

GEORGIA TRAUMA COMMISSION

City of Madison Meeting Hall May 25, 2023



Georgia Trauma Commission

May 25, 2023 09:00 AM to 12:00 PM City of Madison Meeting Hall Madison, Georgia Agenda

09:00 am to 9:25 am (25 minutes)

Welcome, call to order & establish quorum Dr. Dennis Ashley

Approval of March 1, 2023, Meeting Minutes*

Chairman's Report

Executive Director's Report Liz Atkins

9:25 am to 10:15 pm Committee Reports I (50 minutes)

Budget Committee * Dr. Regina Medeiros **EMS Committee** Courtney Terwilliger Level III/Level IV/Rural Trauma Center Committee Dr. Greg Patterson

Dr. Alicia Register

Georgia Committee for Trauma Excellence* Lynn Grant Rehabilitation Committee Dr. Ford Vox

10:15 am -10:30 am (15 minutes) MORNING BREAK

10:30 am to 11:00 pm Committee Reports II (30 minutes)

Trauma Administrators Committee Dr. Michelle Wallace Trauma System Performance Committee Dr. James Dunne Trauma Medical Directors Committee (Defer) Dr. Matthew Vassy

Trauma System Partner Reports 11:00 am to 11:45 pm (45 minutes)

Georgia Trauma Foundation Cheryle Ward Georgia Quality Improvement Program Dr. S. Rob Todd Gina Solomon Office of EMS and Trauma **April Moss** MAG Medical Reserve Corps FY2023 Dr. John Harvey

11:45 pm to 12:00 pm (15 minutes)

New Business-None Dr. Dennis Ashley Summary of Action Items & Next Steps

Motion to Adjourn*





Georgia Trauma Commission Meeting Minutes

Wednesday, March 1, 2023 8:30 AM-12:00 PM Chateau Elan Braselton, Georgia

Meeting Recording: https://youtu.be/GWIpR2HsTp4
Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman

Dr. James Dunne, Vice-Chairman

Dr. Regina Medeiros, Secretary /Treasurer

Dr. John Bleacher

Mr. Courtney Terwilliger

Mr. Vic Drawdy

Dr. Michelle Wallace

Mr. Jim Adkins via Zoom

Pete Quinones via Zoom

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING			
Elizabeth Atkins	GTC, Executive Director			
Gina Solomon	GTC, GQIP Director			
Katie Hamilton	GTC, Finance Operations Officer			
Gabriela Saye	GTC, Executive Assistant			
Cheryle Ward	Georgia Trauma Foundation, Executive Director			
Cindy Hoggard	Advent Health Redmond Hospital, Director of ER/Trauma			
Nicole Sundholm	Advent Health Redmond Hospital, Trauma Program Manager			
Clarence Mckemie	Atrium Health Floyd, TMD			
Faith Rand	Atrium Health Navicent, PI Coordinator			
Robyn Axlund	Atrium Health Navicent, Trauma Data Coordinator			
Josephine Fabico-Dulin	Atrium Health Navicent, Trauma PI Coordinator			
Teresa Leverson	Atrium Health Navicent, Administrative Manager			
Ashley Faircloth	Augusta University, TPM PI			
Kyndra Holm	Augusta University, PTPM			
Terence O'Keeffe	Augusta University, Trauma Medical Director			
Brian Bays	Augusta University, Trauma Program Manager			
Dawn Faircloth	Augusta University, TPM Injury Prevention, and Safe Kids Coordinator			
Mary Anne Nolan	Augusta University, Admin Director Emergency, and Critical Care Services			
Patricia Smith	Augusta University, TPM Outreach			
Kellie Rowker	Children's Healthcare of Atlanta, TPM			
Moe Schmid	Children's Healthcare of Atlanta, TPM			
Alicia Register	Crisp Regional, TMD			
Ashley Bullington	Crisp Regional, TPM			

Adrian Willis Doctors Hospital of Augusta, PI Coordinator

Christopher Ruiz Doctors Hospital of Augusta, VP of Trauma Service
Courtney Pettiford Doctors Hospital of Augusta, Trauma Medical Director

Shelby Adams Doctors Hospital of Augusta, PI Coordinator

Laura LunsfordDoctors Hospital of Augusta, TPMDavid KieferEffingham Health System, TMDBrooke MarshEmanuel Medical Center, RN TPMElizabeth BenjaminEmory/Grady, Trauma Medical Director

Lynn Grant Fairview Park Hospital, Trauma Program Director

April Moss

April Moss

Georgia Department of Public Health, Deputy Director, Systems of Care

Georgia Department of Public Health, State Health Protection Director

Georgia Department of Public Health OEMS/T, Regional Training Coordinator

Lanier Swafford Georgia Department of Public Health OEMS/T, Regional EMS Director Marie Probst Georgia Department of Public Health OEMS/T, State Trauma Registrar

Michael Johnson Georgia Department of Public Health OEMS/T, Director

Becca Hallum Georgia Hospital Association, Associate General Counsel and Compliance Officer

Sofi Gratas Georgia Public Broadcasting, Reporter Carey Lamphier Grady, Burn Program Manager Grady, Burn Quality RN Specialist Grady, VP of Trauma and Burn

S. Rob Todd Grady, SVP / Chief, Acute Care Surgery
Sarah Parker Grady, Trauma Program Director

Greg Nickel GTC, Stop The Bleed Georgia, Coordinator

Brian Delashmitt Hamilton Medical Center, EVP-Chief Medical Officer

Judean Guinn Hamilton Medical Center, VP/CNO

Kim Brown Hamilton Medical Center, Trauma Manager

Steven Paynter
Gregory Patterson
Kelli Vaughn
Hamilton Medical Center, TMD
J.D. Archbold Memorial Hospital, TMD
J.D. Archbold Memorial Hospital, TPM

Mary Beth Goodwin
Karrie Page
J.D. Archbold Memorial Hospital, RN PI Coordinator
Memorial Health Meadows Hospital, Trauma Coordinator

Christie Mathis Morgan Medical Center, TPM Ralph Castillo Morgan Medical Center, CEO

Jesse Gibson Northeast Georgia Medical Center, Trauma Program Director

Jessica Mantooth Northeast Georgia Medical Center, Trauma Educator

Matthew Vassy Northeast Georgia Medical Center, Trauma Medical Director

Becky Weidler Northside Gwinnett Hospital, Director Naila Avery Northside Gwinnett Hospital, TMD

Nadirah Burgess Northside Hospital Gwinnett, Trauma Program Manager

Heather Morgan Piedmont Athens Regional, TPM

Jerry Mcmillan Piedmont Cartersville Medical Center, EMT-P Trauma Registrar

Kelly Gasser Piedmont Columbus Regional, PI Coordinator

Mary Bizilia Piedmont Columbus Regional, TPM

Shalonda Wright Piedmont Columbus Regional, Trauma Registrar Jay Connelly Piedmont Henry Hospital, Dir Trauma, and Stroke

Justin Keeton Piedmont Henry Hospital, Trauma Pl Coordinator

Paula Butts Piedmont Henry Hospital, CNO

Ford Vox Piedmont Walton, Chair, GTC Rehabilitation Committee

Karen Hust
Richard Jacob
Rristal Smith
Piedmont Walton, TPM
Piedmont Walton, TMD
Region 5 RTAC, Coordinator
Region 7 RTAC, Coordinator

Rebecca Harkness | Stephens County Hospital, Trauma/Stroke Coordinator

Kerry Carter Wellstar, TPM

Matthew Hinkle Wellstar Cobb Hospital, Burn PI Coordinator

Winston Charles Wellstar Cobb Hospital, TPM

Alyssa Monda
Christina Ucci
Wellstar Cobb Hospital, PI Coordinator
Wellstar Kennestone, Trauma PI Coordinator
Wellstar Kennestone, Outreach, and IP Coordinator
Wellstar Kennestone, Director of Trauma Services

Megan Dawson Wellstar Kennestone, RN PI Coordinator

Ezaldeen Numur Wellstar Spalding Regional Hospital, Trauma Medical Director Susan Baldridge Wellstar Spalding Regional Hospital, Trauma Program Manager

Rachel Hand Wellstar West Ga Medical Center, TPM

CALL TO ORDER (00:00:05)

Thank you to all that attended and organized the GQIP Winter Meeting. We had a great meeting yesterday and had great discussions.

Dr. Dennis Ashley called the meeting to order at 8:36 AM with nine Commission members present.

APPROVAL OF MEETING MINUTES (00:01:08)

Presented by Dr. Dennis Ashley

Dr. Ashley asked for a motion to approve the November meeting minutes, p. 3-13, in the meeting packet (ATTACHMENT A).

Elizabeth Atkins requested an amendment to the meeting minutes:

- 1. Michelle Williams needs to be corrected as representing Baker Donaldson
- 2. HIPPA corrected to HIPAA
- 3. Add Dan Walsh for attendance

MOTION GTCNC 2023-03-01:

Motion to approve November 17, 2023, meeting minutes with the proposed amendments

MOTION BY: Jim Adkins SECOND BY: Vic Drawdy

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions.

CHAIRMAN REPORT (00:02:15)

Presented by Dr. Dennis Ashley

No updates from the Chairman Report.

EXECUTIVE DIRECTOR REPORT (00:02:26)

Presented by Liz Atkins

Liz Atkins stated the full report could be found on pages 14-32, which provide a high-level overview of significant initiatives.

- We have presented our FY 2024 budget to the House and still waiting to present it to the Senate.
- ACS Trauma System Consultative Visit and Rural-Focused Review report should be available by early April.
 We are working closely with our partners at the Office of EMS and Trauma to review and address the issues addressed by the ACS review team.
- We have updated our strategic plan (ATTACHMENT B) with progress notes.

TRAUMA SYSTEM ANALYSIS REPORT (00:12:00)

Presented by Dr. Etienne Pracht

Dr. Pracht from the University of South Florida presented **ATTACHMENT C** to the Commission. The purpose of this analysis is to assess the effectiveness of the Georgia trauma system in providing access to inpatient trauma services to the State's residents. The study period covered five calendar years (2016-2020) following the transition from the ICD9CM to ICD10CM coding system.

The formal report (ATTACHMENT D) can be accessed on the trauma.ga.gov website under the March 1, 2023, Commission event. Burn data will be included as an appendix to the report.

COMMITTEE AND WORKGROUP REPORTS

EMS COMMITTEE REPORT (01:15:13)

Presented by Courtney Terwilliger

Courtney Terwilliger referenced the report on pages 42-43 for the EMS Committee:

- The Equipment Grant funding is proceeding. We reviewed several requests for variance in the plan. We will continue to review expenditures for AVLS, EMS Education, and Equipment Grant Funding.
- We have significantly increased our efforts to assist local EMS providers in conducting EMR and EMT-R programs. We have requested information from the SOEMS/T on initial education programs in the State. We have requested Office of EMS and Trauma, and GEMSA work together to help us accurately understand the initial EMS education being conducted. Dr. Melissa Bemiller provided information to the group regarding the location of EMS education programs provided with Trauma Commission funding.
- We continue to fund the AVLS program. There are currently eight (8) counties in Georgia that do not have an AVLS program. We are in discussion with four of these now.
- The EMS Equipment Grant documentation has been completed. We are now in the process of paying the
 agencies for this grant. We have identified areas we will address with a sub-committee to clarify next year's
 funding.

- Online training platform remains a concern. We have provided value to the EMS community by providing online content from the EMS Educators conference. This has been in conjunction with GEMSA. However, there remains a desire to offer a better platform for initial and continuing education via this medium.
- Inter-hospital transportation continues to be an issue in many areas of the State. There is support for requesting the Legislature to set up a Joint House/Senate Study Committee to look at the challenges of the EMS profession.

BUDGET COMMITTEE REPORT (01:25:15)

Presented by Dr. Regina Medeiros and Katie Hamilton

Katie Hamilton provided a brief review of the following budget documents starting on page 33:

- Budget Cycle Timeline-p. 34
 - We continue to update the timeline with the transition to the trust fund. There is not an AFY budget.
- FY 2023 Expense to Budget-p. 35
 - We review this monthly in our budget committee meetings.
- Super Speeder Revenue-p.36-39
 - o We are following the same trends as FY 2022. We are lowering the gap of our cumulative variance.
- FY 2023 Reallocation Plan-p. 40
 - Our fireworks review is coming from the Department of Revenue now, not in our AFY budget. Next year, we will include the fireworks revenue in our initial budgeting at the beginning of the year.
 - o We also have items that have not been spent for FY 2023. The total fireworks and unspent funds are 1.6 million.
 - We also have FY 2023 trauma centers funds to reallocate that came from two centers that are no longer in the system, 1.5 million
 - o The bottom section of page 40 outlines the allocation plan of the 3.2 million reallocation dollars.
 - o Dr. Medeiros asked for a motion to approve the FY 2023 Reallocation Plan.

MOTION BY: GTC Budget Committee

MOTION GTCNC 2023-03-02:

Motion to approve the FY 2023 Reallocation Plan

MOTION BY: Budget Committee

VOTING: Dr. Dennis Ashley, Dr. James Dunne, Dr. Regina Medeiros, Dr. John Bleacher, Courtney Terwilliger, Vic Drawdy, Dr. Michelle Wallace, and Jim Adkins are in favor of the motion. Pete Quinones abstained.

ACTION: The motion PASSED with no objections and one abstention.

We will discuss the FY 2024 budget in the next committee meetings. We are looking at some financial projections of the cost to bring all centers into our funding and what the impact will be.

Lastly, Dr. Medeiros asked Commission members to review page 41, which outlines the proposed FY 2024 metrics for each current contractor and the percentage of their funds at risk. We have always had performance-based pay metrics for trauma centers receiving funds. Moving forward, we will require some level of performance-based pay for all contractors. Each contractor was involved in the decision-making and determining their criteria. Dr. Medeiros requested a motion to approve the proposed FY 2024 contractor performance-based pay criteria.

MOTION BY: GTC Budget Committee

MOTION GTCNC 2023-03-03:

Motion to approve the FY 2024 contractor performance-based pay criteria

MOTION BY: Budget Committee

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions

LIII/IV COMMITTEE REPORT (01:34:30)

Presented by Dr. Greg Patterson

Dr. Greg Patterson referenced the report on page 44.

- MARCH PAWS equipment and supplies were delayed, but all have been received; awaiting the scheduling of the first pilot course targeted for March/April. The first course will be conducted at Emanual Medical Center in region six, followed by a course at Crisp Regional, then J.D. Archbold. We want to create a QR code to hand out for the project. In addition, we would like permission to post the MARCH PAWS introductory PowerPoint presentation to the trauma.ga.gov website.
- The American College of Surgeon (ACS) consult visit was a success. The rural-focused review produced twenty-nine rural recommendations, with eight priority recommendations. Yesterday, we tasked our members to review the report and develop a workgroup for the priority recommendations.
- Access to specialty care will be updated by the summer meeting. We want to facilitate a central resources
 and demographic survey of the level III and IV trauma centers so that everyone knows the resources that
 are out there.
- Web-hosted ESO registry and PRQ Report Writer funding has been allocated, encumbered, and paid; but has not been deployed by all centers yet. Level IV custom reports must be built. Contracted abstraction is an ongoing discussion, and financial needs must be clarified.
- We are still digesting the Pennslyvania Trauma System Foundation (PTSF) and ACS consult visit. Ultimately, we are trying to review action plans related to those reports with the Commission. Our next meeting is scheduled for April 21st.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:41:17)

Presented by Tracy Johns

Tracy Johns referenced the report on page 46 for the Georgia Committee for Trauma Excellence.

- A level III/IV workgroup was created after the November PTSF report. The workgroup has met a couple of times and has two goals for this year 1) to develop and understand PI plans and 2) utilize the PI/outcomes module in the registry.
- The registry group has updated the GCTE contact list to indicate contact information for patient follow-up, created a trauma data management plan template and requirements, and created a Data Dictionary workgroup to keep the dictionary current.
- With the new ACS standard for registrar education, funding is needed. The registry group requests Commission funding for AIS and ICD 10 procedure coding courses for designated trauma center staff. Priority to level III/IV staff, then level I/II staff.
 - o Dr. Medeiros asked GCTE to provide a proposed budget with specific line items and the anticipated total cost for budget committee review.

- Injury prevention and outreach have created four webinars, one for each task force. They continue virtual training for Stop the Bleed and Bingocize and facilitate events to prevent trauma (road ahead & child abuse prevention). A framework to apply for injury prevention and outreach funding has been created.
- The pediatric subcommittee is still working on its pediatric shock index and helping with pediatric readiness courses. Children's Healthcare of Atlanta recently reviewed its 2020 transfer-in data; 34% of those were discharged from the emergency department. They are working on drilling down on what are the most common injuries getting discharged and possibly putting that into the Georgia Pediatric Consult Program.
- The education subcommittee completed the first draft of their time to definitive care PowerPoint; only minor changes were needed. The AKI PowerPoint draft is to be completed by the end of February. They also distributed TCRN study guides to designated centers to increase the rate of TCRN-certified nurses in Georgia.

REHABILITATION COMMITTEE REPORT (01:52:41)

Presented by Dr. Ford Vox

Dr. Ford Vox, Shepherd Center's Medical Director of the Disorders of Consciousness Program, introduced himself and provided an overview of the new Rehabilitation Committee (ATTACHMENT E). In the past, we have been included in the trauma system reviews and have been asked to convene. We hope to prevent ongoing disability and return people to as full function as possible. The committee will provide key rehabilitation stakeholders the ability to onboard into the Commission and look at the data from a rehabilitation perspective. We are looking for ways to better integrate into the trauma system and share the goal of improving the quality of rehabilitation for the trauma population in the state.

- We had our first meeting last week and had good attendance from various facilities. We hope our next meeting will be larger and add more facilities.
- Our priorities are:
 - Begin digging into the data to analyze discharge location for any indicators of inappropriateness or gaps in resources, then parse further by injury severity and diagnosis codes.
 - o Gather and analyze data on Medicaid and Medicare applications by Georgia residents and trends over time related to disabilities whose cause is trauma.
 - Develop a system for willing rehabilitation hospitals in the state to participate in contributing data to the GTC central repository of relevance to outcomes and disability status.
 - o Discuss creating a voluntary level system for rehabilitation facilities that mirrors the level designation for trauma hospitals, with a goal of promoting the necessary rehabilitation resources in the state to support its trauma population. This activity helps achieve the ACS goal of including "the rehabilitation phase of care in a systemwide performance improvement process using appropriate indicators and benchmarks."
 - o Provide strategic guidance on state resources of importance to trauma survivors, including vocational rehabilitation.

