

APPROVED
08.11.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

May 22, 2025

Hybrid Meeting

Morgan County Public Safety Complex/Zoom

Recording: <https://www.youtube.com/watch?v=NK4CaEg9jGQ>

Attachments: trauma.ga.gov

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

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Katie Hamilton	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnutt	Georgia Trauma Commission
Brian Dorriety	Region 7 RTAC
Richard Rhodes (via Zoom)	OEMS/T
Kelly Joiner (via Zoom)	OEMS/T
Heather Reddick (via Zoom)	OEMS/T
Ryan Hollingsworth (via Zoom)	OEMS/T
Jay Connelly (via Zoom)	Region 4 RTAC
Daniel Warren (via Zoom)	OEMS/T
Anna Sheridan (via Zoom)	OEMS/T
Bernie Restrepo (via Zoom)	OEMS/T
Justin Keeton (via Zoom)	Piedmont Henry
Kim Littleton (via Zoom)	GEMSA

CALLED AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, May 22, 2025, with 11 members present.

APPROVAL OF JANUARY 9, 2025, MARCH 20, 2025, AND MAY 7, 2025 MEETING MINUTES

Presented By Courtney Terwilliger

After the call to order, Courtney Terwilliger requested a motion to approve the minutes from the three previous meetings or advise of any changes.

MOTION GTCNC EMS COMMITTEE 2025-5-02:

Motion to approve the January 9, March 20, and May 7, 2025 meeting minutes as submitted.

MOTION BY: Scott Roberts

SECOND BY: Terry Cobb

VOTING: All members are in favor of the motion.

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

GTC UPDATE

Presented By Gina Soloman

Gina provided a brief update on the previous week's GTC meeting, where the FY26 budget was approved. She referred the meeting participants to the GTC website, where Liz Atkins's Executive Report could be found, providing a detailed synopsis of commission activities and projects.

Courtney then summarized a recently conducted study on interfacility transfer times from rural hospitals to Level I or II trauma centers to determine whether transfer delays impact patient survivability. Their initial analysis found no statistically significant difference; however, most patients in the sample had stable injuries such as hip fractures, which likely skewed the results. The hospitals now plan to refine their research by focusing specifically on critically injured patients, particularly those with hemorrhage or blunt force trauma, better to understand the effects of transfer time on outcomes. The original study was limited to two centers and a narrow timeframe, but discussions are underway to expand the dataset using three years of data. A significant issue identified during this process is that approximately 28% of trip reports are missing for transferred patients, making it difficult for trauma centers to assess the care provided before arrival. This gap may result from EMS crews not completing trip reports promptly or those reports not being forwarded by the referring hospitals. With roughly 16,000 individual EMS providers serving as frontline data collectors, documentation practices have significant variability. Members were asked to emphasize to EMS agencies in their regions the importance of promptly completing and submitting trip reports to support data accuracy and improve trauma system performance.

AVLS UPDATE

Presented By Dr. Tim Boone

A report was presented on AVLS system usage and maintenance for the past quarter, noting stable usage at 82% with approximately 1,092 active units out of 1,337. The primary challenge continues to be installation

support for small agencies lacking technical resources. An outage with Southern Link due to a failed system upgrade caused temporary connectivity issues, prompting further investigation and calls for better notification from carriers. Regional initiatives, including AVL integration into EMS exercises in Region 2, are underway. Southern Link remains the major provider, though T-Mobile is gaining traction due to better coverage in some areas and lower costs. Upcoming equipment transitions include purchasing MG90 units, which are being phased out, to ensure continued support for agencies relying on Bluetooth functionality. A proposal was approved to reimburse up to 30 installations at \$250 each to assist small agencies unable to complete installations independently. This initiative, funded in the FY26 budget, will begin after July 1. Members agreed on the need for transparency and case-by-case discretion in identifying eligible agencies for this support.

