

APPROVED
02.19.26

Georgia Committee for Trauma Excellence (GCTE)

October 30, 2025

2:00 PM – 4:00 PM

[Meeting Recording and Attachments Link](#)

Lynn Grant, Fairview Park Hospital

GCTE Chair

EXECUTIVE MEMBERS PRESENT	REPRESENTING
Lynn Grant, <i>Chair</i>	Fairview Park Hospital
Kyndra Holm, <i>Vice chair</i>	Wellstar MCG Children's Hospital of Georgia
Julie Freeman, <i>Education</i>	Wellstar Kennestone
Kellie Rowker, <i>Pediatric</i>	Children's Healthcare of Atlanta
Rayma Stephens/Ashley Bullington, <i>Performance Improvement</i>	Northside Gwinnett Hospital/Crisp Regional Hospital
Kelli Vaughn, <i>Registry</i>	John D. Archbold Memorial Hospital
Kristal Smith/Justin Keeton, <i>Injury Prevention</i>	Atrium Health Navicent/Piedmont Henry

ATTENDEES		
FIRST NAME	LAST NAME	ORGANIZATION
Cindy	Hoggard	AdventHealth Redmond
Nicole	Sundholm	AdventHealth Redmond
Katie	Hasty	Atrium Health Floyd
Melissa	Parris	Atrium Health Floyd
Dawn	Truett	Atrium Health Floyd
Anna Claire	Cesario	Atrium Health Navicent
Josephine	Fabico-Dulin	Atrium Health Navicent
Maria Francis	Johnson	Atrium Health Navicent
Patricia	Judd	Atrium Health Navicent
Brenna	McClure	Atrium Health Navicent
Kimberly	Najera	Atrium Health Navicent
Kristal	Smith	Atrium Health Navicent
Kristen	Phillips	Atrium Health Polk Medical Center

ATTENDEES		
Echo	Standley	Children's Healthcare of Atlanta
Alicia	Cochran	Children's Healthcare of Atlanta
Susanne	Edwards	Children's Healthcare of Atlanta
Karen	Hill	Children's Healthcare of Atlanta
Ashley	Bullington	Crisp Regional Hospital
Laura	Lunsford	Doctors Hospital
Francesca	Minehart	Effingham Hospital
Brooke J.	Marsh	Emanuel Medical Center
Gail	Thornton	Emanuel Medical Center
Lynn	Grant	Fairview Park Hospital
Danlin	Luo	GA DPH OEMST
Dipti	Patel	GA DPH OEMST
Marie	Probst	GA DPH OEMST
Stacey	Smith	GA DPH OEMST
Jessica	Astrella	Grady
Miranda	Baras	Grady
Michael	Bentley	Grady
Lawrence	Blair	Grady
Katheryn	Brown	Grady
Samantha	Buchanan	Grady
Andrea	Costanzo	Grady
Teri	Craig	Grady
Jennifer	Freeman	Grady
Rebecca	Gaskins	Grady
Sharona	Griffin	Grady
Krystal	Harper	Grady
Courtney	Lowry	Grady
Erin	Moorcones	Grady
Leigh	Pack	Grady
Angela	Sanabria	Grady
Stacey	Shiple	Grady
Maria	Silva	Grady
Roger	Smith	Grady

