

APPROVED
05.15.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes

Thursday, February 20, 2025

8:30 AM – 12:00 PM

Callaway Gardens

Pine Mountain, Georgia

Meeting Recording: <https://youtu.be/EHrUVaAngg>

Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman
Dr. Regina Medeiros, Vice-Chair
Mr. Pete Quinones, Secretary-Treasurer
Dr. James Dunne
Dr. John Bleacher
Mr. Courtney Terwilliger
Mr. Terry Cobb
Dr. James "J" Smith via Zoom
Dr. S. Rob Todd

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth Atkins	Georgia Trauma Commisison, Executive Director	In Person
Gabriela Saye	Georgia Trauma Commisison, Business Operations Manager	In Person
Crystal Shelnutt	Georgia Trauma Commisison, Regional Trauma Development Mgr.	In Person
Gina Solomon	Georgia Trauma Commisison, GQIP Director	In Person
Katie Vaughan	Georgia Trauma Commisison, Finance Operations Officer	In Person
Nicole Sundholm	AdventHealth Redmond, Trauma Program Manager	In Person
Sheila Bennett	Atrium Health Floyd, SVP/Chief nurse executive	In Person
Tifani Kinard	Atrium Health Floyd Polk Medical Center, VP of Rural Health	In Person
Dawn Truett	Atrium Health Floyd Polk Medical Center, TPM	In Person
Josephine Fabico-Dulin	Atrium Health Navicent, Trauma Services Director	In Person
Maria Johnson	Atrium Health Navicent	Virtual
Kimberly Najera	Atrium Health Navicent, Trauma Program Specialist	Virtual
Patrice Walker	Atrium Health Navicent, Chief Medical Officer	In Person
Kellie Rowker	Children's Healthcare of Atlanta, TPM	In Person
Justin Sobrino	Children's Healthcare of Atlanta, Trauma medical director	Virtual
Amanda Batlle	Childrens healthcare of Atlanta/Safe Kids, Manager injury prevention	In Person
Ashley Bullington	Crisp Regional Hospital, TPM	In Person
April Dukes	Crisp Regional Hospital, CNO, VP PCS	In Person
Charly Ussery	Crisp Regional Hospital, Registrar	In Person

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Brad Griffin	Doctors Hospital Of Augusta, COO	Virtual
Laura Lunsford	Doctors Hospital Of Augusta, TPM	In Person
Courtney Pettiford	Doctors Hospital Of Augusta, TMD	In Person
Christopher Ruiz	Doctors Hospital Of Augusta, VP of Trauma Services	In Person
Kelly Joiner	DPH OEMST, Deputy Director	In Person
Marie Probst	DPH OEMST, State Trauma Registrar	In Person
Stacey Smith	DPH OEMSY, Trauma Coordinator	In Person
Brooke J. Marsh	Emanuel Medical Center, TPM	In Person
Ronald Drake	Emanuel Medical Center/Emanuel County EMS, EMS Director	In Person
Lynn Grant	Fairview Park Hospital, Trauma Program Manager	In Person
Christoph Kaufmann	Georgia Trauma Commission, TMD	Virtual
Alexis Smith	GQIP, MCG, Associate TMD GQIP	In Person
Rebecca Gaskins	Grady, Director of Trauma	In Person
Jasmin Mercedes	Grady, Lead Burn Quality RN	In Person
Pamela Vanderberg	Grady, VP Trauma and Burn Services	In Person
Kim Brown	Hamilton Medical Center, Trauma Manager	In Person
Judean Guinn	Hamilton Medical Center, VP/CNO	In Person
William Hardeman	Hamilton Medical Center, Trauma Medical Director	In Person
Farrah Parker	JMS Burn Center at Doctors Hospital, Burn Program Manager	In Person
Mary Beth Goodwin	John D. Archbold, Trauma PI Coordinator	In Person
Kelli Vaughn	John D. Archbold, TPM	In Person
Eron Sunshine	Lanier Tech, Program Director	In Person
Rudra Beharrysingh	Morgan Medical Center, MD	In Person
Ralph Castillo	Morgan Medical Center, Chief Executive Officer	In Person
susan Jackson	Morgan Medical Center, director of quality and safety	In Person
Christie Mathis	Morgan Medical Center, TPM	In Person
Jessica Mantooth	Northeast Georgia Medical Center, Trauma Program Director	In Person
Matthew Vassy	Northeast Georgia Medical Center, TMD	In Person
Walter Wiley	Northeast Georgia Medical Center, Executive Director of Emergency and Trauma	In Person
Naila Avery	Northside Gwinnett Hospital, Tmd	In Person
Nadirah Burgess	Northside Hospital Gwinnett, Trauma Program Manager	In Person
Rayma Stephens	Northside Hospital Gwinnett, Trauma PI Coordinator	In Person
Lemuel Dent	Phoebe Putney Memorial Hospital, TMD	In Person
Amanda Eubanks	Phoebe Putney Memorial Hospital, PI Coordinator	In Person
Brandi Fitzgerald	Phoebe Putney Memorial Hospital, Trauma Program Manager	In Person
Amy Stephens	Piedmont, PI Coordinator	In Person
Nicole Hester	Piedmont Athens Regional, Registrar	Virtual

