GEORGIA TRAUMA COMMISSION

Chateau Elan
March 1, 2023

GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission
March 1, 2023
08:30 AM to 12:30 PM
Chateau Elan Resort, Braselton, GA
Agenda

08:00 am -08:30 am (30 minutes) BREAKFAST

08:30 am to 08:55 am (25 minutes)

Welcome, call to order & establish quorum	Dr. Dennis Ashley
Approval of November 17, 2022, Meeting Minutes*	
Chairman's Report	
Executive Director's Report	Liz Atkins

08:55 am to 10:10 am (70 minutes)

Trauma System Analysis Report	Dr. Etienne Pracht

10:10 am -10:25 am (15 minutes) MORNING BREAK

10:25 am to 11:55 pm Committee Reports (80 minutes)

Budget Committee *	Dr. Regina Medeiros
EMS Committee	Courtney Terwilliger
Level III/Level IV/Rural Trauma Center Committee	Dr. Greg Patterson Dr. Alicia Register
Georgia Committee for Trauma Excellence	Tracy Johns
Rehabilitation Committee	Dr. Ford Vox
Trauma Administrators Committee	Dr. Michelle Wallace
Trauma System Performance Committee	Dr. James Dunne
Trauma Medical Directors Committee	Dr. Katherine Kohler

Trauma System Partner Reports 11:45 am to 12:15 pm (30 minutes)

Georgia Trauma Foundation*	Cheryle Ward
Georgia Quality Improvement Program	Dr. S. Rob Todd Gina Solomon
Office of EMS and Trauma	April Moss

12:15 pm to 12:25 pm (10 minutes)

New Business	Dr. Dennis Ashley
Summary of Action Items & Next Steps	
Motion to Adjourn*	

***Commission action anticipated**

GEORGIA TRAUMA COMMISSION

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DRAFT FOR APPROVAL AT MARCH MEETING

GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes
Thursday, November 17, 2022
9:00 AM-3:15 PM
Marriott Macon City Center
Macon, Georgia
Meeting Recording: https://youtu.be/aw7WwEztcMc
Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT
Dr. Dennis Ashley, Chairman
Dr. James Dunne, Vice-Chairman
Dr. Regina Medeiros, Secretary /Treasurer
Dr. John Bleacher
Mr. Courtney Terwilliger
Dr. Michelle Wallace
Mr. Jim Adkins via Zoom
Pete Quinones

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth Atkins	GTC, Executive Director
Gina Solomon	GTC, GQIP Director
Katie Hamilton	GTC, Finance Operations Officer
Gabriela Saye	GTC, Executive Assistant
Cheryle Ward	Georgia Trauma Foundation, Executive Director
Jessica Davis	Archbold Medical Center, Trauma Registrar
Mary Beth Goodwin	Archbold Medical Center, Trauma PI Coordinator
Greg Patterson	Archbold Medical Center, TMD
Kyndra Holm	Augusta University Health - Children's Hospital of GA, PTPM
Amy Watson	Effingham Health System, TPM
Brooke Marsh	Emanuel Medical Center, TPM
Gail Thornton	Emanuel Medical Center, Trauma Registrar
Sharon Nieb	Emory, Program Director
Jill Woodard	Emory, Program Director
Lynn Grant	Fairview Park Hospital, Trauma Program Director
Xavier Crockett	Georgia Department of Public Health, State Health Protection Director
Becca Hallum	Georgia Hospital Association, Associate General Counsel
Sofi Gratas	Georgia Public Broadcasting, Health Reporter
Glenda Grant	Georgia Rural Health Innovation Center, Executive Director
Cheryle Ward	Georgia Trauma Foundation, Executive Director
Sarah Parker	Grady Health System, Trauma Program Director
S. Rob Todd	Grady Health System, SVP / Chief, Acute Care Surgery
Judean Guinn	Hamilton Medical Center, VP/CNO
Farrah Parker	JMS Burn Center at Doctors Hospital, Burn Program Coordinator

Kendrix Evans	Memorial Health Meadows Hospital, TPD
Karrie Page	Memorial Health Meadows Hospital, Trauma Coordinator
Susan Jackson	Morgan Medical Center, Quality Safety Director
Christie Mathis	Morgan Medical Center, TPM
Christie Mathis	Morgan Medical Center, TPM
Karen Young	Morgan Medical Center, Director of Nursing and Risk Management
Jesse Gibson	Northeast Georgia Medical Center, Trauma Program Director
W. Matthew Vassy	Northeast Georgia Medical Center, Trauma Medical Director
Michael Johnson	OEMST, Director
Kelly Joiner	OEMST, Deputy Director
Marie Probst	OEMST, State Trauma Registrar
Richard Rhodes	OEMST, State Training Coordinator
Brandi Fitzgerald	Phoebe Putney Memorial Hospital, TPM
Heather Morgan	Piedmont Athens Regional, TPM
John Pope	Piedmont Cartersville, TPM
Jan Tidwell	Piedmont Cartersville, CNO
Karen Hust	Piedmont Walton Hospital, TPM
Sharon Hogue	Polk Medical Center, TPM
Tifani Kinard	Polk Medical Center, VP of Rural Health
Dawn Truett	Polk Medical Center, Quality/Accreditation Coordinator
Charles Barbera	PTSF
Amy Krichten	PTSF
Darlene Gondell	PTSF
Juliet Altenburg	PTSF, Executive Director
Kristen DiFiore	PTSF, Accreditation Specialist
Scott Roberts	Region 4 EMS, Assistant Chief
Brian Dorriety	RTAC, Region 7
Danielle Johnson	RTAC, Region 3 Coordinator
Anita Matherley	RTAC, Region 8 Coordinator
Crystal Shelnutt	RTAC, Region 10 Coordinator
Winston Charles	Wellstar Cobb Hospital, Trauma Program Manager
Kristy Ruiz	Wellstar Cobb Hospital, TPM
Frances van Beek	Wellstar Healthcare System, AVP, Trauma & Neuro
Jamie Van Ness	Wellstar Kennestone, Director of Trauma Services
Kerry Carter	Wellstar Paulding Medical Center, TPM
Emily Baldridge	Wellstar Spalding Regional Hospital, Trauma Program Manager
Rachel Hand	Wellstar West GA Medical Center, TPM

CALL TO ORDER (00:00:05)

Dr. Dennis Ashley called the meeting to order at 9:00 AM with eight Commission members present.

CHAIRMAN REPORT (00:00:33)

Presented by Dr. Dennis Ashley

Due to the full agenda, Dr. Ashley provided a brief review of the Chairman's Report:

- Welcome, Pete Quinones, the newest member of the Georgia Trauma Commission. He has had a 30+ year career in EMS and serves as the President/CEO of Metro Atlanta Ambulance Service in Marietta. He has been one of our long-standing members of the EMS Committee, so he's well-informed about the challenges we face. His leadership and administrative experience will be an asset to the Commission. We look forward to working with Pete.
- Thank you, Dr. James Smith, for your four years of service on the Commission. He has always been supportive of the Commission and our projects. He could not attend the meeting in person today, but we have a plaque to send him to appreciate his efforts over the past four years.
- This third Thursday in November is recognized nationally as Rural Health Day. It is excellent timing to focus on our rural community. We hope our rural partners feel empowered and a part of the team.
- Typically, we review our bylaws this time of year, but we changed them last year to review every three years.

Today's meeting is a bit longer due to combining our initiatives into the Commission meeting. We will continue with our presentations for the morning.

MORNING SESSION PRESENTATIONS (00:02:48)

The following presentations were reviewed during the morning session:

1. Pennsylvania Trauma System Foundation (PTSF): Level IV Consultative Summary
   Presented by: Dr. Charles Barbera, Darlene Gondell, and Amy Krichten
   Overview: The PTSF review team discussed their findings during the October Level IV Consultative Visit. The presentation included their consultative process, Level IV strengths, opportunities, and recommendations.
2. Georgia Rural Health Innovation Center (GRHIC)
   Presented By: Glenda Grant
   Overview: History of GRHIC start, mission, and current project highlights (ATTACHMENT A).
3. Georgia State Office of Rural Health (SORH)
   Presented By: Nita Ham
   Overview: History of SORH, mission, team composition and programs, current rural regions and hospitals, grant program, and partnerships (ATTACHMENT B).

APPROVAL OF MEETING MINUTES AND 2023 MEETING DATES (00:41:22)

Presented by Dr. Dennis Ashley

Dr. Ashley asked for a motion to approve the August meeting minutes, p. 4-12, in the meeting packet.

MOTION GTCNC 2022-11-01:
Motion to approve August 11, 2022, meeting minutes as submitted.

MOTION BY: Dr. Regina Medeiros
SECOND BY: Dr. James Dunne
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions.

Dr. Ashley asked for a motion to approve the 2023 Commission Meeting Dates, p. 13.

MOTION GTCNC 2022-11-02:
Motion to approve 2023 Commission Meeting Dates.

MOTION BY: Dr. Regina Medeiros
SECOND BY: Dr. Michelle Wallace
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions.

Liz Atkins added that the August meeting date is subject to change after logistics are discussed next week.

EXECUTIVE DIRECTOR REPORT (00:42:58)
Presented by Liz Atkins
Liz Atkins stated the full report could be found on pages 15-19, which provide a high-level overview of significant initiatives.

- Thank you to those that participated in the Level III/IV Readiness Cost Survey. The paper was accepted for publication. Thank you, Kelli Vaughn, for assisting in completing the manuscript and revisions.
- The ACS visit has become a full trauma systems consultation with a rural focus. The schedule is as follows and available on page 20:
    - Day 1, January 9, 2023 – Full System Review
      Lake Blackshear Resort, Cordele, GA
    - Day 2, January 10, 2023 – S. GA Rural Focused Review
      Lake Blackshear Resort, Cordele, GA
    - Day 3, January 11, 2023 – N. GA Rural Focused Review
      Clarence Brown Conference Center, Cartersville, GA

We will have a panel of nine ACS members, including Dr. Mile Person, a rural specialty reviewer, and Dr. Brian Eastridge, a trauma surgeon and team leader. We will include updates on our website under events: https://trauma.georgia.gov/events

We are partnering with the Office of EMS and Trauma (OEMST) to complete the Pre-Review Questionaire (PRQ) to provide the reviewers with some data and background on our system. Renee Morgan added that it is a busy time and has been a slow process getting the information needed to complete the PRQ.

COMMITTEE AND WORKGROUP REPORTS

BUDGET COMMITTEE REPORT (00:47:57)

Presented by Dr. Regina Medeiros

Dr. Regina Medeiros provided a brief review of the following budget documents:

- Super Speeder Revenue-p.22-25
    - Overall we are four percent down for the year. We track the revenue month-to-month, and it is included in the packet at every Commission meeting.
- FY 2023 Expense to Budget-p. 26
    - We have had several unexpected expenditures and have utilized most of the contingency funds. We have areas under budget, which we can reallocate from if needed.
- Budget Cycle Timeline-p. 27
    - We are on track with our timeline. Next session, we will need to vote on the AFY Proposed Spend Plan. Our timeline ensures we are proactive and aligned with the state's due dates.
- FY 2022 Use of Readiness Funding Summary-p.28
    - We ask centers to report what they use their readiness funding for. The highlighted areas draw attention to what most of the centers use their readiness funding for.
- Three-Year Open Purchase Order Summary-p. 29-31
    - We will continue to include this summary in the packet for review. This is the tremendous job Katie Hamilton has done to clean up old purchase orders.
- Next week we will find out more information on the Fireworks Excise Tax for the amended budget.

Dr. Medeiros asked Liz Atkins to review the FY 2024 proposed performance-based pay criteria. Liz Atkins referenced pages 32-37. There are some subtle changes for FY2024, which are outlined on page 37. We facilitated an open comment period to gain feedback from contracted centers and determine if any changes needed to be made. We did not receive any substantive changes, and we summarized the general points on page 38. Some feedback included:

- The benefit of TMD COT participation, which we brought forward to the TMD Committee. Dr. Ashley added that we need to continue to support the state COT.
- More clarification on the MARCH PAWS course is needed. Please note the percent at risk for hosting a course is zero for FY 2024.
- We discussed the open comment feedback at the GCTE meeting and will consider adding some recommendations to the FY 2025 PBP.

We would like to get the open comment period out earlier to have more opportunities for meaningful input. Since many of the attendance requirements are tied to the calendar year, we want to get this approved to ensure centers have the appropriate staff attend the meetings. We want to get to a prospective payment. Therefore, your current performance is your future economic reality. We will have more in-depth discussions about our current invoicing process and ways to make it easier for all.

MOTION BY: GTC Budget Committee
MOTION GTCNC 2022-11-03:
Motion to approve the FY 2024 Proposed Performance-Based Pay Criteria

MOTION BY: Budget Committee
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions

Next, Dr. Medeiros continued the Budget Committee Report by referencing the Unfunded Trauma Center Grant applications on pages 39-47. Five centers are eligible for a one-payment to cover registry costs and readiness. In exchange for funding, the centers must meet the performance-based pay requirements.

MOTION BY: GTC Budget Committee
MOTION GTCNC 2022-11-04:
Motion to approve the AFY 2022 Unfunded Trauma Center Grant Applications

MOTION BY: Budget Committee
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions

EMS COMMITTEE REPORT (01:09:05)
Presented by Courtney Terwilliger
Courtney Terwilliger referenced the report on page 48 for the EMS Committee and provided a brief update on the EMS Committee budget.

- We are working on the last piece of our budget, the equipment grants. We revised the application to address some concerns with last year's grant.

LIII/IV COMMITTEE REPORT (01:10:32)
Presented by Dr. Greg Patterson
Dr. Greg Patterson referenced the report on page 49.

- MARCH PAWS has been reviewed and is currently in the pilot phase, with courses to be scheduled at Emanuel Medical Center, Crisp Regional, and John D. Archbold.
- The ACS visit will incorporate a full trauma systems consult and a rural-focused review. The dates are January 9, 2023, through January 11, 2023.
- This morning, we had great presentations from the PTSF group reviewing the Level IV consult visits. We have a lot of work to do within the next couple of months, and we plan to discuss a strategic plan at our next meeting in February.
- Dr. Ashley presented the Readiness Cost Survey at the AAST, which was recently accepted for publication.
- Access to Specialty Care was updated in August and is available on the trauma.ga.gov website.
- We reported last August that everyone had received funding for the web-based registry.
- We will revisit our PI projects that were on hold due to the consult visits.

GEORGIA QUALITY IMPROVEMENT PROGRAM RESOLUTION: TRAUMA BEST PRACTICES COMMITTEE (01:13:40)

Presented by Dan Walsh and Michelle Williams

Dan Walsh and Michelle Williams with the Attorney General's Office reviewed the GQIP resolution on pages 66-68. The goal of the resolution is to improve the quality of trauma and care and achieve patient safety through peer review. We want to fulfill certain statutory directives by establishing programs for peers in the trauma network to openly discuss their experiences and thoughts on what has not worked and what could work better while protecting patient confidentiality. The committee would benefit from participating in these discussions and the opportunity to collect and analyze relevant data to formulate recommendations for quality improvement in patient safety to be presented as part of the commission's annual report to the state.

- Dr. James Dunne asked if there were any HIPPA issues with the committee. Michelle Williams clarified that HIPPA as a statute does not apply to the Commission, but there are still confidential obligations the committee must abide by.
- Dr. Ashley added that the resolution was put in place to protect trauma centers and stakeholders and provide them with a safe place to discuss quality.
- Courtney Terwilliger asked if the Trauma Best Practices Committee, instead of GQIP, would make recommendations to the Commission. Michelle Williams clarified that the Commission could ask any committee for a recommendation, but we do anticipate the peer review recommendations would come from the Trauma Best Practices Committee. Regina Mederios stated that the new committee will become the Patient Safety Organization and will coordinate efforts and activities. GQIP will transform to focus on the initiatives and benchmarks in the state.
- Liz Atkins stated the resolution creates the structure by which we can be protected, but we still need to formalize the processes.

MOTION BY: Georgia Quality Improvement Program
MOTION GTCNC 2022-11-05:
Motion to approve the GQIP Resolution to add the Trauma Best Practices Committee

MOTION BY: Georgia Quality Improvement Program
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:41:01)

Presented by Jesse Gibson

Jesse Gibson referenced the report on page 51 for the Georgia Committee for Trauma Excellence. Our subcommittees are still working together around our goals: decrease the time to definitive care, decrease the incidence of AKI, and increase trauma awareness. Some highlights of the work being done:

- Continuing education in trauma and non-trauma centers on the importance of getting patients to the appropriate facility in a timely manner.
- Our Injury Prevention Subcommittee has greatly increased awareness of trauma to healthcare providers throughout the state and our community through social media events and virtual education.
- We are continuing the work of the Pediatric Readiness Toolkit to assist with the new ACS Grey Book standards.
- With leftover Commission funds, the Education Subcommittee purchased TCRN books for each trauma center in the state to increase TCRN-certified nurses.
- The Registry Subcommittee is working with the OEMST on a Biospatial platform for data analysis.

- Tracy Johns will take over as GCTE Chair in January. GCTE voted on their new Vice-chair during our last meeting, Lynn Grant from Fairview Park.

After the GCTE report, Kristal Smith presented the Injury Prevention Excellence Award to Dr. Sharon Neib on behalf of the Georgia Trauma Commission and the Georgia Committee for Trauma Excellence. Thank you for your years of support and service to the trauma system.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:49:20)

Presented by Michelle Wallace

- We have had multiple workgroup meetings since our last Commission meeting.
- After Thanksgiving, links will be sent to the administrators to ensure they have the right people connected to the GCC website.
- The trauma transfer diversion status on the GCC website will only be available for trauma center view. The status came about when centers would go on diversion, and smaller rural hospitals could not get patients out.
- The diversion workgroup is also working on a best practices document with the new GCC status rollout to share some leading practices around patient movement.
- The next level of work needs to happen within the region. We will be working on regional communication plans so hospitals within their area can communicate their specific diversion status.
- Our finance workgroup has a chair, Billy Wright, from Grady. Regina has been doing a tremendous amount of work already developing a finance dashboard from the TCAA recommendation at the finance workshop at Barnsley. We are working to identify benchmarks that we would like centers to monitor and track to ensure they maximize their financial capabilities.
- The next meeting will be in person at Chateau Elan, which is part of the PBP.
- Courtney Terwilliger asked if there was a standard for diversion. Dr. Michelle Wallace stated there is no standard, but we do see the value of standardizing.

Lori Wood, Grady's Executive Director of Emergency Management, gave an overview of the GCC history, process, current state, the new trauma transfer diversion status, and future state (ATTACHMENT C).

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:10:45)

Presented by Dr. James Dunne

- Due to the migration to Imagetrend Central Site, we cannot attain any new data and do not have a timeframe for completion.
- The armband project is still in the development phase. Education with armband stakeholders: Law Enforcement, EMS agencies, and hospitals to take place soon.
- Dr. Ashley and I are working on a separate project within our regions, five and nine, and will use our trauma registry to get a snapshot of ditch-to-door. We will begin working and comparing it to previous data to review and work on mitigation strategies.

TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (02:15:49)

Presented by Dr. Katherine Kohler

Dr. Kohler, Chair of the Trauma Medical Directors Committee, gave a brief overview of the committee's report:

At our last meeting, we had Lori Wood provide an update on the GCC website with the trauma diversion status. We know hospitals have been strapped for resources and can go on diversion for various reasons, such as a lack of staff. We are trying to figure out how this will look from a definition standpoint.

- Whatsapp communication rollout has been utilized by some TMDs and is a starting point to bridge the communication between facilities.
- The contact list for trauma center resources is a work in progress.
- We are re-drafting a letter about the expectations for some critical access hospitals, what is acceptable for transfer when you should transfer, and how to reach out.
- We will continue to meet quarterly.

Dr. Dunne recommended the committee discuss new initiatives pertaining to the needed collaboration between level IV centers and a higher-level trauma center to increase the flow of communication. Maybe we need to formalize a process for that to take place.

Dr. Michelle Wallace asked if she and Dr. Kohler could discuss the trauma diversion initiative to ensure both committees are working together.

SYSTEM PARTNER REPORTS

GEORGIA TRAUMA FOUNDATION REPORT (02:21:22)

Presented by Cheryle Ward

Cheryle Ward referenced the report on page 57.

- We have engaged fundraising consultants, Alexander Haas, who are helping us with mission fulfillment, and board expansion. They have recommended two action paths:
    1. Focus on one short-term project and one long-term project. The short-term will raise money quickly and obtain immediate results. The long-term will show sustained impact. We are currently narrowing down the projects and ensuring they align with the commission's priorities.
    2. Adapt reward leadership development strategies specifically designed to help us broaden our recruitment goal and to expand our reach across the state. We plan to engage in a public awareness campaign about trauma and trauma as a public health issue. Alexander Haas is helping us with messaging, which will be the center of everything we do. Right now, it boils down to two words: Minutes Matter. Most people don't realize how crucial minutes are, so we must convey that message.

