October 11th*

We look forward to the upcoming months as the system continues to grow.



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	07/28/23
Quarter	FY 2023; Q4

Current Quarter Project/Activity ¹	Comments
1. STOP THE BLEED®	<p>3/31/23 – STOP THE BLEED® Traditional Course – Georgia State Patrol – 38 Participants</p> <p>5/2/23 – STOP THE BLEED® Traditional Course – GSP/Gov Drug Task Force – 10 Participants</p> <p>5/3/23 – NAAGA STOP THE BLEED® Planning Session</p> <p>5/9/23 – STOP THE BLEED® Traditional Course – Forsyth Police Department – 10 Participants</p> <p>5/16/23 – STOP THE BLEED® Traditional Course – Forsyth Police Department – 10 Participants</p> <p>5/25/23 – STOP THE BLEED® Lecture Only - Virtual Course - 4 Sessions – 122 Participants</p> <p>5/31/23 – STOP THE BLEED® Traditional Course – Piedmont Henry – 25 Participants</p> <p>5/31/23 – STOP THE BLEED® Instructor Orientation – Piedmont Henry – 25 Participants</p> <p>5/31/23 – STOP THE BLEED® Traditional Course – Macon-Bibb SROs – 25 Participants</p> <p>6/3/23 – STOP THE BLEED® Lunch and Learn – Macon-Bibb Fire Department – 16 Participants</p> <p>6/12/23 – STOP THE BLEED® GTC/ACS Discussion</p> <p>6/22/23 – STOP THE BLEED® Traditional Course – Magnolia Manor, Macon – 25 Participants</p> <p>6/23/23 – STOP THE BLEED® Traditional Course – Motor Carrier Compliance Div – 18 Participants</p>
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	<p>4/1/23 – CGTC Mass Casualty Training – Warner Robins – 400 EMS, Fire, LE, Students etc</p> <p>4/1/23 – MCI Multiverse Virtual FTX – Hybrid, CGTC, Multiple Participating Partners</p> <p>4/3/23 – SORH Education Grant Coordination Meeting</p> <p>4/3/23 – RTAC Website Training</p> <p>4/3/23 – CGTC MCI Multiverse Planning Session – CGTC, Macon</p> <p>4/7/23 – GTC/GEMSA Trauma Skills Lab - Dodge Co. Public Safety Training Center – 121 Participants</p> <p>4/11/23 – EMAG MCI Multiverse Planning Session – EMAG, Savannah</p> <p>4/12/23 - 4/13/23 - GA EMAG Summit MCI Multiverse Presentation - 120 Participants</p> <p>4/27/23 - Prevent Trauma: Child Abuse Prevention Month Webinar - 44 Participants</p> <p>5/10/23 – Piedmont Macon MCI Multiverse Exercise – Hybrid, 3 Physical Sites , Multiple Partners</p> <p>5/24/23 – GA EMSC Conference Peds Champ Preconference Presentation</p> <p>5/31/23 – Hospital Surge Readiness – Piedmont Henry – 25 Participants</p> <p>6/2/23-6/3/23 – TECC – Macon-Bibb Fire Department – 16 Participants</p> <p>6/2/23 – Regional Trauma System Lunch and Learn – Macon-Bibb Fire Department – 13Participants</p> <p>6/6/23 – Piedmont Macon MCI Multiverse Exercise – Hybrid, Multiple Partners</p> <p>6/13/23 – Monroe MCI/Active Shooter Exercise Planning – Forsyth – Multiple Partners</p> <p>6/22/23 – Regional Trauma PI and Education Meeting</p> <p>On-going - Eleven RTAC-sponsored The Q-Word Podcasts have been published – 24,657 downloads to date. Several RTAC webinars posted to the GA TRAIN System with OEMST assistance.</p>
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

