

Approved November 21, 2019



**GEORGIA TRAUMA COMMISSION**  
Thursday, 16 August 2018  
King & Prince Resort  
The Retreat Room  
201 Arnold Rd  
Saint Simons Island, Georgia 31522

<b>COMMISSION MEMBERS PRESENT</b>	<b>COMMISSION MEMBERS ABSENT</b>
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chairman Mr. Victor Drawdy, Secretary/Treasurer Regina Medeiros Dr. James Dunne Dr. John Bleacher Mr. Courtney Terwilliger	Dr. Robert Cowles Dr. James Smith

<b>STAFF MEMBERS &amp; OTHERS SIGNING IN</b>	<b>REPRESENTING</b>
Erin Bolinger Billy Kunkle Katie Hamilton Norma Campbell Renee Morgan David Newton Dr. Christopher Dente Kelli Vaughn Katie Hasty Melissa Parris Elizabeth Atkins Amanda Ramirez Todd Dixson Stephanie Gendron Heather Morgan	Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff DPH/OEMST DPH/OEMST DPH/OEMST Emory University Archbold Hospital Floyd Medical Floyd Medical Center Grady Memorial Memorial Health University Medical Center Region V RTAC Coordinator/Navicent Region IX RTAC Coordinator Piedmont Athens Regional

Karen Pittard Kara Allard Lori Mabry Sharon Nieb Susan Bennett Farrah Parker Tracy Johns Renee Morgan Karen Hill Leslie Baggett Susan Simons Scott Maxwell Dr. Steve Paynter James Boyd Joseph Gleason Carrie Summers Jaina Carnes Cindy Hoggard Jim Sargent Kathie Hamby Dr. Nathan Polite Jamie VanNess	Piedmont Athens Regional GQIP Georgia Trauma Foundation Surgery Prevention Research Center-Emory JMS Burn Center at Doctor's Hospital JMS Burn Center at Doctor's Hospital Navicent Health Medical Center Wellstar- Kennestone Hospital Children's Hospital of Atlanta Piedmont Columbus Regional- Midtown Piedmont Columbus Regional- Midtown HCA Hamilton Medical Center Piedmont Walton Hospital Redmond Regional Medical Center Georgia Hospital Association Redmond Regional Medical Center Redmond Regional Medical Center Wellstar-Atlanta Medical Center Wellstar- North Fulton Wellstar- Kennestone Wellstar-Kennestone
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**Call to Order:** 8:30 AM

**Quorum Established:** 7 of 9 commission members present.

**Welcome/Chairman's Report**

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone and began welcoming everyone to SSI. The strategic planning is due to the Governor early this year. We have assembled a Strategic Planning Committee and have some planning to present today. The Governor has requested an immediate 4 % cut in this year's budget and next year's budget cut will be 6%.

**MOTION GTCNC 2018-08-01:**

**I make the motion to approve the minutes of 16 May 2019 Commission meeting as corrected to Motion GTCNC 2019-05-05.**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Vic Drawdy

**VOTING:** All members are in favor of motion.

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

**Administrative Report**

Presented by Billy Kunkle

Mr. Kunkle reviewed the Administrative Report covering our revenue tracking for Super Speeders, the new executive director announcement of Ms. Elizabeth Atkins, the proposed CY20 GTC meeting calendar dates, and a letter from the Governor regarding strategic planning. We will work on finding out the information regarding firework excise tax.

**MOTION GTCNC 2018-08-01:**

**I make the motion to approve the minutes of 17 May 2018 Commission meeting as corrected in reference to page 11 amended Motion GTCNC 2018-05-04.**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Vic Drawdy

**VOTING:** All members are in favor of motion.

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

Ms. Hamilton reported on the budget and the new process of accounting. Ms. Hamilton presented the budget and how it breaks down expenses and balances. Ms. Hamilton presented the FY20 budget and the cut required by the Governor. The Governor has asked every state entity to reduce their budget by 4% this year. Mr. Kunkle presented the FY20 General proposed budget cut. Discussion of the Georgia Trauma Nursing Education request and ways

of reduction. We have until September 6<sup>th</sup> to return this information to the Office of Budget and Planning. De. Ashley and Dr. Mullins suggest extracting the 4% out of the 80/20 split (top) and reallocate using existing formula. Dr. Dunne asks if there are any indications of additional funding we can expect during legislative session. Every state entity is affected and required to find these cuts. Dr. Dunne likes thought about the areas and reductions. Ms. Medeiros suggested Ms. Hamilton make up several different scenarios of how we reduce the 4% and look for opportunities of residual funds from prior FY. Dr. Dunne suggests the centers that did not make the PBP requirements. The funds from those that did not meet PBP criteria were redistributed. It was discussed that we would come up with several scenarios by August 23<sup>rd</sup> and hold a conference call between August 26- 30 with the members.

### **System Planning Report**

Presented by Billy Kunkle

Mr. Kunkle began with an update to the Stop the Bleed school response (Attachment A). 92,523 trained. There are some issues still with Dekalb County but there is progress. The school bus drivers in Dekalb have all received training. A total of 8% of the state is all that is left to train. Mr. Kunkle continued reviewing his STB report and suspects only 4 counties will remain in November. The STB School initiative goal is 100% completed by the 3<sup>rd</sup> Quarter of the year. The STB School Bus Project is tremendously supported and others outside the state have reached out to discuss our process. The video production is in story board mode. We have several bids from videographers and story boards being developed so we can proceed with production.

### **GQIP Collaborative**

Presented: Kara Allard

Ms. Allard reminded the Commission of the activities tomorrow at the Day of Trauma event. Current work is being conducted on a version 2 of VAP (ventilator associated pneumonia) project. We are at a good point and can almost complete this project and the data will be shared tomorrow. The AKI (acute kidney injury) project has developed a predictive tool – there are two versions (1) upon admission, what makes them high risk and (2) during hospital stay and what can impact that.

For the drill down exercise all TC level 1 and 2 sent in their data and we were at 100% in collected data. On NSQIP, the ARF (acute renal failure) is being worked on and data was shared at the last Quality and Data conference held in July in D.C. We expect to have a statewide report with over 100 participants, the data sets are collected statewide, and we should have this to present. The NSQIP GROUP is also working on Opioid and identifying what surgeries, procedures are prescribing them, and we hope to make recommendations after we gain the provided data. At the Quality and Safety conference there were a lot of Georgia

presentations with many paper presentations from Grady, Emory, CHOA, and Augusta. Ms. Allard reported the recent NSQIP Wellstar- reducing GI admission, and one from Navicent about decreasing ## in Colons. We anticipate identifying some new studies. Dr. Dente would like to put a group together to come up with new items together as a group. Dr. Dente suggests we bring some of the data in house and have a process similar to what Michigan does. Dr. Ashley wants to say congrats to Allard, Dente, and Shwarma and there is a lot of hard work going on.

Emory Injury Prevention recently received a \$4.2 million grant from CDC. There will be Pilot grants available with announcements coming out in the 3<sup>rd</sup> quarter of this year. Ms. Nieb is very interested in collaborating with the Commission. If the Commission is interested Ms. Nieb would like to give a 15-minute presentation in November. Ms. Nieb also thanked Dr. Ashley for his letter of recommendation to Emory.

### **Georgia Trauma Foundation**

Presented by Lori Mabry

Welcome to King and Prince. There are 100+ registered for this year's day of trauma event and we have some excellent speakers, GQIP collaborative, as well as the 6<sup>th</sup> annual M. Gage Ochsner paper. There is a Day of Trauma reception tonight from 5 to 7 in the Retreat Room. Dr. Michael Chang, Birmingham is our Keynote speaker tomorrow and also will be on Panel. (See GTF Agenda for other items mentioned).

Research grant update, all have received their funding except 2 (Emory and Navicent) are just finalizing approval with the affiliated centers. This is \$1million worth of research getting ready to happen and there will be progress reports submitted to the Commission at the November and May meetings as the research continues. The Georgia Trauma Foundation had the Time Out for Trauma Gala in June and it was a huge success. The support the foundation received from our Trauma Centers was well represented and supported.

### **GCTE Report**

Presented by Liz Atkins

Ms. Atkins reported upon the GCTE meeting voting for Vice Chair at today's meeting. The foundation has worked on the GCTE website and has added all the helpful data and Ms. Mabry is working on making this all more user friendly. Ms. Atkins discussed the new NTTDS registry data requirements and we will need to figure out in Georgia our own stance. The only courses not completed are TNCC, it has a new update, and there is one more course to have . Ms. Kristal Smith has worked a lot on the injury prevention side of information.

## **OEMST Report**

Presented by Renee Morgan

Mr. Newton was confirmed Executive Director now for OEMS/T. There was a time to care metric presentation. (Attachment B) They have been working on a new licensed manager system. It allows them to license almost anyone- medics, instructors, agencies and this has reduced the time to license greatly. When an agency is created we can auto add them to GEMSIS data elite. OEMS/T will require every agency to list every person on their roster. When we sanction a medic or a license expires we will now be able to notify every agency that a medic is employed by. In April, every medic that has expired an e-mail will be sent as there have been previous issues expiration tracking. We want agencies to always go to our website and verify. You will have instant access to verify a medic's standing. There are 2 different rule revisions concerning specialty care centers. They are adding a level of stroke center-thrombectomy center- one thing added having an easier time to have hospitals provisionally designated and then given time to be in compliance. Provisional designation, they can have the designation and so they have time to show they will meet the requirements prior to full designation. Ms. Medeiros asked what benefit this is. Ms. Morgan explained it as if ACS visits then they are given a provisional period to make adjustments. Dr. Ashley a center can not turn in a request without sending in a PRQ, having a site visit. This is confirmed, all those things are required prior to be designated as a provisional center. EMSAC / Dr. Dunne zoning only in code- that is the only requirement to report on to OEMST is about zoning. EMSAC has all their open records on the website.

Dr. Ashley asked for EMS council definition. Technically other than zoning is an EMS council, is it volunteer work. There are different levels of legal entities. Mr. Terwilliger says they are working with OEMST to clean up rules and regulations. HB264 kicked over a huge can of worms and there is a website out there and there is controversy across the board in many regions. Mr. Newton has asked EMSAC to have a strategic plan- education, system design, finance, medical direction, etc. They're hoping to have tool developed by legislative session. There will be EMS system key performance measure built into the system. There is a new scope of practice to give paramedics who have additional training that allows them to do skills that are not of a general EMT and they will be able to bill at a higher rate. An example is an advanced transport ventilator- the agencies that already have these will now be able to bill at a higher cost.

Would like to have NHTSA assessment and then have ACS visit This will give us a chance to address anything found. Late 2020, early 2021 and we will need to call them for a statewide ACS. Dr. Ashley believes having the NHTSA and the state ACS visit and both and their data will promote us into the next decade. The last NHTSA was in 1995. Dr. Dunne asks who pays for these. Dr. Ashley suggests establishing a little work committee to work with Mr. Newton and Ms. Morgan and collaborate together along the way. This would be considered like a PRQ for

the state. Ms. Morgan says NHTSA gets all of our levels at a state level, not just trauma. And there is a lot of overlap in prep.

Time to Care metric history- OEMS/T mandated agencies switch to GEMSIS Elite by April 2018. Data is still being worked on. MR. Newton ran January 2019 to June 2019. Mr. Newton described the data parameters he chose and the duplicity in PCR's. Mr. Newton explained how he derived a LONG ID, he reviewed all the issues in the drill down, the incorrect data being collected on PCR's. How to get a more robust and automated Trauma patient metric would be to give trauma bands. Mr. Newton will be working on EMS validation information. MR. Terwilliger wishes we had this data 2 years ago and it is understood that EMS is having a hard time documenting in the PCR's. We need to train our EMS folk on entering PCR's. Mr. Terwilliger says we have talked prior to having trauma bands. Mr. Terwilliger wants to publicly commend Mr. Newton for all the hard work, there needs to be data help at the state level and we need to utilize our new ten EMS regional directors to look at the holes in our data and how we can repair. If we can pinpoint areas that need assistance then we can go there and train them to make sure they are improving. Mr. Terwilliger recommends that OEMS/T spend some of their funds to have a person in their office that looks at data. From that we develop a 1,2,3 step training program to assist the EMS world in data clean up. Discussion of education for medics and the need to explain to our medics why the data we collect is important. MR. Terwilliger suggests we push to Dr. Toomey and the Governor to understand the need for funding for this.

Dr, Mullins asks if we can have someone mine the data and work for the Commission. That person would have to have an agreement with us and have a BAA. Statewide EMS data manager. We do not have an EMS registry data and we requested this to Dr. Toomey and the importance of having two epidemiologists to work with EMS specific data. Dr. Toomey understands the importance of that. Ms. Nieb added if you add a student to this mix it would be a successful team. Dr. Ashley agrees. Mr. Terwilligers' recommendation is that we sit down with the Governor's office and DPH and convey to them the importance of this data collection and the effectiveness this holds in rural Georgia. Does OEMS/T able to mandate that the PCRS are completed accurately. Mr. Newton says yes but there are over 2.2 million PCR'S a year and we do not have anyone to audit that so we audit at an agency level. We are going to begin training the data set .Mr. Terwilliger suggests we develop the module ourselves as most EMS instructors do not train enough on the data set. Dr. Bleacher asks what are the impediments of implementing an ID bracelet. Mr. Newton explained that we would have to train all our EMS and First Responders. Ms. Gendron says her region is working on a version of LONG ID code generated for our Trauma patients and if we wanted to do a pilot in Region 9. Dr. Ashley suggests we put together a subcommittee ( Dr. Dunne, Courtney, Regina, David, Sharon Nieb and research student, and Stephanie) and by November lets have discussion about the arm bands, research, what has been done, and how we can organize the plan. Upon being organized we will bring in Dr. Toomey. This is a priority. Mr. Newton will send out report.