Dr. Vox ended the report by asking the Georgia Trauma Commission to recognize the Rehabilitation Committee formally as a Georgia Trauma Commission Committee.

MOTION GTCNC 2023-03-04:

Motion to support and recognize the Rehabilitation Committee as a Georgia Trauma Commission Committee

MOTION BY: Courtney Terwilliger **SECOND BY:** Dr. James Dunne

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions.

Liz Atkins referenced Dr. Vox's email for Rehabilitation Committee participation on page 48 of the meeting packet.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (02:00:58)

Presented by Dr. Michelle Wallace

Dr. Michelle Wallace referenced page 50 of the meeting packet for the committee report:

- The request for trauma center communication to indicate transfer diversion but still accept ground and helicopters has been created and utilized across the state within the GCC system. The training was completed at the end of November with eleven center participants and went live in December. We have used it three times and continue to send education to centers. The status is only available in the hospital view to avoid confusion with EMS providers.
- We are developing a communication plan around diversion and saturation. The administrator group will not drive the plan. It will be driven in conjunction with the Georgia Hospital Association, the Department of Public Health, and a couple of trauma centers. They will be working to standardize definitions across the board.
- The GCC is moving to a new platform, ImageTrend, with a go-live within the next 30 days. Within ImageTrend, there will be the ability to create a message group and ease communication between hospitals or EMS. We asked the administrators group to advise of what their communication plans and patterns need to be.
- The finance workgroup has identified three main objectives:
 - o Engagement and education
 - o Understanding and transparency of funds use within trauma centers
 - o Evaluation and recommendation of trauma center funding distribution
- The finance workgroup has discussed how we can track where the Commission funding is being spent within trauma centers. The Commission has not delineated how to have the information reported, and we need to ensure we communicate what our expectations are.
 - o Liz Atkins added we do ask trauma centers to confirm they have spent the funds accordingly in their quarterly invoices.

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:09:14)

Presented by Dr. James Dunne

Dr. James Dunne referenced page 51 of the meeting packet for the committee report:

- The Office of EMS and Trauma is working internally to pull data out of the new Georgia Patient Registry to provide to epidemiologists for analysis. We are waiting for two centers to provide their data and can start building reports. In the meantime, regions five and nine will pull their data to analyze time to definitive care.
- Armband project training for EMS and Law Enforcement is in progress. Awaiting final commitment from a
 hospital system in the region. They need to determine where the armband number will be documented in
 the medical record and staff training initiated.

SYSTEM PARTNER REPORTS

GEORGIA TRAUMA FOUNDATION REPORT (02:12:21)

Presented by Cheryle Ward

Cheryle Ward referenced the report on page 52.

- The Foundation performed an internal assessment and made changes to improve its accountability and financial transparency. New policies have been adopted, and better reporting has been implemented to align the Foundation with nonprofit best practices. The changes will help assure donors they are giving money to a trustworthy organization.
- Building off the overall message of "Minutes Matter" message, fundraising consultant Alexander Haas
 worked with Foundation Directors to prioritize long-term projects. Before making any decisions, the
 Foundation will review the final report from the ACS Rural Focused Consultation. Its recommendations
 will be discussed with system partners to determine which projects to pursue to best support the system.
 The outcomes of those meetings will be the basis of a fundraising plan designed to make a statewide
 impact with a focus on regional fundraising.
- We are planning two fundraisers by the end of the year. Rather than the large gala event, we will hold smaller fundraising events within the RTAC regions to create a more intimate and personalized approach.
- We continue to pursue grant funding, and our grant writing will be centered around trauma education.
- Alexander Haas (AH) provided a strategic five-step board development plan to attract and retain the best leadership. They recommend increasing members each year by 2-3 directors until the maximum size is reached, as allowed by bylaws. The Foundation has activated its plan and has identified a new candidate for Commission consideration. Alexander Haas would also like to work with Commissioners to identify potential candidates. Expansion goals are centered around overcoming skill set deficits, securing regional representation, and bringing on those with the ability to give/get money. The consultants also advised the Foundation that new Directors need to be experts in raising money.

Cheryle reviewed the background of the potential new board member, Jeffery Myers. Dr. John Bleacher added that we want to ensure the board is comprised of members throughout the state. With his skill set, we believe the new board member will make a vital addition to the board. His resume and nomination form are in the meeting packet, pages 53-62.

MOTION GTCNC 2023-03-05:

Motion to approve candidate Jeffrey Myers as a Georgia Trauma Foundation Board Member.

MOTION BY: Dr. John Bleacher SECOND BY: Vic Drawdy

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions.

GEORGIA QUALITY IMPROVEMENT REPORT (02:22:46)

Presented by Dr. Rob Todd

Dr. Rob Todd reviewed the GQIP report and content in the packet on pages 63-69:

- Workgroups reported at GQIP Winter Meeting on 2/28. The plan is to sunset AKI & Opioids. We plan to
 develop groups with more focus & specific deliverables. TBI is in the process of large data analysis with TQIP
 PUFs by a GQIP Research Fellow. TBI data analysis abstract presented at ASC and SESC by the GQIP Research
 Fellow.
- The GQIP Central site continues to import registry data from centers. Data completeness project completed on CY2021 data and presented at GQIP Winter Meeting. The ArborMetrix project was set back due to some unavoidable delays. New rollout target date of 9/2023 (see attached project timeline). Completed analytic dictionary.
- Scope of work developed for Public Safety Organization designation SAAG. Funding for SAAG needs to be secured.
- GQIP Trauma Advisory Committee in-person meeting held on 2/27. Plan to discuss summer meeting, ArborMetrix deliverables, and workgroup structure.
- Developed GQIP Research Fellow job description and application requirements for interested surgical residents. Need to develop a selection process.

OFFICE OF EMS AND TRAUMA REPORT (02:27:03)

Presented by April Moss, Marie Probst, and Kelly Joiner

April Moss introduced herself as the Deputy Director for Systems of Care with the Department of Public Health Office of EMS and Trauma.

- Renee Morgan retired at the beginning of this year, and we are actively pursuing a qualified candidate to replace her. In the meantime, please contact April Moss with any questions or concerns.
- One ACS verification visit for upgrade to Level I, Northeast Georgia Medical Center in November 2022, ACS report pending.
- Two level III facilities had state designation visits in November 2022 and received provisional designation with six months to correct critical deficiencies.
- Some upcoming verifications and consultations include:
 - o Two level I facilities are scheduled for ACS Re-Verification visits in April 2023
 - o One level I facility is awaiting a confirmed date for an ACS Verification visit in June 2023
 - Three level II facilities are awaiting confirmed dates for ACS Verification visits in May, June, and July 2023
 - o Four level III facilities are awaiting confirmed dates for ACS Consultation visits in September 2023
 - o Five level IV facilities are due for redesignation visits. PRQ is in progress.
 - o Nine potential level IV recruitments in EMS regions 2, 3, 4, 7, 8, 9
- ESO and ImageTrend are preparing the 2023 schema for users to install, enabling users to continue to import 2023 records.
- Marie Probst is working on reports in the Georgia Patient Registry similar to reports in V5 and the 2021 data export for epidemiology, Time to Definitive Care Analysis, and Biospatial.

Marie Probst provided the following updates regarding registry data:

- Trauma Registry data (Nov 2017 June 2021) is now available in Biospatial for use by the centers for data visualization reports. Recorded training sessions and login credentials were shared with all data-contributing centers.
- Today is the new day for downloading into the patient registry for quarter four. Once that closes out, we will have the 2022 data to analyze.

- The 2020 Georgia Trauma Registry Annual Report is available. The report has been distributed to the GTC Data Subcommittee and GCTE. The report contains an analysis of the Time to Definitive Care.
- The Georgia Patient Registry received 2021 and 2022 imports from the centers collecting trauma registry data.

April Moss added there will be a report writer seminar for current patient registry users or those interested in joining the registry. There will be two full-day public trainings:

- April 25th at the Houston Healthcare in Warner Robins
- April 26th at Northeast Georgia in Gainesville

Save the dates, and calendar invites will be sent out soon.

Kelly Joiner provided the following updates regarding the armband project:

- The project aims to link the crash record with the EMS and trauma registry records.
- We have completed training for EMS and Law Enforcement partners. We will meet with the hospital system in the next 15 days to finalize their participation. The pilot will include fourteen EMS agencies, six to eight law enforcement agencies, and two hospitals.
- We have identified a place to input the armband in the registry. We need to finalize with the hospital system where the number will go in the patient's chart.
- We are starting as a pilot in two counties, White and Lumpkin. Then we will expand it to region two, followed by the whole state.
- The pilot is estimated to last six months.

Before adjournment, Liz Atkins introduced Greg Nickels as the new Georgia Trauma Commission Stop the Bleed Coordinator to support our Stop the Bleed program.

MOTION GTCNC 2023-03-06:

Motion to adjourn.

MOTION BY: Courtney Terwilliger SECOND BY: Dr. James Dunne

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- ACS Trauma System Consultative Visit and Rural-Focused Review report should be available by early April.
 We are working closely with our partners at the Office of EMS and Trauma to review and address the issues addressed by the ACS review team.
- Dr. Etienne Pracht presented the Trauma System Analysis Report (ATTACHMENT C). The formal report (ATTACHMENT D) can be accessed on the trauma.ga.gov website.
- Commission Approved: FY 2023 Reallocation Plan.
- Commission Approved: FY 2024 contractor performance-based pay criteria.
- Georgia Committee for Trauma Excellence (GCTE) requested Commission funding for registry education.
 Dr. Regina Medeiros asked GCTE to provide a proposed budget with specific line items and anticipated total cost for budget committee review.
- Commission Approved: New Georgia Trauma Commission Rehabilitation Committee, chaired by Dr. Ford Vox.

- Commission Approved: Georgia Trauma Foundation Board candidate, Jeffery Myers.
- April Moss is the new Deputy Director for Systems of Care with the Department of Public Health Office of EMS and Trauma.
- Greg Nickels is the new Georgia Trauma Commission Stop the Bleed Coordinator.



GEORGIA TRAUMA COMMISSION

Executive Director Report

Elizabeth Atkins

May 25, 2023 Madison, GA

Initiative/Project	Description	Update
FINANCE/LEGISLATIVE		
FY 2024 Budget	Approved 3/30/2023, last day of legislative session.	FY 2024 GTC budget pending approval.
FY 2024 Trauma Center Performance Based Pay Criteria	Developed Proposed PBP and Stakeholder Feedback process.	Approved at the 11/17/2022 GTC meeting.
2023 Legislative Session Presentations Senate HHS House Public Health	Annual presentation to the Georgia General Assembly on the impact of trauma funding.	Presentation to Chairman Cooper's House Public Health Committee (formerly House HHS) on March 14, 2023. No presentation to Senate HHS this year; Chairman Watson assured us we would present early in the 2024 session.
Federal Improving Trauma Systems and Emergency Care Act	The goal is to strengthen coordination and communication, improve emergency medical and trauma system access, establish evidence-based practices; improve rural trauma care through innovative technology, training and education, transportation, prehospital care, benefitting underserved rural communities.	Sponsored by Senators R. Warnock (D-GA), J. Reed (D-RI), B. Lujan (D-NM), A. Klobuchar (D-MN), C. Van Hollen (D-MD) Improving Trauma Systems and Emergency Care Act grant programs requesting funding at the fully authorized amount of \$24 million for FY 2024.

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES		
American College of Surgeons Trauma Systems Consultative and Rural Focused Review	Critical analysis of the current system status, including its challenges and opportunities, and recommendations for system improvement. The rural-focused review is a first for the ACS and will serve as a pilot for other states to replicate.	The final full report is available at: https://trauma.georgia.gov/system-development/acs-trauma-systems-consultation *Next steps — Action planning meetings for stakeholders
Trauma System Analysis Replication of the 2013 trauma system study by E. Pracht	The 2013 trauma system analysis included a summary on access as well as survivability. The new study will use the most available data from 2010 – 2020.	Presented on March 1, 2023, GTC meeting; pending workgroup development.
TCAA National Replication of Level I/II Trauma Center Readiness Costs Survey	In collaboration with TCAA, this is a national replication opportunity for our readiness costs methodology, now known as the "Haley Model Trauma Center Readiness Cost Assessment Tool."	Five level I centers participating from across the country. The data set is limited, and TCAA is calling for participants to expand the pilot.
Georgia Hospital Association Center for Rural Health	Dr. Ashley and Liz were Invited to address the GHA CRH on May 11, 2023, to discuss the ACS Trauma Systems Consult and Rural Focused Review findings. There were approximately 43 attendees, CEO-level from 23 rural centers, and the GHA team.	The group provided great feedback. Interfacility transportation to tertiary care was the top issue. This stems from a lack of personnel/trucks in rural areas and competing priorities with 911 zone contracts.

Initiative/Project Updates	Description	Update
PROJECTS & INITIATIVES (Continue		
GTC Email Migration	Email phishing attempt in April 2022 necessitating migration to ga.gov server. New gtc.ga.gov accounts have been established and are active.	Migration from .org to .gov domain complete & GTC team has converted to .gov. Please use our .gov email addresses moving forward as the .org emails will no longer forward after 08/07/23.
RTAC UPDATES		
RTAC Coordinator Transitions	Recruiting for contracted RTAC coordinator for Regions 4 & 9.	We welcome Jay Connelly to the RTAC 4 Coordinator role and Andrew Altman to the RTAC 9 Coordinator role.
RTAC Website	Request by RTAC coordinators to stand up a website with pages for each region that can be managed by each RTAC coordinator, inclusive of the content of interest to the region or worth sharing beyond regional boundaries.	RTAC website training completed end of March and website went live April 15, 2023: https://rtac.gtcnc.org
Stop the Bleed – Bleeding Control Kit Distribution	RTAC Coordinator proposal for bleeding control kit application, training and distribution outside of school/bus project approved at 08/11/2022 GTC meeting. Timeline developed and logistics near finalized from messaging/application through kit distribution. Stop the Bleed Coordinator Report included in meeting packet.	Q4 - In Progress Total applications - 12 Public Education - 0 Law Enforcement - 10 Gov. Facility - 2 Q3 Total applications - 27 Public Education - 9 Law Enforcement - 5 Gov. Facility - 13 Q2 Total applications - 58 Public Education - 23 Law Enforcement - 9 Gov. Facility - 26 Third kit application period: May 1 - May 31

Initiative/Project	Description	Update
FUTURE MEETINGS & KEY DATES		
August 10, 2023 Commission Meeting	The DeSoto, Savannah, GA	Contract executed 4/25/2023. King and Prince unable accommodate the required room block as both GQIP & GASACS meetings have grown.
November 16, 2023 Commission Meeting	Georgia Public Safety Training Center, Forsyth, GA *Tentative*	Pending determination of the need for space for action planning from ACS/PTSF, potential sites include GPSTC, Macon Marriott, and Madison.
February 28, 2024 Commission Meeting & Winter GQIP Meeting	Chateau Elan, Braselton, GA	Contract Executed

Updated Commission-related meeting information can be found at: trauma.georgia.gov/events



April 13, 2023

The Honorable Tammy Baldwin Chair Senate Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee United States Senate Washington, D.C. 20510 The Honorable Shelley Moore Capito Ranking Member Senate Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee United States Senate Washington, D.C. 20510

Dear Chair Baldwin and Ranking Member Capito,

As you begin work on the Fiscal Year (FY) 2024 Labor, Health and Human Services, and Education Appropriations bill, we urge you to maintain a strong commitment to trauma system readiness by funding the *Improving Trauma Systems and Emergency Care Act* grant programs at the fully authorized amount of \$24 million for FY 2024. The programs, which were authorized by Sec. 2113 of the Consolidated Appropriations Act, 2023, are critical for improving trauma care in rural areas and ensuring a coordinated response to emergencies across the country.

Trauma system readiness is essential for ensuring that individuals who experience traumatic injury receive prompt and appropriate care. A well-coordinated and efficient trauma system can significantly improve patient outcomes, reduce mortality rates, and prevent long-term disabilities. In the event of a mass casualty incident or a natural disaster, a ready and well-functioning trauma system is crucial in providing rapid and effective care to those in need. Additionally, trauma system readiness ensures that resources are effectively utilized and that patients are appropriately triaged and transferred to the most appropriate facility for care. Supporting trauma system readiness is especially dire as more major hospitals across the country close, straining the trauma care system and leaving Americans with limited access to trauma care.

Fully funding the bipartisan *Improving Trauma Systems and Emergency Care Act* would allow the Office of the Assistant Secretary for Preparedness and Response (ASPR) to award grants for trauma centers to strengthen coordination and communication, develop approaches to improve emergency medical and trauma system access, establish evidence-based practices, and conduct activities to support clinical research. Funding would also improve trauma care in rural areas through grants for research and demonstration projects that focus on developing innovative technology, training and education, transportation, prehospital care, and other priorities, greatly benefitting underserved rural communities which often lack access to high-quality trauma care.

Additionally, this funding would enable ASPR to work with states to develop guidance and resources that support emergency medical services and trauma care coordination during public

United States Senate WASHINGTON, DC 20510

health emergencies. This would improve the overall response to public health crises and ensure that those in need receive the care they require.

As such, we urge you to fully fund the *Improving Trauma Systems and Emergency Care Act* grant programs at \$24 million in FY 2024 to ensure that trauma patients receive the highest quality of care in the event of an emergency and for promoting overall public health and safety.

Sincerely,

Raphael Warnock

United States Senator

K.,UBW=

Jack Reed

United States Senator

Ben Ray Lujan

United States Senator

Amy Klobuchar

United States Senator

Chris Van Hollen

United States Senator

January 31, 2023

Elizabeth Atkins Executive Director Georgia Trauma Care Network Commission liz@gtcnc.org

Re: Commissioner membership on Georgia Trauma Care Network Commission committees

Dear Ms. Atkins,

You asked whether a majority of the commissioners on the Georgia Trauma Care Network Commission may be members of a committee of the Commission. I have not found any prohibition against such commissioner membership on a committee.

