

Meeting/Project Name:		Georgia Trauma Commission Emergency Medical Services Committee					
Date of Meeting:		05.19.23		Start time:		1:00 PM	
Location:		Morgan County Public Safety Complex		End time:		3:00 PM	
Chair:		Courtney Terwilliger		Minute taker:		G. Saye	
MEETING PURPOSE & OBJECTIVE(S)							
<p><u>PURPOSE:</u> The purpose of the EMS subcommittee is to assist EMS providers across the state in optimizing trauma care. This committee is responsible for EMS financial planning in support of O.C.G.A. § 31.11.100 -103 and advising the GTC on matters germane to the EMS community.</p> <p><u>OBJECTIVES:</u> 1. Review, evaluate &amp; plan funded programs 2. Plan upcoming FY EMS budget development &amp; processes; 3. Prepare recommendations to bring forth to the GTC as appropriate.</p>							
COMMITTEE MEMBERS						EXCUSED	
Courtney Terwilliger, Chair		Scott Roberts R4		Huey Atkins R10			
Lee Oliver, Vice-Chair, R5		John Smith R6		Jim Adkins GTC			
Scott Stephens R1		Duane Montgomery R7		Vic Drawdy GTC			
Jeff Adams R2		Allen Owens R8					
Pete Quinones R3, GTC		Brian Hendrix R9					
AGENDA							
TOPIC				PRESENTER			
CALLED AGENDA ITEMS							
1. Welcome and establish quorum				C. Terwilliger			
2. FY 2023 Final Reallocation \$23,319.51				C. Terwilliger			
3. FY2024 EMS Budget and Proposals				C. Terwilliger			
ADJOURN				C.Terwilliger			
NEXT MEETING							
Date:	07.20.2023	Time:	10:00 AM- 12:00 PM	Location:	To Be Determined		

Looking to establish rep for region 6

Motion: scott Roberts  
Lee oliver second

Patient gets taken, which highlights trauma system.

EMS is part of that, if they don't have an inclusive trauma system.

Minutes approved

Fy2023 budget approval-attempt to remove 700,000 from the Commission, thankfully put back in.

Commission delayed adjudication of the budget. 80 page ACS report. 23 million doesn't go very far. No fund recruitment. Need a lot more money to fund system

Historically gave level IV centers 5000 a year. Increased funds. What will happen with that money, if we get 80 million. Data-driven

Minor changes and clarification to the report

Couple of RTAC transition, Jay Connelly.

Tuesday interview to region 9.

Kristal Smith is the COT STB champion. Greg Nickel to serve as coordinator. Decided on may first. Distributed to May 1<sup>st</sup>. helpful to get kits and training supplies to region.

Statewide dashboard-working on multiple databases to look over time from 2019. And look at metrics. All databases and bio spatial, but unaccessible. Maybe by august

30 million short of funding- August university. Commission uses a third party auditor to adjudicate. Play a big role on reimbursement on uncompensated car.

UGA contact for billing codes-not familiar on EMS codes. Jeff Adams billing company. Courtney to provide contact.

Commission meeting is May 25<sup>th</sup>. Nice to have number before then to set up phone call.

Additional funding-what would we do to improve care? Where do we focus the money. We talk about a trauma system. Make the argument that you don't have the trauma system.

Quantify what is happening in each region. Return on investment public safety hard to quantify. Have a system of transportation.

Gina-frustration about ems and acceptance. Piedmont Walton-non of that is registry data. Have some work on the hospital side to bucket delays. Time to decision of transfer. Gap could be anything.

County should review it on their end with delays. Follow up with hospital-reason for delay. Designated trauma center to do performance review.

Non-designated centers have role in RTAC. RTAC looking that non-designated centers. Exclusive system-talk about patients who made it to trauma center.

Easy to review data on the backside. Hospital to do report.

Additional funding to bring EMS into data entry?

Understand in III and IV first. Data we do have, is only 25% over five hours. Does that relate to hospital A to B-getting to accept.

Calling only one hospital at a time. Not everybody needs to rushed there. Not everyone needs to go to a trauma center.

