

Level III & IV Trauma Center Survey Results and Priority Recommendations

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**GEORGIA TRAUMA
COMMISSION**

Purpose & Context

Purpose

- To capture current challenges, gaps, and priority areas from Level III & IV trauma center leaders.
- To guide the Committee's future goals and Commission support efforts.

Respondents

- 36 participants across Georgia
- Trauma Program Managers, Medical Directors, and Senior Executive

Context

- The Level III & IV Committee provides quarterly updates and strategic recommendations to the Georgia Trauma Commission.
- Many centers, particularly rural, rely on stabilization and transfer due to limited resources.
The Committee has completed previous goals and seeks updated direction based on this data.



Respondent Overview

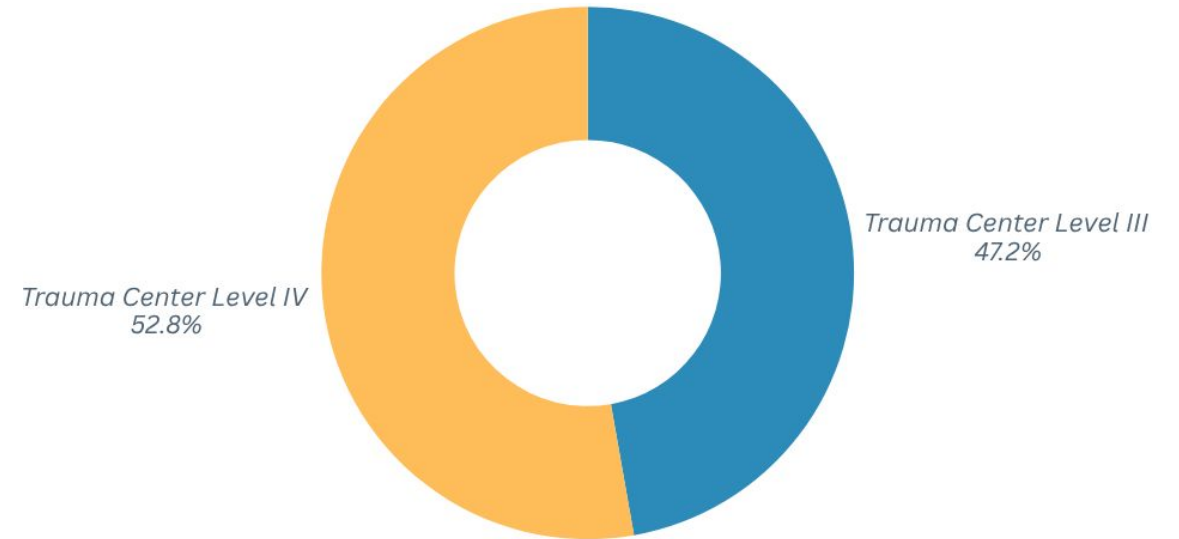
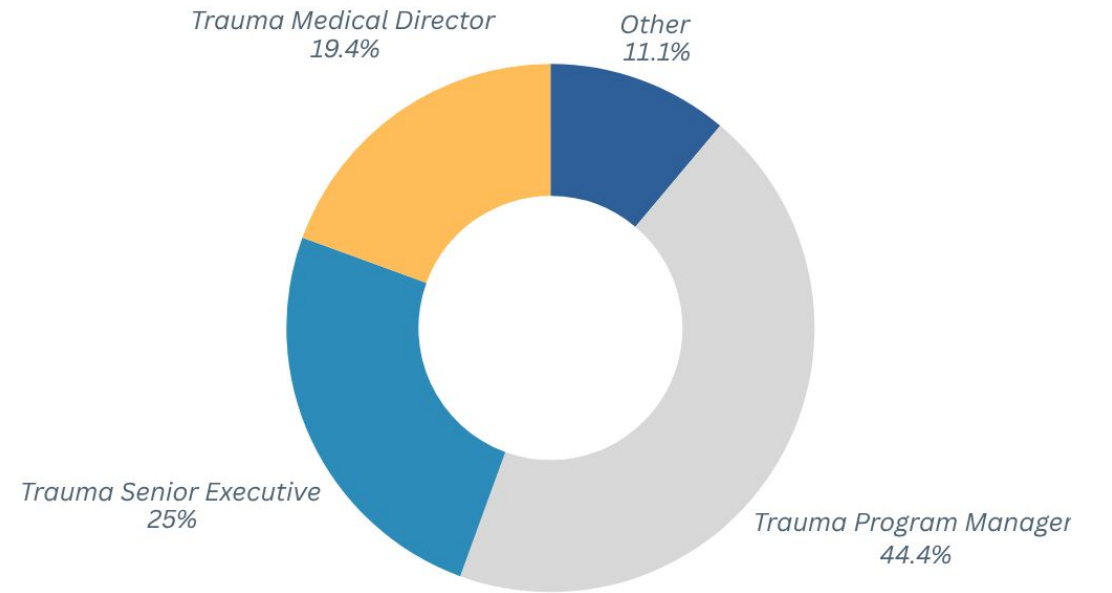
Total Respondents: n=36

- **Roles:**

- 44% Program Managers
- 25% Senior Executives
- 19% Medical Directors
- 11% Other (VP of Rural Health, GTC Member - County Public Safety Coordinator, Hospital CEO)

