

APPROVED
02.20.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes

Thursday, November 21, 2024

9:00 AM – 12:00 PM

State Office of Rural Health

Cordele, Georgia

Meeting Recording: <https://youtu.be/MYtOgz13jdg>

Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman
Dr. Regina Medeiros, Secretary-Treasurer
Dr. John Bleacher
Mr. Courtney Terwilliger
Mr. Terry Cobb
Mr. Pete Quinones
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	Virtual
Tracy Johns	Atrium Health Navicent, TPM	In Person
Patrice Walker	Atrium Health Navicent, Chief Medical Officer	Virtual
Ashley Bullington	Crisp Regional, TPM	In Person
Alicia Register	Crisp Regional, TMD	In Person
Dean Burke	Department of Community Health, Chief Medical Officer	In Person
Marie Probst	DPH OEMST, State Trauma Registrar	Virtual
Stacee Smith	DPH OEMST, State Trauma Coordinator	In Person
Brooke J. Marsh	Emanuel Medical Center, TPM	Virtual
Gail Thornton	Emanuel Medical Center, Trauma Registrar	Virtual
Lynn Grant	Fairview Park Hospital, Trauma Program Director	In Person
Cheryle Ward	Georgia Trauma Foundation, Executive Director	In Person
Pamela Vanderberg	Grady, VP, trauma and burn services	Virtual
Scott Maxwell	HCA, Lobbyist	Virtual
Tammie Russell	Liberty Regional Medical, Trauma Program Coordinator & Outreach	Virtual
Christie Mathis	Morgan Medical Center, TPM	Virtual

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Nadirah Burgess	Northside Hospital Gwinnett, Trauma Program Manager	Virtual
Lemuel Dent	Phoebe Putney Memorial Hospital, TMD	Virtual
Brandi Fitzgerald	Phoebe Putney Memorial Hospital, Trauma Program Manager	In Person
Heather Morgan	Piedmont Athens Regional, TPM	Virtual
Mark Benak	Piedmont Walton, TMD	In Person
James Polston	Piedmont Walton, TPM	In Person
Brian Dorriety	Region 7, RTAC Coordinator	Virtual
Emily Brown	SGMC Health, EMS and Trauma Director	In Person
Courtney Canino Eason	SGMC Health, Trauma PI Coordinator	In Person
Beth Cargile	SGMC Health, RN / Registrar	In Person
Raeda Anderson	Shepherd Center, Scientist	In Person
Nadine Lynch	Wellstar Cobb Medical Center, Burn Program Manager	Virtual
Adalynn Rath	Wellstar Douglas, Trauma Coordinator	In Person

CALL TO ORDER (00:00:08)

Dr. Dennis Ashley called the meeting to order at 9:00 AM, with eight Commission members present.

CHAIRMAN REPORT (00:00:30)

Presented by Dr. Dennis Ashley

Dr. Ashley opened the meeting by recognizing National Rural Health Day, marking a significant opportunity to celebrate and address rural health initiatives. We had a great meeting and engagement during yesterday's GQIP Fall meeting, which included a breakout for the Trauma Medical Director's Committee and the Georgia Committee for Trauma Excellence (GCTE). Dr. Ashley praised the collaborative and dynamic environment, reflecting the commitment of all attendees to advancing trauma care in Georgia.

OPENING REMARKS (00:01:47)

Presented by Dr. Dean Burke

Dr. Burke, Chief Medical Officer for the Department of Community Health and former Georgia State Senator, opened the meeting with a warm welcome. Highlighting his rural Georgia roots, Dr. Burke emphasized the unique health challenges faced by rural communities and his dedication to addressing them. He provided an overview of his Department of Community Health role, describing his focus on Medicaid management, state employee health programs, and health facility regulation. The Office of Rural Health Executive Director Nita Ham was commended for her active engagement with rural communities and efforts to bolster grant programs that address rural and statewide health needs.

Dr. Burke praised the Commission for its leadership in improving trauma care access and noted Georgia's progress as a national model in trauma system development.

RURAL CONNECT TO PURPOSE (00:10:06)

Presented by Emily Brown

Elizabeth Atkins emphasized the need to recognize National Rural Health Day and its importance in connecting to purpose. Emily Brown, EMS and Trauma Director at SGMC Health was invited to share a case study highlighting the challenges and solutions in rural trauma care.