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Heather Morgan	Piedmont Athens Regional, TPM	In Person
Shannon Thomas	Piedmont Athens Regional, Trauma PI Coordinator	Virtual
Brett Buehner	Piedmont Augusta, TPM	Virtual
Karen Barrett	Piedmont Cartersville, TPM	In Person
Brad Cothran	Piedmont Cartersville, Trauma Prevention Coordinator	In Person
Mary Jameson	Piedmont Columbus Regional, TPM	Virtual
Natasha Davis	Piedmont Healthcare, Registrar	Virtual
Paula Butts	Piedmont Henry, CNO	In Person
Jay Connelly	Piedmont Henry, Director of Trauma	Virtual
Justin Keeton	Piedmont Henry, Trauma program manager	Virtual
Mark Benak	Piedmont Walton, TMD	In Person
James Polston	Piedmont Walton, TPM	In Person
Jorge Roque	Pillar EMS Academy, President	In Person
Brian Dorriety	Region 7 RTAC, Coordinator	In Person
Richard Ellis	Region V RTAC, Associate Dean, Health Sciences / Tactical Medic	In Person
Courtney Canino Eason	SGMC Health, Trauma PI Coordinator	In Person
Beth Cargile	SGMC Health, Registrar	In Person
Chelsea Carter	SGMC Health, TPM	In Person
Janann Dunnivant	SGMC Health, Registrar	In Person
Randy Smith	SGMC Health, Senior Vice President/COO	In Person
Raeda Anderson	Shepherd Center, Scientist	In Person
Sim Davidson	Telfair County, Sheriff	In Person
Mike Morris	Telfair County EMS, Assistant Director/ Paramedic	In Person
Tetra Jenkins	Washington County Regional Medical Center, Stroke & Trauma Program Coordinator	Virtual
Lydia Casteel	Wellstar, Executive Director of Nursing	In Person
Ezaldeen Numur	Wellstar, TMD	In Person
William Briggs	Wellstar Cobb, Trauma Program Manager	In Person
Shelby Lemon	Wellstar Cobb, PI	In Person
Nadine Lynch	Wellstar Cobb, Burn Program Manager	In Person
Adalynn Rath	Wellstar Douglas, Trauma Coordinator	In Person
Ashley Faircloth	Wellstar MCG, TPM	In Person
Kyndra Holm	Wellstar MCG/CHOG, PTPM	In Person
Alicia Allen	Wellstar Paulding, Director of Nursing	In Person
Kerry Carter	Wellstar Paulding, Tom	In Person
Andrea McCarson	Wellstar Paulding, PI Corrdinator	In Person
Duane Mitchell	Wellstar Spalding, ED Director Interim TPM	In Person

CALL TO ORDER (00:00:08)

Dr. Dennis Ashley, Georgia Trauma Commission Chair, called the meeting to order at 8:30 AM, with nine Commission members present.

OPENING REMARKS (00:00:15)

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed attendees and acknowledged the significant amount of committee work. He expressed appreciation for the members' participation, highlighting ongoing work from the previous days and the upcoming GQIP meeting.

The Commission took a moment to honor the memory of Mr. Don Avery, a respected leader in the trauma community who recently passed away. Mr. Avery, the former CEO of Fairview Park Hospital in Dublin, was recognized for his dedication to trauma care. A moment of silence was held in his honor.

Dr. Ashley thanked the commission staff for organizing the meeting and their hard work ensuring a well-structured environment.