For background, under Commission bylaws, the Commission Chairperson may appoint committees. See Bylaws, Section VII. The committees' actions are not binding on the Commission, but instead, committees "provide guidance and recommendations to aid the Commission in making informed decisions." *Id.* Except for the Budget committee, which is chaired by the Commission Secretary/Treasurer, the committee chair does not have to be a Commission member. *Id.* The Commission bylaws do not place any other restrictions on the number of committee members or the composition of the committee.

Subject to certain exceptions, the Open Meetings Act (the "Act"), O.C.G.A. §§ 50-14-1 through 6., defines "meeting" to include "a quorum of any committee created by the governing body at which any official business, policy, or public matter of the committee is formulated, presented, discussed, or voted upon." O.C.G.A. § 50-14-1(a)(3). Because the committees are appointed by the Commission Chairperson, it is my view that a committee meeting is subject to the Act, regardless of whether a majority of the commissioners are on the committee and in attendance. Consequently, unless one of the exceptions in O.C.G.A. § 50-14-1(a)(3)(B)(i) through (v) applies, the gathering of a quorum of the committee members in which the business of the committee is formulated, presented, discussed or voted upon must be noticed and conducted in accordance with the requirements of the Act.

Letter to Elizabeth Atkins, Executive Director Georgia Trauma Care Network Commission January 31, 2023 Page 2

Your inquiry did not state how many members each committee has. Depending on the total number of committee members, it may be possible that the commissioner members of the committee represent a majority of the Commission, while not representing a majority of the committee. If that is the case, then a gathering of only the commission members of the committee would not represent a quorum of the committee, even though the gathering would represent a quorum of the Commission. See Bylaws, Section VIII(1)¹ ("A quorum shall consist of a simple majority of appointed Commission members present at a properly called Commission meeting.") If such a gathering occurred and committee business was discussed, my view is that notice under the Act would be required. Otherwise, the Act's notice requirements for a quorum of an agency meeting to discuss agency business will have been circumvented.

The views expressed in this letter are the views of the writer only and are not intended to express an opinion of the Attorney General. I trust that this letter is responsive to your inquiry.

Sincerely,

/s/ Daniel Walsh

Daniel Walsh Senior Assistant Attorney General

¹ You have informed me that Commission committees operate under the Commission's bylaws.

HEALTH

Tracking software helping to improve outcomes for those severely injured in Georgia

The state's Trauma Commission said its biggest challenge right now is funding.



Author: Kaitlyn Ross Published: 11:22 AM EDT May 6, 2023 Updated: 11:22 AM EDT May 6, 2023





ATLANTA — Every gunshot, every car accident, every trip and fall that results in a traumatic injury is being tracked in Georgia. But whether people live or die after those incidents depends mainly on where they live.

As a result, the state started using new technology to give everyone their best shot at survival. The new system will benefit people such as Raidenne Slaughter, herself the victim of a serious car accident a year ago.

"Some people can walk away with very few injuries, and some people are just broken," Slaughter said. "I was one of those people who was completely broken."

After her crash, Slaughter had a concussion, broken nose, cracked ribs, shattered femur and suffered an aortic dissection, which she noted people rarely survive. But despite the long road to recovery, she said the moment that worried her most was right after the crash.

"I was scared before the impact...and then I was scared when they said they were going to take me to Grady because I was wondering, what's wrong?" she said. "What's going on with me that I needed to go to Grady?"

The ambulance passed three other hospitals on the 30-mile trip to

"If it weren't for the access to a level one trauma center, I wouldn't we need. And I want everyone to have that kind of care," she said.

That's why the Georgia State Trauma Commission is working to make access to level-one trauma centers a reality for everyone. Executive Director Liz Atkins said Slaughter survived because everything in her care went right. But she added that too often, in rural or underserved areas of the state, that's not the case.

"What went right is almost more important than what went wrong," said Executive Director Liz Atkins, adding later, "We want to try and close that gap as best we can."

Unfortunately, that gap has widened with the fairly recent closing of Atlanta Medical Center.

"When you take a whole center out of the system, where do the patients go," Atkins explained.

To try and understand that question, the state started tracking traumas. The trauma commission will use that data to conduct training, purchase equipment, and share resources with hospitals nationwide

"It can save lives. We need to figure out how we can come together, how do we connect all the dots to keep everybody safe," Atkins said.

To do that, the commission is partnering with technology company ESO.

"We specific locations," Garrett Hall, Senior Director of Hospital Programs at ESO, said, adding later, "Why did we have this huge spike, an increase in motor vehicle collisions? Was it weather? Was it something that we could prevent?"

Hall explained that hospitals in Georgia could use that information to change the way people in the state are cared for.

"This is what the commission's doing with tax dollars. It's something that I will say I'm super proud of because we don't always see government using tax dollars that will actually make a difference to save people's lives," Hall said.

Back at work herself, Slaughter said the commission's work is vital.

"Before this happened, I didn't even realize, I had no idea how important it was to have access to that level of care. And most people don't," she added.

Meanwhile, the Georgia State Trauma Commission said its biggest challenge right now is funding - they get \$23 million from the state annually - but Atkins thinks they need closer to 80 million to improve care for everyone.

She noted trauma care is expensive, but saving one life is worth it.





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Trauma care in Georgia is strained, and a rural review points to systemic failures

May 11, 2023 10:31 AM Updated: May 12, 2023 12:23 PM

By: Sofi Gratas



The emergency room entrance at Macon's Atrium Health Navicent The Medical Center, a Level 1 designated trauma center, on July 16, 2020.

Credit: Grant Blankenship / GPB News



It's been 14 years since the last review of Georgia's trauma care system by the American College of Surgeons. The group's latest findings describe a system with

few guidelines for getting patients, often with life-threatening injuries, to the best equipped hospitals.

This is not news to staff at Crisp Regional Hospital. It sits off a strip of I-75 running south of Macon down to the border with Florida. This area has an unfortunate nickname: "corridor of death."

The nickname refers to a lack of emergency care. But emergency medical services director for Crisp County, David Edwards, said "corridor of death" can be misleading. There are hospitals and ambulances south of Macon.

"That term just implies that there's just not a lot of trauma services readily available through that route," Edwards said.

Trauma centers see patients with critical injuries, like from a car crash, firearm or a bad fall. Statewide, there are only nine designated trauma centers south of Macon, not including the one in town, to treat those patients. North of Macon, there are 20, plus two pediatric trauma centers.

On the heels of the closure of Atlanta Medical Center, the people who understand Georgia's trauma system best say across the state, there's a lot of improvements to make, and rural trauma hospitals are especially susceptible to these vulnerabilities.

"The goal, obviously, is to get the right person to the right place at the right time," Edwards said. "And sometimes that's just difficult to do."

In January, representatives from the American College of Surgeons heard testimony from nurses, hospital directors and public health administrators who all shared similar stories about limited trauma services in rural Georgia.

"We had a patient that we really are not positioned to take care of that we've held for nine hours in our emergency department," said CEO of Jeff Davis Hospital, Barry Bloom.

"Realistically, as a paramedic, an hour away from a level one trauma center, an hour and a half away from a level one trauma center, it's like me trying to fly to the moon with a seriously injured patient," said emergency service provider Rafe Waters.

This was the second review of Georgia's trauma system by the American College of Surgeons, which sets most standards for trauma hospitals in the state. The state Office of Emergency Medical Services and Trauma Facilities signs off on trauma center designations for hospitals, but both agencies conduct site visits.

A final report from the visit published in April points to several problems, and they are all about logistics.

Imagine an airport, like Hartsfield-Jackson. Now imagine landing all those planes without a control tower.

The Georgia Coordinating Center hosted by Grady Memorial Hospital could play that role, but some designated centers don't even use it. **The dashboard** shows patient distribution across facilities in the state's 10 EMS regions.

"I'll be honest with you; I didn't even know that existed," said trauma director and general surgeon at Crisp Regional Hospital, Alicia Register.

The review team from the American College of Surgeons found there isn't an agreed-on rule book or leading agency telling trauma hospitals in the system how to work with each other. There's not even one definition for when a center is at capacity, known as being "on diversion."

And the report recognizes that rural hospitals, especially in South Georgia like Register's in Crisp County, are most affected by these flaws in the system.

"We're kind of one of the most — I hate to say desolate, but yeah, like we're one of the most desolate regions in Georgia," Register said.

There are four levels of trauma hospitals, with Level 1 being the most specialized. Crisp Regional Hospital is a Level 3. Register spends a lot of her time trying to transfer patients who are up against the clock to a better resourced facility.

"It can get frustrating, to say the least, when you feel like 'I don't have the resources, I know they need something more, but it's taken a really long time for me to get help," Register said.

During the system review in January, Register told the panel there's been times when she's spent up to two hours just finding a place for a patient to go, a distraction from the other care she has to provide.

Liz Atkins is the executive director of the Georgia Trauma Commission, which oversees and disburses state funds to the trauma system network.

Atkins said there might as well be as many ways for a hospital to manage trauma transfers as there are counties in the state.

"Everybody likes the freedom to do what they want to do in their jurisdiction," Atkins said. "If every single 159-county service in Georgia is able to determine their own destination protocols, then we have no standardization."

And standardization is the "gold standard" for quality care. Atkins says that's why the state needs a new trauma system rule book.

"We need to scrap the plan and start fresh," Atkins said during the American College of Surgeons review.

But there's hardly any reliable data on how quickly trauma patients are transferred between Georgia hospitals. Atkins said the data exists, but there's no system to aggregate it yet.

That makes it nearly impossible to know where to start making changes.

Tags: <u>Trauma hospital care Atlanta Medical Center emergency</u> medicine Georgia Atlanta Macon Savannah Rural Georgia health

About the author



SOFI GRATAS
Rural Health Reporter

Sofi Gratas covers rural health and health care for GPB. She joined GPB in June 2022 as a Report for America Corps member. Based in Macon, her coverage area includes Middle and South Georgia. Her focus is on the crisis facing rural communities that consistently rank near the bottom nationwide in heath and health care. Sofi is a 2020 graduate of the University of Georgia's Grady School of Journalism. Prior to joining GPB, she worked at the *Red and Black* and WUGA.

TCAA Award of Distinction Leadership



Left to right: Heidi Gartland, Chair, TCAA Board of Directors
Dennis W. Ashley, Chairman, GTC
Jennifer Ward, President, TCAA

TCAA Award of Distinction Nomination

With great pleasure, I submit Dr. Dennis W. Ashley for consideration for the TCAA Award of Distinction. Dr. Ashley's trauma career spans over three decades. As a surgical resident at Mercer Center Navicent Health and Mercer University School of Medicine in Macon, Dr. Ashley knew that trauma care was his calling. Post-residency, he completed a trauma fellowship at Grady Memorial Hospital and a surgical critical care fellowship at the University of Pittsburgh. He then returned to Georgia as faculty at what is now known as Atrium Health, Navicent, in Macon, Georgia. He became the Trauma Medical Director overseeing the center's attainment of one of Georgia's first American College of Surgeons (ACS) verified level I trauma centers. Dr. Ashley has served as ACS Georgia Committee on Trauma (COT) Chair and ACS COT Southeast Region Chief.

Dr. Ashley's crowning achievement would come through his appointment by then-Georgia Governor Sonny Purdue to lead the newly formed Georgia Trauma Commission (GTC) in 2007. Over the last 17 years, Dr. Ashley has been at the helm of the GTC, leading the development of Georgia's trauma system. Under his leadership, Georgia deployed the most significant bolus of funding ever given to date to bolster the trauma system, which was in a crisis back in 2006. Since then, the GTC has delivered programs and funding supporting the trauma system totaling over \$245M. Like many other states, Georgia lacked dedicated funding for trauma care. Dr. Ashley led the charge to secure sustainable funding for trauma care. His efforts were rewarded in 2010 when Georgia passed the Super Speeder Law, which dedicated fines and fees to the trauma system, a massive win for our state.

Dr. Ashely oversaw, presented nationally, and published Georgia's efforts to quantify trauma center readiness costs to justify sustainable funding for the trauma system. He followed

that with efforts around trauma center accountability with the introduction of the performance-based payment model, which was well supported and applauded by the members of the Georgia General Assembly. He led the analysis and, ultimately, publication of a study of the distribution of injured patients in our state, identifying candidate trauma centers to increase access to tertiary trauma care to the citizens of our state. This analysis resulted in the addition of a level II trauma center in a significant area of need and several other candidate centers in pursuit of designation. I could go on about his achievements, but I'm already over the word count! For the all the reasons mentioned here, Dr. Ashley's work has contributed significantly for Georgians and nationally. I can't think of a humbler leader and more deserving recipient than Dennis Ashley. I strongly recommend that the committee considers Dr. Dennis Ashley for the TCAA Award of Distinction.



Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Budget Subcommittee		
Project/Activity ¹	Comments		
1. Super Speeder	Super speeder revenues are monitored monthly. As of April, the FY 23 cumulative total was \$18,178,233.		
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y	
2. Contracting language optimization	The new contracts have been drafted and include clarifying language around verification expectations and timelines. Invoicing will now be done twice, once in December and the final invoice in July.		
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y	
3. Reallocation	Per the motion GTCNC 2011-11-05 the budget committee has reviewed and reallocated unspent FY 23 dollars amount approved initiatives.		
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y	
4. FY 24 Budget	The budget subcommittee brings forth the proposed FY 24 GTCNC budget to the full commission for review and approval.		
Status: Requires a vote		Support GTC Strategic Priorities? (Y/N):	
5.			
Status:		Support GTC Strategic Priorities? (Y/N):	

Questions, Issues, and Recommendations Requiring Commission Discussion:	None		
Motions for Consideration at the Commission Meeting:	Approval of FY 24 GTCNC Budget		
Committee Members:	Jim Dunn, co-chair, Courtney Terwilliger, Dennis Ashley, Katie Hamilton, Elizabeth Atkins		
Chair/Commission Liaison:	Regina Medeiros		
Date of Next Committee Meeting:	June 19, 2023		

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

FY2024 BUDGET

	E:					
ACCOUNT	FY 2023	Approved	FY 2023 Actual/Proje through June 30	gi il-valiment	Proposed FY 2024	FY 2024 Proposed/Assumptions Notes
GTC OPERATIONS						
Staff Salaries	\$	425,566.13	\$ 425,56	6.13	\$ 544,132.13	Reinstitution of System Planner Role; Cost of Living Adjustment \$13,566 in approved Budget
						61.884% (FY 2023 Fringe Rate, FY 2024 Rate Published in June); ALCP \$3,731; Employee's
Benefits	\$	295,732.34	\$ 295,73	2.34	\$ 435,843.93	Retirement System Employer Contribution Rate Increase \$30,404
DOAS Administrative Fee	\$	16,229.00		9.00		Pending FY 2024 Fee Structure
Staff Education and Travel	\$	35,000.00		9.11		Mileage, Per Diem, Hotel, Registration Fees
Commission Member Per Diem	\$	3,500.00	\$ 8,78	2.81		Increased from FY 2023 Based on Number of Commission Members Submitting Per Diem Expenses
Rent	\$	7,800.00	\$ 7,80	0.00	\$ 7,800.00	Madison \$650/month; \$7,800 annually
Office Expenses			\$	-		Water Service \$33 (monthly); Office Cleaning \$75 (monthly)
Printing	\$	6,500.00		3.63		Commission Meeting Packets and Annual Reports
Office Supplies and Equipment	\$	5,000.00		1.80		
Postage	\$	500.00		5.08	- Page	
Meeting Expense	\$	100,000.00		9.98		
Warren Averett Financing Optimization	\$	15,000.00		-	The state of the s	Completed
TCAA	\$	1,500.00	\$ 1,50	0.00	\$ 1,500.00	Annual System Membership Subscription
		22 22 22	4			
Telephone	\$	11,650.00	TOTAL	9.76		
Virtual Meeting Platform		2,650.00		3.56		
Office Telephone and Internet		2,000.00		9.87		Spectrum (\$2,000/year); Potential Transition to AT&T Government Server (\$16,000/year)
Staff Cell, Mifi, and Equipment	\$	7,000.00	\$ 7,34	6.33	\$ 9,000.00	Staff Mobile Service x 4 & MIFI (+ 1)
COETIMADE /IT	ć	25 650 00	6 467	2 20	ć 20.24F.00	
SOFTWARE/IT	Ş	35,650.00		3.26		
Website Maintenance	A Company of the Comp	4 100 00		5.00		MulkeyMedia Office 365 Support (Transition to Office 365 .GOV - Line 29)
The Box Cloud Storage	10.000	4,100.00		0.00		Business Plus Version
Adobe	1,000 PM	1,140.00	\$ 55	4.12	\$ 280.00	
DocuSign Office 365.org	7 4	4,000.00	\$ 2.60	0.00	\$ 2,090.00	
Office 365.gov		4,000.00	\$ 3,00	0.00	4,000.00	Office 365 G5 GCC (Transition to Office 365 .GOV) Pending actual cost
Name Cheap		50.00	\$	9.64	\$ 45.00	Maintenance of GTCNC.ORG Domain Name for RTAC Website
QuickBooks	10 1 P 2 1	2,160.00		0.00	\$ 2,400.00	
Georgia GovHub/GTA	0.00	4,200.00	2,30	0.00		\$350/month
Media/Graphic Designer	10.70	20,000.00	\$ 71	4.50		Graphic Design Annual Report and Placeholder Video Production
Misc Software		20,000.00				Apple \$9.99/month; Icon Finder \$9.00/month; Survey Monkey \$468 annually
Reserves	\$	115,000.00	\$ 71.23	4.52		1% of Operations
Total GTC Operations	\$	1,074,627.47		15 15 15 15 15 15		
				77		