Emily Brown shared an SGMC Health patient success story (**pgs. 3-11**), providing background on SGMC Health and presenting a case study of a severe trauma incident that occurred on October 24, 2024, detailing initial resuscitation, operating room, recovery, transfer, and outcome.

Captain Bracewell joined Emily in recounting his story of survival and recovery. Bracewell expressed heartfelt gratitude to the medical teams, trauma professionals, and individuals who played pivotal roles in his recovery, sharing that miracles can happen when the right people, resources, and timing align.

The Georgia Trauma Commission formally presented a plaque recognizing South Georgia Medical Center's (SGMC) commitment to providing exceptional care and joining the statewide trauma system, ensuring critical resources for injured patients in rural areas.

Dr. Ashley reflected on the significance of Bracewell's story, noting how it serves as a powerful reminder of their work's value. Members were encouraged to take pride in their contributions and find motivation in stories like Captain Bracewell's, which exemplify the impact of commitment to saving lives.

APPROVAL OF MEETING MINUTES (00:30:25)

Presented by Dr. Dennis Ashley

Dr. Ashley requested a motion to approve the August meeting minutes, **pgs. 12-36**.

MOTION GTCNC 2024-11-01:

Motion to approve the August 15, 2024 meeting minutes as submitted

MOTION BY: Regina Medeiros

SECOND BY: Pete Quinones

VOTING: All members are in favor of the motion.

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

OFFICER ELECTIONS (00:30:49)

Presented by Dr. Dennis Ashley

The Commission moved on to officer elections. The nominations for Vice Chair and Secretary/Treasurer were presented:

- Dr. Regina Medeiros for Vice-Chair, nominated by Dr. James Dunne
- Pete Quinones for Secretary-Treasurer, nominated by Dr. James Dunne and Dr. Regina Medeiros

With no further nominations, a vote was held. The nominations were approved unanimously, and the new officers were confirmed.

BYLAWS UPDATE (00:32:07)

Presented by Dr. Regina Medeiros

Dr. Medeiros took the floor to discuss the periodic update to the Commission's bylaws. The Committee convened to provide recommendations. The proposed updates were:

- Officer and Committee Chair Terms: Aligning the expiration dates so updates and elections can occur simultaneously.
- Virtual Attendance: Updated to reflect current practices for virtual participation in meetings
- Per Diem and Reimbursement: Allowing per diem payments in person or virtually.
- Commission Member Orientation: Orientation will be the responsibility of the Executive Director.

After reviewing the proposed changes, Dr. Medeiros requested a motion to approve the revisions.

MOTION GTCNC 2024-11-02:
Motion to approve the revised Bylaws

MOTION BY: S. Rob Todd

SECOND BY: John Beacher

VOTING: All members are in favor of the motion.

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

EXECUTIVE DIRECTORS REPORT (00:34:45)

Presented by Elizabeth Atkins

Liz Atkins referenced the full report on **pages 33-37**, which provides a high-level overview of the progression of our key initiatives over the last quarter. The Georgia Trauma Commission has collaborated with Lenz Marketing to develop materials, engage in social media, and expand its digital presence. Liz invited Christine Mahin, Vice President of Lenz Marketing, to summarize their work and impact.

Christine provided an update on marketing efforts undertaken in the past year (**pgs. 39-63**), reviewing the creation of materials, digital campaigns, and social media efforts. Looking forward, Lenz Marketing outlined their plans to continue working with the Georgia Trauma Commission, focusing on enhancing search engine optimization (SEO) to improve the visibility of the website, providing a detailed explanation of the Commission's change in nomenclature, and providing support for email newsletters and other digital outreach efforts. Liz expressed gratitude for their hard work and support, particularly for creating the one-pager for legislative funding. She emphasized that with their collaboration, the Georgia Trauma Commission has significantly improved its reach and audience engagement.

Liz continued the Executive Director's report, advising that the 2025 Commission meeting dates needed approval (**pg 38.**). The February meeting was highlighted to coincide with the GQIP Winter meeting at Callaway Gardens in Pine Mountain.

MOTION GTCNC 2024-11-03:
Motion to approve the 2025 proposed meeting dates

MOTION BY: Terry Cobb

SECOND BY: S. Rob Todd

VOTING: All members are in favor of the motion.

