

APPROVED
04.09.26



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

January 8, 2025, 10:00 A.M.

Virtual Meeting

Zoom

Recording: [January 8, 2026, GTC EMS Committee](#)

Attachments: trauma.ga.gov

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair, GTC Member	Allen Owens, Region Eight
Lee Oliver, Vice-Chair, Region Five	
Terry Cobb, GTC Member	
Scott Stephens, Region One	
Jeff Adams, Region Two	
Pete Quinones, Region Three GTC Member via Zoom	
Scott Roberts, Region Four	
John Smith, Region Six	
Duane Montgomery, Region Seven	
Brian Hendrix, Region Nine via Zoom	
Huey Atkins, Region Ten	
Dr. James "J" Smith, GTC Member via Zoom	

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Liz Atkins	Georgia Trauma Commission
Katie Vaughan	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnett	Georgia Trauma Commission
Tim Boone	AVLS Coordinator
Brian Dorriety	Region 7 RTAC
Miranda Baras	Grady Health System
Brandi Fitzgerald	Phoebe Putney Memorial Hospital
Farrah Parker	Region 6 RTAC, RTAC Coordinator
Kristin Spires	GTC, R10 RTAC Coordinator
Grace Threadgill	GTC Intern, System Development Intern
Tolulope Adedipe	GTC Intern, System Development Intern

CALLED AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, January 8, 2026, with 12 members present.

APPROVAL OF OCTOBER 9TH AND NOVEMBER 12TH 2025 MEETING MINUTES

Presented By Courtney Terwilliger

After the call to order, Courtney Terwilliger requested a motion to approve the July meeting minutes or advise of any changes.

MOTION GTCNC EMS COMMITTEE 2026-1-01:

Motion to approve the October 9, 2025, meeting minutes as submitted

MOTION BY: Terry Cobb

SECOND BY: Jeff Adams

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2026-1-02:

Motion to approve the November 12, 2025, meeting minutes as submitted

MOTION BY: Jeff Adams

SECOND BY: Scott Roberts

VOTING: All members are in favor of the motion.

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

HRSA REGION 4 GRANT

Presented By Keith Wages

Keith Wages provided an overview of the HRSA-funded Regional Healthcare Disaster Response System for Region 4, which encompasses eight southeastern states and is administered through Emory University. He explained that the program is one of four similar regional initiatives nationally, all housed within large academic medical centers and closely aligned with regional special pathogens programs. The program's purpose is to support healthcare system readiness for surge events, including chemical, radiological, infectious disease, and other disaster scenarios, with funding provided through ASPR. Mr. Wages emphasized that the program is not seeking funding from the committee and has no financial interest in proposed initiatives.

Mr. Wages discussed telemedicine and tele-EMS as tools that have emerged from this work, noting the importance of developing solutions that are used routinely rather than reserved solely for disaster response. He explained that tele-EMS functions as enhanced medical direction using real-time audio and video, with the greatest utility in settings with longer transport times, special event coverage, and disaster or shelter operations. Examples included on-site physician evaluation during large events to avoid unnecessary transports and the use of telemedicine clinics within shelters during hurricanes or other mass displacement events.

Discussion highlighted opportunities for tele-EMS to support improved destination decision-making by allowing EMS crews to communicate directly with emergency department physicians at local hospitals. This approach could help determine appropriate transport destinations earlier, reduce unnecessary secondary transfers, and improve system efficiency, particularly for rural and lower-level trauma centers. The technology discussed includes high-resolution, pan-tilt-zoom cameras with two-way audio and video capabilities that allow physicians to visually assess patients and communicate directly with EMS crews and patients when appropriate.

Mr. Wages and committee members emphasized that tele-EMS and related telemedicine initiatives can support broader system goals, including load balancing during surge events, reducing avoidable transfers, and preserving limited ambulance resources. He noted that similar tele-observation and tele-consultation models are already being used successfully to support rural hospitals and reduce patient movement when higher-level care is not required.

Mr. Wages stressed that tele-EMS is not a one-size-fits-all solution and that its utility varies based on transport distances, hospital capabilities, and local system needs. He offered technical and clinical support resources through the program, including subject matter experts available to discuss implementation considerations. The initiative was presented as an optional resource to support EMS and hospital partners interested in advancing care coordination and surge preparedness.