SYSTEM DEVELOPMENT				
RTAC Funds	\$ 403,640.00	\$ 330,032.65	\$ 403,640.00	
Start Up Grants	\$ -		\$ -	
Region 1	\$ 40,364.00	\$ 39,629.95	\$ 40,364.00	
Region 2	\$ 40,364.00	\$ 40,364.00	\$ 40,364.00	
Region 3		THE STATE OF THE S		
Region 4	\$ 40,364.00	\$ 12,038.00	\$ 40,364.00	
Region 5	\$ 40,364.00	\$ 40,364.00	\$ 40,364.00	
Region 6	\$ 40,364.00	\$ 33,706.00	\$ 40,364.00	
Region 7	\$ 40,364.00	\$ 36,695.64	\$ 40,364.00	
Region 8	\$ 40,364.00	\$ 40,364.00	\$ 40,364.00	
Region 9	\$ 40,364.00	\$ 12,038.00	\$ 40,364.00	
Region 10	\$ 40,364.00	\$ 40,364.00	\$ 40,364.00	
MulkeyMedia RTAC Website		\$ -	\$ 7,200.00	RTAC.GTCNC.ORG Website Maintenance
NameCheap		\$ -	The state of the s	RTAC.GTCNC.ORG Domain Name
Stop the Bleed Coordinator (Contract)		\$ -	\$ 50,000.00	Role Supports ACS GA STB State Champion
UGA Time to Definitive Care/System Economic Impact		\$ -		Placeholder for FY 2024 UGA Partnership for Trauma System Evaluation
Bulger Research Group (UW)	\$ -	\$ -	\$ -	Moved to EMS Stakeholder Budget Area
Legal-Peer Review P&P Development (Continuation)	\$ 10,000.00	\$ 80,000.00	\$ 72,000.00	Retainer
State Trauma Medical Director Consultant	\$ 32,883.82	\$ -	\$ 50,000.00	Includes Consultant Fee Plus Travel
TQIP Participation for Level III	\$ 68,872.00	\$ 68,872.00	\$ -	Moved to Trauma Centers Budget Area
ACS TQIP State Participation	\$ 15,000.00	\$ 15,000.00	\$ -	Included in GQIP Budget (\$15,000)
Pract Study	\$ -	\$ -	\$ -	Placeholder for FY 2026
MAG (Year 7)	\$ 170,000.00	\$ 170,000.00	\$ 170,000.00	
				Includes TQIP & NSQIP Medical Directors, Research Resident, Associated Travel, ESO Central Site
GQIP (Year 6)	ć 164 630 00	154 530 00	ć 255 200 00	Annual Fee & ACS TQIP State Participation Annual Fee
INTUINVED DE VENTIONE	\$ 164,630.00		\$ 255,250.00	Allitual ree & ACS TQIF State raiticipation Allitual ree
INJURY PREVENTION CEORGIA TRALINAA FOLINDATION (Voor 8)	\$ 50,000.00		272 500 00	A CONTRACTOR OF THE PARTY OF TH
GEORGIA TRAUMA FOUNDATION (Year 8)	\$ 182,000.00			Approved Increased Funds per GTF Request
OEMS&T	\$ 432,183.49	\$ 432,183.49	The second secon	
Reserves Total System Development	ć 1 520 200 21	1 112 719 11		14% of Total System Development Budget
Total System Development	\$ 1,529,209.31	\$ 1,442,718.14	\$ 2,168,397.27	

EMS STAKEHOLDERS						
AVLS Maintenance	\$ 128,445	5.18	\$ 128,445.18	\$		Encumbered FY 2024 with Reallocated FY 2023 Funds
Program Management-Tim Boone	\$ 42,000	J.00	\$ 42,000.00	\$	42,000.00	Annual Contractor Fee, Including Travel
AVLS Airtime Support	\$ 597,840	0.00	\$ 597,840.00	\$	634,800.00	
AVLS Equipment	\$ 134,884	1.82	\$ 134,884.00	\$	36,531.73	Encumbered \$206,335.64 with Reallocated FY 2023 Funds
EMS Equipment Grant	\$ 1,165,033	1.00	\$ 1,138,725.88	\$	1,123,932.44	
Metro Atlanta EMS Conference			\$ -	\$	10,000.00	
Bulger Research Group (UW) Prehospital Research			(e	6	30,000.00	
Consultant			, , , , , , , , , , , , , , , , , , ,	7	30,000.00	
EMS Education	\$ 1,700,000	J.00	\$ 1,700,000.00	\$	1,850,113.76	GEMSA, Includes \$150,000 Digital Marketing
Total EMS Stakeholders	\$ 3,768,20	1.00	\$ 3,741,895.06	\$	3,727,377.93	EMS Committee Approved at May 19, 2023 Meeting
TRAUMA CENTERS						
Trauma Center Readiness, Registry, and Uncompensat	\$ 15,022,802	2.00	\$ 15,022,802.00	\$	14,664,689.74	
Warren Averett UCC Audits	\$ 50,000	0.00	\$ 50,000.00	\$	50,000.00	
Warren Averett Readiness Costs Analysis						Placeholder for FY 2025
			y .		V V	AAAM (AIS Course), Pomphrey (ICD-10 Coding, Registrar Essentials Course), ATS (Trauma Registrar
Registry Education Support			<u> </u>	\$	33,750.00	Course, ICD-10 Coding Course), KJ Consulting (Intro to ICD-10), Rural TOPIC
TQIP Participation for Level III				\$	68,872.00	Funded for FY 2024 Bundled Fee Structure Once ACS Verified
Total Trauma Centers	\$ 15,072,803	3.00	\$ 15,072,802.00	\$	14,817,311.74	
Total Budget by Fiscal Year	\$ 21,444,840	J.78	\$ 21,361,672.62	\$	22,144,775.00	

Budget Breakdown								
		FY 2023		FY 2024				
Total Base Budget	\$	21,444,840.00	\$	22,144,775.00				
Total Operations + Total System Development	\$	2,603,836.78	\$	3,600,085.33				
Remaining Balance to Allocate	\$	18,841,003.22	\$	18,544,689.67				
EMS	\$	3,768,200.64	\$	3,708,937.93				
Trauma Centers	\$	15,072,802.57	\$	14,835,751.74				
Total Budget	\$	21,444,840.00	\$	22,144,775.00				
Firework Revenue	\$	1,497,315.27	5					
Total FY Budget	\$	22,942,155.27						

GTC FY 2024 Proposed Budget-Approved by Budget Committee						
FY 2024 Proposed Budget:		23-May-2023				
Trauma Care Trust Funds	\$	15,088,506				
State General Funds	\$	7,056,269				
FY 2024 Available Funding	\$	22,144,775				
Budget Areas	Prop	osed FY 2024 Budget				
Commission Operations	\$	1,431,688				
System Development, Access & Accountability	\$	2,168,397				
Subtotal of Budget Areas	\$	3,600,085				
Available for Stakeholders Distribution	\$	18,544,690				
EMS Stakeholders @ 20% of stakeholders distribution	\$	3,727,378				
Trauma Centers & Physicians Stakeholders @ 80% of stakeholders	\$	14,817,312				
Totals	\$	22,144,775				

Budget Area: Commission Operations									
	FY 2024 Pr	oposed Budget:	23-May-2023						
Staff Costs: 4051300101 (Operations)	FY 2023	FY 2024	Description						
Staff Salaries	\$ 425,566	\$ 544,132.13	Executive Director, Finance Operations Officer, & Office Coordinator, System Planner						
Benefits	\$ 295,732.34	\$ 435,843.93	61.884% (FY 2022 Fringe Rates)						
DOAS Administrative Fee	\$ 16,229	\$ 16,229							
Staff Travel	\$ 35,000	\$ 35,000	Travel for above employees.						
Commission Members Expense Allowance	\$ 3,500	\$ 8,500	Commission Per Diem at \$105 per meeting and Travel Expenditures						
Total Staff Costs	\$ 776,027	\$ 1,039,705							
Operations									
Office Rent	\$ 7,800	\$ 7,800							
Office Expenses		\$ 1,296	Water Service \$33 (monthly); Office Cleaning \$75 (monthly)						
Conference call account	\$ 2,650	\$ 1,900	Commission and subcommittee meetings						
Website Services	\$ 4,200	\$ 8,700	Mulkey & GTA						
Printing/Supplies	\$ 11,500	\$ 11,500	Office Supplies & Printing						
Telephone/Internet Service	\$ 2,000	\$ 16,000	Telephone & Internet service						
Shipping	\$ 500	\$ 200							
Cell Telephones & Mifi	\$ 7,000	\$ 9,000	Staff cell phones and mifi						
Meeting Expense	\$ 100,000	\$ 164,300	Meeting Expenses						
Software	\$ 11,450	\$ 11,583	Box, Adobe, Office 365, Name Cheap, Quickbooks						
Warren Averett	\$ 15,000								
TCAA	\$ 1,500	\$ 1,500							
Grahpic Designer	\$ 20,000	\$ 20,000							
Reserves	\$ 115,000	\$ 138,204							
Total Operations Costs	\$ 298,600	\$ 391,983							
Total Commission Operations Budget	\$ 1,074,627.47	\$ 1,431,688.06							

Budget Area: System Development									
	FY 2024 Pr	oposed Budget:	23-May-2023						
Staff Costs: 4051303001 (System Development)	FY 2023	FY 2024	Description						
System Development									
RTAC I Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC II Funding Request	\$ 40,364	\$ 40,364	North Georgia Community Foundation						
RTAC III Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC IV Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC V Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC VI Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC VII Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC VIII Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC IX Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
RTAC X Funding Request	\$ 40,364	\$ 40,364	RTAC Coordinator						
MulkeyMedia RTAC Website		\$ 7,200							
NameCheap		\$ 16							
Stop the Bleed Coordinator		\$ 50,000							
UGA Time to Definitive Care/System Economic Impact		\$ 150,000							
American College of Surgeons TQIP State participation	\$ 15,000								
Medical Association of Georgia	\$ 170,000	\$ 170,000							
Georgia Quality Improvement Program Collaborative	\$ 164,630	\$ 255,290							
State Trauma Medical Director	\$ 32,883.82	\$ 50,000							
Legal-Peer Review	\$ 10,000	\$ 72,000							
Georgia Trauma Foundation	\$ 182,000	\$ 272,500							
OEMST	\$ 432,183.49	\$ 435,983							
Reserves		\$ 301,768.27							
Total Development & Access Budget	\$ 1,410,337.31	\$ 2,168,397.27							

Budget Area: EMS Stakeholders									
		FY 2024 Pr	opo	sed Budget:	23-May-2023				
Available EMS Budget @ 20% of available funds for stakeholders:		FY 2023 FY 2024		FY 2024	Description				
Total Allocation	\$	3,753,162	\$	3,727,378					
AVLS Maintenance	\$	128,445	\$	-	Encumbered FY 2024 with Reallocated FY 2023 Funds				
Program Management	\$	42,000	\$	42,000	_				
AVLS Airtime Support	\$	597,840	\$	634,800					
AVLS Equipment	\$	134,885	\$	36,531.73	Encumbered \$206,335.64 with Reallocated FY 2023 Funds				
EMS Equipment Grant	\$	1,165,031	\$	1,123,932					
Metro Atlanta EMS Conference			\$	10,000					
Bulger Research Group (UW) Prehospital Research Consultant			\$	30,000					
Contracts for EMS Training and Equipment	\$	1,700,000	\$	1,850,114					
Available for Stakeholder Distribution	\$	3,768,201	\$	3,727,377.93					

Budget Area: Trauma Centers & Physicians								
	Amount							
Trauma Center & Physician Readiness Payments	\$1,681,325	25%						
Performance Based Payments Program	\$5,069,945	75%						
Sub Total Readiness Payments	\$6,751,270	100%						
Trauma Center UCC Audits		\$50,000						
Trauma Registry Support		\$33,750						
TQIP Participation		\$68,872						
Registry	00.754.070	\$1,162,150						
Qualifying Uncompensated Care Claims Reimbursement CY 2021	\$6,751,270							
Sub Total Trauma Center Allocation	\$13,502,540							
Total Hospital/Physician Fund Allocation		\$14,817,312						
Trauma Centers & Physicians Fund Division	75% Hospital	25% Physician	Total					
Readiness	\$5,063,452	\$1,687,817	\$6,751,270					
Uncompensated Care	\$5,063,452	\$1,687,817	\$6,751,270					
Total	\$10,126,905	\$3,375,635	\$13,502,540					

Total Comparative Readiness Potential PBP % of Fund Trauma Center Readiness **Funding Levels** Payments¹ Payments² **Payments** Level IV \$25,000 Atrium Polk Medical Center 0.37% \$20.250 \$4.750 \$25.000 Effingham Hospital 0.37% \$20,250 \$4,750 \$25,000 **Emanuel Medical Center** 0.37% \$20,250 \$4,750 \$25,000 Memorial Health Meadows Hospital \$20,250 \$4,750 \$25,000 0.37% Morgan Medical Center \$25,000 0.37% \$20,250 \$4,750 **Wellstar Paulding Medical Center** \$20,250 \$4,750 \$25,000 0.37% Wellstar Spalding Regional 0.37% \$20,250 \$4,750 \$25,000 Wellstar West Georgia Medical Center 0.37% \$20,250 \$4,750 \$25,000 Level III \$75,000 Advent Health Redmond Hospital 1.11% \$30,000 \$45,000 \$75,000 Crisp Regional Health Services 1.11% \$30,000 \$45,000 \$75,000 **Fairview Park Hospital** 1.11% \$30,000 \$45,000 \$75,000 Hamilton Medical Center 1.11% \$30,000 \$45,000 \$75,000 J.D. Archbold Memorial Hospital 1.11% \$30,000 \$45,000 \$75,000 **Piedmont Catersville** 1.11% \$30,000 \$45,000 \$75,000 **Piedmont Henry** \$30,000 \$45,000 \$75,000 1.11% Piedmont Walton 1 11% \$30,000 \$45,000 \$75,000 Wellstar Cobb Hospital 1.11% \$30,000 \$45,000 \$75,000 60% of Baseline Level II Level II 60% 12.96% Atrium Health Floyd 60% 4.39% \$59,257 \$237,026 \$296,283 Augusta Univesity-Children's Hospital 60% 4.39% \$59,257 \$237,026 \$296,283 Children's Healthcare of Atlanta-Scottish 4.39% \$59,257 \$237,026 \$296,283 60% Rite **Doctors Hospital of Augusta** 4.39% \$237,026 \$296,283 60% \$59,257 Northside Gwinnett 60% 4.39% \$59,257 \$237,026 \$296,283 Piedmont Athens Regional 60% 4.39% \$59,257 \$237,026 \$296,283 Piedmont Columbus Regional 60% 4.39% \$59,257 \$237,026 \$296,283

Budget Area: Readiness & Performance Based Payments

Notes:

Burn Center³

Burn Center³

Level I

Level I

60%

60%

Baseline⁴

100%

100%

100%

100%

100%

100%

100%

50% of Baseline

50%

4.39%

4.39%

7.31%

7.31%

7.31%

7.31%

7.31%

7.31%

100.00%

\$59,257

\$59,257

\$98,761

\$98,761

\$98,761

\$98,761

\$98,761

\$98,761

\$123,451

\$0

\$237,026

\$237,026

\$395,043

\$395,043

\$395,043

\$395,043

\$395,043

\$395,043

\$123,451

\$0

\$296,283

\$296,283

\$493,804

\$493,804

\$493,804

\$493,804

\$493,804

\$493,804

\$246,902

Level

\$6,751,270

\$0

²Performance Based Payments Program (PBP), if fully earned, will be distributed to trauma centers.

Totals

Wellstar Kennestone Regional Medical

Center Wellstar North Fulton Hospital

Atrium Health Navicent Macon

Augusta University

Children's Healthcare of Atlanta-Egleston

Grady Memorial Hospital

Memorial Health University Medical Center

Northeast Georgia Medical Center

Grady Burn Center

Doctors Hospital (JMSBC)

¹Level IV and III trauma centers receive a stipend amount based upon their relative share of readiness costs.

Il trauma centers receive 60% relative payments to Level I trauma centers (Baseline) and burn centers 50% of baseline.

³ The GTC survey of burn centers' 2009 readiness costs indicated they were 81% of Level II trauma center 2008 readiness costs, so the relative funding level for burn centers was set at 50% of baseline compared to 60% of baseline for Level II trauma centers.

Baseline equals to Level I total readiness funding.

Budget A	Budget Area: Uncompensated Care Claims Reimbursement									
	Qualifyir	ng CY 2021 U	СС			Cost Norm Based Allocation of Funds				
Trauma Center	ISS 0-8	ISS 9-15	ISS 16- 24	IISS 524 I T		Severity Adjusted	Total Based Upon Cost		ased On % of	
	Basic	Moderate	Major	Severe		Cost Norms	Norms	Norm C	ost Total	
Level IV										
Atrium Polk Medical Center										
Effingham Hospital										
Emanuel Medical Center										
Memorial Health Meadows Hospital										
Morgan Medical Center										
Wellstar Paulding Medical Center										
Wellstar Spalding Regional										
Wellstar West Georgia Medical Center Level III										
Advent Health Redmond Hospital										
Crisp Regional Health Services										
Fairview Park Hospital										
Hamilton Medical Center										
J.D. Archbold Memorial Hospital	-									
Piedmont Catersville	-									
Piedmont Henry										
Piedmont Walton										
Wellstar Cobb Hospital										
Level II										
Atrium Health Floyd	37	26	12	4	79	\$10,599	\$837,299	1.23%	\$82,90	
Augusta Univesity-Children's Hospital				-			\$0		\$	
Children's Healthcare of Atlanta-Scottish						\$6.113	\$476.795	0.70%	\$47,21	
Rite	67	10	1	-	78	**,	*,	211.270	* ,= .	
Doctors Hospital of Augusta	1				-		\$0	0.00%	\$	
Northside Gwinnett	158	129	48	26	361	\$11,086	\$4,002,016	5.87%	\$396,27	
Piedmont Athens Regional	73	75	19	9	176	\$10,483	\$1,844,990	2.71%	\$182,68	
Piedmont Columbus Regional	149	78	26	13	266	\$9,585	\$2,549,728	3.74%	\$252,46	
Wellstar Kennestone Keglonal ivledical	126	112	31	26	295	\$11,263	\$3,322,554	4.87%	\$328,99	
Wellstar North Fulton Hospital	40	32	15	10	97	\$12,147	\$1,178,216	1.73%	\$116,66	
Level I	1									
Atrium Health Navicent Macon	274	188	82	39	583	\$13,152	\$7,667,487	11.25%	\$759,22	
Augusta University	148	138	66	33	385	\$14,564	\$5,607,199	8.22%	\$555,21	
Children's Healthcare of Atlanta-Egleston	59	10	2	2	73	\$8,655	\$631,827	0.93%	\$62,56	
Grady Memorial Hospital	699	522	238	199	1,658	\$14,998	\$24,866,636	36.47%	\$2,462,24	
Memorial Health University Medical Center	300	240	100	54	694	\$13,736	\$9,532,862	13.98%	\$943,92	
Northeast Georgia Medical Center	122	106	40	29	297	\$14,330	\$4,256,011	6.24%	\$421,42	
Burn Center	1	.00								
Grady Burn Center	-	13	2	5	20	\$20,845		0.00%	\$	
Doctors Hospital (JMSBC)	-	39	4	20	63	\$22,358	\$1,408,550	2.07%	\$139,47	
Tota	1 2,252	1,718	686	469	5,125		\$68,182,170	100.00%	\$6,751,27	

Allocation is based on the number and severity of patients meeting SB 60 requirements times cost norms. This derives a percent of total costs which is then applied to the total amount available.

