

APPROVED
02.19.24

Georgia Committee for Trauma Excellence (GCTE)

November 20, 2024

2:30 PM – 4:30PM

[Meeting Recording and Attachments Link](#)

Tracy Johns, Atrium Health Navicent

GCTE Chair

EXECUTIVE MEMBERS PRESENT	REPRESENTING
Tracy Johns, <i>Chair</i>	Atrium Health Navicent
Lynn Grant, <i>Vice chair</i>	Fairview Park Hospital
Kyndra Holm, <i>Education</i>	Wellstar MCG Children's Hospital of Georgia
Kellie Rowker, <i>Pediatric</i>	Children's Healthcare of Atlanta
Rayma Stephens/Ashley Bullington, <i>Performance Improvement</i>	Northside Gwinnett Hospital/Crisp Regional Hospital
Kelli Vaughn, <i>Registry</i>	Northside Gwinnett Hospital

ATTENDEES		
FIRST NAME	LAST NAME	ORGANIZATION
Cindy	Hoggard	AdventHealth Redmond
Nicole	Sundholm	AdventHealth Redmond
Katie	Hasty	Atrium Health Floyd
Melissa	Parris	Atrium Health Floyd
Crystal	Wynn	Atrium Health Floyd
Dawn	Truett	Atrium Health Floyd Polk Medical Center
Angela	Barton	Atrium Health Navicent
Josephine	Fabico-Dulin	Atrium Health Navicent
Joanna	Goss	Atrium Health Navicent
Brenna	McClure	Atrium health Navicent
Alicia	Cochran	Children's Healthcare of Atlanta
Susanne	Edwards	Children's Healthcare of Atlanta
Karen	Hill	Children's Healthcare of Atlanta
Rana	Roberts	Children's Healthcare of Atlanta
Echo	Standley	Children's healthcare of Atlanta

ATTENDEES		
Anna	Roberson	Coffee Regional Medical Center
Ashley	Bullington	Crisp Regional Hospital
Charly	Ussery	Crisp Regional Hospital
Laura	Lunsford	Doctors Hospital Of Augusta
Chris	Ruiz	Doctors Hospital Of Augusta
Lindsey	Lewis	Effingham Health System
Brooke J.	Marsh	Emanuel Medical Center
Gail	Thornton	Emanuel Medical Center
Cheryle	Ward	Georgia Trauma Foundation
Jessi	Astrella	Grady
Lawrence	Blair	Grady
Debbie	Boyett	Grady
Samantha	Buchanan	Grady
Andrea	Costanzo	Grady
Teri	Craig	Grady
Joy	Eleby	Grady
Jennifer	Freeman	Grady
Rebecca	Gaskins	Grady
Marci	Glenney	Grady
Krystal	Harper	Grady
Paige	Hernandez	Grady
Amy Annia	Jeune	Grady
Leigh	Pack	Grady
Emily	Page	Grady
Sarah	Parker	Grady
Rocky	Rothenberg	Grady
Angela	Sanabria	Grady
Stacey	Shiple	Grady
Maria	Silva	Grady
Roger	Smith	Grady
Ashley	Steele	Grady
Barbara	Thomas	Grady
Pamela	Van Ness	Grady

ATTENDEES		
Pamela	Vanderberg	Grady
Kim	Brown	Hamilton Medical Center
Lauren	Zavala	Hamilton Medical Center
Farrah	Parker	JMS Burn Center
Jessica	Davis	John D. Archbold Memorial Hospital
Mary Beth	Goodwin	John D. Archbold Memorial Hospital
Tammie	Russell	Liberty Regional Medical Center
Chuck	Massey	LifeLink of GA
Whitney	Williamson	Memoial Health University Medical Center
Thara	Adams Dukes	Memorial Satilla Health
Christie	Mathis	Morgan Medical Center
Linda	Greene	Northeast Georgia Medical Center
Blanca	Hinojosa	Northeast Georgia Medical Center
Jessica	Mantooth	Northeast Georgia Medical Center
Nadirah	Burgess	Northside Gwinnett Hospital
Dana	Davis	Northside Gwinnett Hospital
Tracy	Harris	Northside Gwinnett Hospital
Sarah	Holcombe	Northside Gwinnett Hospital
Colleen	Horne	Northside Gwinnett Hospital
Kim	Smith	Northside Gwinnett Hospital
Rayma	Stephens	Northside Gwinnett Hospital
Becky	Weidler	Northside Gwinnett Hospital
Danlin	Luo	OEMST
April	Moss	OEMST
Marie	Probst	OEMST
Stacey	Smith	OEMST
Deborah	Anderson	Parallon
Lindsey	Bryant	Parallon
Brandi	Fitzgerald	Phoebe Putney Memorial Hospital
Jennifer	Talkington	Phoebe Putney Memorial Hospital
Heather	Morgan	Piedmont Athens Regional
Stephanie	Stribling	Piedmont Athens Regional
Shannon	Thomas	Piedmont Athens Regional