By the end of the year, we will have talking points to help advance our message. Our purpose is not to talk about the Foundation but to educate the public about the Commission and the important work you do to make the best trauma care possible.

GEORGIA QUALITY IMPROVEMENT REPORT (02:26:46)

Presented by Gina Solomon

Gina Solomon referenced her report on pages 58-65 of the meeting packet.

- TBI workgroups received the 2017-2020 TQIP PUF files. Our research fellow is going to do some analysis with Dr. Benjamin. Dr. Todd added the workgroups continue to progress, and our goal is to sunset them by the next Winter Meeting. We look forward to facilitating a closed peer review session during Day of Trauma next year to focus on process measures.

- The GQIP resolution was created and approved today to create an official committee to support peer review.
- Arbormetrix Central Site went live on September 27. We have data from most of the facilities and over 68,000 records. Centers also have access to ESO driller, which provides a high-level analysis of the data. We completed the initial list of processes, outcomes, and filters. We are on schedule with our timeline and set to launch in the second quarter of 2023. We are hoping the platform will help level IV's with their PI process.

Dr. Dunne expressed concern about the risk-adjusted models and trying to improve measures on various reports. Gina Solomon stated they are likely very similar models. Michigan is currently using the platform, and they will most likely complement each other.

OFFICE OF EMS AND TRAUMA REPORT (02:35:55)

Presented by Michael Johnson, Kelli Joiner, and Renee Morgan

- Michael Johnson expressed condolences for the death of a 12-year licensed paramedic responding to an accident this morning.
- Michael Johnson started the report by welcoming Xavier Crockett, the new Director of Health Protection
- We had our NHTSA re-assessment in August. The first one was conducted in 1995. The assessment is available online for review of their eleven focus areas. Thanks to all that were able to participate.
- Kelli Joiner shared some updates on the armband project:
    - We had a meeting with law enforcement yesterday and have another meeting with the commander next week to confirm their participation.
    - We have talked with Northeast Georgia Health System and plan to facilitate the education in December. Hopefully, we can start the project at the beginning of the year.
- Renee Morgan shared they are currently busy with end-of-year quarterly reports.
    - Piedmont Henry is undergoing a level III review and awaiting its results.
    - Fairview Park Hospital was verified during their ACS consultative visit. It is the first time a facility has been verified during a consultation in Georgia.
    - EMS Directors would like to collaborate with Trauma Directors to discuss blood products and TXA and what they see in rural areas.

Dr. Dunne asked how many facilities have undergone designations in the last six months. Renee advised two new level IVs: Wellstar Spalding and Wellstar West Georgia Medical Center, and one level III: Piedmont Henry. We are catching up with level IV redesignations after the PTSF consult visits.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Morning Presentations from Pennsylvania Trauma System Foundation (PTSF): Level IV Consultative Summary, Georgia Rural Health Innovation Center, Georgia State Office of Rural Health.
- Welcome, Pete Quinones, the newest member of the Georgia Trauma Commission. Thank you, Dr. James Smith, for your four years of service on the Commission.
- American College of Surgeons Georgia Trauma Systems Consultative Visit and Rural-Focused Review is taking place January 9, 2023-January 11, 2023.
- Commission Approved: FY 2024 proposed performance-based pay criteria.
- Commission Approved: AFY2022 unfunded trauma center grant applications.
- Commission Approved: GQIP resolution to add Trauma Best Practices Committee.

- Tracy Johns will be the GCTE Chair, and Lynn Grant will be the GCTE Vice-Chair starting January 1, 2023. Thank you, Jesse Gibson, for your dedication as GCTE Chair.
- The GCC trauma diversion status will be available for trauma center view only. Lori Wood reviewed the GCC status change and the future of the website.
- Dr. Dunne recommended the TMD Committee discuss new initiatives pertaining to the needed collaboration between level IV centers and a higher-level trauma center to increase the flow of communication and support.
- Dr. Wallace requested to collaborate with Dr. Kohler on the diversion initiative within their committees.
- Renee Morgan expressed EMS Director's wish to collaborate with Medical Directors and discuss the issues they see in rural areas.

MOTION GTCNC 2022-11-06:
Motion to adjourn.

MOTION BY: Courtney Terwilliger
SECOND BY: Dr. James Dunne
VOTING: All members are in favor of the motion.
ACTION: The motion PASSED with no objections nor abstentions.

Minutes Respectfully Submitted by Gabriela Saye

GEORGIA TRAUMA COMMISSION

Executive Director Report

Elizabeth Atkins

March 01, 2023

Chateau Elan, Braselton, GA

Executive Director Report

Initiative/Project	Description	Update
FINANCE/LEGISLATIVE		
AFY 2023 & FY 2024	There is no AFY 2023 allocation. The preliminary FY 2024 was approved at the August Commission meeting.	FY 2024 presented to the House Appropriations Committee 2/15/2023, Pending Senate
Trauma Trust Fund Georgia Fund 1 – Trauma	HB 155 resulted in the creation of the Georgia Trauma Trust fund to house fees dedicated from super speeder collections and fireworks excise tax revenues. GTC, DPH, and GA Treasury are working to establish this account per the new code.	Georgia Fund 1 is active, and we are working through our first year to see how this will work in the future in terms of impact to the budgeting process for us.
Performance Based Pay (PBP) PBP for All Contract and Grant Funded Entities	Trauma Centers have been participating in PBP metrics since FY 2010. GTC is working with all contractors and grantee award recipients to determine a PBP process that ensures deliverables are clearly outlined and demonstrates the value the contract/grant brings to the citizens of GA.	Motion from Budget Committee further on in the agenda.
FY 2023 EMS Ambulance Equipment Grants	Used for purchase(s) of Trauma Related Equipment to equip 911 response ambulances.	Grant closed Feb 01, 2023.

Executive Director Report

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES		
American College of Surgeons Trauma Systems Consultative and Rural Focused Review	Critical analysis of the current system status, including its challenges and opportunities, and recommendations for system improvement. The rural-focused review is a first for the ACS and will serve as a pilot for other states to replicate.	The final full report is estimated early-mid April.
Level IV Consultative Visits Pennsylvania Trauma Systems Foundation (PTSF)	Identified the need for Level IV trauma programmatic education, specifically around performance improvement, and mentorship from level I and II trauma centers.	Presentation 11/17/2022 and report 12/31/2022.
Trauma System Analysis Replication of the 2013 trauma system study by E. Pracht	The 2013 trauma system analysis included a summary on access as well as survivability. The new study will use the most available data from 2010 – 2020.	Presentation of report March 1 GTC Meeting
Level III/IV Trauma Center Readiness Costs Survey	Replication of the Level I/II readiness costs survey. AAST Podium presentation 09/21/2022.	Published in February 2023 *Journal of Trauma and Acute Care Surgery*.
TCAA National Replication of Level I/II Trauma Center Readiness Costs Survey	In collaboration with TCAA, this is a national replication opportunity for our readiness costs methodology, now known as the "Haley Model Trauma Center Readiness Cost Assessment Tool."	Five level I centers participating from across the country. The data set is complete, and a call is pending for review/validation.

Executive Director Report

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES (Continued)		
GTC Email Migration	Email phishing attempt in April necessitating migration to ga.gov server. New gtc.ga.gov accounts have been established and are active.	Awaiting DPH IT outside contractor for migration of emails from .org server to .gov server.
RTAC UPDATES		
RTAC Coordinator Transitions	Recruiting for contracted RTAC coordinator for Regions 4 & 9.	Call for candidates distributed by EMS Regional Directors. Candidates in the pipeline.
RTAC Website	Request by RTAC coordinators to stand up a website with pages for each region that can be managed by each RTAC coordinator, inclusive of the content of interest to the region or worth sharing beyond regional boundaries.	Website build complete with templates that include links for events, documents, presentations, etc. Delayed go live (target Jan 30) due to user agreement edits. Once those are complete and signed off will launch user training.
Stop the Bleed – Bleeding Control Kit Distribution	RTAC Coordinator proposal for bleeding control kit application, training and distribution outside of school/bus project approved at 08/11/2022 GTC meeting. Timeline developed and logistics near finalized from messaging/application through kit distribution.	First round of grant approvals reviewed.

Executive Director Report

Initiative/Project	Description	Update
FUTURE MEETINGS & KEY DATES		
***TBD FY 2024 Final Budget Approval** Ad Hoc/Called meeting (virtual) to approve final FY 2024 budget	Final GTC budget approval based on final approval by GA General Assembly submitted to the Governor for signature.	Sine Die – March 30, 2023
May 18, 2023 Commission Meeting	Morgan County Public Safety Complex, Madison, GA	Madison City Council Space evaluated for suitability.
August 16, 2023* Commission Meeting	*Tentative: King and Prince Beach and Golf Resort, Saint Simons Island, GA	Pending contract with GASACS & King and Prince.
November 16, 2023* Commission Meeting	TBD	Pending determination of the need for space for action planning from ACS/PTSF, potential sites include GPSTC, Macon Marriott, and Madison.

Updated Commission-related meeting information can be found at: trauma.georgia.gov/events

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

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BACKGROUND: Readiness costs are expenses incurred by trauma centers to maintain essential infrastructure. Although the components for readiness are described in the American College of Surgeons' *Resources for Optimal Care of the Injured Patient*, the cost associated with each component is not well defined. Previous studies describe readiness costs for levels I and II trauma centers based on these criteria. The purpose of this study was to quantify the cost of levels III and IV trauma center readiness.

METHODS: The state trauma commission, along with trauma medical directors, program managers, and trauma center financial staff, standardized definitions for each component of trauma center readiness costs and developed a survey tool for reporting. Readiness costs were grouped into four categories: Administrative/Program Support Staff, Clinical Medical Staff, and Education/Outreach. A financial auditor analyzed all data to verify consistent cost reporting. Trauma center outliers were evaluated to validate variances. All levels III and IV trauma centers (n = 14) completed the survey on 2019 data.

RESULTS: Average annual readiness cost is $1,715,025 for a level III trauma center and $81,620 for level IV centers. Among the costliest components were clinical medical staff for level IIIs and administrative costs for level IVs, representing 54% and 97% of costs, respectively. Although education/outreach is mandated, levels III and IV trauma centers only spend approximately $8,000 annually on this category (0.8–3%).

CONCLUSION: This study defines the cost associated with each readiness component outlined in the *Resources for Optimal Care of the Injured Patient* manual. The average readiness cost for a level III trauma center is $1,715,025 and $81,620 for a level IV, underscoring the need for additional trauma center funding to meet the requirements set forth by the American College of Surgeons. (*J Trauma Acute Care Surg.* 2023;94: 258–263. Copyright © 2022 American Association for the Surgery of Trauma.)

LEVEL OF EVIDENCE: Economic and Value-Based Evaluations; Level III.

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

The Centers for Disease Control and Prevention estimates that the total cost of injury in the United States in 2020 was a staggering $4.2 trillion.[1] Overall costs include medical costs, lost work productivity, and costs associated with mortality and quality of life.[1] Trauma continues to be the leading cause of death for people between the ages of 1 and 45 years.[2] With the high incidence of death, health care costs, and the loss of productivity, traumatically injured patients continue to be a population requiring study and focus.

Trauma centers must meet requirements aimed at improving outcomes for traumatically injured patients. These organizations have readiness costs and treatment costs for providing this care. Reimbursement rates and contractual agreements have changed over the years, and organizations must consider the monetary impact of trauma patients on their overall bottom line. Readiness costs are the costs incurred by the trauma center to maintain essential infrastructure and availability as defined by the American College of Surgeons' *2014 Resources for Optimal Care of the Injured Patient.*[3] These costs cannot be allocated as patient care costs because they are the operational costs to maintain a state of readiness for trauma patients to arrive at any time.[4] In 2019, Ashley et al.[5] created a tool as a method for defining the readiness costs for level I and level II trauma centers, with level I average costs noted to be $10,078,506 and level II average costs $4,925,103. However, there has been no review of the overall readiness costs for the level III and level IV trauma centers.

To capture these readiness costs, one must understand that levels III and IV trauma centers vary from levels I and II trauma centers in that they are typically nonteaching centers and have lower acuity and lower overall volume of injured patients.[6] However, some resources remain the same regardless of trauma center level. Level III trauma centers must have trauma surgeons, orthopedists, anesthesiologists, radiologists, emergency medicine physicians, and medical subspecialty providers.[3] Additional resource requirements include laboratory, radiology, respiratory, surgery, and trauma department staff.[3] These resources are a large cost to organizations and, until now, have not been captured.

Submitted: July 29, 2022, Revised: November 4, 2022, Accepted: November 8, 2022, Published online: November 14, 2022.

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This study was presented at the 81st Annual Meeting of the AAST and Clinical Congress for Acute Care Surgery, September 21, 2022, in Chicago, Illinois.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text, and links to the digital files are provided in the HTML text of this article on the journal's Web site (www.jtrauma.com).

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DOI: 10.1097/TA.0000000000003842

Georgia is fortunate to have a dedicated funding mechanism that supports trauma system development. State code provides directives for the funding encompassing the entire system, of which the trauma centers are one component.[7] While trauma center funding is not intended to support trauma readiness costs in their entirety, a methodology to determine cost data can be used to ensure funding is distributed equitably. The goal of this study was to collect data from the level III and level IV trauma centers to determine readiness costs for trauma patient care as defined in the American College of Surgeons' 2014 *Resources for Optimal Care of the Injured Patient.*[3]

PATIENTS AND METHODS

In June of 2021, the newly formed levels III and IV Rural Trauma Committee of the Georgia Trauma Commission established a readiness cost workgroup charged with creating the process to collect readiness cost data from Georgia's 14 designated levels III and IV trauma centers. None of the level III trauma centers were American College of Surgeons-verified during the data collection year. Over a 6-month period, from June 2021 through December 2021, a five-phase process was used:

Phase I: (survey tool deployment) focused on optimizing the existing levels I and II trauma readiness cost survey tool for levels III and IV trauma centers
Phase II: (stakeholders communication) included two readiness cost informational webinars for participants, refinement of the tool, and development of a frequently asked questions document
Phase III: (data collection) submission of the completed survey tool
Phase IV: (sample selection and data validation) — cost validation process by a third-party auditing firm through random cost component testing using sampling techniques and submission of supporting documentation as indicated
Phase V: (data analysis) — review of aggregate survey results by workgroup.

Inclusion criteria were state-designated or American College of Surgeons-verified level III trauma centers and state-designated level IV trauma centers in Georgia during the readiness costs analysis year. Similar to Mabry et al.,[6] eligible centers were incentivized to participate through the annual contract funding and grant award process. A total of 14 centers, 8 level III and 6 level IV trauma centers, participated in the readiness cost survey, representing 100% of the levels III and IV centers in our state. For the calendar year the survey data were collected, 2019, the total number of patients reported by participating centers was 4,868. By trauma center level, 4,401 patients were from level IIIs, and 467 were from level IVs. The Consolidated Health Economic Evaluation Reporting Standards guideline was used to ensure proper reporting of methods, results, and discussion as required by Equator-Network guidelines. The Consolidated Health Economic Evaluation Reporting Standards checklist is available as digital supplement material for this article (Supplemental Digital Content, Supplementary Data 1, http://links.lww.com/TA/C787).

Procedures to produce consistency and validity were developed by a workgroup of the committee and a third-party firm. In November 2021, the third-party firm conducted virtual follow-up sessions with centers where data were either incomplete or unusually inconsistent with data from other centers of the same level. By December of 2021, the third-party firm began testing the various cost components of each center's survey results to validate consistent and accurate reporting in the following way:

Level III: selected 66 cost components for all III trauma centers,
Level IV: selected 24 cost components for all level IV trauma centers.

Trauma centers were asked to submit supporting documentation (payroll records, contracts, invoices, etc.) for the selected cost components. Overall, 57% of the total reported original cost of the levels III and IV trauma centers were tested. Results are reported in US dollars. The original report of all eight level III trauma centers was $13,819,321. Using the testing process noted previously, $7,797,871 (56%) of the total original reported costs were tested. Of the $7,797,871 tested, $5,760,157 (74%) were noted to have appropriate documentation without exception. The original cost of all six level IV trauma centers was $426,777. Using the same testing process, $342,863 (80%) of the total original reported costs were tested. Of the $342,863 tested, $185,083 (54%) were noted to have appropriate documentation without exception. Overall, of the total dollars requested to test for all levels III and IV trauma centers, 73% were noted to have appropriate documentation and were tested without exception. For centers with exceptions, the third-party firm collaborated with the trauma centers to adjust the cost components accordingly for any differences. The most common reasons for adjustments were owing to the misinterpretation of the survey instructions, accounting for nontrauma patients in specific categorical costs, the inability to find the data requested, and not understanding what information was being asked.

Through the validation process, the original costs reported for the eight level IIIs of $13,819,321 were reduced by $99,114 for an adjusted total of $13,720,207. The original costs for the six-level IVs of $426,777 were increased to $489,722 for an adjusted total of $489,722. Overall, the total costs for all level III and level IV trauma centers were decreased by $36,169 (−0.3%) for an adjusted total of $14,209,929.

The Survey Tool

Administrative/Program Support Staff

The administrative section included costs for various staff members, such as senior administrator and trauma program manager (or equivalent role), and participation costs for state, regional, and national activities. Program support staff included collaborative services (case management, discharge planning, social services, physical therapy, occupational therapy, and speech therapy), outreach, injury prevention, performance improvement (PI), and trauma registry. The standard calculation for these staff positions was salary and benefits multiplied by the percent of time dedicated to trauma.

In addition to the positions listed previously, trauma medical directors (TMDs), emergency department liaisons, surgical intensive care unit (ICU) liaisons, orthopedic liaisons, and neurosurgical liaisons were included, where applicable. The formula to calculate their associated cost was administrative stipend if contracted, or if employed, salary and benefits multiplied by the

percent of time spent on the trauma center's administrative functions. The final piece included in the administrative section was the cost associated with hardware and software for registry activities as well as screening, brief intervention, and referral to treatment for alcohol.

Clinical Medical Staff

This section covers trauma medical staff compensation for all required medical and surgical subspecialties. All specialties listed in the American College of Surgeons' 2014 *Resources for Optimal Care of the Injured Patient,*[3] along with stipends or other payments, that is, for trauma call pay, were included. For employed physicians, the net cost was determined by salary plus benefits minus professional fee reimbursement and then estimating the portion attributable to trauma. This methodology was used to ensure that only costs associated with trauma were reported.

Education and Outreach

This survey section included costs for community outreach, injury prevention, professional education, and outlying hospital education. It also included costs for up to 16 hours of trauma continuing medical education for the following personnel: TMD, trauma program manager (or equivalent role), trauma PI coordinator, trauma registrars, emergency department liaison, surgical ICU liaison, neurosurgical liaison, and orthopedic liaison. The final piece of this section included specific costs associated with trauma-related hospital staff education involving the emergency department, ICU, operative, and postanesthesia care units. The trauma center readiness survey tool is available as digital supplement material for this article (Supplemental Digital Content, Supplementary Data 2, http://links.lww.com/TA/C810).

RESULTS

Table 1 shows levels III and IV trauma centers' total and mean costs, the number of trauma centers reporting costs, and the range in each category for administrative/program support staff. Total costs for this category for all levels III and IV trauma centers were $6,719,428, with a level III mean cost of $780,674 and a level IV mean cost of $79,005. The highest total cost component in the administrative and support staff category was respiratory therapy at $949,887. The next highest total cost was speech therapy at $918,333, followed by occupational therapy at $873,715. Of the level III centers reporting costs for the required subspecialty liaisons, the emergency medicine liaison was the highest cost at $50,144.

Table 2 shows levels III and IV trauma centers' total and mean costs, the number of centers reporting costs, and the range

TABLE 1. Administrative and Program Support Staff Costs

Administrative and Program Support Staff	LIII TC Mean, US $	No.	Range (US$000s)	LIV TC Mean, US $	No.	Range (US$000s)	Totals, US $
Senior administrator support	17,332	7	6–36	6,245	5	1–30	176,131
Program administrator: trauma director	51,147	5	19–127	8,750	1	53–53	461,677
Trauma program manager/coordinator	67,694	5	78–144	46,456	6	14–91	820,287
Participation costs for state, regional, and national activities	2,999	7	0–8	2,131	4	2–8	36,779
Education/outreach coordinator	1,325	2	5–5	—	—	—	10,597
Respiratory therapy	109,891	8	28–231	11,793	5	3–34	949,887
Case management, discharge, planning, and social services	87,283	8	28–158	—	—	—	698,261
Physical therapy	99,686	8	39–198	—	—	—	797,486
Occupational therapy	109,214	8	36–198	—	—	—	873,715
Speech therapy	114,792	8	31–220	—	—	—	918,333
Injury prevention coordinator	7,214	3	2–43	—	—	—	57,708
Research coordinator	—	—	—	—	—	—	—
PI coordinator	23,271	5	0–75	—	—	—	186,171
Trauma registrar — employed	31,956	7	5–70	—	—	—	255,651
Trauma registrar — contract	—	—	—	—	—	—	—
Trauma program secretary	7,061	2	1–56	—	—	—	56,488
TMD	23,722	6	4–84	468	2	1–2	192,587
TMD participation costs	3,039	6	3–6	242	2	0–1	25,760
ED liaison	6,268	2	3–47	—	—	—	50,144
ICU surgical liaison	2,247	3	5–8	—	—	—	17,979
Orthopedic liaison	2,559	2	2–18	—	—	—	20,476
Neurosurgeon liaison	1,143	1	9–9	—	—	—	9,144
Anesthesia liaison	291	1	2–2	—	—	—	2,325
Registry hardware and software	10,292	7	6–17	2,920	6	2–4	99,862
SBIRT	248	1	2–2	—	—	—	1,980
TEG	—	—	—	—	—	—	—
Total	780,674			79,005			6,719,428

ED, emergency department; LIII, level III; LIV, level IV; SBIRT, screening, brief intervention, and referral to treatment; TC, trauma center; TEG, thromboelastography.