CHAIRMAN REPORT (00:01:59)

Presented by Dr. Dennis Ashley

Dr. Ashley reviewed the Impact of Trauma Verification on Statewide Outcomes presentation (**pgs. 2-33**) as part of his Chairman's report. The presentation, originally given at the American Association for the Surgery of Trauma (AAST), will be published in the Journal of Trauma and is available online. The study was a collaborative effort involving all trauma centers in Georgia, and members were encouraged to take credit for their contributions. The study aimed to determine if ACS consultation and subsequent verification for Level I and II trauma centers would decrease variation in performance and improve state collaborative outcomes.

The presentation included:

- An overview of the Georgia trauma system, highlighting the expansion of trauma centers and improved access to care.
- Quality improvement and collaborative efforts
- Study design and implementation
- Performance metrics and data analysis
- Limitations and challenges
- Results and Impact of ACS Verification

Dr. Ashley emphasized that the results presented were likely a conservative estimate, as the data would continue to evolve over time. States without a similar funding structure may face challenges in implementing such programs. However, Georgia was highlighted as a leader in this initiative, with significant advancements due to strong collaboration and state-level funding.

Dr. Ashley asked if there were any questions or comments. With no questions raised, Dr. Ashley moved to approve the meeting minutes.

APPROVAL OF MEETING MINUTES (00:27:02)

Presented by Dr. Dennis Ashley

Dr. Ashley requested a motion to approve the November meeting minutes, pp. 34-48. Gabby Saye mentioned that Courtney Terwilliger's attendance must be added to the November meeting minutes.

MOTION GTCNC 2025-02-01:

Motion to approve the November 21, 2024, meeting minutes.

MOTION BY: Pete Quinones

SECOND BY: Dr. Regina Medeiros

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

EXECUTIVE DIRECTORS REPORT (00:27:46)

Presented by Liz Atkins

Liz Atkins introduced Nick Medrano from the Coalition for Trauma National Research (CNTR), who will present a key analysis of trauma system improvements. She highlighted that the analysis was designed to incorporate EMS response times, adding a new layer to understanding how quickly patients reach trauma care facilities. Liz acknowledged Dr. Eileen Bulger for suggesting this analysis and emphasized her extensive background in trauma care.

ACCESS TO TRAUMA CARE- AN ANALYSIS OF THE GEORGIA TRAUMA SYSTEM (00:29:39)

Presented by Nick Medrano

Nick Medrano, Research Analyst at CNTR, provided an overview of a study evaluating EMS coverage across Georgia. The study focused on gaps in trauma center accessibility, particularly during the critical "golden hour" after an injury.

Nick reviewed the study's four milestones and mapping (pgs.49-66), including building the Georgia trauma system network mapping, population access to care, accessibility maps, and identification of optimal trauma center upgrades.

Discussion:

- A question was raised about a specific county surrounded by coverage but not included in the service area. Nick explained that this was likely due to the population-weighted centroid and the infrastructure distribution, where EMS units might be located farther away from the particular area, resulting in marginally longer response times.
- A question was raised regarding the impact of trauma centers in neighboring states. Nick confirmed that external trauma centers licensed to operate in Georgia were included in the analysis, helping provide a more comprehensive view of coverage.
- Concern about traffic patterns in the Atlanta area was raised. It was noted that EMS providers face challenges in meeting response time expectations due to heavy traffic despite what may appear to be short distances on maps. Nick explained that the analysis used mean traffic data but acknowledged that traffic conditions in specific areas, like Atlanta, can vary greatly depending on the time of day. He clarified that

the model could be adjusted to account for peak traffic times, using data similar to Google Maps, giving a more accurate travel time presentation.

- Based on his previous analysis in other states, Nick was asked about the feasibility of identifying gaps and opportunities for upgrades. Nick shared insights from a five-state analysis, highlighting that the data had been used to update a trauma center in Eastern Washington. However, he noted that the analysis was more closely tied to a pre-hospital mortality study for the other states, and there was not as much collaboration with those states as with Georgia.
- Dr. Dunne suggested using the analysis to assess the impact of relocating or adding helicopter coverage to enhance EMS accessibility. Nick confirmed that the tool could be used for this purpose as well. While the analysis for helicopter coverage would differ slightly due to the air-based infrastructure, the model could identify gaps and evaluate the potential benefits of moving air resources to specific areas to improve trauma care accessibility.

The discussion shifted to the dynamic nature of trauma center availability and how the system could address coverage gaps when trauma centers change their status. For example, when a Level IV trauma center recently dropped out of the system, the coverage maps reflected a worsening of coverage.

The presentation concluded with Commission members expressing gratitude to Nick for his ongoing work and contributions. Commission members emphasized the importance of using the tool to monitor and improve EMS and trauma center accessibility, particularly as the state seeks additional funding.

