

## Meeting Report

### Georgia Trauma Commission Annual Workshop Thursday, 26 January 2012

#### Intended Meeting Result:

To advance the vision for a comprehensive trauma system in Georgia by identifying actions and metrics for 2012-2015.

#### Participants:

Dr. Dennis Ashley, Chair GTC, Medical Center of Central Georgia; Dr. Robert Cowles, member GTC, Cowles Clinic; Dr. Leon Haley, vice-Chair GTC, Grady Hospital; Linda Coles, Secretary/Treasurer GTC, Childrens Health Care of Atlanta; Elaine Frantz, member GTC Memorial Hospital; Ben Hinson, member GTC, Mid Georgia Ambulance; Dr. Fred Mullins, member GTC, Joseph M Still Burn Center; Bill Moore, member GTC, Atlanta Medical Center; Courtney Terwilliger, GAEMS; Keith Wages, OEMS&T; Lee Oliver, MCCG; Gina Solomon, Gwinnett Medical Center; Laura Garlow, WellStar Kennestone Hospital; Fran Lewis, Grady Hospital; Alex Sponseller, Attorney General; Russ McGee, OEMS&T Region 5 EMS; Lawanna Mercer-Cobb, OEMS&T Region 6 EMS; Renee Morgan, OEMS&T; Dr. Pat O'Neal, DPH; Judy Geiger, staff GTC; Michelle Martin, staff GTC; John Cannady, staff GTC; Lauren Noethen, GTC; and Jim Pettyjohn, GTC.

#### Background:

To prepare for the strategic planning discussion, three documents were provided to participants. These documents included: 1) A Comprehensive Trauma System for Georgia, 2011-14 Strategic Plan Summary, draft; 2) The State of Trauma, Chairman's Annual Report, January 2012 and 3) Summary Accomplishments and Gaps Update: American College of Surgeons Trauma System Consultation Recommendations for Georgia: January 2009 (ACS) and Our Emerging Vision: A New Public Service for Georgians, February 2009. The ACS and Our Emerging Vision Summary document summarized the recommendations from the 2009 ACS consultation visit and Emerging Vision objectives, 2009-2014, the adopted strategic plan by the Georgia Trauma Commission (GTC), in to "like" or similar sections. Georgia Trauma Commission staff and Office of Emergency Medical Services and Trauma (OEMS&T) staff provided feedback on what had been accomplished and what remaining gaps need to be addressed.

Ten of the eighteen priorities in the ACS Report were proposed for discussion based on the pre-meeting feedback and input provided by the GTC Committee of Officers, Governor's EMS Representative on the GTC, GTC staff and OEMS&T staff, and information in the State of Trauma Chairman's Annual Report, January 2012. The ten priorities selected addressed the most immediate concerns expressed and thus became top priorities for meeting discussion and guidance for work in the upcoming 2012 to 2015 timeframe. The remaining priorities don't "go away", they will remain in the summary document for reference.

The ten ACS priorities selected include: Indicators as a Tool for System Assessment; Statutory Authority and Administrative Rules; System Leadership; Lead Agency and Human Resources Within the Lead Agency; Trauma System Plan; System Integration; Financing; Emergency Medical Services; Definitive Care Facilities; System-Wide Evaluation and Quality Assurance. Coalition Building and Community Support was added as another important priority for discussion, totaling eleven ACS priorities.

Participants reviewed the summary information for the eleven selected ACS priorities, discussed the information and identified actions based on criteria. Actions were defined as proposed activities or movement needed to address the identified need. The following criteria were proposed and accepted as a basis for selecting actions:

- 1) Does the action support role clarification among trauma system leaders and organizations?
- 2) Does the action promote collaboration and partnership?
- 3) Does the action promote optimal outcomes for the seriously injured?
- 4) Does the action provide evidence for a return on investment?

The 2012-2015 Georgia Trauma System Strategic Plan draft included within this document is proposed based on the discussion and actions identified by meeting participants. Timeframe and metrics were added post-meeting and should be considered draft at this stage.

