

ENVIRONMENTAL SCAN

Georgia Trauma Care Network Commission Strategic Plan FY 2024 - FY 2027

Agency Mission: The Georgia Trauma Commission is dedicated to improving the health of injured Georgians by ensuring access to quality trauma care, coordinating key trauma system components and educating trauma care providers across the multidisciplinary continuum.

Agency Vision: The Georgia trauma system will become a top-tier trauma system that provides the highest quality trauma care and education through discovery and innovation.

Agency Core Values: (optional):

- **Stewardship:** Manage resources responsibly and bring value to patients and taxpayers
- **Integrity:** Demonstrated thorough accountability, ethical behavior, transparency, and reliability
- **Inclusivity:** Ensure teamwork, collaboration and inclusion of a diverse stakeholder group

External Scan		Internal Scan	
Elastic Factors	Inelastic Factors	Strengths & Weaknesses	Workforce Analysis
<p><i>Forces and trends in the agency's external environment that affect the agency's core mission and operation and over which it has at least <u>partial influence or control</u>.</i></p> <ol style="list-style-type: none"> 1. Managing the perceptions/expectations about Georgia Trauma Commission's role within the trauma system. 2. Balancing rural/urban regional resource allocation for funding and initiatives. 3. Collaboration with and engagement of all local and statewide entities that impact care of the injured. 4. The many historical and ongoing challenges associated with the acquisition of interoperable, homogenous data to drive operational improvement to the trauma system. 5. GTF, the non profit fund raising arm of GTC, is expanding Board and building capacity but fund raising remains limited. 6. Restructure of GTC Committees to align with GTC strategic priorities, foster engagement, support leadership succession planning and enhance accountability (possibly break apart and put and put leadership succession in inelastic factor column and volunteerism) 7. Lack of a structured crosswalk that defines trauma system responsibilities for the GTC and DPH OEMST (as recommended in 2009 and 2023 ACS Trauma System Consults) and creates stakeholder confusion. The crosswalk exercise and alignment is limited by system partner engagement. System structures and mechanisms exist. 	<p><i>Forces and trends in the agency's external environment that affect the agency's core mission and operations and are <u>outside of its control</u>.</i></p> <ol style="list-style-type: none"> 1. Amount of available funding allocated to the GTC for trauma system development. 2. Long transport times for critically injured patients related to size of geographic area served and lack of specialized trauma care in rural Emergency Medical Services regions 3. Inability to increase trauma tertiary care access in underserved areas. 4. Risk of trauma centers withdrawing from participation in the trauma system. 5. The reliance on accountability mechanisms for external entity (as per Agency attachment assignment) to optimize ensure efficiency with financial and IT processes. 6. Lack of modernized IT infrastructures/platforms/software to support contemporary workflows. 7. Reliance on volunteers to serve as leaders to propel system initiatives forward; many of whom are juggling multiple competing priorities; limits leadership succession as mentioned previously. 	<p><i>Within the agency's organization, what aspects of its core mission does it perform well and what aspects could potentially improve? What internal factors (e.g. structure, culture, policies/procedures) are helpful and which could potentially be re-evaluated?</i></p> <p>STRENGTHS</p> <ul style="list-style-type: none"> •The Georgia Trauma Commission works collaboratively with other entities and agencies across all 159 counties. •High level of trauma stakeholder engagement. •Diverse, goal-driven team. •National recognition of several key GTC initiatives such as Stop the Bleed, the Georgia Quality Improvement Program, Trauma Readiness costs methodology across all Trauma Center Levels and the Performance-Based Payment Program structure. •Dedicated funding source & established trust fund •Improved rural/urban collaboration aimed at improving outcomes for all citizens. •Increased focus on the needs of the rural areas of the trauma system, both funding and support of initiatives. •Performance based payments initiated for all contractors providing services. •Increased visibility and enhanced transparency through outward messaging via social media message consistency. <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> •Small staff in relation to the number of contracts, grants, initiatives and system needs. •Inability to increase trauma tertiary care access in underserved areas. •Reliance on external entity (per Agency attachment assignment) for budget processes, and IT infrastructure. •Lack of reliable external data to drive operational improvement to the trauma system. •Lack of mutual understanding/statement of alignment between GTC and it mandated non-profit arm of GTC •Lack of formalized standard operating procedures and business continuity to ensure consistency in day to day operations. 	<p><i>Trends and other information on the agency's workforce whose duties are key to the agency's core mission, such as turnover rates, vacancies, recruitment/retention issues, or employee satisfaction.</i></p> <ol style="list-style-type: none"> 1. Low voluntary turnover. 2. No vacancies but given small team (5 FTEs), when vacancies occur, they have significant impact on operations. 3. Recruitment & retention issues are low impact 4. Employee satisfaction has not been formally measured; feedback in monthly employee/manager reflects overall high satisfaction and motivation.

