



GEORGIA TRAUMA
COMMISSION

Georgia Trauma Commission
Videoconference Meeting
February 25, 2021
Agenda

11:00 am to 11:15 am (15 minutes)

Welcome, call to order & establish quorum
Approve GTC Meeting Minutes *
Chairman's Report

Dr. Dennis Ashley

11:15 am to 11:25 am (10 minutes)

Executive Director's Report

Elizabeth Atkins

Subcommittee & Workgroup Reports 11:25 am to 12:00 pm (35 minutes)

Bylaws Workgroup

Dr. Michelle Wallace

AFY 2021 Proposal & Budget Subcommittee Report*

Dr. Regina Medeiros

EMS Subcommittee Report

Courtney Terwilliger

Injury Prevention Subcommittee Report

Dr. John Bleacher

Trauma System Metrics & Data Workgroup Report

Dr. James Dunne

Rural Trauma Care Workgroup Report

Courtney Terwilliger

Level III/Level IV Trauma Center Workgroup

Elizabeth Atkins
Gina Solomon

Trauma System Partner Reports 12:00 pm to 12:25 pm (25 minutes)

GCTE Subcommittee Report

Jesse Gibson

Georgia Trauma Foundation Update

Lori Mabry

GQIP update

Gina Solomon

Office of EMS and Trauma Update

David Newton
Renee Morgan

12:25 pm to 12:30 pm (5 minutes)

New Business
Motion to Adjourn*

Dr. Dennis Ashley



GEORGIA TRAUMA
COMMISSION

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**GEORGIA TRAUMA
COMMISSION**

GEORGIA TRAUMA COMMISSION

**Thursday, 19 November 2020 Georgia
Public Safety & Training Center Forsyth,
Georgia**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Mr. James E. Adkins Sr. Mr. Victor Drawdy (<i>conference call</i>) Dr. James J. Smith (<i>conference call</i>) Mr. Courtney Terwilliger Dr. Michelle Wallace	Dr. Robert Cowles

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins Billy Kunkle Katie Hamilton Erin Bolinger Renee Morgan David Newton Marie Probst (<i>conference call</i>) Lori Mabry Scott Lewis (<i>conference call</i>) Stephanie Jordan (<i>conference call</i>) Brian Dorriety (<i>conference call</i>) Stephanie Gendron (<i>conference call</i>) Lisa Smith (<i>conference call</i>) Sharon Nieb (<i>conference call</i>) Duane Montgomery (<i>conference call</i>) Gina Solomon Moe Schmind Kellie Rowker Robin Garza	GTC, Executive Director GTC, Deputy Director GTC, Business Operations Officer GTC, Office Coordinator OEMS/T OEMS/T OEMS/T Georgia Trauma Foundation RTAC I RTAC IV RTAC VII RTAC IX JMS/ BRCA Emory/IPRCE EMS Region I GQIP CHOA CHOA Grady Memorial Hospital

Call to Order: Dr. Ashley called the meeting to order at 12:10 PM with eight of nine members present for the meeting or in attendance via conference call.

Chairman's Report

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone to meeting and announced two newly appointment Commission members: James "Jim" Adkins Director of South Star EMS and Dr. Michelle Wallace Senior Vice President at Grady Memorial Hospital. Grady is Georgia's only dual verified ACS Level I Trauma and ABA Burn Center. The Commission looks forward to our future work together. Dr. Ashley also took a moment to acknowledge and thank Mr. Courtney Terwilliger a long-time Commission member and an ambassador for Rural Health especially here in Georgia on this day, the 19th of November, nationally recognized as Rural Health Day.

MOTION GTCNC 2020-11-01:

I make the motion to approve the August 6, 2020 meeting minutes as presented.

MOTION BY: Regina Medeiros

SECOND BY: James Dunne

VOTING: All members are in favor of the motion.

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

Executive Director Report

Presented by Ms. Elizabeth V. Atkins

Ms. Atkins reported on the recent combined GQIP/Ga COT/Trauma Medical Directors call on Tuesday. Unfortunately, there is significant turnover in leadership across Georgia trauma centers. With new center leadership and new GQIP leadership, we are at a point where we can pause, reset, and redefine the path forward. Our data shows we have improved care across our trauma centers, and we have received national attention for our TQIP collaborative work. We have helped other states by being a model for our Quality Improvement initiatives. We can leverage those successes moving forward. Ms. Atkins is pleased to announce the GQIP director role has been filled. Ms. Gina Solomon will begin her new role as GQIP Director on December 1st. Ms. Solomon is well known to the trauma community and will be a great asset in helping us take GQIP to the next level. Ms. Solomon will work with Dr. Dente to conduct a formal survey from each collaborative member to elucidate needs across the centers. TQIP data has been extremely helpful in moving the needle on quality but we need the ability to perform our own risk adjustment, like the MTQIP model, to take GQIP to the next level. Having a risk adjusted platform would allow participation from level III and IV centers to address needs specific to their level that we are unable to do with TQIP data at this time. Dr. Ashley commented on the excitement and good work of the collaborative to date and of future work to come.

Ms. Atkins then directed the Commission members' attention to the bylaws. Every November, at what is known as the annual meeting, the Commission is tasked with reviewing, revising where appropriate and approving the bylaws. Dr. Ashley requests an ad hoc workgroup to work with Ms. Atkins to review and make any recommendations collectively and prior to the next meeting. Dr. Ashley requests we then review the ad hoc Bylaws subcommittees' recommendations at the February 2021 meeting. Michelle Wallace and Jim Adkins will assist Ms. Atkins with the Bylaw review.

Ms. Atkins recognized that today, November 19th is Rural Health Day, and we are grateful to have Ms. Nita Ham with the State Office of Rural Health (SORH) with us today. These key partnerships enhance our ability to improve care in the rural areas and are in alignment with the strategic initiatives of the Governor. Ms. Ham will provide an overview of SORH that spurred discussion of how we can further this partnership.

Ms. Atkins attended the recent GEMSA leadership course to provide an overview of the Georgia Trauma Commission. She was able to see firsthand the quality of this leadership course. Ms. Atkins will sit in on all future leadership courses that she can, as a lifelong learner herself, these courses are impactful and critical in leadership succession planning.

The Commission continues to work with the Geospatial Informatics Office (GIO) on developing a mapping-based visual of the impact of Commission funding on education, equipment grants, and other items such as trauma center distribution. This will be helpful for creating the story of the impact of our funding to the legislators when we present to them annually. We may also be able to house some of the maps on our website for ease of access.

The Commission office will begin its transition of our website from its current hosting services to Gov Hub. This transition aligns us with the same look and feel of other state agencies but most importantly, provides a level of protection from external threats that we cannot achieve through contracting externally.

As part of our ongoing partnership with Renee Morgan and Marie Probst from OEMST, we cohosted seven web-based sessions for trauma centers, both new and existing, on FY 2021 contracting, annual reporting and invoicing requirements. Topics covered in the web-based sessions included updates on annual reporting, key contracting deliverables with due dates and invoicing procedures. Feedback from the sessions was great and we will plan to do this annually as part of our commitment to ensure requirements are well understood.

Ms. Ham presented her Office of Rural Health presentation (**Attachment A**). After the presentation, challenges and gaps were discussed and Dr. Ashley asked the Commission to form a workgroup on how we can use our FY 2020 funding for rural health initiatives. Mr. Terwilliger, Dr. Medeiros, Ms. Atkins, Ms. Ham, and Dr. Bemiller will work together in support of optimizing funds expended for rural health strategies. Mr. Terwilliger suggests making education programs more accessible. Dr. Dunne suggests the data subcommittee can also use statewide data to resolve gaps in our rural health footprint. Ms. Atkins suggests that if we were able to move forward with ArborMetrix and they can drill down the gaps. Many rural level III and IV centers struggle to get data abstracted, it is just not a top priority particularly during a pandemic. There may be a way to provide center-hired or contracted data abstraction assets to assist in closing those gaps. We can't assess what is happening without data.

Dr. Melissa Bemiller presented a project she has been working on at the request of Mr. Terwilliger and Ms. Atkins (**Attachment B**). This project utilized mapping software to depict trauma center access across Georgia for the period of 2006 through current state as of, November 2020. This also showed the impact of adding a candidate center as well as impact of centers who may be leaving the system. Dr. Bemiller's presentation is specific to adult trauma centers only. Discussion about additional trauma centers and appropriate destination for injured patients followed Dr. Bemiller's presentation. Dr. Dunne asked if Phoebe Putney coming on as a trauma center is delayed due to COVID-19. Ms. Morgan confirmed this delay was due to COVID-19 but that things are moving forward again. Mr. Terwilliger suggests we work on transporting critical patients more efficiently and to the most appropriate level center based on injury. Critical trauma, STEMI, or stroke patients are the subject of debate across the state regarding transfer responsibility. We need more hospital-to-hospital transfer requirements defined. Some of the smaller community ambulance services take patients to the nearest hospital, but if that hospital is not equipped to handle that patient, it may not be what is best for the patient. EMS destination protocols are agency specific. Mr. Terwilliger described his agency's protocol is to take critical injuries immediately to Level I trauma center, and his agency determines this based on the location of the accident and proximity of the closest Level I trauma center. There are cases where the medic must have the clinical ability and critical thinking skills to make determinations on a case-by-case basis. A critical part of this is making sure we get the trauma education out to all rural areas. Each region should have local champions and someone in each region with a passion to care for the trauma patient. Dr. Ashley charges the new rural health group with learning more about transitioning the military program to the civilian population and the need to close the gaps in rural health care and education both geographically and educationally. Dr. Ashley would like a report on this at the February meeting.

10 MINUTE BREAK

System Planning Report

Presented by Billy Kunkle

Mr. Kunkle reports significant delays with the completion of the school response program and remaining school bus bleeding control kit distribution related to delays from the COVID-19 pandemic. Mr. Kunkle presented the Commission-funded and ACS approved Stop the Bleed Video. Currently, the American College of Surgeons (ACS) is working out the legalities on using this video as part of the Stop the Bleed course. Dr. Ashley thanked Mr. Kunkle for coordinating the video production. Dr. Ashley also mentioned that Georgia is looked to as a leader and the national collaboration with the American College of Surgeons.

Budget Subcommittee

Presented by Dr. Regina Medeiros

Dr. Medeiros reported the budget subcommittee has been meeting monthly and we have had some success in streamlining the tracking our real-time expenditures. This offers the ability to identify budget variances and course correct more readily in a timelier manner. In collaboration with Warren & Averett, we have incorporated new tracking tools further enhancing our efficiency. Dr. Medeiros believes this will assist us with budget forecasting as well as being prepared to reallocate unspent funds so we can

maximize our funds. Dr. Medeiros mentioned the allocation of AFY 2020 funds to expand trauma center funding to include a one-time funding injection for centers not currently contracting with the Commission. In addition, there was an allocation for start-up grant for Phoebe Putney as a candidate level II trauma center. The Commission staff used the existing EMS equipment grant application process to create an application process for the one-time funding grants & start-up grants to enable us to have some level of tracking for the funds. The budget subcommittee has reviewed & approved the one-time funding applications & the one trauma center start up grant application, these were included in your packets for your review. Dr. Medeiros asked if there were any questions from the full Commission on the grant applicants presented and pre-approved in the Budget Subcommittee at the October 2020 meeting. There were no questions. Dr. Ashley commented on the great work the budget subcommittee has done this year on the grant review and approval for the centers that are in areas of our state with well-recognized gaps in trauma care coverage. With no questions, the grants were presented to the full Commission for final approval.

MOTION GTCNC 2020-11-02:

I make the motion to approve the Phoebe Putney grant application for AFY 2020 trauma center start-up grant funding.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

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

MOTION GTCNC 2020-11-03:

I make the motion to approve the Children’s Hospital of Georgia, Cartersville Medical, Fairview Park Hospital and Polk Medical Center’s grant applications for AFY 2020 one-time trauma center funding.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

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

Dr. Ashley thanked Dr. Medeiros, Mr. Terwilliger, and Dr. Dunne for the work being done for the budget. This heavy lifting can be extended on a month-to-month basis and the work being done is greatly appreciated. Ms. Atkins and Dr. Medeiros will formulate a spending plan with other stakeholders for the \$350,000.00 we are tasked with spending on rural Southeast Georgia. We intend to bring a proposal forward at the next Commission meeting for full Committee review. There were no additional questions or comments.

Ms. Gibson provided a report to the Commission that is included in your packets (**Attachment C**). The GCTE met August 6th via teleconference. The next meeting of the GCTE will take place via teleconference tomorrow, November 20th. Despite the COVID-19 pandemic, there have been several initiatives we have been able to move forward with that are described in the report. I will highlight a few of those items for you. The Georgia data dictionary is nearing completion, this has been a monumental effort & we are grateful to those who have put so much time and effort into this. We thank John Pope for assuming leadership of the PI Subcommittee as Anastasia Hartigan transitions out of the Chair role. Anastasia has done an amazing job in this role; she and John have been a great team together running this subcommittee. The “PI Playbook” is in process and will be housed on the Georgia Trauma Foundation website once completed. The pediatric subcommittee is continuing their great work on the evidence-based pediatric radiology project. The injury prevention group has been primarily focused on alternative program delivery methods in the COVID-19 era. The education subcommittee is creating a report on education that has been provided. Many more details on each project can be found in your report. Ms. Gibson asked if there were any questions from the members. There were no questions or comments for the group. Dr. Ashley thanked Ms. Gibson for the work that GCTE does to keep the important initiatives moving forward.

EMS Subcommittee

Presented by Mr. Terwilliger

Mr. Terwilliger reported that the EMS Subcommittee has been continuing its work on educational programming. GEMSA hosted two conferences in 2020, the educators conference (virtual) and leadership conference. Mr. Terwilliger is pleased with GEMSA’s Educators conference given that it was their first virtual conference offering. It was well-received, well attended with about 500 attendees and featured two guest speakers with talks focused on trauma care. The subcommittee is working to extend access to the conference content to make the content widely accessible. We are partnering with Arbinger Institute and Mr. Terwilliger encouraged other members to look at their work. Approximately thirty facilitators were trained this year and our future goal will be to provide that same training across other disciplines. Our patients would benefit greatly by having our EMS, ER personnel and other healthcare workers in the same room together learning the same principles. Interdisciplinary communication is an ongoing challenge, but we can work together to improve relationships. Next year is the tenth anniversary of our leadership course, we would like to recognize this milestone with a celebration. Registration for next year's leadership courses will be published in January 2021.

The EMS subcommittee is planning two workgroup meetings in December. The first workgroup meeting, December 3rd, is focused on evaluating the need for an online learning management system. Pete Quinones, Director of Metro Atlanta EMS, is hosting and chairing this meeting; the goal is to begin to identify system capabilities & requirements and define potential partnerships. It would also be helpful to have a learning platform that can be used by all healthcare professionals across the continuum of care. David Newton, OEMST Director, will be in attendance and collectively we will develop a process and work on how we administer it. The second workgroup meeting, December 10th, will be a budget development workshop to focus on an FY 2022 spend plan. The next meeting of the full EMS

Subcommittee will be held January 21, 2021 at 11am at the Morgan Public Safety Complex in Madison, Georgia.