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

Liz Atkins requested a brief RTAC update from Crystal Shelnutt.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REPORT (00:48:50)

Presented by Crystal Shelnutt

Crystal Shelnutt encouraged Commission members to review each region's quarterly update provided in the packet (pgs. 64-89). Significant advancements have been made, particularly in trauma education. Many regions have been hosting trauma symposiums and specialized trauma classes, receiving positive participant feedback.

Crystal reported that forty (40) applications were received during the October Stop the Bleed application period, with 1,100 kits requested by eligible organizations. New vacuum-sealed kits were introduced and designed to be more compact and efficient. A key addition to the kits is a QR code that directs users to the Trauma Commission's website, allowing them to report the use of a kit. This new feature will enable better data collection and kit usage tracking.

The RTAC Coordinators are conducting an annual educational needs assessment for EMS field providers, EMS leadership, and hospital staff. The flyer (pg.90) includes a QR code for easy access to the survey and is being distributed. The survey aims to gather feedback on areas where education and training can be improved. Emphasis was placed on ensuring that respondents understand the survey is non-punitive to support education and improvement. The RTAC Coordinators and Chairs will have its first in-person meeting in February, where they will review the results gathered from the assessment and formalize the recommendations for further action.

Dr. Dennis Ashley expressed appreciation for the great work accomplished by the RTAC Coordinators.

FINANCE & BUDGET COMMITTEE REPORT (00:52:23)

Presented by Dr. Regina Medeiros and Katie Vaughan

Before turning the floor to Katie, Dr. Medeiros mentioned that the Finance and Budget Committee approved a Georgia Trauma Foundation funding request for advertising campaign support. The expense will be added under the contingency funds.

Katie provided an update on the Finance and Budget Committee report (pgs.91-115):

Regarding contract updates, Katie explained that changes would be made to the registry support funding language, specifically the clause stating that centers could receive funding for up to two years. The revision will allow centers pursuing initial or re-verification to be evaluated yearly for eligibility rather than automatically ceasing funding after two years.

The expense to the budget was noted on pages 93-95. Katie reviewed the open purchase orders (pg. 96), noting that several purchase orders are expected to close out by the end of the fiscal year.

On pages 101-102, a timeline outlining the Commission's progress and upcoming milestones was shared. Key items included the vote on the PBP in February and financial reports due to the Office of Planning and Budget (OPB) in January. Upcoming votes will also address the initial reallocation plan.

The FY2024 readiness report, which details how the various contracted centers utilized their readiness dollars in FY 2024, was covered on **pages 103-104**.

Lastly, Katie reviewed the Super Speeder revenue (**pgs 105-108**), showing that the fund is \$531,000 ahead of the FY 24 cumulative amounts. Katie also shared that the Fireworks revenue had just come in, totaling \$1.5 million.

Dr. Ashley had previously requested the Finance Committee propose potential projects for the Foundation to fund, and three projects are included in the packet for review (**pgs 109-115**). The goal of these projects was to identify initiatives aligning with the mission and needs of the Georgia Trauma Commission and Georgia citizens. Crystal Shelnett was asked to review the three projects.

1. Ongoing Support for Stop the Bleed Kits (pgs. 111-112)

The focus is to provide additional bleeding control kits to public schools, address gaps, and ensure that schools are equipped with updated supplies and trained personnel. A comprehensive review will begin in January to assess current kit availability and usability in schools and identify opportunities for further distribution.

Commission members addressed the importance of ensuring that the kits are recognizable and traceable to the Commission. It was noted that the current kits feature a patch with the Georgia Trauma Commission logo, and new designs include a QR code for reporting usage. The QR code links directly to the Commission website.

A photo (**pg. 112**) was shared, providing a visual example of the kits used during a real-world emergency at Apalachee High School. The photo emphasized the value of placing kits in schools and with first responders. The visual underscored a systematic win, showcasing how the kits were effectively utilized by Barrow County Dire Department's rescue task force during a critical incident.

The Commission discussed ways to improve kit distribution and accessibility, including the potential to request specific items rather than entire kits. However, members highlighted the importance of providing comprehensive bleeding control kits rather than just individual components like tourniquets. Emphasis was placed on promoting a spectrum of bleeding control approaches to ensure users can effectively manage various scenarios.

Commission members discussed the potential of adapting the kits to align with specific law enforcement needs, such as minimalistic designs for easier integration with gear. While a collaboration with North American Rescue to explore tailored solutions was proposed, some members cautioned against deviating from established standards endorsed by national organizations like the American College of Surgeons (ACS).