To develop a fair and consistent approach to estimating costs, national trauma center patient treatment cost norms by injury severity were used, for both community and academic hospitals.

*Memorial: 5 year average \$654,879; the qualifying CY 2017 UCC claims in the column for the ISS score from 0-8 Basic was inflated by 785 claims to have the formulas adjust for the total amount of funds to Memorial increased from \$285,366 to \$654,089 to get close to the actual 5 year average the GTC voted upon during May 16, 2019 meeting.

actual 5 year ave	rage the GT0	C voted upon	9-15	\$10,428	\$12,618
Severity Score Category	ISS Criteria	Burn Severity Criteria	16-24	\$19,626	\$23,747
Basic	ISS 0-8	TBSA 0-5%, 6- 10%	>24	\$33,945	\$41,073
Moderate	ISS 9-15	Smoke, TBSA 11- 20%			•
Major	ISS 16-24	Electrical Burn			

TBSA 21-30% and >30%

Severe

ISS >24

Patient Treatment Cost Norms

Community

\$5,267

\$6,373

ISS

8-0

Budget Area: Trauma Registry Support to Trauma Centers

Trauma Center	Comparative	Registry
	Funding Levels	Payments
Level IV	5% of Baseline 5%	
Atrium Polk Medical Center	5%	\$8,595
Effingham Hospital		\$11,995
Emanuel Medical Center		\$11,995
Memorial Health Meadows Hospital		\$8,595
Morgan Medical Center		\$8,595
Wellstar Paulding Medical Center		\$17,595
Wellstar Spalding Regional		\$11,995
Wellstar West Georgia Medical Center		\$17,595
Level III	10% of Baseline	
Advent Health Redmond Hospital		\$17,595
Crisp Regional Health Services		\$8,595
Fairview Park Hospital		\$11,995
Hamilton Medical Center		\$17,595
J.D. Archbold Memorial Hospital		\$17,595
Piedmont Catersville		\$11,995
Piedmont Henry		\$17,595
Piedmont Walton		\$8,595
Wellstar Cobb Hospital		\$17,595
Level II	60% of Baseline	
Level II	60%	
Atrium Health Floyd		\$45,331
Augusta Univesity-Children's Hospital		\$45,331
Children's Healthcare of Atlanta-Scottish Rite		\$45,331
Doctors Hospital of Augusta		\$45,331
Northside Gwinnett		\$45,331
Piedmont Athens Regional		\$45,331
Piedmont Columbus Regional		\$45,331
Wellstar Kennestone Regional Medical Center		\$45,331
Wellstar North Fulton Hospital		\$45,331
Level I	Baseline	
Level I		075.454
Atrium Health Navicent Macon		\$75,451
Augusta University		\$75,451
Children's Healthcare of Atlanta-Egleston		\$75,451
Grady Memorial Hospital		\$75,451
Memorial Health University Medical Center		\$75,451
Northeast Georgia Medical Center	•	\$75,451
Burn Centers	50% of Baseline	
Burn Center	50%	07.07
Grady Burn Center		\$37,675
Joseph M. Still Burn Center		\$37,675
Totals		\$1,162,150

Budget Area: Total Trauma Center Allocations

FY 2024 Proposed Budget: 23-May-2023

	FY 2024 Prop	osed Budget:	23-May-2023			
Trauma Center	Proposed FY 24 Readiness	Proposed FY 24 Potential PBP	FY 23 CY 2021 UCC	PROPOSED FY 24 TOTAL FROM TRUAMA FUND	Proposed Registry	PR0POSED FY 2024 TOTAL FOR EACH CENTER
Level IV						
Atrium Polk Medical Center	\$20,250	\$4,750		\$25,000	\$8,595	\$33,595
Effingham Hospital Emanuel Medical Center	\$20,250 \$20,250	\$4,750 \$4,750		\$25,000 \$25,000	\$11,995 \$11,995	\$36,995 \$36,995
Memorial Health Meadows Hospital	\$20,250	\$4,750 \$4,750		\$25,000	\$8,595	\$30,595 \$33,595
Morgan Medical Center	\$20,250	\$4,750		\$25,000	\$8,595	\$33,595
Wellstar Paulding Medical Center	\$20,250	\$4,750		\$25,000	\$17,595	\$42,595
Wellstar Spalding Regional	\$20,250	\$4,750		\$25,000	\$11,995	\$36,995
Wellstar West Georgia Medical Center	\$20,250	\$4,750		\$25,000	\$17,595	\$42,595
Level III						
Advent Health Redmond Hospital	\$30,000	\$45,000		\$75,000	\$17,595	\$92,595
Crisp Regional Health Services	\$30,000	\$45,000		\$75,000	\$8,595	\$83,595
Fairview Park Hospital	\$30,000	\$45,000		\$75,000	\$11,995	\$86,995
Hamilton Medical Center	\$30,000	\$45,000		\$75,000	\$17,595	\$92,595
J.D. Archbold Memorial Hospital	\$30,000	\$45,000		\$75,000	\$17,595	\$92,595
Piedmont Catersville	\$30,000	\$45,000		\$75,000	\$11,995	\$86,995
Piedmont Henry	\$30,000	\$45,000		\$75,000	\$17,595	\$92,595
Piedmont Walton	\$30,000	\$45,000		\$75,000	\$8,595	\$83,595
Wellstar Cobb Hospital	\$30,000	\$45,000		\$75,000	\$17,595	\$92,595
Level II Atrium Health Floyd	\$59,257	\$237,026	\$82.908	\$379,190	\$45,331	\$424,521
Augusta Univesity-Children's Hospital	\$59,257 \$59,257	\$237,026	\$02,900 \$0	\$296,283	\$45,331	\$341,614
, ,	\$39,237	\$237,020	φυ	\$290,203	φ45,331	\$341,014
Children's Healthcare of Atlanta-Scottish Rite	\$59,257	\$237,026	\$47,211	\$343,494	\$45,331	\$388,825
Doctors Hospital of Augusta	\$59,257	\$237,026	\$0	\$296,283	\$45,331	\$341,614
Northside Gwinnett	\$59,257	\$237,026	\$396,272	\$692,555	\$45,331	\$737,886
Piedmont Athens Regional	\$59,257	\$237,026	\$182,687	\$478,970	\$45,331	\$524,301
Piedmont Columbus Regional	\$59,257	\$237,026	\$252,469	\$548,752	\$45,331	\$594,083
Wellstar Kennestone Regional Medical Center	\$59,257	\$237,026	\$328,993	\$625,276	\$45,331	\$670,607
Wellstar North Fulton Hospital	\$59,257	\$237,026	\$116,665	\$412,947	\$45,331	\$458,278
Level I						
Atrium Health Navicent Macon	\$98,761	\$395,043	\$759,220	\$1,253,024	\$75,451	\$1,328,475
Augusta University	\$98,761	\$395,043	\$555,214	\$1,049,018	\$75,451	\$1,124,469
Children's Healthcare of Atlanta-Egleston	\$98,761	\$395,043	\$62,562	\$556,367	\$75,451	\$631,818
Grady Memorial Hospital	\$98,761	\$395,043	\$2,462,247	\$2,956,052	\$75,451	\$3,031,503
Memorial Health University Medical Center	\$98,761	\$395,043	\$943,926	\$1,437,730	\$75,451	\$1,513,181
Northeast Georgia Medical Center	\$98,761	\$395,043	\$421,422	\$915,226	\$75,451	\$990,677
Burn Center						
Grady Burn Center	\$0	\$0	\$0	\$0	\$37,675	\$37,675
Doctors Hospital (JMSBC)	\$123,451	\$123,451	\$139,472	\$386,374	\$37,675	\$424,049
Total	\$1,681,325	\$5,069,945	\$6,751,270	\$13,502,540	\$1,162,150	\$14,664,690



Name of Committee or Workgroup:	EMS Committee	
Project/Activity ¹	Comments	
1. Spending Plan	The subcommittee approved allocating the remaining money in the equipment grant and the revenue from the Fireworks grant to AVLS equipment and maintenance. These allocations completed our FY 2023 spending plan. The committee has a called meeting for May 18, 2023, to discuss and approve the FY2024 budget. Committee members have been asked to bring spending considerations back to the group.	
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes	
2. EMS Education	progress, and completed. The too large to include in this resummary of the training to the training tra	SA reported on all the courses that have been: awarded, in the entire report is available for anyone to see. However, it is export. The committee has asked Ms. Littleton to present a the group as part of the comprehensive report. The curriculum being used for the EMT/R course. Mr. Richard to of EMS will assist in evaluating the current curriculum. The allow EMS services that have received grant funding for propriate teaching entities to handle the finances for the con with the agency or County must approve this agreement.
Status:	Support GTC Strategic Priorities? (Y/N): Yes	
3. AVLS On-Going	Mr. Dan Robinson with Sierra Wireless presented new technology that will be available in the future. He and Dr. Boone will work with several agencies in different parts of the state to test some of these technologies. We allocated funding (mentioned above) for equipment purchases and maintenance for FY2024.	
Status:		Support GTC Strategic Priorities? (Y/N): Yes
4. EMS Equipment Grant		completed for this FY. There was unspent money due to ating. The subcommittee reallocated this to the AVLS project
Status: Completed for this FY		Support GTC Strategic Priorities? (Y/N): Yes
5. Inter-hospital Transportation	Mr. Terwilliger has been appointed to chair a DPH Emergency Medical Services Advisory Council subcommittee to help understand this issue.	
Status: On-going	Support GTC Strategic Priorities? (Y/N): YES	
6. EMS Recruitment tool	In the FY2023 budget, GEMSA was allocated money to begin a marketing campaign to help recruit individuals into the EMS world. The marketing material is nearing completion, and we hope to have an initial look at these videos soon.	

¹ Wherever possible, the topic/task should be related to the GTCNC Strategic Plan or activities of the GTCNC as defined by OCGA § 31-11-100, § 31-11-101, § 31-11-102, and § 31-11-103.



	Support GTC Strategic Priorities? (Y/N):
Status: On-going	

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	Nne
Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Scott Stephens, Pete Quinones, Scott Roberts, Lee Oliver, Duane Montgomery, Allen Owens, Huey Atkins, Brian Hendrix, Jeff Adams, Jim Atkins
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	Called meeting May 19, 2023 EMS Committee meeting July 20, 2023



Name of Committee or Workgroup:	Level III/IV Rural Trauma Committee	
Project/Activity ¹	Comments	
1. MARCH PAWS	Collaborating with delivery, initial Pil	n an outside vendor for assistance, delay in equipment ot this summer
Status: Awaiting availability for course dates		Support GTC Strategic Priorities? (Y/N):Y
2. ACS Trauma Systems Consultation– Rural Focused Site Visit		de task force to address key priorities identified in ACS Report s applicable to the Level III & Level IV centers, meeting to be
Status: Final report pending April 2023		Support GTC Strategic Priorities? (Y/N): Y
Access to specialty care e.g., re- implantation, ECMO	Annual revision/ u	update at summer meeting
Status: Annual update August		Support GTC Strategic Priorities? (Y/N): Y
Web-hosted ESO registry & contracted abstraction services & PRQ Report Writer	Complete	
Status: In process		Support GTC Strategic Priorities? (Y/N):
program to assist development. A p A "Big Brother" pr the next highest let transferring patient A mentor program		n – level III/IV mentor each other to assist in program growth is a performance improvement level III/IV focus with a
Status: In process		Support GTC Strategic Priorities? (Y/N):
Questions, Issues, and Recommendations Requiring Commission Discussion: Motions for Consideration at		

the Commission Meeting:

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



Committee Members:	Trauma Program Managers, Medical Director and Administrators of the Georgia Level III and IV Trauma Centers, as well as representatives from the DPH OEMS/T, SORH, GTC
Chair/Commission Liaison:	Greg Patterson MD Chair & Commission Liaison; Alicia Register MD, Vice Chair
Date of Next Committee Meeting:	July 2023



Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence	
Project/Activity ¹	Comments	
REGISTRY: Rehab Com data request	Data request for names of rehab and SNF facilities receiving trauma admits	
Status: BEGINS 6/1/23 ADMITS	S Support GTC Strategic Priorities? (Y/N): Y	
REGISTRY: 2023 Data Dict & change log update	Update completed and released to trauma centers	
Status: COMPLETE	Support GTC Strategic Prio	rities? (Y/N): Y
3. REGISTRY: Change to AIS 15 coding	1/1/25 admits must use AIS 2015 injury coding. Transition planning started	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
4. PI : Support decreasing time to definitive care	Last meeting 4/27/23. Details to follow pending member input.	
Status: IN PROGRESS	Support GTC Strategic Priorities? (Y/N): Y	
5. INJ PREV: multiple ongoing activities	Child Abuse Prevention webinars, Bingocize (central GA & metro Atlanta with Floyd & Morgan starting programs soon), Trauma Awareness & STB Month – webinars; Participation encouraged in GA Stay SAFE, June 18-24. www.stopthebleedgeorgia.org	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
6. GCTE	Last meeting 3/1 (hybrid); committee reports, new PI Committee co-chair (K Hurst); reviewed 2022 ACS standards 2.1 STATE & REGIONAL INVOLVEMENT	
Status: IN PROGRESS		Support GTC Strategic Priorities? (Y/N): Y
Questions, Issues, and Recommendations Requiring Commission Discussion:	REGISTRY: ACS TQIP 2023 glitches → vendors "patches" for trauma centers → DELAYED all 2023 data submissions (TQIP, State, GQIP). TQIP: next data download 5/15 – 7/14/23	
Motions for Consideration at the Commission Meeting:	Budgetary support for registry staff education motion at last	
Committee Members:	Designated trauma center staff	
Chair/Commission Liaison:	Tracy Johns RN, Chair, Lynn Grant RN, Co-Chair	
Date Next Committee Meeting	6/1/2023 2022 Standards for review: 2.8 – 2.11 TMD & TPM (with Lev 4 suggestions)	

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Name of Committee or Workgroup:	Rehabilitation Committee	
Project/Activity ¹	Comments	
1. Rehab Data Analysis	Update: Began obtaining discharge trends data, breakout by diagnosis codes of TBI, SCI, Amputee. Will also add Pediatric. Working to understand available data and what additional data may be needed to achieve goals. Initial focus is on getting a handle of whether there are enough acute rehabilitation beds in the state for the size of our trauma population, and whether there is overuse of lower level of care (SNF or Home) due to lack of resources. This can likely be approximated by comparing ISS by diagnoses cohorts and dc location. We may want to evaluate the DC trends of the state's trauma hospitals by ISS/Dx codes to see if some systems are underutilizing Acute rehabilitation, and then look further at barriers to access. This activity addresses the following ACS recommendation: 5.5.5. Perform a comprehensive resource needs assessment of rehabilitation services for trauma patients, especially for traumatic brain injuries, spinal cord injuries, and pediatric patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)	
Status: In process.		Support GTC Strategic Priorities? (Y/N): Yes
2. Improve Rehab Transition	We will consider developing a Survey to trauma hospitals targeting case managers and others involved in the discharge process. We will look at ways to gather data on unfunded and Medicaid patient population needing acute rehabilitation resources. We will consider ways to estimate the "rehabilitation disadvange score" in terms of decreased access to acute rehabilitation resources (vs DC to home or SNF) if a patient is Unfunded or receiving Medicaid benefits at the time of their traumatic injury. This score can be estimated by comparing cohorts of similar dx and ISS score and available DC location data broken out by the Payor data. This activity addresses the following 3 ACS recommendations: 5.5.2. Optimize the transition process from the acute inpatient setting to rehabilitation from both a timing and funding source allocation perspective. 5.5.3. Develop inpatient rehabilitation transfer recommendations and guidelines for the statewide trauma system. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.) 5.5.7. Work with payers and governmental agencies to improve access to rehabilitation services in a timely manner.	
Status: In process		Support GTC Strategic Priorities? (Y/N): Yes
3. Endorse / incorporate rehab quality standards	The rehabilitation field has a variety of established quality standards and certifications that we can roll into official system guidelines, and track compliance. The Commission on Accreditation of Rehabilitation Facilities (CARF) provides accreditations including for	

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	relevant speciality programming such as TBI and SCI. The committee will work on incorporating these into the trauma system guidance.	
	This activity addresses the following ACS recommendation: 5.5.4. Define minimum requirements and qualifications for inpatient rehabilitation centers caring for injured patients. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)	
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes	
4. Develop trauma rehab quality indicators	We will consider system indicators such as referral to CARF accredited rehabilitation programming. We will consider creating a trauma system rehabilitation provider partner network where membership requires data sharing participation with the central repository about admission and discharge functional levels from inpatient services, and later adding efforts at tracking outpatient rehab needs and access, vocational services utilization, long term outcome data etc. This activity addresses the following ACS recommendation: 5.5.6. Include the rehabilitation phase of care in a system performance improvement process using appropriate indicators and benchmarks. (This was also a recommendation from the 2009 Georgia State Trauma System Consultation.)	
Status: In process	Support GTC Strategic Priorities? (Y/N): Yes	
5. Other Projects	The following potential projects are not highlighted in the ACS report but matters of interest that will be developed as time allows: Gathering and analyzing data on Medicaid and Medicare applications by Georgia residents, and trends over time, related to disabilities whose cause is trauma. Providing strategic guidance on state resources of importance to trauma survivors, including vocational rehabilitation	
mirrors the level designation for trauma hospitals, with a goal of promoting rehabilitation resources in the state to support its trauma population. This achieve the ACS goal of including "the rehabilitation phase of care in a system."		
	Discussions regarding creating a voluntary Level system for rehabilitation facilities that mirrors the level designation for trauma hospitals, with a goal of promoting the necessary rehabilitation resources in the state to support its trauma population. This activity helps achieve the ACS goal of including "the rehabilitation phase of care in a systemwide performance improvement process using appropriate indicators and benchmarks."	
Status: In process	mirrors the level designation for trauma hospitals, with a goal of promoting the necessary rehabilitation resources in the state to support its trauma population. This activity helps achieve the ACS goal of including "the rehabilitation phase of care in a systemwide	

Questions, Issues, and
Recommendations Requiring
Commission Discussion:

Welcome to Kevin Gohman, director of inpatient rehabilitation for Northeast Georgia Medical Center.