Injury Prevention Subcommittee

Presented by Elizabeth V. Atkins

The injury prevention subcommittee met October 13th with a primary focus on the Cardiff Violence Prevention model and feasibility of a statewide implementation. Dr. Wu, an Emergency Medicine Physician at Grady, provided the subcommittee with a background on the Cardiff model highlighting the joint effort of Law Enforcement, Hospitals, and Community partners. Dr. Wu would like the Georgia Trauma Commission’s support for a statewide implementation. The Cardiff Model significantly reduces violence-related hospital admission reductions resulting in cost-savings to both health and justice systems. Dr. Wu would like to evaluate trauma centers to gauge the readiness of implementing the Cardiff Model. Dr. Wallace is familiar with this program and it is currently looking for volunteers to implement and there is a toolkit. The implementation costs are nominal, but it is a great partnership and program.

Ms. Rana Bayakly provided the subcommittee with an update on the CDC FASTER-GA. Using surveillance data- Commission wrote a letter of support for this. Part of the grant requirement is to disseminate data to the local level and work with stakeholders and partners to implement strategies to reduce or prevent firearm-related injuries. Data collection are set to begin in January 2021. Once there are data available to share, they will use the Commission as a conduit for information dissemination which is our primary role in support of the project.

The next Injury Prevention subcommittee meeting will be held in January 2021. Ms. Atkins hopes to present findings from the injury patterns project our IPRCE student, Leila Ibrahim, has been working on at the January meeting.

Georgia Trauma Foundation

Presented by Lori Mabry

Ms. Mabry included the Georgia Trauma Foundations quarterly report (**Attachment D**). Ms. Mabry reported on the board member nominations in accordance with the GTF’s board expansion plan.

MOTION GTCNC 2020-11-05:

I make the motion to approve Dr. Ninfa Saunders as a recognized board member of the Georgia Trauma Foundation.

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.

Office of EMS & Trauma

Presented by David Newton & Renee Morgan

Mr. Newton and Ms. Morgan provided an update on Biospatial software platform, trauma center designation site visits and quarterly trauma & burn programmatic reports as follows:

Biospatial Software:

- Trauma Registry:
 - Trauma Registry data now present in Biospatial for Trauma Centers and DPH to review submitted data. See examples on the remaining pages.
 - Training for Trauma Centers provided on Friday, 11/13.
- EMS Data - From 2019 – 2020 – January – October (EMS Data – using Biospatial tool):
 - All 911 calls for MVCs (all severity of MVCs)
 - -10.4% from 2019 to 2020 (n = -7,744)
 - All 911 calls for Severe, Likely Fatal and Fatal MVCs
 - +7.6% from 2019 to 2020 (n = +112)

Mr. Terwilliger commented to Mr. Newton that it may be of value to compare GEMSIS data to Biospatial data.

Designations:

- Final preparation is being made for the redesignation of three facilities that will be completed by the end of 2020.
- Re-designation letters have been sent to eight facilities that will be completed by March 31, 2021.
- It is anticipated that two new level IV facilities will be designated by May of 2021 with the possibility of two others by the end of 2021.
- ACS Verification:
 - Several facilities had obtained ACS consults prior to the COVID issues and were awaiting ACS Verification. However, those ACS Verification visits have now been delayed, possibly until 2022.
 - Centers who are awaiting initial ACS Verification will require a State re-designation visit.
 - Re-verification dates given to facilities that are ACS Verified and will follow the ACS timeline.

Quarterly Reports:

- OTCPE and OBCPE have been placed on the OEMST License Management System (LMS).
 - Q1 OTCPE/OBCPE due by Friday, 11/13, with the final grace period allowed by GTCNC being Monday, 11/16.
 - As of 10/30/2020, most trauma centers have initiated the first quarter FY2021 online OTCPE form.
- Any issues with the online OTCPE or OBCPE or issues related to accessing LMS, please contact us at trauma@dph.ga.gov.

New Business

Presented by Dr. Dennis Ashley

Dr. Ashley had no new business at this time.

MOTION GTCNC 2020-11-03:

I make the motion to adjourn.

MOTION BY: Courtney Terwilliger

SECOND BY: James Dunne

VOTING: All members are in favor of the motion.

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

Meeting adjourned at 3:15 PM

Minutes Crafted By: Erin Bolinger & E. Atkins



GEORGIA TRAUMA
COMMISSION

Executive Director Report

Reappointment of Dr. John Bleacher
Super Speeder Revenue Collection Report
TCAA Annual Advocacy Institute & Virtual Lobby Day
HB 511



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

ORDERED: That the Honorable John Christopher Bleacher, M.D. of Fulton County, Georgia is appointed to serve as a member of the Georgia Trauma Care Network Commission, for a term of office expiring on January 6, 2024, to succeed the Honorable Robert S. Cowles III, M.D. who resigned on November 16, 2020.

This 21st day of December, 2020.

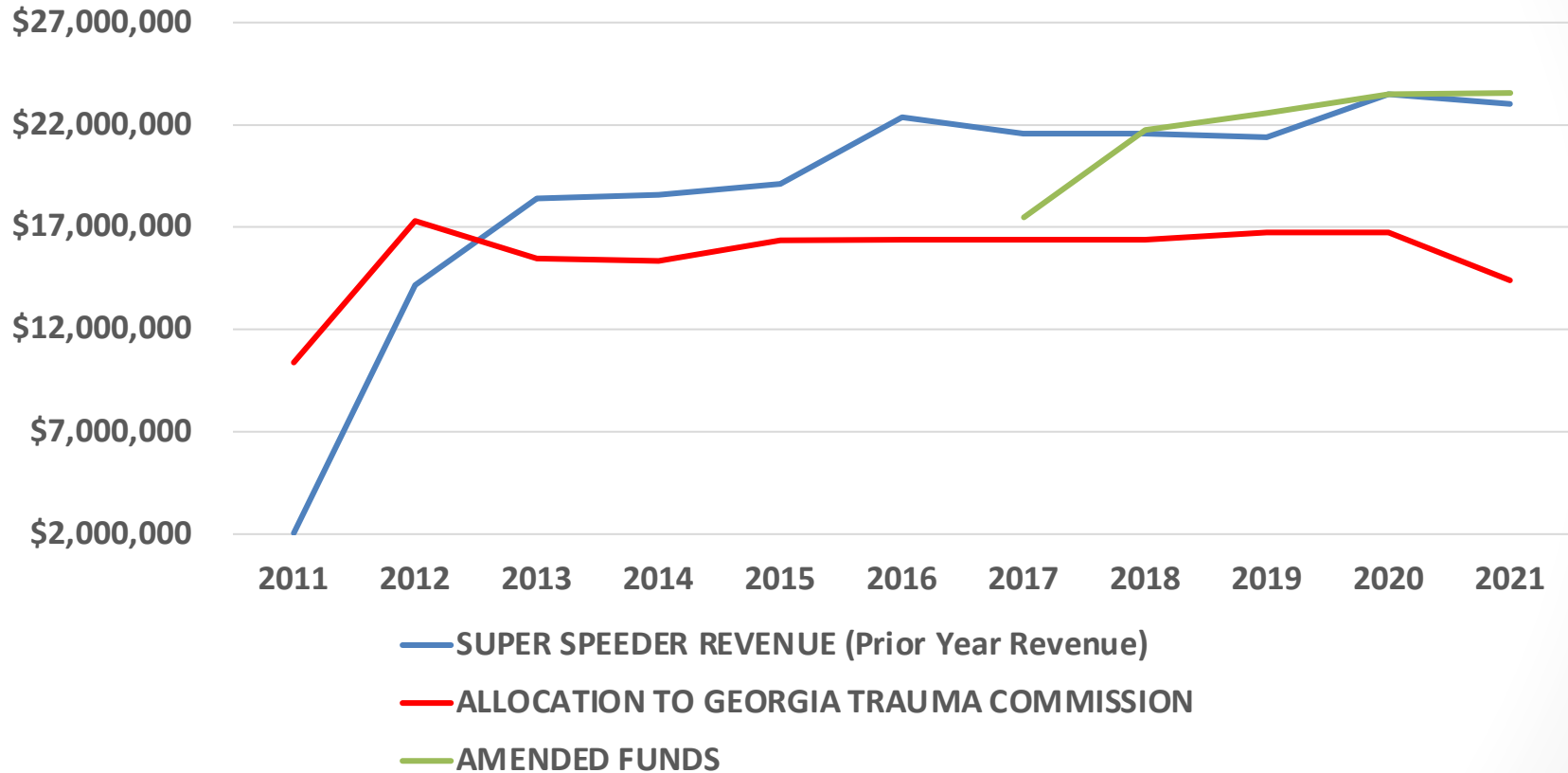
A handwritten signature in black ink, appearing to read "Bill".

GOVERNOR

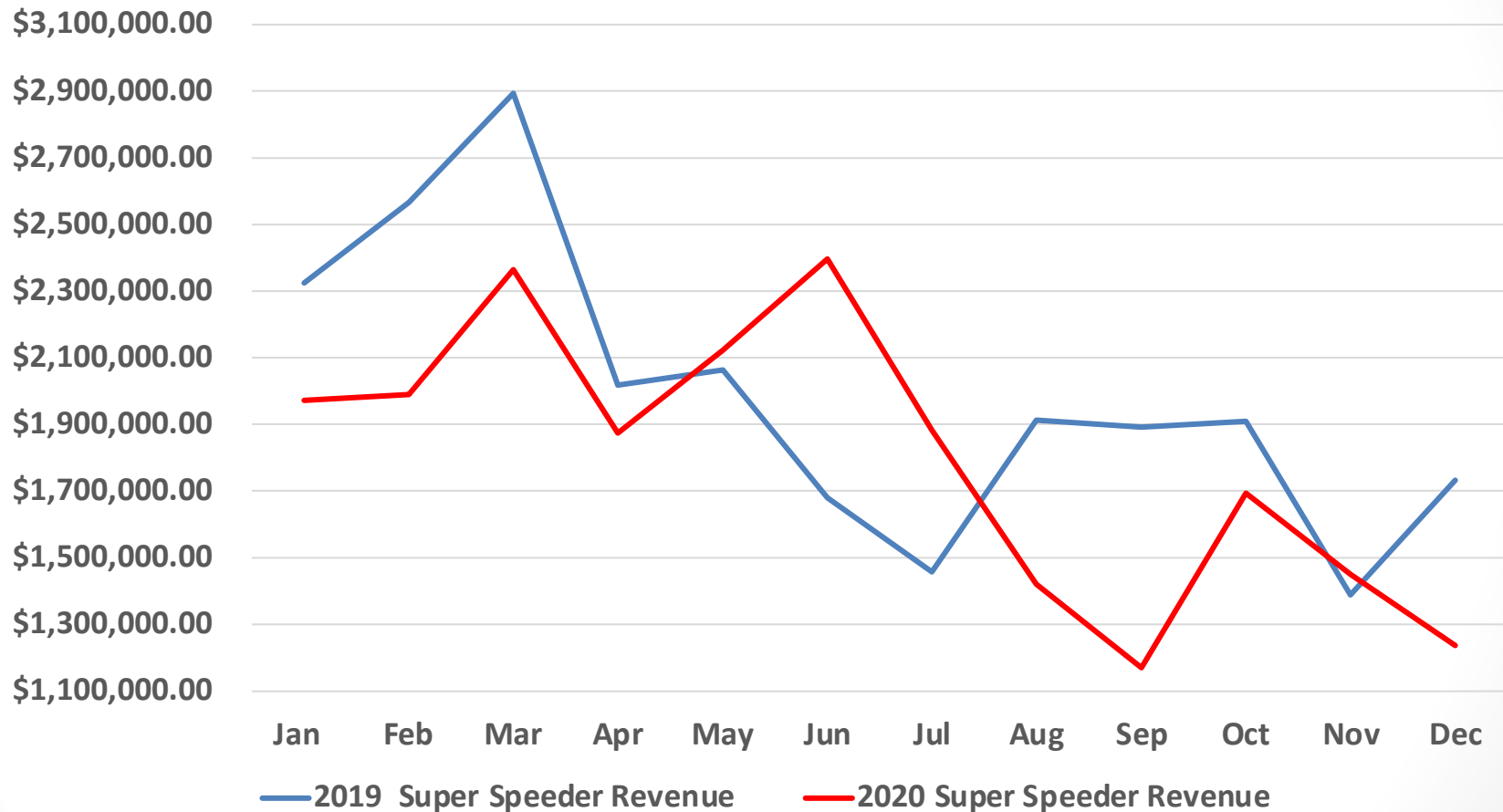
Super Speeder & Fireworks Excise Tax Revenues Summary



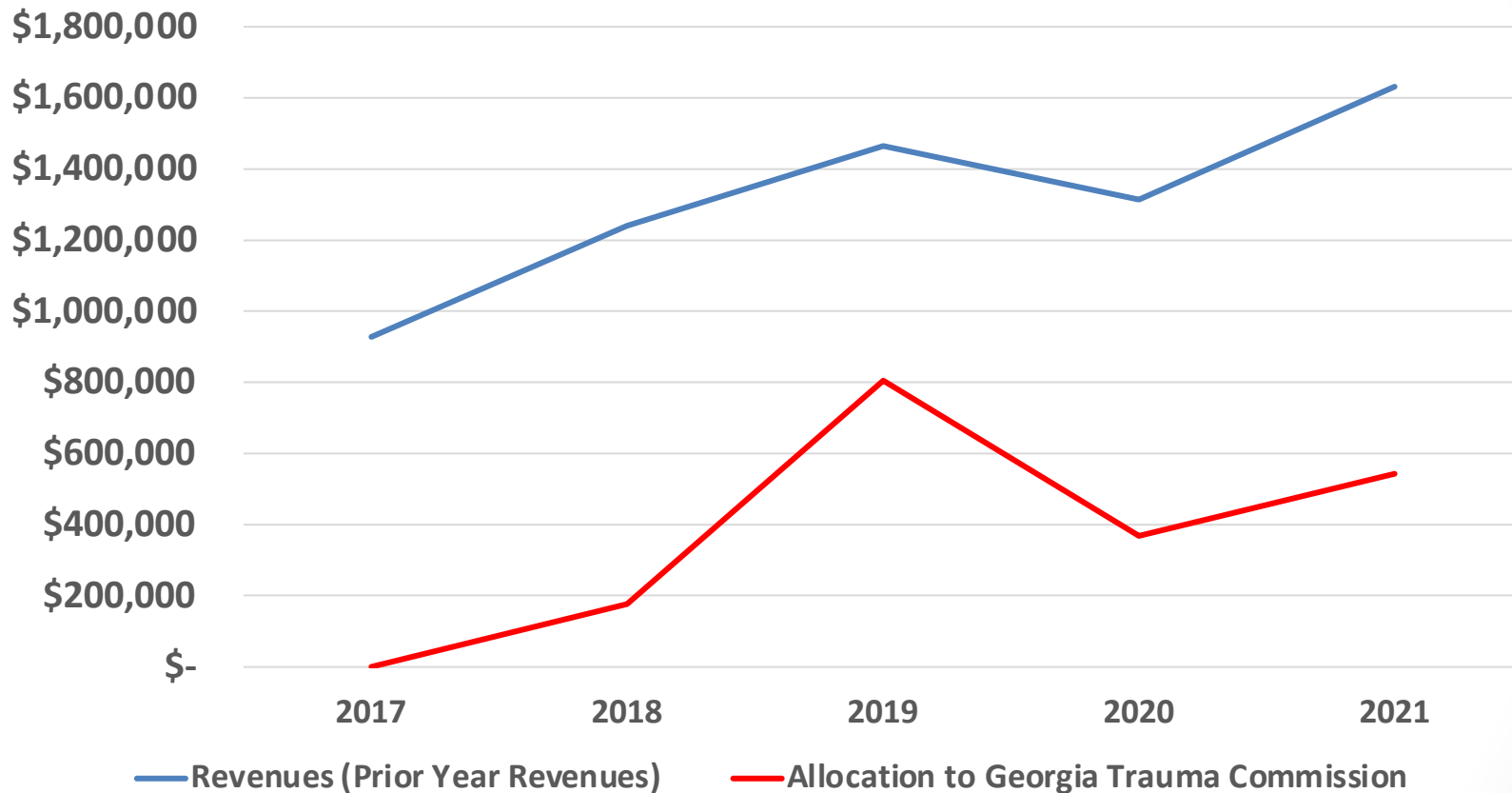
Annual Super Speeder Revenues to Commission Budget



COVID-19 Impact on Super Speeder Revenue – CY 2019 vs. CY 2020



Fireworks Excise Tax Revenue & Commission Budget Allocation



VIRTUAL ADVOCACY INSTITUTE & LOBBY DAY

FEBRUARY 2021 | WASHINGTON, DC

Advocacy Materials for Capitol Hill Offices

MISSION Zero Civilian-Military Grant Program

[Issue Summary](#)

[U.S. Senate Request Letter to Senate Appropriations Committee](#)

[U.S. House Request Letter to House Appropriations Committee](#)

[Trauma Coalition Letters to House and Senate Appropriation Committees](#)

[Federal Grants for Trauma Care & Systems: Issue](#)

[Summary Case Studies: Resilience in COVID-19](#)

[Trauma Coalition Membership List](#)

[Trauma Centers by State](#)

FULLY FUND THE MISSION ZERO ACT TO CREATE CIVILIAN-MILITARY TRAUMA CARE PARTNERSHIPS

Legislative Request

The Trauma Center Association of America (TCAA) urges Congress to include \$11.5 million in the FY22 Labor, Health and Human Services and Education Appropriations bill to fully fund the MISSION Zero Act grant program that was authorized by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 [PL 116-22, Sec. 204].