- **Trauma Center Level:**

- 53% Level IV
- 47% Level III



Top Ranked Priorities

| Rank | Priority Item | Average Score* | % Ranked 1 |
|------|-------------------------------------|----------------|------------|
| 1 | Standardizing Trauma-Care Practices | 3.89 | 29% |
| 2 | Improving Rural Patient Transfer | 3.75 | 43% |
| 3 | Building Trauma-Specific Protocols | 2.64 | 18% |
| 4 | Expanding Trauma Staff Education | 2.43 | 4% |
| 5 | Expanding Financial Stability | 2.29 | 7% |

- 1. Respondents (n = 28) ranked each item from 1 (highest priority) to 5 (lowest priority).
- 2. Average Score* reflects a weighted average using the scale: Rank 1 = 5 points, Rank 2 = 4, Rank 3 = 3, Rank 4 = 2, Rank 5 = 1.
- 3. % Ranked #1 shows the proportion of respondents who selected each item as their top priority.

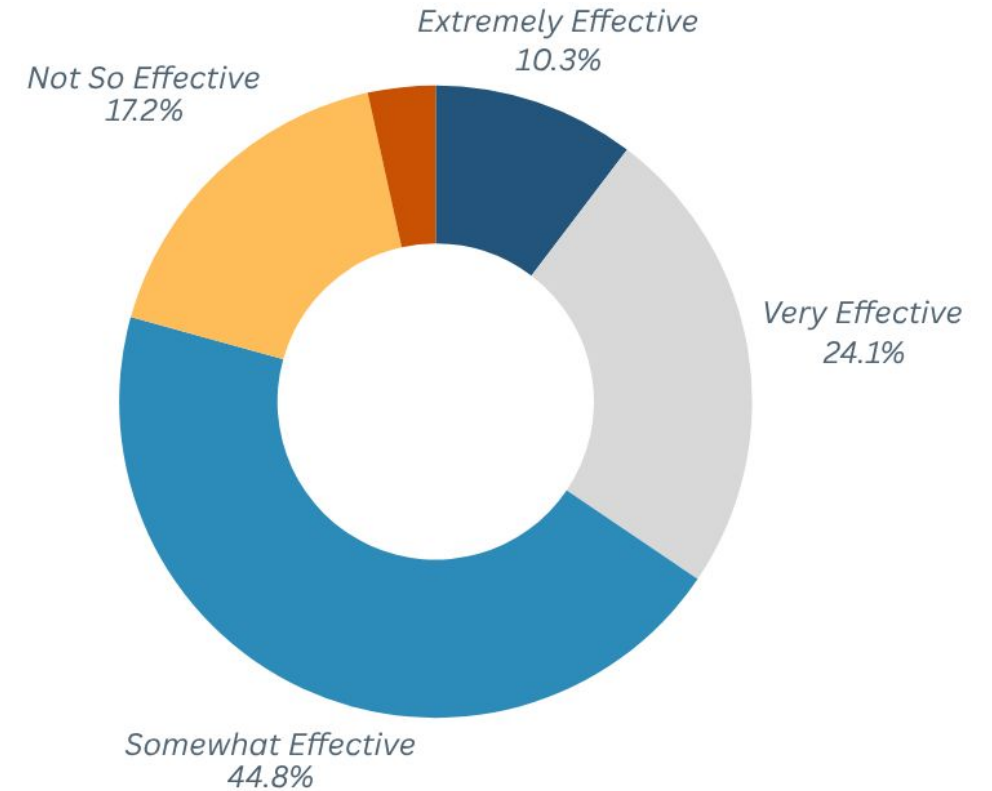
Over 70% of respondents ranked Standardization or Rural Transfers as the top priorities among Level III/IV trauma leaders.



Effectiveness of Current Guidelines

How Effective Are Current Trauma Care Guidelines in Ensuring Standardized Care Across Providers At Your Facility?