At the last meeting we also decided to extend an invitation to Memorial Savannah. It appears Memorial has closed its inpatient rehabilitation service.

Additional membership to the committee can be considered on a rolling basis. Please email the Chair with any suggestions.



Committee Members:	Kevin Gohman (Northeast Georgia), Susannah Kidwell (CHOA), Alex Liagminas (Wellstar), Dana Norall (Wellstar), Jackson Elam (Warm Springs), Kathy Clark (Warm Springs), Brick Johnstone (Shepherd), Issi Clesson (Shepherd), Edelle Field-Fote (Shepherd), Mark Hinrichs (Emory/Grady)
Chair/Commission Liaison:	Chair: Ford Vox, MD (Shepherd Center)
Date of Next Committee Meeting:	5/16/23



Name of Committee or Workgroup:	Trauma Administrators Committee	
Project/Activity ¹	Comments	
Regional trauma status communication and plan	Develop a communication plan and process for diversion, challenges by region To include standardizing definitions in conjunction with GHA, DPH	
Status: In progress	Support GTC Strategic Priorities? (Y/N): Y	
2. Diversion work group	Workgroup of the admin subcommittee to discuss system, regional and state diversion definition, and plans. This group will morph into the regional trauma status communication and plan team	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
3. Finance workgroup	Three main objectives:	
Status: In progress Support GTC Strategic Priorities? (Y/N): Y		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None currently
Motions for Consideration at the Commission Meeting:	None currently
Committee Members:	Senior Leaders- each trauma center
Chair/Commission Liaison:	Michelle Wallace
Date of Next Committee Meeting:	July 24, 2023 virtually

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Name of Committee or Workgroup:	Trauma System Performance Committee			
Project/Activity ¹	Comments			
ED LOS for high yield patients	OEMS&T working internally to pull data out of the new Georgia Patient Registry to provide to epidemiologist for analysis. OEMS&T and GQIP will resume work days to drill down into patients.			
Status:		Support GTC Strategic Priorities? (Y/N): Y		
2. FY 2022 Data pull	Georgia Patient Registry missing data from 1 centers since migration due to individual center issues. OEMS&T learning to pull data out of new registry. No ETA on when 2021 data analysis will be completed. 2021 data is complete & uploaded to Biospatial. First quarter 2023 data may be delayed due to ACS changes.			
Status:		Support GTC Strategic Priorities? (Y/N): Y		
3. Transfers to Definitive Care	Navicent has its IRB approval, and the RedCap system is up. Once the IRB is approved of Memorial's end, datacan begin uploading the data to RedCap to analyze. Hoping to ha some preliminary data for the August meeting.			
Status:		Support GTC Strategic Priorities? (Y/N): Y		
Region 2 armband pilot project	The armband project has a planned start date of April 11, 2023. The pilot includes one trauma center and one non-trauma center, EMS & Law Enforcement. The team is working to llink the data in Biospatial. Hope to see linkage by June 1 st with the next trauma center data download.			
Status:		Support GTC Strategic Priorities? (Y/N): Y		

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Marie Probst, Tracy Johns, Kelli Vaughn, Courtney Terwilliger, Danlin Luo, Gina Solomon, April Moss, Jim Adkins, Regina Medeiros
Chair/Commission Liaison:	Dr. James Dunne
Date of Next Committee Meeting:	July 17, 2023

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Name of Partner:	Georgia Trauma Foundation		
Project/Activity ¹	Comments		
Trauma System Support	GTF is in its first year of operating an online directory that serves as a master list of trauma education providers throughout the state. The directory has been formally named Continuing Education Instructors' Database but will be known by its acronym CEID (pronounced seed). The database is a free, password protected resource. Each trauma center will have its own credentials for accessing this resource. The official statewide promotion and rollout of the system begins June 1.		
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y	
Continuing Education Coordination	GTF was recently awarded a \$1.1 million grant from the Department of Community Healt to coordinate continuing education programs for rural providers. By the end of the four-year grant, the Foundation will meet the objective of providing a minimum of 48 continuing education courses in the state's rural communities.		
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y	

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	None
Commission Liaison:	John Bleacher
Date of Next Committee Meeting:	June 9, 2023

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Projects Supporting Rural Georgia





Grants Awarded for Trauma System Support





ATCN Role = Instructor with expiration on June 01, 2026



ATLS Role = Site Coordinator, Educator with expiration on November 10, 2023



TNCC Role = Instructor with expiration on June 14, 2024

C E | D Cheryle Ward, MSN, RN, TCRN

theryle@cardsample.net

404.394.2912

ATCN: Instructor, Course Director Candidate

ATLS: Site Coordinator, Educator

TNCC: Instructor

GTF Health Center

1234 Street Middle, GA 56789

Continuing Education Programs for Rural Providers



Increase	Increase access to continuing education courses
Reduce	Reduce barriers to courses
Improve	Standardize/improve patient care in rural emergency departments
Develop	Develop a rural continuing education instructor network and identify rural regional training sites



Name of Committee or Workgroup:	GQIP			
Project/Activity ¹	Comments			
1. Workgroups	TBI data analysis in progress by Dr. Mlaver. Will present at summer meeting. Discussion on starting 2 new workgroups based on polling responses from winter meeting. Identified 2 with Advisory Committee and will bring to GQIP group on 5/16 call.			
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y			
Benchmarking Platform & Data Central Site	ArborMetrix platform continues to move forward with projected start timeline still of 9/2023. Time to Definitive care, Hip fracture repair and Mortality will be starting metrics. Project timeline from ArborMetrix included in packet.			
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y		
3. Peer Protection & Data Use Policies	Reallocated funds dedicated to PSO attorney work. Awaiting sign off by AG office to be project.			
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y		
4. GQIP Trauma Advisory Committee	Group met 5/1. Summer meeting agenda discussed. Reviewed polling responses from winter meeting to identify potential new workgroup topics.			
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y		

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	Dr. R. Todd, Dr. J. Sharma, G. Solomon, Trauma Center Progam Staff
Chair/Commission Liaison:	Dr. Todd & G. Solomon
Date of Next Committee Meeting:	May 16, 2023; Summer Meeting August 11, 2023

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ArborMetrix GQIP Project

Project Status Report

Overview

Project Name:

GQIP Implementation

Status Report Period: 04/03 – 04/14 Project Manager: Kaynaat Syed Detailed project plan: Click here

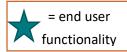
Executive Project Status Summary

Overall project status: Yellow

• Project % complete: 44%

Milestone Tracker

The milestone tracker is a high-level view of project milestones and deliverables and is supplemental to the detailed project plan provided by your assigned project manager (see link above).



Item #	Milestone	Status	Dependency	Orig. Date	New Date	Status Notes
1	Gather data requirements	Complete		10/31/2022	1/27/2023	Delay in getting sample data file pushed overall timeline by approx. 3 months. Data is being reviewed by AMx DI team.
2	Finalize measure specification	Complete		12/31/2022	2/20/2023	40 measures prioritized (process and outcome) for initial launch.
3	Gather reports requirements	Complete	2	2/8/2023	2/23/2023	Reports discovery session held on 2/23.

ArborMetrix | [12.6.22] | [1] Page | 1

ArborMetrix GQIP Project

4	Gather user interface	Complete		2/24/2023	2/24/2023	Presented standard UI designs
	requirements					and signed-off by client.
5	Build data model	Complete	1	1/23/2023	3/8/23	
6	Build user interface (UI)	In progress		4/19/2023	4/28/23	
7	Data integration build	In progress	4	2/23/2023	4/28/23	DI team requested more time to build data pipeline and load data into UAT.
8	Code measures	In progress	2, 6	4/20/2023	5/10/23	
9	Build standard reports	Not started	3, 7	5/18/2023	TBD	
10	User Acceptance Testing (UAT)	Not started	5	5/4/2023	TBD	Can begin once UI is built.
11	Registry rollout			9/14/2023	9/28/2023	

Deliverable Status

Below provides a summary of deliverables accomplished in the last two weeks as well as upcoming planned work in the next two weeks.

Recently completed deliverables

Received list of users from GQIP to load into UAT

Planned deliverables

- Complete data load into UAT environment
- Complete coding all 40 prioritized measures
- Build user interface

Georgia Office of EMS and Trauma Report to Trauma Commission – May 3, 2023

	Trauma Program
Significant Events (Previous or Upcoming):	 Previous: 2 ACS re-verification visits for Level I Trauma Centers. ACS reports pending. 2 Level III Facilities with Provisional Designations submitted CD corrections and moved to FULL designation. State Trauma Program Coordinator position in selection process. Received finalized Georgia ACS Consult Review Summary. Reviewing and prioritizing areas for improvement. OEMST met with our burn centers to revise the FY2024 On-going Burn Center Performance Evaluation (OBCPE) form to align the report with burn designation performance measures. The FY2024 form will open in October 2023 The ImageTrend Patient Registry report writer training was offered 4/24-26/2023. Staff from the OEMST, GTC, and cardiac and trauma centers attended the sessions. The report writer is available for all users including trauma centers using the V5 registry.
	 Upcoming: 1 Level III facility pending DPH Trauma designation visit in July 2023 1 Level I facility pending ACS Verification visit in June 2023 5 Level II and III facilities pending ACS Verification visits in May, June, July, and September 2023 4 Level III facilities pending ACS Consultation visits in May and September 2023 9 potential Level IV Recruitments in EMS regions 2, 3, 4, 7, 8, 9 2023 schema status - ESO received the approved changes from OEMST again on 4/12/2023 to prepare the 2023 schema. ESO will distribute the schema SDL file to all V5 users which will enable users to download and import the 2023 registry records to the Georgia Patient Registry. The release timeline is delayed due to ESO making additional national registry changes.
Successes for the Entity/Program/Region:	 The GCTE Registry Subcommittee and OEMST finalized the 2023 Georgia Trauma Data Dictionary. The Georgia Data Dictionary and the National Trauma Data Standard Dictionary represent the fields required by OEMST and GQIP. The OEMST and GQIP met to create a Trauma Data Dashboard to track and trend data from 2019 - to the present.
Challenges for the Entity/Program/Region:	 GOHS/OEMST Armband Project: The pilot project has begun (April 11th) with Law Enforcement and EMS in White County, Law Enforcement and EMS in Lumpkin County, AirLife GA and Northeast GA Health System Gainesville and Dahlonega. Data from the trauma records will not be received until July. ACS new Resources for Optimal Care of the Injured Patient does not have Level IV Trauma Center Criteria. Will be utilizing 2014 standards until ACS adds back level IV criteria. The Georgia Patient Registry received complete 2021 and 2022 imports from all but two designated centers. We are planning to close the import links for 2021 and 2022 imports in the month of June to prepare for the 2023 imports. In the Georgia Patient Registry, a solution to the data export difficulties is being tested. The export issues are preventing the preparation of the annual trauma report and new downloads to Biospatial. Dipti Patel and Dr. Danlin Luo will confirm for us when the data export is accurate to use in data analysis and download to Biospatial.

Other items of note not listed above:	 As a result of the ACS and PA recommendations, discussions have begun to develop a formal mentorship program. The initiative is a joint effort between GCTE, OEMST and GTC leadership to support trauma programs statewide. The mentorship will support all centers, focusing on the needs of level IV centers and new centers.
Name of Person Submitting Report:	April Moss Deputy Director, Systems of Care

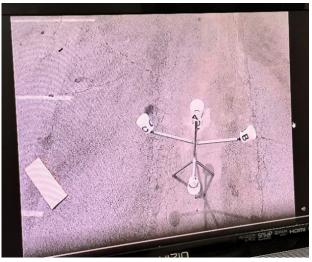
Name of Committee or Workgroup:	MAG Medical Reserve Corps		
Project/Activity ¹	Comments		
1. GTCNC Meeting	05/2022 – Dr. Harvey preser	nted an update on MAGMRC to the GTCNC.	
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y	
2. MAG & MAGMRC Meeting	08/2022 – Dr. Harvey and Je and MAG MRC.	remy Bonfini, MAG Executive Director, met to discuss MAG	
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y	
3. MAGMRC Leadership Team Meeting	08/2022 – MAGMRC Executive Leadership met to discuss training plans for the upcoming year and anticipated changes in MAG's storage space available to MAGMRC. Upcoming: • Drone Team Training • LZ Team training • Shelter Team/GDPH Training • Family Preparedness • K-9 Team Training		
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y	
4. Drone Team Training	demonstrate their individua	e Team operators met to receive drone training and I drone operator skills. This is the beginning of establishing a ne operators. Future drone trainings for team members are	

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4. (Continued)



Remote drone camera monitoring system.



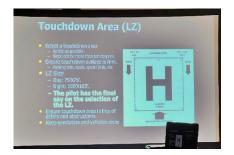
Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

Landing Zone (LZ) Team Training 09/2022 – MAGMRC held a training exercise for potential LZ Team members. Prospective members received lecture and video training in LZ procedures and proper and effective radio communications.

It is MAGMRC's intent to have a small team of LZ managers with the training and experience to identify and safely manage a helicopter landing zone, and to marshal a landing and exiting helicopter.

Plans for future training are being formulated, including a joint training exercise with the Georgia DoD to provide real world hands-on training for each team member in marshalling a helicopter.





Video Training Aid





Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

6. MAG House of Delegates

10/2022 - MAGMRC manned an informational and recruiting display table at MAG's annual House of Delegates. Dr. Harvey presented a report to the more than 200 physicians attending the meeting.



Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

7. MAG House of Delegates– Active Shooter Training

10/2022 – At the annual MAG House of Delegates, MAGMRC provided a CME training to interested MAG Delegates on how to react during an active shooter event.



Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

8. MAGMRC Leadership Meeting

01/2023 – MAGMRC Executive Leadership met to review previous events and discuss upcoming events and potential training opportunities.

- Drone Team Training
- LZ Team training
- Family Preparedness
- K-9 Team Training

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

9. STB Training at State Capitol Building

02/2023 – At the request of the State Legislature, MAGMRC provided Stop the Bleed training at the Georgia State Capitol.







Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

10. E-MAG Summit, Savannah, GA 04/2023 – Gary Glemboski, MAGMRC member, presented "Family Preparedness for Crisis Responders," a presentation prepared jointly by Mr. Glemboski and Paul Purcell, member of the MAGMRC Executive Leadership Team.

*****Family Preparedness for Crisis Responders****

"The world is a more dangerous place than last year. Natural disasters have been more numerous, manmade attacks have sadly set new records, and our dedicated Public Safety

10. (Continued)



Paul Purcell



and Public Health personnel have been busier than ever. Though Public Safety and Public Health may perform different functions, they all have one thing in common. In times of crisis, they leave their families at home as they report for duty. This one-hour presentation takes "basic" family preparedness to an entirely new level. Attendees will learn far more than the simple "kit" concept, but the

information will be realistic, easy to understand, and immediately useful at home, at work, and in the community. Even more important, the attendee will be exposed to a variety of ways in which this material can be taught to others. In short, this year our breakout session is more of a "train the trainer" session."

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

 Radiological and Nuclear Emergency 04/2023 – Several members of MAGMRC attended this online webinar presented by the Southern Regional Disaster Response System.



Web Series

Healthcare & Public Health Planning for a Radiological or Nuclear Emergency

Management of Victims Contaminated with Radioactive Materials

April 18, 2023

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

12. Statewide MRC Meetings

MAGMRC personnel have participated in multiple statewide MRC conference calls with the GDPH over the last year.

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y

BI-weekly Covid-19
Operational
Information Updates

MAGMRC personnel have participated in multiple bi-weekly Covid-19 update sessions over the last year.

Status: Complete

Support GTC Strategic Priorities? (Y/N): Y



Stop the Bleed Quarterly Report

Stop the Bleed Coordinator	Greg Nickel			
Date Submitted	04/20/22			
Date Submitted	04/20/23			
Report Quarter/Dates	Q3: 03/01/23-03/31/23			
Current Quarter Project/Activity ¹		Comments		
1. Kit Distribution	The first and second kit application periods are complete. RTAC Coordinators are reviewing applications with STB Coordinator and advising on the distribution plan—the second application period ended March 31 st . New applicants are being reviewed and notified of kit distribution. Acknowledgement emails have been sent to respondents with requests for confirmation of details - specifically in hopes of determining quantities needed prior to further discussion with RTACs. Approximately half of applicants have responded, following up and compiling data as it comes in. First application period kit distribution is nearing completion.			
Status: On-going		Support GTC Strategic Priorities? ¹ (Y/N): Yes		
2. Trainings	 Multiple trainings completed and ongoing throughout all regions, including public and private schools (staff and bus drivers), police and fire departments, and community organizations throughout the state. Trainings typically range from 10 - 60 participants, but a number of larger venue trainings are being planned including the Georgia Nurses Association 			

Conference in June. Kristal Smith in Region 5 has conducted several STB webinar trainings, with opportunities for participants to follow up with in-person skill check offs. Coordinating these with other educational and mass casualty training events has significantly raised availability and awareness of the program.

Status: On-going Support GTC Strategic Priorities? (Y/N): Yes We are cleaning up and systematizing the instructor list with Kristal Smith. The goal is to ensure we have the list up to date and identifying areas where we need to recruit more instructors to increase trainings. Further discussion and investigation is needed to optimize record keeping and ease of use for for regional coordinators to access available instructors. Training events such as those with Emory School of Medicine, Fulton County Health Department and Albany State University could significantly aid in building our instructor list.

Status: On-going Support GTC Strategic Priorities? (Y/N): Yes

Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103. O.C.G.A and Strategic Plan can be found https://trauma.georgia.gov/about-us



4. Outreach

Crystal Shelnutt, region 10 RTAC, is participating in the Georgia Nurses Association conference on June 15th in Savannah to discuss the Stop the Bleed program. A vendor table has been secured. We are looking at the June School Safety Conference in Athens as another possible opportunity. Other RTAC Coordinators are encouraged to participate. I have participated in a number of outreach efforts, including Red Cross Day in association with Macon Bibb EMA, and planning on representing STB at a number of additional events in coming months.