It was noted that Stop the Bleed training was a prerequisite for receiving kits. The RTAC Coordinators facilitate training efforts and ensure participants receive instructions on the appropriate use of all kit components. Recruitment of additional instructors is ongoing.

Commission members suggested establishing clear funding targets to guide donor contributions effectively. A needs assessment will be launched in January to determine the number of kits needed per school. The kits are priced between \$46 and \$55 each. The RTAC Coordinators who have established contacts within

the school systems will facilitate the needs assessment. The goal is to grow the program gradually while leveraging existing resources for maximum impact.

2. Prehospital Blood Product Initiative (pg. 113)

Research supports the life-saving benefits of EMS providers administering whole blood pre-hospital. The proposed initiative includes startup funding per agency for essential equipment such as coolers, warmers, and administration sets. The importance of rolling out this initiative uniformly across the state was emphasized. Consistent protocols and a reporting mechanism for challenges and successes were suggested to ensure a cohesive approach.

It was recommended to set a baseline cost of \$9,160 for agencies, covering standardized equipment for a startup. Agencies wishing to exceed this baseline can do so independently. This approach ensures equitable access to resources while allowing flexibility for customization.

Commission members discussed the importance of obtaining feedback from EMS colleagues and other stakeholders to refine this initiative. The commission underscored the importance of collaboration and standardization in achieving statewide impact. The next steps involve detailed planning and stakeholder engagement to move these proposals forward.

The unique challenges faced in rural areas were discussed, where distance impacts timely access to critical resources like blood. While urban Georgia faces traffic-related delays, rural challenges revolve around vast distances and limited economies of scale. Commission members acknowledged the need for innovative solutions. Past successes were cited as examples of how tailored programs could address systemic barriers.

It was noted that many rural counties are capital-strapped, making it essential to develop funding models that ensure equitable resource distribution. Grants and funding could mitigate initial costs, but long-term sustainability depends on partnerships with hospitals and blood banks. Some hospitals have already begun supplying blood to EMS units, but questions about scalability and sustainability remain.

The importance of collaboration between hospitals, EMS services, and state organizations was underscored. A workgroup was proposed to define the program's scope, including the number of ambulances or supervisor vehicles equipped with blood storage capabilities. There is a need for statewide backing to ensure program success. Establishing agreements between hospitals and EMS services, creating a sustainable supply chain for blood products, and developing a strategic plan for expanding the program beyond initial pilot projects were considered.

The need for careful planning and checks before awarding the grants was emphasized. EMS agencies must demonstrate they can effectively use blood products. It was suggested that the EMS Committee work with other groups to collect data on the effectiveness of prehospital blood transfusions. Preliminary data suggests that utilization of blood products may be decreasing with the use of prehospital blood transfusions. Further data collection and review will be crucial for long-term success.

The discussion ended with a consensus on the importance of addressing logistical, economic, and operational challenges to effectively implement the blood delivery program.

3. Mobile Sim Lab (pg. 114-115)

A mobile sim lab project was presented as a significant step forward in providing on-site training for hospitals and EMS providers across Georgia. The mobile unit would feature two areas: the front designed to mimic an ER bay with slide-outs, and the back designed to resemble an ambulance. The unit would be equipped with adult and pediatric simulators and task trainers.

It was noted that simulation-based training is crucial for developing skills and understanding the technical significance of when and how to perform procedures. The estimated cost for the capital investment is around \$1 million, depending on the truck type and simulator brand.

Dr. Bleacher shared that the Foundation Board was enthusiastic about the potential impact of this project. Despite some logistical considerations regarding ownership, maintenance, and the truck's location, the idea received overwhelming support. Board members expressed excitement about the visibility and educational outcomes this project could bring, especially in rural areas where on-site, hands-on training is more effective.

One key point discussed was how the mobile simulation lab could complement existing education programs, including the Rural Trauma Team Development Course (RTTDC), by providing real-time, interactive training. Additionally, the possibility of partnering with high-tech centers within Georgia was explored to help gauge interest and assess the viability of this initiative.

The importance of structuring the fundraising efforts was highlighted. It was agreed that ongoing discussions would need to be held to fine-tune logistics, including maintenance costs such as fuel, tire changes, and general upkeep.

The Commission recognized that his mobile sim lab could help provide training where providers may not always be available to attend, allowing them to participate in hands-on training without the need to attend a formal class. The truck's ability to serve as a "drop-in" training resource during shifts could provide flexibility and convenience for healthcare professionals.