GEMSA UPDATE

Presented By Kim Littleton

The official report submitted in March was supplemented with verbal updates covering April, May, and upcoming June activities. In April, GEMSA delivered TECC courses in Regions 2 and 7, a Trauma Skills Lab in Region 10, an Auto Extrication course in Region 8, and an Axioms class. In May, Module 2 of the EMS Leadership Program was completed, marking the halfway point of the four-part series. Additional training included a TECC class and a Trauma Skills Lab in Region 9. Scheduled for the following week were an Auto Extrication course in Region 9, a Mental Health First Aid class and a Moulage class in Region 5. Looking ahead to June, planned offerings include an Introduction to Leadership course, an initial Ropes Course in Region 1, a TECC course in Region 3, a Trauma Skills Lab in Region 5, a Mental Health First Aid class, a Ropes Course in Region 10, an Auto Extrication course in Region 1, and a TECC course in Region 8. Final contact hour totals were not yet available, but Kim stated they are on track to meet or exceed the required number for this fiscal year.

- EMT Class Status:
 - Kim was asked how many EMT classes were currently in progress. She did not have the number on hand but promised to follow up, noting it had recently changed based on conversations with Travis and Cathy.
- Course Grant Utilization and Cancellations:
 - It was confirmed that some awarded course grants are not completed by recipients.
 - When that happens, GEMSA reverts to the original application pool to reassign the course to another applicant.
 - According to Kim, this approach has ensured that all EMR/EMT and NAEMT course applicants have eventually received a class, even if not in the initial round.
- Reasons for Class Cancellations:
 - Common causes include:
 - Difficulty securing a qualified instructor
 - Lack of a suitable facility or training space
 - Delays in local logistical coordination on the part of the services.
 - Kim states that GEMSA works with RTACs and State Training Coordinators to help locate instructors, including those willing to travel.
 - For NAEMT courses, GEMSA frequently utilizes affiliate faculty and experienced instructors, some of whom still need to complete the required NAEMT online instructor training and final sign-off.
- Instructor Support Discussion:

- The discussion acknowledged ongoing barriers to instruction, especially in underserved areas, and hinted at future budget initiatives to better support instructors.
- Upcoming Collaboration:
 - Kim confirmed she is working with Med Ed Prep to develop a preconference offering for the next Educators Conference to assist instructors in filling knowledge gaps about the testing program. Courtney commended this effort, stating he knew confusion still existed about the requirement and intent of the program.

Terry Cobb clarified that a previously referenced motion pertained to allowing an EMT class to begin in one fiscal year and finish in the next, rather than a proposal related to the upcoming budget. A formal motion was then introduced to address a logistical issue with current GEMSA deadlines, which require both the beginning and ending class rosters to be submitted within the same fiscal year. Since EMT classes typically last several months, this restriction prevents courses from starting late in the fiscal year, particularly during summer. The proposed motion allows EMT classes to begin in one fiscal year and conclude in the next, with funding disbursed as usual, half at the start and the remainder upon completion, regardless of fiscal year boundaries or subcommittee deadlines. It was noted that while this approach previously presented challenges under the trust fund's strict annual spending rules, current funding mechanisms now offer greater flexibility to accommodate this change. Kim indicated there was a precedent, as this is how the Leadership class is now conducted.

MOTION GTCNC EMS COMMITTEE 2025-5-03:

To allow EMR, EMT, and AEMT classes to begin in one fiscal year and conclude in the next, with funding permitted across fiscal years, including payment upon submission of the beginning roster in the first year and the ending roster in the following year.

MOTION BY: Terry Cobb

SECOND BY: Allen Owens

VOTING: All members are in favor of the motion.

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

Following the motion's approval, Terry requested that a communication be sent out to solicit additional EMT class requests, especially since the fiscal cycle has shifted and agencies may be unaware of the recent change allowing classes to span fiscal years. Kim confirmed that a draft communication was already prepared and that it will be sent out promptly now that the agreement has been finalized. She emphasized that the notice will clarify the availability of additional funding and the opportunity to request more classes under the new guidelines.

EMS FUNDING UPDATE

Presented By Courtney Terwilliger

Courtney summarized the recent called meeting in which \$349,000 was reallocated to AVLS and MedEd Prep testing, details of which can be found in the meeting's minutes. He emphasized the importance of the testing platform and the committee members' support in discussing the program's benefits to system improvement. In addition to the testing platform, Courtney briefly discussed that other programs would be introduced to improve registration for grant-funded programs and decrease the workload for all involved. He indicated that feedback was welcome from the community. Scott Roberts questioned if the testing software was required for all programs or only those with lower success rates

on the NREMT exam. Courtney affirmed it was required for all programs that receive grant funding for initial education. Scott then asked if we had any data yet to support program improvement with testing.