Additionally, Status: On-going Support GTC Strategic Priorities? (Y/N): Yes

STB Successes	A new Stop the Bleed Coordinator has been contracted to support the program. Currently becoming familiar with the program throughout the regions and state as a whole, and attempting to streamline and improve the current processes.
STB Barriers	Lack of formalized process and paper trail for trainings, instructors and kit distribution.
Percentage of School Program Complete	97%
Percentage of School Bus Program Complete	80%
Current STB Kit Inventory	4507

Stop the Bleed Summary

I started as Stop the Bleed Coordinator on March 1, 2023, and currently working with RTAC Coordinators to review their region's kit applications and ensure all organizations meet the Commission-approved criteria and parameters. More than 900 kits were requested during the first application period, with most requests coming from region 3, 573 total. To help facilitate a paper trail, we have changed the participation agreement process. Recipients of kits and trainings will now sign the agreement during receipt and indicate the number of kits received or the number of staff trained. We have also requested RTAC Coordinators take a picture of recipients and their kits for proof and future marketing/public relation opportunities.

The current program has information spread across various platforms and limited information on past trainings and kit distributions. There needs to be a formal system and process to ensure accurate and final accounting of our efforts. We will be working on creating a workflow and system to ensure future efforts are documented and available for future Stop the Bleed program collaborators.

EMS Region	1	RTAC Chair	John Pope	RTAC Coordinator	Ben Harbin
Date Submitted		4/24/23			
Quarter		3			

Current Quarter Project/Activity	Comments		
Quarter 3 activity			
Status: On-going		Support GTC Strategic Priorities? ¹ (Y/N): Yes	
Stop the Bleed	Stop the Bleed program is ongoing since 2017. Polk county school bus drivers trained (36 total) in February. Walker county school resource officer (SRO) has requested training for staff, scheduling is in process.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	
EMS-C PI project	Working with Region 1 EMS-C chairperson on the continued development of the pediatric QI program. Program was rolled out in January, posters have been strategically placed through region 1 (hospitals, fire/EMS stations, etc.) with several post action incidents reviewed. Education opportunities have been identified for responders following incident review. Worked with regional hospitals on communication process for pediatric care improvement with EMS systems.		
Status: On-going	'	Support GTC Strategic Priorities? (Y/N): Yes	
Home Depot Items	Received 16 - 50 gallon wheeled containers from home depot. Currently in process of delivering them to regions services who may be in need on one. All home depot items are believed to be delivered for the region.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	



RTAC Successes	Stop the Bleed program in region 1 has been very successful with all public schools in the region trained and equipped. Polk County schools recently received additional training for bus drivers. Continuing education will be provided as requested. Pediatric trauma patient PI program was rolled out in January. Implementation of the program appears to be slow but successful. Continued work with the EMS-C chair and regional partners to ensure program success in the future. Attended ACS meeting for discussion of rural trauma care in the the North Georgia region in January 2023. Post review recommendations are pending. Home depot items ordered have been slowly arriving. Routine collaboration with RTAC members and DHP staff on development of region processes to improve data collection, training, and delivery of care for trauma patients in the region. Reviewed state AVLS program and equipment to ensure that its			
	up to date.			
RTAC Barriers	Data collection from regional trauma centers is often difficult to acquire and process for use in identifying trends and patterns for trauma patients.			
Date of last BIS Assessment	March 2022			
Date of last Trauma Plan	November 2016			
Date of last region meeting	1/26/22			
Date of next region meeting	4/27/23			

Regional Summary

	Regional Nation y Trauma Committee Quarterly Report						
EMS Region	2	RTAC Chair	Jesse Gibson		RTAC Coordinator	Jackie Payne	
Date Sub	mitted	4/19/2023 Jar	4/19/2023 Jan – March 2023				
Current C Project/A	-		Comments				
1. Stop the Bl	eed	STB Application	on Kits				
		Three organiz	ations have appli	ied for ST	B kits. Education is ur	nderway.	
		Three organizations have applied for STB kits. Education is underway. School Bus Drivers Two counties still need to complete STB education. • Hart- Letter sent to superintendent on 2/16 with follow up email on 3/17. 10/19 no progress. • Franklin- Letter sent to superintendent on 2/16 with follow up email on 3/17. 10/19 no progress. Schools STB education was completed for two high schools and one middle school for 227 participants. Organizations Fourteen participants from Southeast Toyota company compted STB education. 2 participants also completed instructor education. Four District 2 Department of Health participants completed STB and instructor education. Assisted with Virtual STB Blitz on Jan 4 th .					
Status: On-going Support GTC Strategic Priorities? ¹ (Y					¹ (Y/N): Yes		
2. Education	2. Education Annual Trauma Symposium Save this year's Northeast Trauma Symposium date: Friday, October 27 ^{th,} at Lanie Technical College Ramsey Conference Center.			er 27 ^{th,} at Lanier			

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Nursing School Trauma Education

Completed Trauma Education and STB for Toccoaa Falls Nursing School. There were 24 students.

TNCC

Completed grant-funded TNCC course for 19 participants.

RTTDC

2 Grant-funded RTTDCs are scheduled for Stephens County Hospital on April 27th and Northeast Georgia Medical Center on May 8th.

Support GTC Strategic Priorities? (Y/N): Yes

PHTLS

Grant-funded PHTLS is scheduled for May 30-31st.

Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Pre-hospital Ultrasound Project Education continues.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	Fall Prevention One Bingocize program ar Distracted Driving	d Wellness Seminars are provided to 6 senior centers. Indicate one Matter of Balance program were completed. Ids to provide distracted driving education for parents.	

RTAC Successes	
RTAC Barriers	We continue to have challenges completing school bus driver's STB training for Hart and Franklin.
Date of last BIS Assessment	Unknown, requires update
Date of last Trauma Plan	Unknown, requires update
Date of last region meeting	Jan 13 th
Date of next region meeting	April 21 st

Status: On-going



Regional Summary

Region 2 has completed STB education for all schools and 85 % of school bus drivers. The superintendents of the remaining counties have yet to be responsive to the formal letters and follow-up emails sent in Feb/March. Region 2 will continue its efforts with the remaining counties.

Regional STB education continues in the community for schools and organizations. Region 2 has provided STB education for 227 students this quarter. In addition, Southeast Toyota and the District 2 Department of Health received STB and STB instructor education. They plan to turn around and provide this education to their team members.

Region 2 has completed several education events this past quarter: Trauma education and STB education for Toccoa Falls Nursing School and a grant-funded TNCC. In addition, region 2 has several upcoming courses; two RTTDC and PHTLS. Save this year's Northeast Trauma Symposium date: Friday, October 27^{th,} at Lanier Technical College Ramsey Conference Center.

Region 2 injury prevention activities for this quarter were monthly virtual health and wellness seminars for six senior centers, one Bingocize program, and one Matter of Balance program.

	EMS Region	Ш	RTAC Chair	Dr. Liz Benjamin	RTAC Coordinator	Danielle Johnson
Date Submitted 4		4/20/2023				
Quarter 3 – FY23						

Current Quarter Project/Activity ¹	Comments		
R3 Trauma Plan Update	Prior version of trauma plan found to be outdated with minimal movement from previously created subcommittee. Coordinated with R3 Chair and EMS Director Encouraged subcommittee and member engagement Task forces focused on areas of expertise within the document In-person meeting held to finalize revisions (1/18/23) Revisions and updated draft presented at quarterly meeting (3/2/23) Final draft created for Chair to present to EMS Council		
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes		
Stop The Bleed	Ongoing coordinating and providing of STB classes and supplies STB Winter Blitz – Virtual Offerings Cobb County (All Special Education Nurses) STB Training Atlanta School District (Hutchison E.S. – Faculty) STB Training Newton County – Mentoring Lead Nurse for future trainings All Bus Drivers received training, lended supplies Clayton County (North Clayton H.S. – Students) STB Training Rockdale County – Supplies and Pamphlets shipped Fulton County Department of Health staff - STB Training Cobb Galleria & Performing Arts Center staff – STB Training Planning for Emory School of Medicine Planning for Cyber Academy of Georga (Partnered with Region 10) Continued conversations with region partners regarding schools systems still pending STB training and kit distribution Clayton County – Working with Phong Nguyen (CC Deputy Director of Emergency Management) and Stacey Tolbert (CCSD Emergency Preparedness and Response Coordinator) to complete trainings and assist with kit distributions All School Resource Officers received training North Clayton H.S. – Kits shipped Charles Drew H.S. – Kits shipped Riverdale H.S. – Kits shipped		

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DeKalb County – Working with Gary Menard (City of Decatur Fire Captain)
who oversees the STB training for City of Decatur Schools, open to assist
with DeKalb County as well. STB was placed on Area Cheifs meetings,
agreed it was a need but no plan set at this time.

Application Program #1 reviewed for region (573 Approved and Delivered) – See last page of document for summary

	last page of document for summary Ongoing promotion of upcoming Bleeding Control Kit Application Periods			
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		
Education	 assist with education Trauma Grand Room Phase in Trauma Complete in Trauma Grand Room Management" – 2 Trauma Grand Room Social Change" – 4 Ongoing planning Trauma Symposium Phanning Social Change In Complete in Complet	 assist with education) Trauma Grand Rounds – Grady & CHOA – "Trauma Survivorship – The Next Phase in Trauma Care" – 2/7/2023 Trauma Grand Rounds – Kennestone – "Transcranial Gunshot Wound Management" – 2/10/2023 Trauma Grand Rounds – Grady – "How Healthcare Professionals Drive Social Change" – 4/4/2023 Ongoing planning committee leader for Wellstar Trauma Network – Trauma Symposium – Planned for 4/25/23 (CE approved for EMS, Trauma Registrars, Nurses, RT, PT, OT, Advanced Practice Providers, Physicians) 		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		
PI	 Re-vamp of PI/EMS Sub-committee within RTAC Zach Botkin, Clayton Co. Fire & EMS – Deputy Chief Medical Officer volunteered to chair the sub-committee PI focus for upcoming RTAC meeting and to be hosted by Clayton Co. FEMS 			
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		

RTAC Successes	Attended Full Trauma Systems Review EMS Day at the Capitol Improved attendance at quarterly meeting. Approved CME application for GQIP Winter Meeting DeKalb Co is re-discussing need for STB training/kit distribution (brought to the area chiefs meeting as an agenda item) Clayton Co reached out with interest to move forward with STB training
RTAC Barriers	Continued lack of engagement/interaction noted during quarterly meeting – Chair and Coordinator met immediately after to discuss next



	steps. Cameras requested on for last meeting, attempting in-person only to re-focus group for upcoming meeting, and discussed polling or other interative technology during virtual meeting. Need clear understanding of STB Coordinator Role/Expectations vs. RTAC Coordinator Role/Expectations for regional needs/requests		
Date of last BIS Assessment	1/2016 – Education on this would be appreciated.		
Date of last Trauma Plan	Updated draft finalized and pending Chair to present to EMS Council		
Date of last region meeting	March 2nd 3pm-4pm (Virtual via Teams)		
Date of next region meeting	May 4th (12:30p-2:30p – Clayton Fire Training Facility)		

Regional Summary

- Looking forward to launch of RTAC websites
- Majority of communication and efforts are directed towards STB throughout our region.
- Multiple educational opportunities provided by trauma centers and EMS agencies
- Chair would like to see more engagement and commitment from the members and to identify at least one project the region can initiate.



# of Kits	Agency	Contact	Comments
12	City of Decatur Schools	Shonda Moore/Gary Menard	New School - Talley
198	Cobb County School District	Melanie Bales	186 New buses
			New School - Pearson
15	Hapeville Fire/EMS	Nicholas Condrey	
38	City of Decatur	Gary Menard	Fire station one (4),
			fire station two (4),
			City hall (4),
			Ebster rec center (4), Decatur rec
			center (4), Children and Youth
			Services building (4), Public works
			(4),
			Oakhurst rec center (2), Legacy Park
			Admin building (4),
			Decatur PD (4)
60	Rockdale County Fire	Vincent Jordan	10 buildings
	Rescue/EMS		
250	Cobb County	Nick Adams	Facility review being finalized,
			believes only 200 will be needed to
			go with all AEDs within county.
	573 Kits =	<mark>= Total Requests for Regi</mark>	on 3

Application summary:

- 14 total requests for region 3
- 6 requests were already completed prior to application closure/review
- 1 government agency (GPB), multiple attempts to contact with no response
- 1 CCSD elementary school (already received allocated kits), multiple attempts to contact with no response
- 6 duplicate requests
- 1 Region 8 request (appeared duplicated) Bainbridge Public Safety



EMS Region	5	RTAC Chair	Todd Dixon	RTAC Project Coordinator	Kristal Smith
Date Subn	nitted	04/28/23			
Quarto	er	FY 2023; Q3			

Current Quarter Project/Activity ¹	Comments				
1. STOP THE BLEED®	1/3/23* - STOP THE BLEED® Skills Only - GPSTC, Forsyth - Community Members - 5 Participants 1/3/23 - STOP THE BLEED® Skills Only - GPSTC, Forsyth - Community Members - 5 Participants 1/3/23 - STOP THE BLEED® Equipment Refresher/TQ Skills - GPSTC, Forsyth - 44 EMS, Fire, LE, etc 1/4/23* - STOP THE BLEED® Lecture Only - Virtual Course - 2 Sessions - 102 Participants 1/4/23 - STOP THE BLEED® Equipment Refresher/TQ Skills - GPSTC, Forsyth - 33 EMS, Fire, LE, etc 1/5/23* - STOP THE BLEED® Lecture Only - Virtual Course - 2 Sessions - 172 Participants 1/5/23 - STOP THE BLEED® Equipment Refresher/TQ Skills - GPSTC, Forsyth - 67 EMS, Fire, LE, etc 1/18/23 - STOP THE BLEED® Traditional Course - DPH-NCHD, Macon - 18 DPH staff, volunteers, etc 1/25/23 - STOP THE BLEED® Traditional Course - DPH-NCHD, Macon - 27 DPH staff, volunteers, etc 1/25/23 - STOP THE BLEED® Instructor Orientation - Newton Co Schools, Covington - 25 nurses 2/13/23 - STOP THE BLEED® Traditional Course - Jones Co Fire - 15 EMS, Fire, LE, etc 2/17/23 - STOP THE BLEED® Traditional Course - Houston Co Schools - 234 drivers/monitors 3/9/23 - STOP THE BLEED® Traditional Course - Houston Co Schools - 234 drivers/monitors 3/9/23 - STOP THE BLEED® Traditional Course - Baldwin Co SO/Fire, Milledgeville - 45 Fire, LE, etc 3/17/23 - STOP THE BLEED® Traditional Course - Hope Cntr, Macon - 21 DPH staff, volunteers, etc 3/18/23 - STOP THE BLEED® Traditional Course - AHNMC, Macon - 25 MDs 3/29/23 - STOP THE BLEED® Traditional Course - AHNMC, Macon - 25 MDs 3/29/23 - STOP THE BLEED® Traditional Course - DPH-SCHD, Dublin - 42 DPH Staff, volunteers, etc 3/18/23 - STOP THE BLEED® Traditional Course - DPH-SCHD, Dublin - 42 DPH Staff, volunteers, etc 3/27/23 - 3/31/23 - STOP THE BLEED® Traditional Course - AHNMC, Macon - 25 MDs 3/29/23 - STOP THE BLEED® Traditional Course - DPH-SCHD, Dublin - 42 DPH Staff, volunteers, etc 3/18/23 - STOP THE BLEED® Traditional Course - DPH-SCHD, Dublin - 42 DPH Staff, volunteers, etc 3/27/23 - 3/31/23 - STOP THE BLEED® Traditional Course - DP				
Status: On-going	Support GTC Strategic Priorities? ¹ (Y/N): Yes				
2. Education	1/3/23 - High Risk Unified Commander (HRUC) - GPSTC, Forsyth - 44 EMS, Fire, LE, etc 1/4/23 - High Risk Unified Commander (HRUC) - GPSTC, Forsyth - 33 EMS, Fire, LE, etc 1/5/23 - High Risk Unified Commander (HRUC) - GPSTC, Forsyth - 67 EMS, Fire, LE, etc 1/6/23 - Rescue Task Force Train-the-trainer - GPSTC, Forsyth - 28 EMS, Fire, LE, etc 1/6/23 - MCI Multiverse Interdisciplinary Exercises - (Hybrid, GPSTC plus 9 sites) 1/7/23 - Rescue Task Force Train-the-trainer - GPSTC, Forsyth - 19 EMS, Fire, LE, etc 1/18/23 - MCI Multiverse Interdisciplinary Exercises - (Hybrid, Atrium, CGTC) 1/24/23 - R5Trauma Educators Workshop - GPSTC, Forsyth - Regional Educators 2/18/23 - GADOE/CTAE/TIEGA MCI Workshop - CGTC, Forsyth - 25 Law and Public Safety Educators 2/24/23 - R5Trauma Educator Skills Day - 8 Participants				

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2. Education (continued)

2/24/23 - Coalition F Conference, Monroe Co Conference Center (RTAC and STB Resource Tables)

2/28/23 - TECC LEO - CGTC, Warner Robins - 8 Participants, etc. (CGTC sponsored course)

3/9/23 - 3/10/23 - Central Georgia Region 5 EMS Pediatric Trauma Symposium - 122 Participants

The Pediatric Trauma Assessment Webinar - 100 Participants

Pediatric Airway - Respiratory Management Lightning Rounds - 100 Participants

Prevent Trauma: Mothers Against Drunk Driving - 73

Prevent Trauma: Firearm Injuries in Children - 75

The Journey from Tragedy to Advocacy: Georgia's Child Fatality Review Program - 61

Trauma After-Hours Presentation: Successfully Navigating Complex Pediatric Interactions - 46

State of the State - EMSC Programming - 36

Pediatric MCI - Surge Readiness Lightning Rounds - 36

Creating a Less Threatening Environment: The ONE VOICE Approach Part I - 40

Creating a Less Threatening Environment: The ONE VOICE Approach Part II - 33

3/11/23 - TECC LEO - CGTC, Warner Robins - 18 Participants (CGTC sponsored course)

3/14/23 - TECC LEO - CGTC, Warner Robins - 13 Participants (CGTC sponsored course)

3/18/23 - TECC LEO - CGTC, Warner Robins - 13 Participants (CGTC sponsored course)

3/25/23 - TECC LEO - CGTC, Warner Robins – 5 Participants (CGTC sponsored course)

3/27/23 - 3/31/23 – MARCH-PAWS Workshops - CGTC, Warner Robins - 5 Sessions - 60 Participants

3/28/23 - MCI Multiverse Interdisciplinary Exercises - (Hybrid, Fairview Park, Coalition H)

3/28/23 - 3/29/23 - TECC - CGTC, Warner Robins - 7 participants (CGTC sponsored course) **3/31/23 -** TECC LEO - CGTC, Warner Robins - 3 Participants (CGTC sponsored course)

5/31/25 - Tecc Leo - corc, warner Robins - 3 Farticipants (corc spe

Also Completed -

4/1/23 - CGTC MCI FTX - MCI Multiverse Interdisciplinary Exercises - (Hybrid, CGTC plus)

4/7/23 - GTC/GEMSA Trauma Skills Lab - Dodge Co. Public Safety Training Center – 121 Participants

4/12/23 - 4/13/23 - GA EMAG Summit MCI Multiverse Presentation - 120 Participants

4/27/23 - Prevent Trauma: Child Abuse Prevention Month Webinar - 44 Participants

On-going - Eleven RTAC-sponsored The Q-Word Podcast have been published — 23,820 downloads to date. Several RTAC webinars were posted to the GA TRAIN System with OEMST assistance.