The discussion concluded with optimism about the projects selected for Georgia Trauma Foundation funding. Commission members agreed that the projects could significantly improve trauma care in Georgia with a strategic approach and proper planning.

EMS COMMITTEE REPORT (01:37:00)

Presented by Courtney Terwilliger

Courtney Terwilliger provided the following updates:

- The current budget for education has been approved.
- The equipment grant is set to open on December 2nd. The application packet is pending finalization, and grant information will be sent to eligible services.
- The AVLS equipment manufacturer has notified us that they will cease producing our purchased product. The newer products will allow us more flexibility in some areas but do not, at this point, support the integration of the temperature probes. We asked Dr. Boone to communicate with the vendor about the importance of this feature to our mission.

- The EMS recruitment initiative has been temporarily put on hold. Enhancing the initiative and exploring further improvements are under consideration. The focus remains on supporting EMS professionals and addressing ongoing recruitment challenges.
- EMS education planning has been moved up to review input from regions and ensure upcoming education efforts are aligned with the needs of EMS professionals across the state.

LIII/IV COMMITTEE REPORT (01:41:12)

Presented by Dr. Alicia Register

Dr. Alicia Register referenced the report on **pages 118-119**:

- A vendor has been identified to produce the MARCH PAWS videos; the next step is identifying people to do the talks. During the LIII/IV Committee meeting, there will be further discussion to identify additional equipment needed and locations throughout the state for easy transport to courses.
- The rural needs assessment survey received a 94% response rate from 66 rural hospitals. It underscored the need for on-site training tailored to each hospital's equipment and circumstances. A cost-effective program was initiated, featuring a hands-on skill lab held at Phoebe Worth. Utilizing expired medical equipment and a pig for procedural practice, the training fostered an interactive and non-intimidating environment. To address specific needs and scenarios, the team plans to refine these initiatives with pre-course surveys, case-based training, and multidisciplinary instructors.
- A poster was presented at the Trauma Quality Improvement Program (TQIP) conference (**pg.119**). The poster detailed the establishment and impact of the Level III and IV Committee, including results from the ACS Rural Visit and consultations by the Pennsylvania Trauma System Foundation (PTSF). The presentation garnered interest, earning an invitation to present at another conference in April.
- A mentorship group meets monthly to guide consultative and verification visits, creating a supportive network for trauma center development.
- The PTSF revisited Georgia in October 2024 to conduct consultations for newly designated Level IV centers. Feedback from these visits is pending but anticipated to enhance trauma care at these facilities further.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:49:50)

Presented by Tracy Johns

Tracy Johns referenced the report on **page 120** for the Georgia Committee for Trauma Excellence.

- The Pediatric Subcommittee continues to provide training on the Shock Index Pediatric-Adjusted (SIPA) for hospitals and EMS teams. The group is updating the pediatric transfer rationale toolkit, created over a decade ago. They are also collecting data on EMS transport practices to ensure proper pediatric restraint and plan to distribute the QR code for feedback.
- The Injury Prevention Subcommittee conducted back-to-school Stop the Bleed webinars in July and August, attended by over 1,500 participants. They organized “Fall Free Fridays” and Fall Prevention Month activities in September, highlighting prevention programs for EMS and Fire departments. The subcommittee also supported National Injury Prevention Day on November 18 with a series of educational webinars.
- The Education Subcommittee developed a Trauma Program Manager Toolkit, a resource for new program managers in the final review stages. The toolkit will be added to the Foundation’s website resource library for trauma centers. The subcommittee has also created an Essential Trauma Nursing Skills poster and proposed a state purchase of STN orientation modules to support nurse training.
- The Performance Improvement Subcommittee continues to work on defining emergent and urgent care benchmarks, aiming for door-to-departure times of 2 hours for emergent and 4 hours for urgent cases.

They have completed a literature review and are preparing a PI playbook to share best practices learned during trauma verification surveys.

- The Registry Subcommittee announced the updates to the Abbreviated Injury Scoring (AIS) system, transitioning to the 2015 version in 2025. The Georgia Trauma Commission funded 57 participants in the 2015 AIS Update Course. The State and National inclusion criteria for trauma registry data will be aligned effective 2025.