ATTENDEES		
Brett	Buehner	Piedmont Augusta
Victoria	Carter	Piedmont Cartersville
Brad	Cothran	Piedmont Cartersville
Kristen	Gentry	Piedmont Cartersville
Jerry	McMillan	Piedmont Cartersville
Amy	Stephens	Piedmont Cartersville
Karneshiha	Curry	Piedmont Columbus Regional
Marilyn	Dunlap	Piedmont Columbus Regional
Kelly	Gasser	Piedmont Columbus Regional
Tamara	Patterson	Piedmont Columbus Regional
Mary	Willis	Piedmont Columbus Regional
Shalonda	Wright	Piedmont Columbus Regional
Jay	Connelly	Piedmont Henry Hospital
Justin	Keeton	Piedmont Henry Hospital
James	Polston	Piedmont Walton
Stevanie	Reynolds	Piedmont Walton
Courtney	Canino Eason	SGMC Health
Beth	Cargile	SGMC Health
Chelsea	Carter	SGMC Health
Janann	Dunnavant	SGMC Health
Tetra	Jenkins	Washington County Regional Center
William	Briggs	Wellstar Cobb
Shelby	Lemon	Wellstar Cobb
Cristina	Soto Olvera	Wellstar Cobb
Adalynn	Rath	Wellstar Douglas
Stephanie	Greenstein	Wellstar Health System
Regina	Medeiros	Wellstar Health System
Megan	Dawson	Wellstar Kennestone Regional Medical Center
Julie	Freeman	Wellstar Kennestone Regional Medical Center
Grace	Mills	Wellstar Kennestone Regional Medical Center
Jamie	Van Ness	Wellstar Kennestone Regional Medical Center
Taitiana	Woods	Wellstar Kennestone Regional Medical Center
Danielle	Johnson	Wellstar Kennestone Regional Medical Center/RTAC

ATTENDEES		
Ashley	Faircloth	Wellstar MCG
Kyndra	Holm	Wellstar MCG
Patricia	Smith	WellStar MCG
Elizabeth	Folse	Wellstar North Fulton Hospital
Rhonda	Jones	Wellstar North Fulton Hospital
Jason	Lanyon	Wellstar North Fulton Hospital
Kerry	Carter	Wellstar Paulding
Vaughn	Tejedor	Wellstar Spalding Medical Center
Rachel	Hand	Wellstar West Ga Medical Center

TOPIC	DISCUSSION
Call to Order/Approval Mins Intro of New Members	<p>Tracy Johns, Committee Chair, called the meeting of the Georgia Committee for Trauma Excellence (GCTE), a committee of the Georgia Trauma Commission (GTC), to order at 2:30 pm.</p> <p>After the roll call, Lynn requested a motion to approve the August 1st meeting minutes:</p> <p><u>MOTION GCTE 2024-11-01:</u> Motion to approve August 1, 2024, meeting minutes. MOTION: Ashley Bullington SECOND: Rachel Hand DISCUSSION: None ACTION: The motion <i>PASSED</i> with no objections nor abstentions</p>
Georgia Trauma Commission (GTC) Update	<p>Liz Atkins provided the following updates:</p> <ul style="list-style-type: none"> • The next Georgia Trauma Commission meeting is set to take place on Thursday, November 21st at the State Office of Rural Health to focus on rural health priorities. • Legislative preparations are underway, focusing on financial challenges faced by healthcare providers. We have asked trauma centers to submit a finance key performance indicator worksheet by December 18th. The tool will illustrate the financial struggles and help advocate for improved reimbursement policies.

