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# GEORGIA TRAUMA COMMISSION

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## REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) 2025 EDUCATIONAL NEEDS ASSESSMENT REPORT

RTAC COORDINATORS  
GEORGIA TRAUMA COMMISSION  
248 W. JEFFERSON ST. MADISON, GA 30560



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## EXECUTIVE SUMMARY

*The 2025 EMS Educational Needs Assessment, conducted by the Georgia Trauma Commission and RTAC Coordinators, gathered insights from EMS providers, EMS leadership, and hospital personnel to evaluate educational barriers, training needs, prehospital care quality, and hospital-EMS collaboration. The findings highlight critical gaps and opportunities for improvement in training, communication, and resource allocation.*

## KEY FINDINGS ACROSS ALL REPORTS

### 1. EMS PROVIDER TRAINING & EDUCATION NEEDS

- 995 EMS providers participated in the survey.
- Fatigue, financial limitations, and time constraints are the top barriers to continuing education.
- Hands-on and scenario-based training is highly preferred over traditional lectures.
- Half-day courses are most popular, but paramedics and senior providers show a greater preference for full-day training.
- Top trauma skills needing emphasis:
  - Trauma resuscitation, needle decompression, MCI management, blood administration, pediatric trauma care.

### 2. EMS LEADERSHIP PERSPECTIVES

- 137 EMS leaders participated, revealing regional disparities in training access.
- GEMSA education program participation is inconsistent, with Regions 3 and 6 underutilizing available resources.
- Despite strong support for regional simulation training, access to simulation training is lacking in Regions 3, 6, 9, and 10.
- Identified workforce challenges:
  - Lack of instructors, funding constraints, and equipment shortages.

### 3. HOSPITAL PROVIDERS' ASSESSMENT OF EMS CARE

- 97 hospital providers participated, spanning trauma centers and non-trauma facilities.
- Pre-arrival communication satisfaction is moderate (3.59/5), with Regions 9 (4.25) and 6 (3.14) showing the highest and lowest ratings, respectively.
- Prehospital trauma assessments need improvement, particularly in recognizing serious injuries in ambulatory patients.
- Undertreatment (54.5%) is twice as common as overtreatment (27.8%), with failure to assess injuries properly as the most reported issue.
- Hospital-EMS partnerships for performance improvement (PI) are strong (4.07/5), but participation in PI meetings is inconsistent.



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## PRIORITY RECOMMENDATIONS FOR GRANT-FUNDED EMS EDUCATION INITIATIVES

### 1. EXPAND HANDS-ON TRAINING & TRAUMA SKILL REFRESHERS

- Develop regional simulation training resources to address disparities in access to high-quality training.
- Standardize trauma skill refreshers with an emphasis on high-risk, low-frequency procedures (e.g., surgical airway management, needle thoracostomy, pediatric trauma).
- Improve multi-casualty incident (MCI) response training through scenario-based courses and multi-agency coordination drills.
- Fund more hands-on simulation courses to increase EMS provider confidence in trauma interventions.

### 2. INCREASE ACCESS TO RESEARCH-BASED AND UPDATED COURSES

- Ensure all grant-funded courses follow current clinical guidelines and include continuing education credits aligned with best practices.
- Expand access to prehospital trauma care courses (PHTLS, geriatric trauma, TECC, Stop the Bleed with Resuscitation) to address undertrained scenarios like elderly falls, hemorrhage control, and penetrating trauma.
- Offer training tailored to upcoming protocol updates to help EMS providers stay ahead of changes in trauma care.

### 3. STANDARDIZE PRE-ARRIVAL COMMUNICATION & TRAUMA ASSESSMENTS

- Implement statewide guidelines for critical trauma patient reports to ensure standardized prehospital notifications.
- Improve hospital notification timing and trauma activation criteria adherence to reduce delays in definitive care.
- Require structured feedback loops between EMS and hospitals to improve prehospital assessment and documentation accuracy.

### 4. ENHANCE RESOURCE ALLOCATION & FUNDING AWARENESS & QUALITY

- Increase awareness and accessibility of GEMSA-funded education programs, particularly in underserved regions (Regions 3 and 6).
- Advocate for funding to expand EMS instructor capacity and improve access to simulation equipment for hands-on learning.
- Ensure all instructors are properly credentialed within the EMS education community by requiring vetting through regional and statewide education leadership.
- Establish clear learning objectives for each funded course, with consideration for post-course exams to ensure alignment with industry standards.



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## 5. STRENGTHEN EMS & HOSPITAL COLLABORATION

- Improve EMS participation in hospital PI committees to align prehospital and in-hospital trauma care priorities.
- Develop regular debriefing sessions for EMS and hospital teams after critical trauma cases to analyze outcomes and improve protocols.
- Expand joint EMS-hospital training programs to ensure consistent trauma triage, transport, and treatment expectations.

## CONCLUSION

The 2025 EMS Educational Needs Assessment provides a data-driven roadmap for improving EMS education, strengthening hospital-EMS collaboration, and enhancing trauma care delivery across Georgia. Addressing these training, communication, and funding gaps will ensure that EMS providers receive the necessary education and resources to improve patient outcomes statewide.



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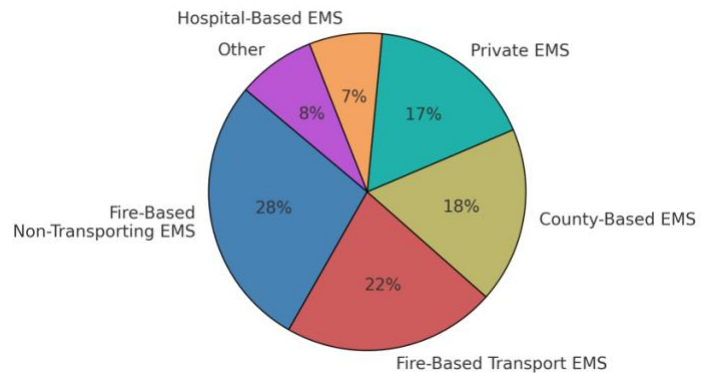
## OVERVIEW- EMS PROVIDERS

### RESPONDENTS- 995 EMS PROVIDERS

#### BY EMPLOYMENT TYPE:

- Fire-Based Non-Transporting EMS: 28% (277)
- Fire-Based Transport EMS: 22% (216)
- County-Based EMS: 18% (178)
- Private EMS: 17% (170)
- Hospital-Based EMS: 7% (74)
- Other: 8% (79)