On behalf of the Education Subcommittee, Tracy Johns proposed a \$200 state-funded purchase of STN orientation slides for inclusion in the Foundation's resource library. Dr. Medeiros advised that contingency funds are available and requested that the costs be validated and the proposal presented to the Finance and Budget Committee for review.

Lastly, Tracy introduced Lynn Grant as the upcoming GCTE Chair starting January 2025. Commission members commended Tracy for her leadership and dedication during her tenure.

REHABILITATION COMMITTEE REPORT (01:57:11):

Presented Dr. Raeda Anderson

Dr. Raeda Anderson presented a preliminary report (**pgs 121-141**) of rehabilitation data. The analysis aimed to explore patient demographics, medical treatments, discharge locations, and specific subpopulations, such as traumatic brain injuries, spinal cord injuries, pediatric, burn, and amputee cases. The findings, derived from a comprehensive dataset, laid the groundwork for the transition from descriptive to predictive analytics for future sessions. Dr. Anderson emphasized the importance of feedback from the Rehab Committee to refine these analyses further.

Dr. Anderson expressed appreciation for the trauma registry registrars, whose efforts enabled this robust analysis. She invited collaboration by offering to share the codes and methodologies used in the study. Dr. Anderson encouraged Commission members and rehabilitation stakeholders to articulate their needs, particularly what they need to know and want to know, as well as what would be nice to know for decision-making purposes. Ongoing analysis would require direction from the stakeholders. The necessity for long-term support to refine and revisit the data was acknowledged.

Dr. Anderson thanked the Commission for the opportunity to contribute and offered her contact information for further inquiries.

TRAUMA ADMINISTRATORS COMMITTEE REPORT (02:14:35):

Presented by Dr. Patrice Walker

Dr. Patrice Walker summarized key discussions and updates from the October 28th Trauma Administrators Committee meeting.

- We reviewed the Finance Key Performance Indicator worksheet. The tool aims to streamline trauma activation claims by standardizing essential billing components. Members were encouraged to engage in preliminary practice cases before year-end.
- The two TCAA workshop webinars were a success. Dr. Walker shared that her team started implementing key takeaways.
- Gabby presented progress on the FY 2026 PBP metric development. Before the Commission approves it in February, an open comment period is planned.

Dr. Walker concludes her report by elaborating on the satisfaction of the ongoing financial workshops, emphasizing their importance given staff turnover, varying levels of experience, and evolving regulations. The workshops help organizations optimize funding amid budget constraints and legislative challenges.

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (02:19:22)

Presented by Elizabeth Atkins

Elizabeth Atkins provided the following update on behalf of Dr. Dunne, which is referenced on **pages 143-144.**:

- The fourth and final milestone of the Georgia Accessibility project has been completed under the guidance of Dr. Eileen Bulger. Key participants are scheduled for a meeting to review the project's outcomes. The findings will also be shared with the EMS Committee for further insights.
- OEMST identified a data limitation regarding PCR transfers. Due to differences between ESO and ImageTrend, only the most recent PCRs cross over to ImageTrend. Efforts are underway to resolve these issues.
- Missing or incomplete PCR reports were also addressed. Proposed solutions included monthly tracking of missing PCRs, collaboration with EMS agencies to resolve discrepancies, or using driver's license scanning to reduce data mismatches.

Commission members briefly discussed the use of the EMS agency's third-party vendors and delays in PCR uploads into GEMSIS. April Moss advised centers to contact her, April.moss@dph.ga.gov, to advise of missing PCR reports.

- The Navicent and Memorial Time to Definitive Care project has made significant progress. They have collected the data and are working with a statistician for analysis, with results expected soon.
- The University of Georgia is leveraging claims and registry data to analyze transfer patterns and outcomes. The project has evolved into a comprehensive study, including non-trauma centers. Preliminary findings are anticipated by February.
- The System Dashboard has been put on hold to focus on the trauma center's finance key performance indicator in preparation for the legislative session.

TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (02:31:15)

Presented by Dr. Matthew Vassy

Dr. Matthew Vassy summarized the report on **pages 145-146** and provided an update from the latest Committee meeting.

- Committee members discussed strategies to mitigate ophthalmology coverage challenges, such as contracting with ophthalmology groups for telehealth services or offering trauma surgeons specialized education to differentiate causes requiring urgent ophthalmological evaluation from non-urgent cases.
- Work on early transfer guideline recommendations is nearing completion. Suggestions from the pediatric centers highlighted the need for pediatric-specific guidelines. The pediatric teams volunteered to create a companion document addressing early transfer recommendations specific to pediatric patients. Both documents are expected to be ready for Commission review by February, followed by branding efforts.
- Coordination is underway to illicit Trauma Medical Director involvement at the Trauma Awareness Day at the State Capitol.
- Dr. Christie will provide a state-level COT update during the February Committee meeting.