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GEORGIA TRAUMA COMMISSION

3. Performance Improvement Projects	<p>PI focus areas for 2022-23 - Management of trauma cardiac arrest (TCA), trauma surge readiness, and time to definitive care.</p> <p>General System Improvement - 6/22/23 – Regional Trauma PI and Education Meeting</p> <p>Management of trauma cardiac arrest (TCA), Peri-arrest - 6/2/23 – Regional Trauma System Lunch and Learn – 13 Participants</p> <p>Pediatric Readiness – 4/27/23 - Prevent Trauma: Child Abuse Prevention Month Webinar - 44 Participants 5/24/23 – GA EMSC Conference Peds Champ Preconference Presentation</p> <p>Surge Readiness – 4/1/23 – CGTC Mass Casualty Training – Warner Robins – 400 EMS, Fire, LE, Students etc 4/1/23 – MCI Multiverse Virtual FTX – Hybrid, CGTC, Multiple Participating Partners 4/3/23 – CGTC MCI Multiverse Planning Session – CGTC, Macon 4/11/23 – EMAG MCI Multiverse Planning Session – EMAG, Savannah 4/12/23 - 4/13/23 - GA EMAG Summit MCI Multiverse Presentation - 120 Participants 5/10/23 – Piedmont Macon MCI Multiverse Exercise – Hybrid, 3 Physical Sites , Multiple Partners 5/31/23 – Hospital Surge Readiness – Piedmont Henry – 25 Participants 6/2/23-6/3/23 – TECC – Macon-Bibb Fire Department – 16 Participants 6/6/23 – Piedmont Macon MCI Multiverse Exercise – Hybrid, Multiple Partners 6/13/23 – Monroe MCI/Active Shooter Exercise Planning – Forsyth – Multiple Partners</p> <p>Time to Definitive Care – 6/2/23 – Regional Trauma System Lunch and Learn – 13 Participants</p> <p>On-going - R5 RTAC PI continues to drive regional education and outreach initiatives. A regional needs assessment is underway and focuses on the management of TCA, trauma surge readiness, and time to definitive care.</p>
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	<p>4/26/23 – Region 5 RTAC PI and Outreach Subcommittee Meeting 4/27/23 – Prevent Trauma: Child Abuse Prevention Month Webinar 6/18/23 – 6/24/23 – Georgia Stay SAFE Week Activities and Social Media Campaign 6/27/23 – GCTE Injury Prevention and Outreach Subcommittee</p> <p>Completed – Nine Central Georgia facilities and four metro Atlanta Area facilities completed a multiregional, multicenter Bingocize cohort led by Sharon Grason (R3) and R5RTAC IP Subcommittee Member Nicole Gaither. More than 200 participants in each session</p>
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	Our MCI Multiverse offerings continue to be well received. We have been asked expand the Multiverse resources by a number of regional, state, and national partners.
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	7/21/2023
Date of next region meeting	TBD

Regional Summary

The Region 5 RTAC continues to be strong, active, and innovative. We remain committed to sharing resources, talent, expertise, and success.



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	07/20/2023
Quarter	4th

Current Quarter Project/Activity ¹	Comments
Stop the Bleed/Active Intruder Drills	Public Stop the Bleed Training. Columbia and Richmond County during "Saturday Market" 05/20/2023, 05/27/2023,06/03/2023,06/24/2023. Augusta Christian 05/08/2023,
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
Performance Improvement Projects	The level 1 and level 2 trauma centers still continue to work on time to definitive care along with review of shared patient cases to improve patient outcomes and provide opportunities for education. With identified areas for improvement, local EMS agencies align with the new 911 EMS responder in Richmond county will now be a part of the patient case reviews. We will continue to invite all parties to the RTAC meetings to continue the increased education around improving issues that are identified in transport and communication from the facilities.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
Education	The first March Paws pilot class was held and after completion of 3 class, there will be the opportunity to open this class up. The intent of the 3 pilot classes is to identify possible gaps in the curriculum. Region 6 has had at least of 1 GEMSA sponsored class in the region. Will continue to identify needs to schedule more classes across the region. Increase communication and notification of upcoming opportunities outside of GEMSA with utilization of website and Facebook page.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
Injury Prevention	Region 6 is still focusing on continuing STB to the region. With the collaboration of the Trauma Centers and EMS, a heat map was developed with the occurrences of fall injuries within our counties. With this information there is now an effort to contact facilities identified within the heat map to offer Matter of Balance classes. Instructors have been identified and will support the education and class efforts. There is also a partnership with the Area Agency on Aging on fall prevention.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