# System Planner Report

## August 2019

### Stop the Bleed

- School Response
- School Bus Initiative
- Training Equipment to Schools
- Training and Equipping State Emergency Departments
- State Senate School Safety

### RTAC Development

- Plans
- System Structure
- Reports



# School Response Program

Total Individuals Trained	92523
Totals Schools Training Complete or In Progress	2249
total number of schools	2327
Percentage Totals Schools Complete or In Progress	97%
Total Schools Completed Training	2030
Percentage of Schools Completed Training	87%
Total Schools that have Received Kits	2017
Percentage of Schools That Have Received Kits	87%
Schools Scheduled For Training	73
Percentage Scheduled For Training	3%

# STB Kit Distribution

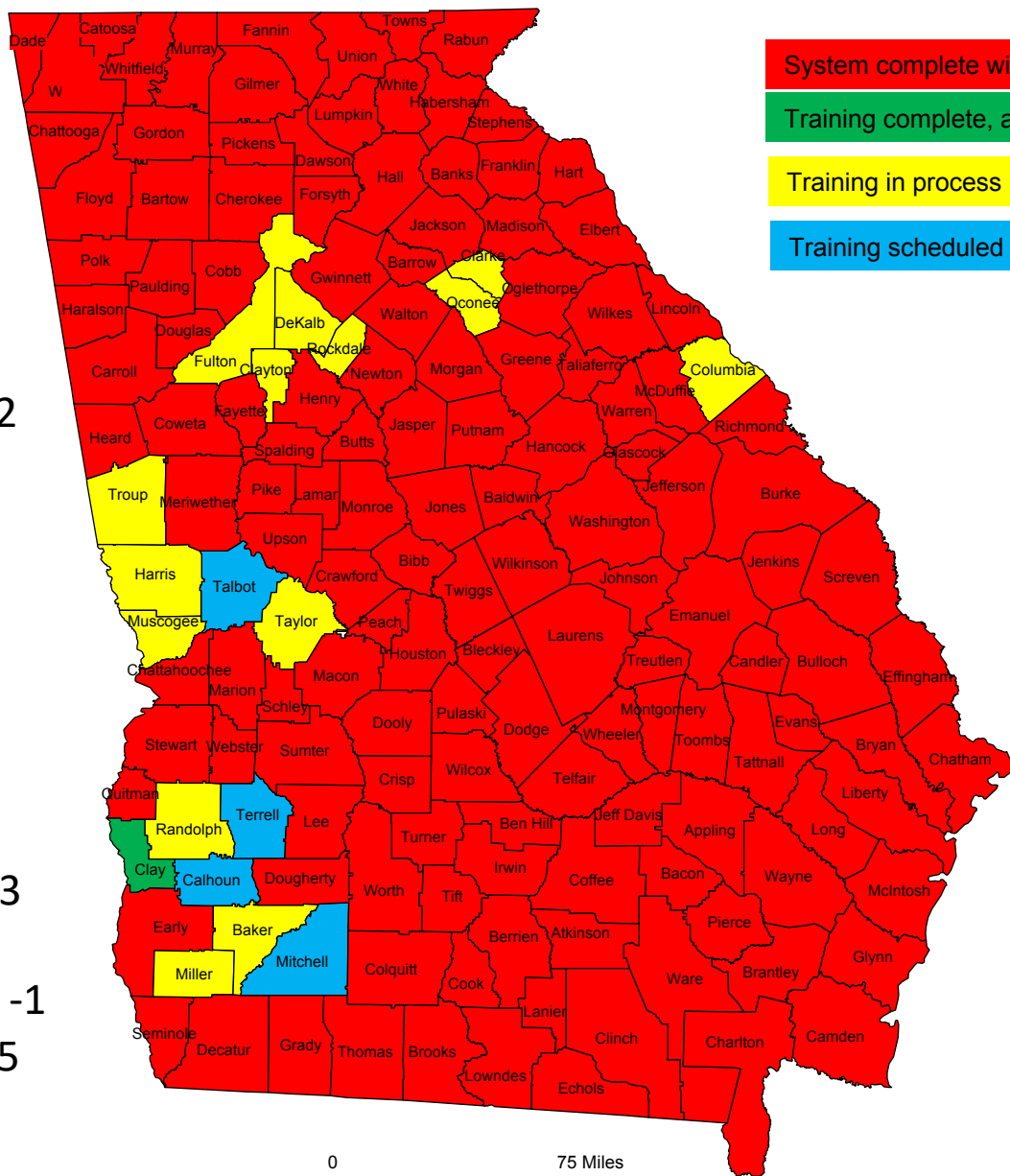
School Initiative Kits Received	29795
School Initiative Kits Distributed	24304
Left On Hand	5491

Bus Initiative Kits Received	21752
Bus Initiative Kits Distributed	10091
Left On Hand	11661

Total Distributed	34395
Left On Hand	17152

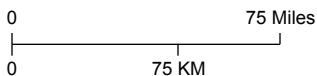
School STB Trainings	48371
Conferences	7183
Non-School STB Trainings	17841
Pilot Project Trained	3682
School Bus Program	6987

# STB Schools Project



Fulton County -1  
 Rockdale County -2  
 Troup County -3

Baker County -2  
 Calhoun -3  
 Clay County -2  
 Miller County -3  
 Calhoun County -3  
 Terrell County -3  
 Randolph County -1  
 Mitchell County -5



# Metrics

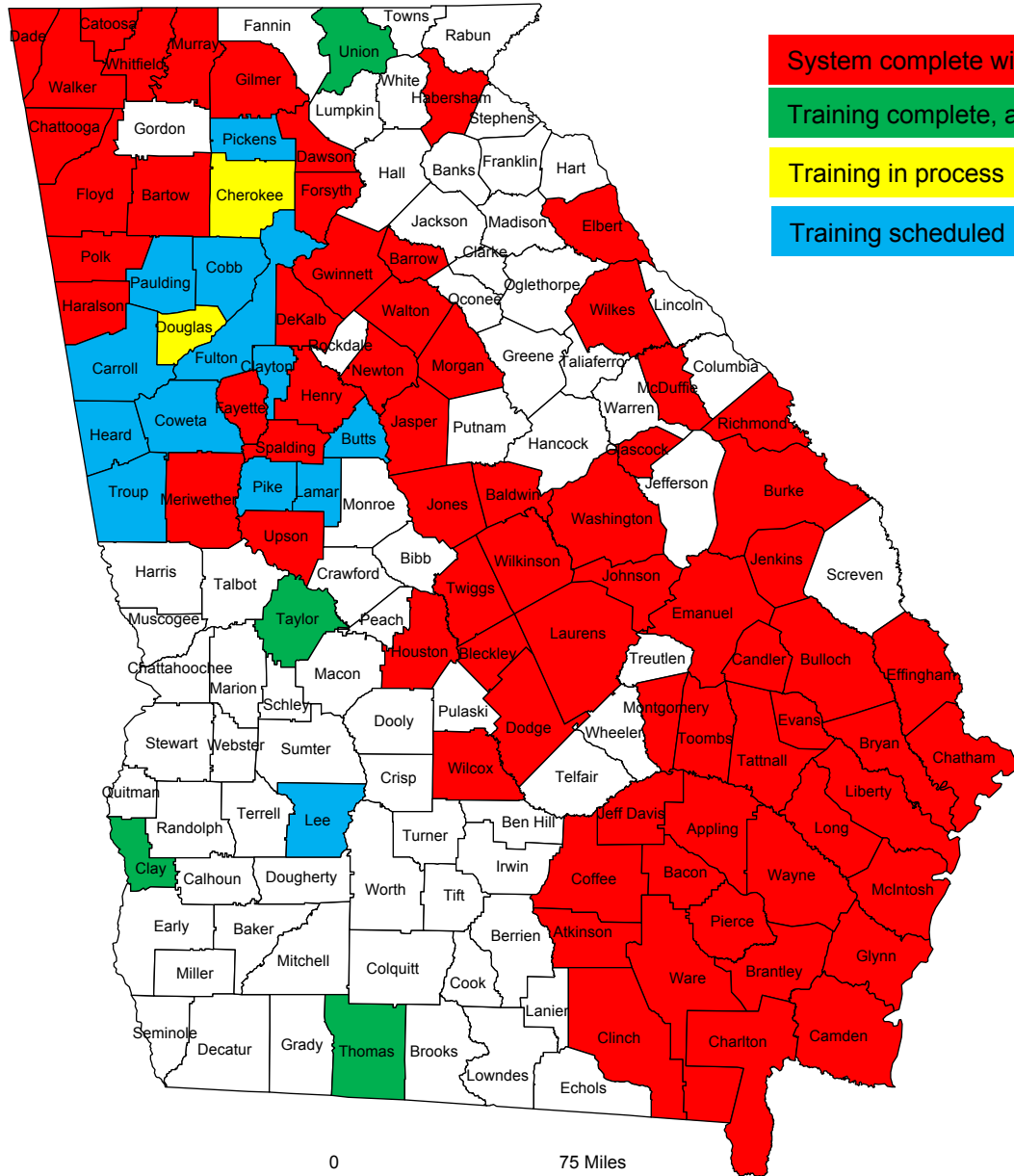
Stop the Bleed in Schools Initiative

Goal: 100% completion of school by 3<sup>rd</sup> quarter 2020.

Currently: 86%

Opportunities: Clayton and DeKalb comprise of 7% of schools not completed.

# STB School Bus Project



System complete with kits in place

Training complete, awaiting kits

Training in process

Training scheduled

# Metrics

## Stop the Bleed School Bus Initiative

Goal: 75% of all Georgia school bus districts scheduled for training and 50% of districts have trained drivers and buses equipped with kits by 2<sup>nd</sup> quarter 2020.

Currently:        49% of buses completed in the state  
                         72% of systems at least scheduled  
                         44% of systems completed

Opportunities: School systems seem to be on board, just scheduling to happen this summer.

# Training Kits in Schools

Objective: Place a STB Training Kit and video in every public school in the state

Progress:

~Kits have been delivered, have begun delivery and implementation

~Develop Training Video

~Version 2 of STB was released beginning of May.

~Working now with ACS to develop to video.

~ Concept agreed upon, no working on a storyboard

# Metrics

Stop the Bleed in Schools Initiative  
Continued Training

Goal: Distribution of kits to 50% of schools in the state by 2<sup>nd</sup> quarter 2020.

Currently: 38%

Opportunities: Delayed due to video

Goal: Completion of Training Video by 4<sup>th</sup> quarter 2020

Currently: In discussions with ACS, new powerpoint released 1<sup>st</sup> of May

Opportunities:



# Emergency Department Training

Objective: Place tourniquets and trainers in every Emergency Department in Georgia

Progress:

- ~Ordered 750 CATs and 150 Trainers
  - ~Shipment has arrived
- ~Develop Training Network
  - ~ Local Coalitions/RTACS
  - ~ DPH
  - ~ Emergency Preparedness
  - ~ MAG/MRC

# Metrics

## Tourniquet Training in Emergency Departments

Goal: 50% of all Georgia Emergency Departments scheduled for training and 25% trained with tourniquets distributed 2<sup>nd</sup> quarter 2020.

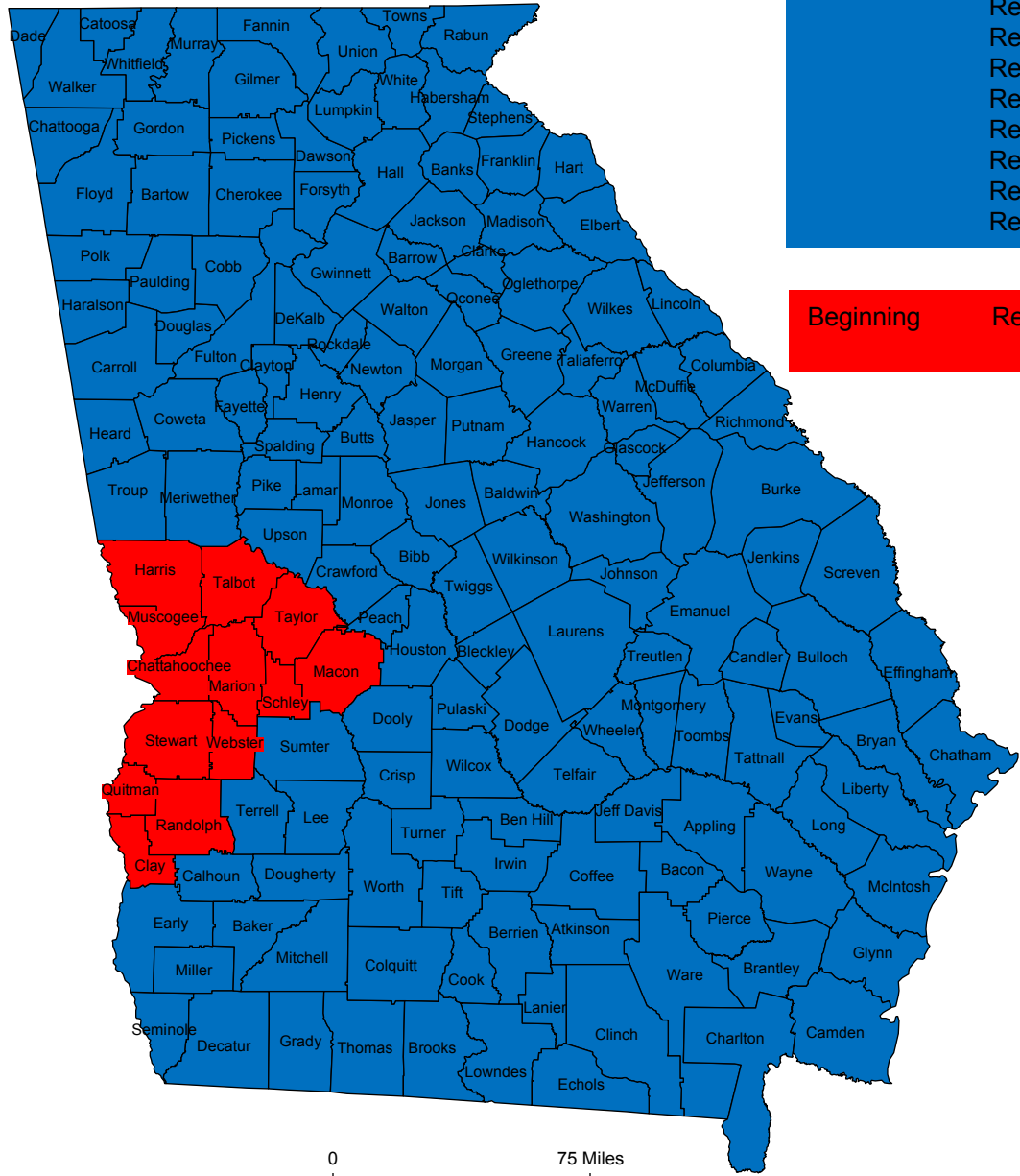
Currently: <5% completed

Opportunities: Began working with Regional Coalitions across the state. RTAC coordinators have been a bit busy with buses and schools. Project may be delayed a little as we finish the schools and buses.

# Regional Trauma Plans and BIS Assessments

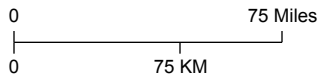
Region	Date of last completed BIS assessemnt	Expected date for next assessment	Date of last Trauma Plan	Expected date of next Trauma Plan
1	2017	2019	2015	2019
2	2015	2020	2017	2021
3	2016	2020	2016	2020
4	In Progress	In Progress	2018	2023
5	2011	2020	2016	2021
6	2012	In Progress	2012	In Progress
7				
8	In Progress	In Progress	Dec-18	2023
9	2018	2023	2013	In Progress
10	2016	2021	2018	2022

# Georgia Map Showings Regions With Trauma Plans



Completed: Region 1  
 Region 2  
 Region 3  
 Region 4  
 Region 5  
 Region 6  
 Region 8  
 Region 9  
 Region 10

Beginning Region 7



# Metrics

Development of RTACS

Goal: Prepare Annual Report with Final Reporting Structure 2<sup>nd</sup> quarter 2020.