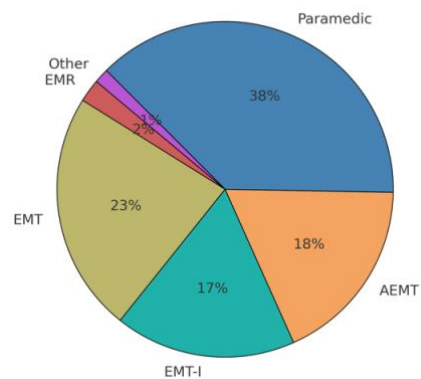
Survey Responses by Employment Type



#### BY CERTIFICATION LEVEL:

- EMR: 2.2% (22)
- EMT: 23.2% (230)
- EMT-I: 17.4% (173)
- AEMT: 18% (179)
- Paramedic: 37.8% (375)
- Other: 1.4% (14)

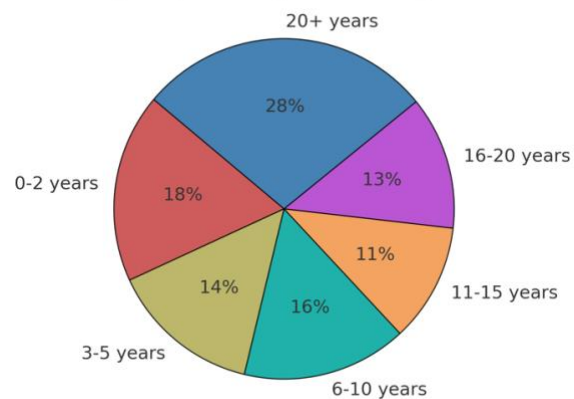
Survey Responses by Certification Level



#### BY YEARS OF EXPERIENCE:

- 0-2 years: 18% (179)
- 3-5 years: 14% (143)
- 6-10 years: 16% (156)
- 11-15 years: 11% (112)
- 16-20 years: 13% (126)
- 20+ years: 28% (279)

Survey Responses by Years of Experience

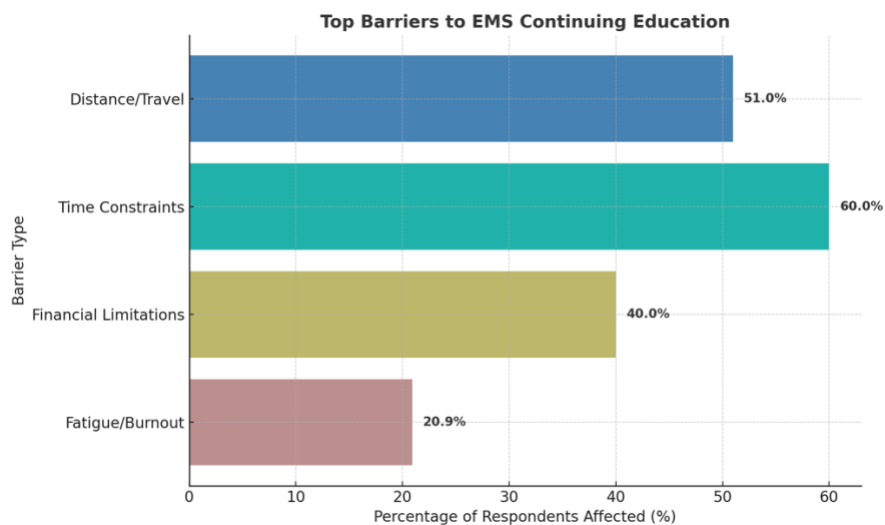




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## IDENTIFIED BARRIERS TO TRAUMA CONTINUING EDUCATION

- **Fatigue/Burnout:** Affects 1 in 5 EMS providers (20.9%). Most common among those with 6-10 years (26.3%) and 16-20 years (23.8%) of experience.
- **Financial Limitations:** Affects 40% of EMS providers, with EMTs (44.3%) and paramedics (43.7%) reporting the highest impact.
- **Time Constraints:** The most significant barrier, affecting 6 in 10 EMS providers across all certification levels.
- **Distance/Travel:** 51% use online CE due to distance and time constraints; 70% of those who cite travel as a barrier prefer opportunities within 40 miles.



## COURSE EFFECTIVENESS & PREFERENCES

- **In-House Training:** The most preferred method (71% rated effective).
- **Online Training:** Rated effective by 37% of providers, with EMT-Is (41.6%) and paramedics (37%) preferring this format.
- **Workshops & NAEMT Courses:** Preferred by providers with 3+ years of experience.
- **Podcasts/Webinars:** Rated least effective.

## IDEAL COURSE DURATION

- **Half-Day or Less (4 hours or less):** Preferred by 50-60% of EMS providers across all experience levels, particularly those with 0-10 years of experience.
- **Full-Day (8 hours):** Preferred by 30-40% of EMS providers, especially those with more than 10 years of experience.
- **Two-Day (16 hours):** Less preferred but selected by 10-15% of providers, mainly among those with 16+ years of experience.
- **Multi-Day (3+ days):** The least preferred option, with less than 5% of providers favoring extended training courses.