The timeframes for actions have been defined as:

Year 1: Near term, 01 July 2012 – 30 June 2013

Year 2: Intermediate, 01 July 2012 – 30 June 2014

Year 3: Long term, 01 July 2012 – 30 June 2015

Once the Strategic Plan draft has been reviewed and feedback provided, budget impact will be added. Once approved by the GTC, the new 2012-2015 Georgia Trauma System Strategic Plan will replace Our Emerging Vision: A New Public Service for Georgians, February 2009 as the Georgia Trauma Commission's strategic plan. This new plan will begin July 2012.

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## Summary: Goals and Objectives, 2012-2015 by Related ACS Priorities

### ACS Priority: (Relates to Goal A)

#### Indicators for System Assessment

##### **Goal A: Assess the trauma system and develop plans for improvement.**

Objective 1A: Complete the Benchmarks, Indicators and Scoring (BIS) assessment by all ten EMS Regions as part of their trauma system regionalization activities by June 2014.

Objective 2A: Complete a statewide Benchmarks, Indicators and Scoring (BIS) assessment by trauma system stakeholders by June 2015.

### ACS Priorities: (Relates to Goals B, C and D)

#### Statutory Authority and Administrative Rules

#### System Leadership (relates to System Integration)

#### Lead Agency and Human Resources within the Lead Agency

#### Definitive Care

#### Trauma System Plan

##### **Goal B: Clarify and delineate trauma system leadership roles.**

Objective B1: Implement recommendations that assures essential system development tasks are addressed, effective collaboration and coordination of trauma system stakeholders occurs and is the best use of Georgia's trauma system resources by June 2014.

Objective B2: Georgia Trauma Commission to promulgate trauma system rules and regulations to define and describe Georgia Trauma System components and subsystems by June 2015.

##### **Goal C: Expand the number of designated trauma centers to achieve access to a Level I, II, or III within one hour for all Georgians by June 2015.**

Objective C1: Develop criteria to determine the number of trauma centers needed to address the trauma care needs in Georgia by June 2013.

Objective C2: Increase GTC members understanding of trauma center designation, associated recommendations and statewide gaps as determined by trauma center designation and re-designation process and results of trauma system surveys by June 2013.

##### **Goal D: Develop trauma system regionalization in Georgia.**

Objective D1: Establish Regional Trauma Advisory Committees (RTAC) in each EMS Region to support trauma and emergency care and system building by June 2014.

Objective D2: Implement the Georgia Trauma Communications Center statewide to provide information to EMS and participating hospitals resulting in the transport or transfer of seriously injured patients quickly and to the most appropriate facility ready to provide care as measured by a reduction in time from injury to definitive care by June 2013.

### ACS Priority: (Relates to Goal E)

#### Financing and Coalition Building and Community Support

##### **Goal E: Increase trauma system funding.**

Objective E1: Develop a Georgia Trauma Foundation to advocate and raise funds for the Georgia Trauma System by June 2013.

Objective E2: Implement a campaign to create permanent and adequate trauma system funding by June 2015.

### ACS Priority: (Relates to Goal F)

#### EMS

##### **Goal F: Strengthen Emergency Medical Services in rural areas.**

Objective F1: Increase County Commissioner understanding about trauma care and system requirements through presentations, conversations and interactions by June 2014.

Objective F2: Increase efficiencies in the EMS system by June 2014.

**ACS Priority: (Relates to Goal G)**

**System-wide Evaluation and Quality Assurance**

**Goal G: System-wide Evaluation and Quality Assurance**

Objective G1: Establish system-wide metrics to evaluate system performance and implement improvements in the Georgia trauma system by June 2014.

Objective G2: Increase the # (or increase the %) of EMS providers providing quality data to the OEMS&T by June 2014.