The Courtney provided an overview of the Rural Health Transformation Fund, noting that the program was established through recent legislation and remains under development. Current information indicates approximately \$39 million over five years is anticipated to support EMS education. Additional discussions have included a potential expansion of rural ambulance capacity, with up to 180 ambulances proposed for placement across approximately 30 hospitals statewide.

Courtney emphasized that while the scale of the proposed ambulance expansion is significant, workforce capacity presents a major concern, as staffing sufficient personnel to operate additional ambulances would require substantial parallel investment in education, recruitment, and retention. Discussions have also referenced the possible use of advanced connectivity and technology on interfacility transport ambulances; however, implementation details, governance, and timelines remain in flux. The Chair underscored the importance of coordination among RTACs, regional coalitions, the Office of EMS, and other statewide partners to ensure new funding and initiatives align with existing programs and support cohesive system improvement.

Committee members discussed the potential development of a limited tele-EMS pilot building on prior investments made through earlier grant programs. It was noted that several EMS agencies across the state already possess tele-EMS camera equipment and that some services, including Washington County, have operational experience using this technology.

A proposal was discussed to convene a small working group to explore a pilot initiative involving a limited number of EMS providers and partner hospitals, particularly in rural areas. The concept would leverage agencies that already have equipment in place and collaborate with interested emergency departments, including critical access and Level IV trauma centers, to evaluate feasibility and potential benefit. The pilot would initially involve a small number of providers and could be expanded if successful.

Members noted that the pilot would be evaluated over a defined period and discontinued if it did not demonstrate value. Emphasis was placed on starting small, focusing on rural communities, and engaging existing partners before considering broader expansion.

GEORGIA TRAUMA COMMISSION UPDATE

Presented By Elizabeth Atkins

Liz provided a brief update on legislative and Commission activities. She noted that the legislative session is scheduled to begin on January 12 and that preparations are underway. She reported that the House Health Appropriations Committee held a preliminary budget hearing in December, which allowed extended time to present an overview of the agency's mission, operations, and key challenges, an opportunity not typically available during compressed budget hearings.

Liz noted that the Governor is expected to address the General Assembly on January 15, and that forthcoming details will help clarify budget priorities for the upcoming fiscal year. She also announced that the next Georgia Trauma Commission meeting will be held jointly with GQIP on February 19–20 at the Emory Conference Center. She explained that this smaller meeting will focus on trauma center case review and performance improvement, with a larger statewide meeting planned for August.

Crystal provided a brief update on staffing and education support activities. She reintroduced Brian Dorriety, noting his return to the role of Region 7 RTAC Coordinator after a brief hiatus and welcoming him back to the team. She also welcomed three University of Georgia graduate student interns from the Master of Public Health in Epidemiology program, who will be supporting the statewide EMS Educational Needs Assessment during the semester. The interns will assist with data management, analysis, and related project activities.

Gina provided an overview of the trauma registry–based EMS data sets recently distributed to the RTACs for review and performance improvement use. She noted that trauma registry data includes only patients meeting trauma inclusion criteria and differs from broader EMS trip report data, resulting in inherent differences between datasets and requiring careful filtering and stratification for meaningful comparison with State Office of EMS performance metrics.

Committee discussion focused on observed discrepancies in time-based performance measures, emphasizing the importance of distinguishing true operational issues from documentation or coding variability when reviewing trauma-related metrics such as scene times. The use of CAD systems to auto-populate EMS timestamps was identified as a strategy to improve accuracy, while acknowledging that dispatcher workload and operational realities may still introduce variability and require continued education and review of time documentation.

Additional discussion highlighted transport mode as a key variable influencing scene time data, with higher utilization of air medical transport associated with longer scene times in some regions. Members supported further stratification of data by transport mode to improve interpretability and remove known outliers. The committee expressed support for continued refinement of trauma registry-based EMS analyses, noting that the evolving dataset is already informing regional performance improvement discussions. It was also noted that the expanded prehospital blood dataset will support deeper system-level evaluation moving forward, with upcoming statewide education opportunities expected to further inform best practices.

