

APPROVED
02.19.26



GEORGIA TRAUMA COMMISSION

Trauma System Performance (Data) Committee

Meeting Minutes

October 28, 2025

2:30 PM – 3:30 PM

Zoom Meeting

[Link to Meeting Documents](#)

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Dr. James Dunne, Chair Courtney Terwilliger, GTC Danlin Luo, OEMST Marie Probst, OEMST Gina Soloman, GQIP Dr. Alexis Smith, GQIP Kelli Vaughn, GCTE	Dr. Elizabeth Benjamin, TMD Tracy Johns, GCTE April Moss, OEMST Kelly Joiner, OEMST

COMMISSION MEMBERS PRESENT	STAFF MEMBERS & OTHERS PRESENT
Dr. James Dunne, GTC Courtney Terwilliger, GTC	Elizabeth Atkins, GTC, Executive Director Gabriela Saye, GTC, Business Operations Manager Gina Solomon, GTC, GQIP Director Rachel Hand, Wellstar West GA, TPM

CALL TO ORDER

The meeting was called to order at 2:30 PM with seven committee members present.

APPROVAL OF MINUTES

Presented by Dr. James Dunne

Dr. Dunne asked for a motion to approve the previous meeting minutes.

MOTION TRAUMA SYSTEM PERFORMANCE COMMITTEE 2025-10-01: Motion to approve July 23, 2025, meeting minutes

MOTION BY: Alexis Smith

SECOND BY: Courtney Terwilliger

DISCUSSION: Courtney asked for clarification regarding discrepancies in data percentages in the minutes (25-30% vs. 15%). It was clarified that the 25%-30% refers to statewide completeness, and the two-center study capture was 15% of EMS A-leg. The minutes were revised, and a consensus was reached during the meeting.

VOTING: All members are in favor of the motion.

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

TRAUMA REGISTRY DATA REPORT: UPDATE ON IMAGE TREND MIGRATION STATUS

Presented by Marie Probst

Marie shared that thirty-four 2025 imports have been received to date. There were some error messages during a select number of imports caused by inconsistencies in AIS coding versions. Some ESO users are still operating



with the AIS 2005 version, which causes the records to be marked as “NTDS=No” upon import. This occurs because the algorithm determines that the records do not meet NTDS criteria based on the outdated AIS coding. Marie noted she is contacting ESO users to verify and update their AIS coding versions. Users may need to redo imports once corrections are made, with expected resolution by the December 2025 import cycle. Once resolved, Marie will verify record counts with Gina’s data.

Marie noted that when comparing the 2024 data between the state system and GQIP, the discrepancy was only about 250 records, which was considered a positive development in data consistency.

Dr. Dunne asked whether it was appropriate to discuss alternative trauma registry vendors. Elizabeth Atkins suggested that the discussion be deferred to a later date as the topic requires broader stakeholder input.

Dr. Dunne requested confirmation regarding the origin of the data imported into the state system. Marie confirmed that the data is received directly from individual trauma centers, and each submission includes NTDS, ITDX, and Georgia extension fields. Elizabeth Atkins clarified that GQIP’s data is not imported to the state system.

Dr. Dunne asked what would happen to the workload if hospitals migrated to different registry platforms. Marie advised that the workload would increase significantly. If multiple vendors are used, each platform would need a custom schema compatible with ImageTrend. ImageTrend would provide the initial schema file to the new vendors, who must then implement the schema within their users’ software for compatibility.

TIME TO DEFINITIVE CARE | NAVICENT AND MEMORIAL PROJECT

Presented by Dr. Dunne

Dr. Dunne provided a project overview, noting that the pilot study between Macon and Savannah is complete. The team submitted an abstract to AAST and EAST for consideration, which was rejected. The abstract is pending acceptance by the Southeast Surgical Society. Manuscript development is underway with a rough draft nearing completion, which will be distributed to the Committee for review and feedback.

TIME TO DEFINITIVE CARE SYSTEM-WIDE STUDY

Data Scientist Update

Elizabeth Atkins shared a meeting with Dr. Raeda Anderson, who was held to review the project scope. Dr. Anderson provided an estimate of forty-five hours of work to complete the analysis portion of the project. She is currently awaiting institutional approval from the Shepherd Center to move forward. Elizabeth Atkins further added that they are still reviewing the total projected cost. Gina Solomon shared that the data report structure is already built and can be generated quickly from the central site once approval is granted.

IRB Approval

Dr. Dunne asked whether an IRB application had been initiated to allow data analysis to proceed. Gina Solomon clarified that while the data can be run from the central site, the IRB is intended to go through the Morehouse School of Medicine, facilitated by Dr. Ayoung-Chee, as recommended by Dr. Sharma. Emory University will serve as a backup IRB site if necessary.

Dr. Dunne emphasized concerns about timeline delays, suggesting that pursuing IRB submission in parallel with Dr. Anderson’s approval process would avoid a two to three-month unnecessary delay. He noted the study’s



methods and data plan are already established based on the two-center study, and Dr. Anderson's involvement should not affect the IRB structure.

Dr. Alexis Smith and Gina Solomon agreed to bring this recommendation to Dr. Ayoung-Chee during their Thursday meeting, ensuring she begins preparing the IRB submission.

Dr. Dunne confirmed this would allow for IRB approval and data access to align with Dr. Anderson's eventual onboarding, expediting the overall project timeline.