Currently: In progress

Opportunities: Initial report to be completed by the end of the fiscal year.

Progress:

1. Working on a region plan template.
2. Assigning additional activities to RTAC coordinators



RTAC Quarterly Report

Quarter: Q1 FY2020

Date: 7/16/19

EMS Region	1
RTAC Chair	Jaina Carnes
RTAC Coordinator	Scott Lewis

Date last BIS Assessment completed: 4/15/17

Date last Trauma Plan completed: 11/2015

**Projects:**

<b>Status (Date if Completed)</b>	<b>Description and Report</b>	<b>Estimated Completion Date</b>
Ongoing by Data Committee	<i>Trauma Registry Data report- Jan to March Data has been received, from all Level 1, 2, 3, 4 hospitals that serve Region 1. The data is being used to assist in injury prevention efforts, time to care matrix, and to identify any gaps in the system. (BIS 204.1, BIS 207.2, BIS 302.6)</i>	<i>Continuous with no end date</i>
Ongoing by Data Committee	<i>GEMSIS Data Report – David Newton, OEMS/T has written a data report based on the request of the Region 1 RTAC and EMS-C. Individual services will be able to run the report and submit it to the RTAC Coordinator. The data will be submitted in conjunction with the Trauma Registry Data to help establish time to care matrix, assist with injury prevention, and identifying any gaps in the system. (BIS 204.1, BIS 207.2, BIS 302.6)</i>	<i>Continuous with no end date for collection of data.  Goal 75% of EMS services submitting data by the end of Q2 2020 Fiscal year</i>
Ongoing by EMS Committee and RTAC Coordinator	<i>Regional Data Submission - Goal 50% of EMS services submitting data (BIS 204.1, BIS 207.2 BIS 302.6)</i>	<i>End of Q1 2020 Fiscal Year</i>
Ongoing by EMS Committee and RTAC Coordinator	<i>Regional Data Submission - Goal 75% of EMS services submitting data (BIS 204.1, BIS 207.2 BIS 302.6)</i>	<i>End of Q2 2020 Fiscal Year</i>
Ongoing by EMS Committee and RTAC Coordinator	<i>Regional Data Submission - Goal 100% of EMS services submitting data (BIS 204.1, BIS 207.2 BIS 302.6)</i>	<i>End of Q3 2020 Fiscal Year</i>



RTAC Quarterly Report

Ongoing by Hospital Committee, Completed for 2019	Annual update of hospital's capabilities document is complete with the addition of hyperbaric facilities and CT size and weight capabilities being added. (BIS 207.2)	<i>Continuous with no end date.</i>
Ongoing through 2019	<i>Stop the Bleed- All school are complete. 1988 Kits have been delivered for the buses in Region 1. 17 Systems are complete, 4 have scheduled training dates, and 2 have had turnover at the school system causing delays. (BIS 207.2)</i>	<i>End of Q1 2020 Fiscal Year</i>
Ongoing through 2019	DART team trainings to include TCCC, TECC, PHTLS, GEMS, EPC, ABLIS, and TNCC. One TNCC, ABLIS, TCCC, and BDLS Classes have already been completed. (BIS 204.1)	<i>End of Q4 2019 Fiscal Year</i>
Ongoing by Hospital, Data, with assistance from Prevention / Education committees.	<i>Survivor Cases spotlight/recognition- The first Survivor luncheon has been set for Nov 7<sup>th</sup>, 2019 at Brown Conference Center in Cartersville, GA (BIS 105.2).</i>	<i>This will become a continuous event</i>
Ongoing by Prevention / Education Committee	<i>Injury Prevention/Education campaign- a survey was completed with 20 replies covering 15 agencies. The survey asked which of 29 different programs were being offered by their agency and how often. The survey will be resent after a year to see if there have been any improvements in injury prevention efforts. (BIS 207.2)</i>	<i>Continuous with no end date to the survey.</i>
Ongoing by Prevention / Education Committee and RTAC Coordinator.	The Rack Card – has been designed and in the process of being printed.  Generic template – that services can use at events to help detail trauma care and prevention activities in the region and their area is in the design process. (BIS 207.2)	<i>This will be a continuous and left in a repository for the region when complete.</i>
Ongoing by the RTAC	Selection of injury prevention program - Evaluation of injury data has begun to identify the most prevalent preventable injuries in the region in in effort to select	<i>End of Q3 2020 Fiscal year</i>



RTAC Quarterly Report

	a program that will help reduce those injuries. (BIS 204.1, BIS 207.2)	
RTAC Coordinator	Coordination- with other Regional and Local groups to help prevent duplication of efforts and increase the effectiveness of the efforts of all stake holders, such as the Healthcare Coalitions. (BIS 204.1, BIS 207.2)	<i>Continuous with no end date.</i>
RTAC Coordinator	Hospital Tourniquet - Training and Delivery has begun. (BIS 204.1, BIS 207.2)	<i>End of Q3 2020 Fiscal Year</i>
RTAC Coordinator and 501c3 Treasurer	Grant Fund Tracking – The 501c3 Treasurer and the RTAC Coordinator are working on producing an itemized 2016 Grant Fund Expenditure list.	

Stop the Bleed: Schools

Persons Trained	Schools Completed	Counties in Progress	School Systems Completed	Estimated Completion Date
7627	270	0	25	Complete.

Stop the Bleed: School Training Kits

Kits Delivered	School Systems Completed	Estimated Completion Date
270	25	Complete.

Stop the Bleed: Buses

Kits Delivered	School Systems Completed	School Systems in Progress	Estimated Completion Date
1988	20	5	Q4 2019 Fiscal Year.

Stop the Bleed: Hospitals





RTAC Quarterly Report

1 Training Tourniquet and 5 Tourniquets delivered	Total number of Hospitals in Region 1	Estimated Completion Date
1	13	Q4 2019 Fiscal Year.

**Financial Report:  
Attached**

Northwest Georgia EMS Systems inc. is a 501c3 that is the administrator of the grant funds that are awarded to the Region 1 RTAC. Prior to that the funds administrated by Floyd Medical Center. In the May 2019 report the Region 1 RTAC Coordinator reported that the remaining funds of \$17,500.00 were transferred to the 501c3 from Floyd Medical Center. These funds are being used for the rent of a meeting place and other operational cost of the RTAC.

The Region 1 RTAC Coordinator is working with the Treasurer of the 501c3 to make sure that all of the grant funds are listed correctly on this report and the 2018/2019 Grant money has been revised since the May 2019 report.

During this process the Region 1 RTAC Coordinator learned that there were still 2016 grant funds that had not been spent. In 2016 the Trauma Commission used different forms for billing and tracking of grant funds, thus as of this report there is not an itemized list of the previous expenditures. The Region 1 RTAC Coordinator is working with the Treasurer of the 501c3 to produce an itemized list of the previous expenditures. The 501c3 Treasurer has the items that the funds were spent on but in multiple locations and formats. This is expected to be completed by the next Trauma Commission meeting.

**Activities:**

Jaina Carnes the Chair of the Region 1 RTAC and Scott Lewis the Region 1 RTAC Coordinator have continued visiting hospitals and EMS this quarter.

Activities are starting to wrap up around the region on Stop the Bleed training. Four schools have training dates set and by the time of the August Trauma Commission Meeting these should be completed. One system started training and that has stalled, there are effort to complete the training for this system. Two school systems remain to have training dates set due to the loss of key people in the school system. The RTAC Coordinator is working with the local contact person and the RESA to get this training started and completed.



### RTAC Quarterly Report

Update of the Trauma Plan has been postponed until a specific temple can be established by the Trauma Commission.

Region 1  
 Date of report 7/30/19

Fund  
 Starting Amount \$46,750.00

Date	Expense	Comments	Amount	Running total	Date	Expense	Comments	Amount	Running total
July	Salary				January	Salary			
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$0.00	\$46,750.00		Total		\$0.00	\$46,750.00
August	Salary				February	Salary			
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$0.00	\$46,750.00		Total		\$0.00	\$46,750.00
September					March	Salary			
						Travel			
						Other			
						Other			
	Total		\$0.00	\$46,750.00		Total		\$0.00	\$46,750.00
October	Salary				April	Salary			
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$0.00	\$46,750.00		Total		\$0.00	\$46,750.00
November	Salary				May	Salary			
	Travel					Travel		\$992.07	
	Other					Other			
	Other					Other			
	Total		\$0.00	\$46,750.00		Total		\$992.07	\$45,757.93
December	Salary				June	Salary			
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$0.00	\$46,750.00		Total		\$0.00	\$45,757.93

Region 1  
 Date of report 7/30/19

Fund  
 Starting Amount \$46,750.00

Date	Expense	Comments	Amount	Running total
July	Salary			
	Travel			
	Other			
	Other			
	Total		\$0.00	\$46,750.00
August	Salary			
	Travel			
	Other			
	Other			
	Total		\$0.00	\$46,750.00
September	Salary		\$2,947.00	
	Travel		\$1,515.00	
	Other			
	Other			
	Total		\$4,462.00	\$42,288.00
October	Salary		\$2,947.00	
	Travel		\$293.00	
	Other			
	Other			
	Total		\$3,240.00	\$39,048.00
November	Salary		\$2,947.00	
	Travel		\$663.29	
	Other			
	Other			
	Total		\$3,610.29	\$35,437.71
December	Salary		\$2,947.00	
	Travel		\$212.53	
	Other			
	Other			
	Total		\$3,159.53	\$32,278.18

Date	Expense	Comments	Amount	Running total
January	Salary		\$2,947.00	
	Travel		\$554.36	
	Other			
	Other			
	Total		\$3,501.36	\$28,776.82
February	Salary		\$2,947.00	
	Travel		\$663.30	
	Other			
	Other			
	Total		\$3,610.30	\$25,166.52
March	Salary		\$2,947.00	
	Travel		\$786.46	
	Other			
	Other			
	Total		\$3,733.46	\$21,433.06
April	Salary		\$2,947.00	
	Travel		\$1,451.99	
	Other			
	Other			
	Total		\$4,398.99	\$17,034.07
May	Salary		\$2,947.00	
	Travel		\$992.07	
	Other			
	Other			
	Total		\$3,939.07	\$13,095.00
June	Salary		\$2,947.00	
	Travel			
	Other			
	Other			
	Total		\$2,947.00	\$10,148.00

Region 1  
 Date of Report 7/30/19

Name of Program: Region 1 Trauma Improvement Grant  
 Objectives: To provide education and injury prevention efforts in an attempt to improve Trauma care in the Region.

**2018 / 2019 Grant Funds**

Starting Amount \$46,070.00

Date	Line Item	Amount	Total
7/1/19	Admin Fees	\$1,168.00	\$4,607.00
10/15 & 10/16 2018	TCCC Class	\$720.00	\$1,500.00
TBD	TECC		\$1,500.00
TBD	TNCC Cartersville		\$4,000.00
4/17/19	TNCC Hamilton	\$2,468.00	\$4,000.00
7/19/19	ABLS	\$5,000.00	\$5,000.00
TBD	ABLS		\$5,000.00
TBD	PHTLS		\$1,500.00
	GEMS	\$1,100.00	\$1,500.00
TBD	GEMS		\$1,500.00
9/5 & 9/6 2019	Dart Course		\$3,500.00
TBD	Dart Equipment	\$5,000.00	\$5,000.00
TBD	Training Equipment	\$2,392.00	\$2,463.00
TBD	Injury Prevention Project		\$5,000.00
Total		\$17,848.00	\$28,222.00

**2016 Grant Funds**

Starting Amount \$30,746.00

Date	Line Item	Amount	Total
6/6/19	Admin Fees	\$1,168.00	\$3,075.00
	Prior Expenditures	\$13,098.04	
6/6/19	Equipment	\$1,310.00	
To be billed	BDLS	\$5,000.00	
Total		\$20,576.04	\$10,169.96

**Original Starting Funds**  
Starting Amount \$50,000.00

Date	Line Item	Amount	Total
	Prior Expenditures	\$32,500.00	
Total		\$32,500.00	\$17,500.00



RTAC Quarterly Report

Quarter: 1<sup>st</sup> FY 2020

Date: July 19, 2019

EMS Region	2
RTAC Chair	Chad Black
RTAC Coordinator	Lisa Farmer

Date last BIS Assessment completed: 2019

Date last Trauma Plan completed: 2017

**Projects:**

State Date	Status (Date if Completed)	Description and Report
02/18	11/2018	3 <sup>rd</sup> Annual Trauma Symposium planning for November in progress.
02/18	Trauma App for Region 2 and State use	Currently in production and have received funding from Regional Improvement Grant for completion and field testing.

State Date	Status (Date if Completed)	Description and Report
7/2019	Working process	Trauma App currently in production and have received funding from Regional Improvement Grant for completion and field testing. Plans for beta testing are underway.
7/2019	Working process	Blood products in the field: Dr. Nathan Creel presented to state medical directors association. The committee approved the development of a pilot project plan. The plan will be presented at the EMSMDAC August meeting. If approved, the pilot project will be implemented in Region 2.
7/2019	Planning	4 <sup>th</sup> Annual Trauma Symposium. Speakers and agenda are set, the facility has been reserved and plans are ongoing for the event. Registration is open.
7/2019	Planning	Cadaver Lab on November 2 <sup>nd</sup> in conjunction with the trauma symposium. Waiting for registration information from state.



RTAC Quarterly Report

7/2019		Smart triage tags being distributed to all agencies in our region.
7/2019	Working process	Tourniquets for law enforcement: Data has been collected from all agencies. A plan for purchase and distribution of the tourniquets is being developed.
7/2019	Complete	BIS Assessment completed.

**Stop the Bleed:**

Please complete the below table by indicating a count of each category listed.

Stop the Bleed (Schools) Region 2

Persons Trained	Schools Completed	Counties in Progress	Counties Completed
9,480	148	0	13

Stop the Bleed (Buses) Region 2

Persons Trained	Schools Completed	Counties in Progress	Counties Completed (included kits received)
		12	1 (Habersham)

**Financial Report:**

Grant Amount: \$		How received:		
Award Date	Invoice #	Invoice Amount	Grant Amount Remaining	Description/Notes
		\$50,000.	\$0.0	Original Funding
2018		\$20,000.	\$0.0	Trauma Symposium





RTAC Quarterly Report

<b>2019</b>		<b>\$40,000.</b>	<b>\$0.0</b>	<b>Funds paid to vendor</b>
<b>2019</b>		<b>\$30,000.</b>	<b>Pending receipt</b>	<b>Trauma Symposium</b>

**Current Needs:  
Funding for Trauma Symposium and Law Enforcement STB.**

**Regional Summary:**

Region 2 continues to have great participation in our R.T.A.C. Quarterly meetings and work within the region. Our July, 19<sup>th</sup> meeting included an educational presentation by Dr. Charles Richart, Trauma Medical Director and Kyle Gibson, PA-C. Dr. Richart reviewed a case in which the proper placement of a pelvic binder by EMS saved the life of a patient. We are currently working on plans and logistics for the 4th Annual Trauma Symposium to be hosted again in Gainesville Georgia, with the location moving to the new Lanier Technical College due to space.