Status: On-going

Support GTC Strategic Priorities? (Y/N): Yes

Performance Improvement Projects

PI focus areas for 2022-23 - Management of trauma cardiac arrest (TCA), trauma surge readiness, and time to definitive care.

General System Improvement -

1/9/23-1/11/23 - ACS Rural Trauma System Consultation Visit

1/11/23 - Region 5 EMS Advisory Council meeting

2/22/23 - Trauma Registry Meeting

2/24/23 - Region 5 Regional Trauma Advisory Committee Meeting

3/9/23 - 3/10/23 - Central Georgia Region 5 EMS Pediatric Trauma Symposium

Management of trauma cardiac arrest (TCA), Peri-arrest -

1/27/23 - Regional Trauma Needs Assessment Meeting

Surge Readiness - aforementioned education activities specific to

High Risk Unified Commander - 3 Offerings

Rescue Task Force Train-the-trainers - 2 Offerings

MCI Multiverse Exercises - 5 Multimodal Offerings prior to EMAG

MCI Exercises - Atrium Navicent, Fairview Park Hospital (Coalition H), CGTC

Educator Workshops - 2 Offerings

TECC LEO/TECC - 7 Offerings (GCTC sponsored)

MARCH PAWS Workshops - 5 Offerings (GCTC sponsored)

Time to Definitive Care -

2/17/23 - R5STAT Presentation Central GA Medical Reserve Corps Executive Committee Meeting

On-going - R5 RTAC PI continues to drive regional education and outreach initiatives. A regional needs assessment is underway and focuses on the management of TCA, trauma surge readiness, and time to definitive care.



Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		
4. Injury Prevention Activities	1/19/23 - Falls Prevention Task 1/24/23 - GCTE Injury Prevention 1/32/23 - GCTE Injury Prevention 2/8/23 - IPRCE/DPH Data Litera 2/10/23 - Regional EMS for Chi 3/9/23 - Prevent Trauma Webin Also Completed - 4/26/23 - Region 5 RTAC PI and 4/27/23 - Prevent Trauma: Chil On-going - Nine Central Georgia the multiregional, multicenter in	on and Outreach Subcommittee Meeting on and Outreach Subcommittee Meeting		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		

RTAC Successes	The Regional Pediatric Trauma Symposium was highly successful. We provided nearly 800 contact hours in just two days. Our innovative MCI Multiverse offerings continue to be well received. Our EMAG MCI Multiverse presentation exceeded expectations and capacity. We were asked to do an encore presentation the following day. Around 120 total EMAG participants.
RTAC Barriers	We are very fortunate to be able to count on many regional partners to contribute to the various RTAC projects. As previously supported, time constraints and staffing demands continues to be significant barriers in regard to RTAC project execution. The RTAC worked to maximize the efficiency and impact of all of our efforts. The logistical needs of all of our efforts are significant. We are not under-supported; we simply have taken on a great many projects. Our calendars are saturated as we work to ensure all of our regional efforts are adequately supported.
Date of last BIS Assessment	Jan 2012. New BIS assessment in progress; completion anticipated by May '23.
Date of last Trauma Plan	10/12/2022
Date of last region meeting	2/24/2023
Date of next region meeting	TBD

Regional Summary

The Region 5 RTAC continues to be strong, active, and innovative. We remain committed to sharing resources, talent, expertise, and success.

	EMS Region	6	RTAC Chair	Nicky Drake	RTAC Coordinator	Farrah Parker
Date Submitted 04/2		04/29/2023				
	Quarte	er	3rd			

Current Quarter Project/Activity ¹	Comments			
Stop the Bleed	03/10/2023 Augusta Chris	tian School 95 members of the Falcuty and Staff		
Status: On-going		Support GTC Strategic Priorities? ¹ (Y/N): Yes		
Performance Improvement Projects	The level 1 and level 2 trauma centers still continue to work on time to definitive care along with review of shared patient cases to improve patient outcomes and provide opportunities for education.			
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes			
Education	scheduling of classes with	GEMSA funded classes. This will allow for more timely identifying these locations, so when the need for a class ow our "established" locations		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes		
Injury Prevention	Nicky Drake to coordinate with Emanuel Medical center for falls prevention. Moving Education and prevetion to our rural counties. Falls prevention will now have a more focused approach with the introduction of data from local EMS agencies to create mapping for hot spots of EMS calls with the chief complaint of falls. Will work with the Senior Living Communities			
Status: On-going	Support GTC Strategic Priorities? (Y/N): Yes			

RTAC Successes	The Region 6 RTAC committee completed the Trauma Plan with the help of the team from AU Health and Doctors Hospital. The plan was sent out for review to allow for additional feedback and no changes were requested. When the full committee meets again in June will make the final vote of approval for the new plan. Also the PI sub-committee continues to work well together as demonstrate in our last RTAC meeting, they have made a collaborative effort to review cases and work with out local EMS agencies as well.
RTAC Barriers	Currently we have no barriers that prevent the on-going efforts in our region, however we still to work on communication. There are lots of activities in our region, both rural and urban and we need to continue to

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	support all of those as a team. We will continue to work on a communication path so that all activites and needs are reaching everyone.
Date of last BIS Assessment	2011
Date of last Trauma Plan	April 1,2023
Date of last region meeting	Febuary 2, 2023
Date of next region meeting	May 4, 2023

Regional Summary

The RTAC Committee has now established and maintained a core membership and we continue to thrive with this. The participation and response has increased and projects are now able to be completed. With the commitment from these individuals, which represents our trauma centers and EMS/Fire agencies allow for great access to those we need to accomplish our activities.

We still plan to included our neighboring state agencies to participate in the efforts as well. We are working to establish those relationships wih the key players.

We now have identified 2 RTAC goals and plans to move forward. The Performance Improvement work group has identified the need to create destination protocols for our region, that could be later shared with other regions and also develop some standardization around rescue stops. This will be a colloborative effort with the trauma centers and the EMS agencies. Also, the Injury Prevention efforts can be more focused with the use of data from the central site. We can request data that can be filtered to specific mechanism of injury and locations to allow for use to determined where our prevention efforts and education should be.

EMS Region	7	RTAC Chair Duane Mont		ntgomery	RTAC Coordinator	Brian Dorriety	
Date Subn	nitted	April 18, 2023					
Quarto	er	3 rd Quarter FY	23				
Current Que Project/Ac				Con	nments		
1. Stop the Ble	ed	Taught STB Instructor at Taylor County School District to Lead Nurse and 12 other school nurses. Taught STB instructor to 6 members of Air EVAC 77. All Schools in Region 7 are equipped with STB Kits.					
Status: On-goin	g			Support GTC	Strategic Priorities?	¹ (Y/N): Yes	
2. Education		4 th Annual Trauma Skills Lab was held on January 20 , 2023 with 152 participants. ITLS was held in Macon County in February with 24 participants. We will continue educational classes and training through-out the year.				nts.	
Status: On-goin	g			Support GTC Strategic Priorities? (Y/N): Yes			
3. Performanc		Kelly Grasser is working on Trauma Transport Data Collection to track Region 7 scene to trauma center times. We are having better results with Trip reports being turned in on time. Falls, Penetration amd MVC's are still the number 1-3 trauma related injury			vith Trip reports being		
Status: On-goin	g	'		Support GTC Strategic Priorities? (Y/N): Yes			
4. Injury Preve Activities	ntion	 Fall Prevention: Muscogee - Matter of Balance & Tai Chi Classes for 2023 in partnership with Area Agency on Aging. \$25 for each entire class. Area Agency on Aging may be open to a class in your county! Inquire with them. Motor Vehicle: Teen Driving Summit The Piedmont Columbus Regional, RTAC7 participated in a Distracted Driving Summit that the injury prevention program and WellStar brought to Columbus State University. They partnered with the Lutzie43 Foundation and held these 					

January 31, 2023.

Penetrating Injuries:

Report form updated: 03/18/22

summits for high school from region 7. We had over 700 students attend on

The cure violence Coordinator has been hired! His name is Jerome Lawson.

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He plans to join our ATIP Committee and we look forward to the work ahead.

Safe Kids Columbus

• Booster Seat Education/Distribution Events: Elem Schools in Muscogee + Russell County AL in March 2023. Plans to share this model in West Central Health District – rural counties.

- **River Savvy Kids Event** Free Life Jackets for Kids event coming in May 2023; stay tuned for more details.
- Safe Sleep Classes 2023 extended to rural counties in Hospital Region/West Central Health District.
 - Low-Cost Car Seat Classes Muscogee County, \$20 per car seat

Status: On-going Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	The region is coming together with all of the EMS agencies since reaching out to each one of them. We are having more participation with the RTAC.
RTAC Barriers	None foreseen at this current time.
Date of last BIS Assessment	March 2020
Date of last Trauma Plan	January 17, 2023
Date of last region meeting	January 31, 2023
Date of next region meeting	April 25, 2023

Regional Summary

Region 7 has made progress with Stop the Bleed in the hospitals, using our new STB trainer kits. The plan to continue training throughout the region. To include government buildings, civic centers, and schools as they schedule training sessions.

Region 7 is 100% complete with STB in the Schools and Buses. We will continue to add additional training sessions for new hires and new schools as they request.

Region 7 continues to schedule different types of training thoughout the region foe EMS agencies and hospitals. We continue offering courses for our region as agencies request. This is an opportunity where a regional training grant may be utilized in the future.



EMS Region	8	RTAC Chair	Allen Owens	RTAC Coordinator	Anita Matherley
Date Submitted 04/28/23					
Date Subn	nittea	04/28/23			
Quarto	ter 3				

Current Quarter		Community	
Project/Activity ¹	Comments		
1. Stop the Bleed	Stop The Bleed training and coordination. Providing storage and coordinate delivery of teaching supplies and STB Kits as appropriate across Region 8. Participation in Suicide Prevention/Safety Outreach Project. Distribute/provide pertinent appropriate information to Law Inforcement and EMS personnel in Region 8 to address safety issues as indicated		
Status: On-going		Support GTC Strategic Priorities? ¹ (Y/N): Yes	
2. Education	Planning along with Crisp Regional Trauma Surgery and Region 5 to provide education for upcoming guidelines. This education will be for hospital and EMS across Region 8.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	
3. Performance Improvement Projects	Formed a Region 8 RTAC Stirring Committee to obtain additional guidance for surveillance of compliance with guidelines and protocols. The goal was to establish needs assessment across Region 8 in order to improve patient care specifically falls.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	
4. Injury Prevention Activities	Data collection to monitor for the largest number of trauma-related injuries and death across Region 8. Communicate with as many stakeholders as possible in order to assess Region 8 needs for decreasing traumatic injury and death. Improve communication between the GTC members and stakeholders so that all are heard. Provide for communication of needs across Region 8.		
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes	

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103. O.C.G.A and Strategic Plan can be found https://trauma.georgia.gov/about-us



RTAC Successes	Forming a Region 8 RTAC Stirring Committee. Choosing as the group decides at least 2 projects. 1. Addressed Injury Prevention Outreach across Region 8 by forming a Safety Oureach group. That group will make a plan that will provide for training and education related to fall prevention and hospital follow up. This plan will utilize multiple disciplines to formulate facilitate. Data will be reviewed to determine appropriate utilization. 2. Formed a Region 8 Steering Committee and met to obtain guidance for Region 8 needs and projects. 3. Formed a Region 8 RTAC group and met to determine and set goals for Region 8. 4. Provide communication/education related STB and upcoming guideline changes for greater continuity of care across Region 8. The Region 8 RTAC, initiated collaboration with our regional and state partners, provided bleeding control training to all facilities as requested. Multiple hospital staff as well as EMS personnel have stepped up to provide instruction and leadership in Region 8 for Stop The Bleed Training.	
RTAC Barriers	Time constraints and staffing demands/shortages continue to be significant barriers in regard to RTAC project execution.	
Date of last BIS Assessment		
Date of last Trauma Plan		
Date of last region meeting	February 16, 2023	
Date of next region meeting	May 16, 2023	

Regional Summary

Region 8 had first RTAC meeting on February 16th with good attendance and participation.

All school systems in Region 8 have been contacted and offered the STB Training and Kits. Only a very small number of school faculty members are awaiting the needed training. Across Region 8 there are available local instructors available for the training. Many school districts have the infrastructure, resources, and expertise to sustain in-house Stop the Bleed programming, and several of our region's school nurses assist with the provision of community training. Safety Outreach group is formed to address primary cause of death and injury in Region 8. First meeting will be May 16th. At that time we will initiate an injury prevention project in Region 8 to address leading causes of injury and death.



EMS Region	10	RTAC Chair Dr. Kurt Horst RTAC Coordinator Crystal Shelnu			Crystal Shelnutt	
Date Submitted Quarter		4/18/2023 3 (January- March 2023)				
		- (common / m	3 (January Waren 2023)			
	Current Quarter Project/Activity ¹		Comments			
1. Stop the Ble	eed	February 8 th - STB with STB instructor training, public safety trainers February 14 th - Madison County School Nurses STB with STB instructor training March 3 rd - STB course for the Region E Healthcare Coalition				
Status: Ongoin	g			Support GTC	Strategic Priorities?	¹ (Y/N): Yes
2. Education		January 21-22 PHTLS sponsored by GEMSA and hosted by Oglethorpe Co. EMS January- March EMT sponsored by GEMSA and hosted by Athens Clarke Co FD January-current EMT sponsored by GEMSA and hosted by Oglethorpe Co. EMS January-February EMR sponsored by GEMSA and hosted by Greene Co. EMS				
Status: Ongoin	g	'		Support GTC	Strategic Priorities?	(Y/N): Yes
3. Performand Improveme		The Region 10 RTAC has joined forces with the UGA Athletic Association and Head Athletic Trainer, Ron Corson, in developing an interactive conference in the region. The Sports Medicine Conference is not just an educational event, but also a performance improvement project aimed at promoting regional trauma care. This conference will bring together EMS providers, athletic trainers, nurses, physicians, and other stakeholders from the region to enhance their skills and knowledge in sports medicine. Through interactive sessions, hands-on practice, and networking opportunities, attendees will learn best practices and evidence-based approaches to improve patient care in sports-related injuries. This collaborative effort is engaging many regional stakeholders underscores the commitment to enhancing trauma care and promoting interprofessional teamwork in the region. The conference will be at the UGA indoor practice facility on May 25 th and cover topics including head injuries, orthopedic trauma, vascular injuries, and managing cardiac arrest on the field. Course and curriculum development is ongoing.				
Status: Ongoin	g			Support GTC	Strategic Priorities?	(Y/N): Yes

January 12^{th-}Safe Kids- Car Seat Presentation

4. Injury Prevention

Activities

Report form updated: 03/18/22

January 14th- Safe kids- Car Seat Education and Home Fire Safety

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January 27th- Safe Kids- Car Seat, Helmet, and Fun Safety Presentation February 14th- PAR- Distracted Driving, Falls, and Suicide Prevention Presentation March 16th- Distracted Driving Presentation March 17th- Distracted Driving Presentation March 24th- Fire Safety Presentation

Status: Ongoing Support GTC Strategic Priorities? (Y/N): Yes

RTAC Successes	The Region 10 RTAC had an outstanding third quarter! The exciting new collaboration with UGA is set to create a stellar conference and broaden RTAC's impact by engaging with Athletic Trainers in the region for injury prevention initiatives. During the latest meeting, the committee established an injury prevention sub-committee, which will comprise of representatives from all trauma centers in the region, the Athens Safe Kids Coordinator, and EMS educators. This development promises to further enhance RTAC's efforts in promoting safety and preventing injuries.
RTAC Barriers	While RTAC meetings have seen a positive trend of increasing attendance, there is still a concern about limited active participation from some EMS services in the region. Despite their attendance at meetings, there has been minimal engagement between these quarterly events. The committee recognizes this issue and is dedicated to fostering ongoing dialogue with these EMS services. The committee aims to provide them with valuable resources and collaborative opportunities to enhance trauma care in the region, and to encourage their active participation in RTAC initiatives.
Date of last BIS Assessment	October 31, 2016
Date of last Trauma Plan	December 18, 2018
Date of last region meeting	March 21, 2023
Date of next region meeting	June 20, 2023

Regional Summary

During this quarter, the Region 10 RTAC saw positive growth in meeting attendance, particularly from local hospitals but lack active engagement from many EMS services. To address this concern, the committee is committed to fostering ongoing dialogue with these EMS services and providing them with valuable resources and collaborative opportunities to enhance trauma care. The committee's efforts to expand partnerships with UGA and establish an injury prevention sub-committee highlight their proactive approach towards improving trauma care. We appreciate receiving funding for three classes from GEMSA this quarter, and we are excited to collaborate with them to further expand the offerings awarded to Region 10. These classes will undoubtedly enhance our trauma care capabilities and contribute to the overall preparedness of our region.