**ACS Priority: (Relates to Goal H)**

**Research**

**Goal H: Conduct trauma system and care outcomes research**

Objective H1: Initiate two trauma system research projects by June 2014.

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## 2012-2015 Georgia Trauma System Strategic Plan

### ACS Priority: Indicators for System Assessment

**Participant Discussion:** The value of a Benchmarks, Indicators and Scoring (BIS) assessment was discussed. The BIS is a self-assessment tool\* included in the 2006 HRSA Model Trauma System Planning and Evaluation document. The BIS has 113 indicators or measures to quantify a trauma system's effectiveness. Upon completion of the assessment, the trauma system receives a quantitative score. Stakeholders from all parts of the trauma system learn how their program relates to other parts of the trauma system. With this data, trauma system stakeholders establish a plan for improvement, which addresses the gaps identified from the assessment.

\* 2006 Health Resources and Service Administration (HRSA) Model Trauma System Planning and Evaluation document, from US Department of Health and Human Services

### Goal A: Assess the trauma system and develop plans for improvement.

#### Objective 1A: Complete the Benchmarks, Indicators and Scoring (BIS) assessment by all ten EMS Regions as part of their trauma system regionalization activities by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Develop a standard process for implementing BIS assessment.	GTC, RTAC V, VI, IX Leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Standardized assessment process developed, which includes the full range of trauma system stakeholders participating  GTC to approve
2)	Require the completion of a BIS assessment as the system-planning tool for all RTACs going forward.	GTC	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	RTAC BIS assessments completed utilizing the standardized assessment process  A completed BIS assessment is a requirement for RTAC funding and before plan development and approval
3)	Funding for RTACs is based on the plan developed to address needs identified in the BIS assessment.	GTC	Year 3	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Region plans developed Funding addresses identified needs

#### Objective 2A: Complete a statewide Benchmarks, Indicators and Scoring (BIS) assessment by trauma system stakeholders by June 2015.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Complete a state BIS assessment.	GTC, OEMS&T, All RTAC Leads	Year 3	To be included in a yearly (FY '13, '14 or '15) Operations Plan	State BIS assessment completed
2)	Funding priorities based on the plan developed to address needs identified in the BIS assessment.	GTC	Year 3	To be included in a yearly (FY '13, '14 or '15) Operations Plan	State plan developed Funding addresses identified needs

**ACS Priorities:****Statutory Authority and Administrative Rules****System Leadership (relates to System Integration)****Lead Agency and Human Resources within the Lead Agency****Definitive Care****Trauma System Plan**

Participant Discussion: The statute language in Senate Bill 60 gives responsibilities for trauma system design, development and funding to the GTC. Funding provides stability for the trauma system and supports expansion. Designation of trauma centers in Georgia Code gives the Department of Public Health the statutory authority to designate trauma centers and specialty care centers. The designation is done through OEMS&T who has expertise and a thirty-year history with trauma care. There is no GTC authority related to trauma center designation. The funding provided by GTC is an incentive for hospitals to seek designation. A hospital could become a state designated center through the American College of Surgeons (ACS) verification and bypass the state designation process. Participants discussed that GTC benefits extend beyond funding. GTC drives readiness requirements for funding such as: participation in Trauma Quality Improvement Program (TQIP); participation on the Trauma Medical Director's call; and ensures trauma registry reporting to OEMS&T. The language of "lead agency" utilized by ACS is challenging because currently there is not a single agency with responsibilities for the trauma system. GTC has the funding and is developing the system and OEMST is responsible for designation of trauma centers. Concerns were expressed that OEMS&T is understaffed due to underfunding.

Each regional trauma system will operate according to the Regional Trauma System Plan developed by the region's Regional Trauma Advisory Committee (RTAC). RTACs provide the infrastructure to improve trauma care through better alignment with all the participants providing trauma care and identification about what system improvements are needed. The Plan organizes existing and identifies additional resources needed to provide a comprehensive trauma care system to care for trauma patients from the moment of injury through rehabilitation. A yearlong pilot project in Regions V, VI and IX is currently being implemented. The purposes of the pilot project were to test the Framework as a guide for trauma system regionalization and plan development; and to operationalize the Trauma Communications Center. The Trauma Communications Center opened in January 2012.