Background

The MISSION ZERO concept was born in 2016 when the National Academies of Science, Engineering and Medicine (NASEM) released its landmark report, A National Trauma System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths after Injury. In the report, the National Academies recommended that the United States adopt an overall aim for trauma care of “zero preventable deaths after injury,” and sets forth elements of system redesign that would provide military personnel with real-world training and experience at civilian trauma centers. This training has the dual benefit of maintaining military surgical battle readiness between wars while at the same time improving civilian access to trauma care.

The MISSION ZERO Act authorizes the Assistant Secretary for Preparedness & Response to establish two military-civilian trauma readiness grants programs. The Military Trauma Team Placement Program will provide grants to Level I civilian trauma centers for the costs of hosting military trauma teams on a full-time basis. The Military Trauma Care Provider Placement Program will provide grants to Level I, II and III trauma centers for the cost of training and incorporating military trauma physicians and other providers into those trauma centers.

In light of the ongoing public health crisis and the commensurate staffing shortages it brought to many trauma centers across the country, it is even more critical that Congress provide the full authorized funding for Mission Zero to allow military and civilian trauma professionals and hospitals to harness the benefits of this unprecedented and innovative program.

MISSION ZERO: URGE YOUR SENATORS TO SIGN THIS LETTER TO THE SENATE APPROPRIATIONS COMMITTEE REQUESTING FY 22 APPROPRIATIONS FUNDING

Date

The Honorable Patty Murray
Chairwoman
Senate Labor, Health and Human Services and Education Appropriations Subcommittee
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Senate Labor, Health and Human Services and Education Appropriations Subcommittee
131 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Blunt:

We are contacting you today to respectfully request that the Subcommittee include \$11.5 million in funding for the Military and Civilian Partnership for the Trauma Readiness Grant program in the FY22 Labor, HHS, Education Appropriations bill. As you know, this program was established by the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act or “MISSION ZERO Act”, which was authorized by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. These grants provide funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. By fully funding this critical program, we will improve the nation's response to public health and medical emergencies and mitigate some of the worst impacts of the COVID 19 pandemic on trauma centers, including but not limited to staffing shortages.

The MISSION ZERO Act stems from the June 2016 National Academy of Sciences, Engineering and Medicine (NASEM) report entitled, "*A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury.*" This report outlines 11 recommendations necessary to secure a national trauma system and sets the goal of achieving zero preventable deaths. Recommendation number 11 of the NASEM report calls for the establishment of military-civilian trauma partnerships to help further reduce the number of preventable traumatic deaths.

According to the Centers for Disease Control and Prevention trauma is the leading cause of death for children and adults under age 44, killing more Americans than AIDS and stroke combined. We are convinced that the funding provided by the MISSION ZERO Act will allow us to continue to save lives, enhance trauma training for our military healthcare personnel and help trauma centers manage and recover from mandatory furloughs of surgeons, nurses and other staff that were a direct result of the COVID 19 pandemic.

We are grateful for your consideration of this important request. Please do not hesitate to contact us directly if you have any questions or need additional information regarding the MISSION ZERO Act.

Sincerely,

MISSION ZERO: URGE YOUR REPRESENTATIVES TO SIGN THIS LETTER TO THE HOUSE APPROPRIATIONS COMMITTEE REQUESTING FY 22 APPROPRIATIONS FUNDING

Date

The Honorable Rosa DeLauro
Chairwoman
House Labor, Health and Human Services and Education Appropriations Subcommittee
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Labor, Health and Human Services and Education Appropriations Subcommittee
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

We are contacting you today to respectfully request that the Subcommittee include \$11.5 million in funding for the Military and Civilian Partnership for the Trauma Readiness Grant program in the FY22 Labor, HHS, Education Appropriations bill. As you know, this program was established by the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act or “MISSION ZERO Act”, which was authorized by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. These grants provide funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. By fully funding this critical program, we will improve the nation's response to public health and medical emergencies and mitigate some of the worst impacts of the COVID 19 pandemic on trauma centers, including but not limited to staffing shortages.

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trauma centers manage and recover from mandatory furloughs of surgeons, nurses and other staff that were a direct result of the COVID 19 pandemic.

We are grateful for your consideration of this important request. Please do not hesitate to contact us directly if you have any questions or need additional information regarding the MISSION ZERO Act.

Sincerely,

MISSION ZERO: TRAUMA COALITION LETTER TO SENATE APPROPRIATIONS COMMITTEE REQUESTING FY22 APPROPRIATIONS FUNDING

February 17, 2021

The Honorable Patrick Leahy
Chairman
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Patty Murray
Chair
Labor, Health and Human Services
and Education Appropriations Subcommittee
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Labor, Health and Human Services
and Education Appropriations Subcommittee
U.S. Senate Appropriations Committee
Washington, DC 20510

Dear Chairmen Lahey and Murray and Ranking Members Shelby and Blunt:

We are contacting you today to respectfully request that the Subcommittee include \$11.5 million in funding for the Military and Civilian Partnership for the Trauma Readiness Grant program in the FY22 Labor, HHS, Education Appropriations bill. As you know, this program was established by the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act or "MISSION ZERO Act", which was authorized by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. These grants provide funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. By fully funding this critical program, we will improve the nation's response to public health and medical emergencies and mitigate some of the worst impacts of the COVID 19 pandemic on trauma centers, including but not limited to staffing shortages.

The MISSION ZERO Act stems from the June 2016 National Academy of Sciences, Engineering and Medicine (NASEM) report entitled, "*A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury.*" This report outlines 11 recommendations necessary to secure a national trauma system and sets the goal of achieving zero preventable deaths. Recommendation number 11 of the NASEM report calls for the establishment of military-civilian trauma partnerships to help further reduce the number of preventable traumatic deaths.

According to the Centers for Disease Control and Prevention trauma is the leading cause of death for children and adults under age 44, killing more Americans than AIDS and stroke combined. We are convinced that the funding provided by the MISSION ZERO Act will allow us to continue to save lives, enhance trauma training for our military healthcare personnel and help trauma centers manage and recover from mandatory furloughs of surgeons, nurses and other staff that were a direct result of the COVID 19 pandemic.

We are grateful for your consideration of this important request. Please do not hesitate to contact us directly if you have any questions or need additional information regarding the MISSION ZERO Act.

Sincerely,

American Academy of Orthopaedic Surgeons

American Association of Neurological Surgeons

American Burn Association

American College of Emergency Physicians

American College of Surgeons

American Society of Plastic Surgeons

American Trauma Society

Congress of Neurological Surgeons

Eastern Association for the Surgery of Trauma

Emergency Nurses Association

Society of Trauma Nurses

The American Association for the Surgery of Trauma

Trauma Center Association of America

MISSION ZERO: TRAUMA COALITION LETTER TO HOUSE APPROPRIATIONS COMMITTEE REQUESTING FY22 APPROPRIATIONS FUNDING

February 17, 2021

The Honorable Rosa DeLauro
Chairwoman
House Appropriations Committee
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Labor, Health and Human Services
and Education Appropriations Subcommittee
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Members Granger and Cole:

We are contacting you today to respectfully request that the Subcommittee include \$11.5 million in funding for the Military and Civilian Partnership for the Trauma Readiness Grant program in the FY22 Labor, HHS, Education Appropriations bill. As you know, this program was established by the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act or "MISSION ZERO Act", which was authorized by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. These grants provide funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. By fully funding this critical program, we will improve the nation's response to public health and medical emergencies and mitigate some of the worst impacts of the COVID 19 pandemic on trauma centers, including but not limited to staffing shortages.

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Emergency Nurses Association

Society of Trauma Nurses

The American Association for the Surgery of Trauma

Trauma Center Association of America

MODERNIZE AND FUND EXISTING TRAUMA CARE & SYSTEMS GRANT PROGRAMS

Legislative Request

Uphold the federal government's commitment to ensuring that all Americans have access to life-saving trauma care by supporting forthcoming legislation to modernize and authorize funding for existing trauma care and systems grant programs in the Public Health Service Act.

Background

It has been more than 10 years since Congress restructured several federal grant programs to ensure that all Americans, no matter where they reside or travel, have access to high-quality trauma care. These programs, authorized by sections 1241-1245 of the Public Health Service Act (PHSA), include Grants for Trauma Care Centers, Trauma Service Availability Grants, Grants for Trauma Systems, and Pilot Projects to Improve Regional Coordination of Emergency Services. Congress authorized these programs to fund activities necessary to maintaining the trauma care infrastructure, such as staffing, training, technology, surge capacity, data collection, regional and state coordination, and other uncompensated costs associated with maintaining a 24-hour state of readiness and response.

Unfortunately, Congress has not appropriated the funding for these programs as intended. Over the 10-year period since these programs have gone unfunded, trauma has remained the leading cause of death for Americans younger than age 44, the number and scope of mass casualty events has increased, and the viability and long-term financial health of trauma centers has decreased.

According to a recent Avalere survey, trauma centers report numerous financial pressures, including federal payment reductions, increased trauma care demands (particularly among the geriatric population and from opioid-related trauma cases), the need to cover vast geographic regions, epidemics such as influenza, and difficulty attracting and maintaining high-quality trauma physicians and other staff due to the strains of 24-hour trauma service. All of these underlying pressures have only

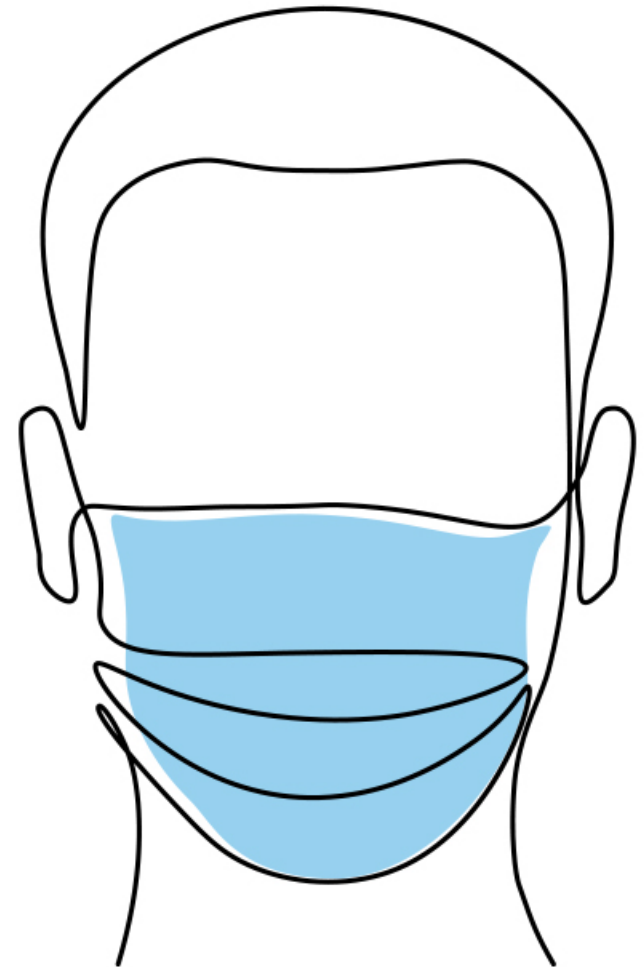
been exacerbated by the COVID-19 pandemic, especially on the staffing front. TCAA and its members across the nation urge Congress to dedicate federal funding to help ensure that every community has access to high-quality trauma care.

RESILIENCE IN COVID-19.

Case Study February 2021



TRAUMA CENTER
— Association of America —
ADVOCACY • FINANCE • OPERATIONS



THE IMPACT ON COLLEAGUES.

Financial and HR impacts to our trauma team as a result of COVID-19 included staff furloughs, reduction in FTE, having members of our Trauma Administrative Team pulled in to assist with COVID-19 screening at entrances and vaccinations, and a spending freeze for purchases unrelated to direct patient care. We felt additional staffing impacts due to exposures, quarantining, and illness.

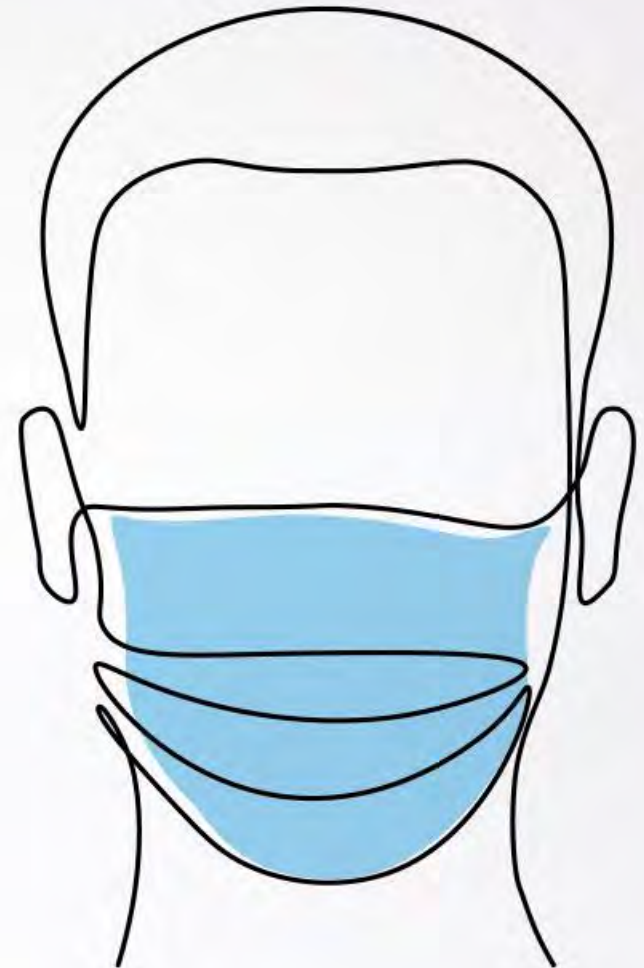


RESILIENCE IN COVID-19.