CRITICAL ISSUE IDENTIFICATION

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#	Critical Issue or Challenge	Description
	<i>Brief statement of issue or challenge, based on results of environmental scan.</i>	<i>Based on the environmental scan, why is this issue important and what may happen if it is not addressed? How is the issue preventing or hindering the agency from performing key activities or advancing its core mission? How are the agency's customers affected by the issue or challenge?</i>
1	<i>The Georgia trauma system lacks the amount of funding required to support current infrastructure and precludes expansion.</i>	<i>Since inception of the Georgia Trauma Commission, the system has expanded from 13 trauma centers to 35 trauma centers. While overall system funding has increased since inception, the system has grown by 60% outpacing the available funding significantly limiting system expansion and recruitment and retention of centers in areas of need. The increased costs of providing care to the critically injured is often a barrier to participating in the trauma system.</i>
2	<i>Rural Georgia, particularly South Georgia, is under resourced to support the mission to provide the highest quality care to injured patients.</i>	<i>Many of Georgia's rural areas lack access to definitive trauma care and are challenged to expedite transfer to definitive care where necessary. As a result, interfacility transfer times are prolonged which may contribute to suboptimal outcomes for those patients with time-sensitive injuries. Prehospital personnel initial licensure education as well as ongoing continuing education focused on care of critically injured patients is vital to recruitment and retention of Emergency Medical Services professionals.</i>
3	<i>The Georgia Trauma System lacks comprehensive plan to utilize data in a transparent manner to drive quality outcomes for trauma patients.</i>	<i>The efficiency and quality of trauma care services cannot be assessed without access to timely and valid data. While trauma centers are required to collect trauma registry data there has been no consistent or organized methods to ensure data quality. Incomplete, inaccurate and delayed data hinders reviewing data for outcomes and leads to inaccurate benchmarking. Increased costs for data collection software programs limits interoperability between systems. This leads to an inability to identify opportunities for performance improvement within our trauma system and centers. Once addressed, these data and metrics should be easily accessible for viewing by all system stakeholders.</i>

OBJECTIVES AND ACTION PLANS

Georgia Trauma Care Network Commission Strategic Plan FY 2024-FY 2027						
Objective		Action Plan				
		#	Action Items/Tasks	Measurable Outcomes	Completion Dates	Progress Updates from Previous Year
1	Develop a process to collect and evaluate data to improve the provision of trauma care based on evidenced based principles. (QUALITY PILLAR)	1a	Develop policies and procedures that address the eight required patient safety activities of a PSO by August 1, 2024.	Initial listing as PSO by AHRQ by August 1, 2024.	December 2024	PSO designation is on track to exceed the target of Dec 31, 2024. ArborMetrix deployed December 22, 2023 which was significantly behind schedule. Unable to begin meaningful creation of targeted quality improvement plan until platform live. Readjust due date to June 30, 2025. 1d is a new action item as the custom data elements are unable to be built on sunseting product.
		1b	Develop and execute a minimum of two contracts with trauma centers for the purpose of receiving and reviewing PSWP.	Continued listing as PSO by AHRQ by July 31,2026.	July 2026	
		1c	Develop a targeted quality improvement plan utilizing the PSWP, along with GA TQIP report with GQIP leadership and members by June 30 2025.	Full approved Quality Improvement Plan posted to GQIP website by June 30, 2025.	June 2026	
		1d	Develop external IRR process for Level IV centers by March 31, 2025.	Participation by all 8 Level IV centers in external IRR process by December 31,2025.	March 2025	
		1e	Develop prehospital data point standards to be evaluated by regional RTACs quarterly for performance improvement projects including education.	Data sets reviewed quarterly by each of the 10 RTACs	June 2025	
2	Increase access to trauma care for residents and visitors of the state of Georgia. (ACCESS PILLAR)	2a	Develop stakeholder approved action plan to address 5 of the 14 priority recommendations of the ACS TSC by June 2025.	Approved Action plan posted to GTC website for stakeholder review and tracking	June 2025	Action item 2b was completed slightly ahead of schedule, and grants are already processing. Action item 2c was completed early, in May 2024, and with no impact to the budget using funds already allocated to rural initiatives.
		2b	Develop trauma registry start-up grants for Level III and IV candidate trauma centers.	Post approved application and grant process/deliverables on website by May 2024.	May 2024	
		2c	Perform a comprehensive needs assessment of the rural trauma environment that addresses: 1. Funding, 2. Capacity to care for and rapidly transport trauma patients, and 3. Recruitment and retention of providers across the trauma care continuum.	Final needs assessment of Rural Trauma released to GTC prior to FY 2027 start.	June 2026	
		2d	Develop support material and program structure for grant funded prehospital initial education programs to increase success on national exams, elevate the standard of trauma care, and increase the available workforce.	Decrease EMT program attrition to less than 50% and improve pass rates on national exams to equal or surpass the state and national averages, 66% and 68% respectively.	June 2026	

