

August 26, 2022

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director, Georgia Trauma Care Network Commission
248 W. Jefferson Street, Madison, GA 30650

Dear Elizabeth Atkins,

Thank you for reaching out to the American College of Surgeons (ACS) Committee on Trauma (COT) on behalf of the State of Georgia regarding your interest in an ACS Trauma System Consultation (TSC). We are excited for the opportunity to return to Georgia and to provide an independent assessment of the Georgia Trauma System, with an additional focus on rural Georgia.

On behalf of the COT Trauma Systems Evaluation and Planning Committee Chair, Dr. Brian Eastridge, I would like to confirm our commitment to a consultation for the State of Georgia and to propose the following in terms of deliverables, logistics, and costs:

Key Deliverables

- Multidisciplinary review team evaluation of the Georgia Trauma System to take place in person. Please note: In-person meetings are subject to public health guidance and ACS travel policies and restrictions related to Covid-19.
- Customization of consultation process to assess rural trauma systems.
- Two rural focused stakeholder meetings in addition to the standard consultation stakeholder meeting.
- Virtual presentation of preliminary consultation report recommendations and findings.
- Final consultation report outlining recommendations for continued trauma system development and areas for growth.
- Follow-up resources, including a virtual meeting with ACS at a future mutually agreed upon time to assess implementation of recommendations.

Timeline

The ACS has developed a proposed timeline, which includes three phases:

- Phase 1- Contract development and execution, logistics planning, reviewer recruitment, PRQ submission, and information gathering.
- Phase 2- Stakeholder and review team meetings. Report presentation highlighting priority recommendations.
- Phase 3- Report finalization.

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The ACS is proposing that Phase 2 (on-site consultation) take place in *January of 2023*. The introductory presentations and presentation of preliminary consultation report recommendations and findings will be conducted remotely and recorded. With any mutually agreed upon schedule, certain milestones must be met in order to move forward. Prior to the completion of Phase 1, the Georgia Trauma Care Network Commission (lead agency) must submit a completed Pre-review Questionnaire to the ACS, a contract between the State of Georgia and the ACS must be fully executed, the lead agency must provide a list of stakeholders for inclusion in the process broken

down by role and affiliation, and the ACS must recruit the Review Team. Additionally, the ACS will develop the framework for the rural focused aspects of the consultation visit.

Fee

The consultation fee is \$130,000, which covers the costs and resources required to complete the deliverables, including the multidisciplinary evaluation of the Georgia State and Rural Trauma System, preliminary consultation report findings, final consultation report, and follow-up resources.

Please note that any meal or meeting space costs related to the stakeholder meeting are not covered by the ACS fee.

Thank you, again, for your interest in the ACS COT Trauma System Consultation Program, as well as your dedication to improving care of the injured patient. After receipt of this letter, please let me know if you have any questions.

Sincerely,



Mackenzie Dafferner, MPH
Program Manager, Trauma Systems Programs
American College of Surgeons

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