Case Study: June 2020



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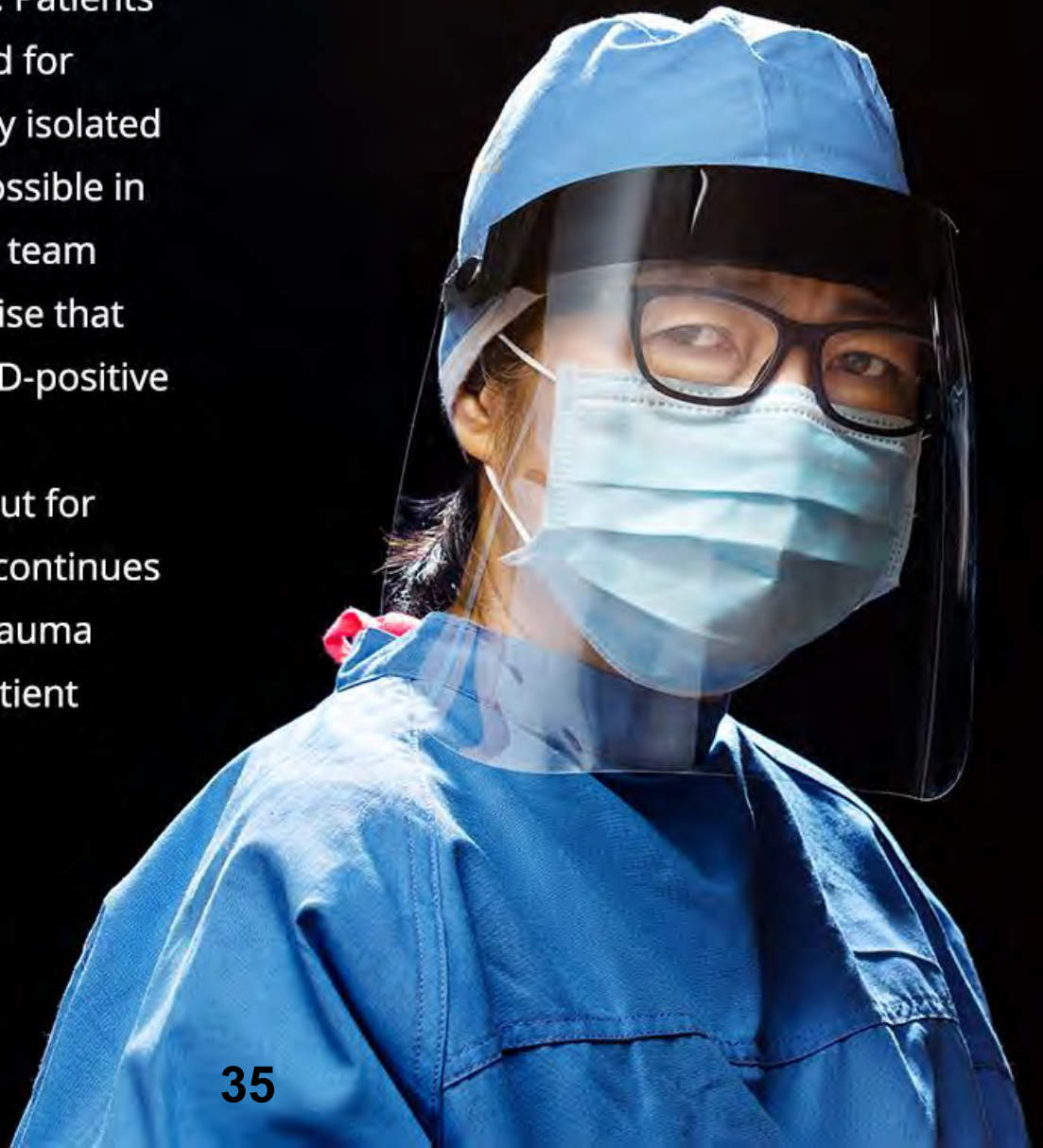
THE IMPACT ON COLLEAGUES.

As volume dropped drastically across the house, budgets got tight and departments across the board were forced to start mandatory furloughs of hundreds of employees

However, trauma volume did not fluctuate nearly as much. We were still pretty busy most days, but still being pressured to cut budgets and send staff home whenever possible. Trauma readiness is trauma readiness, whether the hospital has 200 inpatients or 800. It was a challenge continuing to advocate for my team against this pressure to cut.



Exposure was a huge concern. Patients arriving via triage are screened for COVID symptoms and properly isolated as needed. That's not really possible in a Level 1 Trauma Alert. So our team had to proceed with the premise that all trauma patients were COVID-positive until stabilized from a trauma perspective, then ruled in or out for possible COVID. This practice continues today. So far we have had 3 trauma team exposures due to the patient arriving as a Level 1 Alert.



TRAUMA COALITION

American Academy of Orthopaedic Surgeons

American Association of Neurological Surgeons

Congress of Neurological Surgeons

American Burn Association

American College of Emergency Physicians

American College of Surgeons

American Society of Plastic Surgeons

American Trauma Society

Eastern Association for the Surgery of Trauma

Emergency Nurses Association

International Association of Fire Chiefs

National Association of Emergency Medical Technicians

Society of Trauma Nurses

The American Association for the Surgery of Trauma

Trauma Center Association of America

Tennessee Trauma & Disaster Response Centers

Baptist Cancer Center
Transplant Center
6019 Walnut Grove
Memphis, TN 38120

Blood Assurance
Donor Center
1 Professional Park, Ste 14
Johnson City, TN 37604

Blood Assurance
Donor Center
705 E 4th St
Chattanooga, TN 37403

Bristol Regional Medical Center
Adult Level II
1 Medical Park Blvd
Bristol, TN 37620

Children's Hospital at Erlanger
Peds Level TBD
910 Blackford St
Chattanooga, TN 37403

Erlanger Medical Center
Adult Level I
975 E 3rd St
Chattanooga, TN 37403
TCAA Member

East Tennessee Children's Hospital
Peds Level TBD
2018 W Clinch Ave
Knoxville, TN 37916

Hendersonville Medical Center
Provisional Adult Level III
355 New Shackle Island Rd
Hendersonville, TN 37075

Holston Valley Medical Center
Adult Level I
130 W Ravine Rd
Kingsport, TN 37660
TCAA Member

Horizon Medical Center
Adult Level III
111 US-70
Dickson, TN 37055

Johnson City Medical Center
Adult Level I
400 N State of Franklin Rd
Johnson City, TN 37604

LeBonheur Children's Hospital
Peds Level I
848 Adams Ave
Memphis, TN 38103
TCAA Member

Methodist Healthcare
Transplant Center
1265 Union Ave, 375 Crews
Memphis, TN 38104

Monroe Carell Jr. Children's Hospital
Peds Level I
2200 Children's Way
Nashville, TN 37232
TCAA Member

Regional One Health
Adult Level I
ABA Verified
Firefighters Regional Burn Center
877 Jefferson Ave
Memphis, TN 38103

Sarah Cannon Blood and Marrow Transplant
Transplant Center
2410 Patterson St
Nashville, TN 37203

Skyline Medical Center
Adult Level II
3441 Dickerson Pike
Nashville, TN 37207
TCAA Member

St. Jude Children's Research Hospital
Transplant Center
262 Danny Thomas Pl
Memphis, TN 38105-3678

StoneCrest Medical Center
Adult Level III
200 StoneCrest Blvd
Smyrna, TN 37167

Summit Medical Center
Adult Level III
5655 Frist Blvd
Hermitage, TN 37076

Sumner Regional Medical Center
Adult Level III
555 Hartsville Pike
Gallatin, TN 37066

University of Tennessee Medical Center
Adult Level I
1924 Alcoa Hwy
Knoxville TN 37920
TCAA Member

VA Tennessee Valley Healthcare System
Transplant Center
1310 24th South (11T)
Nashville, TN 37075

Vanderbilt University Medical Center
Adult Level I
Burn Center Capabilities
1211 Medical Center Dr
Nashville, TN 37232

Kentucky Trauma & Disaster Response Centers

Ephraim McDowell Fort Logan
Adult Level IV
110 Metker Trail
Stanford, KY 40484

Ephraim McDowell Haggin
Adult Level IV
464 Linden Ave
Harrodsburg, KY 40330

Ephraim McDowell Regional Medical Center
Adult Level III
217 S 3rd St
Danville, KY 40422

Frankfort Regional Medical Center
Adult Level III
299 Kings Daughters Dr
Frankfort, KY 40601

Harlan ARH
Adult Level IV
81 Ball Park Rd
Harlan, KY 40831

Harrison Memorial
Adult Level IV
1210 KY-36
Cynthiana, KY 41031

Kentucky Children's Hospital
Peds Level I
800 Rose St
Lexington, KY 40536

Livingston Hospital
Adult Level IV
131 Hospital Dr
Salem, KY 42078

Marcum & Wallace Hospital
Adult Level IV
60 Mercy Ct
Irvine, KY 40336

Methodist Hospital Union
Adult Level IV
4604 US Hwy 60-W
Morganfield, KY 42437

Middlesboro ARH
Pending Adult Level IV
3600 W Cumberland Ave
Middlesboro, KY 40965

Morgan County ARH
Adult Level IV
476 Liberty Rd
West Liberty, KY 41472

Norton Children's Hospital
Peds Level I
231 E Chestnut St
Louisville, KY 40202

Owensboro Health Regional Hospital
Adult Level III
1201 Pleasant Valley Rd
Owensboro, KY 42303

Pikeville Medical Center
Adult Level II
911 Bypass Rd
Pikeville, KY 42718

Rockcastle Regional Hospital
Adult Level IV
145 Newcomb Ave
Mt Vernon, KY 40456

Taylor Regional Medical Center
Adult Level III
1700 Old Lebanon Rd
Cambellsville, KY 42718

Tug Valley ARH Regional Medical Center
Adult Level IV
260 Hospital Dr
South Williamson, KY 41503

Twin Lakes Regional Medical Center
Adult Level IV
910 Wallace Ave.
Leitchfield, KY 42754

UK Chandler Hospital
Adult Level I
Transplant Center
800 Rose St
Lexington, KY 40536

University of Louisville Hospital
Adult Level I
Burn Center Capabilities; Transplant Center
530 South Jackson St
Louisville, KY 40202

Whiteburg ARH Hospital
Adult Level IV
240 Hospital Rd
Whitesburg, KY 41858



Florida Trauma & Disaster Response Centers

Aventura Hospital and Medical Center
Adult Level II
20900 Biscayne Blvd
Aventura, FL 33180
TCAA Member

Baptist Hospital
Adult Level II
8900 N Kendall Dr
Miami, FL 33176

Bay Medical Center
Adult Level II
615 N Bonita Ave
Panama City, FL 32401

Bayfront Medical Center
Adult Level II
700 6th St S
St Petersburg, FL 33701

Blake Medical Center
Adult Level II
Burn Center Capabilities
2020 59th St W
Bradenton, FL 34209
TCAA Member

Blood & Marrow Transplant Center at the
Florida Hospital Cancer Institute
Transplant Center
2415 North Orange Ave, Ste 601
Orlando, FL 32804

Broward Health Medical Center
Adult Level I
1600 S Andrews Ave
Fort Lauderdale, FL 33316

Broward Health North
Adult Level II
201 E Sample Rd
Deerfield Beach, FL 33064

Central Florida Regional Hospital
Adult Level II
1401 W Seminole Blvd
Sanford, FL 32771
TCAA Member

Delray Medical Center
Adult Level I
5352 Linton Blvd
Delray Beach, FL 33484
TCAA Member

Fort Walton Beach Medical Center
Adult Level II
1000 Mar Walt Dr
Fort Walton Beach, FL 32547
TCAA Member

Gift of Life Marrow Registry
Donor Center
800 Yamato Rd, Ste 101
Boca Raton, FL 33431

H. Lee Moffitt Cancer Center
Transplant Center
12902 USF Magnolia Dr
Tampa, FL 33612

Halifax Medical Center
Adult Level II
303 N Clyde Morris Blvd
Daytona Beach, FL 32114
TCAA Member

Adult Level I – 9
Peds Level II – 2

Adult Level II – 20
Provisional Adult Level I – 1

Peds Level I – 4
Provisional Adult Level II – 3



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Holmes Regional Medical Center
Adult Level II
1350 S Hickory St
Melbourne, FL 32901
TCAA Member

Jackson Memorial Hospital - Ryder Trauma Center
Adult Level I
ABA Verified; Transplant Center
University of Miami/Jackson Memorial Burn Center
1611 NW 12th Ave
Miami, FL 33136

Jackson South Community Hospital
Provisional Adult Level II
9333 SW 152nd St
Miami, FL 33157

Johns Hopkins All Children's Hospital
Peds Level I
Transplant Center
501 6th Ave S
St. Petersburg, FL 33701

Kendall Regional Medical Center
Provisional Adult Level I
ABA Verified
11750 SW 40th St
Miami, FL 33175
TCAA Member

Lakeland Regional Medical Center
Adult Level II
1324 Lakeland Hills Blvd
Lakeland, FL 33805

Lawnwood Regional Medical Center
Adult Level II
1700 S 23rd St
Fort Pierce, FL 34950
TCAA Member

Adult Level I – 9
Peds Level II – 2

Lee Memorial Hospital
Adult Level II
2776 Cleveland Ave
Fort Myers, FL 33901

Mayo Clinic Florida/Mayo Hospital
Transplant Center
4500 San Pablo Rd, Mangurian Building, 3rd Floor
Jacksonville, FL 32224

Mayo Clinic Jacksonville (Pediatrics)
Transplant Center
807 Children's Way
Jacksonville, FL 32207

Memorial Cancer Institute - Leukemia Lymphoma and BMT Program
Transplant Center
703 N. Flamingo Rd, 3 West
Pembroke Pines, FL 33028

Memorial Hospital (Jacksonville)
Provisional Adult Level II
3625 University Blvd S
Jacksonville, FL 32216

Memorial Regional Hospital
Adult Level I
3501 Johnson St
Hollywood, FL 33021
TCAA Member

Moffitt Malignant Hematology and Cellular Transplant Center
703 N. Flamingo Rd
Pembroke Pines, FL 33028

Nicklaus Children's Hospital
Peds Level I
Transplant Center
3100 SW 62nd Ave
Miami, FL 33155

Adult Level II – 20
Provisional Adult Level I – 1

Peds Level I – 4
Provisional Adult Level II – 3



TRAUMA CENTER

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Ocala Regional Medical Center- Marion
Community Hospital
Adult Level II
1431 SW 1st Ave
Ocala, FL 34471
TCAA Member

OneBlood Inc.
Donor Center
3000 West Cypress Creek Rd, 2nd Floor
Fort Lauderdale, FL 33309

Orange Park Medical Center
Provisional Level II
2001 Kingsley Ave
Orange Park, FL 32073
TCAA Member

Orlando Regional Medical Center
Adult Level I
ABA Verified
1414 Kuhl Ave
Orlando, FL 32806

Osceola Regional Medical Center
Adult Level II
700 W Oak St
Kissimmee, FL 34741
TCAA Member

Regional Medical Center Bayonet Point
14000 Fivay Rd
Hudson, FL 34667
TCAA Member

Sacred Heart Hospital
Adult Level II
5151 N 9th Ave
Pensacola, FL 32504
TCAA Member

