

APPROVED
05.22.25



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

January 9, 2025

Hybrid Meeting

Morgan County Public Safety Complex/Zoom

Recording: <https://youtu.be/K-mRLCZ3scc>

Attachments: trauma.ga.gov

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

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Elizabeth Atkins	Georgia Trauma Commission
Katie Hamilton	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnett	Georgia Trauma Commission
Eileen Bulger (via Zoom)	Bulger Research Group
Nick Medrano (via Zoom)	Bulger Research Group
Tim Boone (via Zoom)	AVLS Administrator
Richard Rhodes (via Zoom)	OEMS/T
Kim Littleton	GEMSA
Brian Dorriety (via Zoom)	Region 7 RTAC
Chad Black	GEMSA
Usman Jamal (via Zoom)	Reflex Drone Solutions
Kelly Joiner	OEMS/T
Ryan Hollingsworth	OEMS/T

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Danielle Johnson (via Zoom)	Region 3 RTAC
Courtney Horne (via Zoom)	GTC Intern
Samantha Chapin (via Zoom)	GTC Intern

STANDING AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, January 9, 2025, with 10 members present.

APPROVAL OF OCTOBER 21, 2024 MEETING MINUTES

Presented By Courtney Terwilliger

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

MOTION GTCNC EMS COMMITTEE 2025-1-01:

Motion to approve October 21, 2024, meeting minutes as submitted

MOTION BY: John Smith

SECOND BY: Scott Roberts

VOTING: All members are in favor of the motion.

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

GEORGIA TRAUMA COMMISSION UPDATE

Presented By Elizabeth Atkins

- GTC is prepared for the upcoming legislative session with consistent budget line items and insight from monthly Super Speeder reports and will finalize numbers upon receiving the Governor's report.
- Following the 2023 ACS consultative visit, the team conducted a rural trauma resource needs assessment, partnering with the Rural Health Innovation Center and the State Office of Rural Health.
- All 66 rural hospitals participated, providing valuable feedback. Follow-up sessions confirmed their concerns and identified potential solutions to integrate them into the trauma system.
- Key findings: All centers have access to packed red blood cells, though fewer have access to plasma and platelets due to cost. A preference for in-person, facility-specific education was noted, leading to initiatives under the Level 3/Level 4 committee.
- Several presentations and abstracts were shared, one of which was accepted for publication in the *Journal of Trauma and Acute Care Surgery* with CME credit for the March edition. The publication highlights the impact of ACS verification on statewide trauma outcomes, a significant achievement for the trauma system.
- The equipping grant closes on the 31st, with 50 applications received so far.
- Special requests related to grant applications will be addressed in the agenda.
- Recognition was given to Courtney, Terry, and Pete for finalizing the GEMSA contract before the holidays.

- The next combined in-person meeting of the Trauma Commission, GQIP, RTAC chairs, coordinators, trauma administrators, trauma medical directors, and the Georgia COT will be held at Callaway Gardens from February 19–21. Information is available on the website.

Presented by Crystal Shelnett

- A new RTAC Coordinator for Region 9 began on January 1st. Mr. Coy Tippins is an experienced Paramedic and Educator who is excited to begin.
- We are currently accepting applications for the Region 8 RTAC Coordinator.
- An update was provided on the MedEdPrep testing software, which is now required for all GTC grant-funded EMT/AEMT programs. With approximately 400 students currently using the program, meaningful data is now available identifying opportunities for improvement and areas of strength for our initial education partners. 1200 data points are available per EMT program, with 1700 for each AEMT class. A brief overview of the data related to trauma exams was discussed.
- Thanks to Gina and the data collected by the Arbor Metrix program, quarterly data reports will now be provided to the RTAC coordinators. The goal is to provide the committees with key performance indicators and demographic and incident numbers so regional activities like injury prevention, performance improvement, and education initiatives can be crafted around them.
- The annual EMS educational needs assessment closes tomorrow, but over 1,200 responses have been received. Special thanks to OEMS&T for sending the survey to all licensed medics in the state. The RTACs will evaluate the information collected from these surveys and present it to the EMS Subcommittee on March 20th for the called education meeting.