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## BY EXPERIENCE LEVEL

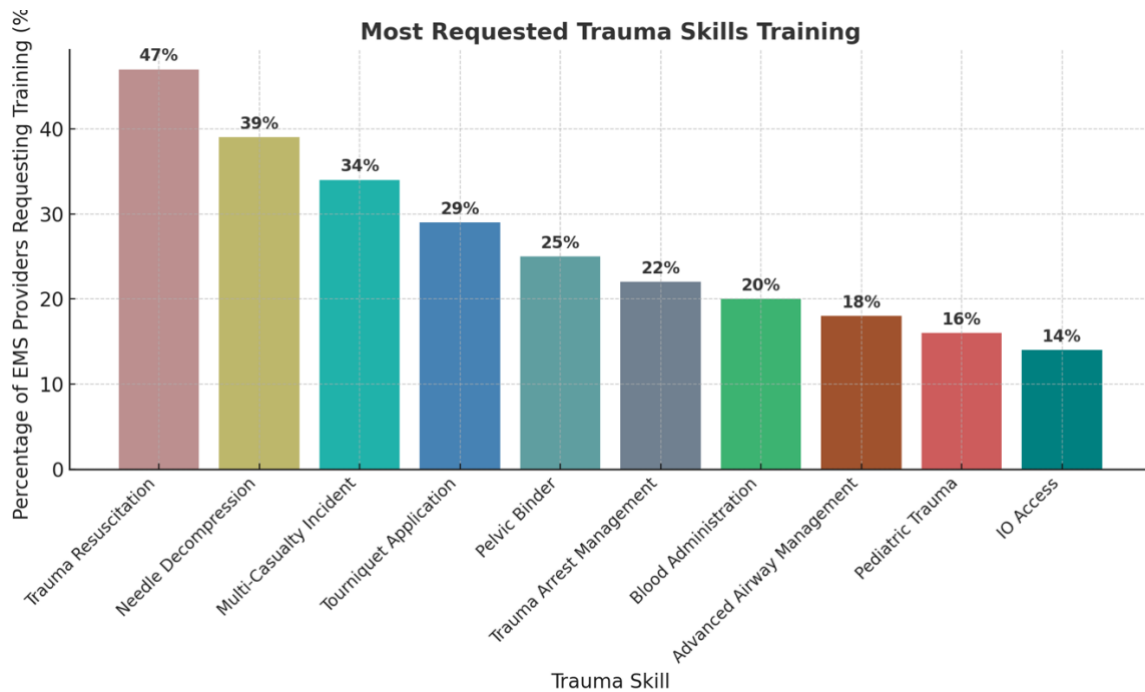
- 0-2 Years: 50.6% prefer half-day or less, 33.3% prefer full-day.
- 3-5 Years: 50.7% prefer half-day or less, 33.6% prefer full-day.
- 6-10 Years: 56.5% prefer half-day or less, 32.8% prefer full-day.
- 11-15 Years: 52.9% prefer half-day or less, 42.5% prefer full-day.
- 16-20 Years: 47.9% prefer half-day or less, 31.4% prefer full-day, with a slight increase in two-day preferences.
- 20+ Years: 42.4% prefer half-day or less, 39.6% prefer full-day, with a small but notable preference for two-day training courses.

## TRAUMA SKILLS TRAINING & PROFICIENCY

- Frequency of Trauma Skills Practice:
  - 19% practice trauma skills monthly
  - 34% practice quarterly
  - 28% practice biannually
  - 19% practice annually or less
- Confidence in Trauma Skill Proficiency:
  - 72% of providers practicing skills at least quarterly report feeling highly confident in their trauma care abilities.
  - Those practicing only annually report a lower confidence level (45%).
- Need for More Hands-On Training:
  - 63% of EMS providers express the need for more frequent trauma skill refreshers.
  - 54% prefer scenario-based training over traditional lecture-based refreshers.
- Top 10 Trauma Skills Needing Specific Training:
  1. Trauma Resuscitation – 47%
  2. Needle Decompression – 39%
  3. Multi-Casualty Incident – 34%
  4. Tourniquet Application – 29%
  5. Pelvic Binder – 25%
  6. Trauma Arrest Management – 22%
  7. Blood Administration – 20%
  8. Advanced Airway Management – 18% (23% EMT, 15% AEMT, 45% Paramedics)
  9. Pediatric Trauma – 16%
  10. IO Access – 14%



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## TRAUMA-SPECIFIC TRAINING NEEDS

The following trauma-specific courses were identified as the most requested by EMS providers:

1. Prehospital Trauma Life Support (PHTLS) – Consistently requested as a foundational course for trauma care.
2. Tactical Emergency Casualty Care (TECC)– High demand for tactical trauma courses, including active shooter and mass casualty response.
3. Pediatric Trauma Training – Significant demand for pediatric-specific trauma education.
4. Mass Casualty Incident (MCI) Training – Requests included triage system training, multi-patient scene management, and large-scale incident exercises.
5. Burn Care & Advanced Burn Life Support (ABLS) – Identified as an under-taught topic in prehospital education.
6. Blood Administration & TXA Use – Interest in advanced hemorrhage control techniques.
7. Advanced Airway Management – Includes RSI/DSI intubation and cricothyrotomy training.
8. Trauma Resuscitation & Multi-System Trauma Care – Training to manage complex trauma cases with multiple injuries.

## KEY OBSERVATIONS

- Hands-On Training is a Priority: Many respondents emphasized the need for real-world application, simulation labs, and practical exercises.
- Trauma in Special Populations is a Concern: Several requests were specific to pediatric, geriatric, and obstetric trauma care.

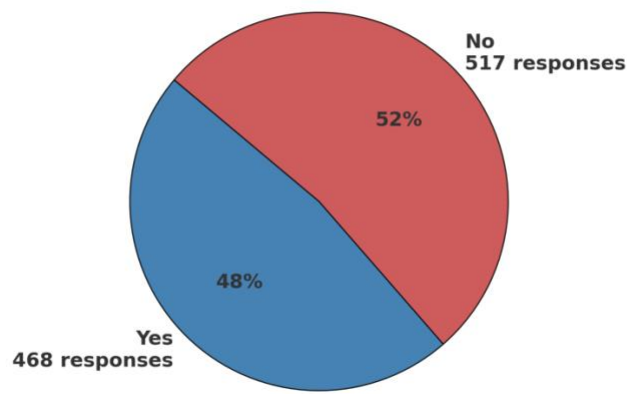


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## EMS PROVIDER COMMENTS SUMMARY

The final comments from EMS providers highlighted concerns regarding access to training, financial limitations, and the need for more hands-on courses. While GEMSA courses are widely recognized as valuable and essential for departments across the state, there remains an opportunity to reduce regional disparities and expand access to training. Feedback also emphasized the importance of better hospital communication on patient outcomes, additional trauma simulation opportunities, and expanded support for rural EMS agencies.

### Do you know that GEMSA provides trauma CE sponsored by the GTC?





## OVERVIEW-EMS LEADERSHIP

The 2025 EMS Educational Needs Assessment surveyed 137 EMS leaders across Georgia to evaluate current training, resource availability, and challenges. The responses highlight areas for improvement in trauma education, simulation access, continuing education, and workforce development.