Sacred Heart Hospital
Peds Level II
5151 N 9th Ave
Pensacola, FL 32504
TCAA Member

Sarasota Memorial Hospital
Adult Level II
1700 S Tamiami Trail
Sarasota, FL 34239
TCAA Member

Shands at the University of Florida
Adult Level I
ABA Verified; Transplant Center
Shands Burn Center at the University of Florida
1515 SW Archer Rd
Gainesville, FL 32608

St. Joseph's Hospital
Adult Level II
3001 W Dr Martin Luther King Jr Blvd
Tampa, FL 33607

St. Joseph's Hospital
Peds Level II
3001 W Dr Martin Luther King Jr Blvd
Tampa, FL 33607

St. Mary's Hospital
Adult Level I
901 45th St
West Palm Beach, FL 33407

Tallahassee Memorial Hospital
Adult Level II
300 Miccosukee Rd
Tallahassee, FL 32308

Adult Level I – 9
Peds Level II – 2

Adult Level II – 20
Provisional Adult Level I – 1

Peds Level I – 4
Provisional Adult Level II – 3



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Tampa General Hospital
Adult Level I
ABA Verified
Tampa General Hospital Regional Burn Center
1 Tampa General Cir
Tampa, FL 33606

Tampa General Hospital
Peds Level I
1 Tampa General Cir
Tampa, FL 33606

UF Health Jacksonville
Adult Level I
655 West 8th St
Jacksonville, FL 32209

University of Miami Jackson Memorial Burn
Center
ABA Verified Burn Center
1800 NW 10th Ave
Miami, FL 33136-1018

University of Miami/Sylvester Cancer Center
Transplant Center
1475 NW 12 Ave
Miami, FL 33136

Wolfson Children's Hospital
Peds Level I
800 Prudential Dr
Jacksonville, FL 32207
TCAA Member

Adult Level I – 9
Peds Level II – 2

Adult Level II – 20
Provisional Adult Level I – 1

Peds Level I – 4
Provisional Adult Level II – 3



Louisiana Trauma & Disaster Response Centers

Baton Rouge General Burn Center
ABA Verified
8585 Picardy Ave
Baton Rouge, LA 70809

Children's Hospital/LSUHSC
Provisional Pediatric Level II
Donor Center
200 Henry Clay Ave
New Orleans, LA 70118

Lafayette General Medical Center
Adult Level II
1214 Coolidge Blvd
Lafayette, LA 70503
TCAA Member

Lakeview Regional Medical Center
Adult Level III
95 Judge Tanner
Covington, LA 70433
TCAA Member

North Oaks Medical Center
Adult Level II
15790 Medical Center Dr
Hammond, LA 70403
TCAA Member

Ochsner Medical Center
Transplant Center
1514 Jefferson Hwy, 3rd Floor Benson Cancer
Center
New Orleans, LA 70121

Our Lady of Lourdes Regional Medical Center
Burn Center Capabilities
4801 Ambassador Caffery Pkwy
Lafayette, LA 70508

Our Lady of the Lake Regional Medical Center
Adult Level II
5000 Hennessy Blvd
Baton Rouge, LA 70806
TCAA Member

Rapides Regional Medical Center
Adult Level II
211 Fourth St
Alexandria, LA 71301

St. Tammany Parish Hospital
Adult Level III
1202 S. Tyler St.
Covington, LA 70433

Tulane University Hospital and Clinic
Transplant Center
1415 Tulane Ave (HC-62)
New Orleans, LA 70112

University Health-Shreveport
Adult Level I
Burn Center Capabilities; Transplant Center
1541 Kings Hwy
Shreveport, LA 71103
TCAA Member

University Medical Center New Orleans
Adult Level I
ABA Verified
2000 Canal St
New Orleans, LA 70112



Georgia Trauma & Disaster Response Centers

Appling Healthcare System
Adult Level IV
163 East Tollison St
Baxley, GA 30673

Augusta University Medical Center
Adult Level I
1120 15th St
Augusta, GA 30912
TCAA Member

Children's Health Care of Atlanta @ Egleston
Peds Level I
Transplant Center
1405 Clifton Rd NE
Atlanta, GA 30329

Crisp Regional Hospital
Adult Level III
902 7th St N
Cordele, GA 31015

Doctors Hospital of Augusta
Adult Level II
ABA Verified
The Joseph M. Still Burn Center at Doctors
Hospital
3651 Wheeler Rd
Augusta, GA 30909
TCAA Member

Effingham Health System
Adult Level IV
459 Hwy 119 S
Springfield, GA 31329

Emanuel Medical Center
Adult Level IV
117 Kite Rd
Swainsboro, GA 30401

Emory University
Transplant Center
1364 Clifton Rd.
Atlanta, GA 30322

Fairview Park Hospital
Adult Level III
200 Industrial Blvd
Dublin, GA 31021
TCAA Member

Floyd Medical Center
Adult Level II
304 Turner McCall Blvd
Rome, GA 30165

Georgia Cancer Center
Transplant Center
1120 15th St, BA 5407
Augusta, GA 30912

Grady Memorial Hospital
Adult Level I
ABA Verified
Grady Memorial Hospital Burn Center
80 Jesse Hill Jr Dr SE
Atlanta, GA 30303
TCAA Member

Gwinnett Medical Center
Adult Level II
1000 Medical Center Blvd
Lawrenceville, GA 30046
TCAA Member

Hamilton Medical Center
Adult Level II
1200 Memorial Dr
Dalton, GA 30720
TCAA Member



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John D. Archbold Memorial Hospital
Adult Level II
915 Gordon Ave
Thomasville, GA 31792

Meadows Regional Medical Center
Adult Level IV
1 Meadows Pkwy
Vidalia, GA 30474

Memorial Health University Medical Center
Adult Level I
4700 Waters Ave
Savannah, GA 31404
TCAA Member

Midtown Medical Center
Adult Level II
710 Center St
Columbus, GA 31901

Morgan Memorial Hospital
Adult Level IV
1077 S Main St
Madison, GA 30650

Navicent Health Medical Center
Adult Level I
777 Hemlock St
Macon, GA 31201

Northeast Georgia Medical Center
Adult Level II
743 Spring St NE
Gainesville, GA 30501
TCAA Member

Northside Hospital
Transplant Center
5670 Peachtree Dunwoody Rd, Ste 1030
Atlanta, GA 30342-1611

Piedmont Athens Regional Medical Center
Adult Level II
1199 Prince Ave
Athens, GA 30606

Redmond Regional Medical Center
Adult Level III
501 Redmond Rd
Rome, GA 30165

Taylor Regional Hospital
Adult Level III
222 Perry Hwy
Hawkinsville, GA 31036

WellStar Atlanta Medical Center
Adult Level I
303 Pkwy Dr NE
Atlanta, GA 30312

WellStar Cobb Hospital
Burn Center Capabilities
3950 Austell Rd
Austell, GA 30106

Wellstar Kennestone Hospital
Adult Level II
677 Church St
Marietta, GA 30060
TCAA Member

Wellstar North Fulton Hospital
Adult Level II
3000 Hospital Blvd
Roswell, GA 30075

Adult Level I – 5
Adult Level IV – 5

Adult Level II – 10
Peds Level – 1

Adult Level III – 4

HB 511

State treasury; establishment or revision of certain Trust Funds; provide

Current Version

Sponsors

No.	Name	District
1.	Reeves, Bert	34th
2.	England, Terry	116th
3.	Blackmon, Shaw	146th
4.	Williamson, Bruce	115th
5.	Mitchell, Billy	88th
6.	Jones, Jan	47th

Committees

House Committee: Appropriations
 Senate Committee: N/A

First Reader Summary

A BILL to be entitled an Act to amend Titles 12, 19, 27, 28, 31, 40, 45, 48, and 49 of the O.C.G.A., relating to conservation and natural resources, domestic relations, game and fish, General Assembly, health, motor vehicles and traffic, public officers and employees, revenue and taxation, and social services, respectively, so as to provide for the establishment or revision of the Georgia Outdoor Stewardship Trust Fund, Solid Waste Trust Fund, Hazardous Waste Trust Fund, State Children's Trust Fund, Wildlife Endowment Trust Fund, Trauma Care Network Trust Fund, Transportation Trust Fund, Georgia Agricultural Trust Fund, Fireworks Trust Fund, and Georgia Transit Trust Fund as funds within the state treasury; to dedicate the proceeds of certain fees and taxes to such funds as authorized and subject to the conditions imposed by Article III, Section IX, Paragraph VI(r) of the Constitution of Georgia; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

Status History

Date	Status
02/18/2021	House First Readers
02/17/2021	House Hopper

Footnotes

No Footnotes available.

Votes

Date	Vote No.	Yea	Nay	NV	Exc
No Votes available.					

House Bill 511

By: Representatives Reeves of the 34th, England of the 116th, Blackmon of the 146th,
Williamson of the 115th, Mitchell of the 88th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Titles 12, 19, 27, 28, 31, 40, 45, 48, and 49 of the Official Code of Georgia
2 Annotated, relating to conservation and natural resources, domestic relations, game and fish,
3 General Assembly, health, motor vehicles and traffic, public officers and employees,
4 revenue and taxation, and social services, respectively, so as to provide for the establishment
5 or revision of the Georgia Outdoor Stewardship Trust Fund, Solid Waste Trust Fund,
6 Hazardous Waste Trust Fund, State Children's Trust Fund, Wildlife Endowment Trust Fund,
7 Trauma Care Network Trust Fund, Transportation Trust Fund, Georgia Agricultural Trust
8 Fund, Fireworks Trust Fund, and Georgia Transit Trust Fund as funds within the state
9 treasury; to dedicate the proceeds of certain fees and taxes to such funds as authorized and
10 subject to the conditions imposed by Article III, Section IX, Paragraph VI(r) of the
11 Constitution of Georgia; to provide for annual appropriations and reporting; to provide for
12 fiscal dedication analyses to be completed for each bill that dedicates funds pursuant to
13 certain constitutional authority; to repeal and reserve certain provisions; to provide for
14 compliance with constitutional requirements; to provide for related matters; to provide for
15 an effective date; to repeal conflicting laws; and for other purposes.

16 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

H. B. 511

- 1 -

456

SECTION 11.

457 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by revising
458 Code Section 31-11-103, relating to the Georgia Trauma Trust Fund, as follows:

459 "31-11-103.

460 (a)(1) There shall be established a Trauma Care Network Trust Fund as a separate fund
461 in the state treasury and all funds held in the Georgia Trauma Trust Fund previously
462 established by this Code section shall be transferred to the Trauma Care Network Trust

H. B. 511

- 18 -

463 Fund. There is established the Georgia Trauma Trust Fund. The executive director of
464 the Georgia Trauma Care Network Commission shall serve as the trustee of the fund
465 Georgia Trauma Trust Fund. The moneys deposited into such fund pursuant to this
466 article may be expended by the executive director with the approval of the Georgia
467 Trauma Care Network Commission for those purposes specified in Code Section
468 31-11-102.

469 (2) The state treasurer shall invest the money held in the Trauma Care Network Trust
470 Fund in the same manner in which state funds are invested as authorized by the State
471 Depository Board pursuant to Article 3 of Chapter 17 of Title 50. Interest earned by the
472 money held in the trust fund shall be accounted for separately and shall be credited to the
473 trust fund to be disbursed as other moneys in the trust fund.

474 (b)(1) Under the authority granted and subject to the conditions imposed by Article III,
475 Section IX, Paragraph VI(r) of the Constitution of Georgia, for the period beginning on
476 July 1, 2022, and ending on June 30, 2032, all of the money collected pursuant to Code
477 Section 40-6-189 shall be annually appropriated to the Trauma Care Network Trust Fund,
478 and such funds shall not lapse as otherwise required by Article III, Section IX, Paragraph
479 IV(c) of the Constitution of Georgia. Each annual appropriation shall be made through
480 the General Appropriations Act and shall include all of the money collected from such
481 source during the most recently completed fiscal year.

482 (2) All of the money appropriated to the Trauma Care Network Trust Fund pursuant to
483 this subsection shall be dedicated for use and expended in accordance with the purposes
484 specified in Code Section 31-11-102.

485 (3) The executive director of the Georgia Trauma Care Network Commission shall
486 prepare an accounting of the funds expended pursuant to this subsection during the most
487 recently completed fiscal year to be provided to the Office of Planning and Budget, the
488 House Budget and Research Office, and the Senate Budget and Evaluation Office by
489 January 1 of each year.

490 ~~(b)~~(c) The Georgia Trauma Care Network Commission shall report annually no later than
491 October 1 to the Office of Health Strategy and Coordination. Such report shall provide an
492 update on state-wide trauma system development and the impact of fund distribution on
493 trauma patient care and outcomes."

494 **SECTION 12.**

495 Title 40 of the Official Code of Georgia Annotated, relating to motor vehicles and traffic, is
496 amended by repealing subsection (d) of Code Section 40-2-151.1, relating to highway impact
497 fees for heavy vehicles and use of funds.



GEORGIA TRAUMA
COMMISSION

Subcommittee & Workgroup Reports

AFY 2021 Proposal & Budget Subcommittee Report*

EMS Subcommittee Report

Trauma System Metrics & Data Workgroup Report

Rural Trauma Care Workgroup Report

Level III/Level IV Trauma Center Workgroup



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Budget Subcommittee		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. AFY Spend Plan & FY 22 budget	C/P	Y	AFY 2021 spend plan approved by committee. Motion to full Commission for vote
2. Re-allocation proposal	P	Y	Based on mid-year expense to budget projections, working to identify remaining funds for FY 2021 to reallocate prior to close of fiscal year.
3. Establish contract/grant deliverables workgroup	P	Y	Workgroup members identified: Michelle Wallace, Jay Smith and Regina Medeiros
4. Develop commission guidelines for expense/reimbursements based on SAO guidelines per OIG recommendation	P	Y	Met with OIG to discuss best practices for expense reimbursement. They provided background and guidance as well as contact for SAO & DOAS. Will use existing SAO and DOAS guidelines to craft draft SOPs for use across all contracted entities.
5. Develop budget cycle timeline	C	Y	Budget cycle timeline draft is complete and includes budget milestones, budget subcommittee action items and full commission action items that ensure we are aligned with state budget submission timeframes (OBP & General Assembly).