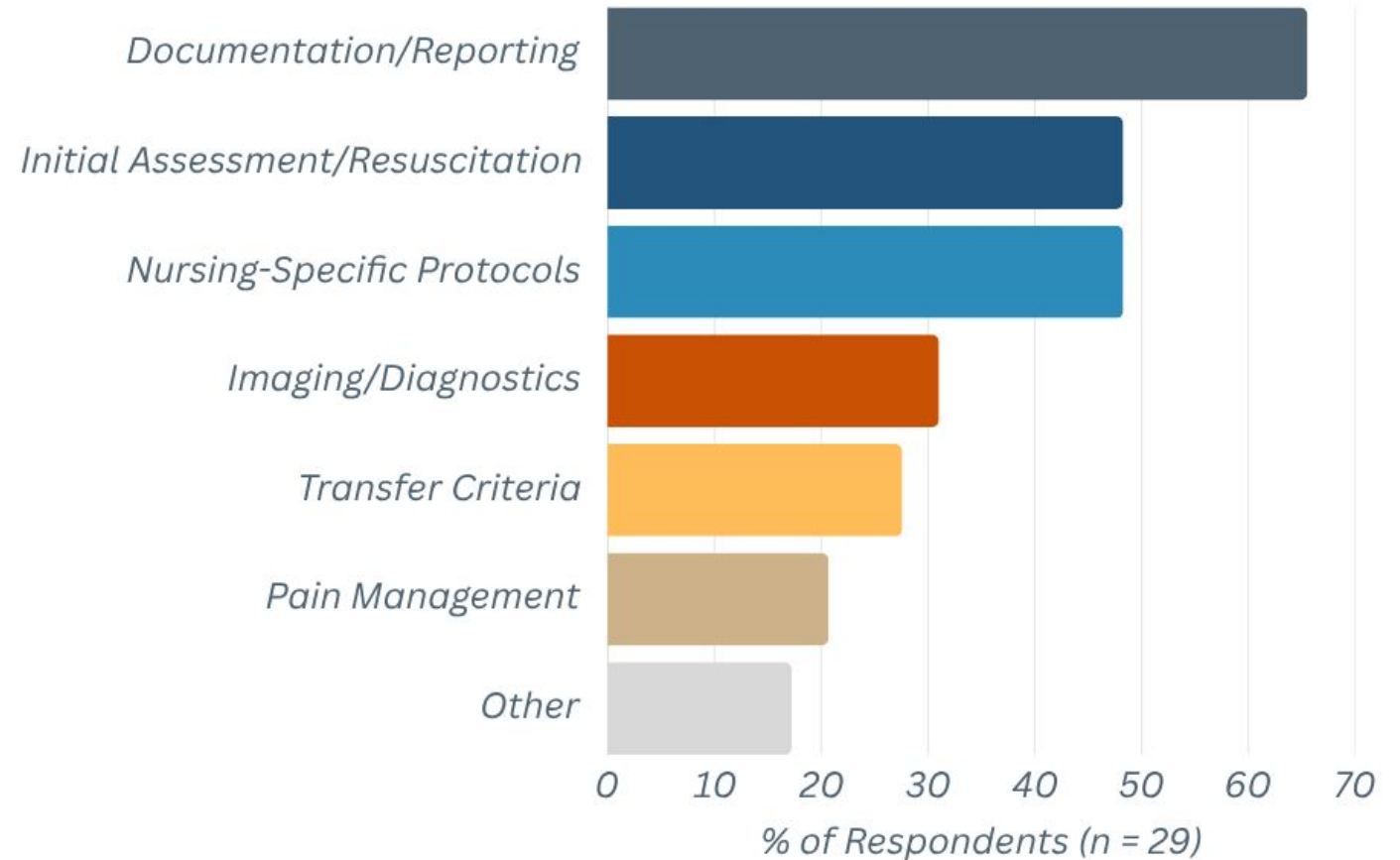
- Somewhat effective – 45%
- Very effective – 24%
- Not so effective – 17%
- Extremely effective – 10%
- Not at all effective – 3%



Areas In Need Of Standardization

Top Areas:

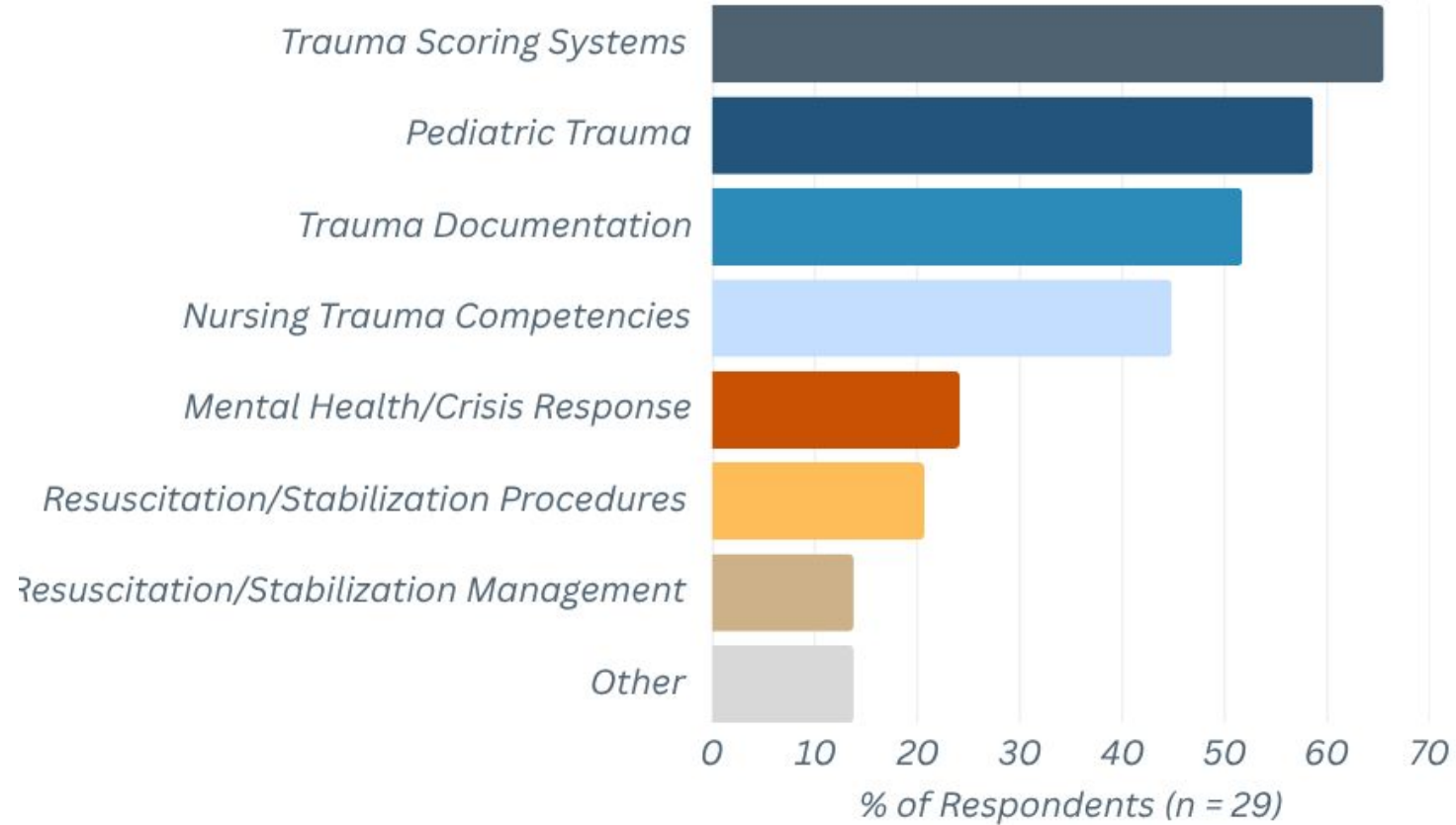
- Documentation/Reporting - 66%
- Initial Assessment/Resuscitation - 48%
- Nursing-specific protocols - 48%
- Imaging/Diagnostics - 31%
- Transfer Criteria - 28%
- Pain Management - 21%
- Other - 17%
 - Restarting anticoagulants for TBI
 - Standardizing trauma activations
 - Resource-based transfer decisions
 - Aligning physicians with CPGs



