surrounding Atlanta, Gainesville, Augusta, Savannah, and Columbus where a majority of the fatalities occurred in 2009.

In addition to the objectives of the HSP and SHSP, other process goals have been set by previous planning efforts. The 2006 Motorcycle Safety Strategic Work Group, which also established the Motorcycle Safety Task Force, outlined three major goals for communication:

1. Develop specific public information materials for specific audience.
2. Identify problems and target audiences for public information campaigns.
3. Utilize all DDS Driver Service Centers for disseminating literature to target audiences.

In addition to the HSP strategies, the Motorcycle Safety Task Team is partnering and developing the following programs:

- Create and disseminate effective communication and outreach campaigns to increase motorists’s awareness.
- Provide more instructors and training facilities to meet demand and geographical accessibility.
- Encourage proper licensed Riders (RST)
- Develop and promulgate a Public Service Announcement (PSA) designed to educate motorists and motorcyclists about motorcycle safety using the “Share the Road” message.
- Create and disseminate effective educational and awareness communications to riders on how alcohol and other drugs affect motorcycle operator skills.
- Participate in motorcycle rallies, motorcycle shows and charity rides to promote the Georgia Motor Safety Program (GMSP) throughout the state. The DDS and GOHS web site will also be used to promote the program.
- Conduct motorcycle forums in communities with high motorcycle crash rates.
- Promote the Share the Road campaign.
- DPS motorcycle fatalities reduction plan.

Trauma System/Increasing EMS Capabilities

Strategic Planning

In 2007, the Georgia Legislature through Senate Bill 60 established the Georgia Trauma Care Network Commission (“the Trauma Commission”). The bill charges the Trauma Commission to create a trauma system for the State of Georgia and to act as the accountability mechanism for distribution of trauma system funds appropriated each fiscal year by the legislature.

In February 2009, the Trauma Commission approved a vision for the Georgia Trauma System and identified steps to move forward over a five-year period from 2009 through 2014. Pursuant to a review of Georgia’s trauma system by the American College of Surgeon’s Trauma System Consultation Program, the Trauma Commission identified a need for a comprehensive state trauma system plan that defines the system, its subsystems and structure, and establishes procedures and standards for implementation, monitoring and system performance improvement. It is also essential that the Georgia Office of Emergency Medical Services and Trauma (OEMS&T) support the trauma system plan through established trauma system rules and regulations providing for system accountability, oversight and compliance to a statewide standard of care.

The Trauma Commission’s vision also identifies the need for a statewide trauma communications system. This need was the genesis for a Georgia Trauma Communications Center that will eliminate the time-consuming search for an appropriate Trauma Center with available resources in response to serious injuries.

At the conclusion of the five-year period, the Georgia Trauma System will be comprised of regional systems and plans with a centralized and statewide Trauma Communications Center as the common component of a state trauma system. It is envisioned each region will represent a trauma service area, which will accommodate overlapping and traditional patient catchment areas, transfer patterns, long-standing geographical service regions, and the locations of the state’s major trauma centers. Each regional trauma system will operate according to a Regional Trauma System Plan developed by the region’s Regional Trauma Advisory Committee and approved by the Trauma Commission and monitored by the State OEMS&T. The Plan will organize existing and identify additional resources needed to provide a comprehensive trauma care system to care for trauma patients from the moment of injury through rehabilitation. The Committee will develop data-driven injury prevention programs appropriate for the local community and provide for regional system performance improvement and system plan maintenance. At the core of the Georgia Trauma System is a single statewide Trauma Communications Center established to coordinate the needs of EMS providers to transport the seriously injured in each region with the capacity of all Trauma Centers in the state.

A regional Plan is to be developed by each Committee using the guidance provided in the Regional Trauma System
Planning Framework. The Framework is a planning guide for the development of regional Plans. Within the Framework is guidance on the components, organization and function of regional trauma systems, as well as an appendix on the suggested Plan development process.

As of January 2012, there are Regional Trauma Advisory Committees in EMS Region 3, 5 and 6 and Regions 9 and 1 are in the development stages.

http://www.georgiatraumacommission.org/


Overarching FY2013 Georgia Trauma Commission Performance Measures: Effectiveness, Efficiency and Workload developed in collaboration with the Governors Office of Planning and Budget:

**Effectiveness:** Number of EMS Regions (out of 10 possible) participating in Trauma System Regionalization activities

**Efficiency:** Average time in minutes and by Injury Severity Score for a Trauma System Patient to reach definitive care from scene of injury.