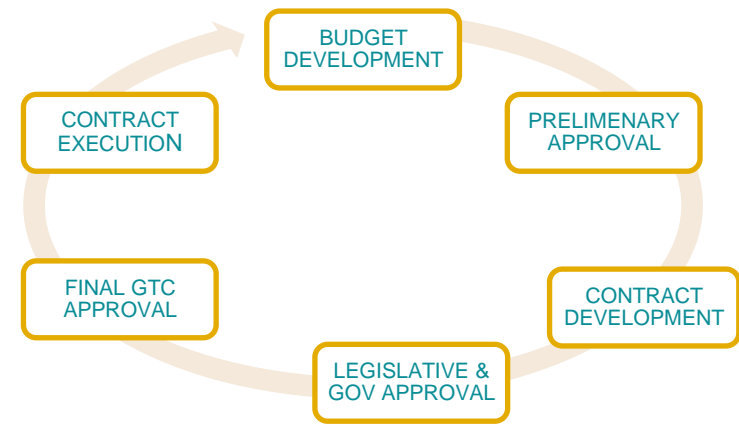
Questions, Issues, and Recommendations Requiring Commission Discussion:	No discussion items for 2/25 meeting
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¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

Motions for Consideration at the Commission Meeting:	Motion to approve AFY 21 spend plan
Committee Members:	Dennis Ashley, Courtney Terwilliger, James Dunn, Katie Hamilton & Elizabeth Atkins
Chair/Commission Liaison:	Regina Medeiros
Date of Next Committee Meeting:	March 10, 2021



Georgia Trauma Commission Budget Cycle Timeline



MONTH	BUDGET MILESTONES	BUDGET SUBCOMMITTEE	FULL COMMISSION
JUL	<ul style="list-style-type: none"> AFY 2022 & FY 2023 Budget Proposals for Contractors & Grantees Due July 1 	<ul style="list-style-type: none"> Review Budget Proposals and Prepare AFY 2022 & FY 2023 Recommendation for Motion to Full Commission 	
AUG			<ul style="list-style-type: none"> AFY 2022 & FY 2023 Preliminary Budget Vote
SEP	<ul style="list-style-type: none"> AFY 2022 & FY 2023 Commission-Approved Budgets Submitted to OPB by ED 5 Year Strategic Plan Submitted to OPB by ED 		
OCT			
NOV		<ul style="list-style-type: none"> AFY 2022 & FY 2023 Final Preparations for 2022 Legislative Session 	
DEC			
JAN	<ul style="list-style-type: none"> AFY 2022 & FY 2023 Governor's Budget Recommendations Released AFY 2022 & FY 2023 House and Senate Appropriations Budget Hearings – Commission Presents at Capitol 	<ul style="list-style-type: none"> Prepares Final AFY 2022 budget recommendation for Motion to Full Commission 	
FEB	<ul style="list-style-type: none"> AFY 2022 Budget Approved AFY 2022 Contracts and Grants Draft in Process 		<ul style="list-style-type: none"> AFY 2022 Final Budget Voted on by Full Commission
MAR	<ul style="list-style-type: none"> FY 2023 Final Governor Approval 		
APR	<ul style="list-style-type: none"> AFY 2022 Contracts & Grants Released April 1 FY 2023 Contracts & Grants Drafts in Process FY 2023 PBP Recommendation from Budget Subcommittee Before April 1 	<ul style="list-style-type: none"> Prepare Final FY 2023 Budget Recommendation for Motion to Full Commission 	
MAY			<ul style="list-style-type: none"> FY 2023 Budget Vote FY 2023 Paid by Performance (PBP) Vote
JUN	<ul style="list-style-type: none"> FY 2023 Contracts and Grants Released June 1 		

Georgia Trauma Care Network Commission AFY2021 Proposed Budget

Initiative	Description of System Enhancements	O.C.G.A Reference	Cost
Trauma System Quality & Accountability	Georgia trauma risk-adjusted outcomes statewide benchmarking platform. Three year project: year one implementation, years two and three initial reports and identification of areas of opportunity	O.C.G.A. § 31.11.102.14,15; § 31.11.103(b)	\$ 1,354,850
Trauma Centers	Increase readiness funding for the 28 funded trauma & burn centers to offset base budget reductions	O.C.G.A. § 31.11.102.3	\$ 5,599,315
System Expansion	Provide trauma readiness & registry funding support for 5 additional trauma centers: three level IIIs, one level II and one pediatric level II	O.C.G.A. § 31.11.102.3	\$ 669,842
Trauma System Quality & Accountability	Provide funding for Trauma Quality Improvement Program participation for all nine state designated level III trauma centers	O.C.G.A. § 31.11.102.14,15; § 31.11.103(b)	\$ 70,911
EMS	911 response ambulance equipment grants, pre-hospital provider and leader training and distribution of ambulance sanitizing equipment & supplies	O.C.G.A. § 31.11.102.7	\$ 1,370,864
OEMST	True up to FY 2020 baseline	O.C.G.A. § 31.11.102.9	\$ 85,169
Proposed AFY2021 Budget			\$ 9,150,951

AFY2021 HB 80 - Governor's Recommendation	
Increase Funds to Reflect 2020 Super Speeder Collections & Fees	\$ 8,607,207
Increase Funds to Reflect Fireworks Excise Tax Revenue	\$ 543,744
Total	\$ 9,150,951



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	EMS Subcommittee		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Automatic Vehicle Location System	On-going	Yes	We continue to work on two goals. The first is to have this capability in each of the county 911 ambulance services in Georgia. The second goal is to assist the agencies in keeping the equipment updated and current.
2. License Management System	In development	Yes	We have conducted two meetings in exploring this opportunity. The first was to define a “perfect” system. We met again to conduct a SWOT analysis of the project. We are scheduled to meet on March 4, 2021, to draft a document (RFP?) to send out to potential vendors to determine if they can meet our needs, if there are additional features available in their system, and how much such a system will cost.
3. EMS Training	On-going	Yes	We continue to work with GEMSA on these projects. I have asked GEMSA to develop a spreadsheet for each of these courses so we can see both the number, of course, we are conducting and the total hours of training we are providing.
4. EMS Online Training	Under review and consideration	Yes	The project is designed to allow services to conduct EMT courses on-line with high-quality instruction. We have conducted four pilot projects with mixed results. We have reviewed the initial results and will again look at learning from that pilot and moving forward.... or not.
5. EMS Leadership Course	On-going	Yes	The first week (of a four-week process) will begin at the Jiann-Ping Hsu College of Public Health at Georgia Southern University on March 8, 2021

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6. Waveform Capnography project	On-going	Yes	We conducted a survey of all 911 ambulance services in GA. We had a 100% contact rate. There were very few services that did not currently utilize this capability. The EMS sub-committee voted to purchase these devices for those services. We hope to work with the SOEMS/T to eventually require this capability for any EMS agency that performs endotracheal intubation.
7. Video Laryngoscopy	Being Considered	Yes	We conducted a survey of all 911 ambulance services in GA. We had a 100% contact rate. Many services in Georgia do not have this capability. We are evaluating the need and cost of this project.
8. FY Accountability	On-going	Yes	We are on-track to finish the 2021 spend plan within the FY2021 period.
9. Data Reliability	Being Considered	Yes	We continue to have concerns expressed by the State concerning the quality of EMS data. This project will look at ways we can train medics and EMS Leadership on the importance of the data. We will also look at technology changes that might help this effort.

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Marty Robinson, Chad Black, Pete Quinones, Sam Polk, Lee Oliver, Blake Thompson, Duane Montgomery, David Edwards, Huey Atkins
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	March 4, 2021, in Madison Georgia

Deliverable #4 Host two fundraising endeavors & report to GTC net funds raised	We are currently developing our fundraising strategic plan.	Y	
Deliverable #5 Host Advocacy Day with community partners (Trauma Awareness Day)	Due to COVID restrictions, an in-person Advocacy Day was not possible. We are looking into virtual options before the end of the session.	Y	
Deliverable #6 Host biannual Trauma System Meetings with collaborating organizations (Trauma Symposium & Day of Trauma)	The Trauma Symposium and Spring Meetings will return in 2022. A hybrid version of Day of Trauma is set for Friday, August 13 in St. Simons Island and online.	Y	

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Board Members:	Dr. John Bleacher, President Dr. Regina Medeiros, Secretary/Treasurer Dr. Ninfa Saunders Elizabeth Atkins, Ex-Officio Board of Director
Chair/Commission Liaison:	Dr. John Bleacher, President
Date of Next Board Meeting:	Wednesday, April 7, 2021



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

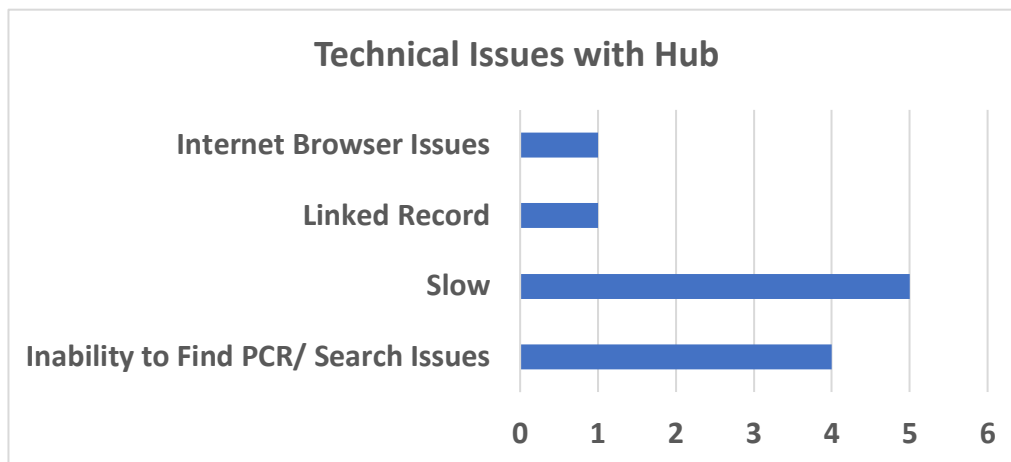
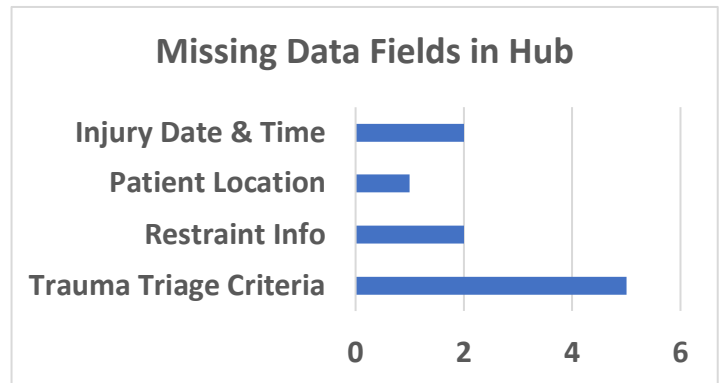
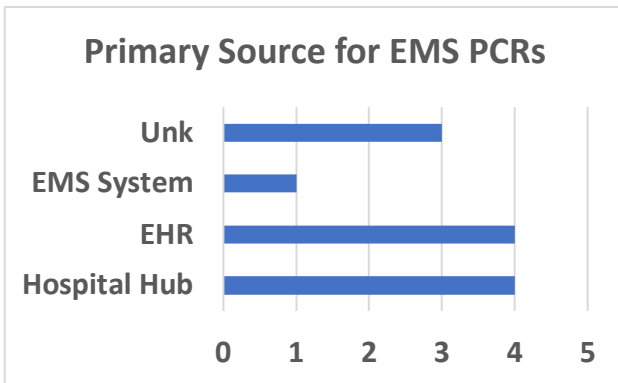
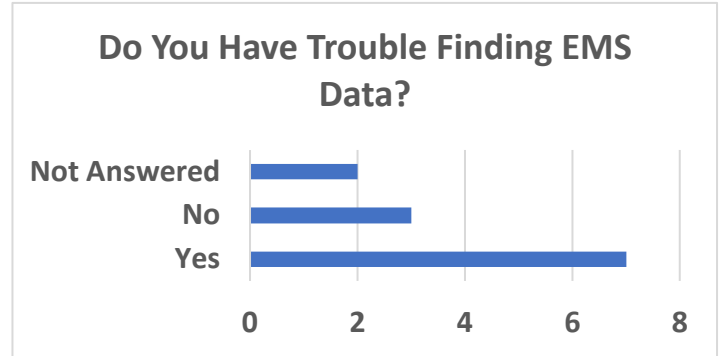
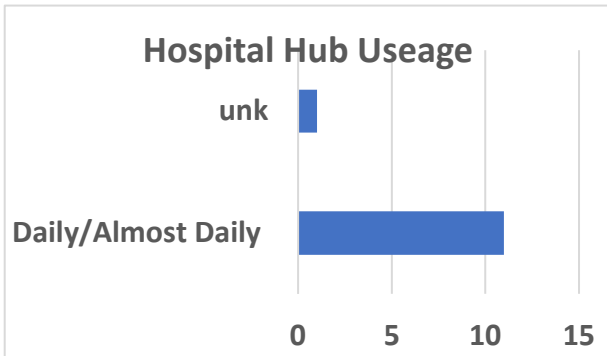
Name of Subcommittee or Workgroup:	System Metrics & Data Workgroup		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Initial meeting, define priorities & identify small group to start	C	Y	First meeting 09/30/2020 with the purpose of reviewing system metrics submitted by OEMST & determine what data needs and capabilities exist.
2. Examine data linkage options	Ongoing	Y	OEMST preparing for pilot for Armband project
3. Utilization of Hospital Hub for Prehospital Trauma Registry Data	C	Y	See attached survey summary. Hospital hub utilization is variable among the trauma centers. There are some data element mapping issues identified that are currently working on solutions. There is some work being done in the RTACS on identifying missing pre-hospital data. There would be value in standardizing missing EMS data reports across all centers for consistency.
4. ED LOS for high yield patients to referral	In process	Y	The group determined that it might be best to look at high yield patients first (e.g. shock, defined by SI >1.0) as a way to review outcomes for a limited data set & distinguish data issues from system performance issues.

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Courtney Terwilliger, Tracy Johns, Marie Probst, Gina Solomon, & David Newton
Chair/Commission Liaison:	James Dunne, MD
Date of Next Committee Meeting:	March 25, 2021 at 9AM via videoconference

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Hospital Hub Utilization Survey Summary January 2021





Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Rural Workgroup		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Training/Education	Being Considered	Yes	We are discussing the need for training for both hospital staff (physicians and nurses) and EMS staff on initial management of the critical trauma patient.
2. MARCH-PAWS (massive hemorrhage, airway, respirations, circulation, head injury/hypothermia – pain, antibiotics, wounds, and splinting)	Being Considered	Yes	This is a “spin-off” (might not be the best term) of our efforts to initiate a treatment algorithm for trauma like that developed by the Cardiac and Stroke disciplines. In research we found the military has developed and has been training in a similar process for years. The TECC courses that we offer to the EMS profession also utilizes this paradigm. You can find additional information here https://usacac.army.mil/sites/default/files/publications/17493.pdf . beginning on page 63.
3. Data Collection	Being Considered	Yes	This would provide a mechanism for an individual to enter trauma records into the Registry from rural hospitals that are not designated centers and are not currently inputting data.
4. Evaluation of Sustainability of rural Centers.	Being Evaluated	Yes	Ms. Atkins has begun anon-going conference call program with Trauma Managers at rural centers. We are trying to understand their challenges and will attempt to help them meet these so they will continue to be involved with the system
5. Time to Care	Frustrating	Yes	We continue to try and determine how long it takes for a critical trauma patient to arrive at the appropriate level center. In doing this we are

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			trying to determine the reason for the delay so we can implement education, training, or resources to improve these times.
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Questions, Issues, and Recommendations Requiring Commission Discussion:	Direction for the group, particularly on the MARCH-PAWS and how this algorithm, (developed by the military) can be successfully integrated into our environment.
Motions for Consideration at the Commission Meeting:	
Committee Members:	Courtney Terwilliger, Dr. Dunne, Liz Atkins, Renee Morgan, Nita Ham
Chair/Commission Liaison:	This is still a “workgroup”. We do not have a committee chair currently
Date of Next Committee Meeting:	TBD



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Level III/IV Workgroup		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Organize first meeting	Completed	Y	11 of 14 centers were represented
2. Discussion of challenges/concerns	Completed	Y	Common themes discussed included increased ED volumes and acuity, challenges finding receiving facilities due to COVID, and challenges obtaining EMS for interfacility transfer of patients.