Training Needs & Education

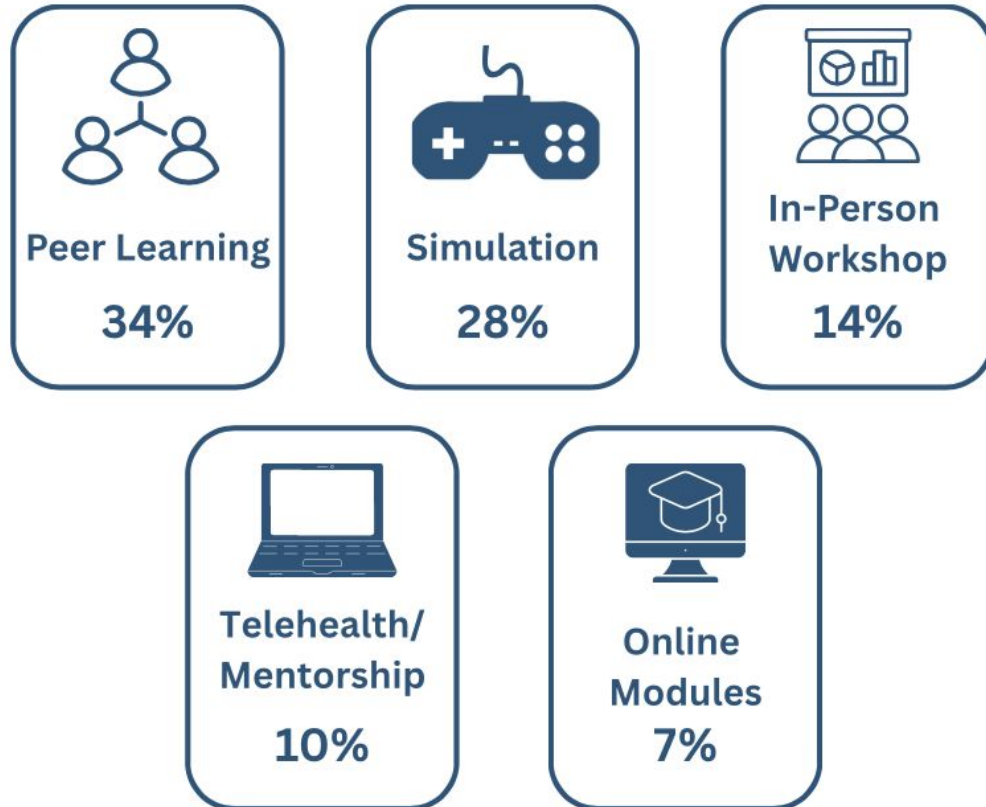
Most Requested Topics:

- Use of Trauma Scoring Systems - 66%
- Pediatric Trauma - 59%
- Trauma Documentation - 52%
- Nursing Trauma Competencies - 45%
- Mental Health/Crisis Response - 24%
- Resuscitation/Stabilization Procedures - 21%
- Resuscitation/Stabilization Management - 14%
- Other - 14%
 - State Standards
 - Provider/Prehospital Documentation
 - Inpatient Trauma Care