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	<ul style="list-style-type: none"> ● The rural needs assessment results have been presented. Feedback from stakeholders underscored the need for tailored educational resources. The Commission plans to pilot and refine these resources in collaboration with stakeholders. ● The startup registry grants are ongoing, garnering interest from rural centers. The grant covers significant costs associated with data abstraction and registry software. ● Gabby provided an update on the development of next year’s performance-based pay metrics: Six stakeholders are actively reviewing the criteria, outcome measures, and tiered allocation percentages. Recommendations will be finalized by the end of December, followed by a two-week stakeholder open comment period. ● Dr. Ashley presented two papers, “<i>The Economic Impact of Decreasing State Trauma Mortality on Lifetime Personal Income and State Tax Revenue</i>” and the “<i>Impact of American College of Surgeons Trauma Verification on a Statewide Quality Collaborative</i>” at the 83rd annual meeting of the AAST in Las Vegas on September 11th. “<i>Impact of American College of Surgeons Trauma Verification on a Statewide Quality Collaborative</i>” was accepted for publication in JTACs and is pending final proof. This will be an open-access publication, so it will be available globally without subscription requirements. <p>Liz closed her report by encouraging centers to distribute the GTC FY 2024 annual report (ATTACHMENT A), which showcases the collective achievements of the Commission and its partners</p>
<p>Office of EMS & Trauma (OEMST) Update</p>	<p>Marie Probst provided the following updates:</p> <ul style="list-style-type: none"> ● Level I centers achieved 100% compliance in timely data downloads, OTCP submissions, trauma surgeon response rates, and record closure rates. ● Level II centers maintained strong compliance in data submissions and record closure rates, but three of nine centers showed a decline in trauma surgeon response rates, reducing compliance to 67%. ● Level III centers showed high compliance with timely OTCP submissions. One center experienced delays in data downloads, but the trauma surgeon response rate met standards at 80%, with 100% record closure rate. ● Level IV centers achieved 78% for timely data download compliance and record closure rate. OTCP compliance was 89%.

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	<p>Marie highlighted that one quarterly report and two TMD signatures for FY 2025 quarter one, are pending. She encouraged centers to verify submission status via the LMS system. Looking ahead, quarter two reports will open on December 15, 2024, and is due January 15, 2025. The form will close on January 31, 2025.</p> <p>Stacee Smith provided the following updates:</p> <ul style="list-style-type: none">• Wellstar Paulding and Piedmont Cartersville have been redesignated.• The Annual Trauma Registry Report is accessible on the DPH OEMST website: https://issuu.com/gadph/docs/georgia_trauma_registry_2023_annual_report-draft_v• Five consultations were completed this year for Level III and IV centers, with scheduling open for 2025.• There is an anticipated release of Level IV standards in March 2025, followed by a public comment period.• This year we added SBIRT into the OTCP Q1. Please avoid including patient health information (PHI) in the submissions.• The Georgia Trauma Registry Criteria will align with the 2025 NTDS criteria. The 2025 registry maintenance is complete with facility and EMS provider IDs integrated in the V5 and new ESO registry platform. Thanks to Marie for her efforts in entering the facility and provider data for the new ESO platform.• 2025 ImageTrend Patient Registry Data Dictionary was sent to ESO and ImageTrend. The 2025 schema for OEMST will include the NTDS, ITDX and 41 Georgia extension fields. The extension fields include 18 additional fields over what is being collected in 2024.• Ongoing technical support is being provided to Grady as they navigate issues with the new ESO platform.• Please reach out to us with feedback to improve the OTCP process, we want to ensure it remains beneficial for both facilities and DPH OEMST, stacee.smith2@dph.ga.gov <p>April Moss shared that the DPH OEMST is looking to enhance the OTCP reports to help address deficiencies observed during ACS visits and state designation reviews to help centers proactively monitor and improve deficiencies. Updates to the OTCP will be made annually, rather than quarterly, to avoid excessive changes. Before finalizing updates, feedback will be requested to ensure the changes are practical and beneficial for all.</p>