**Goal B: Clarify and delineate trauma system leadership roles.****Objective B1: Implement recommendations that assures essential system development tasks are addressed, effective collaboration and coordination of trauma system stakeholders occurs and is the best use of Georgia's trauma system resources by June 2014.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Receive opinion from the Attorney General on a legal review of delineated roles in the statutes and codes.	Attorney General	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Opinion received
2)	Through collaborative process, analyze current trauma system roles and responsibilities of all Georgia agencies (e.g. trauma center designation, funding, registry).	GTC, OEMS&T, other key players/agencies that have roles in the trauma system	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Roles analyzed and reported in a document
3)	Identify potential operational efficiencies, opportunities for integration between all agencies involved in trauma system development (including reporting efficiencies).	GTC, OEMS&T, GCTE EMS Subcommittee GTC Leadership, DPH Leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Efficiencies identified Reporting duplication for trauma centers eliminated

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
4)	Present efficiency recommendations to the GTC that assures essential trauma tasks are addressed and effective collaboration and coordination among trauma system agencies occurs.	GTC, OEMS&T, GCTE EMS Subcommittee GTC Leadership, DPH Leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Recommendations developed Recommendations presented
5)	Based on the recommendations, identify key positions that are needed to fulfill responsibilities.	GTC, OEMS&T	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	A list of needed positions is developed and prioritized

**Objective B2: GTC to promulgate trauma system rules and regulations to define and describe Georgia trauma system components and subsystems by June 2015.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Close out pilot project and revise the Framework.	GTC, RTAC Leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Report and revised Framework documents developed
2)	Presentation of revised Framework to Georgia Trauma Commission Members.	GTC, RTAC leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Feedback and approval of Pilot Project report and updated Framework
3)	Develop rules and regulations based on the analysis completed (under Objective #1).	GTC, Attorney General	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Rules and regulations developed Rules and regulations promulgated

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**Goal C: Expand the number of designated trauma centers to achieve access to a Level I, II, III within one hour for all Georgians by June 2015.**

**Objective C1: Develop criteria to determine the number of trauma centers needed to address the trauma care needs in Georgia by June 2013.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Develop strategy to expand the number of designated trauma centers to strategic areas of state.	GTC, OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Strategy developed and presented to GTC
2)	Develop statewide plan based on accepted strategy.	GTC, OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Plan developed and presented to GTC, GTC approves the plan, GTC encourages RTACs to adopt the plan  Future GTC funding reflects the plan  Plan becomes part of trauma system rules and regulations
3)	Develop funding strategies and targets based on the trauma centers placement plan to incentivize identified hospitals to become trauma centers.	GTC, OEMS&T	Year 3	To be included in a yearly (FY '13, '14 or '15) Operations Plan	

**Objective C2: Increase GTC members understanding of trauma center designation, associated recommendations and statewide gaps as determined by trauma center review designation and re-designation process and results of trauma system surveys by June 2013.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Present the Georgia trauma center regulatory process to the GTC. This will include designation standards and timelines for redesignation reviews and ongoing standard adherence, designation site survey process (team makeup and survey instruments) and DPH follow-up procedures for standards deficiencies identified during review.	OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Presentation made to GTC by DPH OEMS&T during GTC meeting.  GTC gains understanding on how trauma centers are designated, standards deficiencies are identified and resolved and will become confident Georgia trauma centers are meeting their designation standards  GTC members attend a designation visit.
2)	Provide a summary report on Trauma Center designation and re-designation that maintains confidentiality and updates the GTC on trauma center status and statewide gaps.	OEMS&T	Ongoing	To be included in a yearly (FY '13, '14 or '15) Operations Plan	GTC gains greater and ongoing understanding of Georgia trauma centers' designation statuses and becomes aware of statewide gaps and availability of trauma care resources.