TABLE 2. Clinical Medical Staff

Clinical Medical Staff	LIII TC Mean, US $	No.	Range (US$000s)	LIV TC Mean, US $	No.	Range (US$000s)	Totals, US $
Trauma surgery	326,941	8	5–1,388	—	—	—	2,615,528
Trauma physician extender	—	—	—	—	—	—	—
Orthopedics	166,534	7	5–548	—	—	—	1,332,274
Neurosurgery	80,818	4	8–344	—	—	—	646,548
Anesthesia	56,518	5	4–307	—	—	—	452,145
Radiology	57,146	1	457–457	—	—	—	457,167
Urology	19,886	4	2–120	—	—	—	159,089
Vascular	5,062	2	2–38	—	—	—	40,495
Emergency medicine				—	—	—	
Physician coverage	45,830	4	11–206	—	—	—	366,642
Emergency medicine physician/APP	—	—	—	—	—	—	—
Internal medicine	38,687	3	67–137	—	—	—	309,496
Cardiology	36,453	3	5–280	—	—	—	291,628
Gastroenterology	24,147	2	2–192	—	—	—	193,174
Infectious disease	—	—	—	—	—	—	—
Pulmonary medicine	7,606	2	4–57	—	—	—	60,846
Nephrology	918	2	1–7	—	—	—	7,337
Surgical resident support	—	—	—	—	—	—	—
Payment for uninsured	54,110	1	433–433	—	—	—	432,882
Total	920,656			—	—	—	7,365,251

APP, advanced practice provider; LIII, level III; LIV, level IV; TC, trauma center.

in each category for trauma clinical medical staff support by specialty. As expected, there were no clinical medical staff costs reported for level IV trauma centers. The total costs for all levels III and IV trauma centers were $7,365,251, with a level III mean cost per center of $920,656. The highest surgical specialty costs reported by the level IIIs were trauma surgery at $2,615,528. This was followed by orthopedics at $1,332,274 and neurosurgery at $646,548. These were among the most significant categorical costs overall. For nonsurgical required medical specialties, radiology was the highest cost reported at $457,167, followed by emergency medicine at $366.642.

Table 3 shows levels III and IV trauma centers' total and mean costs, the number of trauma centers reporting costs, and the range in each category for education and outreach. The total costs for all levels III and IV trauma centers were $125,250, with a level III mean cost of $13,695 and a level IV mean cost of $2,615.

TABLE 3. Education and Outreach Cost

Education and Outreach	LIII TC Mean, US $	No.	Range (US$000s)	LIV TC Mean, US $	No.	Range (US$000s)	Totals, US $
Injury prevention	87	2	0–1	444	2	1–2	3,355
Community outreach	1,183	4	0–8	314	3	1–1	11,350
Professional education	1,952	3	1–10	369	3	0–1	17,827
Outlying hospital education	—	—	—	—	—	—	—
Trauma medical director	1,197	3	1–4	—	—	—	9,579
Trauma program manager	1,176	3	1–6	398	3	0–1	11,795
Trauma program coordinator	—	—	—	—	—	—	—
Trauma registrar	428	2	1–2	—	—	—	3,423
ED liaison	—	—	—	449	3	0–1	2,695
ICU liaison	—	—	—	—	—	—	—
Neurosurgical liaison	—	—	—	—	—	—	—
Orthopedic liaison	—	—	—	—	—	—	—
Emergency department	7,138	6	3–21	—	—	—	57,100
ICU	242	2	0–2	—	—	—	1,933
Surgery/PACU	292	1	2–2	—	—	—	2,346
Prehospital and hospital-based provider training	—	—	—	641	2	1–3	3,847
Total	13,695			2,615			125,250

LIII, level III; LIV, level IV; PACU, postanesthesia care unit; TC, trauma center.

Education and outreach costs were the lowest reported costs, categorically, by level IV trauma centers. The highest reported cost in this category was emergency department education at $57,000 by level III trauma centers with no level IVs reporting costs in this category. The costs reported for trauma-related hospital staff (TMD, trauma program manager, registrar, and clinical staff caring for trauma patients in the emergency department, ICU, and perioperative care areas) exceeded the combined reported costs for injury prevention, community outreach, and professional outreach education by more than double.

Table 4 shows levels III and IV trauma centers' total readiness costs and their mean. The total readiness costs for all Georgia levels III and IV trauma centers were $14,209,929, with a level III mean cost of $1,715,025 and level IV mean cost of $81,620. For each of the 4,868 patients admitted to Georgia's levels III and IV trauma centers in 2019, the total readiness cost amounted to $2,919.

DISCUSSION

This study defines the costs associated with trauma readiness for levels III and IV trauma centers as defined in the American College of Surgeons' 2014 *Resources for Optimal Care of the Injured Patient.*[3] Through a standardized survey tool, the average readiness cost for a Georgia level III and level IV trauma center is $1,715,025 and $81,620, respectively. As expected, the overall cost of readiness for levels III and IV trauma centers is significantly less than the costs of levels I and II trauma centers reported by Ashley et al.[5,8] Little or no costs were reported in several categories, particularly with respect to the level IV centers. For example, in the clinical medical staff category, there are few costs to report for level III centers and even less for level IV trauma centers.

Education and outreach were among the lowest reported costs. Larger centers are frequently resourced better with assets and technology to provide trauma education and outreach as part of their mission. A level III or IV trauma center is often a rural community's only access to trauma education. Highest reported cost category for level III trauma centers was the clinical medical staff. Level IV centers' highest costs reported were administrative; not surprisingly, level IV centers had no clinical medical staff costs reported. The advent of "level III-N" in the newest edition of the American College of Surgeons' 2022 *Resources for Optimal Care of the Injured Patient*[9] underscores the costs associated with providing neurosurgical services. The absence or presence of neurosurgical services accounted for the largest cost variation among level III centers. The Verification Review Committee of the American College of Surgeons Committee on Trauma was wise to develop an enhanced designation for level III trauma centers that incorporate neurosurgery.

The readiness costs survey tool used for level III and level IV trauma centers was based on the original level I and level II survey tool.[8] Revisions were made to include the standards required by the American College of Surgeons' 2014 *Resources for Optimal Care of the Injured Patient,*[3] based on the trauma center level. Although the survey process was initiated in 2021, the requested data year was 2019 to control for pandemic-related financial aberrancies. Because of the 2-year lapse in the requested data year and survey process, there were challenges to address. The first challenge was the acquisition of some centers by larger health care organizations during the data year. The transitioning of data, electronic processing of financial information, and the change in reporting structures made some information unavailable to those attempting to complete the survey tool. The movement of hospitals in and out of the trauma system between the data collection year and the survey timing presented an additional challenge. The sample was limited to centers designated as level III or IV trauma centers during the data collection year, calendar year 2019. A total of four centers, two designated after 2019 and two voluntarily withdrawing from designation after 2019, were excluded.

The halo effect of this project was immeasurable, beginning with the creation of the levels III and IV Rural Trauma Committee. This project engaged and empowered members of the level III and level IV trauma center community to assume ownership of a project that was uniquely their own. Prior readiness cost surveys in the state focused on the level I and level II trauma centers; this project represented an opportunity to highlight rural trauma center readiness costs that have never been assessed. This important work will transcend the operational and clinical realms by leveraging the group to optimize multidisciplinary trauma care in the rural environment.

Previous studies suggest that readiness cost results may be used to determine trauma activation fees.[5] Applying this methodology, dividing the total readiness costs by the number of trauma patients yielded an average readiness cost for each patient of $2,919. The survey also has utility in support of a potential start-up grant process to recruit additional centers into the trauma system in areas of need. This information can be a powerful tool to illustrate the cost of trauma care to state legislators who can impact trauma centers and overall system funding.

Despite the 100% participation rate of all 14 levels III and IV trauma centers, this survey's small sample size is a study

TABLE 4. 2019 Trauma Center Readiness Costs

Cost Category	Level III Total, US $	Level III Mean, US $	Level IV Total, US $	Level IV Mean, US $	Levels III and IV Totals, US $
Administrative	6,245,395	780,674	474,033	79,005	6,719,428
Clinical medical staff	7,365,251	920,656	—	—	7,365,251
In house OR availability	—	—	—	—	—
Education and outreach	109,561	13,695	15,689	2,615	125,250
Totals	13,720,207	1,715,025	489,722	81,620	14,209,929

OR, operating room.

limitation. The effort to assess readiness costs for levels III and IV trauma centers was a grassroots attempt and a first for centers that historically have fewer financial resources than their larger levels I and II counterparts. Readiness cost estimates are conservative numbers, as some costs may have been inadvertently omitted or underreported. However, because of the potential existing capacity within various roles that can dedicate time to the trauma program, an overestimation effect of some costs components of readiness is possible. Since completing this study, the American College of Surgeons has released new trauma center criteria. Although costs associated with the new criteria may have changed, the methodology and process to assess readiness costs can be replicated using the new criteria. Continued efforts are needed in assessing readiness costs to understand how to support start-up and sustainability funding for the levels III and IV trauma centers.

CONCLUSION

This study, which aimed to define the readiness costs of level III and level IV trauma centers, was a first attempt at establishing a method to determine the monetary impact trauma center designation or verification has on the operational costs of an organization. Conservatively, the average readiness costs for levels III and IV trauma centers are $1,715,025 and $81,620, respectively. While serving as a baseline cost estimate for financial sustainability as a trauma center, this study emphasizes the need for additional funding for levels III and IV trauma centers. In addition, cost data may be used to develop a trauma center start-up grant process to support the recruitment of additional levels III and IV trauma centers in areas of need. Performing this survey on a statewide level built an infrastructure of collaboration among the centers that will go beyond this project into other initiatives impacting trauma patient care across the state.

AUTHORSHIP

E.V.A. and K.A.V. participated in study design, data collection, analysis, interpretation of data, and drafting of the manuscript. R.S.M. participated in the study design and critical revision of the manuscript. E.V.A., K.A.V., and D.W.A. participated in the analysis and interpretation of data. D.W.A., G.K.P., and A.R.R. participated in critical revisions of the manuscript.

ACKNOWLEDGMENTS

We thank the leadership of our levels III and IV trauma centers for their participation in and support of this effort. We are grateful for the financial expertise of Jessica Story and her efforts to support this endeavor. We are indebted to the work of the late Leon L. Haley, MD, MHSA, for pioneering our efforts to quantify trauma center readiness costs.

DISCLOSURE

The authors declare no conflicts of interest.

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1	**Trauma Center Name:**					**Please attach an Organization Chart (PDF) for your facility displaying oversite/accountability for the trauma care at an Executive level.**		**CFO Name** (print)		
2	**Survey Completed by:**									
3	**Phone Number:**							**CFO Signature**		
4	**Email Address:**									
5	**Trauma Med Dir (TMD)**					**CY 2019 Readiness Assessment due date:**		**Total # records that met NTDB criteria for calendar year 2019**		
6						**Send completed assessment to:**				
7	**TMD Signature**							**Total # records that met NTDB criteria *admitted to your trauma center* for calendar year 2019**		
8	***All hospital data will be kept confidential and will be reported only on a consolidated basis that precludes the disclosure of individual hospital information.***									
10	**LINE ITEM (with ACS criteria)**	**LEVEL**				**SURVEY INSTRUCTIONS**				**AMOUNT**
11	**Criteria by Trauma Center Designation Level Based on standards from the 2014 *Resources for Optimal Care of the Injured Patient* (6th edition) & Verification Change Log**	Respond to items ONLY if applies to your Trauma Level.				**Follow Instructions for cost calculation for each item below.**		**% of time**	**Salary/Benefits (if applicable)**	**Total Actual Costs CY 2019**
13	**ADMINISTRATIVE**									
14	Senior Administrator Support: highest level senior executive with oversite & accountability for trauma	1	2	3	4	% of time focused on trauma by main senior administrator involved in trauma X salary and benefits				$ -
15	Program Administrator: Trauma Director (2-3, 5-1)	1	2	3	4	Salary & benefits X % of time on trauma (if position has other duties)				$ -
16	Trauma Program Manager or equivalent role (2-3, 5-1, 5-22)	1	2	3	4	Salary & benefits X % of time on trauma (if position has other duties)				$ -
17	Trauma Coordinator (2-3, 5-1, 5-22)	1	2	3	4	Salary & benefits X % of time on trauma (if position has other duties)				$ -
18	Participation costs for state, regional and national activities (1-3, 2-20)	1	2	3	4	Travel costs to required meetings for administration level personnel (exclude CME only travel expenses)				$ -
19	**Criteria by Trauma Center Designation Level Based on standards from the 2014 *Resources for Optimal Care of the Injured Patient* (6th edition) & Verification Change Log**	Respond to items ONLY if applies to your Trauma Level.				**Follow Instructions for cost calculation for each item below.**		**% Time on trauma**	**Salary/Benefits (if applicable)**	**Total Actual Costs CY 2019**
20	Education/Outreach Coordinator (17-1, 17-4)	1	2	3		Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies)				$ -
21	Injury Prevention Coordinator (18-2)	1	2	3		Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies)				$ -
22	Research Coordinator (19-8)	1	2	3		Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies)				$ -
23	PI Coordinator (2-3, 5-1)	1	2	3		Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies)				$ -
24	Trauma Registrar (2-3, 15-9) If CONTRACT used, how paid? ___ per record ___ by the hour	1	2	3		EMPLOYED: Salaries & benefits X % of time on trauma (Limit of 1 FTE dedicated to registry per 500 patients annually).				$ -
25		1	2	3		CONTRACT: (Use column J for record/number of hours and Column K for the amount of money per record/hour)				$ -
26	Trauma Program Secretary (2-3)	1	2	3		Salary & benefits X % of time on trauma (if position has other duties)				$ -
27	**Trauma Center Staff Support** Divide the total number of records submitted to the state (STATE=Y) by 333 (calculate to 1 decimal place). This is the estimated FTEs needed. Use this 'facility multiplier number' to multiply X average	If any of the following positions generate reimbursement or supported by grants, use net hospital costs X time spent on trauma to calculate costs.								
28		If position employed by trauma program or other department which focuses trauma responsibility on few staff, use salary & benefits less revenue and grant support for costs.								
29		If employed by another department which spreads trauma responsibility among most staff, use portion of trauma patient admits out of total admits X department salary costs.								
30	**FACILITY MULTIPLIER CALCULATOR**							**Registry records**	**Facility Mult**	**TOTAL FTE's**
31	**Facility Multiplier ALL Patients (Row 5,6)**	1	2	3	4	Divide the total number of records submitted to the state (STATE=Y) by 333 (calculate to 1 decimal place). This is the estimated FTE's needed.			333	0
32	**Facility Multiplier Inpatients (Row 7)**	1	2	3	4	Divide the total number of records submitted to the state (STATE=Y) by 333 (calculate to 1 decimal place). This is the estimated FTE's needed.			333	0
33	**Criteria by Trauma Center Designation Level Based on standards from the 2014 *Resources for Optimal Care of the Injured Patient* (6th edition) & Verification Change Log**	Respond to items ONLY if applies to your Trauma Level.				**Follow Instructions for cost calculation for each item below.**		**FTE**	**Average salary/benefits (if applicable)**	**Total Actual Costs CY 2019**
34	Respiratory therapy (11-76)	1	2	3	4	Facility multiplier X average salary and benefits		0.00		$ -
35	Case Management, Discharge Planning, and Social Services (9-1, 12-2, 12-4)	1	2	3		Facility multiplier X average salary and benefits		0.00		$ -
36	Physical Therapy (9-1, 12-3)	1	2	3		Facility multiplier X average salary and benefits		0.00		$ -
37	Occupational Therapy (9-1, 12-5)	1	2	3		Facility multiplier X average salary and benefits		0.00		$ -
38	Speech Therapy (12-6)	1	2	3		Facility multiplier X average salary and benefits		0.00		$ -
	Criteria by Trauma Center Designation Level Based on standards from the 2014 *Resources for Optimal Care of the Injured Patient* (6th edition) & Verification Change Log	Respond to items ONLY if applies to your Trauma Level.				**Follow Instructions for cost calculation for each item below.**				**Total Actual Costs CY 2019**
40	Trauma Medical Director (stipend for TMD role, IF paid above & beyond salary OR FTE carve-out) (2-3, 2-17, 5-1, 5-5)	1	2	3	4	Board-certified surgeon for Level 3 with specialty interest in trauma care. Level 4 may have other provider as Medical Director				$ -
41	TMD participation costs for national, state, and regional activities. (1-3, 5-8, 2-20)	1	2	3	4	TMD travel costs to meetings (do not include CME only meetings).				$ -
42	ED Liaison (7-1)	1	2	3						$ -
43	ICU Surgical Liaison (11-48, 11-49, 11-50)	1	2	3		Administrative stipend if contracted, or if employed, salary & benefits				$ -

44	Orthopedic Liaison (9-4)	1	2	3		X % of time spent on trauma center administrative functions. Must participate actively with trauma service with documented CME and PI.			$ -
45	Neurosurgeon Liaison (8-1)	1	2	3					$ -
46	Registry Hardware and Software (15-1)	1	2	3	4	Cost for registry hardware, software, and maintenance fees. Use full costs; do not reduce by state grant amount.			$ -
47	**Screening**, brief intervention and referral for treatment (**S**BIRT) (18-3, 18-4)	1	2	3	4	Costs associated with delivering **S**BIRT for (+) trauma screened patient meeting ACS **S**BIRT criteria. If unknown, leave blank.			$ -
48	Thromboelastography (TEG) (if applies)	1	2	3	4	Costs associated with TEG for trauma patients			$ -
	Criteria by Trauma Center Designation Level Based on standards from the 2014 *Resources for Optimal Care of the Injured Patient* (6th edition) & Verification Change Log	Respond to items ONLY if applies to your Trauma Level.				**Follow Instructions for cost calculation for each item below.**			**Total Actual Costs CY 2019**
50	**CLINICAL – MEDICAL STAFF**	If you pay specialty a stipend exclusively for trauma call, enter the full amount. For trauma surgeons only, you do NOT have to split on-call pay for trauma and emergent general surgery.							
51	Includes costs of maintaining trauma physician support for your trauma center other than the costs of admin functions addressed above. **Do not include** amounts specifically paid to trauma physicians for care of uninsured trauma patients in the amounts for each specialty; you will be asked for a total amount of such pay at the end of this section.	For other specialties: If you pay a stipend to a specialty that is for both trauma and ED call, estimate the portion attributable to trauma care.							
52		If you employ your physicians, determine net cost (salary + benefits – pro fee reimbursement) and estimate portion attributable to trauma.							
53		If you are supported by a faculty practice arrangement, take portion of trauma admissions to overall admissions and apply to overall hospital subsidy provided to faculty practice structures,							
54		**OR**							
55		Total number of physicians by specialty and apply AAMC salary database (at 50% of range) for SE region, add estimated benefits, subtract estimated pro fee reimbursement, and then apply portion of trauma admissions to overall admissions to arrive at net cost for specialty support.							
56	**Trauma/Surgical Sub-Specialists:**								**Total Actual Costs CY 2019**
57	Trauma Surgery (6-1, 6-2)	1	2	3	4	See above.			$ -
58	Trauma Physician Extender	1	2	3	4	See above.			$ -
59	Orthopedics (9-3)	1	2	3		See above.			$ -
60	Neurosurgery ORANGE book Lev 2 "desired" (8-2)	1	2	3		See above.			$ -
61	Anesthesia (11-1, 11-4)	1	2	3		See above.			$ -
62	Hand (11-70, 11-71)	1	2			See above.			$ -
63	Microvascular ORANGE book Lev 2 "should have" (11-70, 11-71)	1	2			Include only if hospital pays for support and then only portion attributable to trauma.			$ -
64	Cardiothoracic ORANGE book Lev 2 "should have" (11-70, 11-71)	1	2			Include only if hospital pays for support and then only portion attributable to trauma.			$ -
65	OB/ GYN (11-70, 11-71)	1	2			Include only if hospital pays for support and then only portion attributable to trauma.			$ -
66	Ophthalmology (11-70, 11-71)	1	2			Include only if hospital pays for support and then only portion attributable to trauma.			$ -
67	Oral/ Maxillofacial (11-70, 11-71)	1	2			See above			$ -
68	ENT (11-70, 11-71)	1	2			See above.			$ -
69	Plastics (11-70, 11-71)	1	2			See above.			$ -
70	Critical Care Intensivists (if center uses Crit Care Med to manage ICU pts, use formula provided; if your trauma MDs manage ICU pts, enter 0)	1	2			Divide trauma ICU patient days by total ICU days and multiply time net hospital subsidy for critical care physicians.			$ -
71	**Trauma Surgical Sub-specialists (continued)**						**% Time on trauma**	**Salary/Benefits (if applicable)**	**Total Actual Costs CY 2019**
72	Radiology (11-28)	1	2	3		Estimate portion of hospital net cost for radiology that is attributable to trauma.			$ -
73	Urology (11-70, 11-71)	1	2	3		Include only if hospital pays for support and then only portion attributable to trauma.			$ -
74	Vascular (11-70, 11-71)	1	2	3		Include only if hospital pays for support and then only portion attributable to trauma.			$ -
75	**Medical Specialists**:								**Total Actual Costs CY 2019**
76	Emergency Medicine Physician Coverage (7-1)	1	2	3		Include only if hospital pays for support and then only portion attributable to trauma.			$ -
77	Emergency Medicine Physician/APP (2-14)				4	Include only if hospital pays for support and then only portion attributable to trauma.			$ -
78	Internal Medicine (11-70)	1	2	3		Include only if hospital pays for support and then only portion attributable to trauma. Level 3 Internal medicine must be available and on staff within 30 minutes			$ -
79	Cardiology (11-70)	1	2	3		Include if services available and hospital paid support and only report portion attributable to trauma			$ -
80	Gastroenterology (11-70)	1	2	3		Include if services available and hospital paid support and only report portion attributable to trauma			$ -
81	Infectious Disease (11-70)	1	2	3		Include if services available and hospital paid support and only report portion attributable to trauma			$ -
82	Pulmonary Medicine (11-70)	1	2	3		Include if services available and hospital paid support and only report portion attributable to trauma			$ -
83	Nephrology (11-70)	1	2	3		Include if services available and hospital paid support and only report portion attributable to trauma			$ -
84	**Surgical Resident Support** % Resident Time on Trauma:	1				This applies to surgical residency only (choose one of the following options to calculate) **1)** Take residency costs, subtract federal funding and apply portion attributable to trauma, **OR** **2)** take residents' hourly salary + benefits for time on trauma rotation and subtract federal funding for this time.			$ -