Crystal provided a brief update: Three EMS education programs voluntarily submitted detailed cohort-level pass data, including the number of attempts each student took to pass the National Registry exam. Using Jeremy's predictive model, which currently shows 92% accuracy, early analysis indicates strong correlations between specific academic performance indicators and exam outcomes. For example, students scoring below 65% on the final exam are only 30% likely to pass the National Registry. While the data is still limited due to voluntary participation, early findings validate the predictive metrics. Initial trends suggest that simply providing structured access to testing could result in a 10% increase in pass rates, even before introducing additional resources.

Courtney proposed allocating funding for a workgroup of successful EMS educators, those with low attrition and high pass rates, to develop a standardized instructor support toolkit. The goal is to assist two primary groups: (1) new instructors who need foundational materials to avoid starting from scratch, and (2) all instructors seeking to improve course design and delivery. The toolkit would provide adaptable lesson plans and resources tailored to different instructional schedules (e.g., 4-night/week or full-day formats). Additional recommendations included a phased or modular instructor development program, modeled after the successful 4-week EMS leadership course, and incorporating expert instruction in specific skill areas. There was strong support for hosting a series of funded meetings to design and implement this initiative, with volunteers willing to contribute. The effort aligns with broader State EMS Office goals and complements tools like Jeremy's program, which helps instructors better prepare students for National Registry-style testing.

Terry Cobb asked about the voluntary submission of NREMT pass rates and whether it should be formalized as a program requirement. A discussion followed on the potential of working with OEMS&T to have programs submit the annual report and how NREMT success could be reported without additional burdens on the instructors. Richard Rhodes explained testing and reporting variations and how this data can be provided to GTC to evaluate the testing and initial education programs. The committee agreed that proving NREMT success was a reasonable request for grant-funded programs and that Crystal and Richard would work together to figure out a path forward that limits any burdens placed on individual instructors.

MOTION GTCNC EMS COMMITTEE 2025-5-04:

To proceed with data collection for grant-funded initial education programs on National Registry pass rates in collaboration with OEMS&T.

MOTION BY: Terry Cobb

SECOND BY: Duane Montgomery

VOTING: All members are in favor of the motion.

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

NEW BUSINESS- BUDGET APPROVAL FOR FY26

Presented By Courtney Terwilliger

Katie Vaughn displayed the FY25 Approved budget and FY2026 Proposed budget, detailing that the total for this year is \$4,984,073.73. After allocations for AVLS Airtime, equipment, management, and installations, the remaining allocation is \$4,219,685.70.

Huey Atkins emphasized the mission to improve trauma care statewide, benefiting rural and urban EMS providers. He reaffirmed the importance of the AVLS program as an innovation in the profession, and praised the equipment grant program as a key preparedness resource, widely appreciated by services in his region.

Huey proposed that the committee consider allocating \$250,000 for grants of up to \$10,000 each to help EMS agencies implement blood product administration in the field. He noted that Georgia has led in this area, with successful programs already operating in Regions 2 and 10. As the process becomes more streamlined, he sees this as a critical next step in improving prehospital trauma care across the state. Scott Roberts agreed about the importance of the project and expressed disappointment that none of the RTAC's financial requests involved blood products despite extensive conversations and successes from that group. Courtney agreed with Huey, expressing support for the \$250,000 initiative despite not knowing the level of interest or applications they may receive. There was discussion about barriers, but also broad support for the project as it represents a life-saving intervention for the state's trauma patients. Lee Oliver requested a map of the state representing where prehospital blood products are available; Kelly Joiner indicated that this was in progress and would be provided to the committee and GTC when complete.

A small workgroup will be established to begin discussions on the grant. It will include Huey Atkins, Scott Roberts, RTAC Coordinators, and potentially representatives from the GHA and the State Office of Rural Health.

Concerns were raised regarding Regions 8 and 9 being excluded from FY26 funding due to the absence of active RTAC leadership when proposals were due. Region 9 lacked a chair and committee during the needs assessment process, and Region 8 is awaiting the assignment of its RTAC coordinator. Members emphasized that developing RTACs should receive equitable support and proposed either reallocating funds or setting a baseline amount for each region, similar to the former Regional Improvement Grant model. Alan Owens (Region 8) stated that exclusion based on timing penalizes regions making progress. Several members supported funding RTACs-in-development to promote growth, engagement, and regional training capacity. A suggestion was made to ensure this funding approach does not duplicate past state-led regional training efforts, which may require a separate funding source.