**Workload:** Number of First Responders trained using Commission funding.

Death rates in Georgia from trauma are significantly higher than the national average. In Georgia, 62 of every 100,000 people are likely to die of traumatic injury. Nationally, the death rate is lower – 54 people per 100,000. If Georgia achieved trauma system improvement rate to 54 people per 100,000, approximately 712 additional lives would be saved every year.

**Current Strategies**

The Georgia Office of Emergency Medical Services and Trauma (OEMS) is responsible for the assessment, policy development and assurance of the statewide EMS and Trauma System. Specifically, the agency enforces laws and regulations, assures a competent EMS workforce, evaluates effectiveness of the system, mobilizes partnerships and conducts research for new insights and approaches. All of these responsibilities directly affect the system’s ability to effectively respond to motor vehicle crashes and provide high-quality care to the patients involved in those crashes.

In Georgia, the EMS system, one of the four Es of highway safety, responds to an estimated 250,000 motor vehicle crashes each year.

An example of an ongoing initiative is the collaboration between the Centers for Disease Control and Prevention (CDC) and the OEMS focusing on improving care to trauma patients. The CDC developed the 2011 Guidelines for the Field Triage of the Injured Patient initiative to give EMS leaders and professionals the tools they need to implement and adopt the 2011 Guidelines, and Georgia is a proud partner in this effort to achieve the best possible outcome for the patient. More information is available at the CDC website: [www.cdc.gov/fieldtriage/](http://www.cdc.gov/fieldtriage/).

In the future, other similar collaborations with a multitude of partners including EMS agencies, hospitals, EMS educators and other state and federal agencies will contribute greatly to the enhancement of care for patients involved in motor vehicle crashes.

In response to the critical need for information-driven decisions, OEMS developed GEMSIS, the Georgia Emergency Medical Services Information System: [https://www.mygemsis.org](https://www.mygemsis.org). OEMS developed GEMSIS as Georgia’s prehospital care reporting system, and it has grown from a primarily paper-based system in 2006 to an electronic process today, a transition that was essential in order to obtain timely data. During the same time, the quality of the data has steadily improved.

Key in all of this progress is a close collaboration with each of Georgia’s EMS agencies. Each partnership strengthens the database by involving EMS agencies in the use of their own data; thus, encouraging them to have a vested interest in its accuracy. Using their own data on GEMSIS, they can evaluate not only the number of calls involving motor vehicle crashes but the timeliness of their response and the quality of the care given.

The emphasis in the coming years will be on further improving data quality through our many partnerships and collaborative efforts. EMS training facilities and schools are using GEMSIS as a teaching aid for their students as they do their practical exams. This partnership with educators encourages the clear and accurate documentation skills so needed for complete and accurate data.

We are collaborating with the Georgia CODES project to improve incident to hospital discharge analysis and are providing GEMSIS data to the National Emergency Medical Services Information System (NEMSIS) to enhance information-driven public policy on a national level: [http://www.nemsis.org](http://www.nemsis.org). Through our partnership with the Governor’s Office of Highway Safety and the Georgia Department of Transportation, we have been able to obtain funding for GEMSIS to continue our progress.

The Georgia Office of Emergency Medical Services and Trauma has implemented the Digital Innovations, formally National Trauma Registry American College of Surgeons (NTRACS), at all designated trauma centers as well as several non-designated hospitals. This implementation started in 2002, and since that time, the State of Georgia has submitted
data to the National Trauma Data Bank (NTDB). Recently the trauma program has added a full-time Epidemiologist to the trauma team to support the trauma registry and focus on performance improvement and injury prevention.

The Georgia Trauma Registry needs to expand so that all acute care health facilities that receive injured patients that meet trauma criteria can participate in an optimal system of patient care and provide data. Expanding the system in Georgia offers a tremendous opportunity for protecting the health of every Georgia resident and visitor in our State. Trauma is the number one killer of Americans between the ages of one and 44, and the number three cause of death across all age groups. Trauma survivors, regardless of age, often face intensive rehabilitation, lifelong disabilities, and increasingly expensive long-term care.