Call volume so high running out of trucks.

Wall time, call volume directed somewhere else,

More money-spend it wisely. Look at cases between now-teams call.

Considering engaging Dr. Bulger to NEMSISO guidelines for trauma.

AVLS

Future where technology is going. Rural EMS, next year or two technology is going to change. Shows units across all agencies.-you all have a copy by region and agency. More and more agencies have started to insert vehicle ID.

Q3

Support Deliverables-took in last quarters

Total unit usage-arrow of what is going up or down.

Counties without AVLS-some will hopefully change

Quick reference process of revising that, airtime log-change-shift across from Verizon to Southernlinc

Annual open enrollement-hopefully works better for the year. There are some new units coming online in July-switching agencies.

Switching from Verizon to Southernlinc in July. Made arrangements-until new fiscal year. Known amount of money for each agency for the next fiscal year.

Chattahoochee county not likely to join-no answer yet.

Do it for the next fiscal year. Provide for busgeting an amount of next fiscal year.

Sent emails to administrators, directors, and RTAC. Carriers aware as well.

Budget that runs in June,

Courtney asked to look at for next year. Reminiang funds-170,000 annual maintaince- due in July next fiscal year-paid in advance. 600,000 of airtime. Could be paid in advance. 150,000 worth of equipment to replace next year.

API-sierra wireless-data can be downloaded to our servers. A way to help with that. Information database-why a patient was in a truck at a given time, match that with GPS data from AMN-shows where ambulances are.

Dan Robinson, give presentation for the future.

Real operational issue to get coverage.

Open enrollement occurs every year.

Appreciative of business Dr. Boone.

One of the programs highlight to all our customers. Professional background

Change driven by technology carriers build out.

Largest manufacturer of cellaur radio chips.

Acquired by company Semtech-own technology LoraWAM

Sensor glue to valuable asset-sensor transmit up to 3 miles. Begins to triangulate using the sensor. Techonology great asset.

Question: Wifi assigned to ambulance- showing on the side of the vehicle-shows it seperateed-another service using gateway. Yes.

Using system Beware-disperate systems. Beacon system. Triangulate with our vehicles.

Put other gateways into response area.

Used product 17 years.

Carriers now allow-video will trickle off over cellular.

Partnered with Motorola-smart connect.

LPR-License Plate Readers

Wifi coverage

Get location data with new technology, GIPO data also available.

AMN move ALMLS

Two new gateways

Tim-price point XR vs MG90-within 100 bucks. XR 80 is a little less.  
Same cloud location-different software.

No way for them to talk together.

80 to 90-about 500-600 for the cartridge.

Tim-new platform-pushing for 80 to 90.

Couple volunteers to plant 80 and 90 in a couple locations to work with a test phase. Devices to the commission to test and provide feedback at no charge. Have any questions, please let me know-don't hesitate to call.

GEMSA update-Kim

Where we are with classes at this point-Trauma skills job.  
Overview of EMR/EMT Program

Challenge to get instructors to respond and provide beginning and ending rosters.

Green classes completed, Pink classes awaiting instructor  
Grey-decline  
White-ongoing  
Decline-give a reason? Varies-could not find instructor.

Award the declined and award to other areas.

EMS instructor preparedness, Morgan County

Same counties repeatedly-specific time of facility for TECC-not every service can provide. Add a couple training sites to be approved by NAEMT.

FY2024  
Question

Services want to conduct EMR/EMT program, 911 service. Multi-county classes-problems having to contract through 911 service.

Programs not funded.

Suggestion: Do a summary slide; how many different courses awarded. One slide total classes done.

EVOC

Curriculum-add to it, can't take away. Separate ambulances from fire apparatus. Conducted a meeting and talked to another company underwriting EVOC curriculum. EVOC money to be used in some other programs.

Motion: use EVOC money to another line of education  
Jeff moved to other approved courses  
Second: Scott Roberts

Change in McNeal platform. Need to confirm amount-

Leadership conference, ambulance service given grant to do a class, process from county government, paperwork involved, facilitate paperwork, suggestion allow county service, EMT/R class- they could sign agreement with instructor so instructor school bill GEMSA directly for that course. Approved and signed by local 911 service-they would still be responsible for quality of course.