ATTENDEES		
Alan	So	Grady
Ashley	Steele	Grady
Ashley	Steele	Grady
Barbara	Thomas	Grady
Alana	Valadez	Grady
Pamela	Van Ness	Grady
Pamela	Vanderberg	Grady
Stephanie	Verna	Grady
Elizabeth	Williams-Woods	Grady
Amy	Jeune	Grady
Carey	Lamphier	Grady Hospital Burn Center
Steve	Elmgren	Grady/RTAC 3
Kim	Brown	Hamilton Medical Center
Lauren	Zavala	Hamilton Medical Center
Ashley	Woodard	HCA
Tommy	Langenfeld	HCA Memorial Savannah
Robert	Horton	HCA/Parallon
Jessica	Davis	John D. Archbold Memorial Hospital
Mary Beth	Goodwin	John D. Archbold Memorial Hospital
Kelli	Vaughn	John D. Archbold Memorial Hospital
Tammie	Russell	Liberty Regional
James	Burnsed	Memorial Health University Medical Center
Whitney	Williamson	Memorial Health University Medical Center
Caitlyn	Walsh	Memorial Satilla Health
Christie	Mathis	Morgan Medical Center
Janice	Labbe	Northeast Georgia Medical Center
Shawna	Baggett	Northeast Georgia Medical Center
Blanca	Blanca	Northeast Georgia Medical Center
Carol	Gerrin	Northeast Georgia Medical Center
Linda	Greene	Northeast Georgia Medical Center
Jessica	Mantooth	Northeast Georgia Medical Center
Mike	Strobel	Northeast Georgia Medical Center
Walter	Wiley	Northeast Georgia Medical Center

ATTENDEES		
Laura	Wolf	Northeast Georgia Medical Center
Stephanie	Franceschi	Northside Gwinnett Hospital
Tracy	Harris	Northside Gwinnett Hospital
Colleen	Horne	Northside Gwinnett Hospital
Nadirah	Burgess	Northside Hospital Gwinnett
Dana	Davis	Northside Hospital Gwinnett
Sarah	Holcombe	Northside Hospital Gwinnett
Kim	Smith	Northside Hospital Gwinnett
Rayma	Stephens	Northside Hospital Gwinnett
Justin	White	HCA/Parallon
Joy	Eleby	PI RN
Eva	Carignan	Piedmont Athens Hospital
Ana	Delgado	Piedmont Athens regional
Nicole	Hester	Piedmont Athens Regional
Heather	Morgan	Piedmont Athens Regional
Stephanie	Stribling	Piedmont Athens Regional
Shannon	Thomas	Piedmont Athens Regional
Brett	Buehner	Piedmont Augusta
Jonathan	Horsager	Piedmont Augusta
Karen	Barrett	Piedmont Cartersville
Jerry	McMillan	Piedmont Cartersville
Susan	Smith	Piedmont Cartersville
Kaleigh	Stallard	Piedmont Cartersville
Amy	Stephens	Piedmont Cartersville
Karneshiha	Curry	Piedmont Columbus Regional
Marilyn	Dunlap	Piedmont Columbus Regional
Mary	Jameson	Piedmont Columbus Regional
Tamara	Patterson	Piedmont Columbus Regional
Shalonda	Wright	Piedmont Columbus Regional
Natasha	Davis	Piedmont Healthcare
Marylynn	Sullivan	Piedmont Henry
Justin	Keeton	Piedmont Henry
Mark	Benak	Piedmont Henry

ATTENDEES		
Kimberly	Reusmann	Piedmont Walton
Lisa	Thomas	Piedmont Walton
Terri	White	Phoebe Putney Memorial Hospital
Sarah	Pedraza	Safe Kids Northeast Georgia
Emily	Brown	SGMC Health
Janann	Dunnavant	SGMC Health
Tetra	Jenkins	Washington County Regional Medical
Cynthia	Hanks	Wellstar Cobb
Shelby	Lemon	Wellstar Cobb
Cristina	Soto-Olvera	Wellstar Cobb
Lori	Adams	Wellstar Cobb
Kionna	Harvey	Wellstar Cobb
Tayler	Jaques	Wellstar Cobb
Adalynn	Rath	Wellstar Douglas
Erica	Walsh	Wellstar Douglas
Mary Alice	Aubrey	Wellstar Kennestone
Dana	Bouse	Wellstar Kennestone
Megan	Dawson	Wellstar Kennestone
Stephanie	Greenstein	Wellstar Kennestone
Danielle	Johnson	Wellstar Kennestone
Grace	Mills	Wellstar Kennestone
Julie	Mosher	Wellstar Kennestone
Jamie	Van Ness	Wellstar Kennestone
Anthony	Vizzinia	Wellstar Kennestone
Kelsie	Wanty	Wellstar Kennestone
Karen	Johnson	Wellstar Kennestone
Raqeal	Beard	Wellstar MCG
Michelle	Castel	Wellstar MCG
Ashley	Faircloth	Wellstar MCG
Adrian	Ruiz	Wellstar MCG
Patricia	Smith	Wellstar MCG
Shae	Taylor	Wellstar MCG
Dawn	Faircloth	Wellstar MCG/Childrens Hospital of Georgia