Scott Roberts raised concerns about the process used by some RTACs to submit funding proposals. He specifically noted that proposals in several regions, including his own, bypassed the Regional EMS Council, which should be the regional authority and approval body. He expressed frustration that individuals were given guidance to submit proposals without prior discussion or approval through regional channels. He viewed this as a conflict and cited it as the reason for voting against his region's proposal. Scott noted that some of the confusion may stem from the relatively recent creation of Crystal's position and a lack of clarity around the appropriate processes.

Allen Owens (Region 8) and others emphasized the need to ensure regions in transition, such as those without a current RTAC coordinator, are not excluded from funding. He advocated for equitable access, noting that Region 8 is in the final stages of leadership appointment.

The group extensively discussed whether to set aside baseline funding for each region, maintain a competitive proposal process, or if RTACs should receive funding. Some supported earmarking funds to ensure opportunity across all regions, while others warned this might encourage spending without strategic planning. Concerns were raised about how RTACs without 501(c)(3) status would manage or receive funding, prompting discussion around the need to identify appropriate partner foundations or fiscal agents to support fund distribution and accountability.

There was consensus that the current process lacks consistency, structure, and understanding. Members recommended developing a standardized mechanism for future RTAC funding, with improved communication and coordination among Regional Councils, RTACs, and the committee. Courtney then called for any motions related to the topic to be brought forward.

Jay Connelly, Region 4 RTAC Coordinator, requested clearer guidance on appropriate procedures for his RTAC and asked that the committee consider policies that would help improve attendance at his quarterly meetings. He noted that participation averages only 5–6 EMS providers and believes that including RTAC involvement in equipment grant funding is a good first step to boost engagement.

MOTION GTCNC EMS COMMITTEE 2025-5-05:

Motion to set aside \$200,000 for funding RTACs at \$20,000 per region for educational funding for this fiscal year.

MOTION BY: Terry Cobb

SECOND BY: Scott Stephens

VOTING: Scott Stephens, Brian Hendrix, and Terry Cobb are in favor. Courtney Terwilliger, Lee Oliver, Jeff Adams, Pete Quinones, Scott Roberts, Duane Montgomery, Allen Owens, and Huey Atkins are against.

ACTION: The motion **FAILED** with the majority in opposition

Courtney then requested that any additional motions related to RTAC funding be brought forward. Scott Stephens recommended that the requests be approved as submitted. Lee Oliver questioned the appropriateness of the funding from the EMS budget instead of the GTC budget. Discussion then covered these requests specifically in response to each region's EMS educational needs assessments.

MOTION GTCNC EMS COMMITTEE 2025-5-06:

A motion to approve the RTAC EMS education funding requests as submitted by the coordinators.

MOTION BY: Scott Stephens

SECOND BY: Terry Cobb

VOTING: Courtney Terwilliger, Lee Oliver, Scott Stephens, Jeff Adams, Pete Quinones, Duane Montgomery, Brian Hendrix, Huey Atkins, and Terry Cobb are in favor. Scott Roberts and Allen Owens are against.

ACTION: The motion **PASSED** with the majority in favor

The next discussion revolved around the continued use of MedEdPrep testing for initial education programs. Options were presented to include additional resources for instructors, such as a clinical and skills tracking tool. Because of questions surrounding the program, Courtney suggests that it remain as it was for FY25, including only the exit exams.

A proposal was made to allocate funding for developing an instructor support toolkit to improve EMS education outcomes. The goal is to assist new instructors, who often struggle not due to lack of knowledge, but due to inexperience with curriculum delivery, by creating adaptable lesson plan materials formatted in 4-hour blocks. These materials could be customized based on varying instructional schedules (e.g., 2-hour, 4-hour, or 8-hour formats). The plan includes forming two development committees: one composed of

successful educators with high pass rates and low attrition, and another with representatives from programs experiencing challenges. These groups would collaborate to create practical tools to support instructor success and reduce poor course outcomes.