AVLS UPDATE

Presented By Tim Boone

Dr. Tim Boone referenced the FY 2025 Q1 AVLS Report (**ATTACHMENT 3**) and the AVLS Gateways for FY 2025(**ATTACHMENT 4**) and reviewed the following:

- SIM Adjustments and Equipment Replacement: Significant efforts were made to activate and change SIMs and carriers to optimize system performance. New and replacement equipment was introduced statewide.
- Ambulance Updates: Over the past six months, a large number of new ambulances have been deployed across the state.
- Ghost Truck Identification: Ongoing efforts to locate and identify unregistered or “ghost” trucks on the system map.
- Managing Chargeable Lines: Efforts to reduce chargeable lines by suspending trucks in repair and reactivating them as needed.
- Regional Updates and Usage Rates: Current active truck usage stands at 84%, with 1,094 active units statewide. Regional challenges are noted in Regions 4, 7, and 8, where small agencies (2-3 trucks) are struggling to secure installation support for radio units.
- Radio Installation Challenges: Ongoing delays with radio shop support, with examples like Peach County experiencing extended wait times for installation.
Proposed \$10k Budget for Installation Support: to reimburse small agencies for radio and equipment installations. The reimbursement rate is suggested at \$250 per installation.
- Reimbursement Process: As approved by Dr. Tim Boone, installers will be reimbursed directly or through agencies. The process will remain limited to small agencies with verifiable needs.

Action Items:

- Define criteria for agencies eligible for installation support.
- Ensure funding is used only for installations, not maintenance.
- Tim Boone to oversee approvals and manage reimbursement requests through Katie/Gabby.

Next Steps:

- Motion to include the \$10k budget in the next fiscal year.
- Explore the current equipment budget for immediate funding needs.
- Develop a list of approved installers and communicate this to agencies statewide.

GEMSA UPDATE

Presented By Kim Littleton

Kim reviewed the FY25 Quarters 1 & 2 course completion overview (**ATTACHMENT 5**) and provided an updated figure for the total number of contact hours, which is now 23,951 hours. Committee members asked for clarification on EMR/EMT completion rates, reflecting many students whose courses remain in progress, causing an artificially low 14% completion rate. Questions were also raised about the nearly 50% no-show rate in the first mental health course, with only 10 students completing the training.

Courtney questioned whether GEMSA or Crystal Shelnutt was monitoring attrition rates for initial education programs. Crystal detailed her process of monitoring initial roster submissions, MedEdPrep enrollment, and final rosters submitted with GEMSA invoices.

Kim reviewed each of the programs GEMSA teaches and manages. She highlighted that this is the 14th year of the leadership program, which consists of four week-long courses around the state. Applications are currently open for the next program, and an overwhelming response has been received. Details were provided on the application and selection process overseen by a committee of program alumni.

Kim provided the process of identifying host locations specifically for the trauma skills labs, addressing concerns about application vs site selection by the region. She discussed the importance of services or locations applying for consideration and not just being selected by the EMS council, as that would penalize those who applied. It's only if multiple locations apply that the regional EMS council will be asked for feedback on which location makes more logistical sense. Kim addressed a question on if the RTACs should be involved in the application process and facilitation of course locations. Kim states she would not be in support of that as it may penalize services who want to participate but may not have an RTAC that is on top of deadlines or highly functional. Courtney echoed the sentiment that while he wants the RTAC input and support, several are very weak in the EMS world. Committee members discussed allowing the Region Council to manage the applications, as Region 5 has done successfully. Courtney requests we revisit the discussion at the March education meeting.