85	**Payment for uninsured trauma patient care for all specialties**	1	2	3	4	If you paid your trauma medical staff (those listed above) specifically for uninsured trauma patient care in 2019 (with hospital and/or state trauma funds), enter the total amount for all specialties on this line.			$	-
86										
87	**IN-HOUSE OR AVAILABILITY (11-14)**	Level I hospitals require in-house 24 hour availability and some Level IIs maintain this as well. Answer = A or B, NOT both.								
88		A. If you maintain a dedicated OR that remains open, staffed & is used exclusively for trauma, please estimate net costs (less reimbursement) below.								
		B. If you maintain 24 hour in-house OR availability but do not maintain a dedicated OR that remains open and staffed exclusively for trauma, provide your costs for an RN and OR tech for PM and night shift for 7 days a week.								
89	**A. Dedicated OR Costs (11-20)**	1	2			Net costs (less reimbursement)			$	-
90	**B. Costs of In House OR Availability**	1	2			Cost for night and weekend OR coverage of 1 OR nurse and 1 OR tech.			$	-
91	**EDUCATION & OUTREACH**	Includes costs for travel, courses, training, supplies, and materials for activities specific to trauma. Include personnel costs in the administrative section.								
92	Injury prevention (18-1, 18-2)	1	2	3	4	Must be specific to trauma, and amount should be reduced by grant funding for program.			$	-
93	Community outreach (18-2, 18-5, 18-6)	1	2	3	4	This includes public education.			$	-
94	Professional education (17-4)	1	2	3	4	Net cost (i.e., less participant fees) of offering courses, & trauma clinical education to EMS and other hospital staff in your region.			$	-
95	Outlying hospital education (exclude grant & vendor money) (17-1)					This addresses the unique responsibilities of Level I trauma centers in supporting outlying hospitals (e.g., Grand Rounds. Symposium)			$	-
96	**Required Physician CME (12 hours/yr.)**	Includes costs for courses and travel for up to 12 hours of trauma CMEs only for personnel below:								
97	Trauma Medical Director (5-7)	1	2	3					$	-
98	Trauma Program Manager (CE only) (5-24)	1	2	3	4				$	-
99	Trauma Program Coordinator (5-24)	1	2	3					$	-
100	Trauma Registrar (CE only) (15-7)	1	2	3		Money actually spent CY2019 for initial and/or required continuing ed.			$	-
101	Maintain current ATLS (2-16)				4				$	-
102	ED Liaison (7-12)								$	-
103	ICU Liaison (11-63) (11-64)								$	-
104	Neurosurgical Liaison (8-14)								$	-
105	Orthopedic Liaison (9-18)								$	-
106	**Trauma related hospital staff education**	Includes cost of courses plus salary costs for educational time reduced by grant funding.								
107	Emergency Department (17-4)	1	2	3					$	-
108	Intensive Care unit (17-4)	1	2	3					$	-
109	Surgery/PACU (17-4)	1	2	3					$	-
110	Prehospital and hospital-based provider training (2-21)				4				$	-

111

112 **Key Readiness Status Factors** This section addresses readiness functions required by Georgia trauma center standards. Please use data & experience from the last 12 months to complete this section.

114 **Trauma Center Designation**

115 1. What was the date of your original state trauma center designation? And at what level?

116 What was your original state trauma designation level?

118 2. If you have upgraded your center designation level since original designation, please provide latest designation survey date and level achieved.

120 3. What was the date of your most recent state designation site survey visit?

121 If you had a state designation or ACS consultative or verification visit in 2019, what were your costs* for preparation and visit?

122 If you had a state designation or ACS consultative or verification visit in 2019, how long did your facility take to prepare for the visit?

124 4. Do you have plans to pursue ACS trauma center verification within the next three years?

126 5. If yes, have you had an ACS consultative visit?

128 6. If yes, when was your ACS consultative visit date or anticipated date?

130 *(survey fee, surveyor room/board, survey lunch/dinner costs, office supplies, additional staff costs NOT included elsewhere in this report)

OFFICE OF GOVERNOR BRIAN P. KEMP
AGENCY REPORTING/POINTS OF CONTACT LIST
2023

EXECUTIVE COUNSEL
DAVID DOVE

State Agencies

Office of the State Inspector General
Georgia Access to Medical Cannabis Commission (admin. attached to SOS)
Government Transparency & Campaign Finance Commission (admin. attached to SAO)
Georgia Lottery Corporation

Elected Constitutional Offices

Department of Law
Secretary of State

Judicial Branch

Supreme Court of Georgia
Council of Superior Court Judges of Georgia
Prosecuting Attorneys' Council of Georgia
Court of Appeals of Georgia
Georgia State-wide Business Court
Georgia Office of Dispute Resolution
State Bar of Georgia
Administrative Office of the Courts
Council of Juvenile Court Judges of Georgia

DEPUTY CHIEF OF STAFF
LAUREN CURRY

State Agencies

Georgia Department of Economic Development
University System of Georgia
Technical College System of Georgia
Nonpublic Postsecondary Education Commission
Georgia Department of Transportation
Georgia Regional Transportation Authority/State Road & Tollway Authority/ATL
Georgia Department of Public Safety
Georgia Bureau of Investigation
Georgia Department of Defense
Georgia Emergency Management & Homeland Security Agency (admin. attached to Governor's Office)
Georgia Department of Natural Resources
Georgia Environmental Protection Division (division of DNR)
Georgia Department of Community Affairs

Elected Constitutional Office

Department of Agriculture

OFFICE OF PLANNING & BUDGET DIRECTOR
CHIEF FINANCIAL OFFICER
KELLY FARR

State Agencies

Georgia Environmental Finance Authority
Teachers Retirement System of Georgia
Georgia Department of Banking & Finance
Georgia Department of Administrative Services
Employees' Retirement System of Georgia
Georgia Department of Audits & Accounts
Georgia Department of Revenue
Office of the State Treasurer
State Accounting Office
State Board of Accountancy (admin. attached to SAO)
Georgia State Financing & Investment Commission
State Board of Workers' Compensation
Georgia Ports Authority
Georgia Student Finance Commission
Georgia Technology Authority
Peace Officers' Annuity & Benefit Fund
Subsequent Injury Trust Fund
Georgia Research Alliance
Brain and Spinal Injury Trust Fund (admin. attached to DPH)
Criminal Justice Coordinating Council (admin. attached to GBI)

Elected Constitutional Offices

Office of Insurance and Safety Fire Commissioner
Department of Labor
Public Service Commission

CHIEF OPERATING OFFICER
KRISTYN LONG

State Agencies

Georgia Department of Public Health
Georgia Department of Community Health
Georgia Department of Behavioral Health & Developmental Disabilities
Georgia Department of Human Services
Georgia Division of Family & Children Services
Georgia Department of Corrections
Georgia Department of Juvenile Justice
Georgia Department of Community Supervision
State Board of Pardons and Paroles
Georgia Department of Driver Services
Georgia Department of Veterans Services
Georgia Building Authority/State Properties Commission
Georgia World Congress Center Authority
Savannah-Georgia Convention Center Authority
Bright from the Start: Georgia Department of Early Care & Learning
State Charter Schools Commission
Georgia Public Defender Council
Office of State Administrative Hearings (admin. attached to DOAS)
Georgia Commission on Equal Opportunity (admin. attached to Governor's Office)
Office of the Child Advocate (admin. attached to Governor's Office)
Georgia Professional Standards Commission (admin. attached to Governor's Office)
Governor's Office of Student Achievement (admin. attached to Governor's Office)
Georgia Public Safety Training Center (admin. attached to DPS)
Peace Officer Standards and Training Council (admin. attached to DPS)
Georgia Firefighter Standards and Training Council (admin. attached to DPS)
Stone Mountain Memorial Association (admin. attached to DNR)
Jekyll Island State Park Authority (admin. attached to DNR)

Elected Constitutional Office

Department of Education

DEPUTY CHIEF OPERATING OFFICER
MARK SMITH

State Agencies

Georgia Vocational Rehabilitation Agency (admin. attached to DHS)
Georgia Composite Medical Board (admin. attached to DCH)
Georgia Board of Health Care Workforce (admin. attached to DCH)
Georgia Drugs & Narcotics Agency (admin. attached to DCH)
Georgia Trauma Care Network Commission (admin. attached to DPH)
Sexual Offender Registration Review Board (admin. attached to DBHDD)
Georgia Council on Developmental Disabilities (admin. attached to DBHDD)
Governor's Office of Disability Services Ombudsman
Governor's Office of Highway Safety (admin. attached to DPS)
Georgia Commission on Family Violence (admin. attached to DCS)
Georgia Aviation Authority
Georgia Public Broadcasting
Georgia Humanities Council
Georgia Forestry Commission
Georgia National Fairgrounds and Agricenter (admin. attached to Ag)
Georgia Soil and Water Conservation Commission (admin. attached to Ag)
North Georgia Mountains Authority (admin. attached to DNR)
Lake Lanier Islands Development Authority (admin. attached to DNR)
Real Estate Commission & Appraisers Board (admin. attached to SOS)
Georgia Commission on the Holocaust (admin. attached to USG)

GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	Budget Committee
Project/Activity[1]	**Comments**
1. Super Speeder	Super speeder revenues are trending favorably from -13% in July to -2% in December. Comparatively, Dec 2023 netted higher revenues than Dec 2022.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Y**
2. Contract Language Update	The Budget Committee Chair, GTC ED, and FOO are working with the AG contract specialist to optimize boilerplate contract language for all Commission contracts for the upcoming FY 2024 contract cycle. In addition, clarity around verification expectations and timelines will be added to trauma center contracts and a streamlined invoicing process.
Status: Committee Motion	**Support GTC Strategic Priorities? (Y/N): Y**
3. Reallocation plan	Firworks revenue of $1,497,315.27 will be distributed to EMS and trauma centers; $ 21,388.18 will be redirected to contingency as the majority of contingency has been spent; Reallocation of trauma center funds of $1,550,064.00 to trauma centers* Increase the amount of stipend to Level III and IV centers to $75,000 and $25,000
Status: In Process	**Support GTC Strategic Priorities? (Y/N): Y**
4. FY 2024 Additional Funds	An increase of $699,935 in funds includes a cost of living adjustment and a true-up from the FY 22 super speeder funds and reinstatement fees. Moving forward, we will not receive true-ups. The committee considered several items/initiatives for funding, but more discussion is needed before bringing a proposal to the full commission.

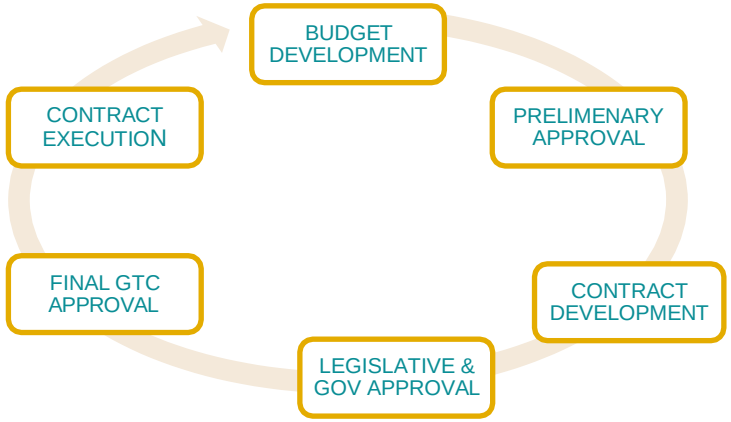
Questions, Issues, and Recommendations Requiring Commission Discussion:	Depending on the timing of the passing of the FY 2024 by the GA General Assembly will determine the need for a called meeting to pass the Commission's final FY 2024 budget.
Motions for Consideration at the Commission Meeting:	Approval of the proposed reallocation plan Approval of additional contractor PBP criteria for FY 24
Committee Members:	Jim Dunn, co-chair, Courtney Terwilliger, Dennis Ashley, Katie Hamilton, Elizabeth Atkins
Chair/Commission Liaison:	Regina Medeiros
Date of Next Committee Meeting:	February 20, 2023 and March 20, 2023

*includes purchase of outcomes module for three undfunded newly designated level IV TC

[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 COMMISSION

Georgia Trauma Commission Budget Cycle Timeline

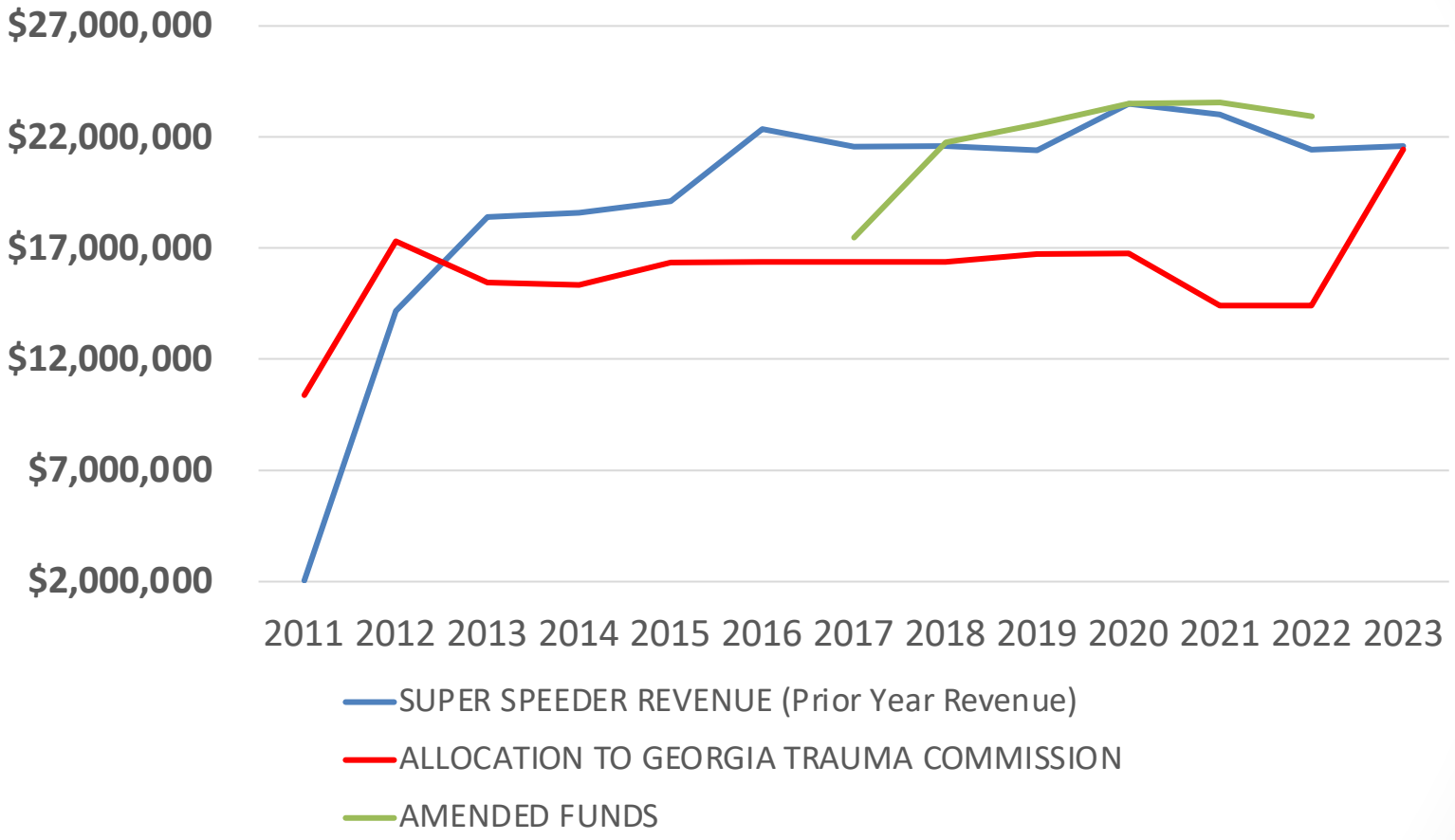


MONTH	BUDGET MILESTONES	BUDGET SUBCOMMITTEE	FULL COMMISSION
JUL		• FY 2024 Preliminary Recommendation for Motion to Full Commission	
AUG	• FY 2024 Budget Proposals for Contractors & Grantees Due Aug 1		• FY 2024 Preliminary Budget Vote
SEP	• FY 2024 Commission-Approved Budgets Submitted to OPB by ED • 5 Year Strategic Plan Submitted to OPB by ED • FY 2024 PBP Proposal Survey	• Review FY 2024 Proposals	
OCT		• FY 2024 Proposed PBP Approval	
NOV	• FY 2024 Final Preparations for 2023 Legislative Session	• FY 2023 Initial Reallocated Funds Vote	• FY 2024 Proposed PBP
DEC			
JAN	• FY 2024 Governor's Budget Recommendations Released • FY 2024 House and Senate Appropriations Budget Hearings – Commission Presents at Capitol	Prepares Final AFY 2023 budget recommendation for Motion to Full Commission	
FEB	• Amended 2023 Contracts and Grants Draft in Process		
MAR	• FY 2024 Final Governor Approval • Submit FY 2024 Contracts & Grant Drafts to AG's Office		• FY 2023 Reallocation Budget Voted on by Full Commission
APR	• FY 2024 Contracts & Grants Drafts in Process from AG's Office	• FY 2023 Final Reallocation Vote • Prepare Final FY 2024 Budget Recommendation for Motion to Full Commission	• FY 2024 Budget Vote
MAY			• FY 2023 Performance Based Pay Results
JUN	• Amended 2023 Contracts & Grants Released June 1 • FY 2024 Contracts and Grants Released June 1		