ATTENDEES		
Kyndra	Holm	Wellstar MCG/Childrens Hospital of Georgia
Rhonda	Jones	Wellstar North Fulton
Jason	Lanyon	Wellstar North Fulton
Andrea	McCarson	Wellstar Paulding
Kerry	Carter	Wellstar Paulding
Michelle	Jordan	Wellstar Paulding
Heather	Loftus	Wellstar Spalding
Vaughn	Tejedor	Wellstar Spalding
Cameron	Grimes-Ayres	Wellstar West Georgia Medical Center
Rachel	Hand	Wellstar West Georgia Medical Center
Melissa	Hungerford	Winn Army Community Hospital

TOPIC	DISCUSSION
Call to Order/Approval Mins Intro of New Members	<p>Lynn Grant, Committee Chair, called the meeting of the Georgia Committee for Trauma Excellence (GCTE), a committee of the Georgia Trauma Commission (GTC), to order at 2:00 pm.</p> <p>After quorum was established, Kyndra Holm, GCTE Vice-chair, requested a motion to approve the August 21, 2025, meeting minutes.</p> <p><u>MOTION GCTE 2025-10-01:</u> Motion to approve August 21, 2025, meeting minutes. MOTION: Kristal Smith SECOND: Rachel Hand DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <p>After minutes approval, Lynn asked if new committee members were present and welcomed them to the committee.</p>
Georgia Trauma Commission (GTC) Update	Commission updates included:

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	<ul style="list-style-type: none"> • The FY2025 GTC Annual Report is now published (ATTACHMENT A); printed copies will be available on Nov 20 Commission meeting; Committee members encouraged to review and promote their accomplishments. • Level I & II Readiness Costs Survey: Completed for Level I & II centers; strong participation; data shows cost figures related to the 2022 ACS Grey Book requirements; survey results to be shared before the legislative session. • Uncompensated Care Updates: Some contracted centers saw reduced uncompensated care funding. Payments continue to be based on validated uncompensated care data and efforts underway to improve predictability of readiness and funding projections. • ACS Level IV Standards: Expected release in February 2026 (delayed from last year); approval process moving slowly through ACS leadership; member feedback has influenced revisions. Liz emphasized the need for ACS to offer incentives or feedback for centers submitting trauma data, as current process lacks return value. The ACS is also exploring AI-assisted data abstraction to reduce manual entry and improve accuracy; focus remains on supporting, not replacing, registrars. • Eastern Association for the Surgery of Trauma (EAST) 2026 Conference is scheduled for Jan 20-23 at the Georgia World Congress Center, Atlanta; offers trauma-related CME and strong APP content.
<p>Georgia Quality Improvement Program Update</p>	<p>Gina Solomon provided the following updates:</p> <ul style="list-style-type: none"> • 2026 GQIP Data Dictionary: Finalized and posted on the GQIP Data Resource page: https://trauma.georgia.gov/gqip/gqip-data-resources • ArborMetrix /VTE Metrics: Testing for the VTE metrics build nearly complete, expected to go live mid-November 2025 after resolving previous technical issues. A cheat sheet/guide, developed by Sarah Parker, will accompany release; pediatric patient exclusion (age filter) feature to be added shortly after launch. • GQIP Scorecards: First-quarter scorecards distributed; second-quarter versions in progress, led by Sarah Parker. Centers are encouraged to provide feedback once received. • Collaboration with Michigan TQIP: The GQIP team visited Michigan (MTQIP) to observe data-sharing workflows via ArborMetrix. • Site Visits: Gina and Dr. Smith recently visited Polk, Floyd, and Henry trauma centers; ongoing visits planned to gather feedback and identify center-specific support needs. Centers are invited to request visits.