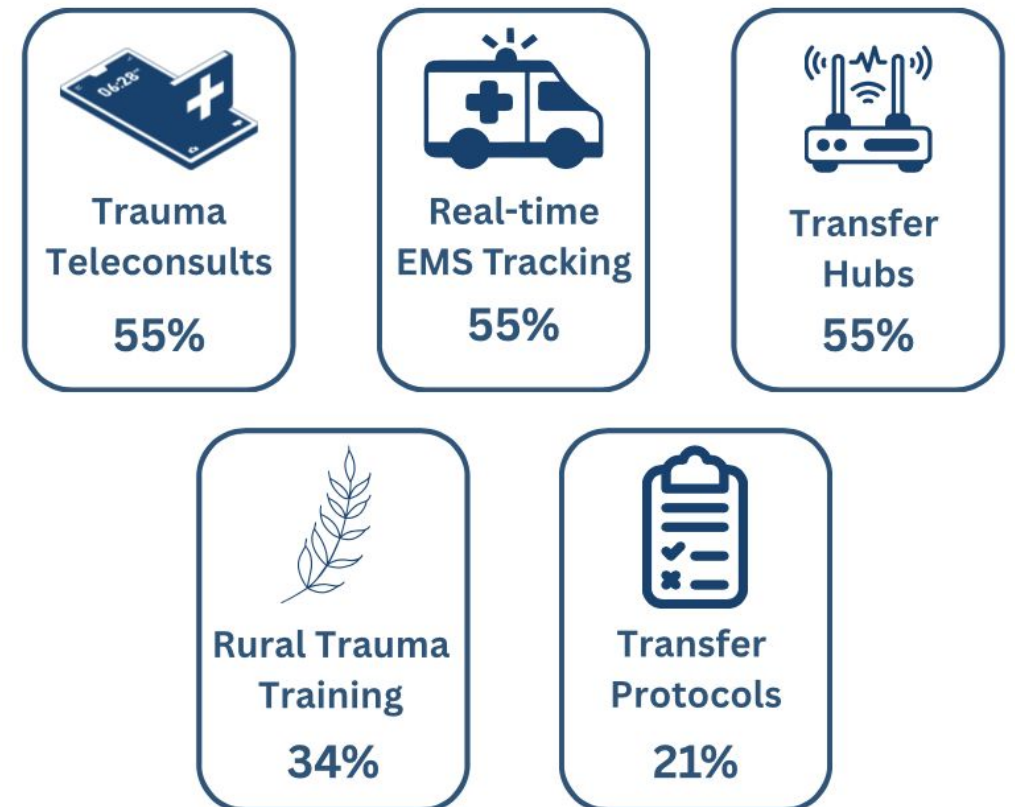


Education Format & Rural Tools

Preferred Trauma Education:



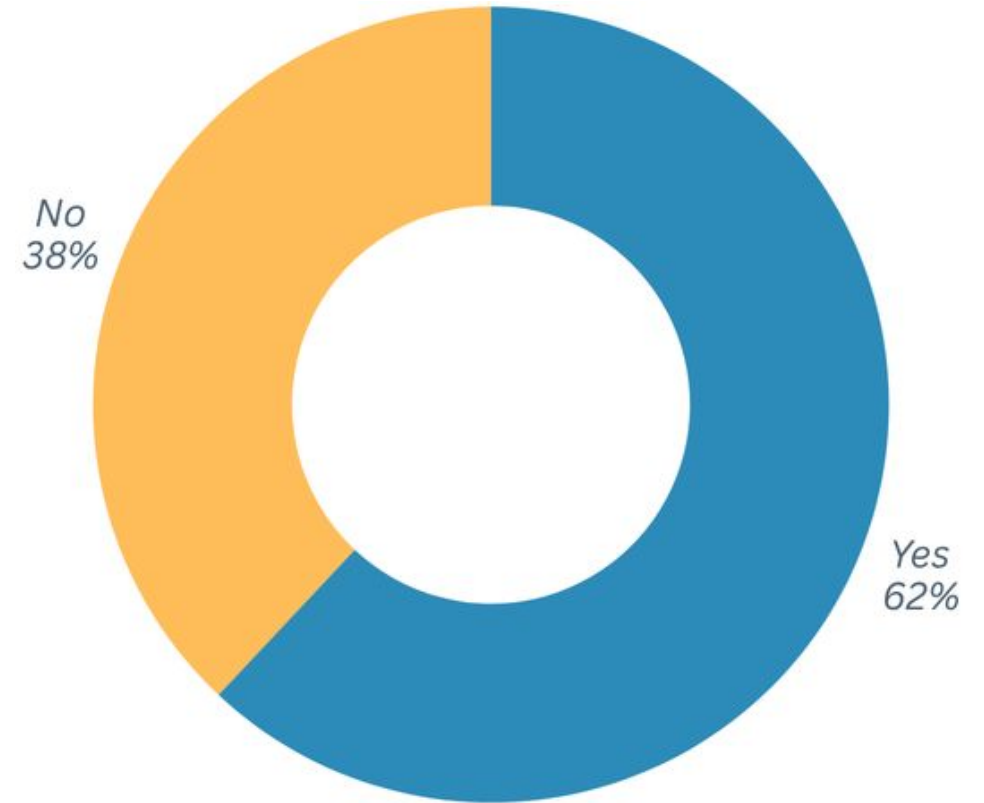
Rural Trauma Transfer Tools:



Protocol Development Support

Is There A Need For Protocol Development Support & Where Is Support Needed:

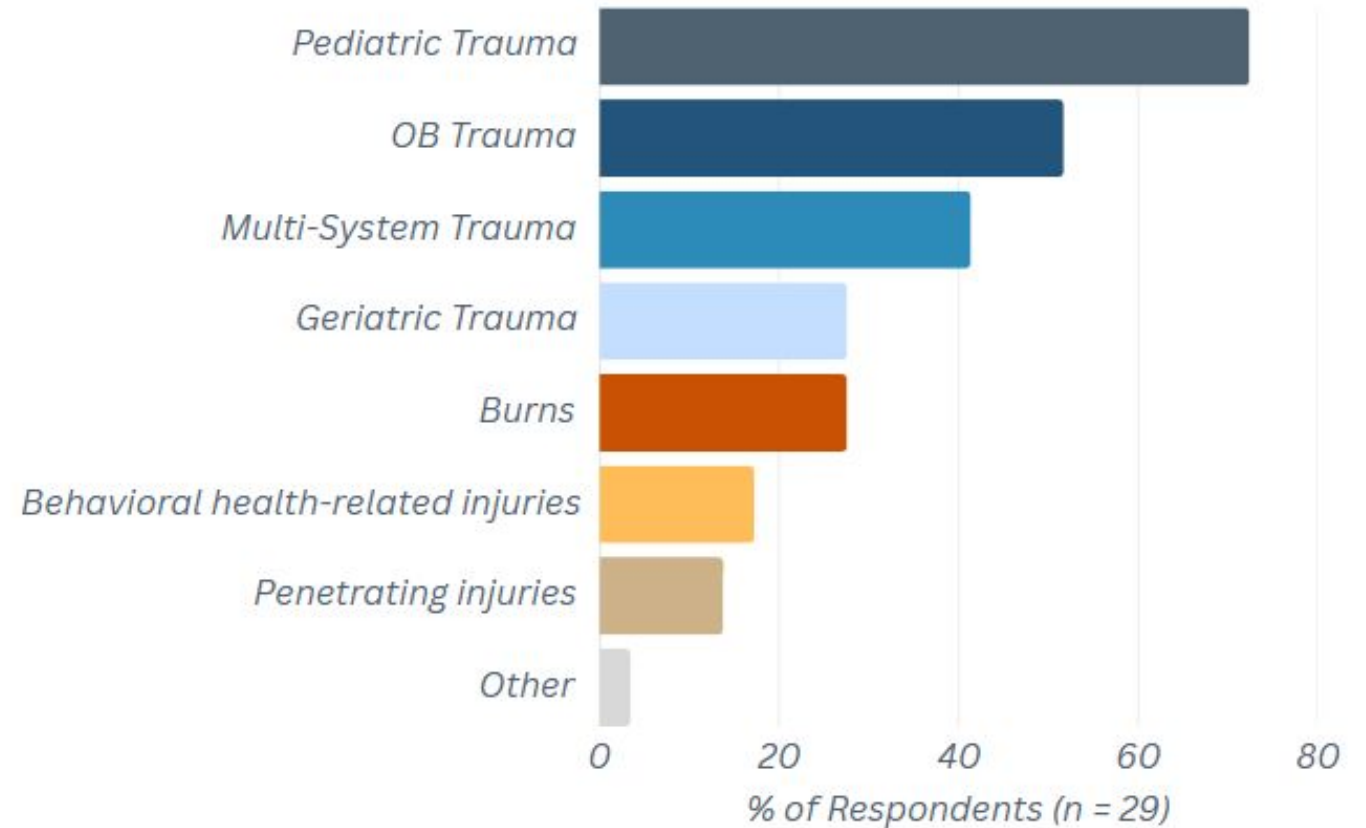
- TBI anticoagulation protocols
- Standardized trauma activations
- Prehospital blood use & transport protocols
- Assessment/destination criteria for rural facilities
- Policies that meet state OEMS&T designation
- Managing ED physician compliance & transfers
- Early treatment of head injuries



Most Challenging Patient Types

Most Difficult Trauma Patients:

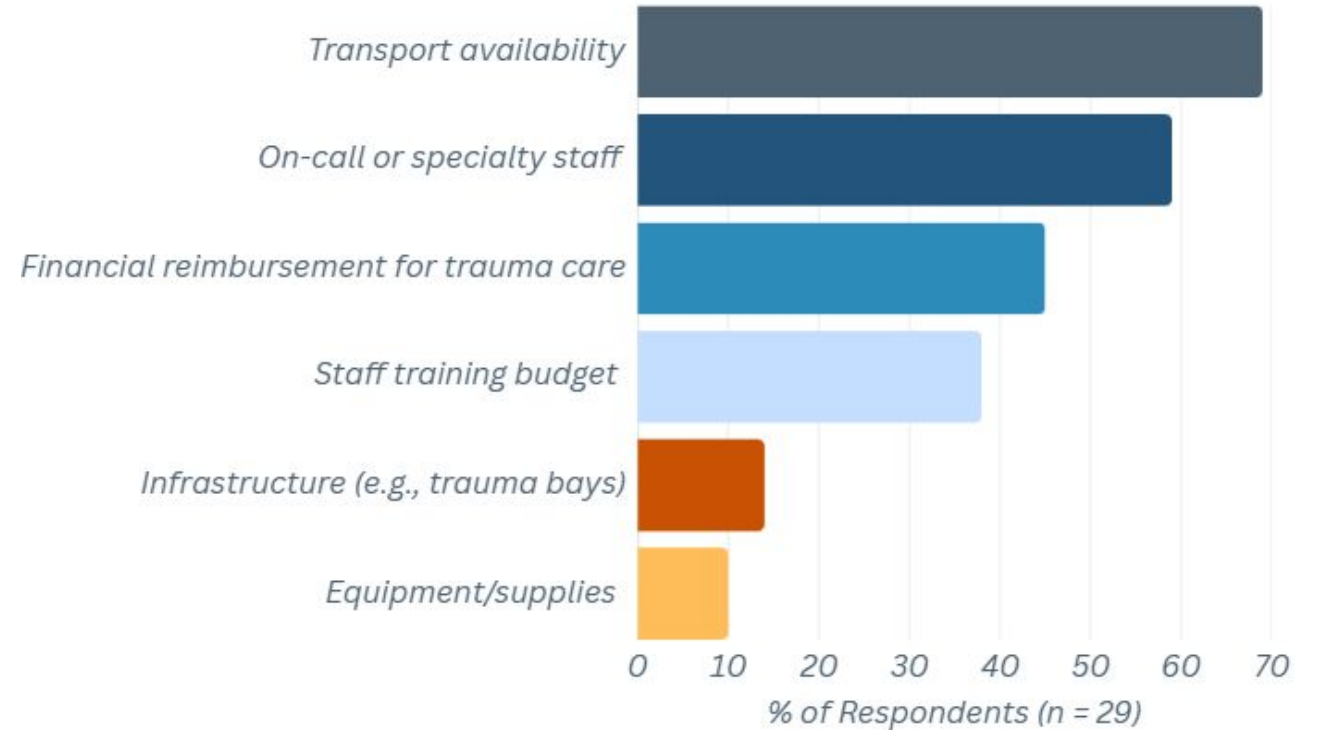
- Pediatric Trauma - 72%
- OB Trauma - 52%
- Multi-System Trauma - 41%
- Geriatric Trauma - 28%
- Burns - 28%
- Behavioral Health-Related Injuries - 17%
- Penetrating Injuries - 14%
- Other - 3%



Resource & Staffing Barriers

Top Resource Challenges Impacting Trauma Care:

- Transport availability – 69%
- On-call or specialty staff – 59%
- Financial reimbursement for trauma care – 45%
- Staff training budget – 38%
- Infrastructure (e.g., trauma bays) – 14%
- Equipment/supplies – 10%



Financial Priorities

| Rank | Priority Item | Average Score* | % Ranked 1 |
|------|-------------------------------------|----------------|------------|
| 1 | Education and Training | 4.59 | 31% |
| 2 | Transport Partnerships | 4.07 | 38% |
| 3 | Dedicated Trauma Coordination Staff | 3.34 | 7% |
| 4 | IT/Telehealth Tools | 3.31 | 14% |
| 5 | Staff Recruitment and Retention | 2.93 | 7% |
| 6 | Equipment and Supplies | 2.76 | 3% |

1. Respondents (n = 28) ranked each item from 1 (highest priority) to 6 (lowest priority).
2. Average Score* reflects a weighted average using the scale: Rank 1 = 6 points, Rank 2 = 5, Rank 3 = 4, Rank 4 = 3, Rank 5 = 2, Rank 6 = 1.
3. % Ranked #1 shows the proportion of respondents who selected each item as their top financial investment priority.