ACCOUNT	FY 2023 Proposed	Acutal Expenses through 2.9.23	Percent of Actual Expenses through 2.9.2023	Remaining FY 2023 Funds $
GTC OPERATIONS				
Staff Salaries	$ 425,566.13	$ 248,830.26	58%	$ 176,735.87
Merit System Assessment Adjustment	$ -			$ -
Benefits	$ 295,732.34	$ 170,804.75	58%	$ 124,927.59
DOAS Administrative Fee	$ 16,229.00		0%	$ 16,229.00
Staff Education and Travel	$ 35,000.00	$ 17,484.02	50%	$ 17,515.98
Commission Member Per Diem	$ 3,500.00	$ 1,398.60	40%	$ 2,101.40
Rent	$ 7,800.00	$ 3,250.00	42%	$ 4,550.00
Printing	$ 6,500.00	$ 2,722.93	42%	$ 3,777.07
Office Supplies and Equipment	$ 5,000.00	$ 321.84	6%	$ 4,678.16
Postage	$ 500.00	$ 35.08	7%	$ 464.92
Meeting Expense	$ 100,000.00	$ 78,592.22	79%	$ 21,407.78
Warren Averett Financing Optimiization	$ 15,000.00		0%	$ 15,000.00
TCAA	$ 1,500.00		0%	$ 1,500.00
Telephone	***$ 11,650.00***	***$ 3,314.82***	***28%***	***$ 8,335.18***
Virtual Meeting Platform	$ 2,650.00	$ 205.76	8%	$ 2,444.24
Office Telephone and Internet	$ 2,000.00	$ 1,027.98	51%	$ 972.02
Staff Cell, Mifi, and Equipment	$ 7,000.00	$ 2,081.08	30%	$ 4,918.92
SOFTWARE/IT	***$ 35,650.00***	***$ 7,978.02***	***22%***	***$ 27,671.98***
Website Maintenance				
The Box Cloud Storage	$ 4,100.00		0%	$ 4,100.00
Adobe	$ 1,140.00	$ 119.88	11%	$ 1,020.12
Office 365	$ 4,000.00	$ 2,384.00	60%	$ 1,616.00
Name Cheap	$ 50.00	$ 59.64	119%	$ (9.64)
Quickbooks	$ 2,160.00	$ 1,500.00	69%	$ 660.00
Georgia GovHub/GTA	$ 4,200.00	$ 3,400.00	81%	$ 800.00
Media/Graphic Designer	$ 20,000.00	$ 514.50	3%	$ 19,485.50
Contingency	$ 115,000.00	$ 48,381.99	42%	$ 66,618.01
Total GTC Operations	***$ 1,074,627.47***	***$ 583,114.53***	***54%***	***$ 491,512.94***
SYSTEM DEVELOPMENT				
RTAC Funds	***$ 403,640.00***	***$ 136,783.71***	***34%***	
Start Up Grants				
Region 1	$ 40,364.00	$ 17,942.00	44%	$ 22,422.00
Region 2	$ 40,364.00		0%	$ 40,364.00
Region 3	$ 40,364.00	$ 11,383.05	28%	$ 28,980.95
Region 4	$ 40,364.00		0%	$ 40,364.00
Region 5	$ 40,364.00	$ 40,364.00	100%	$ -
Region 6	$ 40,364.00	$ 15,026.00	37%	$ 25,338.00
Region 7	$ 40,364.00	$ 16,737.41	41%	$ 23,626.59
Region 8	$ 40,364.00	$ 19,061.75	47%	$ 21,302.25
Region 9	$ 40,364.00		0%	$ 40,364.00
Region 10	$ 40,364.00	$ 16,269.50	40%	$ 24,094.50
State Trauma Medical Director	$ 32,883.82		0%	$ 32,883.82
ACS TQIP State Participation	$ 15,000.00		0%	$ 15,000.00
TQIP Participation for Level III	*$ 68,872.00*		0%	$ 68,872.00
Legal-Peer Review P&P Development	$ 10,000.00		0%	$ 10,000.00
MAG (Year 7)	$ 170,000.00	$ 85,000.00	50%	$ 85,000.00
GQIP (Year 6)	$ 164,630.00	$ 23,530.35	14%	$ 141,099.65
INJURY PREVENTION	$ 50,000.00		0%	$ 50,000.00
GEORGIA TRAUMA FOUNDATION (Year 8)	$ 182,000.00	$ 45,500.00	25%	$ 136,500.00
OEMS&T	$ 432,183.49		0%	$ 432,183.49
Total System Development	***$ 1,529,209.31***	***$ 290,814.06***	***19%***	***$ 1,238,395.25***
EMS STAKEHOLDERS				
AVLS Maintenance	$ 128,445.18	$ 128,445.18	100%	$ -
Program Management-Tim Boone	$ 42,000.00	$ 10,993.78	26%	$ 31,006.22
AVLS Airtime Support	$ 597,840.00	$ 227,463.39	38%	$ 370,376.61
AVLS Equipment	$ 134,884.82	$ 70,036.00	52%	$ 64,848.82
EMS Equipment Grant	$ 1,165,031.00			$ 1,165,031.00
Contracts/Grants	$ 1,700,000.00	$ 470,625.73	28%	$ 1,229,374.27
Total EMS Stakeholders	***$ 3,768,201.00***	***$ 907,564.08***	***24%***	***$ 2,860,636.92***
TRAUMA CENTERS				
Nurses Education				
Warren Averett UCC Audits	$ 50,000.00		0%	$ 50,000.00
Warren Averett Readiness Audits				$ -
Pracht Study				$ -
One-Time Funding for Unfunded Centers				$ -
Trauma Registry Web-Hosting Level III and IV				$ -
Trauma Center Readiness, Registry, and Uncompensated Ca	$ 15,022,802.00	$ 6,519,688.50	43%	$ 8,503,113.50
Optimal Course				$ -
Level III Level IV PRQ RW Package				$ -
Level III Level IV Outcome Package				$ -
Total Trauma Centers	**$ 15,072,803.00**	**$ 6,519,688.50**	**43%**	**$ 8,553,114.50**
Total Budget by Fiscal Year	**$ 21,444,840.78**	**$ 8,301,181.17**	**39%**	**$ 13,143,659.61**

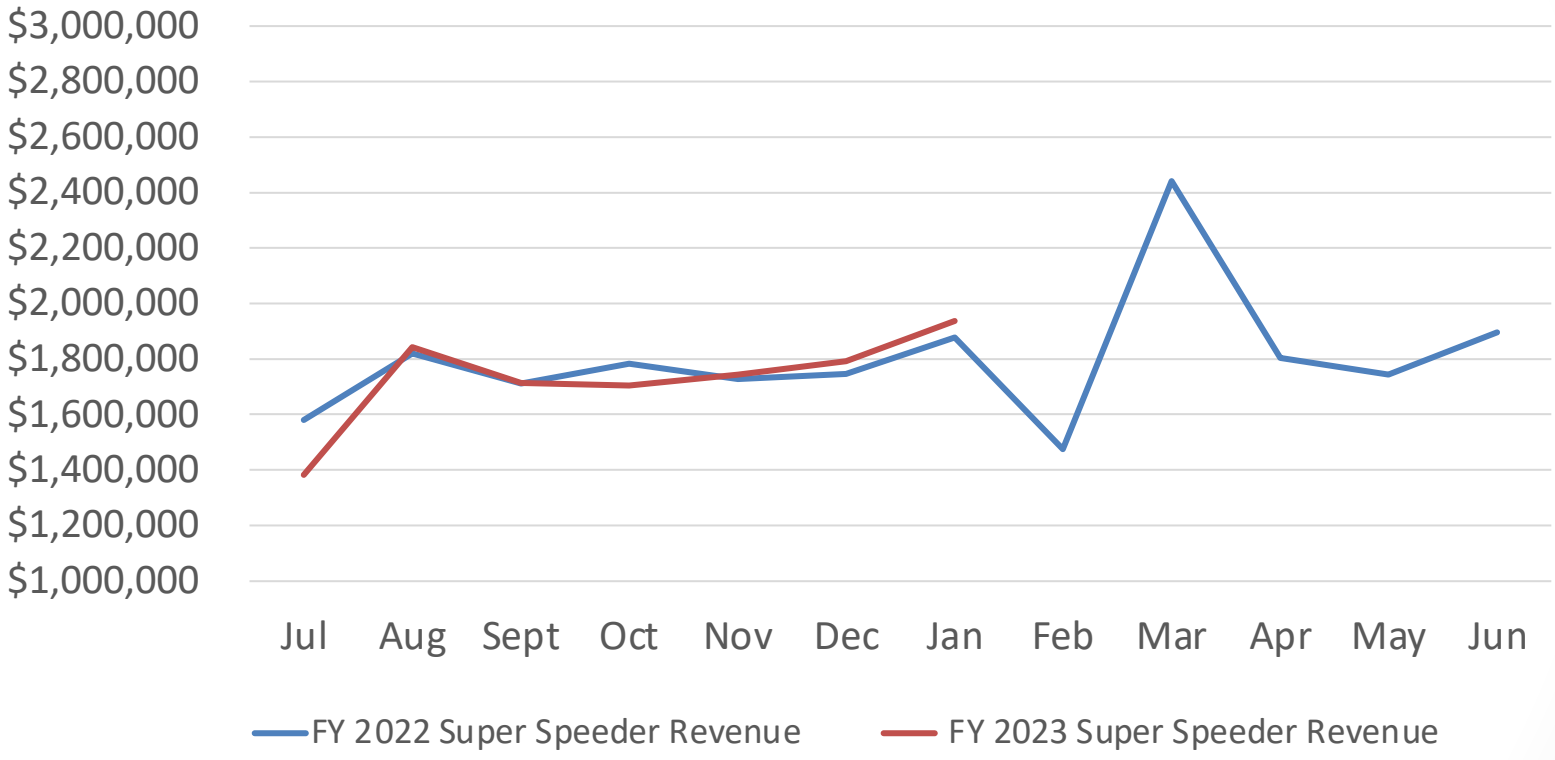
Super Speeder Revenue Summary

Revenue to Budget Comparison: Super Speeder



GEORGIA TRAUMA COMMISSION

Super Speeder Revenues FY 2022 vs. FY 2023



GEORGIA TRAUMA COMMISSION

Super Speeder Cumulative Revenue FY 2022 vs. FY 2023

Month	FY 2022 Cumulative Total	FY 2023 Cumulative Total	Cumulative Variance	Percentage +/-
Jul	$ 1,580,677.00	$ 1,382,770.00	$ (197,907.00)	-13%
Aug	$ 3,400,448.00	$ 3,226,640.00	$ (173,808.00)	-5%
Sept	$ 5,111,959.00	$ 4,939,921.00	$ (172,038.00)	-3%
Oct	$ 6,895,251.00	$ 6,645,147.00	$ (250,104.00)	-4%
Nov	$ 8,623,089.00	$ 8,389,745.00	$ (233,344.00)	-3%
Dec	$ 10,368,341.00	$ 10,181,727.00	$ (186,614.00)	-2%
Jan	$ 12,245,538.00	$ 12,119,280.00	$ (126,258.00)	-1%
Feb	$ 13,720,763.00			
Mar	$ 16,162,195.00			
Apr	$ 17,965,676.00			
May	$ 19,709,703.00			
Jun	$ 21,606,366.00			

FY 2023 Funds to Reallocate		
FY 2023 Firework Revenue	$	1,497,315.27
FY 2023 Trauma Center Reallocation	$	1,550,064.00
FY 2023 Additional Reallocation		
State Trauma Medical Director		
Warren Averett Financial Optimization		
Injury Prevention		
RTAC 4 and 9	$	178,611.82
Total	**$**	**3,225,991.09**

FY 2023 Proposed Reallocation Plan		
Contingency	**$**	**200,000.00**
PSO Attorney	*$*	*(70,000.00)*
STB Coodinator	*$*	*(25,000.00)*
Trauma Centers	**$**	**1,180,741.67**
EMS	**$**	**295,185.42**
FY 2023 Trauma Center Reallocation	**$**	**1,550,064.00**
Increase Level III $75,000	*$*	*(375,000.00)*
Increase Level IV $25,000	*$*	*(125,000.00)*
Trauma Centers	*$*	*(1,050,064.00)*
Total Reallocated Funds	**$**	**3,225,991.09**
Balance Remaining to Reallocate	**$**	**-**

Proposed FY 2024 PBP Metrics - RTAC Coordinators	
Metric	**% Contract Dollars At Risk**
Submit Quarterly Reports to GTC three calendar weeks prior to the Georgia Trauma Commission meetings dates as per published events on Trauma.ga.gov. ***FY 2024 quarterly report due dates:*** February 10, 2023; April 28, 2023; July 21, 2023; October 27, 2023	2%
75% Participation in monthly RTAC Coordinator meetings.	2%
75% RTAC Coordinator attendance at EMS Regional Council Meetings for contracted EMS Region	2%
TOTAL	**6%**

Performance Based Pay Metrics for Dr Tim Boone, LLC (AVLS)	
Metric	**% Contract Dollars At Risk**
Timely submission of reports to Georgia Trauma Commission EMS Committee Meeting , e.g., 2 calendar weeks before the GTC EMS Committee meeting date as per published events on trauma.ga.gov	2%
By January 1, 2024, provide an equipment replacement cost estimate that covers any AVLS-related equipment needs for inclusion in the budgeting process for the upcoming fiscal year (F.Y. 2024)	2%
TOTAL	**4%**

Performance Based Pay Metrics for GEMSA	
Metric	**% Contract Dollars At Risk**
Timely Submission of quarterly invoices; on or before Nov 30 (QTR 1), Feb 28 (QRT 2), May 31 (QRT 3), July 31 (QRT 4)	2%
Timely submission of reports to Georgia Trauma Commission EMS Committee, e.g., 2 calendar weeks before the GTC EMS Sub Committee meeting dates as per published events on trauma.ga.gov	2%
TOTAL	**4%**

Performance Based Pay Metrics for Georgia Trauma Foundation	
Metric	**% Contract Dollars At Risk**
Timely Submission of quarterly invoices; on or before September 30 (QTR 1), December 31 (QRT 2), March 31 (QRT 3), June 30 (QRT 4)	4%
Submit quarterly Trauma System Partner Reports three calendar weeks prior to the published date of each Commission Meeting	2%
TOTAL	**6%**

GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	EMS Committee
Project/Activity[1]	**Comments**
1. Spending Plan	The Equipment Grant funding is proceeding. We reviewed several requests for variance in the plan. We will continue to review expenditures for AVLS, EMS Education, and Equipment Grant Funding.
Status: On-going projects	**Support GTC Strategic Priorities? (Y/N): Yes**
2. EMS Education	We have significantly increased our efforts to assist local EMS providers in conducting EMR and EMT-R programs. We have requested information from the SOEMS/T on initial education programs in the State. We have requested SOEMS/T and GEMSA work together to help us get an accurate picture of the initial EMS education being conducted. Dr. Melissa Bemiller provided information to the group regarding the location of EMS education programs provided with Trauma Commission funding.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
3. AVLS	We continue to fund this program. There are currently eight (8) counties in Georgia that do not have an AVLS program. We are in discussion with four of these now
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
4. EMS Equipment Grant	The grant documentation has been completed. We are now in the process of paying the agencies for this grant. We have identified areas we will address with a sub-committee to clarify next year's funding.
Status:	**Support GTC Strategic Priorities? (Y/N): Yes**
5. Online EMS Training	This remains a concern. We have provided value to the EMS community by providing online content from the EMS Educators conference. This has been in conjunction with GEMSA. However, there remains a desire to offer a better platform for initial and continuing education via this medium.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
5. Inter-hospital Transportation	This continues to be an issue in many areas of the State. There is support for requesting the Legislature to set up a joint House/Senate study committee to look at the challenges of the EMS profession.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

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

GEORGIA TRAUMA COMMISSION

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Scott Stephens, Chad Black, Pete Quinones, Scott Roberts, Lee Oliver, Blake Thompson, Duane Montgomery, Allen Owens, Huey Atkins, Brian Hendrix, Jeff Adams, Jim Atkins
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	April 20, 2023

GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	**Level III/IV Rural Trauma Committee**
Project/Activity[1]	**Comments**
1. MARCH PAWS	Equipment and supplies were delayed, but all have been received, awaiting the scheduling of the first pilot course targeted for March/April.
Status: Awaiting availability for course dates	**Support GTC Strategic Priorities? (Y/N):Y**
2. ACS Trauma Systems Consultation – Rural Focused Site Visit	Thank you to all who participated, there were over 100 attendees in person. There were 89 system recommendations, with 14 priority recommendations. Three of the recommendations were also found during the 2009 ACS Consult visit. The rural focused review produced 29 rural recommendations, with 8 priority recommendations. The draft report should be available mid-March, and the GTC and OEMS/T will provide any clarification. The final report will be available in April, 2023.
Status: Final report pending April 2023	**Support GTC Strategic Priorities? (Y/N): Y**
3. Access to specialty care e.g., re-implantation, ECMO	Annual revision/ update at summer meeting
Status: Annual update August	**Support GTC Strategic Priorities? (Y/N): Y**
4. Web-hosted ESO registry & contracted abstraction services & PRQ Report Writer	Funding allocated, encumbered, and paid; not deployed by all centers yet. Level IV custom reports must be built. Contracted abstraction is an ongoing discussion and financial need will have to be clarified.
Status: In process	**Support GTC Strategic Priorities? (Y/N):**
5. PI project specific to LIII/LIV: PI Process and Mentorship	One of the suggestions during the ACS System visit was a possible mentor program to assist the level III and IV centers in their trauma program development. A possible solution is two-fold - A "Big Brother" program – developing a relationship with level III's and IV's with the next highest level for assistance with trauma patient issues, call about transferring patients A mentor program – level III/IV mentor each other to assist in program growth – a new initiative is a performance improvement level III/IV focus with a meeting at Chateau Elan
Status: In process	**Support GTC Strategic Priorities? (Y/N):**

Questions, Issues, and Recommendations Requiring Commission Discussion:	Consider a forum to review rural findings and brainstorm solutions

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GEORGIA TRAUMA COMMISSION

Motions for Consideration at the Commission Meeting:	
Committee Members:	Trauma Program Managers, Medical Director and Administrators of the Georgia Level III and IV Trauma Centers, as well as representatives from the DPH OEMS/T, SORH, GTC
Chair/Commission Liaison:	Greg Patterson MD Chair & Commission Liaison; Alicia Register MD, Vice Chair
Date of Next Committee Meeting:	May, 2023

GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence (GCTE) page 1 of 2
Project/Activity[1]	**Comments**
1. Level 4 Workgroup	a. Workgroup formed/organized and met 2X since November 2022 meeting. b. 2023 Goals: PI Plan, Create Lev 3-4 resource repository & educate/encourage use of Outcomes registry module. c. Workgroup will report to Level 3-4 GTC Committee after this meeting. d. Co-Chairs: R Hand RN/C Mathis RN. Executive Sponsors: T Johns/L Grant
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): YES**
2. Registry	a. Organizational accomplishments: • GTCE contact listed updated to indicate contact info for patient follow-up info • Trauma Data Management Plan template created & requirements reviewed • GA Data Dictionary Workgroup being created to keep GA Data Dictionary up-to-date. b. Education: • Trauma Registrar Education requirements (ICD 10 proc coding NEW 2022 standard) • All centers required to have a certified AIS (CAISS) person on staff • Establish at least 1, in-person Registrar meeting for 2023 c. For consideration: • Conversion to AIS 2015 coding (requires a deadline be set at least 24 months notice). Update to AIS 2015 coding partial reason new ESO registry version will cost more. • New ESO software conversion (once beta testing completed) d. Co-Chairs: K Vaughn RN / Colleen Horne (Northside Gwinette Registrar)
Status: In progress	**Support GTC Strategic Priorities? (Y/N): YES**
3. Injury Prevent/Outreach	a. CY2023 goals set: create 4 webinars (1 for each task force), continue virtual training for GA STB & Bigocize, events for prevent trauma (road ahead & child abuse prevent) b. A framework to apply for Inj Prev & Outreach funding has been created. c. Chair: Kristal Smith. • Kristal rotating off as Chair at end of 2023. • Need new chair and co-chairs
Status: In progress	**Support GTC Strategic Priorities? (Y/N): YES**

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GEORGIA TRAUMA COMMISSION

Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence (GCTE)	
4. Education	a. Educational offerings: • Reducing Time to Transfer – First draft completed and only minor changes needed. Waiting on GCTE PP template for to make final revisions by end of month. • AKI – On track for first draft completion by 2/20/23. • TCRN Study Guide – (TCAR/PCAR pocket study guide) b. Co-Chairs: Kyndra Holm RN/ tba (new 2023)	
Status: In progress		**Support GTC Strategic Priorities? (Y/N): YES**
5. Performance Improvement	a. No meetings since November 2022 b. Co-Chairs: J Pope RN/ R Stephens RN	
Status: Not started		**Support GTC Strategic Priorities? (Y/N): YES**

Questions, Issues, and Recommendations Requiring Commission Discussion:	1. Lev 4 Workgroup: Possible budgetary support for Outcomes registry module for designated, GTCN uncontracted trauma centers. Cited weakness in Pensylvannia summary report. 2. Registry: Consideration of funding for AIS & ICD 10 proc coding courses for designated trauma center staff (priority to Lev 3-4 staff and then Lev 1-2 staff). 3. IP/Outreach: Use of framework to submit for Inj Prev/Outreach funding consideration.
Motions for Consideration at the Commission Meeting:	1. Lev 4 Workgroup: Budgetary support for Outcomes registry module for designated, GTCN uncontracted trauma centers. 2. Registry: Budgetary support for AIS & ICD 10 procedure coding courses for registry staff.
Committee Members:	Open to all trauma center staff
Chair/Commission Liaison:	Chair: Tracy Johns MSN, RN-BC, CPHQ, TCRN *(report preparer)* Vice Chair: Lynn Grant BSN, RN, TCRN
Date of Next Committee Meeting:	3/1/2023

REHABILITATION PROVIDER COMMITTEE INVITE BY DR. VOX

From: Ford Vox <Ford.Vox@shepherd.org>
Date: Monday, January 30, 2023, at 6:09 PM
To: Rehabilitation Participant
Cc: Liz Atkins <liz@gtcnc.org>, Abigail Thompson <Abigail.Thompson@shepherd.org>
Subject: Invitation: Georgia Trauma Commission Rehabilitation Committee

Hi Rehabilitation Participant,

I would like to invite 1 to 2 representatives from Participating Rehabilitation Hospital to participate in a new Rehabilitation Committee being organized by the Georgia Trauma Commission. We are having an initial meeting on Feb 23rd at 2 PM via Zoom.