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	<ul style="list-style-type: none"> • Virtual ArborMetrix Training: Dr. Ayoung-Chee is conducting virtual sessions with centers to enhance platform use. Positive feedback received so far, Gina to share her contact info for scheduling. • TQIP Annual Conference: Scheduled to begin November 8, 2025; GQIP team will be attending.
<p>Regional Trauma Advisory Committee (RTAC) Updates</p>	<p>Crystal provided the following updates:</p> <ul style="list-style-type: none"> • RTAC Coordinator monthly meeting was held earlier in the week, where coordinators shared statewide highlights and regional progress updates. • Stop the Bleed Program: <ul style="list-style-type: none"> • Application period closed October 15, with record participation, one region receiving nearly 40 applications. • Coordinators are finalizing approvals and kit numbers; kit orders expected within 2 weeks, with distribution and training planned for late November-December. • A new Stop the Bleed map launching next year to identify program opportunities. • Regional highlights: <ul style="list-style-type: none"> • Region 10: Hosted first Classic City Educators and Providers Conference in September focused on instructor education and planning to make it annual. • Region 9: Developing pre-hospital blood projects under new coordinator Coy Tippins, aiming to create shared catchment areas for multi-county collaboration and rapid blood delivery systems. • Region 8: Received 39 Stop the Bleed applications; preparing for second coordinator meeting to establish subcommittees and executive board; developing UTV/ATV accident prevention training and ED pop-up skills lab informed by GQIP data. • Region 4: Coordinators Jay and Rachel completed Matter of Balance training; they are planning for the “Henry Night Out” and a four-county MCI exercise in November; four EMS agencies now using blood products, with multiple transfusions already completed. • Region 3: Welcomed new coordinator Steve Elmgren with the Grady Burn Program; they are focusing on mass casualty and geriatric fall training following regional needs assessment. • Region 2: Hosted 10th Annual Trauma Symposium with 600+ participants, strong vendor turnout, excellent content; one additional EMS service now live with blood product capability. • Region 1: Coordinator Scott Stephens is leading burn training initiatives across multiple sites, continuing Stop the Bleed efforts, and organizing a large-scale disaster drill.

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<p>Office of EMS & Trauma (OEMST) Update</p>	<p>Marie Probst provided the following updates:</p> <ul style="list-style-type: none"> • The 2024 Georgia Annual Trauma Registry Report is complete, approved by DPH Communications, and awaiting final PDF release for statewide distribution and posting. (ATTACHMENT B). Appreciation extended to Dr. Danlin Luo and the OEMST team for completing the report amid new template changes. • The FY2026 Q1 OTCPE form closes October 31st; 28 of 36 reports received, with 7 centers pending submission. Centers needing password or account resets should contact Marie directly before the deadline. • Downloads to ImageTrend Patient Registry Central Site: The data for January through June was received by all centers and knowing that that was the first download for the 2025 data, we anticipated some error messages. We have been working with ImageTrend, and an update was installed Tuesday to correct those errors. For your records in the central site to be updated, we will need a new download from you. The new download can wait until you're ready to send your December download, unless you already have your January through September records finished, you can go ahead and send those in. The next download is due December 3rd for the January through September records. • A significant error occurred with eleven centers, who were sending outdated AIS 2005 codes; all 2025 records must use AIS 2015 codes, and affected centers must contact ESO to update your system and download schema. If the system is using old AIS codes, it causes the NTDS algorithms to reject records and may also impact submissions to GQIP and TQIP. • Record reconciliation between DPH and GQIP data showed only a 230-record difference for 2024, reflecting strong data alignment and quality progress. • Centers are asked to report any EMS or hospital name changes for year-end registry updates; revised lists will be shared on Basecamp and via email. <p>Stacey Smith provided the following updates:</p> <ul style="list-style-type: none"> • Congratulations to Northside Gwinnett and Fairview Park for achieving ACS verification and state re-designation. • Thank you to all trauma centers for flexibility with the new OTCPE questions, particularly around the VTE measure. • GQIP and ArborMetrix will soon make relevant VTE data accessible, with rollout expected in November. Once live, OTCPE questions will shift to focus on centers' review and use of GQIP scorecards, likely as a yes/no confirmation of review and process improvement actions.