### KEY FINDINGS

#### 1. FREQUENCY OF TRAUMA-SPECIFIC TRAINING

- Regions 2 (40%), 4 (41.7%), 6 (40%), and 7 (56.3%) conduct trauma training annually.
- Regions 1 (33.3%) and 8 (54.5%) offer training monthly.
- Quarterly training is common in Regions 1, 3, 5, 6, and 10.

##### Action Items:

- Expand access to monthly trauma training in regions where it's less frequent.
- Increase quarterly training opportunities in regions where annual is dominant.

#### 2. CONTINUING EDUCATION AVAILABILITY

- High-quality education is "often" available in Regions 1 (46.7%), 3 (64%), and 8 (54.5%).
- Region 10 leads in "always" having access (50%).
- Region 6 struggles with only 20% reporting "often" available CE.

##### Action Items:

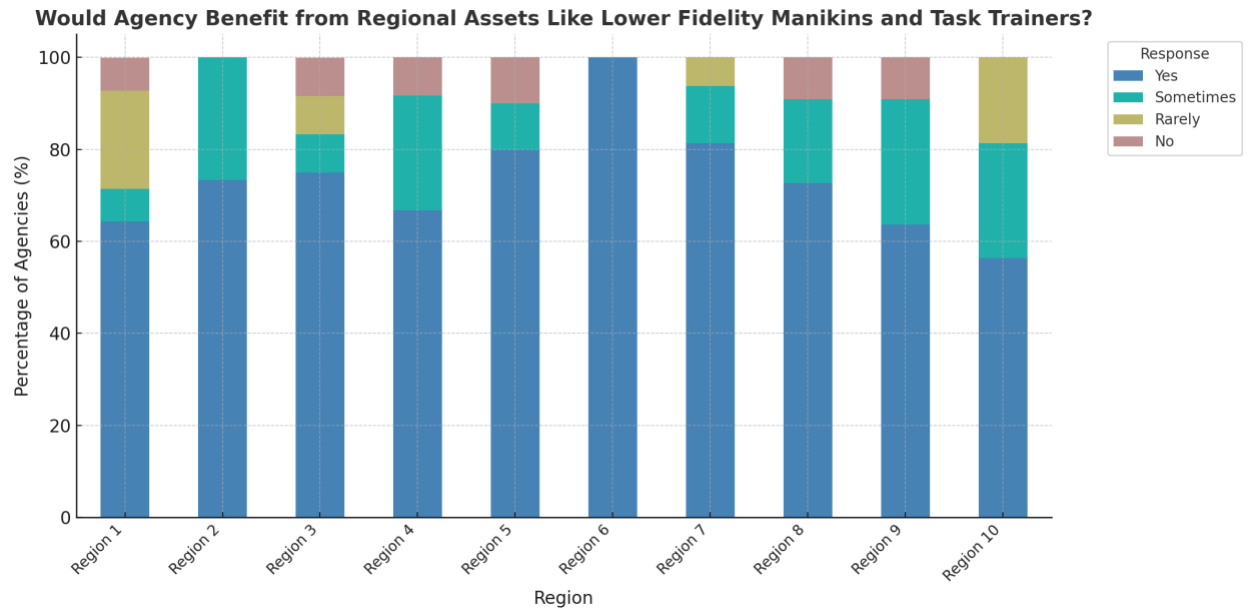
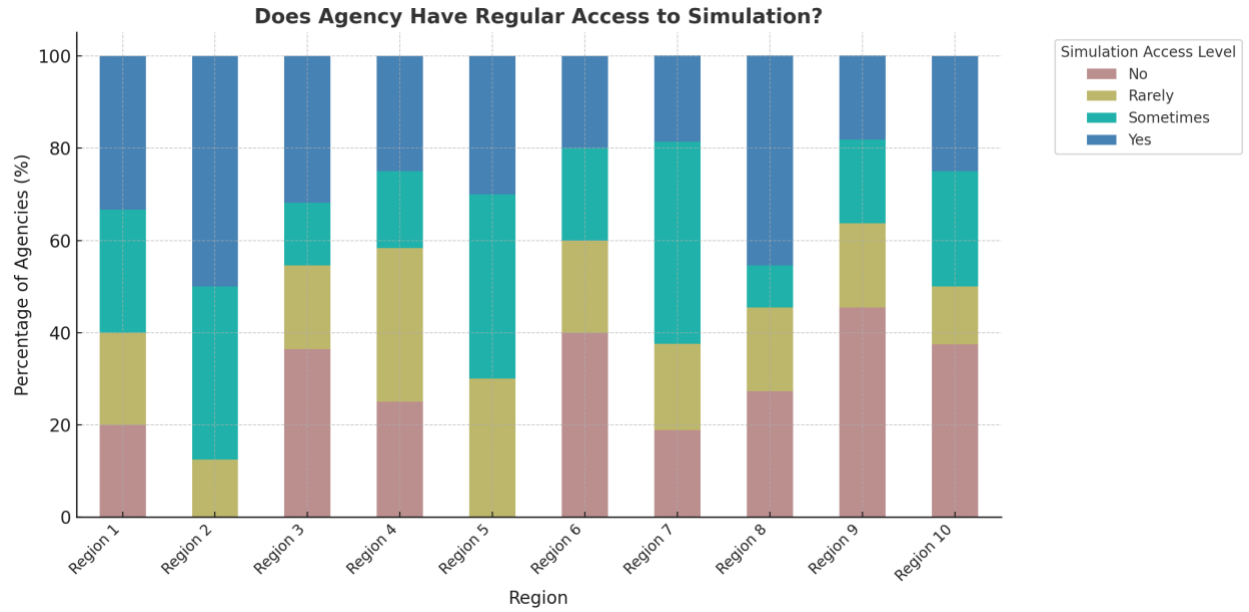
- Strengthen continuing education programs in Regions 6 and 4, where responses indicate limited availability.
- Develop in-house instructor training to ensure CE quality.

#### 3. ACCESS TO SIMULATION TRAINING

- Regions 2 (50%), 8 (45.5%), and 1 (33.3%) report the highest access to simulation training.
- Regions 3 (36.4%), 6 (40%), 9 (45.5%), and 10 (37.5%) have the least access.
- Strong support (73-87%) across all regions for regional simulation assets.



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**Action Items:**

- Establish regional simulation centers in areas with limited access (Regions 3, 6, 9, 10).
- Leverage RTAC funding to develop low-fidelity simulation resources.