The Georgia Trauma Commission is a state program with an annual budget of $21 million which facilitates coordination and improvement of the state's trauma system including EMS and trauma hospitals: https://trauma.georgia.gov/

The system undergoes periodic reviews by the American College of Surgeons which issues an array of recommendations for improvement via periodic "Trauma System Consultations." To improve the coordination of trauma care services, the ACS has consistently recommended that rehabilitation providers be integrated into the multidisciplinary advisory structure to ensure rehab issues are incorporated to the state's trauma system plan.

As an industry leader and comprehensive provider of rehabilitation services, the Georgia Trauma Commission would greatly benefit from your organization's representation on the Rehabilitation Committee. The work of the inaugural committee will rely on standards of excellence and constructive feedback from stakeholders to propose recommendations that aim to improve the systemwide protocols of the Georgia Trauma Commission. Perspectives from physiatrists and facility administrators who can discuss issues and barriers to improved availability of inpatient and outpatient rehabilitation resources will be fundamental to the success of the committee.

The first collaborative meeting will formulate proposals and plans for the future of the Rehab Committee to present to the Trauma Commission during its next general meeting. Such recommendations may include but are not limited to the establishment of specific standards, guidelines, minimum qualifications, or transfer agreements for rehabilitative care. In the 2023 ACS review, just completed, the fact that "Numerous rehabilitation facilities with subspecialties including pediatric, brain and spine exist" in the state was specifically cited as an advantage and asset, but unfortunately there is "Minimal collaboration between the GTC and rehab facilities/providers." The Rehab Committee will endeavor to change this, and help guide the Commission and state policymakers about the rehabilitative needs of our state's trauma population. Virtual Exit Presentation: ACS Georgia Full Trauma Systems and Rural-Focused Consultative Visit | Georgia Trauma Commission

As the inaugural chairperson of the Georgia Trauma Commission Rehabilitation Committee, I hope you recognize the value in convening a specialized group of stakeholders tasked with optimizing the delivery of care and recovery outcomes for trauma patients.

Our tasks include but are not limited to the following:

1. Perform a comprehensive resource/needs assessment of rehabilitation services for trauma patients, especially for traumatic brain injuries, spinal cord injuries, and pediatric patients.
2. Analyze trauma patient flow and discharge patterns to rehabilitation, long-term assisted care, and skilled nursing facilities using data from the state trauma registry.

3. Include the rehabilitation phase of care in a systemwide performance improvement process using appropriate indicators and benchmarks.

Would you please let me know if a representative of your facility can attend as soon as possible, and provide that person's contact information? Please let me know if I can answer questions regarding participation on this newly formed committee. Thank you in advance for your consideration, and I hope the Trauma Commission can rely on your valuable input and contribution to make the endeavor of integrating rehabilitation resources into the state's trauma system network a success.

Thanks,
Ford

Ford Vox, MD
Medical Director, Disorders of Consciousness Program
Chair, Medical Ethics Committee
Chair, Continuing Medical Education Committee

Shepherd Center

2020 Peachtree Road NW | Atlanta, GA 30309
Visit shepherd.org and news.shepherd.org
Ranked Among the Top 10 Rehabilitation Hospitals by U.S. News & World Report

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GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	Trauma Administrators Committee
Project/Activity[1]	**Comments**
1. GCC status for trauma	
Status: Done	**Support GTC Strategic Priorities? (Y/N): Y**
2. Regional trauma status communication and plan	Sh Develop a communication plan and process for diversion, challenges by region To include standardizing definitions in conjunction with GHA, DPH
Status: Done	**Support GTC Strategic Priorities? (Y/N): Y**
3. Finance workgroup	**Three main objectives:** • Engagement and Education • Understanding and Transparency of funds use within trauma centers • Evaluation and Recommendation of trauma center funding distribution
Status: TBD	**Support GTC Strategic Priorities? (Y/N): Y**

Questions, Issues, and Recommendations Requiring Commission Discussion:	None Currently
Motions for Consideration at the Commission Meeting:	None Currently
Committee Members:	Senior Leaders-Each Trauma Center
Chair/Commission Liaison:	Michelle Wallace
Date of Next Committee Meeting:	February 28, 2023-Chateau Elan

[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 COMMISSION

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

Name of Committee or Workgroup:	Trauma System Performance Committee
Project/Activity[1]	**Comments**
1. ED LOS for high yield patients	OEMS&T working internally to pull data out of the new Georgia Patient Registry to provide to epidemiologist for analysis. OEMS&T and GQIP will resume work days to drill down into patients.
Status:	**Support GTC Strategic Priorities? (Y/N): Y**
2. FY 2022 Data pull	Georgia Patient Registry missing data from 2 centers since migration due to individual center issues. OEMS&T learning to pull data out of new registry. No ETA on when 2021 data analysis will becompleted.
Status:	**Support GTC Strategic Priorities? (Y/N): Y**
3. Transfers to Definitive Care	Navicent and Memorial working on a project around time to definitive care. Navicent is working on IRB approval for project.
Status:	**Support GTC Strategic Priorities? (Y/N): Y**
4. Region 2 armband pilot project	Training for EMS and law enforcement in progress. Awaiting final commitment from hospital system in region. Need to determine where armband number will be documented in medical record and staff training initiated.
Status:	**Support GTC Strategic Priorities? (Y/N): Y**

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Marie Probst, Renee Morgan, Tracy Johns, Kelli Vaughn, Courtney Terwilliger, Danlin Luo, David Newton, Gina Solomon
Chair/Commission Liaison:	Dr. James Dunne
Date of Next Committee Meeting:	TBD

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GEORGIA TRAUMA COMMISSION

Trauma System Partner Report to the Georgia Trauma Care Network Commission

Name of Partner:	Georgia Trauma Foundation
Project/Activity[1]	**Comments**
1. Fundraising Infrastructure	The Foundation performed an internal assessment and made changes to improve its accountability and financial transparency. New policies have been adopted and better reporting implemented to bring the Foundation in line with nonprofit best practices. The changes will help in assuring donors they are giving money to a trustworthy organization.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Y**
2. Fundraising Messaging	Building off the overall message of "Minutes Matter", fundraising consultant Alexander Haas worked with Foundation Directors to prioritize long-term projects. Before making any decisions, the Foundation will review the final report from the ACS Rural Focused Consultation. Its recommendations will be discussed with system partners to determine which projects to pursue to best support the system. The outcomes of those meetings will be the basis of a fundraising plan designed to make statewide impact with a focus on regional fundraising.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Y**
3. Board Expansion	Alexander Haas (AH) provided a strategic five-step board development plan designed to attract and retain the best leadership. Their recommendation is to increase members each year by 2-3 directors until maximum size is reached as allowed by bylaws. The Foundation has activated its plan and has identified a new candidate for Commission consideration. AH would also like to work with Commissioners to identify potential candidates. Expansion goals are centered around overcoming skill set deficits, securing regional representation and bringing on those with the ability to give/get money. The consultants also advised the Foundation that new Directors need to be experts in raising money.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Y**
4.	
Status:	**Support GTC Strategic Priorities? (Y/N):**

Questions, Issues, and Recommendations Requiring Commission Discussion:	New Board Member
Motions for Consideration at the Commission Meeting:	None
Commission Liaison:	John Bleacher
Date of Next Committee Meeting:	April 5, 2023

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

GEORGIA TRAUMA FOUNDATION
BOARD MEMBER NOMINATION FORM

A 501(c)3 board should be diverse in talents, skills and experience. Together the members will be committed to supporting the mission of the foundation and to providing advice and assistance to the Executive Director when needed. Nominating board member is asked to complete the following form and return to the Executive Director for evaluation and recommendation for a Board vote.

Terms are for two (2) years, with an option of three (3) terms.

Nominated by: Ninfa Saunders

Today's Date: November 10, 2022

Name of Nominee: Jeffrey D. Myers

Position/Title: President & CEO

Company: Hamilton Health Care System

Address:

City/State/Zip Code:

Cell:

Alt Phone: 706-272-6000

Email: jmyers@hhcs.org

Reason for Recommendation: *See Attached Letter*

Candidate Overview:

Jeff Myers is President and CEO of Hamilton Health Care System where he has served since 2010. For eight years prior, he served as President and Chief Executive Officer of HealthOne Alliance and Alliant Health Plans, a preferred provider organization and related health plan.

He has more than 35 years of diverse management and leadership experience in healthcare administration including integrated delivery systems, hospitals, health plans, independent physician associations and home health care. From consultant to chief operating officer, he has a storied career and a reputation for turning companies around.

December 1, 2022

Dr. John Bleacher
Chairman
Georgia Trauma Foundation Board

RE: Letter for Recommendation for Jeff Myers

Dear Dr. Bleacher,

I am pleased to write this letter of recommendation for Jeff Myers, President and CEO, Hamilton Health System.

I know Jeff Myers professionally and personally. As a fellow President and CEO, we served on the boards of the Georgia Hospital Association and the Georgia Association of Community Hospitals. He is sought after by our colleagues for his intellectual prowess and for his exceptional leadership skills in developing, expanding and branding Hamilton Health System as a high performing health system, an envy of many. His executive experience is broad in scope having led community and teaching hospitals in the country. His strategic and financial acumen is equally impressive. Hamilton Health System is the only healthcare system in Georgia that has a provider-based health plan, one that has become a model in the country. Jeff's experience, strategic and operational strength is admirable and well recognized.

His personal value sets are equally impressive. He serves with honor and dignity, and he carries himself with great presence and respectability.

Jeff will be a great asset on the board and will easily relate and adopt the mission and values of our Board. It is for the reasons I have stated in this letter that I see Jeff as an exceptional candidate for board appointment.

If you have any questions or require further information, do not hesitate to reach out.

Sincerely,
Ninfa M. Saunders

Jeffrey D. Myers
P.O. Box 345
Dalton, Georgia 30720
Office: (706) 272 6000
Mail: jmyers@hhcs.org

Professional Profile

- Results oriented healthcare executive with more than 35 years of diverse experience in healthcare administration including integrated delivery systems, hospitals, health plans, independent physician associations, and home health care.
- Extensive experience in leading, managing and facilitating organizations successfully through rapidly changing environments.
- Exceptionally strong skills in assessment of organizational strengths, weaknesses and needs for both internal and external environments; team development of corporate vision, strategic goals, and outcome measurements for performance management.

Professional Experience

Hamilton Health Care System, Inc. **2010 - present**
President and CEO

Hamilton Health Care System is a comprehensive, nonprofit health care system that serves as the parent corporation for 10 affiliate organizations.

Hamilton Medical Center *is a 282-bed regional acute-care hospital that offers major medical, surgical and diagnostic services, including accredited stroke and chest pain centers. Included under Hamilton Medical Center are Bradley Wellness Center, Hamilton Specialty Imaging, Hamilton Home Health and Hamilton Hospice, Hamilton Diabetes and Endocrinology Center, Hamilton Diagnostics Center, Residency programs for internal medicine and family medicine, Spine Health and Sport Performance Center, Hamilton Vascular Center, Hamilton Wound Care and Hyperbaric Center, Turner Maternal and Infant Care Center, and...*

> ***Cardiovascular Institute*** *offers cardiac surgery, including transcatheter aortic valve replacements, MitraClips, and Watchman procedures, under the expert hands of some of the region's most reknowned surgeons.*
>
> ***Peeples Cancer Institute*** *houses outpatient cancer diagnostic and treatment services in one location. The multidisciplinary team of medical and radiation oncologists, surgeons and clinical support staff work collaboratively to provide state-of-the-art care in a healing, nurturing environment.*

Hamilton Orthopedic Surgery Center d/b/a Hamilton – AOSM Orthopedic Surgery Center *offers surgeries and care for injuries and health conditions requiring specialized orthopedic physicians.*

Hamilton Children's Institute, Inc. d/b/a Anna Shaw Children's Institute *is a regional leader of and an advocate for the care of children who experience the challenges of developmental delays.*

Hamilton Ambulatory Surgery Center *is a same-day surgery facility with preoperative services, four operating suites and recovery. The Center offers the latest surgical technology, expert staff and award-winning customer service under the management of Hamilton Surgeons' Management Company.*

Hamilton Physician Group *is a quality care focused, financially viable partnership between physicians and Hamilton Medical Center for the betterment of the health of our community. HPG oversees Convenient Care Centers in three counties, and specialized services in behavioral health, cardiology, gastroenterology, general surgery, neurology, neurosurgery and spine.*

Whitfield Healthcare Foundation *is a philanthropic organization with a mission to encourage charitable gifts that support and advance the quality of health care provided by Hamilton Medical Center. Contributed gifts are allocated to enhance patient care, promote health education and improve the quality of life in the region.*

Hamilton Emergency Medical Services *operates through a contract with Whitfield County to manage emergency rescue services. Hamilton EMS is designated by the state of Georgia as an Advanced Cardiac Life Support service.*

Royal Oaks *is a continuing care retirement community which offers residential living apartments that appeal to seniors seeking an active social environment with a quality, maintenance-free lifestyle. The Gardens at Royal Oaks provides apartments for persons seeking assisted living services.*

Hamilton Long-Term Care *provides access to long-term care services. HLTC owns Regency Park, Ridgewood Manor, Quinton Memorial and Wood Dale Health and Rehabilitation skilled nursing centers.*

Dalton Senior Housing *dba Whitfield Commons, with 40 apartment homes, is operated exclusively to provide seniors and handicapped persons on lower fixed incomes with housing facilities.*

Whitfield Place *operates 48 apartment homes. Like Whitfield Commons, Whitfield Place is operated exclusively to provide seniors and handicapped persons on lower fixed incomes with housing facilities.*

HealthOne Alliance & Alliant Health Plans, Dalton Georgia 2002 - 2010

A diverse organization founded by Hamilton Medical Center and Physician Health Services in 1995 as a Regional PPO Network and Fully Insured Health Plan.

HealthOne*'s clients include large self-funded employers throughout North Georgia and contracts as the PPO Network with a number of fully insured plans. HealthOne has never lost a client and has expanded its client base to include contracts with CIGNA, UnitedHealthcare and Blue Cross for state employee plans and Wellcare, Peachstate and Amerigroup medicaid plans. HealthOne has also expanded its client base from exclusively in the Dalton area to include clients throughout North Georgia.*

HealthOne *has expanded its offering of products to include the internal development of a web-based Personal Health Record with an Integrated Electronic Medical Record and Practice Management System which is currently interfaced with Hamilton Medical Center's Convenient Care Center, and will soon be utilized in the Wound Care Center and the Spine Center. This product although initially launched in the Dalton market will be subsequently will be expanded to other markets subject to Board approvals.*

Alliant Health Plans *is a Provider Sponsored Healthcare Corporation licensed by the Georgia Department of Insurance. Alliant offers PPO, HSA and HMO products to small and large employers. In 2007, Alliant introduced Solocare, a healthplan for individuals, in the Dalton market which is in the process of expanding to Alliant's full service area. Alliant's historic service area has been Northwest Georgia, however the Board approved a management recommended business strategy to expand to targeted markets elsewhere in Georgia and as of 2009 the Department of Insurance has granted Alliant an expanded license to include all counties in the state of Georgia.*

President and CEO

As HealthOne and Alliant CEO, accountable to both the HealthOne and Alliant Boards directly and also reports to Provider Health Services (PHS) and Hamilton Boards. Participates in Hamilton's Strategic Planning and Quality Assurance initiatives.

In early 2003 Alliant was "Under Supervision" status from the Department of Insurance, had a history of poor financial performance and was significantly undercapitalized. HealthOne had serious relationship issues with all of its clients with no active communication for the previous 2 years. Regional Hospitals and key Physician groups did not trust either HealthOne or Alliant but did have hope that it would not fail. The PHS physician owners made it clear they would not support any additional capital calls to support Alliant.

A market based strategic plan was developed to identify required actions by county and by product. Changes were made in the Senior Management team to focus the right skill sets to achieve the required outcomes. By the end of 2003 Alliant achieved a net income of $1 million and HealthOne's clients were engaged to identify opportunities for improvement. This resulted in both Shaw and Mohawk rescinding threats of termination.

Internally developed technology and software such as Fee Schedule Web Application, Messenger Model Software, vLink (Credentialing Software), our Work Flow Management Software (which Hamilton's IS Team is in process of adopting) enabled HealthOne and Alliant to maintain the highest levels of service with reduced staffing requirements.

Alliant is regulated under the Georgia DOI and as a result of regulation; law and policy must be in tune with the varied healthcare and insurance initiatives both in Georgia and at the Federal level. A designated position was established to monitor ongoing proposed legislation and regular meetings with local state representatives, senators, and congressmen. This has been extremely effective in enabling us to prepare for potential changes and participate in the discussion processes.

In the recent years Alliant and HealthOne secured improved contracted rates with virtually all Regional Hospitals and Physician groups. This was achieved through our operating philosophy of "doing the right thing event if it hurts" and a track record of this philosophy. Our partnership with Regional hospital CEO's and managed care executives includes working with them

strategically on local, state and national healthcare challenges. HealthOne and Alliant today enjoy an excellent reputation among providers not just in North Georgia but throughout the State.

Outside the scope of expanding Alliant and HealthOne included: development and facilitation of Clinical Integration strategy for PHS and Hamilton Medical Center to assure the highest quality of care across the continuum of care in Whitfield and Murray counties, development and implementation of a community-based health information exchange between Hamilton Affiliates and the PHS physicians utilizing the PHRAnywhere/EMR/Practice Management system. The results of these initiatives will improve quality, save lives and reduce the cost of healthcare for our Community.

Key Performance measure for HealthOne: Retention of all HealthOne clients, expanded clients to include Floyd Medical Center, Harbin Clinic, Roper Industries, and City of Lafayette. Developed and implemented a Medicaid strategy resulting in 30,000 new Medicaid members, developed and implemented strategy for state employee based employees resulting in an additional 7,500 members.

Key Performance measures for Alliant: membership has grown to over 30,000 in 2016 from 9,200 members in 2003.

Health Resource Group (HRG), Atlanta, Georgia **2001 - 2002**

A diverse healthcare management and consulting group comprised of multiple divisions including managed care, technology, compliance, healthcare benefit design and insurance, receivables management, physician practice management and hospital operations. HRG's mission is to provide practical solutions with real results to exceed client expectations.

Senior Associate

As a member of the senior management team responsible for providing leadership to the managed care and insurance divisions. HRG's managed care division provides services for all aspects of managed care delivery for Payors, IPA's, PHO's, IDS's, Hospitals, and Physicians. Featured services include general management and governance, business plan development, product line development, payer contracting, provider contracting, contract development, credentialing review, fee schedule development, claims administration performance assessment, medical management review, underwriting and actuarial services, benefit plan review, sales administration and direct employer contracting.

UnitedHealthcare, Atlanta, Georgia **2000 - 2001**

UnitedHealthcare is one of the largest managed healthcare organizations in the United States. As a diversified health insurance carrier specializing in managed care products, UnitedHealthcare has been a pioneer in the industry, with innovations in medical management systems, technology, and delivery systems for Medicare, Medicaid, and Commercial products lines. The Georgia plan features a network with over 11,000 physicians, 120 hospitals, over 550,000 members and approximately $400 million in premium revenue.

Chief Operating Officer UnitedHealthcare of Georgia

As a member of the senior management team was directly responsible for strategic management and development of physician, hospital, and ancillary provider networks for the state of Georgia including claims payment administration, member services, and market expansion in coordination with sales department.

Departments	Key Appointments
Provider Relations	Executive committee
Provider Contracting	Quality Improvement Committee
Operations	Credentialing Improvement
Uniprise	Provider Appeals Committee
RAR	Member Hearing Committee
	Operations Improvement Committee

Memorial Health, Savannah, Georgia **1996 - 2000**

A multi-hospital integrated delivery system with five affiliate hospitals anchored by Memorial Health University Medical Center, a 550-bed, tertiary teaching hospital serving the 25 counties of southeast Georgia. Memorial's patient services revenues exceeded $600 million annually in 2000.