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3	Optimize contract and grant process (FINANCE PILLAR) Create standardized education program contract template with reporting mechanisms and metrics (measurable outcome) and required itemized /detailed invoice, lesson plan	3a	Contracts and Grants internal review process completed by May 1, 2025.	95% of recurring contracts/grants released by T+ 4 weeks, where T = final GTC approved budget.	May 2025	Last year expected outcome: Increase release of 80% of following fiscal year contracts by June 1st of current fiscal year. This FY budget approval process was significantly protracted (legislative, committee and GTC) resulting in a 15 day delay. New outcome measure will be time based, e.g. T + 4 week where T = final GTC approved budget. This year, we released 90 % of contracts by June 18, 2024. T = June 19, 2024.
		3b	Finance Committee standardized proposals approved by March 31, 2025.	80% proposals for fiscal year 2025 approved by March 31, 2025.	March 2025	
		3c	Track all contractors/grantees deliverables for compliance by August 2025.	80% of deliverables tracked by August 10, 2025 for fiscal year 2025 and contractors/grantees notified of missing deliverables.	August 2025	
4	Establish financial efficiency metrics and trend cost data with supporting visual displays to maximize stakeholder awareness and accountability (FINANCE PILLAR)	4a	Obtain and report Trauma Center Fund cost data by July 2025.	90% of Readiness cost data by September 2025. Report to the full Commission November 2025.	September 2025	Established reporting cadence for financial efficiency for each quarterly GTC meeting, aligns with budget timeline. Contract & invoicing tracking is still a manual process due to limited to no available software/technology. We have created a reports by meeting cadence that aligns with our budget timeline. Our contract and invoice tracking has moved to Smartsheet. We track invoicing, contract deliverables, contract execution, and payment tracking with Smartsheet.
		4b	Conduct LI/II ACS-verified Trauma Center readiness cost survey by the end of FY 2027.	Complete readiness cost surveys by December 2026. Final report by June 30, 2027. Survey will be completed every 7 years.	June 2026	
		4c	Conduct LIII/IV Trauma Center readiness cost survey by the end of FY 2029.	Complete readiness cost surveys by December 2028. Final report by June 30, 2029. Survey will be completed every 7 years.	June 2029	
		4d	Determine the financial burden of uncompensated trauma care within the Level III and Level IV Trauma Centers by the end of Fiscal Year 2027.	100% completion of uncompensated care evaluation on all GTC-funded Level III and Level IV Trauma Centers by June 30, 2027.	June 2027	
		4e	Maximize prehospital professional continuing education course offerings by tracking course location, enrollment, attrition, EMS provider participation, and faculty, facility, and course resources to ensure quality and fiscally	5% decrease in the per EMS student cost of each Georgia Trauma Commission funded EMS continuing education course.	June 2027	