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## 4. CHALLENGES IN DELIVERING TRAUMA EDUCATION

- Top barriers: Lack of instructors, funding constraints, scheduling conflicts, and equipment shortages.
- Region 3: Staffing issues & budget constraints impact training accessibility.
- Region 7: Instructor shortages & travel challenges are primary barriers.
- Region 10: Needs more training equipment.

### Action Items:

- Recruit & train more instructors, especially in Regions 3, 7, and 10.
- Increase funding awareness & application support for GEMSA grants.
- Develop online or hybrid courses to reduce scheduling conflicts.

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## 5. IDENTIFIED GAPS IN TRAUMA CARE

- Top challenges: Limited access to trauma centers, transportation delays, and personnel shortages.
- Regions 5, 6, and 10 report challenges across multiple areas.
- Personnel shortages are critical in Regions 6 (28.6%) and 9 (27.8%).

### Action Items:

- Strengthen hospital-EMS collaboration to streamline trauma transport.
- Increase access to EMT initial education grants and support new instructor development to improve EMS staffing.

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## 6. TRAUMA SKILLS NEEDING MORE EMPHASIS

- Multi-Casualty Incident (MCI) training needed most in Regions 2, 6, 8, 9, 10 (16-27%).
- Pediatric trauma training needed most in Region 9 (19%).
- Blood administration & airway management are high priorities statewide.

### Action Items:

- Increase MCI & pediatric trauma training in Regions 2, 6, 8, 9, and 10.
- Expand blood administration training in Regions 1, 3, and 4.

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## 7. COLLABORATION WITH HOSPITALS & OTHER AGENCIES

- Engagement with hospitals is inconsistent:
  - Region 10 (43.8%) and 3 (37.5%) report strong engagement.
  - Region 5 (40%) and 6 (40%) report rare engagement.
- Inter-agency collaboration:
  - Region 2 (62.5%) & 1 (53.3%) collaborate most.
  - Region 6 (2 agencies report no collaboration).



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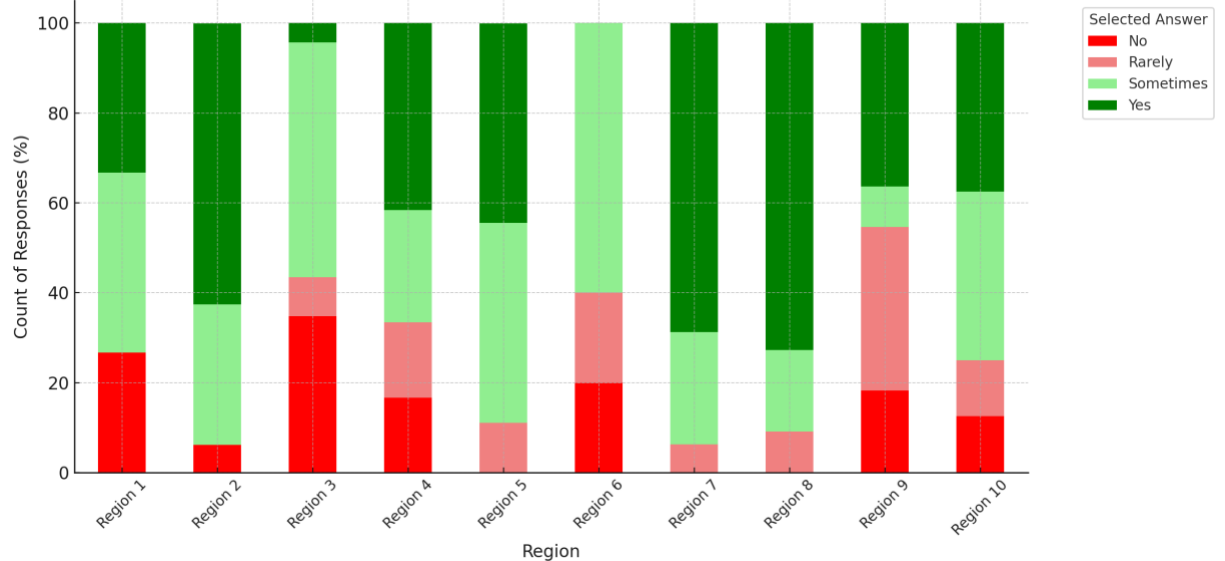
## Action Items:

- Improve hospital engagement efforts, especially in Regions 5 & 6.
- Expand inter-agency partnerships for shared training & protocol development.

## 8. GEMSA PROGRAM UTILIZATION

- Regions 7 (68.8%) and 8 (72.7%) report benefiting the most from GEMSA continuing education funding.
- Regions 3 (4.3%) and 6 (20%) report benefitting the least from GEMSA continuing education, with many agencies not utilizing available funds.

Does your department benefit from current GTC continuing education funding organized by GEMSA?



## Action Items:

- Increase awareness & application support for GEMSA funding, especially in Regions 3 and 6.

## 10. BARRIERS TO INITIAL EDUCATION PROGRAMS

- Funding & instructor shortages are the most cited barriers.
- Region 9 calls for more paramedic training funding.
- Region 6 lacks GEMSA-approved facilities.

## Action Items:

- Secure state & local funding for paramedic education in Region 9.
- Expand instructor training programs in Regions 6 & 10.



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## 11. FEEDBACK & FUTURE GOALS

- Most common feedback mechanisms:
  - QA/QI reviews, debriefings, and direct conversations.
  - Few agencies conduct formal provider surveys.
- Top goals for the next 5 years:
  - More hands-on simulation training.
  - Increased funding for training aids & education.
  - Stronger trauma resuscitation training.
  - Better collaboration with hospitals & agencies.
  - Expansion of blood administration programs.

### **Action Items:**

- Standardize feedback collection through regional EMS provider surveys.
- Invest in simulation-based training centers across Regions 6, 9, and 10.
- Expand blood administration training statewide.





## OVERVIEW-HOSPITAL PROVIDER REPORT

The 2025 EMS Educational Needs Assessment surveyed 97 hospital providers across all trauma center levels and non-trauma facilities to assess satisfaction with EMS services, pre-arrival communication, patient assessment, and areas for improvement in collaboration.