Vice President, Managed Care

As member of senior management team was responsible for the managed care division of Memorial Health. A full service managed care organization (MCO) which provides all services necessary for the delivery of managed care: network development (PHO/HMO), provider contracting, fee schedule development, provider credentialing, third party payer contract negotiations and contract administration, claims administration, claims repricing, member services, licensure (TPA, URAC, HMO), direct client sales, medical management, case management, and disease management. Further, developed and launched Prohealth, a provider sponsored HMO plan.

CareOne (Affiliate of Memorial Health), Savannah, Georgia **1993 - 1996**
Vice President of Managed Care

As the largest hospital-based home care company in the United States, CareOne provided over 3 million homecare visits annually in seven southern states. As a member of the senior management team was responsible for defining managed care market strategies for the seven states and development of a unique joint venture IPA model with local physicians.

Sherman Oaks Hospital & Health Center, Sherman Oaks, California **1990 - 1993**
Associate Administrator, Managed Care & Ambulatory Services

A specialty hospital based in southern California, Sherman Oaks, is the largest provider of intensive burn care on the west coast. As a member of the senior management team was responsible for all ancillary services, plant operations, outpatient services, and managed care initiatives. Developed Wound Care Program, Outpatient Diagnostic Facility and upgraded all facilities.

Meditech Insurance Services, Santa Ana, California **1988 - 1990**
Consultant

A regional third party administrator and developer of managed care provider networks. As a consultant performed development and support services to physician groups, employers, and hospitals on managed care and operational initiatives.

Washington Medical Center, Culver City, California **1983 - 1988**
Associate Administrator

Responsible for all professional and general service departments, development of managed care strategies, payer contracting and physician alignment strategies. Oversaw construction of Medical Office Building, new parking structure, renovation of Hospital facility, development of Chemical Dependency Unit and Outpatient Diagnostic Imaging Center.

Bachelors Degree, Public Administration, Cal-State University California, **1985**

Current Professional Associations

Alliant Health Plans, Board Member

Believe Greater Dalton Economic Development Work Group

Dalton Rotary Club

Dalton Whitfield County Hospital Authority Board member

Georgia Alliance of Community Hospitals Board member

Georgia Health Select

Georgia Hospital Association – Board member and Audit and Finance Committee member

Hamilton Health Care System, Board Member, and Hamilton Affiliate Boards:

- **Anna Shaw Children's Institute**
- **HMC Holdings**
- **Hamilton-AOSM Orthopedic Surgery Center**
- **Hamilton Medical Center**
- **Hamilton Physician Group**
- **Hamilton Ambulatory Surgery Center**
- **Hamilton Emergency Medical Services**
- **HLTC**
- **Royal Oak Community**
- **Dalton Senior Housing**
- **Whitfield Place**
- **Whitfield Healthcare Foundation**

Health One Alliance, Board Member

Rockbridge Church

Vizient Southern States Board of Directors (Served as Chairman from April 2021 through current)

Previous Professional Associations

Dalton-Whitfield Chamber of Commerce Board Member, Legislative Committee Member, Co-Chair of Economic Development Committee

Georgia Chamber of Commerce, Board Member

Georgia Regional Collaboration of CEO's

Georgia Society of Managed Care, Legislative Chair (2008), Vice Chairman (2009) and President (2010)

MGMA society member

Northwest Healthcare Partnership, Board Member, and member of Executive Committee and Safety Net Roundtable

GEORGIA TRAUMA COMMISSION

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

Name of Committee or Workgroup:	GQIP
Project/Activity[1]	**Comments**
1. AKI, TBI & Opioid Workgroups 2. VAP Guideline Review	Workgroups reported out at GQIP winter meeting on 2/28. Plan is to sunset AKI & Opioids. Plan to develop groups with more focus & specific deliverables. TBI in process of large data analysis with TQIP PUFs by GQIP Research Fellow. TBI data analysis abstract presented at ASC and SESC by GQIP Research Fellow.
Status: In Progress	**Support GTC Strategic Priorities? (Y/N): Y**
3. Benchmarking Platform & Data Central Site	GQIP Central site continuing to import registry data from centers. Data completeness project completed on CY2021 data and presented at GQIP winter meeting. ArborMetrix project set back due to some unavoidable delays. New rollout target date of 9/2023 (see attached project timeline). Completed analytic dictionary.
Status: In progress	**Support GTC Strategic Priorities? (Y/N): Y**
4. Peer Protection & Data Use Policies	Scope of work developed for PSO designation SAAG. Funding for SAAG needs to be secured.
Status: In Progress	**Support GTC Strategic Priorities? (Y/N): Y**
5. GQIP Trauma Advisory Committee	In person meeting held on 2/27. Plan to discuss summer meeting, ArborMetrix deliverables and workgroup structure.
Status: In Progress	**Support GTC Strategic Priorities? (Y/N): Y**
6. GQIP Research Fellow	Developed job description and application requirements for interested surgical residents. Need to develop selection process.
Status: In Progress	**Support GTC Strategic Priorities? (Y/N): Y**

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	Dr. R. Todd, Dr. J. Sharma, G. Solomon, Trauma Center Progam Staff

[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 COMMISSION

Chair/Commission Liaison:	Dr. Todd & G. Solomon
Date of Next Committee Meeting:	TBD Call in May 2023

Project Status Report

Overview

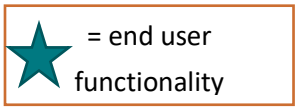
Project Name:	Status Report Period:	Project Manager:	Detailed project plan:
GQIP Implementation	01/05 – 01/18	Kaynaat Syed	Click here

Executive Project Status Summary

- Overall project status: Yellow
- Project % complete: 20%

Milestone Tracker

The milestone tracker is a high-level view of project milestones and deliverables and is supplemental to the detailed project plan provided by your assigned project manager (see link above).



Item #	Milestone	Status	Dependency	Orig. Date	New Date	Status Notes
1	Gather data requirements	In progress		10/31/2022	1/27/2023	Delay in getting sample data file pushed overall timeline by approx. 3 months. Data is being reviewed by AMx DI team.
2	Finalize measure specification	In progress		12/31/2022	1/31/2023	Gina has provided an initial draft of the specs with numerators/denominators for each measure. Currently being

						reviewed by AMx analytics team.
3	Reports design	Not started	2	2/8/2023		Waiting on measure specs to be finalized. Report discovery session TBD.
4	Build data model	Not started	1	1/23/2023		Build will start once DI team finishes reviewing the data file and comparing to MTQIP data to determine if it can be cloned and revised.
5	Build user interface (UI)	Not started		2/23/2023		UI requirements gathering session TBD.
6	Data integration	Not started		2/23/2023		
7	Code measures	Not started	2	4/20/2023		
8	Build standard reports	Not started	3	5/18/2023		
9	User Acceptance Testing (UAT)	Not started	5	5/4/2023		Can begin once UI is built
10	Registry rollout			9/14/2023		

Deliverable Status

Below provides a summary of deliverables accomplished in the last two weeks as well as upcoming planned work in the next two weeks.

Recently completed deliverables

- Sample data file shared by GQIP
- Measure spec draft shared by GQIP

Planned deliverables

- Finalize measure spec

Project Risk Summary

Below is a summary of medium to high impact risks along with the description and mitigating actions/risk responses.

Issue/Risk Description	Impact Summary	Action Steps
Delay in receiving sample data file	Pushed launch date by 3 months. Rollout expected mid-September 2023	

Action Items

Below includes a summary of follow-up/action items that require the client to resolve or act upon or ArborMetrix follow-up.

Description	Action Request	Owner	Due Date	Status
GQIP Committee Meeting	Create a short presentation for GQIP committee members highlighting what individual centers can expect from registry	Andrew/Kaynaat	2/28/2023	Not started
Measures specification	GQIP will need to define the cohort in their measure spec	Gina	1/31/2023	In progress

Meeting Minutes

- SFTP is set up
- Measures strategy discussion continued
    - Build what Gina has provided, further review/changes will be made via the rest of the GQIP team via email
- Internal review of sample files
    - Kaynaat to give the DI team a week to review

Georgia Quality Improvement Program
Research Fellow Program

Last Updated January 29, 2023

The Georgia Quality Improvement Program (GQIP) provides a grant for a two-year research fellowship to support the trauma and surgical collaborative. The program goals include preparing a 2nd or 3rd year surgical resident for an academic surgery career and developing their expertise in quality and safety program implementation. The GQIP Research Fellow will work with the trauma and surgical collaboratives to advance quality initiatives and perform relevant research projects within GQIP. During their tenure, they are required to earn a master's degree relevant to quality work. Applicants must have completed two years of training in a surgical residency program in Georgia. Qualifying applicants must have a written letter of support from their residency program director.

Structure:
The GQIP Research Fellow will supply 80% of their time to GQIP-specific projects, with the other 20% dedicated to their program/facility trauma or surgical quality projects. The grant funding will provide 80% PGY-level salary support and funds for travel to appropriate state, regional, and national meetings. The home program/facility would be responsible for 20% of salary support and providing working space and appropriate computer access.

Leadership and mentorship will be provided by the GQIP Trauma & GQIP Surgical Medical Directors and the GQIP Director. The Fellow will have access to work with other trauma and surgical leaders throughout the state and potentially nationally as well.

Fellow Application Requirements:
1. Biographical Sketch – NIH Biosketch format
2. Personal Statement – One single-spaced page describing your interest in the program, your goals for the fellowship, and your career goals.
3. Letter of recommendation / approval from your surgical residency program director
4. One additional letter of recommendation (general/trauma surgeon or research mentor)

Fellow Expectations:
1. *Meetings:*
    a. Attend all GQIP meetings providing updates on current projects and data analysis as well as input for future projects.
    b. Assist in facilitating workgroup direction and deliverables
    c. Develop and compose collaborative research plans for new projects
2. *Data Analysis:*
    a. Aggregate and clean shared data from collaborative centers
    b. Lead data analysis strategy planning with collaborative members
    c. Perform primary data analysis and model building for research projects
    d. Create tables and figures for data presentation
3. *Collaborative Reports:*
    a. Analyze collaborative reports and present potential quality projects

4. *GQIP Scientific Contributions:*
    a. Compose and submit collaborative-based abstracts to national meetings
    b. Compose and submit manuscripts for collaborative projects
5. *Miscellaneous:*
    a. Support the GQIP Director
    b. Support all centers in data analysis and drill downs
    c. Work closely with additional GQIP research fellow and provide mentorship for oncoming GQIP fellow

Populations and Data Sets:

1. Georgia Quality Improvement Program
2. Trauma registry data from all designated trauma centers
    a. American College of Surgeons – National Surgical Quality Improvement Program (ACS-NSQIP) Georgia Collaborative
    b. ACS-NSQIP & Trauma Quality Improvement Program (TQIP) Participant Use Files
3. Program/facility-specific data at their discretion

Current GQIP Projects:

1. Prevention of acute kidney injury in trauma and general surgery patients
2. Reduction in opioid use in the perioperative setting
3. Surgical site infection (SSI) reduction
4. Improvement of care for severe traumatic brain injury (TBI) population
5. Development of GQIP trauma data platform

Georgia Office of EMS and Trauma Report to Trauma Commission – February 10, 2023

	Trauma Program
Significant Events (Previous or Upcoming):	Previous: • 1 ACS Verification visit for upgrade to Level I, Northeast Georgia Medical Center in November 2022, ACS report pending. • 2 Level III Facilities had State Designation visits in November 2022 and received Provisional Designation with 6 months to correct critical deficiencies. • Renee Morgan, Trauma Program Director retired at the end of January 2023. The OEMST will be posting her position and looking for her replacement. Upcoming: • 2 Level I facilities scheduled for ACS Re-Verification visits in April 2023 • 1 Level I facility awaiting confirmed date for ACS Verification visit in June 2023 • 3 Level II facilities awaiting confirmed dates for ACS Verification visits in May, June, July 2023 • 4 Level III facilities awaiting confirmed dates for ACS Consultation visits in September 2023 • 5 Level IV facilities due for redesignation visits, PRQ in process • 9 potential Level IV Recruitments in EMS regions 2, 3, 4, 7, 8, 9 • ESO and ImageTrend are preparing the 2023 schema for users to install enabling users to continue to import 2023 records. • Marie Probst working on reports in the Georgia Patient Registry similar to reports in V5 and the 2021 data export for epidemiology, Time to Definitive Care Analysis, and Biospatial.
Successes for the Entity/Program/Region:	• Trauma Registry data (Nov 2017 – June 2021) is now available in Biospatial for use by the Centers for data visualization reports. Recorded training session and login credentials were shared with all data contributing centers. • 2020 Georgia Trauma Registry Annual Report is available. The report has been distributed to the GTC Data Subcommittee and GCTE. The report contains analysis on the Time to Definitive Care. • The Georgia Patient Registry received 2021 and 2022 imports from the centers collecting trauma registry data.
Challenges for the Entity/Program/Region:	• GOHS/OEMST Armband Project: Education to EMS and LEO Partners has been completed. Met with Hospital Administration in Pilot area for confirmation of participation. Waiting to hear from Hospital System. • ED Physicians and Trauma Surgeons are needed for site reviewers. Need to be from a designated/verified Trauma Center.
Other items of note not listed above:	• As a result of the ACS and PA recommendations, discussions will begin soon to develop a formal mentorship program. The initiative will be a joint effort between GCTE, OEMST and GTC leadership to support trauma programs statewide. The mentorship will support all centers, focusing on the needs of level IV centers and new centers.
Name of Person Submitting Report:	*April Moss* *Deputy Director, Systems of Care*

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	1	RTAC Chair	John Pope	RTAC Coordinator	Ben Harbin

Date Submitted	1/19/23
Quarter	1

Current Quarter Project/Activity	Comments
Quarter 1 activity	
Status: On-going	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
Stop the Bleed	Stop the Bleed program is ongoing since 2017. Region 1 schools are complete with no new requests pending. STB training documents provided to all schools that have received training. Stop the Bleed training has been planned and will be provided to several hospital staff and public and private sector partners throughout the region this quarter.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
EMS-C PI project	Working with Region 1 EMS-C chairperson to implement the new performance improvement (PI) program for pediatric trauma patient auditing. Implementation date set for January 2023.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
Continued job knowledge improvement	Working with the region 1 RTAC chair, EMS-C chair, and regional DPH staff to improve job knowledge and understanding of RTAC coordinator roles and responsibilities as set by GTC standards. Currently planning and organizing new system of goals to be accomplished by the RTAC to support and enhance the trauma system in region 1.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Stop the Bleed program in region 1 has been very successful with all public schools in the region trained and equipped. Continuing education will be provided as requested. Pediatric trauma patient PI program is ready for implementation and set for rollout January 2023. Attended trauma commission meeting virtually in November 2022. Attended ACS meeting for discussion of rural trauma care in the the North Georgia region in January 2023. Routine collaboration with RTAC members and DHP staff on development of region processes to improve data collection, training, and delivery of care for trauma patients in the region.
RTAC Barriers	Data collection from regional trauma centers is often difficult to acquire and process for use in identifying trends and patterns for trauma patients.
Date of last BIS Assessment	March 2022
Date of last Trauma Plan	November 2016
Date of last region meeting	10/27/22
Date of next region meeting	1/26/23

Regional Summary

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	2	RTAC Chair	Jesse Gibson	RTAC Coordinator	Jackie Payne

Date Submitted	1.16.2023 Oct-Dec 2022

Current Quarter Project/Activity[1]	Comments
1. Stop the Bleed	**School Bus Drivers** 2 counties have not completed STB Training. • Hart- Letter sent to superintendent on 2/16 with follow up email on 3/17. 1/16/23 no progress • Franklin- Letter sent to superintendent on 2/16 with follow up email on 3/17. 1/16/23no progress. **Schools** Completed STB and hands only cpr education for Barrow High School health and science students. 78 students trained.
Status: On-going	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
2. Education	**Annual Trauma Symposium** We are happy to report there were a total of 600 attendees, 500 in person and 100 virtual attendees. The post-reocording is available until Feb 28th for CE's. This year's symposium date is Friday, October 27th, 2023. **PHTLS** Course conducted at NGMC Lanier Park on 11/1-11/2. Registration open to region 2 EMS providers. 10 attendees. **Banks County EMS Mobile Simulation** Completed mobile simulation education for Banks EMS 10/17-10/18 for 31 participants.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
3. Performance Improvement Projects	**Pre-hospital Ultrasound Project** Project approved at EMSDAC. To be brought to several other councils for final approval.

[1] Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103. O.C.G.A and Strategic Plan can be found https://trauma.georgia.gov/about-us

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	**Health and Wellness Seminars** Monthly virtual Health and Wellness Seminars provided to 6 senior centers across the region. October 27th – Mental Health November – Holiday Break December – Holiday Break **Fall Prevention Workshop** Conducted a Fall Prevention Workshop at Murrayville Library. 14 attendees.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Annual Trauma Symposium and EMSAC approval of pre-hospital ultrasound pilot.
RTAC Barriers	We continue to have challenges with completion of school bus driver's STB training for Hart and Franklin.
Date of last BIS Assessment	Unknown, requires update
Date of last Trauma Plan	Unknown, requires update
Date of last region meeting	October 14th, 2022
Date of next region meeting	Jan 13th , 2023

Regional Summary

Region 2 has completed STB education for all schools and 85 % of school bus drivers. The superintendent of the remaining counties has not been responsive to the formal letter and follow-up email that was sent in Feb/March. Region 2 will continue its efforts with the remaining counties. Regional STB continues in the community.

Region 2 has completed several education events this past quarter: Mobile Simulation Education for 31 Banks County EMS providers, PHTLS for 10 EMS providers. We are happy to report there were a total of 600 attendees, 500 in-person and 100 virtual attendees. The post-recording is available until Feb 28th for CE's. This year's symposium date is Friday, October 27th, 2023.

Region 2 injury prevention activities for this quarter were monthly virtual health and wellness seminars for 6 senior centers, Fall Prevention Workshop at a local library, and hands only cpr and STB for 78 students at Barrow County Health and Science High School Students.

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	III	RTAC Chair	Dr. Liz Benjamin	RTAC Coordinator	Danielle Johnson

Date Submitted	1/20/2023
Quarter	2 – FY23

Current Quarter Project/Activity[1]	Comments
R3 Trauma Plan Update	Prior version of trauma plan found to be outdated with minimal movement from previously created subcommittee. • Coordinated with R3 Chair and EMS Director • Re-introduced the need for subcommittee and member engagement at quarterly meeting • Created tasks forces to focus on areas of expertise within the document • Coordinated an in-person meeting finalize revisions for each task force
Status: On-going	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
Stop The Bleed	Ongoing coordinating and providing of STB classes and supplies • 11/2 & 11/3 – Skills USA (Newton Co.) – Over 300 Georgia high school students and advisors – Partnered with other RTAC Coordinators • Working with GEMA, Government Agencies (Decatur & Clayton), and Schools (APS, Cobb, Newton, Rockdale & Clayton) • Info sharing of Bleeding Control Kit Application Program
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
Education	• Trauma Grand Rounds – Grady – "Acute Care Surgery in the USA: Is it Working?" – 12/6/2022 • ABLS Courses – Hosted by Grady on 12/8/22 & 12/9/22 • Trauma Grand Rounds – CHOA – "The Clinical and Forensic Rationale for Non-Accidental Trauma Evaluation" – 11/18/2022 • Trauma Grand Rounds – Wellstar Kennestone – "Mangled Extremities" – 11/18/2022 • 2022 GEMSA Providers and Educators Conference – Virtual offering – 11/14 through 12/9 • Ongoing planning committee member for Metro Atlanta EMS Conference scheduled for April 26-28th • Ongoing planning committee leader for Wellstar Trauma Network Trauma Symposium scheduled for April 25th. • Assisting GTC with CME application for Winter GQIP Collaborative

[1] Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103. O.C.G.A and Strategic Plan can be found https://trauma.georgia.gov/about-us

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
PI	10/25/2022 – Quarterly Kennestone Trauma EMS PI Committee Meeting 12/1/2022 – Case study with PI review between Grady & CHOA presented at R3 quarterly meeting
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Well received PI presentation on a case study presented by Grady and CHOA SR at quarterly meeting. December had largest attendance to date for a quarterly meeting Collaboration between RTACs (Regions 1, 2, 3, 5, 6) Clayton Co reached out with interest to move forward with STB training
RTAC Barriers	Lack of engagement/interaction noted during quarterly meeting – Chair and Coordinator met immediately after to discuss next steps. Considering in-person only to re-focus group, polling or other interative technology during virtual meeting Minimal orientation to new Coordinator role
Date of last BIS Assessment	1/2016 – Education on this would be appreciated.
Date of last Trauma Plan	Subcommittee Task Forces currently meeting with deadline of 1/18/2023
Date of last region meeting	December 1st | 3pm-4pm
Date of next region meeting	Tentative – March 2nd (Time and Location TBD)

Regional Summary

- Ongoing requests for a regional website to serve as a communication tool.
- Majority of communication and efforts are directed towards STB throughout our region.
- Multiple educational opportunities provided by trauma centers and EMS agencies
- Assisting the GTC with applying and obtaining CME for Winter GQIP Collaboration
- Chair would like to see more engagement and commitment from the members and to identify at least one project the region can initiate.