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GEORGIA TRAUMA COMMISSION

RTAC Successes	The Region 6 RTAC continues to make great stride now that we have our established RTAC committee. Key players from both our local hospitals and trauma centers were identified, along with EMS agencies to serve. We have had continued support, participation and consistent meeting attendance by everyone. We also identified the need to increase our meeting time so we could have time to discuss and plan during our meeting time. The sub-committees are still gaining traction with their goals on processes to improve time to definitive care and injury and fall prevention across our 13 counties with focus on the rural areas.
RTAC Barriers	Currently we have no barriers within the RTAC. We have identified areas of improvement with communication and increased participation with educational opportunities within the region
Date of last BIS Assessment	2011
Date of last Trauma Plan	June 8, 2023 Final copy approved
Date of last region meeting	06/08/2023
Date of next region meeting	09/07/2023

Regional Summary

Region 6 still continues to do well. We have transitioned to a new RTAC meeting schedule that is not on the day of the EMS council day. This allows the group meet longer to address all needs and time for the sub-committees to present on Injury Prevention and Performance Improvement. This also allows us to meet in a different location to accommodate the group and all attendees.

We now also have 2 members that can report and help support the educational needs across the region. Jamarius Tate with Columbia County Fire and John Mabry with Emanuel County. These individuals will be vital in identify education needs and were best to field these classes. We are excited and hope to increase our class size and participation with these 2 individuals.

Region 6 has made an effort to communicate with other RTAC to help strengthen our committee. There are plans for Region 6 to collaborate with Region 5 in an MCI event that will include both Trauma centers, area hospitals and Strong Augusta.

The injury prevention chair has started an initiative to engage with the local school boards to help with new bill titled "Safe Schools Act". With this partnership we will be able to provide education and Stop the Bleed training for those schools in need. We are looking forward to this to further engage with our local school systems and area partnerships.



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	July 10, 2023
Quarter	4th Quarter FY 23

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	STB Training on-going. Trained several new STB Instructors. Trained multiple government agencies in Region 7.
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes
2. Education	<ul style="list-style-type: none">Conducted and Instructed two ITLS classes, with 42 students successfully passing the courses.Columbus Technical College EMS program completed AMLS Course with 5 students.Harris County EMS hosted an NREMT Refresher course in March and had 23 students complete the course.Macon County EMS has a grant-funded EMT course in progress, with 17 students attending.Talbot County EMS has a grant-funded EMT course in progress, with 12 students attending.Columbus Fire and EMS Academy completed their AEMT online course with a 100% pass rate on their psychomotor and cognitive exams. Total of 5 studentsTrinity EMS Academy just completed 2 EMT courses, with a total of 5 students successfully completing the course.Taylor County EMS has an EMT course in progress, with 15 students attending.Columbus Technical College has an EMT course in progress, with 17 students attending.Community Ambulance Service Training Program completed an AEMT course with 2 students successfully completing the program.EMS Care has completed several EMR programsColumbus Fire and EMS Academy has a paramedic program in progress, with 20 students attending.Columbus Technical College has a paramedic program in progress, with 5 students attending.
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	Continuously monitoring our time to definitive 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 registrars 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.
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

4. Injury Prevention Activities	<p>Fall Prevention:</p> <ul style="list-style-type: none">Fall injuries are still our number 1 in trauma-related patientsMuscogee - Matter of Balance & Tai Chi Classes for 2023 in partnership with Area Agency on Aging.We are handing out fall prevention pamphlets through our EMS agencies <p>Penetrating Injuries: continues to be our number 2 in trauma-related injuries.</p> <ul style="list-style-type: none">We are partnering up with Cure Violence Columbus. We are in the process of screening interrupters to go out in the heavy crime areas of our region to try and interrupt and prevent crimes from happening. <p>Safe Kids Columbus</p> <ul style="list-style-type: none">River Savvy Kids Event – Free Life Jackets for Kids, gave away 700 Life Jackets to kids of all ages. Thanks to Academy Sports for partnering with Safe Kids of Columbus.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

RTAC Successes	We are showing more support from all of our EMS agencies. We received a very good report from our ACS visit last month at Piedmont Columbus Regional. The ACS was highly impressed with the RTAC.
RTAC Barriers	Amount of Funds available to do more for the region.
Date of last BIS Assessment	March 2020
Date of last Trauma Plan	January 17, 2023
Date of last region meeting	April 25, 2023
Date of next region meeting	July 26, 2023

Regional Summary

Region 7 has made progress with Stop the Bleed in the hospitals, using our new STB trainer kits. 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.