We continue to progress with our STB Training for busses in our region. We will soon have a beta version of the app ready for testing. We are also working with the state on the possibility of using blood products in the field. A pilot project has been approved and we look forward to completing that project and presenting the data in October.



RTAC Quarterly Report

Quarter: 1st FY 20202

Date: 7/18/2019

EMS Region	III
RTAC Chair	Dr. Jeffery Nicholas
RTAC Coordinator	Mark Peters

Date last BIS Assessment completed: 01/2016

Date last Trauma Plan completed: 08/18/2016

**Projects:**

Start Date	Status (Date if Completed)	Description and Report
07/01/2017	Ongoing	STB GA Education
01/01/2019	In progress (see below)	Tactical Emergency Casualty Care
01/01/2019	In progress (see below)	Tourniquets for Emergency Departments
04/20/2019	Scheduled 08/20-23/2019	CPST Class – Covington FD & PD
05/09/2019	In Progress	RTAC 03 working with MAEMSC on Trauma Symposium in 2020
05/09/2019	In Progress	RTAC 03 subcommittee working on pre-hospital spinal motion restriction guidelines

**Stop the Bleed:**

Persons Trained	Counties in Progress	Counties Completed	Challenges
+80K Statewide	Dekalb Rockdale Clayton State Charter Schools	Newton Fulton Cobb Douglas Gwinnett	School and EMS involvement, Bus Drivers

**Tactical Emergency Casualty Care (TECC):**

Location	Date of class	Status
Atlanta Fire Rescue	April 27-28, 2019	Complete
Gwinnett County Fire	June 27-28, 2019	Complete
Cobb County Fire	July 12-13, 2019	Complete
Clayton County Fire	TBD	Reserved
City of Forest Park Fire	TBD	Reserved



RTAC Quarterly Report

**Combat Application Tourniquets for Emergency Departments**

Hospital	Progress	CATs Delivered	EMS Region
Atlanta VA	In progress	NO	3
CHOA at Egleston	Complete	Yes	3
CHOA at Hughes Spalding	Complete	Yes	3
CHOA at Scottish Rite	Complete	Yes	3
Eastside Medical Center - Main Campus	Complete	Yes	3
Eastside Medical Center - South Campus	Complete	Yes	3
Emory Decatur Hospital	Complete	Yes	3
Emory Hillandale Hospital	Complete	Yes	3
Emory Johns Creek Hospital	Complete	Yes	3
Emory St. Joseph's Hospital of Atlanta	Complete	Yes	3
Emory University Hospital	Complete	Yes	3
Emory University Hospital Midtown	Complete	Yes	3
Grady Health System	Complete	Yes	3
Gwinnett Medical Center	Complete	Yes	3
Gwinnett Medical Center - Duluth	Complete	Yes	3
Northside Atlanta Hospital	Complete	Yes	3
Northside Cherokee	Complete	Yes	1*
Northside Forsyth	Complete	Yes	2*
Piedmont Atlanta		NO	3
Piedmont Newton	In Progress	NO	3
Piedmont Rockdale Medical Center	In Progress	NO	3
Southern Regional Medical Center	Complete	Yes	3
WellStar Atlanta Medical Center	Complete	Yes	3
WellStar Atlanta Medical Center South	Complete	Yes	3
WellStar Cobb Hospital	Complete	Yes	3
WellStar Douglas Hospital	Complete	Yes	3
WellStar Kennestone Hospital	Complete	Yes	3
WellStar North Fulton Regional Hospital	Complete	Yes	3
WellStar Windy Hill Hospital (No ED)			3



RTAC Quarterly Report

**Financial Report:**

Region 3

Date of Report 7/18/2019

Name of Program: 2017 Regional Improvement Grant

Objectives: RTTDC, Child Passenger Safety Technician, Fatal Vision

Starting Amount \$51,180.00

Date	Line Item	Amount	Total
	Previous Cost	\$40,066.90	
September 2018	DPH CPST 9-18 Amanda Jackson	\$85.00	
March 26, 2019	WellStar Douglas RTTDC Books	\$1,234.00	
March 26, 2019	WellStar Douglas RTTDC Food	\$230.64	
March 26, 2019	WellStar Douglas RTTDC Food	\$485.72	
March 26, 2019	WellStar Douglas RTTDC MDs salary	\$600.00	
August 20-23, 2019	DPH CPST Covington – Amanda Jackson		
Total		\$42,702.26	\$8,477.74



RTAC Quarterly Report

Region 3

Date of Report 7/18/2019

Name of Program: 2018 Regional Improvement Grant

Objectives: Six TECC Courses for Region 3

Starting Amount \$46,070.00

Date	Line Item	Amount	Total
April 27-28, 2019	Atlanta Fire Rescue	\$7,678.33	
June 27-28, 2019	Gwinnett County Fire	\$7,678.33	
July 12-13, 2019	Cobb County Fire	\$7,678.33	
Winter 2019	Clayton County Fire		
September 2019	City of Forest Park Fire		
TBD	World Congress Center		
Total		\$23,034.99	\$23,035.01



### RTAC Quarterly Report

Region	3								
Date of report	7/18/2019								
Fund	2019 Continuation Fund								
Starting Amount	\$60,000.00								
Date	Expense	Comments	Amount	Running total	Date	Expense	Comments	Amount	Running total
July	Salary				January	Salary		\$2,946.67	
	Travel					Travel	Hotel for TC meeting	\$134.00	
	Other					Other			
	Other					Other			
	Total		\$0.00	\$60,000.00		Total		\$3,080.67	\$47,539.14
August	Salary				February	Salary		\$2,946.67	
	Travel					Travel			
	Other					Other	RTAC meeting food	\$330.89	
	Other					Other	RTAC meeting food	\$8.14	
	Total		\$0.00	\$60,000.00		Total		\$3,285.70	\$44,253.44
September	Salary				March	Salary		\$2,946.67	
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$0.00	\$60,000.00		Total		\$2,946.67	\$41,306.77
October	Salary		\$2,946.67		April	Salary		\$2,946.67	
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$2,946.67	\$57,053.33		Total		\$2,946.67	\$38,360.10
November	Salary		\$2,946.67		May	Salary		\$2,946.67	
	Travel	Hotel for TC meeting	\$205.90			Travel			
	Other	RTAC meeting food	\$328.06			Other	RTAC meeting food	\$322.32	
	Other	RTAC meeting food	\$6.22			Other			
	Total		\$3,486.85	\$53,566.48		Total		\$3,268.99	\$35,091.11
December	Salary		\$2,946.67		June	Salary		\$2,946.67	
	Travel					Travel			
	Other					Other			
	Other					Other			
	Total		\$2,946.67	\$50,619.81		Total		\$2,946.67	\$32,144.44

### Current Needs:

Continued assistance with STB Courses – DeKalb, Atlanta, Clayton  
 Clayton County Schools active with STB GA  
 STB training kits out to area school systems  
 School bus kits delivered and drivers trained  
 CATs to remaining EDs in Region 3  
 Update BIS  
 Update Region III Operational Guidelines



## RTAC Quarterly Report

### School System Summary:

#### **STB:**

**Atlanta** – Schools complete. Bus driver training tentative date August 9.

**Buford** – Complete; Schools and buses.

**Decatur** – Complete. School system and Decatur Fire working together.

**Clayton County** – Erin Moocones has training scheduled for school nurses on July 31. Clayton SROs scheduled for training on July 30.

**Cobb County** – Schools complete; still need buses and CAT trainers.

**Dekalb County** – Training in progress. Bus drivers scheduled for training on August 2.

**Douglas County** – Schools complete.

**Fulton County** – Schools complete. Start plan for buses.

**Gwinnett County** – Schools complete.

**Marietta** – Schools complete.

**Newton County** – Schools complete.

**Rockdale County** - Training in progress.

Region 3  
 Date of report 7/30/19

Fund 2019 Continuation Fund  
 Starting Amount \$60,000.00

Date	Expense	Comments	Amount	Running total
July	Salary			
	Travel			
	Other			
	Other			
	Total		\$0.00	\$60,000.00
August	Salary			
	Travel			
	Other			
	Other			
	Total		\$0.00	\$60,000.00
September	Salary			
	Travel			
	Other			
	Other			
	Total		\$0.00	\$60,000.00
October	Salary		\$2,946.67	
	Travel			
	Other			
	Other			
	Total		\$2,946.67	\$57,053.33
November	Salary		\$2,946.67	
	Travel	Hotel for TC meeting	\$205.90	
	Other	RTAC meeting food	\$328.06	
	Other	RTAC meeting food	\$6.22	
	Total		\$3,486.85	\$53,566.48
December	Salary		\$2,946.67	
	Travel			
	Other			
	Other			
	Total		\$2,946.67	\$50,619.81

Date	Expense	Comments	Amount	Running total
January	Salary		\$2,946.67	
	Travel	Hotel for TC meeting	\$134.00	
	Other			
	Other			
	Total		\$3,080.67	\$47,539.14
February	Salary		\$2,946.67	
	Travel			
	Other	RTAC meeting food	\$330.89	
	Other	RTAC meeting food	\$8.14	
	Total		\$3,285.70	\$44,253.44
March	Salary		\$2,946.67	
	Travel			
	Other			
	Other			
	Total		\$2,946.67	\$41,306.77
April	Salary		\$2,946.67	
	Travel			
	Other			
	Other			
	Total		\$2,946.67	\$38,360.10
May	Salary		\$2,946.67	
	Travel			
	Other	RTAC meeting food	\$322.32	
	Other			
	Total		\$3,268.99	\$35,091.11
June	Salary		\$2,946.67	
	Travel			
	Other			
	Other			
	Total		\$2,946.67	\$32,144.44



Region

3

Date of Report

7/30/19

Name of Program: 2017 Regional Improvement Grant  
Objectives: RTTDC, Child Passenger Safety Technician,  
Fatal Vision

Starting Amount

\$51,180.00

Date	Line Item	Amount	Total
	Previous Cost	\$40,066.90	
18-Sep	DPH CPST 9-18 Amanda Jackson	\$85.00	
3/26/19	WellStar Douglas RTTDC Books	\$1,234.00	
3/26/19	WellStar Douglas RTTDC Food	\$230.64	
3/26/19	WellStar Douglas RTTDC Food	\$485.72	
3/26/19	WellStar Douglas RTTDC MDs salary	\$600.00	
	DPH CPST Covington 8/20-23/2019		
Total		\$42,702.26	\$8,477.74

Region 3  
Date of Report 7/30/19

Name of Program: 2018 Regional Improvement Grant  
Objectives: Six TECC Courses for Region 3

Starting Amount \$46,070.00

Date	Line Item	Amount	Total
April 27-28, 2019	Atlanta Fire Rescue	\$7,678.33	
June 27-28, 2019	Gwinnett County Fire	\$7,678.33	
July 12-13, 2019	Cobb County Fire	\$7,678.33	
Winter 2019	Clayton County Fire		
TBD	World Congress Center		
TBD	Forest Park		
Total		\$23,034.99	\$23,035.01



RTAC Quarterly Report

Quarter: 1<sup>st</sup> FY 2020

Date: 07-19-2019

EMS Region	4
RTAC Chair	James (Sam) Polk
RTAC Coordinator	Stephanie Jordan

Date last BIS Assessment completed: In progress

Date last Trauma Plan completed: 1/2018

**Projects:**

State Date	Status (Date if Completed)	Description and Report
6/2017	In progress	TECC Courses
10/2018	Complete	Public School Stop the Bleed
11/2018	In Progress	School Bus Stop the Bleed
11/2018	Complete	Hospital Tourniquets

**Stop The Bleed:**

Please complete the below table by indicating a count of each category listed.

Persons Trained	Schools Completed	Counties Completed	Counties with Buses Completed	Hospitals Completed
10599	203	Butts Carroll Coweta Fayette Heard Henry Lamar Meriwether Pike Spalding Troup Upson	Butts Carrollton City Fayette Lamar Heard Meriwether Pike Spalding Upson	Piedmont Fayette Piedmont Henry Piedmont Newnan Tanner Med Ctr. Carrollton Tanner Med Ctr. Villa Rica Upson Regional Medical Ctr. Warm Springs Medical Ctr. Wellstar Spalding Wellstar Sylvan Grove Wellstar West Georgia



RTAC Quarterly Report  
**Financial Report:**

Grant Amount: \$		How received:		
Award Date	Invoice #	Invoice Amount	Grant Amount Remaining	Description/Notes
7/2017		\$70,000	\$67,885.00	Startup
6/2017			\$8,750	RIG-TECC Courses
6/2018		46,070	0	RIG-STB

**Current Needs:**

**Regional Summary:**

RTAC Committee Membership is continuing to increase. Stop the Bleed is on track to be complete by August 31<sup>st</sup>.

Region 4 is on track with the goals that were presented at the last meeting. The updates are as follows:

1. **Progress of 2019 Goals:**
  - a. **Update** Completion of STB for all Public Schools and Buses within Region 4, and distribution of training kits to each school.
    1. All schools are trained with kits in place. **(Complete)**
    2. Train an additional 10 (at least), per school. This will assist the Nurse (or designated coordinator) in feeling more comfortable with teaching the class on their own (sustainability). **(Complete)**
    3. *Train all school bus drivers and place kits in each bus. All Counties are scheduled OR complete. The last training is July 29<sup>th</sup> (Carrollton City School Buses).*
    4. **SUNSET DATE FOR ALL SCHOOLS AND BUSES TO BE COMPLETE AND SELF-SUSTAINABLE IS AUGUST 31, 2019.**
  - b. Completion of Stop the Bleed Training for (and equipping) Emergency Departments. **(Complete)**
  - c. Complete distribution and training for the Regional Improvement Grant STB kits.
    1. Training and kit placement is **complete**.
  - d. **Update** Host Trauma Skills Labs (2) within Region 4.
    1. *First Trauma Skills Lab was May 30<sup>th</sup> at the Coweta Fairgrounds. There was a significant turnout, with great feedback on the training.*



### RTAC Quarterly Report

- e. **Update** Gain Trauma Center Designation reporting for two (2) hospitals, in Region 4. The Designation goal is Level 3 or Level 4.
  - 1. Strategic locations of Trauma Centers in Region 4 have been identified.
    - 1. One hospital on the I-75 corridor – *progress with Piedmont Henry is progressing. Piedmont Henry has purchased the reporting software and will begin reporting soon. Piedmont Henry has also begun searching for Physicians to have available once TC Designation is complete.*
    - 2. One hospital on the I-85 corridor – *Piedmont Newnan is ready to move forward with the TC Designation process.*
    - 3. Additional Facilities –
      - 1. Upson Regional Medical Center is reporting, to gain their TC Designation.
      - 2. Wellstar Spalding is exploring TC Designation.
      - 3. Wellstar West Georgia is exploring TC Designation.
- f. **Update** Region 4 is coordinating at least 2 (two) additional TECC classes, to complete the Regional Improvement Grant from FY'18.