Questions, Issues, and Recommendations Requiring Commission Discussion:	Increase in voice/representation for the Level III/IV centers
Motions for Consideration at the Commission Meeting:	None
Committee Members:	TC program leaders at Level III/IV Centers
Chair/Commission Liaison:	Liz Atkins
Date of Next Committee Meeting:	May 10, 2021

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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Trauma System Partner Reports

GCTE
Georgia Trauma Foundation
Georgia Quality Improvement Program
Office of EMS & Trauma

Trauma Registry Subcommittee

- 2021 Georgia Data Dictionary complete and finalized after an open comment period. The dictionary is available on the Georgia Central Registry website.
- Calendar year 2021 meetings for subcommittee have been set:
 - 2/11/21
 - 4/8/21
 - 6/10/21
 - 8/12/21
 - 10/14/21
- Tracy Johns can offer 1-hour GHIMA continuing education credit through June
- More funding is needed to offer more ours (\$750.00 needed to complete FY 22)

Performance Improvement Subcommittee

- PI subcommittee cancelled December meeting due to TQIP conference conflict
- January PI subcommittee meeting being held due to staffing changes and challenges due to COVID
- Plan is to meet in February to resume work on:
 - PI playbook
 - Previous assignments will be reassessed due to personnel changes
 - PRQ portion of playbook focusing particularly on Level I and Level II perspective and also on Level III and Level IV perspective
- John Pope, of Cartersville Medical Center, has assumed leadership of this subcommittee in 2021 as Anastasia Hartigan transitions out of the chair role; however, Anastasia remains involved to support John and the subcommittee moving forward.
- John will be asking GCTE membership for interest in joining PI subcommittee to take part in PI playbook project

Pediatric Subcommittee

- Subcommittee resumed meetings post holidays on Monday, January 26th
- Pediatric centers continue to collect data for the pediatric radiology project with goal of ongoing identification of facilities that over scan pediatric population. Once identified, targeted education can be completed for these facilities.
- New member, Kelsey Palladino, who is the TPM at Memorial, joined the group and brings a wealth of trauma knowledge.
- Next steps for the project ideas:
 - Good standard of care:
 - Functionality at D/C
 - PEWS score
 - GSW
 - Focusing on aftercare and follow up
 - Review existing programs, such as the Cure Violence Program, to determine if can be implemented
 - Child Abuse
 - April is Child Abuse Prevention month

- Working on a Non-accidental Trauma (NAT) project to share with group
- Autopsies
 - Looking into how autopsy reports can be received more timely in order to input accurate data into trauma registry, particularly on NAT cases

Injury Prevention

- GCTE Injury Prevention Subcommittee monthly meetings continue to be well-attended
- Resumed Task Force discussions during January meeting
 - Fall Prevention Task Force is working to help initiate a virtual falls prevention initiative
 - Intentional Injury Task Force is working to develop a guide for promoting safe gun storage
 - The new Special Events Task Force is working on developing a virtual educational offering centered around the Cardiff program

Education Subcommittee

- There will be a virtual offering for a rural TOPIC course on 4/16/21
 - Rural centers have been notified to contact Erin Moorcones, if interested in attending
 - Applications are open until 2/1/21
- There will be an Optimal class offered on 4/30/21
 - Applications are open until 2/1/21

General Updates

- Karen Hill is transitioning out of the GCTE Chair role following the February meeting. Jesse Gibson will begin her two-year term as Chair. A vote is scheduled for the Vice Chair position. Karen will remain involved with the GCTE as the past-chair member.
- Karen is also transitioning from her role as Trauma Program Manager at Eggleston to the Manager of Critical Care Transport for CHOA
- Karen is greatly appreciated for her leadership and willingness to serve as the GCTE Chair- especially during the COVID pandemic
- The February GCTE meeting has been moved to February 26th, in order to follow the GTC meeting

Report respectfully submitted by:
Jesse Gibson, MBA, RN, BSN
Chairman, Georgia Committee for Trauma Excellence



**Georgia Trauma Foundation Report to the Georgia Trauma Network Care Commission
February 25, 2021**

Georgia Trauma Foundation			
Project/Activity¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
Deliverable #1 Increase number of Georgia Trauma Foundation Board Members to five through the recruitment of members outside of the Georgia Trauma Commission	We now have three (3) Board Members, and have created an Ex-Officio role for the Executive Director of the Georgia Trauma Commission to maintain oversight and alignment.	Y	We are still recruiting for an addition 1-3 members.
Deliverable #2 Hold Board meetings quarterly, at a minimum; number of Board meetings held per quarter to be reported on the first day of the month following the end of the quarter	We have scheduled bi-monthly (6) Board meetings for 2021. We have scheduled bi-monthly (6) Executive Committee meetings for 2021.	Y	
Deliverable #3 Execute contract for fundraising and foundation development resource	We have hired Cheryle Ward, Director of Philanthropy. (start date 1/4/21)	Y	

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Deliverable #4 Host two fundraising endeavors & report to GTC net funds raised	We are currently developing our fundraising strategic plan.	Y	
Deliverable #5 Host Advocacy Day with community partners (Trauma Awareness Day)	Due to COVID restrictions, an in-person Advocacy Day was not possible. We are looking into virtual options before the end of the session.	Y	
Deliverable #6 Host biannual Trauma System Meetings with collaborating organizations (Trauma Symposium & Day of Trauma)	The Trauma Symposium and Spring Meetings will return in 2022. A hybrid version of Day of Trauma is set for Friday, August 13 in St. Simons Island and online.	Y	

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Board Members:	Dr. John Bleacher, President Dr. Regina Medeiros, Secretary/Treasurer Dr. Ninfa Saunders Elizabeth Atkins, Ex-Officio Board of Director
Chair/Commission Liaison:	Dr. John Bleacher, President
Date of Next Board Meeting:	Wednesday, April 7, 2021



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	GQIP		
	Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)
1. Fall 2020 TQIP Report Performance Matrix Summary Exercise	Completed	Y	100% Trauma Center participation
2. Opioid and AKI Work Groups	In progress	Y	Opioid workgroup supports statewide strategic planning efforts of the state to respond to the opioid epidemic. AKI continues to be an area of opportunity in TQIP Collaborative reports and resumes work previously done in this area.
3. sTBI Cohort Workgroup & Drill Down	In planning stage	Y	sTBI cohort identified as area of opportunity on Fall 2020 TQIP Collaborative report.
4. Data Validation - GCS Motor Score	In planning stage	Y	In conjunction with sTBI cohort drill down as this data point is significant driver in risk adjusted modeling for cohort. Supports one of GQIPs primary goals of external data validation.

Questions, Issues, and Recommendations Requiring Commission Discussion:	Benchmarking platform for GQIP
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Dr. C. Dente, Dr. J. Sharma, Gina Solomon, Trauma center leadership staff
Chair/Commission Liaison:	Gina Solomon
Date of Next Committee Meeting:	March 16, 2021 at 4 PM

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Georgia Office of EMS and Trauma Program Report GTCNC

January 2021

Designations:

- Re-designation of Level III facility was performed on December 8, 2020. Final report in review by site team.
- Several facilities have requested extensions on re-designations due to staffing issues and limited resources due to COVID. Level III's and IV's are reporting significant issues due to trauma personnel being required to staff or move to other duties during COVID.
- It is anticipated that two new level IV facilities will be designated by May of 2021 with the possibility of two others by the end of 2021.
- Certified letters were sent to three (3) facilities for non-compliance of quarterly reporting and data submission. Letters requested that facilities submit a corrective action plan to address deficiencies. One facility submitted a corrective action plan. The two remaining facilities sent no response. A second letter requested intent of designation status. If no reply, OEMST will begin de-designation process.
- ACS Verification:
 - ACS reported that visits will be done virtual until further notice. One facility has been given a date April 2021.
 - Centers who are awaiting ACS Verification will be contacted by ACS to schedule potential visit.
- A new process for registering in state reviewers for site teams has been implemented. Facilities should have received correspondence was sent to facilities in regard to registration. Trauma surgeons, ED Physician and TPM's can participate.

Quarterly Reports:

- 1st quarter OTCPE and OBCPE was completed and submitted to OEMST through License Management System (LMS). 2nd quarter report has been opened.
- Any issues with the online OTCPE, OBCPE, Hospital HUB, GEMSIS EMS data or issues related to accessing LMS, please contact us at trauma@dph.ga.gov.
- OEMS will provide an in-service to orient trauma registry users to the HUB. Date and time TBA.

Learning Management System:

- The Office of EMS and Trauma has secured funding and has purchased and begun to implement a Learning Management System that will be the official OEMS classroom. This system will also be used by any EMS Agency in Georgia who wants to put on online classes or exams for their agency.



GEORGIA TRAUMA
COMMISSION

RTAC Reporting



RTAC Quarterly Report

Quarter: 2

Date: 2/9/2021

EMS Region	I
RTAC Chair	John Pope
RTAC Coordinator	Scott Lewis

Date last BIS Assessment completed: January 2017

Date last Trauma Plan completed: November 2015

Projects:

Start Date	Status (Date if Completed)	Description and Report
Ongoing since 2017	Continuous with no end date, working on updates for 2020	Hospital's capabilities document (BIS 207.2)
Ongoing since 2018	<i>Complete</i>	<i>Stop the Bleed- All school are complete. All kits have been delivered. (BIS 207.2)</i>
On going since 2018	<i>Continuous with no end date.</i>	<i>Survivor Cases spotlight/recognition- Due to COVID-19 this years program will not go forward and will be revisited next year. (BIS 105.2).</i>
10/22/2020	<i>Currently being researched</i>	<i>In conjunction with the bylaw changes mandated by OEMS/T which will also effect the RTAC. A committee has been assigned to adjust the members and bylaws and explore the development of a Regional Systems of Care Committee that will include Stroke, Trauma, Cardiac, OB, Peds, Prehospital, and Emergency Medicine.</i>
January 2021	<i>Rescheduled</i>	<i>BIS Assessment is onhold due to meeting restrictions and will be rescheduled when restrictions are lifted.</i>



GEORGIA TRAUMA
COMMISSION

RTAC Quarterly Report

Regional Summary:

The January meeting was cancelled due to COVID-19 restrictions and the large number of stake holders that were testing positive or having to be redeployed in other roles to help with treatment of those patients. The BIS reassessment has been postponed due to COVID as well and will be rescheduled as soon as possible. Memorial EMS took over Walker County on 2/1/2021 as their 911 provider and will take over Dade County on 3/1/2021.



RTAC Quarterly Report

Quarter: 2nd

Date: 02/11/2021

EMS Region	2
RTAC Chair	Chad Black
RTAC Coordinator	Lisa Farmer

Date last BIS Assessment completed: 2019

Date last Trauma Plan completed: 2017

Projects:

Start Date	Status (Date if Completed)	Description and Report
2020		Blood Products Pilot Pre-Hospital EMS continues in Region 2/10.
2020	2020	Completed Virtual Trauma Symposium-huge success!
2021		Planning stages for 2021 Trauma Symposium.
2019		<i>Trauma App is ready to demo, have sent out emails to state along with regional and very little reply as to helping beta-test this. We have funds committed but until we get some to help beta-test we are at a standstill with this project.</i>

Current Needs:

Agencies and hospitals from other regions to help beta-test the Trauma App that can be used for Trauma, STEMI and Stroke alerting with GPS tracking of units to tertiary hospitals.

Regional Summary:

We continue to have great participation in our quarterly RTAC meetings with average of 30 and up to 50 in attendance when allowed in-person meetings. The Pilot Project for Blood Products in the field continues with White, Habersham and Dawson Counties in Region 2, and Jackson County from Region 10. We are in the process of adding an additional 2 units to Jackson County due to their volumes and multiple occasions where the supervisor with the blood products was not close enough to the call to deliver the plasma when needed due to the large size of the county. This should help to have more cases where the plasma is utilized in the field in Jackson. We are also working with Pelican Biothermal, who



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provided the coolers for carrying the plasma, with an in depth study of our project that will be published once completed.

Quarter: 2

Date: 02/09/2021

EMS Region	3
RTAC Chair	Elizabeth R. Benjamin MD PhD
RTAC Coordinator	Mark Peters

Date last BIS Assessment completed: 01/2016

Date last Trauma Plan completed: 08/2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
07/01/2017	Hold	Stop the Bleed Training
09/03/2020	02/08/2021	Executive Board Elections
11/17/2020	11/19/2020	TECC-LEO Classes

Regional Summary:

Over the last few months the Region 3 RTAC has charged a nominating committee with producing a slate for a new Executive Board. Through their hard work the Region 3 RTAC is proud to have a new Executive Board.

- Chair - Elizabeth R. Benjamin MD PhD
Trauma Medical Director, Grady Memorial Hospital
- Vice Chair - Alexis Smith MD
Trauma Medical Director, Children's Healthcare of Atlanta-Scottish Rite
- Secretary - Erin Moorcones RN
Trauma Educator/ Outreach, Grady Memorial Hospital

The members of the RTAC would like to express our gratitude and sincere thanks to Dr. Jeffrey Nicholas for his years of leadership and guidance as Chair of the RTAC. Dr Nicholas will stay on as Past Chair and in an advisory role.

Even though COVID has caused us to cancel most scheduled classes we were able to deliver two Tactical Emergency Casualty Care – Law Enforcement (TECC-LEO) classes at the Suwanee Police Training Center and three standard TECC classes in Newton County, City of Forest Park and Georgia Gwinnett College.



RTAC Quarterly Report

Quarter: 2nd Quarter

Date: 02/05/2021

EMS Region	4
RTAC Chair	James Polk
RTAC Coordinator	Stephanie Jordan

Date last BIS Assessment completed: 12/2020 (revisions awaiting approval from RTAC Committee)

Date last Trauma Plan completed: 01/2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
11/2020	01/2021	Revised BIS Assessment that was previously completed and sent for approval to Region 4 RTAC Committee for review/approval. Current revision awaiting approval.
01/2020	02/2021	Continued Stop the Bleed training in Troup County, including Wellstar West Georgia Medical Center.
12/2020	In Progress	<p>Determine Outcomes of Trauma Patients in Region 4.</p> <p>This includes: Time of Injury/Incident, 911 Activation, Response Time to Patient, Response Delay Factors, Time to Access Patient (extrication), Time on Scene, Treatment on Scene, Treatment Enroute to Hospital, Time to Hospital, Diagnosis/Findings, Trauma Activation, Transport Facility.</p> <p>Additionally, this includes related information when transporting patient to Closest Facility vs. Designated Trauma Center and transporting the patient via Helicopter; Length of Time at Closest Facility, Diagnostics/Treatment while at Closest Facility, Diagnosis/Findings, Number of Designated Trauma Centers contacted for Patient Acceptance, Mode of Transfer (ground or air), Time of Transfer to ground or air ambulance, Transport Time to Designated Trauma Center, Diagnosis/Findings, Diagnostics/Treatment, Outcome of Patient (OR, ICU [Neuro, etc], Floor Admission, Discharge to Rehab Facility, Expired in ED/OR/ICU/Floor.</p>



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Current Needs:

Nothing at this time.

Regional Summary:

COVID-19 continues to make in-person meetings challenging.

BIS Assessment revisions are complete. Awaiting Region 4 RTAC Committee review and approval.

New data from current PI created a needed revision with this PI. Revision in progress. Evaluate responses and outcome of patients, the initial destination, and look for potential future training and/or cooperation with future grants.

Current Performance/Process Improvement project: Determine Overall Outcome of Trauma Patients in Region 4.