### KEY FINDINGS

#### 1. DISTRIBUTION OF RESPONDENTS

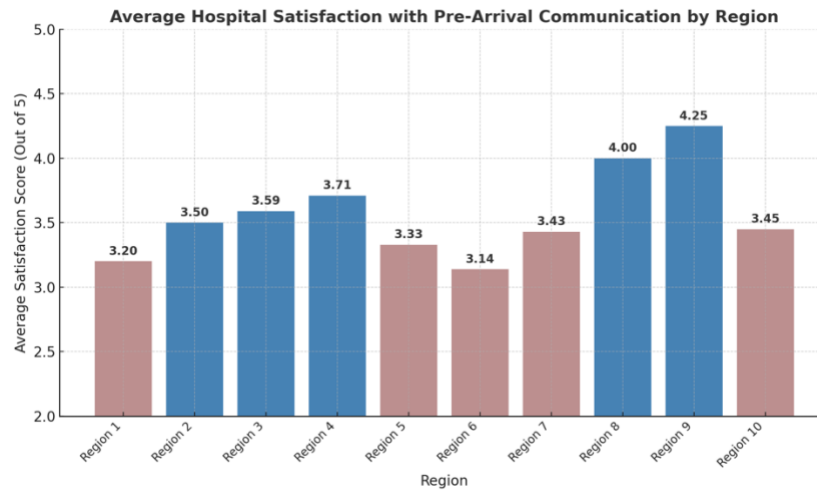
- Total respondents: 97 hospital providers
- Trauma Center Levels:
  - Level I: 27 providers
  - Level II: 22 providers
  - Level III: 18 providers
  - Level IV: 5 providers
  - Burn Centers: 4 providers (2 Level I, 2 Level III)
  - Non-Trauma Centers: 21 providers

#### 2. PRE-ARRIVAL COMMUNICATION SATISFACTION

- Overall satisfaction: 3.59 out of 5 (somewhat satisfied)
- Lowest Satisfaction: Level IV Trauma Centers (2.8 out of 5)
- Region with Highest Satisfaction: Region 9 (4.25 out of 5)
- Region with Lowest Satisfaction: Region 6 (3.14 out of 5)
- One-third of hospitals report being satisfied with EMS communication.
- Key hospital concerns:
  - Incomplete pre-arrival reports
  - Inaccurate patient information
  - Delayed notifications or last-minute updates



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## Action Items:

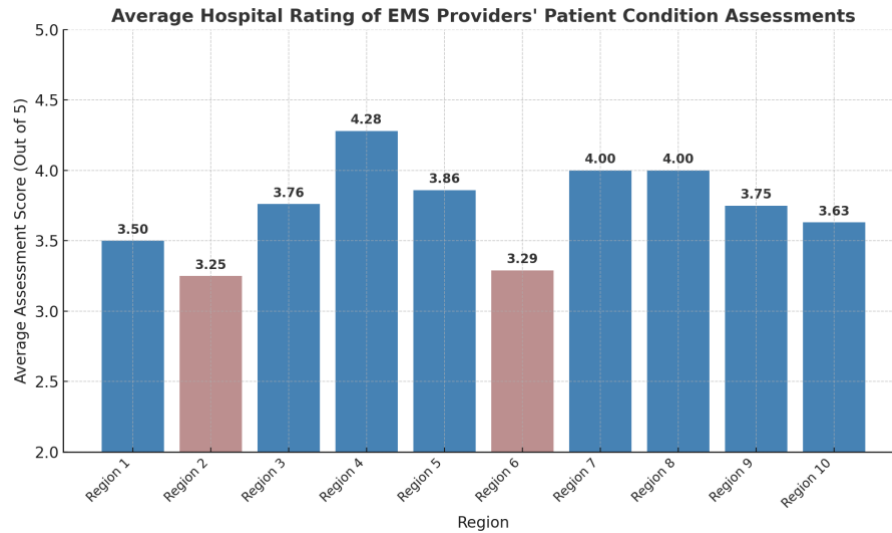
- Improve pre-arrival reporting structure with standardized formats such as MIST (Mechanism, Injuries, Signs, Treatment).
- Address regional disparities by reinforcing training on communication best practices.
- Implement real-time feedback systems between EMS and hospitals to ensure critical patient information is transmitted efficiently.

## 3. EMS PROVIDERS' ADEQUATE PATIENT ASSESSMENT

- Overall rating: 3.75 out of 5 (relatively often)
- Highest ratings: Level I Trauma Centers (3.85/5)
- Lowest ratings: Level II Trauma Centers and Burn Centers (3.5/5)
- Regions with Best Assessments: Regions 4, 7, and 8 (>4.0)
- Regions with Weakest Assessments: Regions 2 and 6 (3.2-3.3)
- Most common complaints:
  - Failure to recognize serious trauma in ambulatory patients
  - Inconsistent trauma assessments (e.g., missed injuries, lack of full-body evaluations)
  - Delayed or absent vital sign reporting



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## Action Items:

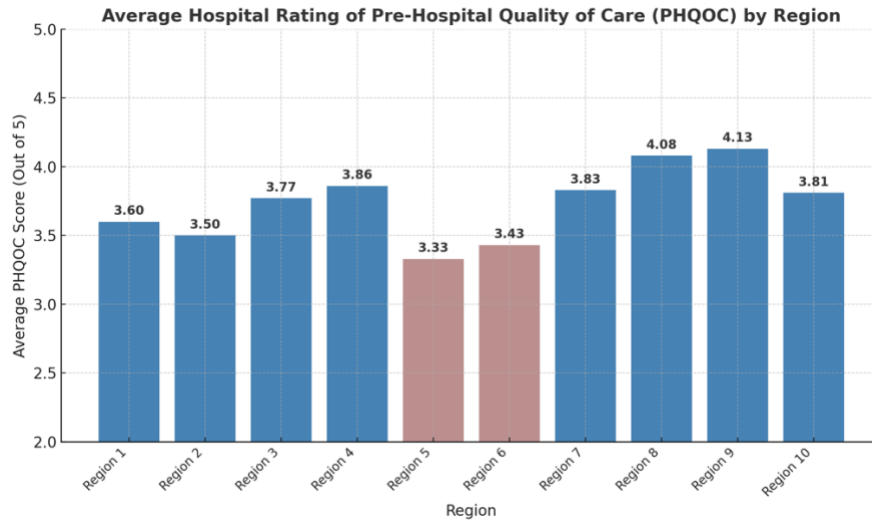
- Standardize pre-hospital trauma assessments across all EMS regions.
- Reinforce early recognition of critical trauma cases, especially in ambulatory patients.
- Implement statewide training on identifying subtle but life-threatening injuries.