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

Region 7 continues to receive a great deal of support from our partners, agencies, hospitals and our communities.

Thanks to the Georgia Trauma Commission, Region 7 is making a difference. We see the difference. We will continue making a difference in our Region 7 and in the lives that are at stake.



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	07/31/2023
Quarter	4

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	<p>STB Classes include:</p> <ol style="list-style-type: none">1. Albany State University2. DPH SW District 8-23. Dept. Fire and Rescue Grady County <p>Stop The Bleed training and coordination. Providing storage and coordinate delivery of teaching supplies and STB Kits as appropriate across Region 8. Participation in Suicide Prevention/Safety Outreach Project. Distribute/provide pertinent appropriate information to Law Enforcement and EMS personnel in Region 8 to address safety issues as indicated.</p>
Status: On-going	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	<ol style="list-style-type: none">1. Planning and information toward Trauma Center Designation Phoebe Putney Memorial Hospital Administration2. Planning along with Crisp Regional Trauma Surgery and Region 5 to provide education for upcoming guidelines. This education will be for hospital and EMS across Region 8.
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	<p>Region 8 RTAC Stirring Committee to obtain additional guidance for surveillance of compliance with guidelines and protocols. The goal was established needs assessment across Region 8 in order to improve patient care specifically falls. Classes will be provided for first responder participation in plan of care post discharge from hospitals in region 8.</p>
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	<p>May 16, 2023 Injury Prevention/Safety Outreach Meeting Partnering with Tift Regional Hospital and Fire and Safety to conduct classes for follow up post discharge from hospital for patients admitted for fall injuries. Post discharge protocols will include fall safety related home inspection conducted by trained individuals in order to reduce falls in the home.</p>
Status: On-going	
Support GTC Strategic Priorities? (Y/N): Yes	

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GEORGIA TRAUMA COMMISSION

RTAC Successes	<ol style="list-style-type: none">1. Safety outreach and injury prevention developed a 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 and identification across region 8 among stakeholders assessing top traumatic injury and death as falls. Plans developed to reduce the incidence of this type injury.3. Provide communication/education related STB and upcoming guideline changes for greater continuity of care across Region 8. <p>The Region 8 RTAC, initiated 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.</p>
RTAC Barriers	Time constraints and staffing demands/shortages continue to be significant barriers in regard to RTAC project execution.
Date of next region meeting	August 15, 2023

Regional Summary

Region 8 has made progress with Stop the Bleed in the school systems, colleges, transportation agencies, law enforcement and fire departments. The plan to resume training with the beginning of the school year in August of 2023. The very small number of school faculty members awaiting prior mentioned have completed their training. 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 the provision of community training. Safety Outreach group will meet again in September, 2023 for an update of training that will address fall injury and prevention. 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	07/31/2023
Quarter	4

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	Blackshear/Pierce Co – 05/18; Fire Departments McIntosh/Camden/Brantley Firearms Requalification – 05/31 & 6/1; Law Enforcement Brantley County Junior Police Academy, 06/15: Middle/High School Students Bryan County, 07/17; Schools
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes
2. Education	TECC, Bryan County - July 8-9
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	None at this time.
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	Bleeding Control Kit Grants; May 2023 Stop the Bleed Month/Day; May, 05/25 Georgia Stay SAFE; June Bleeding Control Kit Grants; July 2023
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	Had numerous organizations apply for Bleeding control kits May & June; Several STB Initiatives and new instructors across the region. Many school systems reached out for refresher classes as the schools started back to school training for staff in Q1.
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

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Date of last region meeting	07/27/2023
Date of next region meeting	October 26, 2023

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 committess 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.
- This quarter wasl the first for the RTAC Coordinator Andrew Altman, his first day was May 1.
- Educational Needs Assessment will be sent out
- Numerous applications received within the region for Bleeding Control Kits.



GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	10	RTAC Chair	Dr. Kurt Horst	RTAC Coordinator	Crystal Shelnutt
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Date Submitted	7/18/2023
Quarter	4 (April- June 2023)

Current Quarter Project/Activity ¹	Comments
1. Stop the Bleed	<p>April 20- DPH- Athens, GA: Attendees included medical and administrative staff</p> <p>May 25- - UGA Athens, GA: National Stop The Bleed Day included a STB training station for the 162 healthcare providers that attended the UGA conference.</p> <p>June 14- Georgia Association of School Nurses- Savannah, GA: Multiple Stop the Bleed offerings were provided at the conference.</p>
Status: Ongoing	
Support GTC Strategic Priorities?¹ (Y/N): Yes	
2. Education	<p>May 25- The Region 10 RTAC working with UGA Sports Medicine, hosted our first conference at the UGA Football Indoor Practice Facility. We had excellent attendance, with 162 providers, including Athletic Trainers, EMTs, AEMTs, Paramedics, Nurses, PAs, and physicians in attendance. Lectures included Emergency preparation in sports, assessment, and management of spinal, abdominal, vascular, orthopedic, and pediatric injuries, and managing exertional heat illness. There were also skill stations that included: helmet and shoulder pad removal, bleeding control, Stop The Bleed, and sudden cardiac arrest on the field.</p> <p>Piedmont Walton Trauma Grand Rounds- approved for CME, CE, and CEH (OEMS-T) provided free to attendees from many disciplines, including physicians, nurses, prehospital providers, pharmacists, respiratory therapists, etc. The May course covered prehospital interventions and had 41 participants. In June, the topic was Pediatrics with 45 participants.</p>
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	
Status: Ongoing	
Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	<p>The RTAC Injury Prevention Committee and Piedmont Athens Regional have partnered with Dr. Kyle of the Kyle Group, who is the author of the medical time-out program that will soon be required for Friday night football in Georgia High</p>

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GEORGIA TRAUMA COMMISSION

Schools. In addition to providing training to EMS services on the protocols, the IP committee is assisting with updating the available videos on sports injuries and the effective communication between athletic trainers, EMS, and the Emergency Departments. The committee met several times with Dr. Kyle in May and June and looks forward to completing the training in time for High School Sports in the Fall.

Piedmont Walton provided student athletic physicals to 241 high school athletes, including band and color guard students – in addition to the free health screening and physicals, we provided information on sudden cardiac arrest, heat stroke, and concussions.

Status: Ongoing

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

RTAC Successes

The UGA Sports Medicine Conference was an excellent event for the community and a win for the RTAC committee, which constantly struggles with our stakeholders' active engagement.

A huge Stop The Bleed success was achieved with our participation in the Georgia Association of School Nurses conference. A STB instructor course was taught to 15 school nurses and a booth was set up in the vendor hall where many of the 300 attendees stopped by to ask questions and brush up on their tourniquet and wound-packing skills. In addition to training and refreshing countless nurses, it was also a great promotion of GTC and its efforts with the Stop The Bleed program. Nurses had the opportunity to ask questions, connect with their local RTAC coordinator, and become advocates for furthering their STB programs and resources. Many challenges and solutions were navigated with quick conversations and sharing the numerous available resources.

The Region 10 RTAC has had a successful quarter, marked by impactful conferences, establishment of an active injury prevention committee, and dedicated efforts towards Fall planning. We are excited to continue building on this momentum, collaborating to improve the safety and well-being of our region.

RTAC Barriers

We will continue encouraging more participation with our EMS partners in the region by increasing our visibility and program offerings. But overwhelmingly, we made progress this quarter. No significant barriers to report.

Date of last BIS Assessment

October 31, 2016

Date of last Trauma Plan

December 18, 2018

Date of last region meeting

June 20, 2023

Date of next region meeting

September 19, 2023



Regional Summary

The Region 10 RTAC has had a productive and eventful quarter, making significant strides in many areas aimed at improving trauma care in our region. We have successfully hosted and participated in multiple conferences, fostering the exchange of ideas and knowledge among our community and stakeholders and improving the visibility of our RTAC.

Our Sports Medicine Conference served as a valuable platform for professionals from different fields to come together and share their expertise and experiences. Through engaging presentations, interactive skills labs, and dynamic discussions, we have improved our preparedness for sports-related injuries and fostered a beneficial understanding of each other's roles and capabilities.

One notable accomplishment of the Region 10 RTAC is establishing an active injury prevention committee. This dedicated team, including participants from many regional organizations, has been working diligently to identify regional training needs and plan for collaborative events. They have already made promising progress. Currently, the committee is focused on planning for Fall activities, taking advantage of the busy season in the Athens area to promote community engagement and safety.