An initial estimate of \$30,000 was suggested to support meetings and coordination, with an additional \$30,000 proposed to explore broader strategies for training and mentoring new instructors. Crystal noted that existing educational workgroups, such as the EMS Education Consortium, could be engaged to contribute to this effort, and that more research is needed to determine concrete costs for hiring a contractor if needed.

MOTION GTCNC EMS COMMITTEE 2025-5-07:

To proceed with allocating \$60,000 for developing toolkits and resources for EMS instructor improvement.

MOTION BY: Scott Roberts

SECOND BY: Scott Stephens

VOTING: All members are in favor of the motion.

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

Huey Atkins then brought up a topic related to the EMS education budget, specifically surrounding the \$200,000 burn education line item. Concerns were expressed that the course and training would be provided by the two verified burn centers in the state and at no cost. Scott Roberts referenced a follow-up email sent by Kim Littleton indicating that the course was for the rest of the state and to train instructors. Courtney deferred the EMS education budget to the July meeting, stating that members could piecemeal those courses and allocations for courses then, as he knew of other ideas and requests that would be brought to the committee at that time.

MOTION GTCNC EMS COMMITTEE 2025-5-08:

To accept the budget as presented as the FY2026 spend plan for the EMS committee

MOTION BY: Courtney Terwilliger

SECOND BY: Scott Stephens

VOTING: All members are in favor of the motion.

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

After the FY26 budget was approved, Scott Roberts questioned the allocation of EMS funds to hospital-branded events, citing the Northeast Georgia Trauma Symposium where EMS participation was reportedly only 40%. He requested future review of funding criteria to ensure alignment with EMS-specific priorities. The committee pointed out ongoing confusion in naming conventions across regions, suggesting that branding like “Northeast Georgia Trauma Symposium” or “Metro Atlanta EMS Conference” can blur the lines between hospital-led and EMS-supported initiatives. Scott also stressed the importance of reviewing how EMS funds are allocated and suggested further discussion at the next meeting to evaluate whether some supported activities align with the committee’s mission and funding intent. Despite these concerns, he acknowledged that the FY26 budget had been approved and suggested future improvements be addressed through clearer policies and expectations.

Terry Cobb outlined a proposal will be introduced to increase funding for EMT and Advanced EMT (AEMT) courses, excluding EMR classes. The proposed funding amount is \$12,000 per course, intended to better align with the actual instructional and material costs of delivering a 200-hour program.

The proposed breakdown includes:

- \$6,000 for lead instructor compensation (200 hours at \$30/hour)
- \$1,875 for an adjunct instructor (75 hours at \$25/hour)
- \$4,125 to cover textbooks for 24 students or other approved instructional supplies (e.g., software, IV arms), based on receipts

The proposal would streamline the reimbursement process, providing an upfront payment upon submission of initial rosters and required documentation, with the remaining balance paid upon course completion and final roster submission. The aim is to offer consistent, reasonable support, particularly for small and rural counties, to help attract instructors and deliver sustainable EMT and AEMT education programs.

A preliminary concept was introduced by Terry Cobb to modify the EMS equipment grant formula by establishing a minimum funding floor to better support small and rural services. While the current peak truck count method is viewed as equitable overall, it was noted that services operating only one or two ambulances received as little as \$1,777 last year, an amount too small to purchase meaningful equipment outside of their normal capital budgets.

The proposal under development would raise the minimum funding level to approximately \$10,000–\$13,000 for services operating 1–4 trucks, ensuring they receive a more impactful amount. A spreadsheet model is in progress to evaluate the fiscal impact of this adjustment.

Importantly, the plan would ensure that no service receives less than it did in the previous year. Larger services would retain their current funding levels, and services operating across multiple counties would not receive duplicative minimum allocations if their overall fleet size exceeds the floor threshold. The intent is to maintain fairness while ensuring that the smallest providers have adequate funds to purchase critical equipment.

This item was presented for discussion only, with no vote taken at this meeting. A fully developed proposal is expected at a future meeting.

Courtney then suggested a motion for adjournment.

MOTION GTCNC EMS COMMITTEE 2025-5-09:
Motion to adjourn the meeting.

MOTION BY: Scott Roberts
SECOND BY: Huey Atkins

Minutes by C. Shelnett