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	<ul style="list-style-type: none"> Q2 OTCPE is launching in January and will include lighter questions covering disaster drills and emergency preparedness, pediatric readiness, and TQIP data utilization. <p>April Moss announced that due to federal budget restrictions and suspended travel, the DPH/OEMS team will not attend the TQIP conference in Chicago this year. She requested that attendees share relevant updates or insights from the conference with the state team to help maintain awareness of national developments. Lynn Grant expressed regret at their absence and encouraged collaboration and note sharing among attendees to keep everyone informed.</p>
Georgia Trauma Foundation Update	<p>Lynn Grant provided the following updates on behalf of Cheryle Ward:</p> <ul style="list-style-type: none"> Ten new Georgia Trauma Foundation grants are available, each \$10,000, with details at https://georgiatraumafoundation.org/; application deadline is November 30th. All centers are encouraged to apply, noting prior grants have been highly beneficial.
Subcommittee Reports	<p>Education: Julie Freeman provided the following updates:</p> <ul style="list-style-type: none"> The subcommittee continues to partner with Georgia Trauma Foundation to offer rural courses. Subcommittee meetings provide updates on trauma courses, symposiums, and certification offerings. Feedback from the statewide education needs assessment emphasized demand for MCI tabletops, drills, and pre-hospital education, highlighting the subcommittee's importance. Regional RTAC coordinators and regional health coalitions will start attending subcommittee meetings to enhance resource sharing and low-cost education outreach. <p>Lynn Grant provided an overview of the education needs assessment:</p> <ul style="list-style-type: none"> Sent in September with 31 respondents across all trauma center levels (8 Level I, 9 Level II, 7 Level III, 5 Level IV, 2 non-designated). Top 3 requested courses: Optimal Course, Topic Course, Injury Prevention Course. Year 1 proposed education offerings and costs: <ul style="list-style-type: none"> Optimal Course: In-person, 75 participants, \$52,500 Topic Course: In-person, 40 participants, \$28,000 Injury Prevention Course: Virtual 2-day, 25 participants, \$10,607. Total initial budget request: \$91,187.50, later rounded to \$95,000 for simplicity. Year 2 proposed education offerings and costs: <ul style="list-style-type: none"> Rural Topic Course

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	<ul style="list-style-type: none"> • Trauma Registry Course (in-person, max 30 participants, ~\$16,000). • Flexibility maintained for course rotation and adjustments based on need <p>Liz Atkins emphasized the requested proposals were needed for consideration in the FY2027 budget, as the budget planning for the next fiscal is underway. She recommended removing fiscal years from the proposal to ensure flexibility.</p> <p><u>MOTION GCTE 2025-10-02:</u> Motion to approve Optimal Course, Topic Course, and Injury Prevention Course for Year 1, with a total \$95,000 budget. MOTION: Kelli Vaughn SECOND: Ashley Bullington DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <p><u>MOTION GCTE 2025-10-03:</u> Motion to approve Rural Topic Course and Trauma Registry Course for Year 2, with a total \$40,000 budget. MOTION: Ashley Bullington SECOND: Kellie Rowker DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <p>Pediatric: Kellie Rowker provided the following updates:</p> <ul style="list-style-type: none"> • Pediatric Transfer One-Page Reference (ATTACHMENT C): Completed as a spin-off from the pediatric transfer toolkit, mirroring the adult transfer one-pager. Document titled “Indications for Pediatric Trauma Patients Requiring Rapid Transfer to a Pediatric Trauma Center”. Awaiting final approval from the committee and the Commission. • Pediatric Resuscitation Quick Reference (ATTACHMENT D): Quick reference for assessment, stabilization, and transfer of pediatric trauma patients. Planned transformation into a tri-fold format for pre-hospital and ED providers, particularly for rural trauma centers. • EMS Safe Transport Project (ATTACHMENT E): Ongoing data collection on EMS transport and age-appropriate safety restraints. Educational resources (PowerPoint) prepared and proposed for use