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Georgia Trauma Foundation Update	<p>Cheryle Ward provided the following updates:</p> <ul style="list-style-type: none"> • The Foundation is currently offering eight grant awards, each up to \$10,000, aimed at projects that improve trauma care in Georgia. Eligible initiatives include injury prevention, trauma education, public awareness, and advocacy. A flyer with application details and a QR code has been distributed (ATTACHMENT B). The application deadline is November 30, 2024. • The Georgia Gives on Giving Tuesday will be on December 3, 2024. This year's campaign focuses on funding Stop the Bleed kits, which are in high demand following the recent Apalachee High School incident. Early giving has already begun, please consider contributing and sharing the campaign via social media (ATTACHMENT B). • Trauma Awareness Day will be scheduled at the Georgia State Capitol on January 28, 2025. This event provides an opportunity for trauma centers to connect with state legislators. Attendees must register in advance using QR code on the flyer to help with breakfast arrangement (ATTACHMENT C). • The next fundraising event will be held at the Georgia Aquarium on May 17, 2025. Details will follow, but we encourage you to the save the date. • The Trauma Resource Library on the Foundation's website has been updated with reviewed and relevant documents. Participants are encouraged to upload additional resources or provide documents for inclusion. • The Continuing Education Instructor Database (CEID) is a centralized database that helps connect instructors with facilities for courses like ENPC, TNCC, and RTTDC. Active participation is crucial to ensure its continued funding. Educators are encouraged to update their certifications or register if not already listed. • The Rural Continuing Education Program offers free continuing education to staff at rural and critical access hospitals. Current courses included ENPC, TNCC, RTTDC, and plans to add ATLS soon. <p>Cheryle reminded attendees that all Foundation resources are available on their website: https://georgiatraumafoundation.org/</p>
Georgia Quality Improvement Program Update	<p>Gina Solomon provided the following updates:</p> <p>The 2025 data dictionary is nearly completed. The dictionary is essential to map the data correctly for 2025. There are some remaining clarifications to made regarding the updated procedure pick list, particularly the inclusion of tourniquets and needle decompressions. The team is awaiting final confirmation on whether these changes can be implemented. The expected timeline for release is by the</p>

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	<p>first of December; It takes ESO 90 to 180 days for implementation after final approval. The 2025 national updates should be rolling out soon, with new NTDS fields.</p> <p>Committee members discussed concern about having to backtrack and re-enter data once the State updates are implemented, typically around April or May. The national updates take precedence over State updates. This remains a recurring challenge each year.</p> <p>GQIP Winter 2025, February registration will be sent out soon.</p> <p>Discussion shifted to technical concerns regarding the use of the old V5 system. The system is outdated and not designed to handle new validation rules or fields. Gina clarified the most recent updated involved updates to the picklists with no validation rules or additional fields.</p>
Subcommittee Reports	<p>Before Subcommittee reports, Tracy asked new committee members to introduce themselves, centers to share upcoming ACS survey dates, and share changes in roles.</p> <p>Education: Kyndra Holm provided the following updates:</p> <ul style="list-style-type: none"> • The Trauma and Burn Program Manager toolkits have been completed and combined into a single resource to support team members across Georgia. The toolkit was shared with the Education Subcommittee and GCTE leadership, and nursing colleagues for feedback. While no feedback has been received yet, we plan to present the document for final approval at the next Education Subcommittee meeting. Once approved, it will be added to the Georgia Trauma Foundation Resource Library. • The Essential Skills Toolkit for Non-Trauma Hospitals is complete. It is currently being formatted to align with the Georgia Trauma Commission’s branding and is set to be submitted for approval at the December meeting. • The Society of Trauma Nurses’ (STN) e-library of trauma education modules has been shared statewide, and feedback has been positive. For hospitals interested in accessing the modules please reach out to Kyndra.Holm@wellstar.org, an MOU must be completed. There is a new set of orientation modules that can be customized with hospital-specific information, and we are exploring if it would be feasible for the Georgia Trauma Commission to provide group access similar to the e-library modules.