## 4. PRE-HOSPITAL QUALITY OF CARE SATISFACTION

- Overall rating: 3.80 out of 5 (relatively satisfied)
- Lowest Satisfaction: Level II Trauma Centers (3.45/5)
- Highest Satisfaction: Level IV Trauma Centers (4.2/5)
- Region with Highest Satisfaction: Region 9 (4.13/5)
- Region with Lowest Satisfaction: Region 6 (3.43/5)
- Common concerns:
  - Inconsistent pain management strategies
  - Delays in trauma interventions
  - Variability in airway management skills



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## Action Items:

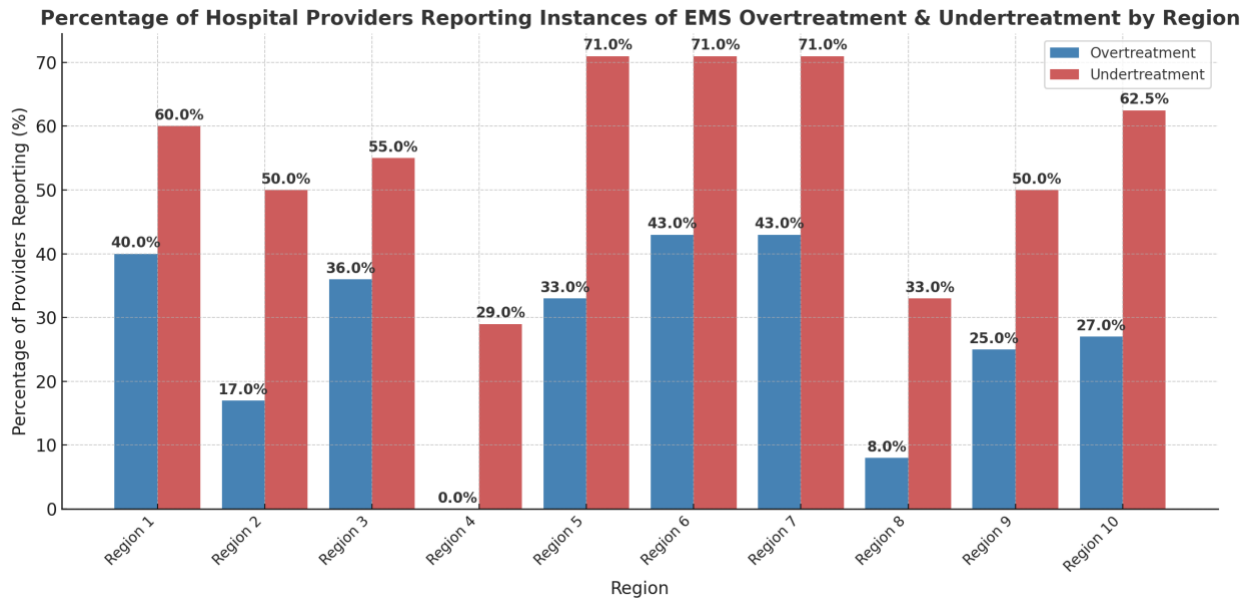
- Recommend standardized prehospital pain management protocols through the RTACs.
- Improve training on airway management and early resuscitation strategies.
- Increase cross-training opportunities between EMS and hospital staff to align care expectations.

## 5. OVERTREATMENT & UNDERTREATMENT BY EMS

- Undertreatment (54.5%) is twice as common as overtreatment (27.8%).
- The most common undertreatment issue is improper patient assessment (failure to recognize injuries, lack of trauma exams).
- The most common overtreatment issue is unnecessary or excessive fluid administration.
- Additional concerns:
  - Inconsistent C-collar use (both over- and under-utilization)
  - Overuse of tourniquets by non-EMS first responders
  - Delays in trauma care due to excessive on-scene time



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## Action Items:

- Improve EMS provider training on injury assessment and triage.
- Conduct statewide training on proper fluid resuscitation protocols.
- Reinforce guidelines for spinal immobilization and tourniquet application, especially among non-EMS first responders.

## 6. HOSPITAL & EMS PARTNERSHIP IN PERFORMANCE IMPROVEMENT (PI)

- Overall partnership rating: 4.07 out of 5 (good partnership)
- Strongest partnership: Level III Trauma Centers (4.44/5)
- Weakest partnership: Level III Burn Centers (3.5/5)
- Regions with Highest Partnerships: Regions 8 and 9 (4.41/5 and 4.00/5)
- Common issues in partnership:
  - Lack of EMS participation in hospital PI meetings
  - Need for more shared debriefing sessions after critical cases
  - Inconsistent EMS involvement in post-case analysis

## Action Items:

- Expand EMS participation in hospital PI committees.
- Develop regular debriefing sessions between EMS and hospital teams.
- Encourage more case-based learning discussions to improve mutual understanding.



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## 7. COMMUNICATION AREAS FOR IMPROVEMENT

- Most cited issues:
  - Lack of standardized EMS-to-hospital reporting (MIST recommended).
  - Last-minute call-ins without proper patient updates.
  - Incomplete trauma assessments leading to missing patient details.
  - Need for better trauma activation criteria in field reports.
- Regional trends:
  - Regions 2, 3, 4, 5, 6, 7, and 10 cited poor reporting.
  - Regions 1, 6, and 10 cited missing critical patient information.
  - Regions 3, 4, and 6 requested better pre-arrival timing notifications.

### **Action Items:**

- Require standardized pre-arrival reports (MIST format) for all trauma cases.
- Improve EMS-to-hospital communication training statewide.
- Develop clear protocols for trauma activation notifications based on field findings.