TRAUMA SYSTEM DASHBOARD

Presented by Gina Solomon

Dr. Dunne opened a discussion on the system dashboard, which had been previously tabled for revision. Elizabeth Atkins provided some background, noting the original dashboard concept stemmed from examples presented at TQIP 2019 in Dallas. The GTC team sought to create a similar tool but faced challenges in effectively replicating the model. Gina has started reviewing the Trauma Center Association of America (TCAA) sample dashboard templates and adapting them for Georgia.

Elizabeth Atkins reviewed the proposed draft dashboard (**ATTACHMENT A**), designed as a high-level 30,000-foot view for readability and quick reference. It includes:

- Total number of registry patients (statewide)
- Transfer-ins
- Mode of arrival
- Mortality
- Top mechanisms of injury
- Trauma team activations

The Committee discussed potential expansion items:

- Incorporating time to definitive care metrics (from ongoing study data).
- Adding a system-wide under-triage and over-triage component.
- Evaluating patient flow to ensure those requiring Level I or II centers reach appropriate destinations.
- Retrospective analysis by Injury Severity Score (ISS) to assess alignment between patient severity and treatment center level.

Dr. Dunne sought clarification on the intended purpose of the dashboard. The current metric is demographic and descriptive rather than performance-driven. He emphasized the need for performance improvement opportunities at the system level to highlight trends requiring Committee action or intervention.

Elizabeth Atkins clarified that the current draft serves as a starting point and encouraged the Committee to define which specific metrics should be tracked for evaluating system performance. She suggested deferring detailed metric selection to the next meeting, allowing members to bring forward evidence-based, system-level indicators for inclusion. Dr. Dunne suggested limiting the initial dashboard to approximately six or seven key measures for clarity and feasibility.

Dr. Smith suggested including statewide demographic data, such as age distribution. She noted that the upcoming GQIP scorecards will focus on geriatric trauma metrics, which are informing their statewide geriatric trauma project. Age demographics could provide helpful context for statewide system efficiency. Gina Solomon



clarified that center-specific GQIP report cards are created using risk-adjusted metrics. These reports are distributed directly to individual trauma centers for their internal PI work. Gina also shared that there are regional report cards that break down trauma registry data by region to help support regional performance improvement and identify patterns unique to each area. She advised these regional reports could serve as a model or data source for the broader statewide trauma dashboard.

Dr. Smith expanded on potential system-level metrics such as:

- Monitoring non-therapeutic transfers
- Pediatric transfers
- Care appropriateness and transfer utilization

Dr. Smith asked where the dashboard would be operationalized, through GTC, RTACs, or GQIP? She highlighted the need for clarity on which body governs which metrics and projects to avoid duplication or confusion between system-level initiatives and center-specific PI work.

Dr. Dunne emphasized the need to define the purpose of the trauma dashboard, whether it serves as a snapshot of the trauma system's overall health or as a tool to identify and launch PI projects across the system.

Elizabeth Atkins confirmed that the Committee previously agreed that the dashboard's purpose is to evaluate system efficiency, distinct from clinical outcomes tracked in GQIP. The group should not rush to finalize the metrics; instead, take time to define meaningful, evidence-based indicators.

The Committee agreed to continue developing the dashboard as an ongoing project over the subsequent meetings. Elizabeth Atkins suggested meeting face-to-face during the Biannual GQIP meetings to build and refine dashboard metrics collaboratively. The dashboard should measure system efficiency, focusing on timely patient transfers and appropriate routing of patients to correct facilities.

Elizabeth Atkins advised that she and Gina Solomon could share examples of system-level metrics and dashboards from other organizations. Dr. Dunne reemphasized the need to identify approximately 6-7 key indicators to prevent information overload; the metrics should be graphical and visual rather than a raw spreadsheet.

Courteny Terwilliger suggested creating a shared list before the next meeting to compile proposed dashboard metrics, allowing the Committee to start discussions with an established baseline rather than using meeting time to brainstorm from scratch.

The Committee agreed to start collaborative discussions via Basecamp. Dr. Alexis Smith volunteered to start the conversation and share a reference paper for members to review. Elizabeth Atkins and Gina Solomon will upload dashboard examples and related files. Gabby will set up the Basecamp and ensure members are added to the project.

CLOSING REMARKS

Presented by Dr. Dunne

Dr. Dunne thanked the committee members for their contributions.



GEORGIA TRAUMA COMMISSION

SUMMARY OF MEETING & ADJOURNMENT

- Marie shared that thirty-four 2025 imports have been received to date. There were some error messages during a select number of imports caused by inconsistencies in AIS coding versions.
- Discussion on trauma registry vendors has been deferred until more stakeholder input is received.
- Dr. Dunne shared updates on the two-center time to definitive care study; a manuscript rough draft is currently under development and will be distributed to Committee members for feedback.
- The Committee discussed progress on the statewide time-to-definitive-care study, focusing on the data scientist engagement and IRB approval. Dr. Alexis Smith and Gina Solomon will discuss the IRB preparation request with Dr. Ayoung-Chee during their meeting on Thursday.
- The Committee reviewed the revised trauma system dashboard draft (**ATTACHMENT A**). It was agreed that the dashboard's primary focus should be system efficiency. The Committee agreed to start a Basecamp to continue dashboard development with the following action items:
 - Alexis Smith offered to share a reference paper to guide the development of the dashboard.
 - Elizabeth Atkins and Gina Solomon will upload sample dashboards and system metric examples.
 - All members will contribute to identifying approximately 6-7 key indicators.
- Dashboard discussions will continue during the subsequent Committee meetings, with an in-person opportunity at a biannual GQIP meeting.

The meeting adjourned at 3:15 PM.

Minutes Respectfully Submitted by Gabriela Saye