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	<p>Committee members discussed the possibility of shifting to a more practical and hands-on model for trauma education, suggesting the State implement a standardized baseline education that could be used across all trauma centers, particularly in rural areas. Kyndra suggested the existing PowerPoint trainings could serve as a solid foundation, especially for smaller centers, but it should be supplemented with more specific, skills-based training and clinical orientation. Committee members suggested acquiring a group license, which would allow all centers in the State to access the training at a reduced cost. The price for the group license was estimated at \$199.</p> <p>Kyndra Holm closed her report by announcing she will be stepping down as Chair of the Education Subcommittee at the beginning of the new year, passing the role to Julie Freeman. Kyndra expressed gratitude for the opportunity to serve in this role.</p> <p>Pediatric: Kellie Rowker provided the following updates:</p> <ul style="list-style-type: none">• The Shock Index Pediatric-Adjusted (SIPA) project is ongoing, with educational materials sent out to every center in the State. If you did not receive educational packets, please reach out to: kellie.rowker@choa.org. Northside Gwinnet requested further education, and we are working to schedule a session with them. SIPA education has also been incorporated into three recent EMS trauma symposiums, ensuring EMS personnel were educated on its importance and application.• The Subcommittee is collaborating with the Education Subcommittee to create the Pediatric Transfer Toolkit. This toolkit aims to improve pediatric transfer procedures by updating the 2014/2015 STN Transfer Toolkit. The new toolkit will reflect specific needs and practices of pediatric centers in Georgia. Additionally, it was suggested that pediatric centers provide clear directions for families to ensure that transport to specialized centers is as smooth and efficient as possible.• Scottish Rite and the Arthur M. Blank hospitals will be involved in the MATIC 2 Study starting in January. The study will explore the use of whole blood transfusions in pediatric trauma cases, and its findings are expected to answer questions about the safety and efficacy of whole blood use in children.• The EMS Safe Pediatric Transport project aims to address the issue of pediatric patients being transported without age-appropriate safety constraints. Kellie advised she can share the QR code to their survey (ATTACHMENT D) and is happy to house the data in their Redcap tool. Additional reference documents with the project backstory are included. (ATTACHMENT E).

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	<p>Performance Improvement: Rayma Stephens provided updates:</p> <ul style="list-style-type: none"> • The Subcommittee has been actively working on refining timeframes for emergent and urgent patients. After conducting multiple surveys with subcommittee members, we reached consensus on the following recommendations. <ul style="list-style-type: none"> • Emergent patients should be transferred within 120 minutes • Urgent patients should be transferred within 240 minutes • Rayma clarified the timeframe refers to the time from arrival to departure • Tracy is working on consolidating the literature review, and Rayma has already reviewed several relevant articles. The subcommittee members have consulted with the GQIP Time to Care workgroup to ensure consistency across statewide initiatives. • Rayma requested if the Pediatric team could share their pediatric transfer time project to ensure goal's do not overlap. Kellie Rowker advised the pediatric transfer initiative is still in its early stages, but the timeline will likely align with adult recommendations. • The group is looking to gather best practices from centers that have undergone verification under the new standards. These centers are encouraged to share any tools or lessons learned that could benefit others in streamlining their verification processes. <p>Kyndra Holm added that the Education Subcommittee had previously developed a PowerPoint aimed at educating hospitals and referring facilities on proper transfer procedures. Kyndra offered to share this PowerPoint with Rayma and with Cheryle Ward to post on the Foundation's Resource Library.</p> <p>Registry: Kelli Vaughn provided the following updates</p> <ul style="list-style-type: none"> • The Georgia Trauma Commission has funded two AIS courses, AIS 2008 last year, and the AIS 2015 course this year, with 57 participants registered to take the self-paced course. Next year's education course will focus on either a registry-specific course or an ICD-10, which are crucial for ACS verification and compliance. <p>Kelli asked what the deadline for funding requests were for the following year. Liz clarified they would need to receive it by January or February.</p> <ul style="list-style-type: none"> • The group has developed a shared Excel workbook, which includes tabs dedicated to each area of the registry. The workbook serves as a living document where decisions, recommendations, and case examples are recorded. The document is intended to be updated regularly after each registry subcommittee meeting shared with all relevant stakeholders. Additionally, a suggestion was made