A reminder of the NAEMT program and logistics and requirements was provided. Kim discussed barriers with instructor availability, site codes and changes in mobile code requirements, and coordination requirements. She states GEMSA is making active recruitment efforts to reduce travel costs by identifying regional educators and course coordinators.

The Intro to Leadership program was developed as a scaled-down version of the full leadership course, incorporating key topics such as conflict resolution to reach emerging leaders in EMS. Designed by alumni and subject matter experts, this two-day course focuses on foundational leadership skills for younger providers. It has been successful, averaging 40 participants per class, and is supported by

graduates of the full leadership program who oversee its implementation. The next farm medic and machinery extrication course, incorporating industrial equipment alongside agricultural scenarios, is planned for the spring, with a focus on patient care during extrication. This course, developed in collaboration with subject matter experts, remains in high demand both within Georgia and from other states. Due to grant funding restrictions, efforts are underway to assist out-of-state programs in creating similar courses independently. Rescue Redefined is contracted to teach extrication courses that include aspects of patient care. TECC is taught by a group of GEMSA instructors but is also available to outside groups with the NAEMT funding. EVOC training is now available again after negotiations with McNeil Company. GEMSA will teach the one-day course, which will include a hands-on component. The instructional techniques course will prepare new instructors and use Daniel Warren and OEMS&T regulations to guide the curriculum.

NEW BUSINESS

GEORGIA ACCESSIBILITY - TRAUMA CENTER UPGRADES, PROJECT SUMMARY AND REVIEW

Presented By N. Medrano/E. Bulger

Nick Medrano has developed a geospatial mapping model to analyze access to EMS and trauma centers across Georgia. By using granular data, the model evaluates access to resources and explores the impact of changes, such as relocating helicopter bases or adding trauma centers, on resource availability. Nick shared a presentation (**ATTACHMENT 7**) on his findings.

Nick Medrano, Research Analyst for the Coalition of National Trauma Research (a nonprofit coordinating research across the injury care continuum), provided an overview of Georgia's trauma access analysis project. His role includes GIS-based geographic analysis.

Project Overview:

1. Purpose: Strengthen multi-state and multi-center research infrastructure, focusing on trauma system access.
2. Process and Milestones:
 - Milestone 1: Compile trauma system resource data (ground/air EMS locations, trauma centers, burn centers). Data collection involved extensive collaboration with the Georgia Trauma Commission.
 - Milestone 2: Analyze population access to trauma care using ArcGIS and traffic data, calculating prehospital times (activation, response, scene, and transport).
 - Milestone 3: Map results to identify geographic gaps in trauma care coverage.
 - Milestone 4: Simulate potential system changes (e.g., upgrading trauma center levels) and assess the impact on population access.

Key Findings:

- Current Access: Baseline maps illustrate coverage by trauma center levels (1–4) and gaps in meeting the "golden hour" standard.
- Optimal Upgrades: Upgrading specific facilities (e.g., South Georgia Medical Center to Level II) could significantly improve population access within 60 minutes.
- Methodology: Data incorporates both in-state and neighboring-state trauma centers, addressing border complexities.

BLOOD DELIVERY PROJECT

Presented By U. Jamal

Usman Jamal, founder of Reflex, a drone solutions company specializing in emergency response and

public safety, presented use cases for drone technology in blood delivery, building on his previous discussion about drones as first responders delivering lifesaving equipment. (**ATTACHMENT 8**)

1. Use Case 1: Pre-Hospital Blood Delivery

- Intended for trauma incidents or when EMTs need blood at the scene quickly.
- Example: A drone station at Augusta Medical Center with an 18-mile service radius.
- Workflow:
 - 911 call → EMTs dispatched → Blood request submitted → Blood packaged and loaded onto a drone → Drone delivers to the scene or rally point.
- Requirements: One drone, one docking station.
- Coverage: 18-mile radius with delivery times of 15-20 minutes at 60 mph, depending on weather.
- Considerations: Training medics to handle blood and establishing protocols for safe drone landings.