Georgia’s total of twenty designated Trauma and Specialty Care Centers is inadequate for a state the size of Georgia. Of the approximately 32,000-40,000 cases of major trauma occurring each year in Georgia, only about 10,000 are treated in designated trauma centers. We have been able to add three new trauma centers in the past year to help alleviate the severe shortage of trauma centers in Georgia. The challenge in the coming years is to add another four centers within the state. A comprehensive and inclusive trauma system for Georgia would involve all acute care hospitals and specialty care centers. Informed discussions among trauma system stakeholders have suggested that Georgia should have approximately 30 designated trauma centers in strategic locations in order to address Georgia’s trauma care and emergency preparedness needs.

**Traffic / Crash Records Data Analysis**

**PROGRAM GOAL:** To implement a strategic plan that will create a fully electronic traffic records system including the collection, transfer, repositories, analysis, and interfaces that will make traffic records available to all highway safety stakeholders in a manner that supports their program goals and activities.

Motor vehicle traffic in Georgia reflects the State’s unprecedented population growth and increases in the numbers of vehicles on the roads. Changes in Georgia’s crash death rate per vehicle miles traveled yields a more comprehensive understanding of the State’s crash problems.

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic Fatalities</td>
<td>1,634</td>
<td>1,729</td>
<td>1,693</td>
<td>1,641</td>
<td>1,493</td>
<td>1,284</td>
</tr>
<tr>
<td>Fatalities Rate*</td>
<td>1.44</td>
<td>1.52</td>
<td>1.49</td>
<td>1.46</td>
<td>1.37</td>
<td>1.18</td>
</tr>
<tr>
<td>Crashes</td>
<td>342,361</td>
<td>347,652</td>
<td>342,156</td>
<td>337,824</td>
<td>306,342</td>
<td>286,896</td>
</tr>
<tr>
<td>Crash Rate++</td>
<td>3.01</td>
<td>3.06</td>
<td>3.01</td>
<td>3.00</td>
<td>2.81</td>
<td>2.62</td>
</tr>
<tr>
<td>Injuries</td>
<td>137,993</td>
<td>139,053</td>
<td>133,399</td>
<td>128,315</td>
<td>115,737</td>
<td>109,685</td>
</tr>
<tr>
<td>Injury Rate++</td>
<td>1.21</td>
<td>1.23</td>
<td>1.17</td>
<td>1.14</td>
<td>1.06</td>
<td>1.00</td>
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<tr>
<td>VMT(millions)</td>
<td>113,618</td>
<td>113,509</td>
<td>113,532</td>
<td>112,541</td>
<td>109,057</td>
<td>109,258</td>
</tr>
</tbody>
</table>

*Rates are calculated per 100 million Vehicle Miles Traveled  
++ Rates are calculated per million Vehicle Miles Traveled*

There is a need to develop and maintain a repository of timely and accurate data related to motor vehicle crashes, injuries, and fatalities. This information is vital to the planning and programmatic functioning of law enforcement agencies (LEAs), governmental entities, highway safety advocates, and community coalitions. As the state’s crash deaths and vehicle miles traveled increase, the need to have accurate data becomes more critical.

Over the past year, Georgia has continued the implementation of a state level records system for citation/adjudication records. The electronic crash reporting system also continues to be implemented, with approximately forty-two percent (42%) of the state’s crash records now being submitted electronically.

The goal remains to assure that all highway safety partners can access accurate, complete, integrated, and uniform traffic records in a timely manner. This capacity is crucial to the planning, implementation, and evaluation of highway safety programs. It provides the foundation for programs to ensure they are adequately prioritized, data driven, and evaluated for effectiveness. Further, in order to support jurisdiction-level improvement programs, the system must have the capacity to produce reports and analyses at the local level. This capacity is now available from Open Portal Solutions (OPS), the vendor who manages the state crash repository via contract with GDOT.

The Traffic Records Coordinating Committee (TRCC) is responsible for coordinating and facilitating the state’s traffic records activities. The State Traffic Records Coordinator, along with the TRCC, operates from a strategic plan that guides the Committee’s mission. The plan includes a long-range plan, support of the Traffic Records Coordinator, improvements in the...