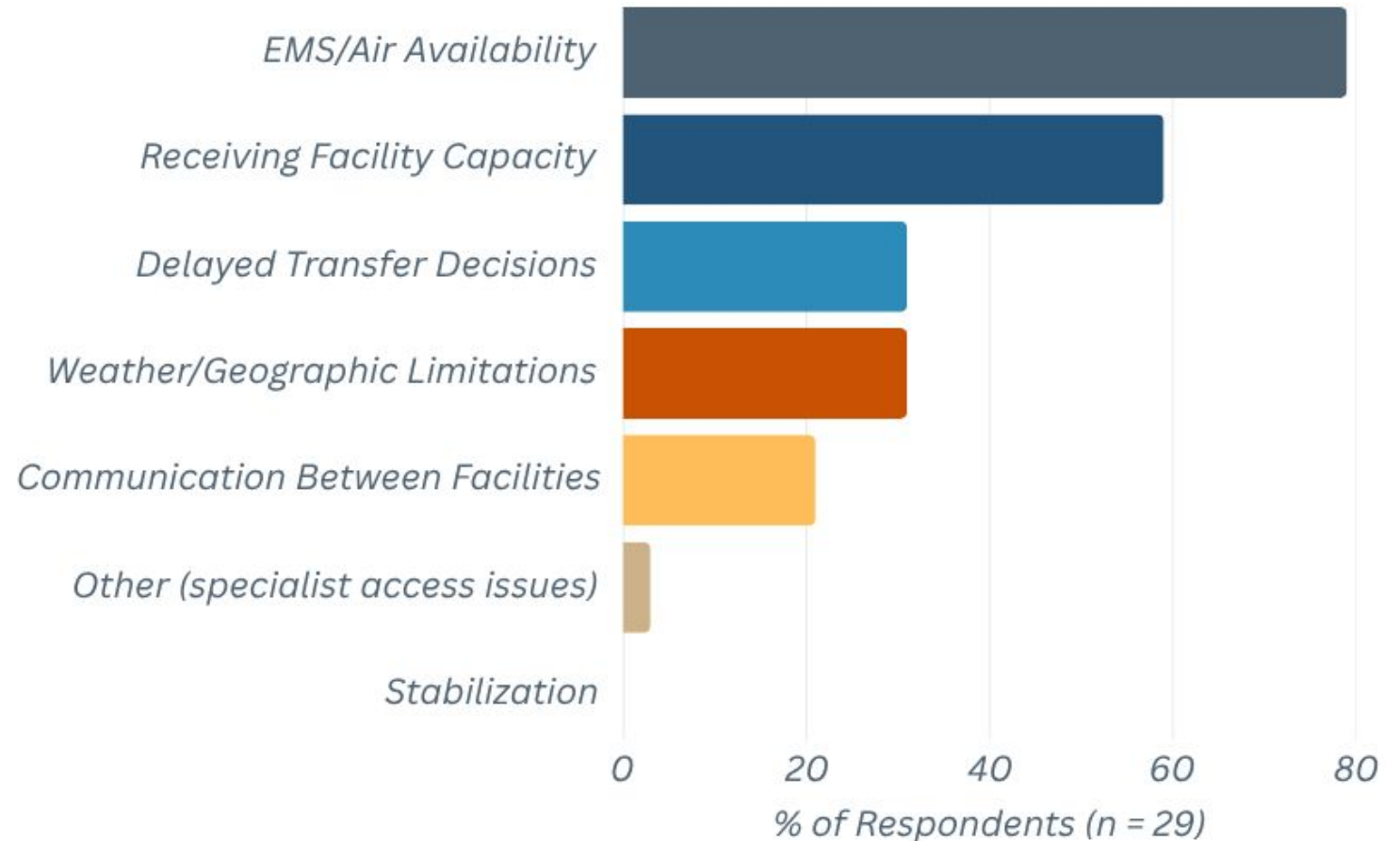
Over two-thirds (69%) of respondents ranked Education or Transport as the top financial investment priorities among Level III/IV trauma leaders.



Transfer Challenges

Top Transfer Challenges:

- EMS/Air Availability - 79%
- Receiving Facility Capacity - 59%
- Delayed Transfer Decisions - 31%
- Weather/Geographic Limitations - 31%
- Communication Between Facilities - 21%
- Other (specialist access issues) - 3%
- Stabilization - 0%



Teleconsultation: Perceived Impact & Openness

Would Teleconsultation Help Reduce Unnecessary Transfers?

- Yes, somewhat - 45%
- Yes, significantly - 28%
- Unsure - 14%
- Probably not - 14%
- No - 0%

Would Your Facility Be Open to Using Teleconsultation Services?

- Yes, definitely - 48%
- Possibly - 38%
- Probably not - 10%
- Unsure- 3%
- No - 0%

Nearly **73 %** believe teleconsultation would help reduce transfers; **86 %** are open to using a teleconsult service.



Clinical & Workforce Themes

| Theme | Evidence From Survey |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Standardization is the top priority | <ul style="list-style-type: none">• 62 % need help with trauma protocol development• 66 % identify documentation/reporting; 48 % identify initial resuscitation• Ranked #1 overall priority (Average Score: 3.89) |
| Education gaps are specific and actionable | <ul style="list-style-type: none">• 66 % want training on trauma scales/scoring• 59 % on pediatric trauma; 52 % on documentation• Preferred formats: Peer case review (34 %), Simulation (28 %) |
| Workforce and compliance problems persist | <ul style="list-style-type: none">• 59% report on-call/specialty staffing challenges• Comments highlight difficulty enforcing protocols with contracted ED physicians |



Transfer, Telehealth, & Resource Themes

| Theme | Evidence From Survey |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transfer delays are operational, not clinical | <ul style="list-style-type: none">• 79% cite EMS/air availability• 59% cite receiving facility capacity; 31% report weather/geography and delayed decision-making |
| High openness to teleconsultation and tech solutions | <ul style="list-style-type: none">• 73% believe teleconsultation would reduce unnecessary transfers (28% significantly)• 86% are open to using trauma-related teleconsultation services |
| Desire for rural-tailored support tools | <ul style="list-style-type: none">• 55% want trauma teleconsult services, EMS tracking, or a centralized transfer hub• 35% support rural-focused trauma training |
| Funding priorities reflect known gaps | <ul style="list-style-type: none">• Top investment areas: education/training, trauma coordination staff, and equipment/supplies |



Overall Patterns & Takeaways

Cross-Cutting Themes:



A shared call for statewide trauma protocol standardization



Pediatric trauma and clinical documentation are frequent training gaps



Telehealth and centralized systems viewed as solutions for rural challenges



Persistent staffing and transfer delays are barriers to optimal care

What Facilities Need Next



Templates and technical assistance for policy/protocol updates



Scalable, hands-on training that fits rural scheduling limitations



Greater integration between facilities through tech and coordination hubs



State-level leadership to promote equity, efficiency, and education