2. Use Case 2: Hospital-to-Hospital Blood Delivery

- Focused on point-to-point delivery, useful for disaster relief or routine logistics between hospitals.
- Example: Level 1 trauma center in Savannah delivering to nearby Level 4 centers within a 38-mile range.
- Workflow:
 - Blood need identified → Order placed → Coordinates provided → Blood loaded onto drone → Delivered to destination.
- Requirements: Docking stations at each delivery location for recharging and capacity management.
- Considerations: Regulatory approvals and site-specific challenges for drone operation.

OLD BUSINESS

EMS EQUIPMENT GRANT SPECIAL EQUIPMENT REQUESTS

Presented By Lee Oliver

The committee reviewed the current grant requests, noting that some items, such as ballistic equipment and ATVs, had been previously discussed and approved. Courtney clarified that once an item is approved, it remains on the list unless explicitly removed, with all special requests reviewed on a case-by-case basis to ensure consistency and fairness. Emphasis was placed on prioritizing equipment that directly improves trauma survivability, though concerns were raised about approving advanced items for agencies lacking basic standard equipment, such as fluid warmers for trauma patients. While it was suggested that this policy be revisited in the future, time constraints prevented further discussion during the meeting. The committee was reminded that the overarching goal is to enhance trauma survivability through appropriate resource allocation. With the grant submission deadline set for the end of the month, there was hope expressed for Barra County's request to be approved, paving the way for other counties to follow suit.

The Committee discussed and voted on four special equipment requests (**ATTACHMENT 6**).

MOTION GTCNC EMS COMMITTEE 2025-1-02:

Motion to approve Barrow County EMS request to purchase ballistic vests.

MOTION BY: Scott Roberts

SECOND BY: John Smith

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2025-1-03:

Motion to approve Franklin County EMS request to purchase probe thermometers.

MOTION BY: Lee Oliver

SECOND BY: Scott Roberts

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2025-1-04:

Motion to approve Monroe County Emergency Services request to purchase full body harness with integrated CROLL, ANSI, CSA, & NFPA.

MOTION BY: John Smith

SECOND BY: Scott Roberts

VOTING: The majority of members are against the motion

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

MOTION GTCNC EMS COMMITTEE 2025-1-05:

Motion to approve Toombs-Montgomery EMS request to purchase a John Deere Gator with MEDLITE Transport Rescue Skid.

MOTION BY: Terry Cobb

SECOND BY: Scott Stephens

VOTING: All members are in favor of the motion.

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

Following the votes, Courtney provided additional clarification that items not on the current equipment list would require approval on a case-by-case basis. Further stating that a UTV, for example, couldn't be purchased with this round of grant funding by anyone other than Toombs-Montgomery EMS for this cycle. Next year, the committee will evaluate the list again, choosing to include or exclude items voted on today before allowing services to make special requests again. A discussion ensued about the transition process for moving items from temporary approval to the permanent list, emphasizing that this requires committee approval. Items on the state and state equipment lists are now included in the approved equipment list.

The meeting concluded with a reminder to review the list for consistency and an invitation for final comments before adjourning. A motion to adjourn was entertained, marking the end of the session.

MOTION GTCNC EMS COMMITTEE 2024-1-06:

Motion to adjourn.

MOTION BY: Huey Atkins

SECOND BY: Lee Oliver

VOTING: All members are in favor of the motion.

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

SUMMARY & ADJOURNMENT

- New data analysis shows gaps in trauma care accessibility across Georgia, with the potential for optimizing trauma center locations
- EMS training programs are expanding, with new courses on mental health and leadership development
- The committee approved some equipment grant requests (ballistic vests, ATV) but denied others (body harness for swift water rescue) and Clarified that approved items are for specific requestors only, not added to the permanent approved list
- Drone-based blood delivery systems are being explored as a potential solution for rural areas

The meeting adjourned at 12:25 PM

Minutes by C. Shelnutt