EXECUTIVE DIRECTORS REPORT CONTINUED (00:57:35)

Presented by Liz Atkins

Liz Atkins referenced the Executive Summary noted on **pages 67-95** and provided the following updates:

- The AFY budget is progressing through the House and Senate, and the FY2026 budget process has started earlier than expected. Concerns about potential federal funding reductions could impact partner state agencies. The extra \$4 million allocated last year from the Trauma System Stabilization Plan remains in the budget.
- Administrators and Trauma Medical Directors are meeting tomorrow.
- The financial KPI tool has been successfully implemented, revealing discrepancies in Medicaid billing practices. Georgia Medicaid is transitioning to a new system affecting billing code recognition.
- The Trauma Center Performance-Based Pay criteria are undergoing updates in FY 2026.
- The Readiness Cost Survey updates aim to determine the financial impact of ACS verification requirements.
- The Georgia Trauma Commission newsletter has received positive engagement,

Liz asked Crystal Shelnett to provide some RTAC updates.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REPORT (1:05:59)

Presented by Crystal Shelnett

Crystal Shelnett provided an overview of recent RTAC activities (**pgs 96-134**):

- Region 9 has a new RTAC Coordinator, Coy Tippins
- Region 8 Coordinator position is vacant due to Anita's retirement
- The first in-person RTAC Chair and Coordinator meeting will take place at 2 PM
- An educational needs assessment received 1,200 responses
- Stop the Bleed program progresses:

- School buses 95% complete
 - Schools remain at 99% complete
 - Expanded efforts now cover 60% of Georgia counties
- GQIP quarterly data reports will now be provided for tracking regional program effectiveness

Crystal proceeded to provide regional highlights:

- Region 1: The first pediatric skills day was a success, with four more planned
- Region 2: Developing active threat response courses for 50% of counties by year-end.
- Region 3: Focus on PI case reviews and pediatric trauma education
- Region 4: Hosted the first trauma symposium and increased participation in regional meetings
- Region 5: Received a large amount of trauma equipment donation and distributed mannequins across the region.
- Region 6: Reviewing Stop the Bleed training in schools, with six schools retrained so far.
- Region 7: Implemented life vest loaner stations around local lakes
- Region 8: Significant Stop the Bleed progress
- Region 9: Coordinator meeting planned to establish leadership and program goals.

Dr. Ashley commended the RTAC work done around the state and expressed appreciation for the regional update format.

FINANCE & BUDGET COMMITTEE REPORT (01:12:45)

Presented by Pete Quinones

Pete Quinones provided the following updates, referencing **pages. 134-150**:

- The Trauma System Stabilization plan is expected to bring \$4 million in funding:
 - \$3.2 million allocated to trauma centers
 - \$800,000 allocated to EMS services
- The Georgia Trauma Commission is \$1.23 million ahead of the FY2024 cumulative total. The figure does not include revenue from fireworks.
- Potential funding cuts may impact revenue streams. Alternate funding ideas are encouraged, including revisiting past initiatives like the license plate fee.
- A second round of visits is planned for Level IV centers with the Pennsylvania Trauma System Foundation (PTSF), which had consultative visits in 2022.
- The PBP criteria for trauma centers will be revised for FY 2026. Stakeholders have been engaged for input and recommendations and presented to the GTC Committees. The Finance Committee will review the proposed changes before submitting them to the Full Commission.

Pete thanked the Finance Committee members for their dedication to financial planning and resource allocation.

EMS COMMITTEE REPORT (01:19:09)

Presented by Courtney Terwilliger

Courtney Terwilliger provided the following updates, referencing **pages 151-152**.

- EMS spending is on track.
- Inconsistent success rates on registry exams have been discussed. A company has been engaged to provide modular exams for better tracking. Initial funding was approved for 400 students. Another

funding request for an additional 600 students was approved. The program aims to identify the shortfalls in EMS instructor effectiveness and offer support without punitive measures.

