

# Trauma System Dashboard

04.30.26 Progress Update

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**GEORGIA TRAUMA  
COMMISSION**

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# Dashboard Scope

- Focus on Trauma System Efficiency
- Define Trauma System Efficiency - What makes a system “top-tier.”
  - How efficiently does the trauma system move patients
  - “Right patient, right time, right place.”

## In Scope

- System level
- **Consumer: Stakeholder**
- Time-based
- At a glance, visual heavy
- Approved for Public-facing
- Focus on:
  - Time to definitive care

## Out of Scope

- Hospital grading
- Outcome heavy
- Data overload
- Sensitive data
- TQIP Measures (we want to complement, but not duplicate)



# What questions should the Dashboard answer?

1. Are severely injured patients initially being taken to the right facility?
2. How long does it take to reach definitive care?
3. How efficient are interfacility transfers?
4. Are critical resources available when needed?
5. Is the system improving over time?

*If a metric doesn't help answer one of these, it probably doesn't belong*



# Dashboard Metrics | Initial

1. Median Time: PSAP (911 call) to First Hospital (Primary)
2. Median Time: PSAP (911 call) to Definitive Care (Ultimate Hospital)
3. Number of Hospitals Before Definitive Care (bar graph)
  1. By age
  2. Mode of arrival
4. Overtriage and Undertriage at Second Hospital (pie graph)
  - Based on NFTI (Need for Trauma Intervention)
5. Pre-Hospital Blood Administration
  - a) Heat map of counties with and without pre-hospital blood capability (linked to OEMST map-underdevelopment)
  - b) Total number of patients receiving pre-hospital blood (quarter preferred)









# Dashboard Initial Metrics | Updated

1. Median Time: PSAP (911 call) to First Hospital (**Direct Transports**)
2. Median Time: PSAP (911 call) to **Second Hospital** (**Transferred Patients**)
3. Number of Hospitals Before Definitive Care (bar graph) (**Double Transfers**)
  1. By age
  2. Mode of arrival
4. Overtriage and Undertriage at Second Hospital (pie graph)
  - Based on NFTI (Need for Trauma Intervention)
5. Pre-Hospital Blood Administration
  - a) Heat map of counties with and without pre-hospital blood capability (linked to OEMST map-underdevelopment)
  - b) Total number of patients receiving pre-hospital blood (quarter preferred)



# Dashboard Initial Metrics | Status Update

Metric	Status	Notes
Median Time: PSAP (911 call) to First Hospital (Direct Transports)		Complete
Median Time: PSAP (911 call) to Second Hospital (Transferred Patients)		Complete
Double Transfers		Complete (by age and mode)
Overtriage/Undertriage at Second Hospital		Report build pending
Pre-Hospital Blood Administration Heat Map		Pending link to map (DPH OEMST)
Pre-Hospital Blood Administration: Patients Receiving Blood		Complete, includes by blood type



# Georgia Trauma System Dashboard (Draft)

## Purpose

To provide a comprehensive, system-level view of how effectively patients move through the continuum of care, ensuring timely access to appropriate services, efficient use of resources, and continuous improvement in outcomes.

## Resources

[Data Dictionary](#)

Data Year | CY 2025

## Time to Definitive Care

**58**

PSAP to First Hospital Median (Minutes)

**405**

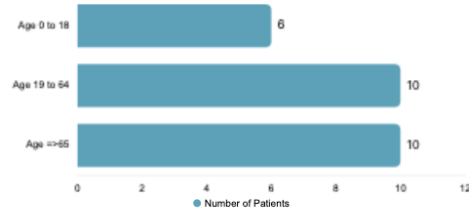
PSAP to Second Hospital Median (Minutes)

## Double Transfers

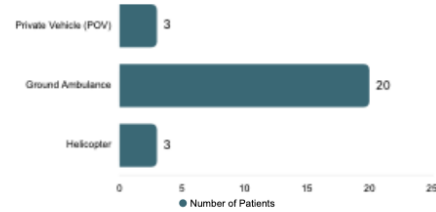
**26**

# of Double Transfers

### Age Stratification



### Mode of Arrival to Second Hospital



## Overtriage

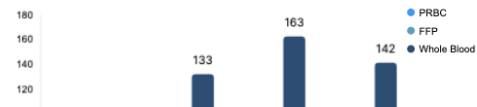
## Undertriage

## Prehospital Blood Administration

**585**

Total Patients Receiving Prehospital Blood

### Prehospital Blood by Blood Type



### Patients Receiving Prehospital Blood



# Dashboard Initial Definitions (Excel)

Metric	Purpose	Definition	Calculation
<b>Median Time: PSAP (911 Call) to First Hospital (Direct Transports)</b>	Measures prehospital system response and transport efficiency from system activation to initial care facility	The median elapsed time in minutes from the initial Public Safety Answering Point (PSAP) 911 call receipt to patient arrival at the first receiving hospital.	First Hospital Arrival Time – (minus) PSA Call Received Time
<b>Median Time: PSAP (911 call) to Second Hospital (Transferred Patients)</b>	Measures prehospital system response and transport efficiency from system activation to definitive care (transferred patients)	The median elapsed time in minutes from the initial Public Safety Answering Point (PSAP) 911 call receipt to patient arrival at second hospital.	Hospital 2 (Receiving) Arrival Time – (minus) PSAP Call Received Time
<b>Number of Hospitals Before Definitive Care</b>	Measures how often patients require interfacility transfers before reaching the hospital that provides definitive care.	The count of hospitals where a patient receives care before arriving at the hospital that ultimately provides definitive treatment	Total Hospitals Visited – (minus) 1
<b>Overtriage and Undertriage at Second Hospital (Based on Need for Trauma Intervention – NFTI)</b>	To evaluate the appropriateness of trauma triage and initial hospital destination decisions by examining whether patients transferred to a second hospital ultimately required a trauma intervention.	<ul style="list-style-type: none"> <li>•Overtriage (Second Hospital): Patients transferred to a higher-level hospital who do not meet NFTI criteria, suggesting the transfer may not have required trauma center resources.</li> <li>•Undertriage (Second Hospital): Patients transferred to a second hospital who do meet NFTI criteria, indicating that the patient required trauma intervention that was not available or not initially accessed at the first hospital.</li> </ul>	<p>Overtriage rate = Transferred Patients Without NFTI ÷ Total Transferred Trauma Patients</p> <p>Undertriage rate = Transferred Patients With NFTI ÷ Total Transferred Trauma Patients</p>
<b>Prehospital Blood Administration</b>	To monitor the utilization of pre-hospital blood products by EMS providers for patients with suspected hemorrhage or traumatic injury prior to hospital arrival	The total number of patients who receive any blood product administered by EMS personnel prior to arrival at a hospital during the reporting period	Total number of patients who receive at least one unit of blood product administered by EMS prior to hospital arrival during the reporting period. Total



# Dashboard Limitations

- **Federally protected data; dashboard shows summarized extracts.**
- **Metrics may require a manual report build (NFTI)**
- **Smartsheet visuals limited; advanced visuals may require other platforms.**
- **Transfer data is limited to trauma registry entries**



# Metrics for Future Consideration

- Median Transfer Out
- Survival by ISS



# Other Dashboard Considerations | Future

1. Efficiency
2. Quality
3. Cost
4. Select Outcomes (Complement TQIP-Public facing data)

