ACS Exit Presentation

January 13, 2023

Findings

126 attendees

* Draft report in about 8 weeks, final report in 10 weeks
* Overview of the burden of injury nationally and lack of attention publicly
  + Advocacy
  + 1966 AD&D
  + Mission Zero
  + The low impetus for action at the federal level to take on injury as a public health problem
  + 28% of the US landmass has poor coverage for access to trauma care
  + CDC WISQARS (web-based injury statistics query and reporting system) data nationally and GA
* Public education – the value of a healthy trauma system
  + Engage political leaders

***Findings:***

* **14 System-Wide Priority Recommendations**
  + Statutory Authority
    - Identify a single lead agency or develop a crosswalk that defines the responsibilities of the GTC and EMST (noted from 2009 Review)
  + Funding
    - Conduct a new statewide study to determine the need to sustain and advance the Georgia Trauma system and statewide EMS
    - Obtain dedicated, sufficient funding for the Georgia Trauma System
    - Evaluate existing funding to develop and sustain the rural components of the system
  + Multidisciplinary Advisory Group
  + Trauma System Plan
    - Create an inclusive trauma system (noted from 2009 Review)
  + EMS
    - Declare EMS as an essential service and establish funding mechanisms for sustainability
  + System Triage and Patient Flow
    - Develop standardized regional destination protocols, including appropriate patient transport to level IV centers (noted from 2009 Review)
    - Develop an RMOC structure statewide for resource monitoring, patient transport, transfers, and load balancing.
  + Definitive Care
    - Develop performance measures to monitor the designation process, including compliance with designation criteria, application processing within 60 days, systems to ensure every facility completes designation review every 3 years
  + Trauma System Registry
    - Develop a collaborative stakeholder data use workgroup to define data needs required to evaluate and manage the trauma system.
  + System-Wide Performance Improvement
    - Develop, implement, and document a system-wide trauma system performance improvement plan (noted from 2009 review)
  + Disaster Preparedness
    - Develop, at the state level, a multi-disciplined disaster planning group that includes, but is not limited to, representatives from GEMA, DHP, HCCs, RTAC leadership, and other trauma experts (to include trauma leadership at RCHs), EMS stakeholders, military and others with identified expertise and resources in the management of multiple trauma events. Integrate the capability of the RMOC into all regional plans.
* **8 Priority recommendations for Rural** 
  + Perform comprehensive resource/needs assessments, including Funding for the rural trauma system emphasizing the rural aspect of EMS and trauma hospitals.
  + Rural trauma capacity needs assessment to identify gaps, including EMS, trauma hospitals, and transfer capabilities.
  + Recruitment and retention primarily focusing on rural providers, nursing, and EMS.
  + Ensure involvement and participation of the rural trauma hospitals and EMS in an inclusive Georgia statewide trauma system plan.
  + Standardize trauma care in rural Georgia utilizing educational programs.
  + Increase rural emergency medicine providers and resources to provide the capability to manage traumatically injured patients.
  + Improve scene response times by bolstering existing mutual aid agreements and addressing staffing shortages.
  + Develop a process for rescue stops and accelerated transfer in rural areas.
  + Provide education and collaboration for rural facilities to achieve proficiency regarding data entry and validity.
  + Provide rural trauma program managers process improvement training along with mentorship and support from other facilities.
* 89 recommendations for the trauma system as a whole
* 29 rural