RTAC Quarterly Report

Date: 07/21/19

EMS Region	5
RTAC Chair	Todd Dixon
RTAC Coordinator	Kristal Smith (RTAC Secretary/Project Coordinator)

Date last BIS Assessment completed: 2011

Date last Trauma Plan completed: Implemented Oct 2011, Revised Oct 2016

**Projects:**

Start Date	Description/Status	Report
Mar 2015	PI Subcommittee Meetings/On-going	Thirty-six cases reviewed; one case remains open.
Dec 2016	Stop the Bleed Trainings/On-going	Coordinating with regional instructor cohorts to provide training for community organizations, schools, law enforcement agencies, etc.
Feb 2017	LE MAT Program/On-going	To date, 1,022 law enforcement personnel trained; LE MAT kit utilizations are reviewed by RTAC PI Subcommittee. 22 utilizations to date.
Mar 2018	Regional TECC Courses/On-going	Three courses have been delivered. Two scheduled.
Oct 2018	Mobile Equipment Caches/On-going	RTSIG Project – One Mobile Equipment Cache deployable, second cache is being optimized. Two equipment deployments to date.
Oct 2018	Regional Plan and BIS Assessment Update/Ongoing	RTAC Membership has been tasked with reviewing and updating the Regional Trauma Plan and BIS Assessment. Goal to complete review and updates by Oct 2019.
Dec 2018	Region 5 Regional Trauma Advisory Committee - Hospital Questionnaire	Completed – 14 of 15 regional hospitals completed survey.
Jan 2019	Regional Pediatric Trauma Symposium	Hosted Regional Pediatric Trauma Symposium. Nearly 200 participants in attendance. Planning 2020 Symposium underway.
May 2019	Regional Rural Trauma Team Development Courses (RTTDC)	Initial course hosted by Navicent Baldwin. Second course planned for the Medical Center of Peach County (Fall 2019).
May 2019	Regional Pediatric Trauma Courses	Initial Pediatric Trauma Life Support (PITLS) course completed May 17, 2019.



RTAC Quarterly Report

**Central Georgia Bleeding Control Education At-A-Glance:**

Period	Description	Individuals Trained
2015-2016	Region F/Region 5 School Response Program Pilot	1,200
2015-2016	NAEMT Bleeding Control for the Injured	267
2016-Present	Law Enforcement Mutual Aid Trauma Program	1,022
2017-Present	Stop the Bleed Georgia – R5 Public School Offerings (Phase 1)	4,162
2018-Present	Stop the Bleed Georgia – R5 School Bus Offerings (Phase 2)	681
2017-Present	Other “Stop the Bleed” ACS B-Con Basics Courses	4,475
<b>Total Individuals Trained:</b>		<b>11,580</b>

**Stop the Bleed Phase I – School Response Program:**

Please complete the below table by indicating a count of each category listed.

Persons Trained	Schools Completed	Counties in Progress	Counties Completed	Challenges
4,162	182	0	23	N/A

**Stop the Bleed Phase II – School Buses:**

Please complete the below table by indicating a count of each category listed.

Persons Trained	Buses Equipped	Counties in Progress	Counties Completed	Challenges
681*	843	9	14	N/A

\*Does not include those bus drivers and/or monitors trained during Phase I.

**Financial Report:**

<b>Grant Amount: \$53,771.00</b> Law Enforcement Mutual Aid Trauma Program	<b>How received: Processed through MCNH</b> Regional Trauma System Improvement Grant
<b>Total Expenditures: \$53,771.00</b>	<b>Amount Remaining: \$0</b>

<b>Grant Amount: \$46,710.00</b> School Response Program	<b>How received: Processed through MCNH</b>
<b>Total Expenditures: \$43,689.20</b>	<b>Amount Remaining: \$2,998.81</b>
<ul style="list-style-type: none"> <li>Remaining funds will continue to support our Stop the Bleed projects as we begin to offer our remaining kits to public universities, technical colleges, and other public educational facilities and to support train-the-trainer programs and update courses for schools.</li> </ul>	

<b>Grant Amount: \$48,224</b> Phase II LE MAT and TECC Courses	<b>How received: Processed through MCNH</b>
<b>Total Expenditures: \$43,291.58</b>	<b>Amount Remaining: \$4,932.42</b>
<ul style="list-style-type: none"> <li>Remaining funds will continue to support our TECC Courses (1 remaining in this cycle) and LE MAT program. Funds provide for disposables for both TECC and LE MAT programs and TECC instructional cost.</li> </ul>	



RTAC Quarterly Report  
**Financial Report (continued):**

<b>Grant Amount: \$46,070</b>	<b>How received: Processed through MCNH Regional Trauma System Improvement Grant</b>
<b>Total Expenditures: \$36,168.38</b>	<b>Amount Remaining: \$9,901.62</b>
<ul style="list-style-type: none"> <li>• Supports the creation of two mobile equipment caches for prepositioning a large community events as well as the development of two training equipment caches. Funds expended thus far for 2-5x8 Trailers, Bleeding Control Kits, MCI triage equipment, and training equipment.</li> <li>• Two equipment deployments to date.</li> </ul>	

<b>Grant Amount: \$35,080 FY 19 RTAC Support Funds</b>	<b>How received: Processed through MCNH</b>
<b>Total Expenditures: \$20,208.58</b>	<b>Amount Remaining: \$14,871.42</b>
<ul style="list-style-type: none"> <li>• Supports training equipment purchases, storage, and regional trauma education initiatives. Funds expended thus far for regional storage, Stop the Bleed training equipment, and the Pediatric Trauma Symposium.</li> </ul>	

**Regional Update:**

<ul style="list-style-type: none"> <li>• Performance Improvement Subcommittee meetings ongoing - 36 cases reviewed to date.</li> <li>• Regional Education Courses – <ul style="list-style-type: none"> <li><u>Active Shooter Response/STB for the Deaf</u> - 1 delivered</li> <li><u>Community Response to Active Shooter Events (CRASE)</u> – 1 delivered</li> <li><u>LE MAT</u> - Courses ongoing, 1,022 law enforcement personnel trained; LE MAT kit utilizations are reviewed by RTAC PI Subcommittee. 22 utilizations of LE MAT kits reported to date.</li> <li><u>PITLS</u> - 1 delivered</li> <li><u>PHTLS</u> - 1 scheduled (GTCNC/GEMSA grant funded)</li> <li><u>RTTDC</u> - 1 delivered/1 scheduled</li> <li><u>STB Beyond the Basics</u> - 3 delivered/6 scheduled</li> <li><u>Stop the Bleed</u> – Courses ongoing. Coordinating with regional instructor cohorts to provide training for community organizations, schools, school bus drivers, etc. Region 5 technical colleges and public universities have been invited to participate in the <i>Campus Resilience Initiative</i> a regional expansion of the <i>School Response Program</i>.</li> <li><u>TECC courses</u> - 3 delivered/2 scheduled</li> </ul> </li> <li>• Two trailers have been purchased for Regional Trauma Improvement Grant project. Two deployments to date.</li> <li>• Regional Pediatric Trauma Symposium planned for January 2020.</li> <li>• Most recent RTAC meeting was held in April. Attendance was excellent.</li> </ul>
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RTAC Quarterly Report

Quarter: 1 FY 2020

Date: 7/20/19

EMS Region	IX
RTAC Chair	Dr. Gage
RTAC Coordinator	Stephanie Gendron

Date last BIS Assessment completed: January 2018

Date last Trauma Plan completed: over 5 years. New draft in progress. **Bylaws and committee organization needs to be re-aligned with the Region 9 EMS Council—who is currently revisiting their own guidelines.**

**Projects:**

Start Date	Status (Date if Completed)	Description and Report
7/2017	Complete- 8/13/2018	GA STB- All schools complete with kits
5/2018	Transportation STB- Complete 7/29/19	Complete- All transportation systems with kits
5/2018	Public Education STB-In Progress	Trained 3500; Push on ensuring all volunteers are registered as instructors
9/2018	Chatham County Mass Casualty Committee- In progress	Active Shooter Drill in June in Glynn Co.
10/18	Pedestrian vs. MVC Injury Prevention Research- In progress	Meeting with Savannah Traffic Engineering to present data; Manuscript in progress; submitted to present at 2020 HSPI conference
1/2019	Hospital ED STB- In progress	Hospitals Complete: Appling, Winn, Memorial, East Georgia, Coffee Regional, Bacon County
12/2018	DART Program	All kits are assembled- Need to complete training
7/2019	Time to Care Metric	Pulling data for Bryan County and Coffee County to begin the process



**RTAC Quarterly Report  
Stop The Bleed: Public Schools**

<b>Persons Trained</b>	<b>Schools Completed</b>	<b>Counties in Progress</b>	<b>Counties Completed</b>	<b>Challenges</b>
~5000	264	0	25	Schools asking for re-training; Training materials are tired

**Buses:**

County	Status	Number of kits Needed	Kits Distributed	Number Trained
Appling	Done 9/24- with kits	60	36	
Atkinson	Done 1/8- with kits	30	27	
Bacon	Done 10/9- with kits	33	22	
Brantley	Done 5/1 With kits	65	50	
Bryan	Done 10/1- With kits	100	80	
Bulloch	Done 9/4 with kits	165	118	
Camden	Done- with kits	105	53	
Candler	Done 9/7 with kits	25	24	
Charlton	Done 10/30 with kits	30	23	
Chatham	Done 4/24 with kits	479	390	
Clinch	Done 9/4 with kits	27	24	
Coffee	Done 12/10 with kits	85	83	
Effingham	Done 12/18 with kits	165	100	
Evans	Done 3/7 with kits	27	20	
Glynn	Done 10/19- with kits	165	99	
Jeff Davis	Done 12/19- with kits	40	33	
Liberty	Done 11/30 with kits	137	90	
Long County	Done with kits	60	39	
McIntosh	Done 8/29 with Kits	30	24	
Pierce	Done 9/28- with kits	50	23	
Tattnall	Done 3/8 with kits	60	40	



RTAC Quarterly Report

Toombs	Done 10/26-with kits	40	28
Ware	Done-with kits	115	77
Wayne	Done 9/18- with kits	75	50
Vidalia	Done 9/20- with kits	22	18

**Financial Report:**

Award Date	Invoice #	Invoice Amount	Grant Amount Remaining	Description/Notes
<b>FY 2016</b>	822255-P	33,258.00	<b>9,242</b>	<b>Paid/ Remaining is for classes</b>
<b>FY 2018</b>	<b>DART Grant</b>	<b>46070</b>	<b>5000</b>	<b>Invoiced- Awaiting Payment</b>
<b>FY 2018</b>	<b>RTAC Coordinator</b>	<b>70000</b>	<b>191</b>	<b>\$191 Travel Funds Remaining</b>

**Current Needs:**

Support and structure from EMS council on bylaws, communication, projects—The RTAC has been awaiting EMS Council bylaw revision for over a year.

The RTAC needs clarification on how any future regional improvement funding amounts will be allocated, who will be responsible, and what the involvement from the RTAC/ State office of EMS/ Regional Council will be

Startup funding for EMS continued education training scholarship (~\$20,000)

Continued Education/Professional Development funding



## RTAC Quarterly Report

### **Regional Summary:**

Our EMS council needs to work with the RTAC to clarify how the bylaws will be set up—and work together to avoid duplication. The board for the RTAC has been officially set, with two positions vacant for Education and QA/PI. The next meeting will occur in September of 2019.

The Stop the Bleed School Response Program was 100% complete on August 13<sup>th</sup>, 2018. The Stop the Bleed Bus Program is officially complete on August 29, 2019.

Our Region received funding from the Region J Healthcare Coalition to train rural private schools—we are waiting on Region J to advise how they would like this program rolled out.

Private agencies and other community organizations continue to request STB training. We are at the point where we either need to begin asking for donations to help offset the training supply cost or receive new equipment with state funding.

The RTAC set guidelines on ED training- asking for each Hospital to train at least 10 ED nurses and 2 ED physicians- Six hospitals have completed the program.

Our region has begun collecting data for a Time to Care Metric Analysis. Since the region is extremely rural, it is important to have this data. We will begin with collecting data from 2 rural counties: Bryan and Coffee. Once we can get a clean data run, we will ask every outlying agency to support this project.

Due to a void in mass casualty training, our RTAC partnered with Savannah Police, GEMA/HS, Savannah Fire, Chatham EMS, the FBI and Fort Stewart EMS to create an Active Threat/ Mass casualty committee. The committee has over thirty 'members at large' and is focusing on major events in Chatham County in 2019 with the attempt to expand regionally in 2020.

The RTAC Coordinator, Stephanie Gendron is working on obtaining her Certified Emergency Manager Certification (GA CEM), EMT-B and is applying to the Leadership Southeast Georgia Class of 2020.





Region 10 RTAC Quarterly Report

Date: 7/19/2019

EMS Region	10
RTAC Chair	Dr. Kurt Horst
RTAC Coordinator	Deanna Walters/Cameron Conner

Date last BIS Assessment completed: 10/31/2016

Date last Trauma Plan completed: 12/18/2018

**Projects:**

<b>State Date</b>	<b>Status (Date if Completed)</b>	<b>Description and Report</b>
Stop the Bleed/C.R.A.S.E.	Ongoing in Region 10	Stop the Bleed in Region 10 is still nearing completion. Oconee county remains the only school system to not be fully trained. Stop the Bleed trainings in Oconee county will commence in the upcoming Fall semester. Furthermore, Region 10 is working to place kits on school buses for improved access to bleeding control equipment. Trainings for bus drivers are scheduled in Oglethorpe County for late July. Other school districts are invited to join. Upwards of 100 bus drivers are already scheduled to attend. A proposal to expand Stop the Bleed to other institutions of higher education was denied. Region 10 will continue to pursue funding for this expansion as other Universities have expressed great interest in adopting the same Stop the Bleed model that the University of Georgia has successfully implemented. Region 10 hosted a Stop the Bleed community day at UGA in June. This event offered a CRASE class and hands-only CPR in addition to Stop the Bleed.