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	<p>on GTCE or Trauma Commission templates. Collaboration planned with Region 5 and TMD group to avoid duplicative efforts. Integration into the Rural Trauma Course also planned.</p> <ul style="list-style-type: none"> • Pediatric Imaging Toolkit Revision: Original toolkit released spring 2019; revision underway after completing literature review. Updates include graphics refresh while maintaining core content; expected to be well-received. • Whole Blood Transfusion in Pediatric Trauma: Ongoing discussions among PED centers. CHOA participating in MATIC-2 study (massive transfusion in children). Key concerns: dosing, titer, availability; significant education will be required if recommendations are made. <p><u>MOTION GCTE 2025-10-04:</u> Motion to approve the Pediatric Trauma Patients Requiring Rapid Transfer to a Pediatric Trauma Center poster, Pediatric Resuscitation Quick Reference Guide, and EMS Safe Transport PowerPoint.</p> <p>MOTION: Rayma Stephens SECOND: Kyndra Holm DISCUSSION: None ACTION: The motion <u>PASSED</u> with no objections nor abstentions</p> <p>Liz Atkins noted minor formatting adjustments to make pediatric poster visually distinct from adult version while maintaining template compliance.</p> <p>Performance Improvement: Rayma Stephens provided updates:</p> <ul style="list-style-type: none"> • Last meeting was in August; participation was high and appreciated. • Working on a PI toolkit to help coordinators use PI tools and improve processes. Some documents still need to be shared via email. • Suzanne created a Teams page. Some facilities are experiencing access issues (cannot type or edit); believed to be a system issue. • Next PI-focused meeting scheduled for November after TQIP. <p>Registry: Kelli Vaughn provided the following updates:</p> <ul style="list-style-type: none"> • The advance and basic ICD-10 courses are complete. 114 Georgia trauma program staff attended, aiming to improve data accuracy for quality care.

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	<ul style="list-style-type: none"> • Registry software review complete: Five systems reviewed: Vendor A, Vendor B, Vendor C, Vendor D, Vendor E. The review team consisted of 35 members from the subcommittee (registrars, TPMs, PI nurses). Evaluation of each registry product included abstraction, report writing, and PI functionality. Feedback was compiled and analyzed, then refined into a weighted scoring scale (idea by Sarah Parker). Kelli advised none of the registries fully meet trauma center needs; all systems need improvement. Results of the weighted rankings of the top three software products were as follows:: <ul style="list-style-type: none"> • Maximum score: 95%. • Vendor E: 56%-highest score achieved • Vendor B: 48% • Vendor A: 25% <p>It was also shared there is an ESO & V7 collaboration, where the legacy trauma adapter will allow migration of V5/ESO data to V7. Also, TQIP 2027 mandate has registries working toward real-time data submission by Jan 1, 2027; none have fully achieved this yet. Sarah Parker shared the Grady team has contacted TQIP to express concerns; opportunity for discussion at upcoming TQIP conference.</p> <p>Injury Prevention and Outreach: Kristal Smith provided the following updates:</p> <ul style="list-style-type: none"> • Successful Back-to-School Stop the Bleed Blitz with 1,382 post-course submissions, 18 live sessions, 86 counties (84% rural), averaging 77 participants/session; next Blitzes scheduled for January and May with support from the Georgia Trauma Foundation and Healthcare Coalitions. • Strong fall prevention engagement through Matter of Balance and Bingocize programs; Trauma Commission released GTCE funding; previous facilitators grandfathered in pending renewal training; limited new facilitator slots prioritized for centers launching programs soon; goal to engage 12 centers statewide. • Virtual Matter of Balance course currently running and open for observation; centers encouraged to alternate between Bingocize and Matter of Balance based on community needs. • Traffic injury prevention efforts include the Lutzi program targeting high-risk areas and the Shattered Dreams program (newly funded by the Governor’s Office of Highway Safety) seeking trauma center partners; upcoming Stockbridge High School demonstration (Piedmont Henry) on Thursday at 10 AM. • Continued initiatives in firearm injury, suicide, and child abuse prevention, with strong participation in recent suicide prevention and mental health awareness activities.