AVLS UPDATE

Presented By Tim Boone

Tim Boone provided a quarterly update (**ATTACHMENT A**) on AVLS and communications systems. He reviewed routine support activities, system maintenance, and onboarding of new units. A temporary decrease in system utilization was noted due to equipment updates and certificate changes, with utilization expected to improve next quarter.

Mr. Boone discussed ongoing upgrades from MG90 to XR-series gateways in select rural areas to improve connectivity and support telemedicine. He reported that most EMS agencies statewide have some form of internet connectivity and that efforts are underway to improve visibility of data from agencies using alternate systems. A proposal to integrate data from multiple vendors into a centralized platform for ESF-8 situational awareness is anticipated within 60 days.

He provided an overview of current AVLS expenditures and noted that funding remains sufficient, with a new equipment purchase order planned. A preliminary FY 2027 AVLS budget was presented for future consideration. Potential use of satellite-based connectivity to support telemedicine in highly rural areas was discussed, with acknowledgment of high costs and the need for further evaluation.

EDUCATION UPDATE

Presented By Crystal Shelnett

Crystal presented the 2026 EMS education plan (**ATTACHMENT B**), outlining a coordinated approach to initial and continuing education that is aligned with broader trauma system priorities. All grant-funded programs will be housed on a single EMS Education page on the Georgia Trauma Commission website, with a shared calendar and Survey123 links used for student registration and real-time enrollment monitoring. MedEdPrep will be used across initial and many continuing education offerings to evaluate clinical competencies, link outcomes to geographic maps, and target content (for example, pediatrics or burns) to areas of identified need.

She described three initial education grant types: EMR grants to support basic equipment and textbooks; EMT/AEMT grants with a two step payment structure (a fixed onboarding payment and a second payment with a performance incentive based on acceptable attrition and National Registry pass rates); and a small “micro grant” option to support low enrollment rural classes that cannot reliably reach twelve students. The plan also includes support for OEMS-led EMS instructor courses (covering student travel, textbooks, and meals), EVOC instructor development scholarships to build regional driving instructor capacity, and regional instructor symposiums to return MedEdPrep and Survey123 data to instructors for loop closure.

For continuing education, the plan funds established “canned” trauma courses such as PHTLS, ITLS and similar offerings, tactical and TECC style courses that allow for regional customization while remaining tied to national curriculum, leadership programs in partnership with external vendors, regional cadaver labs using multi day preserved specimens, mobile high fidelity simulation delivered in partnership with a simulation vendor, and regional coordination training with Augusta University’s CEPaR focused on RMOC style patient movement and disaster response. Crystal noted that the educational needs assessment will continue annually and that Survey123 and MedEdPrep data will be used to adjust offerings, track whether identified needs are changing over time, and ensure that limited funds are directed toward programs that measurably improve provider competence and confidence.

In closing, the Chair noted that \$250,000 remains allocated for the prehospital blood program and \$60,000 is reserved for Scott’s work group and associated educational video projects. The EMS grant summary was deferred to the next meeting so that updated equipment expenditures can be included and a more complete financial picture presented.

There was brief discussion regarding the Blood Utilization Committee. Crystal reported no new communication since the prior meeting and reiterated the request for an application and scoring tool so

services can apply for blood program funds. Members also noted that, depending on future funding and other statewide education investments, the committee may wish to revisit whether grant funds should support the direct cost of blood products.

Scott provided a brief update from his work group, noting that a hosting platform has been identified and that three short educational videos are in development, including content for local government leaders on appropriate destination decisions and trauma system fundamentals. These materials are intended to support broader understanding of trauma systems, EMS education needs, and appropriate hospital destination practices.

Liz confirmed that a contract position to support EMS education logistics has been posted on the Commission website. This role will help coordinate Survey123, MedEdPrep, vendor communication, and program logistics as a central point of contact. With no further business, a motion to adjourn was made and approved.

MOTION GTCNC EMS COMMITTEE 2026-01-03:

Motion to adjourn.

MOTION BY: Huey Atkins

SECOND BY: Scott Roberts

VOTING: All members are in favor of the motion.

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

Minutes by C. Shelnett