Region 10 RTAC Quarterly Report

<p>TECC (Tactical Emergency Casualty Care)</p>	<p>One class completed (May 15<sup>th</sup> &amp; 16<sup>th</sup>)</p>	<p>The first TECC class was held on May 15<sup>th</sup> and continued through the 16<sup>th</sup>. Crystal Shelnett and her Adaptive Training team successfully educated 20 Region 10 EMS personnel. Day one of the class consisted of lectures and some brief practical exercises. Day two consisted of trauma-based scenarios. All supplies, lunch, and snacks were purchased using the Regional Improvement Grant. TECC follow-up surveys revealed an overwhelmingly positive reaction to the class. Minor adjustments are being made to further improve the class. Region 10 plans to host 4 more TECC trainings in 2019. Each training will follow a similar pattern to the first. The second class is currently scheduled for August 5<sup>th</sup> and 6<sup>th</sup>. Each class is open to 20 active participants. Others that do not sign-up as an active participant are still welcomed to join. Jackson county EMS has expressed interest in hosting their own version of TECC.</p>
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**Sunset Dates for STB Completion:**

<p>Stop the Bleed (K-12)</p>	<p>Estimated Finish: Sept. 2019</p>
<p>Stop the Bleed (Bus Driver Specific)</p>	<p>Estimated Finish: Sept. 2020</p>



Region 10 RTAC Quarterly Report

**Stop The Bleed:**

Please complete the below table by indicating a count of each category listed.

<b>Persons Trained</b>	<b>Schools Completed</b>	<b>Counties in Progress</b>	<b>Counties Completed</b>	<b>Challenges</b>
2,200  (1,751 teachers & 449 bus drivers)	89	1 (Oconee)	10 (and 8 Foothills charter schools)	To this point, Region 10's biggest challenge is getting the last remaining county on board with Stop the Bleed. In the past quarter, connection has been established with Oconee county schools. 5 schools in this district have now been trained. Region 10 is not complete in training its' bus drivers. Currently, only three counties have fully completed Stop the Bleed trainings. At least two more school districts are expected to complete the trainings by summer's end. Summer has slowed down Region 10's Stop the Bleed progress. Many school faculty and staff are not currently working, thus making it difficult to get them trained. Teachers and bus drivers returning to work should provide an opportune time to continue Stop the Bleed implementation in region 10.





Region 10 RTAC Quarterly Report

**Financial Report:**

*Region 10 RTAC Grant*

<b>Grant Amount: \$20,000</b>		<b>Award Date: 10/1/18</b>		<b>How received: Electronically</b>
<b>Date</b>	<b>Invoice #</b>	<b>Invoice Amount</b>	<b>Grant Amount Remaining</b>	<b>Description/Notes</b>
10/1/2018		\$12,839.00	\$7,161.00	Graduate Program Assistant-Committee Coordination Assistance 12 month
3/19/19		\$229.50	\$6,931.50	Saucehouse catering for Region 10 RTAC quarterly meeting. Saucehouse provided catering services (3/19/19)
12/18/18		\$200.00	\$6,731.50	Saucehouse catering for Region 10 RTAC quarterly meeting. Saucehouse provided catering services (12/18/18)
6/18/19		\$282.00	\$6,449.50	Saucehouse catering for Region 10 RTAC quarterly meeting. Saucehouse provided catering services (6/18/19)
6/22/19		\$125.00	\$6,324.50	Stop the Bleed/CRASE/Hands-only CPR Instructor gifts for Region 10 "Save A Life Day"



Region 10 RTAC Quarterly Report

6/22/19		\$704.00	\$5,620.50	Marti's at Midday catering for Region 10 "Save A Life Day". Lunch, deserts, and beverages provided.
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*Regional Improvement Grant*

<b>Grant Amount: \$48,301.56</b>		<b>Award Date: 3/21/19</b>		<b>How received: Electronically</b>
<b>Date</b>	<b>Invoice #</b>	<b>Invoice Amount</b>	<b>Grant Amount Remaining</b>	<b>Description/Notes</b>
4/23/19		\$649.30	\$47,652.26	ALLIED LLC - TECC equipment
4/24/19		\$337.49	\$47,314.77	SIMULAIDS - TECC equipment
4/25/19		\$8,664.96	\$38,649.81	NORTH AMERICAN RESCUE - TECC equipment
6/10/19		\$1,166.39	\$37,483.42	LAERDAL MEDICAL - TECC equipment
5/1/19		\$286.42	\$37,483.42	BOUNDTREE - TECC equipment



Region 10 RTAC Quarterly Report

5/1/19		\$2,125.93	\$35,071.07	BOUNDTREE - TECC equipment
5/23/19		\$425.00	\$34,646.07	RESCUE ESSENTIALS - TECC equipment
5/24/19		\$265.00	\$34,381.07	UGA PRINTING & PUBLICATIONS - TECC equipment
6/10/19		\$4,750	\$29,631.07	ADAPTIVE TRAINING CONSULTANTS – TECC instruction costs
6/14/19		\$319.50	\$29,311.57	Saucehouse Catering (day 1 of class)
6/13/19		\$256.00	\$29,055.57	Jimmy Johns Catering (day 2 of class)



## Region 10 RTAC Quarterly Report

### **Needs Report:**

The remaining schools in Oconee county need Stop the Bleed training. Communication between Region 10 RTAC representatives and respective transportation directors/bus drivers is currently lacking. An estimated 4 school districts will have their bus drivers trained by the start of the upcoming Fall semester. This leaves 6 school districts that still need training and kits. The Region 10 RTAC would like to eventually receive funding for a Stop the Bleed expansion among institutions of higher education. Several universities in Georgia have expressed interest in adopting the model of Stop the Bleed implementation that has proven to be successful for the University of Georgia.

Furthermore, the Region 10 RTAC is continually seeking improved representation from rehabilitation services in planning and implementation phases of RTAC projects in addition to more involvement from all committee members in order to improve the success of RTAC functions in the region. Region 10 has yet to equip regional hospitals with state-provided tourniquets. Several hospitals in the region have communicated interest in receiving such supplies. The Region 10 coordinator will be receiving the necessary number of tourniquets and blue kits within the next week.

### **Regional Summary:**

Stop the Bleed continues to be a success in the region. Every school has received Stop the Bleed kits and only one county remains without proper instruction. A total of 2,200 people (K-12) and 89 schools have been trained. Region 10 is in the process of delivering the additional 2 training kits to each school district. Barrow county, Commerce City, and some remaining Clarke County schools have yet to receive their additional 2 training kits.

Oconee county (the one remaining county to have incomplete STB instruction) has begun STB adoption. A total of 5 Oconee county schools have been trained within the past quarter. Region 10's Stop the Bleed coordinator estimates that the K-12 initiative will be complete by September of this year. The next step is to focus attention and resources to the bus drivers in Region 10. Oglethorpe county is offering open Stop the Bleed trainings to other school districts. These trainings are set to occur on July 26th.

Funding for the proposed expansion of UGA's Stop the Bleed program has been denied for this fiscal year. Regional improvement grant funding for Region 10 has assisted in financing the 5 TECC classes that are scheduled to take place by the end of 2019. These funds were



## Region 10 RTAC Quarterly Report

awarded on 3/11/2019. The first class on May 15<sup>th</sup> and 16<sup>th</sup> was a great success. The next class is scheduled to be on the 5<sup>th</sup> and 6<sup>th</sup> of August. This class will likely be held in Jackson county. Region 10 hosted a community education event that offered Stop the Bleed, CRASE, and hands-only CPR instruction. The event was held on UGA's Health Sciences campus and featured instructors comprised of UGA PD, Athens-Clarke County PD, and UGA emergency preparedness personnel. About 25 participants attended this event and gave positive feedback that will assist in the improvement of future events.

Lastly, the Region 10 RTAC wishes to create a comprehensive survey for EMS personnel that will help guide the RTAC's efforts. Surveys may also be used to improve RTAC quarterly meetings. Region 10 is considering adding an educational component to the quarterly meetings, much like Region 2 does, contingent upon RTAC member approval.

# Office of EMS Update & Time to Care

Thursday, 8/15/2019

David Newton, Interim Director, Office of EMS and Trauma  
Renee Morgan, Trauma Program Manager



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1

## Mission

Working to create an EMS System for Georgia that is:

- 1 • Community Based
- 2 • Physician Directed
- 3 • Data Driven
- 4 • Patient/People Centered

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2

## Our Consistent Message

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We ask all of our medics (and agencies) to do the following five (5) things each time they have a patient:

1. Assess the patient appropriately
2. Transport the patient to the right facility
3. Notify the hospital early
4. Give a verbal report when delivering the patient
5. Document the call in a timely manner

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3

## Designated Trauma Centers

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Currently 32 Designated or ACS Verified Trauma Centers which includes Pediatrics and Burn Centers

- 6 Level I's (4 ACS Verified)
- 11 Level II's (3 ACS Verified)
- 6 Level III's
- 7 Level IV's
- 2 Burn Centers (ABA Verified)

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4

# New Project: License Management System

Improves all of our business functions:

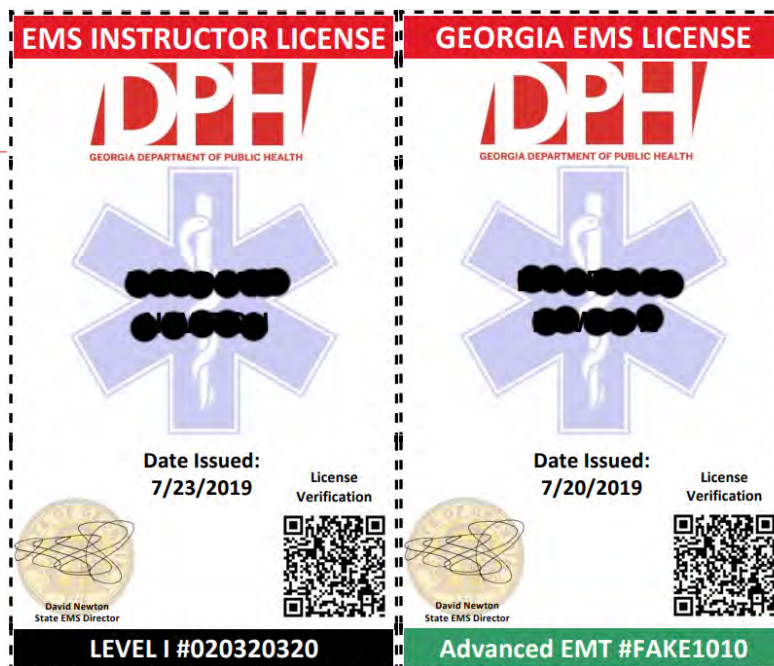
- Licensing, Inspections, Investigations:
  - Medics
  - Instructors
  - Agencies
- Designations of Specialty Care Centers:
  - Trauma
  - Stroke
  - Cardiac
  - Perinatal



Integration with GEMISIS

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5



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6



# Rules Revision

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## DPH Rule 511-9-2 – Emergency Medical Services

- Specialty Care Centers
  - Out for public comment now
- Regional Councils and Zoning
  - Regional EMS Advisory Councils (REMSACs) will be specified in Rules, detailing appointments, membership, voting and bylaws
  - Clarifies the 911 zoning process in rules and establishes a framework for how 911 zone providers are decided by the REMSAC
  - Establishes a framework for key performance measures to be reported for each 911 zone

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7

### (b) Designation of Trauma and Burn Centers.

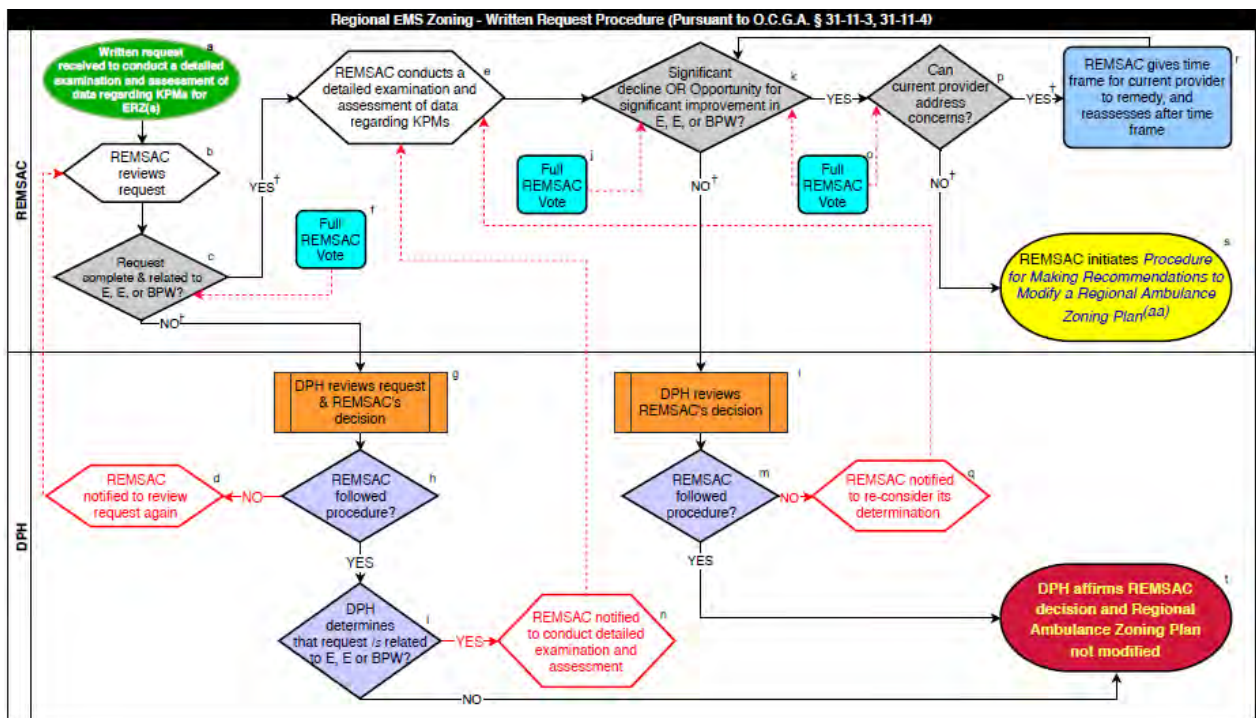
1. Any hospital seeking designation or re-designation by the Department as a Level I, Level II, Level III, or Level IV trauma center must submit a written application to the Department in a manner and on forms as determined by the Department, and shall meet, at a minimum, the requirements defined by the American College of Surgeons Committee on Trauma.
2. Any hospital seeking designation or re-designation by the Department as a burn center must submit a written application to the Department in a manner and on forms as determined by the Department, and must hold and maintain current verification as a burn center by the American Burn Association.
3. The Department may establish additional levels and types of trauma and burn centers as necessary based on advancements in medicine and patient care.
4. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the Department.

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8

- (4) Confidentiality. All information reported to any registry as described by this Rule shall be deemed confidential, except that the Department may in its discretion release such reports or data in de-identified form or for research purposes determined by the Department to have scientific merit. Under no circumstances may information reported to any registry as described by this Rule be released in such a manner as to lead to the identification of any hospital, institution, or clinic.
- (5) Provisional designation. A hospital seeking initial designation as a specialty care center may be designated on a provisional basis, in the Department’s sole discretion, to afford the hospital additional time to demonstrate that its facilities and operations are able to maintain full compliance with the requirements of this rule. Provisional designation shall be granted for a specified time period, not to exceed one year, and shall be subject to the terms and conditions established by the Department.