**Goal D: Develop trauma system regionalization in Georgia.**

**Objective D1: Establish Regional Trauma Advisory Committees (RTAC) in each EMS Region to support trauma and emergency care and system building by June 2013.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Establish the TCC Advisory Board (TCCAB)	GTC RTAC leadership OEMST	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	TCCAB for performance monitoring and operations improvement recommendations becomes operational
2)	Develop process for performance monitoring and operations improvement recommendations.	TCC Advisory Board, OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Process for performance monitoring and improvement developed
3)	Establish system compliance and quality assurance requirements based on the data needed for the regional trauma system and develop improvement plans as needed.	TCC Advisory Board, GTC, OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	System compliance and quality assurance requirements developed Improvement plans developed
4)	Provide RTAC development assistance in Regions 10, 7, 8, 1 and 3 regions.	GTC, GCTE OEMS&T TCC Advisory Board	Year 1		RTACs developed in Regions, 10, 7, 8, 1, and 3

**Objective D2: Implement the Georgia Trauma Communications Center statewide to provide information to EMS and participating hospitals resulting in the transport or transfer of seriously injured patients quickly and to the most appropriate facility ready to provide care as measured by a reduction in time from injury to definitive care by June 2013.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Implement the procedures and protocols for the Georgia Trauma Communications Center to coordinate trauma patient triage, transfer and transport.	GTC, GCTE, TCCAB, OEMS&T RTAC V, VI, IX, EMS Subcommittee, GCTE	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	-Statewide system operational -Reduced transport times for trauma system patients from time injury identified to definitive care -Decrease in inappropriate transfers
2)	Develop a process to determine baseline data.	GTC, GCTE TCCAB, OEMS&T RTAC V, VI, IX, EMS Subcommittee, GCTE	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Process developed
3)	Develop and implement pediatric protocols to be used by the trauma communications center to make sure the needs of pediatric patients are met.	GTC, Pediatric Subcommittee, OEMS&T, GCTE	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	-Reduced transport times for patients needing trauma care -Decrease in inappropriate transfers
4)	Determine baseline data.	GTC, OEMS&T Regions V, VI, IX, EMS Subcommittee, GCTE	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Baseline data in hand

## ACS Priorities:

### Financing

#### Coalition Building and Community Support

**Participant Discussion:** While the funding has decreased, the trauma system infrastructure has been preserved and all existing trauma centers have maintained designation. Participants express being good stewards of the funding. Concern was expressed that the trauma system could be weakened if people don't think it is worth participating because of the lack of funding and trauma centers not seeking designation. There is an opportunity to build on the past support received from many elected officials to increase trauma funding especially when the economy improves. There is also an opportunity to build public support for trauma system funding. The public was very supportive, with 1.2 million out of 2.5 million voters supporting the funding referendum in 2010. As a mechanism for advocacy, Arkansas developed a Foundation because they realized the biggest gap in site designation was in education. In addition, to developing a Foundation for advocacy, it could be used as the place for research and potentially provide funding for grants.

#### Goal E: Increase trauma system funding.

#### Objective E1: Develop a Georgia Trauma Foundation to advocate and raise funds for the Georgia Trauma System by June 2013.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Identify the steps needed to form a Georgia Trauma Foundation.	GTC, Still Burn Center Foundation	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Action plan developed
2)	Identify potential stakeholders to participate in the Foundation (e.g. Tea Party, Auto Insurance companies, Blue Cross/Blue Shield Foundation, Safe Kids of Georgia and auto manufacturers).	GTC, OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	2-3 committed stakeholders demonstrate commitment to participate in Coalition and invite others to attend
3)	Explore opportunities for federal funding to enhance trauma system development in Georgia.	GTC, OEMS&T	Ongoing	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Opportunities identified and application submitted for federal funds Funding received
4)	Develop mechanism for financial contribution from patients and families who have been touched the trauma system.	Trauma Foundation	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Mechanism developed Funding received
5)	Seek input from the Foundation on the goals and direction of the Georgia trauma system.	GTC, OEMS&T	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Input received