Quarter: FY 21, Q2

Date: 02/11/21

EMS Region	5
RTAC Chair	Todd Dixon
RTAC Coordinator	Kristal Smith

Date last BIS Assessment completed: 2011

Date last Trauma Plan completed: 2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
Dec 2016	Ongoing	Stop the Bleed Trainings (Schools, Community, etc) - No formal Stop the Bleed course offerings since initial COVID 19 shelter-in-place order. Preparations underway to support small group and hybrid course offerings.
Feb 2017	Ongoing	Law Enforcement Mutual Aid Trauma Program (Regional Trauma System Improvement Initiative) - To date approx 1,200 law enforcement personnel trained; LEMAT utilizations on-going.
Mar 2018	Ongoing	TECC Courses (Regional Trauma System Improvement Initiative) - Deliverables exceeded. Six TECC courses have been delivered. The RTAC has now also sponsored 2 TECC LEO Courses. Strategic planning for upcoming courses underway.
Oct 2018	Ongoing	Mobile Equipment Caches (Regional Trauma System Improvement Initiative) - Two mobile Equipment Cache deployable. Deployment requests have decreased since the COVID 19 shelter-in-place order.
May 2019	Ongoing	Stop the Bleed - Beyond the Basics (RTAC Support Funds) - Designed to develop the region's instructor base by targeting educators in our participating hospitals and EMS agencies. No formal regional Stop the Bleed course offerings since initial COVID 19 shelter-in-place order.
Aug 2019	Ongoing	Stop the Bleed - Campus Resilience Initiative launched (School Response Initiative Resources) - expansion of the School Response Program to regional universities and technical colleges. No formal regional Stop the Bleed course offerings since initial COVID 19 shelter-in-place order.
Jan 2019	Ongoing	Regional Pediatric Trauma Symposium held January 2019 and 2020 - (RTAC Support Funds) Nearly 200 participants in attendance for both offerings. 2020 expanded to 2-day offering with expanded content. Planning committee has determined it best not to attempt a 2021 Symposium.
Feb 2020	Ongoing	Trauma Education Scholarships (RTAC Support Funds)- "Mini-scholarships" intended to assist regional in-hospital caregivers with attending trauma education offerings. FY 2021 Scholarships will allow for a regional delegation to attend STN virtual conference, Trauma Con.
Feb 2020	Ongoing	Hospital Surge Readiness Course - educational offering for regional hospitals developed and conducted in partnership with Regional Preparedness Coalitions F and H. Pilot course was held at Piedmont Henry and was well received. No formal offerings since initial COVID 19 shelter-in-place order.

Projects (continued):

Start Date	Status (Date if Completed)	Description and Report
TBD	Ongoing	Mass-casualty Tabletops and Exercises (Regional Trauma System Improvement Initiative). Project postponed for the foreseeable future. RTAC and Regional EMS Council utilized funds to purchase Victory Handheld sprayers and disinfectant to combat COVID 19.
June 2020	Ongoing	RTAC Sponsored Q Word Podcast (RTAC Support Funds) - In order to rise to the educational challenges presented by COVID 19. The RTAC has sponsored multiple episodes on Special Populations in Trauma. The RTAC has sponsored 6 episodes to date. FY 21 Podcasts are in the works. Episode downloads as of 2/11/21 – The Pregnant Trauma Patient – 1340 The Pediatric Trauma Patient – 1323 The Bariatrics Trauma Patient – 1218 The Geriatric Trauma Patient – 1713 Neurodivergent Trauma Part 1 – 1520 Neurodivergent Trauma Part 2 – 1564
July 2020	Complete	Sanitizing Equipment Distribution (RTAC Support Funds) Approximately \$23,000 of FY 20 Education funds were utilized to purchase 42 Turbo-UV Sanitizers and accessories. The RTAC in collaboration with the Regional Healthcare Coalitions are currently distributing these items to participating regional 911 EMS agencies and Emergency Departments.
July 2020	Ongoing	The Injury Prevention Initiatives (RTAC Support Funds) - IP Subcommittee is focused on preventative efforts despite the challenges of COVID 19. We have appointed a social media content manager tasked with providing targeted IP messaging, recorded short video segments intended for social media and YouTube championing Stop the Bleed, child occupant safety, helmet use, etc. Bike helmets, gun locks and other resources have been distributed at Drive Thur Events. Partnering with August University Trauma Program to offer Virtual Safe@Home program.

Current Needs:

No new needs. Ongoing support appreciated.

Regional Summary:

The Region 5 RTAC membership continues to pull together to maximize the availability of trauma education while decreasing cost through the sharing of resources and collaboration. Our efforts are guided primarily by the ongoing work of RTAC Performance Improvement and Injury Prevention Subcommittees and the Region 5 EMS Council Education Committee. We are proud to report strong collaboration among our regional hospitals, EMS agencies, healthcare coalitions, educational institutions. While COVID 19 has presented a number of challenges, it has also opened up a number promising horizons in order to meet our goals and objectives. RTAC subcommittees continue to meet regularly. The R5 RTAC also presented a virtual educator panel discussion at the recent GEMSA EMS Providers and Educators conference. We work very closely with our state and regional partners to assure that ongoing efforts are collaborative. We are looking forward to two upcoming TECC classes, a Trauma Skills Lab, and a Rescue Task Force Instructor Course in addition to several virtual offerings.



RTAC Quarterly Report

Quarter: 2nd

Date: 02/09/2021

EMS Region	Region 6
RTAC Chair	Nicky Drake
RTAC Coordinator	Farrah Parker

Date last BIS Assessment completed:

Date last Trauma Plan completed:

Projects:

Start Date	Status (Date if Completed)	Description and Report
07/01	This project has been deferred to the Regional Council. The RTAC will not coordinate any of these activities.	<p>Regional Education forum for Region 6 agencies. Agencies will not request funding from the RTAC, but would like RTAC leadership to communicate with individuals and inform them of upcoming events. <i>**Outline below**</i></p> <p><i>Basic Outline: Goal:</i> Offer a Regional Extrication Conference that will give our region’s providers an opportunity to gain experience. The classes offered will be discussed at the 1st meeting.</p> <p><i>Timeline:</i> Spring Time. The month of January or February. The layout of the conference will be discussed at the 1st meeting.</p> <p><i>Planning Stage:</i> 5/6 months</p> <p><i>Positions needed for each agency:</i> (1) Main Contact Person; This person will be main point of contact between agencies. They will also serve as the logistics officer for the conference itself, if possible. This person must be present at every meeting physically or by virtual means. If this person can’t attend a meeting please designate a secondary contact person. There will be monthly meetings.</p> <p>(1) Appointed person to be on an Advisory Council; This individual will serve alongside other appointed persons to make sure all plans are well-thought out and feasible. This person should not have any direct relation with any initial planning and remain unbiased in times of voting.</p> <p>(Cache) Instructors; These individuals will assist in the planning of topics and methods of delivery.</p> <p><i>Agencies currently involved:</i> McDuffie County Fire/EMS, Warren County Fire/EMS, Washington-Wilkes Fire, Taliaferro Fire, Swainsboro Fire, Columbia County Fire, Grovetown Fire, Harlem Fire, Richmond County, Lincoln County, RTAC6, Region 6 EMS Director Gary Pinard, Gold Cross EMS</p>



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		<u>Agencies IN PROGRESS:</u> <i>Burke County Fire/EMS, Jefferson County, Jenkins County</i>
03/01	In Progress **Update this will not be able to be complete until late spring. With the ongoing pandemic the schools have elected to to postpone the training.	** This project is currently on hold**Currently working with Joe Webber at AU to coordinate with Columbia County Superintendent to schedule and finalize STB training for Columbia County Schools and Buses. Coordination with STB trainers in region. Once final STB training video is released will hold a virtual training and set up hands on skills at different locations to allow for proper social distancing.
07/01	In Progress	Planning and scheduling of remaining TECC and Farm Extrication classes contracted with GEMSA. Farm extrication class will be in held in the spring in Wilkes county. Working with class instructor on dates.
11/01	Completed	Coordination with GEMSA to schedule a skills lab in region 6. Added to agenda during the November RTAC meeting. Committee elected to have the class held in a rural county, since a lab was already held in Emanuel county this lab will be held in McDuffie County at the National Guard Armory on March 19 th . Information has been pushed out to the region to allow participants to register for the lab.
10/01	In Progress	Data collection on response times and transport times for Trauma centers. Will work with both Trauma centers to get de-identified data from registry reports. Currently working with Doctors hospital Trauma leadership team to build report that can be generated from both facilities. Will begin with a minimal data set to submit to see if additional data points will be need for ongoing collection.
02/01	In Progress	Communication with Regional agencies and hospitals that received Victory Sprayer Guns. There has been a voluntary recall of the battery packs. Emails have been sent with a link to register their devices and have batteries replaced.

Current Needs:

Region 6 currently has no immediate needs. We will resume in person meetings and continue to complete ongoing projects.



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Regional Summary:

Committee still is very involved with creating and implementing ongoing education opportunities. Communication still remains intact with parties that continue to be involved with the ongoing efforts in the region. Would like to incorporate the option for meetings to be attended virtually even once Covid restrictions are lifted with the help of the Trauma Commission. RTAC chair and other committee members were happy to see a high attendance rate at February meeting. Hope this will allow others to be engaged.



RTAC Quarterly Report

Quarter: 2nd Quarter FY2021

Date: February 5, 2021

EMS Region	7
RTAC Chair	Duane Montgomery
RTAC Coordinator	Brian Dorriety

Date last BIS Assessment completed: March 2020

Date last Trauma Plan completed: January 27, 2021

Projects:

Start Date	Status (Date if Completed)	Description and Report
9-19-19	In Progress	STB program only have two more schools in Muscogee County to complete. Due to COVID we are halted per the school board.
1-20-20	In Progress	Fall Prevention Program: Sent out surveys through out the community. Beginning Media coverage through Piedmont. Working on MVC's and Gun safety through Safe Kids of Columbus.
2-20-20	Completed	Trauma Data Collection is completed through December 2020.

Current Needs:

We would like to see our entire Region equipped with Video Laryngoscopes (VL) and pelvic binders. We have 6 services consisting of 14 units that are not using VL. The other 21 units are equipped with VL.

Regional Summary:

01. We completed our 2nd annual Trauma Symposium on January 20, 2021, with 125 participants through virtual platform. We had 6 speakers on different areas on trauma.
02. We completed our 2nd annual Trauma Skills Lab on January 21,2021, with 157 participants.
03. We had 24 participants complete the EVOC Trainer Course back on December 15-16.
04. RTAC Plan was revised on January 27, 2021 with several Director positions and managers positions.
05. RTAC 7 Budget = **\$36,802.00**



RTAC Quarterly Report

Quarter: 2

Date: 2/20/2021

Region: 8 & 9 Chair: 8- David Edwards; 9-Dr. Gage; **RTAC Coordinator:** Stephanie Gendron

Date last BIS Assessment completed: January 2018

Date last Trauma Plan completed: In progress

Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2017	Complete- 8/13/2018; 8- Halted	9- GA STB- All schools complete with kits 8- Progress halted due to COVID-19.
5/2018	Transportation STB- Complete 7/29/19 8-Halted	Complete- All transportation systems with kits 8- Progress Halted due to COVID-19
5/2018	Public Education STB-In Progress	Trained 4000; Push on ensuring all volunteers are registered as instructors; training paused
10/18	Pedestrian vs. MVC Injury Prevention Research- In progress	9-Presented for NASEMSO in late 2020. U.S Department of transportation contacted for further development.
12/2018	DART Program	9-Training Completed 2/21- Kits moved to Jekyll Island Fire Rescue- additional training in process
7/2019	Time to Care Metric	8 & 9In progress
2/20	EMS Data Sharing	Sharing LOS, Overtriage, Mortality, Time on scene, PCR completion % with EMS Council; Data collection issues
1/2020	Farm Medic Class	8- Continuing classes regionally

Current Needs:

- Data sharing has become complex between the hospitals and the RTAC. It often takes additional time to merge data sets if we are able to get data at all.
- DART Completion and Distribution plan from EMS council

Regional Summary:

Our regional activities have been significantly slowed down due to COVID-19. Both Region 8 and Region 9 RTAC’s will meet virtually for their next meetings with the hope of an in-person meeting soon.

Region 9 presented the Pedestrian Research Project to the National Association of State EMS Officials in December of 2020. The presentation was well received and we have received an invitation from the EMS office of the U.S Department of Transportation to collaborate regarding this research.

Region 9 moved the DART equipment to Jekyll Island Fire Rescue and is working on an additional planning session in order to get the program up and running.

Region 8 and 9 have received disinfecting equipment through the Trauma Commission and we are working through the recalls in both regions.

Region 8 is continuing the Farm Medic classes and offering this program statewide through the GTC and GEMSA. The cadaver lab for region 9 will be held in Statesboro on May 27th 2021- the cadaver lab for region 8 is still in the planning process.

STB training for schools and buses in Region 8 has been halted due to COVID-19. Many schools in the region being held virtually and there is much hesitation on having medical professionals rotating through the schools while trying to reduce transmission. The RTAC may need to look to a virtual training model with the use of the STB Georgia Training video.



RTAC Quarterly Report

Quarter: 2nd

Date: 2/8/2021

EMS Region	10
RTAC Chair	Dr. Kurt Horst
RTAC Coordinator	Crystal Shelnett

Date last BIS Assessment completed: 10/31/2016

Date last Trauma Plan completed: 12/18/2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
1/2/2018	11/10/2020	Stop the Bleed All schools have completed the training and received BCON kits!
7/2018	In Progress	BUS Driver STB Jackson County, City of Jefferson, and Oglethorpe County school bus drivers are outstanding for completing that portion of STB. We are still attempting to schedule with these organizations.
5/2020	12/15/2020	Sanitation equipment purchase for each county's EMS department
2019	1/29/2021	Region 10 Skills Lab The skills lab sponsored by GEMSA was taught last month in Elbert County.
4/15&16/2021	Scheduled	Farm Medic Course Oglethorpe County EMS will host a Region 10 Farm Medic class in April 2021. Registration for this class is ongoing.
2021	Planning Stage	Blood Products Pilot Project <ul style="list-style-type: none"> The RTAC Committee approved moving forward with the Blood Products Pilot Project. RTAC has been working with PARMC and last month received approval from Piedmont to move forward with the project. Dr. Horst, the RTAC Chair, approved the pilot project subcommittee that will meet later this month. Several counties have been identified and expressed interest in project participation. Jackson County EMS in a current participant in Region 2's plasma pilot project and has offered their support and experience as the subcommittee and project move forward.

Current Needs:



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The COVID-19 pandemic has understandably diverted some focus away from improvements in trauma care. Moving forward RTAC hopes to continue engagement with regional stakeholders and increase active participation in the committee.

Region 10 recently hosted the Skills Lab in Elberton. This class was well received by the medics that participated and the course enrollment was filled. We hope to be awarded more GEMSA classes in the future as we transition back to in-person classes.

Regional Summary:

As of January of 2021, Dr. Deanna Walters has accepted a position with the Center for Disease Control and is no longer working for UGA College of Public Health. Dr. Walters's position on the RTAC Committee had transitioned to Dr. Heather Padillia. Dr. Padilla brings a wealth of information and strong patient advocacy in chronic disease prevention. She began working in healthcare as a Registered Dietitian for local hospitals in Region 10. In 2017 Dr. Padilla was awarded her Doctorate in Philosophy, Public Health Education and Promotion. Dr. Padilla is looking forward to working with local EMS services and learning about trauma care in the region.

Regional meetings remain virtual for health and safety reasons as we continue to feel the strains of the COVID-19 pandemic. The committee looks forward to resuming in-person meetings when it is safe to do so.