9



10

# Special Project – EMS Strategic Plan and Performance Measures



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11



## EMS System Key Performance Indicators / Clinical Measures

Updated: Jan 18, 2012

Clinical Group/ Key Performance Indicators (KPIs)	Definition of Measure	Relation of Measure to Quality of EMS System	Established KPI (Used by whom?)	Performance Measure/ Goal?	Notes
<b>1. Critical Trauma Patient Management</b>					
1.1 Percent of Step 1 and Step 2 trauma patients with an EMS scene time of less than 10 minutes. (arrival-to-departure of ambulance)	<ul style="list-style-type: none"> <li>Process measure // Available in WEMESIS</li> <li>Numerator includes all Step 1 and 2 Trauma Triage Criteria patients (excluding entrapped patients or staging issues) with an EMS scene time of less than 10 minutes.</li> <li>Denominator includes all Step 1 and Step 2 Trauma Criteria patients, but excludes entrapped patients where tools were used, or time staging for scene safety.</li> </ul>	Minimizing scene time can reduce patient morbidity and mortality.	<ul style="list-style-type: none"> <li>Am College of Surgeons Committee on Trauma</li> <li>CA Core Measure</li> </ul>	Goal: more than or equal to 90 percent	1. KPI limited to Step 1 and 2 Trauma patients for cleaner analysis, since they tend to have higher acuity. Step 3 and 4 patients end up with long scene times for many reasons.
1.2 Percent of Step 1 and Step 2 trauma patients transported to a designated trauma center.	<ul style="list-style-type: none"> <li>Process measure // Available in WEMESIS</li> <li>Numerator includes number of all Step 1 or 2 trauma patients transported by EMS to a designated trauma center.</li> <li>Denominator includes all Step 1 or 2 Trauma Triage criteria patients who are transported by EMS.</li> </ul>	Transport of Step 1 and 2 trauma patients to a designated trauma center can reduce mortality.	<ul style="list-style-type: none"> <li>NHTSA</li> <li>WA Trauma Triage</li> <li>CA Core Measure</li> </ul>	Goal: more than or equal to 90 percent	1. WEMESIS can determine that a patient went to a trauma receiving center—not necessarily the correct one. 2. Individual MPDs may have to review to confirm that patients are transported to the appropriate receiving center.

**ADDITIONAL NOTES:**

#1. After careful examination of peer-reviewed articles, there is little evidence documenting impact of prehospital ALS procedures on critical trauma patient outcomes. Only the two KPIs listed above have widespread acceptance in the literature.

Clinical Group/ Key Performance Indicators (KPIs)	Definition of Measure	Relation of Measure to Quality of EMS System	Established KPI (Used by whom?)	Performance Measure/ Goal?	Notes
<b>2. Heart Failure Patient Management</b>					
2.1 Percent of suspected heart failure patients who received CPAP or had the CPAP protocol documented.	<ul style="list-style-type: none"> <li>Process measure // Available in WEMESIS?</li> <li>Numerator includes number of patients with suspected CHF who received CPAP or had the CPAP protocol documented.</li> <li>Denominator includes number of patients with suspected congestive heart failure.</li> <li>Assumes that CPAP is available in system.</li> </ul>	CPAP can improve patient outcomes and decreases number of required patient ET intubations (NNT=6).	<ul style="list-style-type: none"> <li>Metro Med Directors</li> </ul>	Goal: more than or equal to 90 percent	1. Not all EMS systems utilize CPAP. 2. Most BLS-equipped units do not carry CPAP units—which will have to be included in exclusionary criteria.
2.2 Percent of suspected heart failure patients who received nitroglycerine (NTG) or had NTG protocol documented.	<ul style="list-style-type: none"> <li>Process measure // Available in WEMESIS?</li> <li>Numerator includes number of patients who received NTG or had documentation of</li> </ul>	NTG can improve CHF patient outcomes.	<ul style="list-style-type: none"> <li>Metro Med Directors</li> </ul>	Goal: more than or equal to 90 percent	1. In BLS systems, units may not be able to give NTG.

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12

## New Scope of Practice

Post-Licensure Skill for Paramedics	Interpretive Guidelines
Advanced transport ventilators	Advanced transport ventilators are those that are capable of more advanced modes (i.e., capable of adjusting more than rate and tidal volume).
Initiation of additional units of blood/blood products	Paramedics may initiate an additional blood/blood product infusion if supplied by the sending facility, after all proper safety checks are completed by the sending facility and the ambulance has appropriate refrigeration/storage capabilities during transport.
Maintenance of: <ul style="list-style-type: none"> <li>• Intra-Aortic Balloon Pumps (IABPs)</li> <li>• Transvenous Cardiac Pacing (TVP) devices</li> <li>• External cardiac support devices</li> </ul>	External cardiac support devices include percutaneous Left Ventricular Assist Devices (pLVAD), Extra Corporeal Membrane Oxygenation (ECMO) devices, etc.

## ACS Statewide Assessment



## Last Visit

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- January 2009
- 130 Different Recommendations in various stages of being addressed
- Timeline for follow-up visit:
  - Summer 2020 – NHTSA Assessment
  - Based on prep and findings from NHTSA Assessment, schedule ACS Statewide visit for late 2020/early 2021



**Trauma System Consultation  
State of Georgia  
Atlanta, Georgia**

**January 4th-7th, 2009  
American College of Surgeons  
Committee on Trauma**

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15

**TIME TO CARE (TTC)**

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16

# Time to Care Metric History

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Establish Data Mart – DONE

Connect Qlik Data Visualization – Partial with Data Test

Manual Analysis of Data from 1/1/2019 – 6/30/2019

N = 83,446

## Filters:

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### Incident Patient Disposition (eDisposition.12)

- Patient Transported to Landing Zone, Care Transferred
- Patient Treated, Transferred Care to Another EMS Unit
- Patient Treated, Transported by this EMS Unit

### Response Type Of Service Requested (eResponse.05)

- 911 Response (Scene)
- Intercept
- Interfacility Transport

## Filters (continued)

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Disposition Type Of Destination (eDisposition.21)

is blank

OR

Freestanding Emergency Department

Hospital-Emergency Department

Hospital-Non-Emergency Department Bed

Not Applicable

Not Recorded

Other

Other EMS Responder (air)

Other EMS Responder (ground)

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19

## Issues

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Blank Name (First and Last)

Unknown Last Name

Unknown First Name

Training

Unknown or Missing Gender

No DOB

Not Trauma or Burn

Manually Removed (due to non-acute trauma)

OOS

Missing Times

Incorrect dates

Unlikely/Impossible Times

Repeat Patients

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20

# Injury Time

Less than 5% of "Trauma" Calls have eSituation.18 - Date/Time Last Known Well recorded

21

Legend		Dataset Level: <span style="color: red;">N</span> National <span style="color: yellow;">S</span> State <span style="color: purple;">D</span> Deprecated
Usage: <span style="border: 1px solid black; padding: 0 2px;">M</span> = Mandatory , <span style="border: 1px solid black; padding: 0 2px;">R</span> = Required , <span style="border: 1px solid black; padding: 0 2px;">E</span> = Recommended , or <span style="border: 1px solid black; padding: 0 2px;">O</span> = Optional		
Attributes: <span style="border: 1px solid black; padding: 0 2px;">N</span> = Not Values , <span style="border: 1px solid black; padding: 0 2px;">P</span> = Pertinent Negatives , <span style="border: 1px solid black; padding: 0 2px;">L</span> = Nillable, and/or <span style="border: 1px solid black; padding: 0 2px;">C</span> = Correlation ID		
<b>eTimes</b>		
1: 1	eTimes.01 - PSAP Call Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: yellow;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
0: 1	eTimes.02 - Dispatch Notified Date/Time	<span style="border: 1px solid black; padding: 0 2px;">O</span>
1: 1	eTimes.03 - Unit Notified by Dispatch Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">M</span>
0: 1	eTimes.04 - Dispatch Acknowledged Date/Time	<span style="border: 1px solid black; padding: 0 2px;">O</span>
1: 1	eTimes.05 - Unit En Route Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: gray;">N</span> <span style="color: gray;">L</span>
1: 1	eTimes.06 - Unit Arrived on Scene Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
1: 1	eTimes.07 - Arrived at Patient Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
0: 1	eTimes.08 - Transfer of EMS Patient Care Date/Time	<span style="color: yellow;">S</span> <span style="color: gray;">E</span> <span style="color: gray;">N</span> <span style="color: gray;">L</span>
1: 1	eTimes.09 - Unit Left Scene Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
0: 1	eTimes.10 - Arrival at Destination Landing Area Date/Time	<span style="border: 1px solid black; padding: 0 2px;">O</span>
1: 1	eTimes.11 - Patient Arrived at Destination Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
1: 1	eTimes.12 - Destination Patient Transfer of Care Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">R</span> <span style="color: yellow;">N</span> <span style="color: yellow;">L</span>
1: 1	eTimes.13 - Unit Back in Service Date/Time	<span style="color: red;">N</span> <span style="color: yellow;">S</span> <span style="color: gray;">M</span>
0: 1	eTimes.14 - Unit Canceled Date/Time	<span style="color: yellow;">S</span> <span style="border: 1px solid black; padding: 0 2px;">O</span>
0: 1	eTimes.15 - Unit Back at Home Location Date/Time	<span style="border: 1px solid black; padding: 0 2px;">O</span>
0: 1	eTimes.16 - EMS Call Completed Date/Time	<span style="border: 1px solid black; padding: 0 2px;">O</span>
<b>eTimes</b>		

22



## eSituation.18

## eSituation.18 - Date/Time Last Known Well

## Definition

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

National Element	No	Pertinent Negatives (PN)	No
State Element	No	NOT Values	No
Version 2 Element		Is Nillable	No
Usage	Optional	Recurrence	0 : 1

## Associated Performance Measure Initiatives

Airway    Cardiac Arrest    Pediatric    STEMI    Stroke    Trauma

## Constraints

<b>Data Type</b>	<b>minInclusive</b>	<b>maxInclusive</b>
dateTime	1950-01-01T00:00:00-00:00	2050-01-01T00:00:00-00:00

## Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

## Data Element Comment

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

23

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 01		122	Level I	135.30	33.70	492.73	90.03
Region 01		2753	Level II	53.48	0.98	4393.55	103.45
Region 01		1230	Level III	47.81	3.88	1474.22	57.13
Region 01		126	Level IV	34.79	15.00	102.83	16.53
Region 01		3735	NA	48.27	0.17	1472.00	53.68
Region 01		30	Pediatric Level I	119.41	66.00	266.75	54.47
Region 01		115	Pediatric Level II	90.16	39.85	332.15	41.10
Region 01	YES	20	Level I	118.84	50.48	411.27	99.56
Region 01	YES	59	Level II	95.82	24.77	1489.00	197.18
Region 01	YES	6	Level III	46.16	25.82	66.87	15.92
Region 01	YES	33	NA	103.43	23.53	819.00	164.80
Region 01	YES	3	Pediatric Level I	78.67	68.00	96.00	15.14
Region 01	YES	2	Pediatric Level II	72.09	66.18	78.00	8.36

24

A	B	C	D	E	F	G	H
Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 02		33	Level I	115.92	43.17	324.20	59.75
Region 02		2722	Level II	59.70	7.32	1517.00	78.02
Region 02		2	Level III	39.26	36.68	41.83	3.64
Region 02		2518	NA	45.28	9.00	2896.00	80.06
Region 02		23	Pediatric Level I	171.68	66.02	1562.47	305.43
Region 02		79	Pediatric Level II	94.88	42.00	371.78	50.45
Region 02	YES	4	Level I	154.88	37.97	379.57	153.76
Region 02	YES	110	Level II	55.06	15.42	473.23	58.33
Region 02	YES	23	NA	113.72	24.35	1466.00	295.46
Region 02	YES	1	Pediatric Level I	79.83	79.83	79.83	
Region 02	YES	2	Pediatric Level II	116.45	90.90	142.00	36.13

GEORGIA DEPARTMENT OF PUBLIC HEALTH

25

A	B	C	D	E	F	G	H
Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 03		12182	Level I	53.63	0.48	1497.00	44.04
Region 03		5032	Level II	46.55	4.82	2923.42	70.68
Region 03		97	Level III	67.13	23.00	594.00	57.06
Region 03		1	Level IV	169.88	169.88	169.88	
Region 03		13019	NA	49.47	0.00	1492.92	47.28
Region 03		1149	Pediatric Level I	69.85	18.23	1532.15	89.25
Region 03		457	Pediatric Level II	65.27	3.80	490.38	48.87
Region 03	YES	96	Level I	68.36	17.62	733.15	79.59
Region 03	YES	72	Level II	45.57	9.10	121.98	20.08
Region 03	YES	3	Level III	70.43	58.92	92.33	18.97
Region 03	YES	100	NA	84.43	18.42	475.85	73.73
Region 03	YES	8	Pediatric Level I	60.71	26.95	135.53	36.60
Region 03	YES	8	Pediatric Level II	96.69	37.12	234.58	64.46

GEORGIA DEPARTMENT OF PUBLIC HEALTH

26

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 04		877	Level I	104.33	19.65	1502.83	108.56
Region 04		53	Level II	119.54	38.42	581.05	85.33
Region 04		3	Level III	103.99	93.00	123.00	16.53
Region 04		6161	NA	47.15	0.05	4379.00	104.33
Region 04		130	Pediatric Level I	96.08	20.00	328.45	39.82
Region 04		51	Pediatric Level II	111.16	54.00	419.80	63.96
Region 04	YES	149	Level I	128.81	13.45	4706.00	406.15
Region 04	YES	5	Level II	228.49	68.65	481.32	184.26
Region 04	YES	52	NA	63.98	9.10	475.97	88.63
Region 04	YES	5	Pediatric Level I	87.98	52.00	143.95	36.33
Region 04	YES	2	Pediatric Level II	97.98	81.00	114.97	24.02

GEORGIA DEPARTMENT OF PUBLIC HEALTH

27

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 05		2261	Level I	57.39	0.00	1506.00	71.63
Region 05		56	Level II	187.69	48.00	1597.23	223.48
Region 05		603	Level III	54.80	0.05	1494.00	94.21
Region 05		102	Level IV	58.91	25.97	636.00	60.51
Region 05		2783	NA	48.21	0.00	4363.00	113.13
Region 05		17	Pediatric Level I	186.23	117.40	450.50	90.78
Region 05		8	Pediatric Level II	260.96	110.00	571.88	187.16
Region 05	YES	137	Level I	80.12	9.37	826.12	99.67
Region 05	YES	2	Level II	48.02	2.97	93.07	63.71
Region 05	YES	25	Level III	75.23	18.10	753.97	142.33
Region 05	YES	2	Level IV	34.28	34.10	34.45	0.25
Region 05	YES	51	NA	54.68	14.62	400.00	57.66
Region 05	YES	3	Pediatric Level I	212.67	131.00	338.00	110.19
Region 05	YES	1	Pediatric Level II	136.72	136.72	136.72	