- EMS training continues through the GEMSA contract.
- Concerns over the compatibility of new AVLS equipment with existing systems have been discussed. Newer devices may not fully support temperature probes for drug boxes. Dr. Boone is actively addressing this issue to ensure functionality.
- The EMS Equipment Grant application period for the \$1.6 allocation has closed. Four special requests were received and reviewed by the EMS Committee. The distribution of the grant funds is in progress. 169 out of 171 agencies applied, and the base rate per peak ambulance was \$1779.
- There are ongoing efforts to secure funding for a pilot program to improve critical patient transports. A state rule change next month allows nurses with additional training to assist in ambulance transports. Potential cooperative agreements between hospitals and ambulance services could alleviate long wait times.
- EMS recruitment initiative has paused for impact assessment. Previously, video campaigns encouraged interest in EMS careers.
- The upcoming EMS committee meeting will focus on the educational budget and funding allocations. RTAC and GEMSA will make presentations on their needs assessments. Stakeholders must present clear, well-structured funding proposals with complete budget details for requested projects.
- We are investigating the need for enhanced educator training and the potential development of an EMS educator toolkit. A structured EMS Educator Leadership Program has been considered to improve instructional effectiveness and educational outcomes.
- A contract with a videographer, Kyle Payne, has been executed to produce six videos (four training and two general information).

Courtney finished his report by emphasizing the evolving role of EMS beyond traditional transport.

LI/II/IV COMMITTEE REPORT (01:31:40)

Presented by Dr. Alicia Register

Dr. Alicia Register referenced the report on **pages 153-154**:

- The MARCH PAWS initiative is ongoing, with a videographer providing the next steps for video production. The goal is to finalize MARCH PAWS training materials and move toward implementation.
- The PTSF will revisit Level IV trauma centers in the summer to assess their performance improvement processes.
- Ongoing efforts to validate trauma data to ensure quality and reliability.
- The Trauma Connections workgroup is continuously working. January's call centered around trauma flowsheets and registry data issues, which were shared in the Registry subcommittee of the Georgia Center of Trauma Excellence (GCTE).
- Level III and IV stakeholders have been actively engaged in the FY 2026 PBP criteria discussions.

Dr. Register closed her report by expressing gratitude for the opportunity to present.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:34:47)

Presented by Lynn Grant

Lynn Grant referenced the report on **pages 155-156** for the Georgia Committee for Trauma Excellence.

- The Pediatric Subcommittee Collaborating with the Education subcommittee to create a Pediatric Transfer toolkit; a QR code is now available if willing to collect information on EMS compliance with age-appropriate safety restraints and continue to provide EMS with education and resources on safe transport.
- The Injury Prevention Subcommittee Assists GTF with Trauma Awareness Day. There was a virtual training blitz in January with 525 participants over two days. More than 8,500 Georgians have participated in these webinar offerings since 2021. Developing resources that can be cobranded for use by all trauma centers and trauma system partners.
- The Education Subcommittee has a new chair, Julie Freeman, and a Co-Chair, Emily Russell. They are working to increase members. STN Orientation Modules: They would like to purchase the new STN Orientation modules to share with GA trauma centers
- The Performance Improvement Subcommittee continues to review the survey for a definition of emergent and urgent transfers, receives updates, and continues collaborating with the State Time to Definitive Care group. Creating a PI playbook for verification/re-verification
- The Registry Subcommittee registrar orientation processes were shared with other centers to assist in the orientation of new registrars. The AIS 2015 refresher course went well, and the next course recommended by the subcommittee by vote is the ICD 10 virtual training course.

Lynn Grant reviewed two GCTE funding requests:

- The purchase of STN Orientation Modules: STN has granted permission to purchase one set of modules, which can be shared with all ACS-verified and state-designated trauma centers. These modules can be adapted for individual facility use. The cost is \$3,000.
- There are 100 training slots for the ICD-10 virtual training course. It would cost \$600 per personnel responsible for abstracting patient data into the registry. The total funding request is \$60,000, which has increased from \$57,000 due to more centers entering the pipeline. The training would be open to all trauma centers.

An inquiry was raised regarding the funding source. The Finance Committee confirmed the availability of funds from FY2025 reallocation and fireworks funds. No reduction in existing system budgets would be required. Concern was expressed about encumbering the funds before the fiscal year ends; alternative solutions were discussed, such as using 2026 funding if needed.

Clarification on ICD-10 training was requested. Training was emphasized to include basic and advanced courses to accommodate new and experienced registrars. ACS mandates a refresher course every five years. High turnover among registrars increases the need for consistent training opportunities. The training purchase would cover individual seats, allowing participants to choose the appropriate course level.

MOTION BY: Georgia Committee for Trauma Excellence

MOTION GTCNC 2025-02-02:

Motion to approve the STN Orientation modules, \$3,000, and ICD-10 Training Course, \$60,000, funding request

MOTION BY: Georgia Committee for Trauma Excellence

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with one objection and no abstentions.