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	<p>to include a PRQ tab, which could track registry reports. The ACS does not have a template for registry reports.</p> <ul style="list-style-type: none"> • A TQIP download error for the second quarter has come up. The system is not auto selecting the correct option for TQIP submission, and users have to manually choose between TQIP or TQIP without process measures. Collene Horne reached out to TQIP, who confirmed the error and indicated it would be addressed shortly. Kelli will forward the information to all centers to ensure they are aware of the issue and can take corrective actions in time for their upcoming downloads. <p>Injury Prevention and Outreach: Lynn Grant provided an update on activities on behalf of Kristal Smith:</p> <ul style="list-style-type: none"> • Back to School STB webinars held July-August with over 1,500 participants. • Falls Free Fridays and Fall Prevention Month in September highlighted Ga Trauma Systems via Bingocize and Fall Prevention Initiatives for EMS and Fire. • National Injury Prevention Day was on November 18, 2024, and we provided a series of webinars. • Emily Burnside from Memorial Health in Savannah conducted a webinar focused on ATV safety, aimed at educating the public about the risks associated with ATV use.
Committee Votes: GCTE Vice Chair for 2025-2026, 2025 Meeting Dates, and ACS Standard Review Continuation	<p>Lynn Grant, the current vice-chair, will move into the role of Chair, prompting the need for a new vice chair. Two nominees were presented and members casted their votes via Mentimeter (ATTACHMENT F). After votes were cast, Kyndra Holm was elected the new vice chair by simple majority. Tracy Johns congratulated Kyndra on her new role.</p> <p>The next item for vote included the proposed 2025 meeting dates (ATTACHMENT G). Members casted their votes via Mentimeter and the dates were approved by simple majority.</p> <p>Lynn Grant asked GCTE member if they would like to continue reviewing ACS standards for future meetings. Members casted their votes on Mentimeter and it was determined that ACS standards review should continue. It was noted that the ACS is set to release new rural standards, and the Committee might focus on reviewing these as they are introduced.</p>
4.1 Trauma Surgeon Requirements	Tracy reviewed the ACS standard 4.1 (ATTACHMENT H), which applies to Levels I, II, II, and pediatric Levels I and II. This standard emphasizes trauma surgeons must complete an ATLS course at least once, with some centers, Level I, required their surgeons to become instructors. The standard also reviews privileges, board certification, and evidence needed for compliance.

TOPIC	DISCUSSION
4.2 Trauma Surgeon Coverage	<p>Tracy also reviewed ACS standard 4.2 (ATTACHMENT I), which also applies to Levels I, II, III, and pediatric Levels I and II. All trauma centers must ensure continuous trauma surgery coverage, 24/7/365. Level I and II trauma centers require trauma surgeons to be dedicated to a single trauma center while on call, with no overlapping duties at multiple centers.</p> <p>Marie Probst highlighted the requirement references the count of entries is defined as all patient entries who meet NTDS inclusion criteria. She advised any records outside of NTDS criteria should be used for internal tracking purposes only. Tracy stressed the importance of adhering to NTDS criteria to ensure accurate state and verification reports.</p>
4.3 Trauma Surgery Backup Call Schedule	<p>Standard 4.3 (ATTACHMENT I) emphasizes backup call schedules for trauma surgery. Level I and II centers must have a published backup call schedule, while Level III centers are required to have a documented backup plan. Some Level III centers do not have a formal backup, but instead, have policies in place to handle situations where a trauma surgeon is unavailable.</p> <p>The committee discussed several approaches including using house supervisors to assist help find backup when surgeons are caught up in surgeries.</p> <p>The discussion turned to the importance of preparing for upcoming surveys and gathering the necessary documentation. Data collection should be started early to avoid last-minute issues, highlighting the challenges involved in compiling call schedules and other documentation.</p>
Shared Celebrations	<p>The meeting concluded with a discussion on a recent outreach event at Fairview Park Hospital in partnership with Wellstar Kennestone and the Lutzie 43 Foundation, to promote safe driving and prevent distracted driving among high school students. The event had 248 attendees and was praised for its effectiveness in engaging the community and raising awareness about trauma care.</p>
Adjournment	<p>Before adjournment, Tracy Johns expressed appreciation for everyone's participation and contributions. The next meeting is scheduled for February 19th</p> <p><i>Tracy Johns adjourned the meeting at 4:30 pm</i></p>