GEORGIA DEPARTMENT OF PUBLIC HEALTH

28

A	B	C	D	E	F	G	H
Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 06		1038	Level I	62.91	6.45	4626.00	151.02
Region 06		872	Level II	55.03	15.57	739.73	40.85
Region 06		14	Level III	66.32	44.00	78.97	9.99
Region 06		137	Level IV	31.75	8.97	80.97	16.03
Region 06		1175	NA	56.49	3.97	1340.00	74.94
Region 06	YES	67	Level I	79.00	17.12	1526.97	193.56
Region 06	YES	36	Level II	52.06	15.87	115.03	24.06
Region 06	YES	13	NA	83.58	17.98	572.03	148.47
Region 07		45	Level I	112.41	51.00	536.97	78.02
Region 07		803	Level II	35.50	5.83	362.78	20.43
Region 07		4	Level III	93.66	82.85	103.55	9.35
Region 07		1008	NA	43.29	7.47	1511.00	55.00
Region 07		3	Pediatric Level I	223.52	122.88	277.30	87.22
Region 07		3	Pediatric Level II	219.25	176.00	300.87	70.72
Region 07	YES	3	Level I	77.93	21.97	119.15	50.24
Region 07	YES	79	Level II	41.56	12.55	741.08	81.10
Region 07	YES	1	Level III	57.00	57.00	57.00	
Region 07	YES	19	NA	39.75	15.10	79.38	17.54
Region 07	YES	1	Pediatric Level I	358.00	358.00	358.00	

GEORGIA DEPARTMENT OF PUBLIC HEALTH

29

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 08		150	Level I	153.43	22.88	612.80	122.14
Region 08		757	Level II	60.47	0.50	1343.00	81.77
Region 08		282	Level III	33.36	10.00	235.00	18.33
Region 08		5069	NA	43.15	6.00	1722.78	60.70
Region 08		15	Pediatric Level I	119.17	38.00	268.63	71.21
Region 08		7	Pediatric Level II	258.97	42.53	634.27	183.24
Region 08		3	Pediatric Trauma	405.56	164.83	882.85	413.35
Region 08	YES	11	Level I	263.19	72.13	461.00	152.81
Region 08	YES	20	Level II	61.83	24.00	240.13	45.17
Region 08	YES	5	Level III	30.61	20.00	41.00	9.35
Region 08	YES	67	NA	134.02	15.00	1458.52	237.23
Region 08	YES	2	Pediatric Level I	265.33	150.00	380.67	163.11

GEORGIA DEPARTMENT OF PUBLIC HEALTH

30

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 09		2547	Level I	63.51	0.05	1509.88	76.71
Region 09		61	Level II	170.14	82.15	494.00	78.38
Region 09		2	Level III	90.41	87.82	93.00	3.67
Region 09		508	Level IV	39.79	9.88	1473.37	83.17
Region 09		4844	NA	49.42	0.00	4354.80	103.11
Region 09		13	Pediatric Trauma	133.53	57.10	282.97	82.14
Region 09	YES	191	Level I	78.60	16.00	1471.00	132.79
Region 09	YES	1	Level II	176.98	176.98	176.98	
Region 09	YES	9	Level IV	33.46	18.00	52.00	12.31
Region 09	YES	110	NA	64.69	12.32	677.00	101.05
Region 09	YES	1	Pediatric Trauma	140.97	140.97	140.97	

GEORGIA DEPARTMENT OF PUBLIC HEALTH

31

Region	Step1 Or Step2	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 10		28	Level I	97.71	34.78	429.00	70.77
Region 10		1853	Level II	56.30	0.00	1488.18	60.84
Region 10		535	Level III	38.79	11.22	530.60	27.15
Region 10		82	Level IV	43.47	14.00	111.00	24.47
Region 10		1143	NA	52.74	3.10	1462.82	61.37
Region 10		18	Pediatric Level I	97.05	32.60	202.62	43.78
Region 10		22	Pediatric Level II	116.23	71.00	321.58	49.44
Region 10	YES	8	Level I	142.70	64.00	386.97	118.96
Region 10	YES	40	Level II	69.77	19.00	474.10	77.43
Region 10	YES	6	Level III	45.43	23.13	59.65	13.36
Region 10	YES	9	NA	40.68	21.58	56.02	10.61
Region 10	YES	2	Pediatric Level I	114.00	102.00	126.00	16.97

GEORGIA DEPARTMENT OF PUBLIC HEALTH

32

Region	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 01	142	Level I	132.98	33.70	492.73	91.24
Region 01	2812	Level II	54.36	0.98	4393.55	106.38
Region 01	1236	Level III	47.81	3.88	1474.22	57.00
Region 01	126	Level IV	34.79	15.00	102.83	16.53
Region 01	3768	NA	48.75	0.17	1472.00	55.80
Region 01	33	Pediatric Level I	115.70	66.00	266.75	53.34
Region 01	117	Pediatric Level II	89.85	39.85	332.15	40.82
Region 02	37	Level I	120.13	37.97	379.57	72.76
Region 02	2832	Level II	59.52	7.32	1517.00	77.35
Region 02	2	Level III	39.26	36.68	41.83	3.64
Region 02	2541	NA	45.90	9.00	2896.00	84.55
Region 02	24	Pediatric Level I	167.86	66.02	1562.47	299.30
Region 02	81	Pediatric Level II	95.42	42.00	371.78	50.09

GEORGIA DEPARTMENT OF PUBLIC HEALTH

33

Region	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 03	12278	Level I	53.74	0.48	1497.00	44.44
Region 03	5104	Level II	46.54	4.82	2923.42	70.22
Region 03	100	Level III	67.23	23.00	594.00	56.26
Region 03	1	Level IV	169.88	169.88	169.88	
Region 03	13119	NA	49.73	0.00	1492.92	47.63
Region 03	1157	Pediatric Level I	69.79	18.23	1532.15	88.99
Region 03	465	Pediatric Level II	65.81	3.80	490.38	49.26
Region 04	1026	Level I	107.89	13.45	4706.00	184.30
Region 04	58	Level II	128.93	38.42	581.05	99.88
Region 04	3	Level III	103.99	93.00	123.00	16.53
Region 04	6213	NA	47.29	0.05	4379.00	104.21
Region 04	135	Pediatric Level I	95.78	20.00	328.45	39.61
Region 04	53	Pediatric Level II	110.66	54.00	419.80	62.85

GEORGIA DEPARTMENT OF PUBLIC HEALTH

34

Region	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 05	2398	Level I	58.69	0.00	1506.00	73.68
Region 05	58	Level II	182.87	2.97	1597.23	221.19
Region 05	628	Level III	55.62	0.05	1494.00	96.51
Region 05	104	Level IV	58.43	25.97	636.00	60.02
Region 05	2834	NA	48.32	0.00	4363.00	112.37
Region 05	20	Pediatric Level I	190.20	117.40	450.50	91.17
Region 05	9	Pediatric Level II	247.16	110.00	571.88	179.90
Region 06	1105	Level I	63.88	6.45	4626.00	153.88
Region 06	908	Level II	54.91	15.57	739.73	40.31
Region 06	14	Level III	66.32	44.00	78.97	9.99
Region 06	137	Level IV	31.75	8.97	80.97	16.03
Region 06	1188	NA	56.79	3.97	1340.00	76.06

GEORGIA DEPARTMENT OF PUBLIC HEALTH

35

Region	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 07	48	Level I	110.26	21.97	536.97	76.66
Region 07	882	Level II	36.04	5.83	741.08	31.07
Region 07	5	Level III	86.33	57.00	103.55	18.28
Region 07	1027	NA	43.22	7.47	1511.00	54.54
Region 07	4	Pediatric Level I	257.14	122.88	358.00	97.94
Region 07	3	Pediatric Level II	219.25	176.00	300.87	70.72
Region 08	161	Level I	160.93	22.88	612.80	126.97
Region 08	777	Level II	60.50	0.50	1343.00	81.02
Region 08	287	Level III	33.31	10.00	235.00	18.21
Region 08	5136	NA	44.34	6.00	1722.78	66.83
Region 08	17	Pediatric Level I	136.37	38.00	380.67	91.95
Region 08	7	Pediatric Level II	258.97	42.53	634.27	183.24
Region 08	3	Pediatric Trauma	405.56	164.83	882.85	413.35

GEORGIA DEPARTMENT OF PUBLIC HEALTH

36



Region	N	TraumaLEVEL	AVG	MIN	MAX	STDEV
Region 09	2738	Level I	64.57	0.05	1509.88	81.93
Region 09	62	Level II	170.25	82.15	494.00	77.74
Region 09	2	Level III	90.41	87.82	93.00	3.67
Region 09	517	Level IV	39.68	9.88	1473.37	82.46
Region 09	4954	NA	49.76	0.00	4354.80	103.08
Region 09	14	Pediatric Trauma	134.06	57.10	282.97	78.95
Region 10	36	Level I	107.71	34.78	429.00	83.99
Region 10	1893	Level II	56.58	0.00	1488.18	61.25
Region 10	541	Level III	38.87	11.22	530.60	27.03
Region 10	82	Level IV	43.47	14.00	111.00	24.47
Region 10	1152	NA	52.64	3.10	1462.82	61.14
Region 10	20	Pediatric Level I	98.74	32.60	202.62	41.92
Region 10	22	Pediatric Level II	116.23	71.00	321.58	49.44

GEORGIA DEPARTMENT OF PUBLIC HEALTH

37

## How to get to a more robust and automated TTC metric

- Trauma Bands
- Education, Education, Education
- Validation Rules for EMS Data
- <https://www.healthy.arkansas.gov/images/uploads/traumaBand.pdf>



GEORGIA DEPARTMENT OF PUBLIC HEALTH

38



# Questions?

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David Newton

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15 minute break.

## **MAG**

Presented: Dr. John Harvey

Dr. Ashley welcomed Dr. Harvey to report to us on MAG and what an MRC does. Dr. Harvey presented what MAG MRC does for Georgia. Dr. Harvey has been asked by Kentucky and Tennessee in how we could implement their program in those areas. ASPR approved MAG as a statewide response MRC that is housed under DPH. The specific mission is to train medical professionals to respond to a state declared emergency or disaster. Our training program helps everyday medical professionals understand the process of deployment for MAG/MRC. MAG is a volunteer team and all professionals have demonstrated an effort and have taken all required training to respond. Short of paying these volunteers how do you keep this going. Dr. Harvey says we do a lot of recognition and work to keep things interesting and we train and equip them well. Everyone is uniformed and we have branched out into other teams. 5 members of the K9 team now and have outfitted them. Dr. Medeiros would like to see more MAG involvement with the local MRC's and the concern of the lack of communication and parallel processes going on. Does the state MRC provide kits for equipment and shelter and asks about deployment procedures. Those orders come from Dr. Toomey, DPH director. Dr. Harvey says he is always available for communication. He can mobilize his time within 24 hours when called. Do you have outside sources of funding besides the Commission. Right now our large portion of maintenance is through the Commission. Dr. Dunne says what is the percentage of maintenance funds that come from the Commission. Over 90% is Commission funding and the rest of the funding are grants applied for. Dr. Bleacher asked what the changes were in funding requests. Largely it was the education we wanted to initiate across the state. MAG has done 3 things to begin facilitating, to include acquiring web conferencing and video capable equipment and can be available for real time training and recorded training. We bring in specific experts from around the country. We had a full briefing on nerve agents and toxic chemicals we need to be aware of. Some of this training is limited due to CDC clearance. Dr. Ashley asks if MAG can report quarterly to us on the MRC progress. Dr Harvey invited anyone here to join his MRC.

## **EMS Subcommittee Report**

Presented: Courtney Terwilliger

Mr. Terwilliger reported on the AFY19 budget and the scheduled Trauma skills labs and the upcoming leadership courses. Mr. Terwilliger is working on developing a relationship with the Office of Public Safety. We are also working on an EMS online training pilot program. We have contract arrangements with two companies at this time- both of them have online EMS

education programs with high success rates. Dr. Tim Boone is working with them and on a FISDAP test, which is an evaluation process for the pilot EMS education program. This is moving forward with one kicking off next month. Mr. Terwilliger anticipates reporting on this pilot project in the Spring meeting. Mr. Terwilliger asked all to review the FY2020 EMS budget in the administrative report. Patient Handle- low angle course is our new funding training course and is for areas requiring training.

**MOTION GTCNC 2018-08-02:**

**I make the motion to approve the FY2020 EMS Budget as presented with the flexibility regarding the 4% reduction.**

**MOTION BY:** Dr. Fred Mullins

**SECOND:** Courtney Terwilliger

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

**MOTION GTCNC 2018-08-03:**

**I make the motion to adjourn the meeting.**

**MOTION BY:** Vic Drawdy

**SECOND:** Dr. James Dunne

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

**Strategic Planning**

Presented: Dr. Dennis Ashley

Mr. Kunkle presented to the group the Governor's request to have the strategic planning to his office by September. Mr. Kunkle presented and asked the Commission what projects they want to go forward with. There have been some adjustments made to our Agency mission. Dr. Medeiros and Ms. Atkins worked on making some changes to the mission statement. Dr. Ashley gave a little background as to how we have come to what is presented today. What we want to get through today are the 19 measurable objectives and would we want to accomplish these or add new ones.

Mr. Kunkle presented the draft FY202- FY 2024 Strategic Plan. Mr. Kunkle asked the Commission to review. Discussion of focusing on Injury Prevention, Quality and Research make those objectives and not goals of the Trauma Centers. Dr. Mullins : overview of system, pre-hospital, hospital- definitive care, and then post hospital. Injury prevention is an objective under all categories was suggested by Dr. Dunne. Dr. Mullins says we need 4-5 objectives

under each of these. Public Education, Injury Prevention, Research, and legislative/finance. Dr. Medeiros believes Finance is something we should consider and have that accountability.

Goal 1- Ensure continuous improvement to the GA Trauma System

Goal- 2

Goal 3

Goal 4

Ms. Nieb says IP will never change, there will always be that need. Trauma Systems is a pillar component and how do we re word Goal 1.

Dr. Harvey says since the inception of the Commission we need the goals going back to the original all-inclusive fully encompassing trauma system for the citizens of the state of Georgia. This is a vision statement.

Lunch Break 20 minutes

Dr. Ashley recapped our goals and with our four goals in place we can now get in to the objectives.

GOAL 1- Ensure Continuous Care

OBJECTIVE- Obtain Perm Financing for the Trauma System

*Minutes crafted by: Erin Bolinger*