**Objective E2: Implement a campaign to create permanent and adequate trauma system funding by June 2015.**

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Conduct a “post-mortem” review of the work done for the 2010 referendum.	Trauma Foundation, GTC , OEMS&T	Year 1	To be included in a yearly (FY '13, '14 or'15) Operations Plan	Campaign reviewed
2)	Determine “adequate trauma system funding”	GTC*	Year 1	To be included in a yearly (FY '13, '14 or'15) Operations Plan	Report with justifications
3)	Develop a referendum campaign.	Trauma Foundation	Year 2	To be included in a yearly (FY '13, '14 or'15) Operations Plan	Campaign developed
4)	Implement campaign.	Trauma Foundation	Year 2	To be included in a yearly (FY '13, '14 or'15) Operations Plan	Campaign implemented

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## ACS Priority: EMS

**Participant Discussion:** There are 159 counties in Georgia and most have an EMS service. With this many EMS services or agencies, there are efficiencies that need to be considered that can improve the outcomes for trauma patients. This year, several accomplishments promoted efficiencies such as: participation in the AVLS system giving Directors information about the location of EMS units (700 EMS units participated through funding provided by GTC and Georgia Emergency Management Agency); over 200,000 on-line EMS course sessions were available and utilized by over 14,000 EMS providers (on-line capabilities developed by OEMS&T and funded throughout federal emergency preparedness grants); and over 1000 rural first responders were trained through GTC directed funding. More efficiency can be gained by developing a uniform policy about getting the right patients to the right place at the right time. The Association County Commissioners of Georgia (ACCG) is a key stakeholder to include in the discussion about a uniform policy. Regionalization, through the creation of RTACs, builds on existing EMS Regions promotes efficiencies and creates an infrastructure to have important conversations about utilization of resources including mutual aid and inter-facility transfers.

### Goal F: Strengthen Emergency Medical Services in rural areas.

#### Objective F1: Increase County Commissioner understanding about trauma care and system requirements through presentations, conversations and interactions by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Participate in disaster planning, exercises and drills to build relationships with county stakeholders.	GTC, TCC, OEMST Emergency Preparedness Coordinator, and other stakeholders	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	# of events attended by stakeholders
2)	Make and account for trauma system presentations at County Commission and Association County Commissioners of Georgia meetings.	GTC*, OEMS&T and other stakeholders	Ongoing	To be included in a yearly (FY '13, '14 or '15) Operations Plan	# of presentations

#### Objective F2: Increase efficiencies in the EMS system by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Develop initial steps to develop a pilot for multi-county system for EMS transport.	GAEMS, OEMS&T, RTAC	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Pilot implemented and results reviewed
2)	Develop a draft uniform policy for discussion with County Commissioners and EMS Directors regarding patient transport.	GAEMS, OEMS&T	Year 3	To be included in a yearly (FY '13, '14 or '15) Operations Plan	ACCG participates in policy development

## ACS Priority: System-wide Evaluation and Quality Assurance

**Participant Discussion:** Georgia has a single trauma registry, which provides data to measure system performance. Level 1 and 2 Trauma Centers are beginning to participate in the Trauma Quality Improvement Program (TQIP). Participants discussed the importance of establishing system-wide metrics to evaluate performance and to make improvements in Georgia trauma care standards. Participants agreed that one of the system wide indicators should be the time from first medical contact to definitive care. Pre hospital reports provide important data required for system evaluation; however, pre hospital reports are not always completed or follow quality measures. Participants discussed that EMS providers need to be held to the same standard as trauma centers on quality reporting. If reports are not submitted, funding is not received. The group agreed that thresholds for EMS data reporting need to be developed and enforced. These thresholds may change over time as improvements occur. The implementation of this with EMS provides a good example of the regulatory side (OEMS&T) requiring data submittal and then the funding side (GTC) providing funds if the regulatory requirements are met.