SYSTEM PARTNER REPORTS

GEORGIA TRAUMA FOUNDATION REPORT (02:35:02)

Presented by Dr. John Bleacher

Dr. John Bleacher referenced the report on **pages 147-149**.

- Grant funding is now available for projects related to trauma care. Funding will be prioritized in the areas of injury prevention, education, public awareness, and community programs. Other mission-aligned projects may also be considered. Non-profit organizations, hospitals, educational institutions, and community groups located in Georgia are eligible to apply. Eight awards are available for a maximum of \$10,000 each. The application period closes on November 30th; the flyer with a QR code is available on **page 148**.
- Georgia Gives will take place on December 3rd. The Foundation aims to use donations raised during this event to purchase Stop the Bleed kits to raise \$50,000 to buy 1,000 kits. Last year, the campaign raised over \$8,000. Dr. Bleacher encouraged attendees to donate and friends and family to contribute. The QR code is also available on the flyer on **page 148**.
- Trauma Awareness Day at the Capitol has returned, previously on hold due to COVID-19. This event allows trauma stakeholders to meet with legislators and raise awareness for the vital work of the Georgia Trauma Commission and partners in the system. The event is scheduled for January 28th. The event is free, but registration is required; the QR code is on the **page 149**.
- The next Georgia Trauma Foundation event will be held at the Georgia Aquarium on May 17, 2025. This event will build on the success of the previous fundraiser at the Porche Experience Center, and more details will follow as the date approaches.

GEORGIA QUALITY IMPROVEMENT REPORT (02:40:33)

Presented by Gina Solomon

Gina Solomon provided a brief update and referenced the report on **pages 150-161**:

- The VTE workgroup is steadily progressing. The GQIP Research Fellow, Luke Galloway, presented preliminary data analysis emphasizing the development of a statewide guideline, which the workgroup hopes to share upon completion.
- The Time to Care workgroup is in the early stages and has experienced a slow start. Dr. Ashley and Dr. Dunne are expected to share insights and analysis from their research during the next meeting.
- The team has progressed on the risk-adjustment model, adopting MTQIP following the last meeting. The ArborMetrix team is working towards finalizing this with a projected go-live date at the end of January. The project timeline is included on **pages 151-153**.
- Work continues with attorneys regarding the Patient Safety Organization (PSO) initiative. The Health Resources and Services Administration requires shared staffing agreements, which are being developed to ensure data protection and facilitate collaboration between facilities. An example of the agreement is included on **pages 157-161**.
- The next GQIP meeting is scheduled for February 21st at Callaway Gardens, with planning underway. The registration and room block information will be distributed soon.

OFFICE OF EMS AND TRAUMA (OEMST) REPORT (02:44:12)

Presented by Stacey Smith

Stacey Smith reviewed their report on **pages 162-163**.

- Wellstar Paulding was redesignated, and Piedmont Cartersville received ACS verification. This year, five consults for Level III and IV centers were completed.

- Marie and Gina conducted sessions to improve data quality, completing eight Level IV and five Level III sessions. More sessions are planned for 2025.
- The 2023 Georgia Trauma Registry report is published on the DPH OEMST website.
- Preparation is underway for the 2025 data dictionary and schema file.
- The 2025 registry criteria will align with ACS and NTDS.
- Grady is testing the new ESO platform and is working to address integration issues before it goes live for all facilities.

Commission members discussed challenges with EMS missing records. While the state platform supports all agencies, some choose to utilize a different platform, affecting data integration. There's ongoing work to improve data matching between the different systems. Issues with third-party vendors were acknowledged, but the State cannot mandate a single platform for all agencies; it can encourage adoption and enforce compliance with data submission requirements.

Terry Cobb requested an updated list of EMS agencies using the GEMSIS platform, particularly interested in understanding the distribution of vendors across the state. April Moss confirmed that OEMST could compile and share the list.

Courtney Terwilliger requested an update on the Armband project. April Moss discussed the challenges with the project, which aimed to track trauma patients through the trauma system. The pilot in Northeast Georgia faced issues as most patients were transferred directly to definitive care, resulting in insufficient data with 17 transfers and 11 documented armbands.