Variance, cost of EMR course and use to increase amount. Affidavit variance signed with grant. Contract arrangement 911 service and school, notarized sent to GEMSA

Motion: duane  
Second: jeff adams

Indicifual service awarded education contract and subcontract with school or vendor to perform education and be allowed to bill GEMSA directly.

EMR class instead EMT-R. 50 hour DOT EMR class with the grant. It has to be approved by state office of EMS

Allow folks to do EMR classes to do just EMR class.

Different amount.

EMT versus EMT-R. Kim to followup

Woruldnt have to do the extra hours

EMR-national course  
EMT/R- state licensure course

DOT put out a curriculum-used for a long time. EMR doesn't meet all the national standards.-old DOT first responder-doesn't exist. National standard now is emergency medical responder.

Georgia won't approve if it doesn't meet standards. Police acamedy teaches to old DOT curriculum doesn't meet the national standard.

Can take course, but can't test national registry. Complete state approved course, national ed standards.

Will not approve for less than 80 hours, based on the national ED standards.

EMR less than 80 classes.

Initial EMR was 50 hour DOT curriculum

Curricuclum was built 15-20 years ago, released in 2009. National ed standards.

Somebody takes 50 hour class- 80 state hour class—one can get a license and one can.

80 can sit registry. 80 benchmark to approve EMR course, looked at lowering that. Vast majority of EMR courses are above 80 hours includes CPR, NEMS, TEMS training, and clinical hours. Not all clasrrom.

Still teach 40-50 hours, face-to-face would still be 40-50 hours.

Would have certificate successful completion courses. Department issue completion.

Richard to help with which courses to approve. Look at it.

Benefit state better classes remina state-approved. Table this-work with Richard on curriculum.

EMS funding

316,659.

Reallocated money-equipment grant money

Firework revenue and unused grant money

Kim

Video completed by end of May-encouragement into workforce. Appropriate use of EMS. Modern day staion 51

Funds-equipment grants-trauma system improvemtn grants

Regional needs to help as well,

1. Medical Reserve Corp-Interfacility transport
2. Traumatic Cardiac Arrest-training about management cardiac arrest
3. Trauma surge management-tactics EMAG presentations

Regional projects.

Region 2, RTAC funding has gone support symposium. TO buy to absorb RTAC Coordinator activities. Fund an RTAC Coordinator.

Region 2, support for symposium.

Online education-cost effective and far reaching. Start planning for next bringing that system online for outside metroAtlanta. Train GA website-unlimited amount of time in TRAIN website.

Explore and do it. Richard team-symposium on the TRAIN system.

Not costly-guessing 5000 to set up video and audio.

Take money fund AVLS up front-170 k for maintaince and 150 for equipment.

Scott: Amount 80 and 150-is turnkey.

Funding-video is almost done, get it out.

Workforce issue-struggling to get applicants.

Amount development of PSA-didn't have the push out.

170k on maintaence

150 on digital marketing, Kim can provided detail on what it can provide. Kim gets details,

Scott's point delay rollout of plan.

End of May is not far. Where we spend it make the most impact.

Called 24 budget. Encumbered by next month.

Development spent. Will have the video in another week. Different messages?

Campaign for recruitment and when to use an ambulance-one video.

Called meeting-see video. Next year fiscal budget

Vote to have money then.

Return in investment.

Motion to use FY2023 leftover for 170 for mainitance and remainder will go to equipment. Percise quote next week.

Motion: Lee

Second: Scott roverts

Buying old gateways or new gateways.

Not currently working on the pushout. Working with Joseph Kelly to develop videos.

MARCH PAWS working slowly.

Have conversation on traumatic arrest projext with Kristal

July meeting place

Working with Richard to work at potential EMR-class  
Next meeting-rollout program.

Motion: lee oliver  
Jeff adams  
12:52 pm