REHABILITATION COMMITTEE REPORT (01:43:44):

Presented by Dr. Ford Vox & Dr. Raeda Anderson

Dr. Ford Vox referenced the presentation on pages **157-168**. During the latest Rehabilitation Committee meeting, Side by Side Injury Clubhouse of Georgia, which serves about 100 brain injury survivors annually, provided an overview of its mission. The organization provides essential community reentry services and caregiver support for 250-300 individuals. The clubhouse primarily relies on private funding but received \$250,000 in state funding following financial struggles due to the pandemic. A budgeting error in the last legislative session removed this funding, prompting advocacy efforts. The Clubhouse was founded in 1999 by Emory and Shepherd Center, serving survivors from facilities across Georgia. Dr. Vox requested a motion to commend the organization for its work in its 25th anniversary year and recommend continued state support.

MOTION BY: Rehabilitation Committee

MOTION GTCNC 2025-02-03:

Motion to commend the Side by Side Injury Clubhouse of Georgia for its work in its 25th anniversary year and recommend continued state support.

MOTION BY: Rehabilitation Committee

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with one objection and no abstentions.

Dr. Ford Vox turned the floor to Dr. Raeda Anderson. Dr. Raeda Anderson leads analytics at Shepherd Center, focusing on trauma rehabilitation data. Dr. Anderson provided an overview of discharge data analysis (**pgs 169-172**). The analysis follows a clinician-driven approach, with iterative feedback from rehabilitation specialists.

The five key goals of the analysis:

1. Patient Demographics, Medical Treatment, and Discharge Location
Understand overall trends in patient-level factors for demographics, medical care, and discharge location.
2. Patient Subgroup Analysis
Examine all topical areas in Goal 1 by key patient groups defined by the rehab division: Traumatic Brain Injury, Spinal Cord Injury, Pediatric, Burn, and Amputee.
3. Injury Severity Analysis.
Report patterns of injury severity across patient subgroups of return to home with no additional care, rehabilitation, or other care
4. Rehabilitation and Return to Home Analysis
Describe predictive patterns of patient factors related to return to home and rehabilitation with a comparative analysis of these populations.
5. Patient Profiles of Return to Home and Rehabilitation
Generate and compare patient profiles for patients who return home with no additional services, those who go to rehabilitation, and those who have other discharge care

Dr. Anderson shared findings that indicated the injury severity score was the most significant predictor of discharge destination. Substantial differences exist between patients discharged home, those needing rehabilitation, and those requiring other forms of care. Opportunities exist to expand data collection for even deeper insights.

A detailed presentation of findings will be given at the GQIP Winter meeting. Dr. Vox and Dr. Anderson welcomed any feedback. Dr. Ashley commended the Committee for the extensive work and expressed appreciation for the analysis and ongoing efforts to improve rehabilitation integration.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:57:43):

Presented by Dr. Patrice Walker

Dr. Patrice Walker reported no formal update since the last Commission meeting in November. Several TCAA educational sessions were hosted for administrators and their finance teams. The committee will meet again tomorrow.

TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (01:59:26)

Presented by Dr. Matthew Vassy

Dr. Vassy also mentioned that the next committee meeting will take place tomorrow. The focus of the meeting will be to finalize the posters regarding the urgency of transfer for referring hospitals and discuss the pediatric addition. Lynn will collaborate on a pediatric transfer toolkit, and possibly a representative from each committee will attend meetings to align efforts and avoid duplication.

Dr. Vassy shared an initiative regarding the shortage of ophthalmology coverage. He connected with Dr. Zach Ballast from the Georgia Society of Ophthalmologists (GSO) to address ophthalmologic emergencies, particularly reducing unnecessary transfers and discharges for ophthalmology evaluation.

Dr. Ashley recommended sending out the adult transfer posters if they are ready for distribution and the pediatric one separately to avoid delays. Liz Atkins confirmed support for the branding of the poster and the print cost within the budget.

Dr. Vassy was commended for his progress and the committee's efforts to address critical issues.

GEORGIA TRAUMA FOUNDATION REPORT (02:06:58)

Presented by Dr. John Bleacher

Dr. John Bleacher referenced the report on **pages 177-182**.