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	<ul style="list-style-type: none"> Region 5 Ride Safe pediatric transport initiative highlighted by Kelly Rowker's data-driven leadership, identifying major gaps in EMS transport safety; approximately 350 EMS staff trained, with Emily's agency achieving 100% completion; significant statewide improvement in pediatric safe transport practices.
2026 Meeting Dates	Committee members review the 2026 meeting dates (ATTACHMENT F), using Mentimeter, votes were casted and proposed meeting dates were approved (ATTACHMENT G)
Vice-Chair Election	<p>Lynn Grant announced Kyndra Holm, would be resigning as Vice-chair. Kyndra Holm shared after 9 years as Pediatric Trauma Manager at Children's Hospital of Georgia, she will be moving to Maryland. She expressed gratitude for friendships and collaboration. Lynn and Committee thanked her for major contributions to the trauma system.</p> <p>Vice-chair election was held and Becky Gaskins elected new GCTE Vice-chair by majority vote (ATTACHMENT G). Lynn welcomed her and confirmed follow-up coordination.</p>
5.12-5.14 Transfer-Related Standards	<p>Lynn Grant introduced the standards review segment, focusing on three transfer-related standards (5.12–5.14, ATTACHMENT H), which are Type II deficiencies applicable to all adult and pediatric trauma center levels.</p> <ul style="list-style-type: none"> Standard 5.12: Transfer Protocols: All trauma centers must have clearly defined transfer protocols, including patient types, time frames, and predetermined referral centers; compliance measured via documented protocols. Standard 5.13: Decision to Transfer: Transfers must be based solely on patient need, independent of payer or health plan considerations; compliance verified during site visits. Standard 5.14: Transfer Communication: Direct provider-to-provider communication required for all transfers (may occur through transfer centers); documentation examples include call logs, emails, and summary reports. <p>Kelli Vaughn presented her center's approach to meeting these standards, sharing detailed materials and tools developed as part of a DMP project:</p> <ul style="list-style-type: none"> Implemented transfer condition criteria and process poster (includes QR code linking to statewide trauma center contacts and key facility info, ATTACHMENT I). Use a transfer form (ATTACHMENT J) capturing diagnosis, reason for transfer, receiving facility, accepting provider/time, and communication records; retained for compliance and PI review.

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	<ul style="list-style-type: none"> • Developed a comprehensive Excel-based Transfer Detail PI tracker (ATTACHMENT K), logging time intervals (arrival to order, lab turnaround, transfer call to departure) and reasons for transfer; used to set benchmarks and identify delays. • Collaborated with EMS, radiology, lab, respiratory, ED, and stroke coordinators to review transfer processes and improve efficiency. • Created a new transfer checklist (ATTACHMENT L), implemented two weeks prior, to streamline handoffs, ensure continuity among staff (nurses, secretaries, physicians), and reduce confusion; early feedback from staff has been very positive. • Developing a facility resource list identifying where to send specific case types (cardiac, stroke, burn, etc.) to support quick decision-making. <p>Lynn Grant and others praised the detailed, practical documentation and noted the value for ACS site visits, especially regarding justification for transfers and consistency among surgeons. Kyndra Holm added that the presented approach reflects ongoing progress, with plans to benchmark transfer times and continue process refinement.</p> <p>Group Discussion: Participants agreed the shared tools and documentation are excellent models for compliance and quality improvement; several indicated plans to adapt similar processes.</p>
Adjournment	<p>Before adjournment, Lynn expressed gratitude and recognition of the efforts across the trauma programs. The next meeting is scheduled for February 19th.</p> <p><i>Lynn Grant adjourned the meeting at 3:45 pm</i></p>

Minutes Crafted by Gabriela Saye