OEMS&T has begun analysis using trauma registry and hospital discharge data regarding patients treated in non trauma centers including pediatric patients. Other information important for system-wide evaluation is understanding when a patient is initially transported to a community hospital by EMS and then transferred out to a trauma center; how much time is taken before definitive care is received?

## Goal G: System-wide Evaluation and Quality Assurance

### Objective G1: Establish system-wide metrics to evaluate system performance and implement improvements in the Georgia Trauma System by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Establish a Trauma System Evaluation Committee to identify and monitor system wide performance measures.	GTC, OEMS&T, RTAC representatives, state epidemiologist,	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Diverse group of stakeholders represented on Evaluation Committee System wide performance measures are agreed upon
2)	Review existing trauma data to include individual case analysis of patient transfer time to definitive care and recommend system-wide performance measures and identify baseline.	GTC, OEMS&T, CDC, Trauma Medical Director's Subcommittee and Invited National Trauma Consultants & Experts	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	System wide performance measures identified Baseline established The list of performance measures are written and share with the public
3)	Compare data on patients treated in a trauma center and patients not treated in a trauma center based on Injury Severity Score (ISS).	Public Health Epidemiologist, Bishop and Associates	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Data received and reviewed
4)	Communicate with RTAC leadership to assure alignment between regional quality requirements and the system wide performance measures identified.	Evaluation Committee, RTAC Leadership	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Regional quality measures provide data for the system wide quality measures
5)	Compare data on pediatric patients treated in a trauma center and pediatric patients not treated in a trauma center based on Injury Severity Score (ISS).	OEMS&T Epidemiologist, Bishop and Associates	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Data received and reviewed
6)	Assure alignment between regional quality requirements and the system wide performance measures identified.	Evaluation Committee	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Regional quality measures provide data for the system wide quality measures

### Objective G2: Increase the # (or increase the %) of EMS providers providing quality data to the OEMS&T by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Identify the number of EMS providers currently providing	OEMS&T	Year 1	To be included in a yearly	Baseline measure identified (e.g. currently how many EMS

	required report data (e.g. review EMS trip reports and other system reports)			(FY '13, '14 or '15) Operations Plan	providers are providing quality data)  Objective written with agreement upon measures for improvement
2)	Provide education to EMS providers about the value and the use of the data they provide.	OEMS&T, GAEMS GTC, RTAC	Ongoing	To be included in a yearly (FY '13, '14 or '15) Operations Plan	# of providers receiving education
3)	Establish thresholds for EMS data to receive funding from GTC.	OEMS&T, GTC, RTAC representatives		To be included in a yearly (FY '13, '14 or '15) Operations Plan	EMS data received and meets quality standards  Process developed to terminate funding if quality data not received

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## ACS Priority: Research

**Participant Discussion:** The group discussed the importance of researching mutual trauma system topics of interest. The information would be used to make improvements in the trauma system and for publication. The formation of a Research Committee will be discussed by the Medical Director Subcommittee. Research committee members would include trauma center representatives and other interested stakeholders. The Committee could be part of the newly forming Trauma Foundation.

### Goal H: Conduct trauma system and care outcomes research.

#### Objective H1: Initiate two trauma system research projects by June 2014.

	Actions	Key Players	Timeframe	Budget Impact	Metric or Measure of Success
1)	Establish a Georgia Trauma System Research Committee as part of the Georgia Trauma Foundation (see Coalition Building above).	Trauma Medical Directors Subcommittee, GCTE, Still Burn Center Foundation	Year 1	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Committee established
2)	Develop a research agenda that utilizes trauma registry data.	Georgia Trauma System Research Committee	Year 2	To be included in a yearly (FY '13, '14 or '15) Operations Plan	Trauma registry data used Existing system resources are utilized (statisticians, epidemiologist)

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