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	5	RTAC Chair	Todd Dixon	RTAC Project Coordinator	Kristal Smith

Date Submitted	01/30/23
Quarter	FY 2023; Q2

Current Quarter Project/Activity[1]	Comments
1. STOP THE BLEED®	**10/2/2022** - STOP THE BLEED® Traditional Course - Twiggs Co. Rec Dept - 4 community members **10/8/2022** - STOP THE BLEED® Traditional Course - Pike County HS - 400 staff members **10/16/2022** - STOP THE BLEED® Champions Meeting | COT Meetings at the 2022 Clinical Congress **10/20/2022** - STOP THE BLEED® Traditional Course - Putnam County HS- 55 HS Students (3 courses) **10/24/2022** - STOP THE BLEED® Skills Only - GPSTC, Forsyth - 19 EMS, Fire, LE, etc **10/25/2022** - STOP THE BLEED® Skills Only - GPSTC, Forsyth - 11 EMS, Fire, LE, etc **10/26/2022** - STOP THE BLEED® Skills Only - GPSTC, Forsyth - 14 EMS, Fire, LE, etc **10/27/2022** - STOP THE BLEED® Skills Only - GPSTC, Forsyth – 10 EMS, Fire, LE, etc **11/2/2022** - STOP THE BLEED® Traditional Course - SkillsUSA Leadership Con - 350 HS Students **11/3/2022** - STOP THE BLEED® Traditional Course - SkillsUSA Leadership Con - 350 HS Students **11/28/2022** - STOP THE BLEED® Traditional Course - Twiggs Co. Sherriff's Office - 30 LE **12/8/2022** - STOP THE BLEED® Traditional Course - Jones County HS - 41 HS Students (3 courses) **12/20/2022** - STOP THE BLEED® Instructor Orientation - GPSTC, Forsyth - 30 EMS, Fire, LE, etc. **Summary -** 1 Instructor Orientation Session/30 Attendees; 4 In-Person Skills Courses/54 Attendees; 11 Traditional Courses/1230 Attendees (3 Courses in conjunction with R3 RTAC) **Also completed -** Winter Blitz - Moderated by EMS Faculty at Ogeechee Tech, Laura Coleman (R9) and taught by multiregional team of our Georgia Trauma System Partners. 442 Participants.
Status: On-going	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
2. Education	**10/24/2022** - Stop the Dying - TECC Workshop - GPSTC, Active Shooter Expo - 19 EMS, Fire, LE, etc **10/25/2022** - Stop the Dying - TECC Workshop - GPSTC, Active Shooter Expo - 11 EMS, Fire, LE, etc **10/26/2022** - Stop the Dying - TECC Workshop - GPSTC, Active Shooter Expo - 14 EMS, Fire, LE, etc **10/27/2022** - Stop the Dying - TECC Workshop - GPSTC, Active Shooter Expo - 10 EMS, Fire, LE, etc **12/13/2022** - Healthcare Preparedness Coalition Skills Day - Piedmont Macon North - R5 RTAC Team led MCI tabletop and triage exercises - 50 PH, EMA, EP professionals **12/20/2022** - TECC LEO - GPSTC, Forsyth - 5 EMS, Fire, LE, etc. **12/20/2022 through 12/21/2022** - TECC - GPSTC, Forsyth - 26 EMS, Fire, LE, etc. **12/21/2022** – MCI Multiverse Interdisciplinary Exercises - (Hybrid – 5 sites) - 40 participants **Also completed** - (Jan) High-Risk Unified Commander, Rescue Task Force, and Peer Support Trngs **On-going** - Eleven RTAC-sponsored The Q-Word Podcast have been published - over 22,000 downloads to date. Several RTAC webinars posted to the GA TRAIN System with OEMST assistance. **Up-coming** - Trauma After Hours Webinars focused on 2022 National Model EMS Clinical Guidelines, High-Risk Unified Commander (HRUC) Workshops, Pediatric Simulation Labs, Pediatric Trauma Symposium

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Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
3. Performance Improvement Projects	**PI focus areas for 2022-23 – Management of trauma cardiac arrest (TCA), trauma surge readiness, and time to definitive care.** **10/4/2022** – R5 RTAC PI Subcommittee Meeting – Peer Review. **10/8/2022** - STOP THE BLEED® Traditional Course - Pike County HS - 400 staff members **11/7/2022** - RTAC PI Project Discussion - Atrium EMSMD, QI Atrium Health EMS – 5 participants **11/10/2022** - R5 - Atrium MCI Exercise Planning Meeting - Virtual - 10 participants **11/15/2022 -** R5 RTAC- GHA Everbridge Training/Update - GHA Zoom - 2 participants **11/18/2022 -** R5 RTAC PI - EMS and Hospital Stakeholder Meeting - OFLTC, Dublin - 75 participants **12/8/2022** - R5 - Atrium MCI Exercise - Trauma Systems Presentation - Atrium Health Navicent **12/13/2022** - Healthcare Preparedness Coalition Skills Day - Piedmont Macon North - R5 RTAC Team led MCI tabletop and triage exercises - 50 PH, EMA, EP professionals **12/20/2022** - TECC LEO - GPSTC, Forsyth - 5 EMS, Fire, LE, etc. **12/20/2022 through 12/21/2022** - TECC - GPSTC, Forsyth - 26 EMS, Fire, LE, etc. **12/21/2022** – MCI Multiverse Interdisciplinary Exercises - (Hybrid – 5 sites) - 40 participants **12/23/2022** - R5 - GTC - GTCE - Prevent Hypothermia Campaign Launch **On-going -** R5 RTAC PI continues to drive regional education and outreach initiatives. The Regional Trauma Plan was updated at October 8th RTAC meeting and subsequently adopted by the Regional EMS Advisory Council. A regional needs assessment is underway and focuses on the management of TCA, trauma surge readiness, and time to definitive care. At our recent RTAC Stakeholder meetings in Macon and Dublin, over 100 Trauma Save Awards were awared to trauma care providers at the request of the R5 RTAC PI Subcommittee.

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes
4. Injury Prevention Activities	**10/18/2022** - IPCE Falls Prevention Task Force Meeting – 12 participants **10/27/2022** - Prevent Trauma: The Road Ahead – 30 participants **10/29/2022** - Jacksonville Volunteer Fire Department - Heritage Festival - > 100 participants (Georgia Stay SAFE, ATV Safety, Bike Safety) **11/5/2022** - Twiggs County Sheriff's Office - Fall Festival - > 100 participants (Georgia Stay SAFE, ATV Safety, Bike Safety) **11/9/2022** - Central Georgia Safe Kids Coalition Meeting - 10 participants **11/14/2022** - Georgia Occupant Protection Task Force Meeting **12/1/2022 -** Georgia EMS for Children Advisory Council - EMSCAC Meeting - 10 participants **12/9/2022** - Trauma and Systems of Care Outreach Brainstorming Session - GADOE - 3 participants **12/17/2022** - Monroe County Family Connection - Men Making a Difference (MMAD) (Bike Safety Education, Helmet Distribution 50+) **On-going** - Eight Central Georgia facilities and four metro Atlanta Area facilities will be joining the multi-regional, multi-center Bingocize cohort led by Nicole Gaither (R5) and Sharon Grason (R3).

Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	The RTAC continues to be successful in almost all that it takes on. Our ability to leverage partnerships established both regionally and state-wide. The implementation of a Trauma Save Awards process and the distribution of more than 100 Trauma Save Awards at two recent stakeholders meeting was an especially touching testament to the strength of the Regional Trauma System.
RTAC Barriers	We are very fortunate to be able to count on many regional partners to contribute to the various RTAC projects. Nonetheless, time constraints and staffing demands continues to be significant barriers in regard to RTAC project execution. We are not under-supported; we simply have taken on a great many projects. Our calendars are saturated.

Date of last BIS Assessment	**Jan 2012. New BIS assessment in progress; completion anticipated by May '23.**
Date of last Trauma Plan	**10/12/2022**
Date of last region meeting	**10/08/2022**
Date of next region meeting	**TBD**

Regional Summary

The Region 5 RTAC continues to be strong, active, and effective. We continue to work to establish new and stronger collaboratives that allow for the sharing of resources, talent, and expertise. In addition, the RTAC is committed to developing resources that allow for ease of program replication and flexible program delivery. We are happy to share all that we have; partners only need to ask.

Our team is constantly innovating and working to drive system improvements. Recognizing that planning, training, and exercises allow response organizations to break down silos and build trust resulting in improved interoperability and effectiveness, we strive to develop opportunities for interdisciplinary collaboration whenever possible.

Important: Please update maps to reflect that the initial STOP THE BLEED® training for all Region 5 schools and school bus drivers is complete. Bleeding Control Kit distribution is also complete.

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	6	RTAC Chair	Nicky Drake	RTAC Coordinator	Farrah Parker

Date Submitted	1/31/2023
Quarter	2

Current Quarter Project/Activity[1]	Comments
1. Stop the Bleed	STB training for Skills USA Leadership Conference 350 Students, FAA center 11/2/22 STB training for LEPC, Doctors Hospital 11/3/22
Status: Completed	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
2. Education	GEMSA grant funded Farm Medic Class held in Columbia County 12/3-12/4
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
3. Performance Improvement Projects	Augusta University and Doctors Hospital working on Time to Definitive Care with hospitals in our region. Standardizing a report to share between centers to streamline data collection. Work group established and 1st quarter data reviewed and specific metrics identified to look more into transfer times >120 mins.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
4. Injury Prevention Activities	The injury prevention work group is working on falls prevention that will take place in Emanuel County
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	The RTAC is now gaining great momentum with our Education, Performance Improvement and Injury Prevention. We updated our membership and welcomed those that wanted to participate and engage with the Region. Communication and Colaboration with the trauma centers have increased. We have reengaged our work groups and progress is being made.
RTAC Barriers	Region 6 currently has no challenges.
Date of last BIS Assessment	2011
Date of last Trauma Plan	2023
Date of last region meeting	11/03/2022

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Date of next region meeting	Upcoming RTAC meetings 02/02/2023, 05/04/2023

Regional Summary

The Region 6 RTAC continues to grow and improve. We are becoming more active with our education and outreach. The relationship and collaboration between the Level 1, Level 2, Level 4 and the Burn center is proving to be the vital connection that was needed in our Region. We are now working through those discussions on how our urban centers can support our rural center and provide effective education and feedback.

With our Performance Improvement we working through what the time to definitive care looks like in our region as well. During the ACS rural consult visit, it was brought to our attention that the focus has been only in Georgia, but recongnized the need to include our neighboring state South Carolina. Our level 1 trauma center is located 6 miles for the states border and receives patients as well as our Burn center. The plan is to include the EMS agencies that transport patients, in our meetings and conversations. This will allow us to expand on the resources and education that may be needed outside of our state but still supports our goals on patients that are treated in Georgia.

Although we have completed the STB training for all of our schools and school bus drivers, we still have a focus to provide ongoing training as the need arises. This is accomplished by staying engaged with our school systems and administrators.

The Region 6 RTAC is excited with all the progress and we will continue to make great stride!

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	7	RTAC Chair	Duane Montgomery	RTAC Coordinator	Brian Dorriety

Date Submitted	1/17/23
Quarter	2nd Quarter FY 23

Current Quarter Project/Activity[1]	Comments
1. Stop the Bleed	Taught STB Instructor for Muscogee County School District to Lead Nurse so that the can continue to train other staff members within their schools. Also taught 6 new instructors for Air Evac 77 to give us more intsructors in the region. Trained 18 public works in STB in Schley County. We house 5 STB Hemorrhage Control Trainer Kits for use through-out or region. 4 of them are currently checked out for use.
Status: On-going	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
2. Education	Had our 2nd annual ITLS Course November 14-15. (12 students completed the course successfully). Trauma Skills Lab scheduled for January 20, 2023. 150 registered for this year's lab. Looking at future TECC, TNCC Courses in the region.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
3. Performance Improvement Projects	Kelly Grasser is working on Trauma Transport Data Collection to track Region 7 scene to trauma center times. Still having some issues with EMS agencies not turning in their trip reports in a timely manner. Working with the directors to try and resolve this issue. It has improved since last quarter by about 20%.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**
4. Injury Prevention Activities	Sea Tow Grant 2022, SKWW Grant 2022 Boating Safety Courses 2022 Placing more Life Vest Loaner Satation across the region to hopefull help cut down the amount of drownings in our region. New Funding Support! Lake Harding Association donated $1,000 to buy Adult XL Life Jackets for 2023 Boating Season for loaner stations.

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	Distributed **800 more** Fall prevention packets to all EMS agencies to place on their units ti hand out to potential fall victims. Fall Prevention Social Media Campaign in conjunction with the Area on Aging, Columbus, GA Cure Violence Initiative is making significant progress, Piedmont Collaboration Continues to work hand and hand with the violence in our areas.
Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Falls are down in region 7 since distributing our Fall Prevention Pamphlets through-out the region. Eduaction/Training/Courses are being granted through GEMSA, with a successful turnout in students. STB Training continuing through out the region.
RTAC Barriers	Low participation with the RTAC or lack of inputs from the EMS agencies and directors. Looking for advice on ways to get more participation and involvement from the EMS agencies. Reporting attendance to the EMS Council as well.
Date of last BIS Assessment	March 2020
Date of last Trauma Plan	January 17, 2023
Date of last region meeting	October 19, 2022
Date of next region meeting	January 31, 2023

Regional Summary

Region 7 has made progress with Stop the Bleed in the hospitals, using our new STB trainer kits. The plan to continue training throughout the region. To include government buildings, civic centers , and schools as they schedule training sessions.

The region is working on rolling out Stop the Bleed training to law enforcement and fire department's due to the increased stress on EMS. Our LEO have requested the training. I have reached out to their training departments amd commanders and still waiting on repsonses for their applications for STB kits and training.

Region 7 is 100% complete with STB in the Schools and Buses. We will continue to add additional training sessions for new hires and new schools as they request.

Region 7 continues to schedule different types of training thoughout the region foe EMS agencies and hospitals. We continue offering courses for our region as agencies request. This is an opportunity where a regional training grant may be utilized in the future. We are grateful for the Gerogia Trauma Commission and GEMSA for any and all opportuinities for free training and education that can make our people better prepared for the trauma situations that arise.

Region 7 received all equipoment that was ordered through the Home Depot Equipment Grant Funds in the amount of $4000.00. Distribution to the EMS agencies has taken place.

Chairman Duane Montgomery and myself attended the ACS Rural Focused Georgia Consult visit January 9-10. We hope to gain some feed back and advice on how to improve things in our region and as a whole.

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

EMS Region	8	RTAC Chair	Allen Owens	RTAC Coordinator	Anita Matherley

Date Submitted	01/22/202
Quarter	3

Current Quarter Project/Activity[1]	Comments
1. Stop the Bleed	STB Training October 21 8AM – 11AM Lanier County School System. Included school nurse, security officers and bus drivers. STB Training scheduled at Albany State University February 6, Albany,Georgia, and Various Faculty, Police Department and Nursing
Status: On-going	**Support GTC Strategic Priorities?[1] : Yes**
2. Education	October 6th met with Region 8 Steering Committee to discuss forming Region 8 RTAC. Requested identifcation most frequent cause of injury and death specific to Region 8. Identified experts in the areas to address such as falls, MVCs and Suicide to provide education with the goal of decreasing. Provide information to local law inforcement and first responders the availability and process to address these areas identified. This was accomplished by personally providing contact information already set in place over the state so that individuals in need of speaking to a person in real time may be possible.
Status: On-going	**Support GTC Strategic Priorities? : Yes**
3. Performance Improvement Projects	On October 6th obtained list of most frequent injuries and causes of death in region 8 per EMS leadership and hospitals in the region 8 who are collecting this data. Identifying needs related to education and what exists in reality as to staff and supplies per first responders and and those who provide emergency intervention. Partially currently identified spefically within Region 8. On met with Region 8 RTAC chair and Regional EMS Director to discuss appropriate PI projects to address the areas, such as fall prevention, driving safety and suicide prevention.
Status: On-going	**Support GTC Strategic Priorities?: Yes**
4. Injury Prevention Activities	Dates, locations, target audience, and number of attendees to be set as discussed above.

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Status: On-going	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Contact or attempted contact made with all hospitals and EMS services to convey information about forming Region 8 RTAC. List of members obtained and discussed with Region 8 RTAC Chair with approval. Discussed 3 projects to address most frequent causes of death and inury in Region 8. First steps in potential members completed within quarter
RTAC Barriers	Getting started with chair and others initially. Sickness, continued COVID has effected some of those I have interacted. Staff shortages and long work hours for those who try to make up these deficits are probably the greatest challenge.
Date of last BIS Assessment	
Date of last Trauma Plan	
Date of last region meeting	RTAC region meetings should occur quarterly at minimum. Will hopefully set a definitive date at our regional EMS quarterly meeting.
Date of next region meeting	RTAC region meetings should occur quarterly at minimim

Regional Summary

Region 8 has made progress with Stop the Bleed in the school systems and transportation agencies. The plan to resume training with the beginning of the school year in August of 2021 unfortunately was slowed down due to the COVID surge. The region plans to continue with the virtual blitz's and resume in-person skill checks when able.

Region 8 has also identified a need for a similar educational opprortunity that Region 2 holds for their region. The region is very rural and many of the EMS agencies that are staffing the 911 services are unable to send staff overnight for training. This is an opportunity where a regional training grant may be utilized in the future.

The region is working on rolling out Stop the Bleed training to law enforcement and fire department's due to the increased stress on EMS. We have been successful in receiving funding from the healthcare coalitions to help provide specific law enforcement kits.

- School Project 90 percent completion and barriers to completion is unable to obtain a response at times.
- School Bus Project 75 percent completed and barriers to completion are inability to reach and obtain a positive response.

GEORGIA TRAUMA COMMISSION

Regional Advisory Trauma Committee Quarterly Report

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

Date Submitted	1/20/23
Quarter	2 (October- December 2022)

Current Quarter Project/Activity[1]	Comments
1. Stop the Bleed	Walton Co STB: 25 STB kits were provided to John Weaber for an expanded STB project in Walton Co. STB training was provided to all county employees by John and other members of the Walton County Fire Rescue. These kits were placed in various county buildings to be available for emergencies! John indicates new employees will also complete STB training and yearly refresher training for previous course participants. Barrow Co STB: The Barrow County Fire Department was provided with 20 STB kits to be placed on the newly acquired ballistic vests for department personnel. Barrow County Fire has also trained all county employees in STB ad will be requesting additional kits for distribution. Jefferson City Bus Garage- On October 11, the final Region 10 bus garage completed STB training! Twenty-nine buses were equipped with STB kits, and 22 drivers and administrators completed training. Athens Department of Public Health- On December 14, Athens DPH Emergency Preparedness members completed STB training. Kits had previously been purchased by DPH and were already available for use. Two participants with medical certifications were coached through the STB instructor process following the completion of training.
Status: Ongoing	**Support GTC Strategic Priorities?[1] (Y/N): Yes**
2. Education	No courses this quarter.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Yes**
3. Performance Improvement Projects	On November 10, Region 10 RTAC leadership met with the University of Georgia Institute for Disaster Management to discuss possible partnership opportunities. Dr. Curt Harris and Dr. Pat O'Neil attended the meeting and expressed interest in PI Projects with the GTC. Several options were discussed: a regional disaster drill, prehospital ultrasound training, and "save-a-life" community courses. RTAC is awaiting a quote for the different options.

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	On December 22, the Blood Pilot Project subcommittee met to discuss ongoing complications with this project. A representative for PAR IT joined the group to attempt a resolution. After discussion, the decision was made to explore other options for remote temperature monitoring. Ryan Hollingsworth from OEMS is reaching out to other agencies for input.
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Yes**
4. Injury Prevention Activities	
Status: Ongoing	**Support GTC Strategic Priorities? (Y/N): Yes**

RTAC Successes	Region 10 has completed all school and school bus STB projects! We have several new schools opening in Fall 2023 and will be working with them to schedule training and kit delivery. The expanded STB projects are going extremely well. Two counties now require all new hires and current employees to complete STB courses. Projects are ongoing with Commerce PD; we are awaiting training dates in early 2023. Greene and Elbert Co have also expressed interest in training county employees, and we anticipate partnerships with them.
RTAC Barriers	While meeting attendance has increased, we continue to struggle with the active engagement of members.
Date of last BIS Assessment	October 31, 2016
Date of last Trauma Plan	December 18, 2018
Date of last region meeting	September 20, 2022
Date of next region meeting	March 21, 2023

Regional Summary

Overall this was a very successful quarter for Region 10 RTAC. We are seeing continued interest in the expanded STB project and have finally completed schools and buses! On December 20th the scheduled quarterly meeting was canceled because of a scheduling conflict with the Regional Council meeting. Instead, the RTAC executive committee (Dr. Horst-Chair, Heather Morgan- Vice Chair, and Crystal Shelnutt-Coordinator) met to discuss the upcoming year, ways to engage the region, and ongoing projects.