- Georgia Trauma Foundation is in the second year of its grant-funded rural continuing education program initiative, coordinating at least twelve courses annually. Seven courses were conducted in the second quarter alone, engaging 80 participants from 35 counties and totaling 939 classroom hours. This year, 33 courses are scheduled, including RTTDC, TNCC, ENPC, and ATLS. As we prepare for the third year of grant fulfillment, we plan to add more ATLS courses and schedule TNCC and ENPC based on need.
- Giving Tuesday marked the launch of the Foundation's initiative to equip every school with bleeding control kits, supporting the Trauma Commission's Bleeding Control Kit Program. The Commission will decide how the kits are distributed and provide Stop the Bleed training with RTAC Coordinators. Our initial goal is to raise \$50,000 to fund 1,000 kits. In December, we successfully raised \$14,810 toward this goal.
- "Tides of Change in Trauma Care" will occur on May 17th at the Georgia Aquarium. Individual tickets go on sale next week. www.georgiatraumafoundation.org
- Pete Quinones has agreed to serve on the Georgia Trauma Foundation Board.

- The Foundation Board of Directors has identified a candidate, Teri Anulewicz, from Region 3. This candidate is a former politician with professional experience in public affairs, advocacy, and media relations. She is being presented to the Commission for approval.

MOTION BY: Georgia Trauma Foundation

MOTION GTCNC 2025-02-04

Motion to approve Teri Anulewicz as a Georgia Trauma Foundation Board Member.

MOTION BY: Georgia Trauma Foundation

VOTING: All members are in favor of the motion.

ABSTENTION: Pete Quinones

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

Lastly, Dr. Bleacher shared that the Foundation has awarded eight trauma-related grants in the state. 33 proposals were received, 25 of which followed the application instructions. External review and evaluation of the proposals were blinded.

Cheryle Ward announced the winners, and Dr. Bleacher presented the grant award to the recipients (pg 182).

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:21:21)

Presented by Dr. James Dunne

Dr. James Dunne provided the following update referenced on **pages 175-176**

- The Access to Trauma Care: An Analysis of the Georgia Trauma Systems has been reviewed. This work will be a valuable resource for the state of Georgia, particularly in planning and communicating with legislators
- An additional \$7,500 is needed to support ongoing iterations of the trauma system maps. These maps will help manage the dynamic nature of trauma centers, EMS, and air crews that come in and out of the system. The request has been presented to the Finance Committee and will be voted on later by the full Commission.
- The University of Georgia is helping the committee analyze time to definitive care using discharge data. Although this approach may not directly answer the question of time to definitive care, it will help identify how many patients with injury codes are treated at trauma centers versus non-trauma centers. This ongoing project will offer better insights into the triaging system within the state.
- The Navicent and Memorial Time to Definitive Care project has been a significant focus for the committee. The study is looking at data from Regions 5 and 9 and is now complete. An abstract has been submitted to the American Association for the Surgery on Trauma (AAST). Preliminary findings indicate that the time to definitive care, including transfers, does not significantly impact mortality or complications. This finding was contrary to initial expectations, as it was assumed that delayed transfers would lead to worse outcomes. The study excluded transfers from the data, as they are typically excluded due to incomplete or inconsistent data, such as missing EMS trip sheets. Despite efforts to obtain more comprehensive data, many patients had to be excluded due to inadequate missing data. Dr. Dunne and Dr. Ashley expressed concern about the challenges of collecting accurate data for this type of study. They suggested that a better data set could reveal more meaningful differences. Only 840 patients were included in the study, a small fraction of the total trauma patients between the two centers. The committee plans to present a PowerPoint presentation of the data at the next meeting in May.

Discussion ensued regarding the data exclusions and the possibility of identifying more specific trauma cases, such as unstable polytrauma, to refine the study. Despite data limitations, the committee believes the outside hospitals are doing a good job stabilizing patients before they are transferred to trauma centers.

Dr. Dunne thanked everyone for their hard work and collaboration and emphasized the ongoing efforts to improve trauma care systems through data analysis and continued project work.

GEORGIA QUALITY IMPROVEMENT REPORT (02:32:06)

Presented by Gina Solomon

Gina Solomon provided a brief update and referenced the report on **pages 183-188**:

- The VTE workgroup, led by Dr. Galloway, has completed data analysis. Dr. Galloway will present the findings during tomorrow's GQIP Winter meeting. The workgroup's next step is developing a statewide VTE prophylaxis guideline.
- The Time to Care workgroup has not convened since the last Commission meeting due to scheduling conflicts. Efforts are being made to coordinate future meetings.
- The 2024 Q1-Q3 data is not available on the GQIP central site. The full dataset is expected to be available soon, and the next data download is scheduled for March 3rd.
- Risk-adjusted modeling is progressing, though slightly delayed. The team aims to have the model loaded by the end of February. A full project timeline is included in the packet, **pages 185-186**. Work continues on the VTE prophylaxis measure in Arbormetrix, with a draft currently in development.
- The team is actively collaborating with attorneys to develop the Patient Safety Organization (PSO) policy.
- The Winter meeting is scheduled for tomorrow, and we are actively working on the Summer meeting planning, with venue selection in progress.
- The NSQIP Collaborative will meet on March 21st at the Emory Conference Center Hotel.
- Dr. Alexis Smith is the new GQIP Associate Trauma Medical Director to support Dr. Todd. Dr. Patricia Ayoung-Chee is the new Director of Quality Analytics and Research, bringing extensive data expertise. Dr. Smith and Dr. Ayoung-Chee will collaborate with ArborMetric, attend bi-monthly meetings, and contribute to the risk adjustment process. Their biographies are included in the packet, **pages 187-188**.

OFFICE OF EMS AND TRAUMA (OEMST) REPORT (02:36:10)

Presented by Stacey Smith

Stacey Smith reviewed their report on **pages 189-190**.

- In 2024, five Level IV trauma centers underwent consults for designation, with three centers officially designated. Ten centers across the State received designations either through ACS or DPH.
- Three centers are to be re-designated for Level IVs in 2025.
- Satilla in Ware County aims for Level IV designation and plans to pursue Level III ACS verification between 2027 and 2028. This location is strategically important, filling the gap between Valdosta and Brunswick.
- Coffee County has begun efforts to become a Level IV trauma center, which would help address trauma care shortages in southeastern Georgia.
- Last quarter, Morgan Medical Center was re-designated as a Level IV center last quarter, and Grady Burn Center achieved ABA verification. Congratulations were extended to both institutions for their accomplishments.
- The public comment period for ACS Level IV standards is expected in March.
- The 2025 schema for ImageTrend was submitted in December 2024, pending approval from OEMST and GQIP. Once approved, ESO estimates 90-180 rollouts.

- ImageTrend acquired Biospatial to enhance data collection and analytics capabilities.
- The Georgia Trauma Registry has been updated to align with 2025 NTDB criteria.
- The 2023 registry data revealed EMS record limitations in ESO, with a resolution anticipated in the 2026 schema.
- Emergency Cardiovascular Care Conference March 14, 2025. <https://accga.wildapricot.org/event-5969313>
- Three centers have acquired pediatric readiness designation. Those interested can contact Sam or April for assistance. This designation supports compliance with Standard 2.6 for Level I-III centers.

ADJOURNMENT (02:41:33)

Before adjournment, Cheryle Ward shared that Trauma Awareness Day is February 26th at the Capitol. She shared that registration has closed, with 100 attendees confirmed. She reviewed the schedule, dress code, and arrival instructions.

Liz reminded Commission members that the MAG report was also included in the meeting packets for review, **pages 191-194**.

Dr. Ashley expressed gratitude for the hard work of our Committees, system partners, and staff. No new business items were raised or submitted. Dr. Ashley requested a motion to adjourn.

MOTION GTCNC 2025-02-05:

Motion to adjourn

MOTION BY: Dr. Regina Medeiros

SECOND BY: Terry Cobb

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

SUMMARY OF ACTION ITEMS

- Dr. Ashley reviewed the Impact of Trauma Verification on Statewide Outcomes presentation (**pgs. 2-33**) as part of his Chairmain's report.
- Nick Medrano, Research Analyst at CNTR, provided an overview of a study evaluating EMS coverage across Georgia. The study focused on gaps in trauma center accessibility, particularly during the critical "golden hour" after an injury (**pgs.49-66**).
- The Commission **approved** the GCTE funding request for STN Orientation modules, \$3,000, and the ICD-10 Training Course, \$60,000.
- The Commission **approved** the Rehabilitation Committee's request to commend the Side by Side Injury Clubhouse of Georgia for its work in its 25th anniversary year and recommend continued state support.
- Dr. Raeda Anderson provided an overview of discharge data rehabilitation analysis (**pgs 169-172**). T
- Tides of Change in Trauma Care" Georgia Trauma Foundation Gala will occur on May 17th at the Georgia Aquarium. Individual tickets available at: www.georgiatraumafoundation.org
- The Commission **approved** Teri Anulewicz as a Georgia Trauma Foundation Board Member.

Minutes Respectfully Submitted by Gabriela Saye