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## SUMMARY OF KEY ACTION ITEMS

- 1. Improve Pre-Arrival Communication & Reporting**
  - Implement a statewide or regional EMS-to-hospital report standard and include an overview of this reporting structure at each grant-funded education course.
  - Reinforce trauma activation criteria for EMS providers and ensure that criteria is included in patient care reports.
  - Address regional disparities in pre-arrival satisfaction by improving EMS provider communication training.
- 2. Enhance EMS Trauma Assessment Skills**
  - Standardize field trauma assessment protocols and ensure EMS providers have a minimum of quarterly training opportunities with simulation or hands on scenarios.
  - Reinforce the importance of full-body trauma exams and vital sign trends.
  - Train EMS on subtle injury recognition, especially in ambulatory patients.
- 3. Optimize Pain Management & Resuscitation Strategies**
  - Standardize prehospital pain management approaches.
  - Improve airway management training across all EMS levels.
  - Implement statewide refresher courses on proper fluid resuscitation techniques with and without blood products.
- 4. Reduce Incidents of Undertreatment & Overtreatment**
  - Expand training on C-collar utilization, spinal immobilization, and spinal motion restriction.
  - Reinforce proper tourniquet usage guidelines and reassessment of tourniquets placed prior to EMS arrival.
  - Improve EMS decision-making on transport destinations to avoid unnecessary delays.
- 5. Strengthen EMS & Hospital Partnerships**
  - Increase EMS participation in hospital PI and trauma committees.
  - Standardize post-incident debriefing sessions for high-acuity trauma cases.
  - Expand joint training exercises between EMS and hospital teams.



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## SURVEY QUESTIONS

### EMS PROVIDERS:

1. Certification Level
2. How many years of experience in EMS?
3. Which best describes your primary employment?
4. Does your primary employer provide sufficient opportunities for continued education and training?
5. How would you rate the quality of the in-house training opportunities?
6. Does your agency provide different levels of training based on certification?
7. Outside of your primary employer, what additional educational options do you use?
  - a. If GEMSA Courses was selected, it prompted two additional questions: what are your favorite classes? How many GEMSA courses have you attended?
8. What distance would you be willing to travel for quality EMS education?
9. What type of trauma-related CE do you find the most effective?
10. What barriers or challenges do you face in accessing training and resources?
11. Do you know that GEMSA provides trauma CE sponsored by the GTC?
12. What trauma-specific classes would you like to see offered in your area?
13. What is the ideal duration for an in-person class?
14. What specific skills do EMS providers need training?
15. What types of trauma cases do you find the most challenging and why?
16. Do you ever have access to simulation training as a part of continuing education programs?
17. How beneficial do you believe simulation training would be for continuing education programs for EMS providers?
18. How confident do you feel in your training related to new or emerging EMS technologies, procedures, and skills?
19. How confident are you in an MCI situation or with multiple serious trauma patients?
20. Overall, how confident are you in managing a critical trauma patient?
21. Please provide any additional information.

### EMS LEADERSHIP:

What GA County do you serve in a leadership capacity?

The Georgia Trauma Commission has several EMS initiatives, please select all your agency participates in.  
Listed: Equipment Grant, AVLS, Education, RTAC

1. What trauma care training programs do you currently have in place for EMTs and paramedics?
2. How often do you provide trauma-specific training for your personnel?
3. Do you feel EMS providers have access to high-quality continuing education opportunities provided by your department?
4. Do you feel EMS providers have access to high-quality Continuing Education opportunities provided outside of your department?
5. Do you feel instructors have access to high-quality Continuing Education opportunities?
6. Please provide any additional information related to instructor CE offerings or ideas for future programs.





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7. What specific challenges do EMTs and paramedics face when responding to trauma incidents in rural areas? (Select all that apply)
8. Are there particular trauma care skills that you believe need more emphasis in training for your staff?
9. How do you identify gaps in trauma care skills among your EMS personnel? (Select all that apply)
10. How often do you face challenges in delivering trauma education?
11. Are your trauma care protocols and guidelines up to date?
12. How do you ensure that staff are familiar with your protocols?
13. What training do you provide for handling multi-casualty incidents? Are additional resources needed for MCI training?
14. Do you feel like your local hospitals engage EMS in their performance improvement process?
15. How do you collaborate with local trauma centers to enhance the training and education of your personnel?
16. Do you collaborate with other counties/departments for EMS training?
17. Does your department benefit from current GTC continuing education funding organized by GEMSA?
  - a. Please provide any feedback you have from participating in these grants.
  - b. What barriers does your agency face in participation? If you feel your agency would benefit from access to this funding, how can the GTC (or others) help to mitigate those barriers?
18. Does your agency have regular access to a simulation program?
19. Would you support having access to regional simulation assets for EMS agency use?
20. Would your agency benefit from regional assets like lower fidelity manikins and task trainers?
21. What role does (or could) simulation training play in preparing your staff for trauma situations and how can simulation programs be improved?
22. How do you stay current with new trauma care techniques and incorporate them into your training?
23. How do you gather feedback from EMTs and paramedics regarding their experiences with trauma care in the field?
24. What are your top three goals for improving trauma care training for EMTs and paramedics within your agency over the next five years?
25. Please provide any additional information you think helpful in best identifying educational needs for EMS and funding priorities for the Georgia Trauma Commission to improve trauma care in the state.

## HOSPITALS:

What level Trauma Center do you work at?

2. What is your department and role at the hospital?
3. How satisfied are you with the pre-arrival communication between EMS providers and your hospital staff?  
What could be improved with communications?
4. How often do EMS providers adequately assess and manage trauma patients' conditions before arriving at the hospital?  
  
4.5 Comments for # 4
5. How often are trauma patients' vital signs and relevant medical history communicated accurately by EMS to your hospital team?
6. How satisfied are you with the overall quality of pre-hospital care provided by EMS to trauma patients?



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7. Can you provide examples of when you feel EMS providers overtreat trauma patients?
8. Can you provide examples of when you feel EMS providers undertreat trauma patients?
9. Can you provide examples of discrepancies between the information provided by EMS and the actual condition of trauma patients upon arrival?
10. What do you see as the biggest educational need currently facing EMS providers?
11. What educational opportunities does your hospital provide EMS providers?"

11.5 Other Educational opportunities.

12. Does your hospital allow EMS providers to request feedback on trauma patients they care for and transport?"

12.5 Please briefly explain

13. How do you include EMS providers in your PI process?

14. What specific trauma skills do you believe EMS providers would benefit from if provided increased access to training? (select all that apply):

15.5- Other Skills

15. Please provide any additional information you feel relevant to this EMS Educational Needs Assessment. Your input is appreciated and will be used to direct training and educational funding in the future.



# GEORGIA TRAUMA COMMISSION

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