Commission members discussed the challenges of hospitals entering armband numbers into the EMR system as a major obstacle. Additionally, data was often lost when patients were transferred from non-trauma centers, as the armband was not recorded. The armband is prone to being discarded as items are often cut off on the patient's arrival at the hospital. Recurring education with the hospital systems was encouraged.

April Moss advised that the project's next steps would be selecting a more suitable region and ensuring consistent staff training to better track armband data.

Dr. Regina Medeiros asked for updates on the Universal ID (UUID). April Moss explained that the UUID is designed to be a unique identifier for each patient and to link in the background across systems without being discoverable. The UUID should not be manually entered due to the risk of input errors, as it is a string of long characters and numbers. Errors could lead to issues similar to misspelled names, complicating linking data. If the UUID is entered incorrectly or the patient data is input with identifiable information, sensitive details could be exposed. It was noted that ImageTrend was working on ensuring that the UUID could not be a manual input.

ADJOURNMENT (03:08:09)

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 2024-11-04:
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

- SGMC Health shared a patient success story, followed by an account from the trauma survivor. The Georgia Trauma Commission formally presented a plaque recognizing South Georgia Medical Center's (SGMC) commitment to providing exceptional care and joining the statewide trauma system, ensuring critical resources for injured patients in rural areas.
- Georgia Trauma Commission officer nominations were presented and voted. Dr. Regina Medeiros was elected as Vice-Chair and Pete Quinones as Secretary-Treasurer.
- Commission members approved the Bylaw's proposed revisions.
- Lenz Marketing provided an update on Georgia Trauma Commission marketing efforts undertaken in the past year.
- Commission members approved the 2025 proposed meeting dates
- GTC Committees shared quarterly updates (Finance and Budget, EMS, LIII/IV, GCTE, Rehabilitation, Trauma Administrators, Trauma System Performance, and Trauma Medical Directors). Highlights include:
 - Three potential projects for Georgia Trauma Foundation fundraising were reviewed: Ongoing support for Stop the Bleed Kits, support for prehospital blood projects, and mobile sim lab support. During the prehospital blood project review, the importance of collaboration between hospitals, EMS services, and state organizations was underscored. A workgroup was proposed to define the program's scope, including the number of ambulances or supervisor vehicles equipped with blood storage capabilities.
 - On behalf of the GCTE Education Subcommittee, Tracy Johns proposed a \$200 state-funded purchase of STN orientation slides for inclusion in the Foundation's resource library. Dr. Medeiros advised that contingency funds are available and requested that the costs be validated and the proposal presented to the Finance and Budget Committee for review.
 - Dr. Raeda Anderson presented a preliminary report of rehabilitation data.
 - Commission members briefly discussed the use of the EMS agency's third-party vendors and delays in PCR uploads into GEMSIS. April Moss advised centers to contact her, April.moss@dph.ga.gov, to advise of missing PCR reports.
- System Partners shared quarterly updates (Georgia Trauma Foundation, Georgia Quality Improvement Program, and Office of EMST and Trauma). Highlights include:
 - Georgia Gives will take place on December 3rd. The Foundation aims to use donations raised during this event to purchase Stop the Bleed kits to raise \$50,000 to buy 1,000 kits: <https://georgiatraumafoundation.org/georgiagives/>
 - Trauma Awareness Day at the Capitol has returned, previously on hold due to COVID-19. This event allows trauma stakeholders to meet with legislators and raise awareness for the vital work of the Georgia Trauma Commission and partners in the system. The event is scheduled for January 28th. The event is free, but registration is required: <https://georgiatraumafoundation.org/trauma-awareness-day/>
 - The tentative go-live for the GQIP benchmarking risk-adjusted model is January 2025.
 - The next GQIP Winter meeting is scheduled for February 21st at Callaway Gardens, and planning is underway. Registration and room block information will be distributed soon.

- Commission members discussed challenges with EMS missing records. The use of third-party vendors was acknowledged, but the State cannot mandate a single platform for all agencies; it can encourage adoption and enforce compliance with data submission requirements. Terry Cobb requested an updated list of EMS agencies using the GEMSIS platform, particularly interested in understanding the distribution of vendors across the state. April Moss confirmed that OEMST could compile and share the list.

Minutes Respectfully Submitted by Gabriela Saye