

APPROVED
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GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

March 20, 2025

Hybrid Meeting

Morgan County Public Safety Complex/Zoom

Recording: [GTC EMS Committee-March 20,2025](#)

Attachments: trauma.ga.gov

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair, GTC Member	Pete Quinones, Region Three GTC Member
Lee Oliver, Vice-Chair, Region Five	
Scott Stephens, Region One	
Jeff Adams, Region Two (via Zoom)	
Scott Roberts, Region Four	
John Smith, Region Six	
Duane Montgomery, Region Seven	
Huey Atkins, Region Ten	
Terry Cobb, GTC Member	
Brian Hendrix, Region Nine (via Zoom)	
Allen Owens, Region Eight (via Zoom)	
Dr. James "J" Smith, GTC Member (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 Shelnutt	Georgia Trauma Commission
Kelly Joiner	OEMS/T
Richard Rhodes	OEMS/T
Ryan Hollingsworth	OEMS/T
Heather Reddick	OEMS/T
Kyle Gibson	Region 2 RTAC
Jay Connelly (via Zoom)	Region 4 RTAC
Kristal Smith (via Zoom)	Region 5 RTAC
Farrah Parker (via Zoom)	Region 6 RTAC
Brian Dorriety (via Zoom)	Region 7 RTAC
Kristin Spires	Region 10 RTAC

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Courtney Horne	GTC Intern
Samantha Chapin	GTC Intern
Daniel Warren (via Zoom)	OEMS/T
Anna Sheridan (via Zoom)	OEMS/T
Steve Elmgren	Grady Burn Program
Miranda Baras	Grady Health Systems
Kim Littleton	GEMSA
Cathy White	GEMSA
Keith White	GEMSA

CALLED AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, March 20, 2025, with 12 members present.

MEDED PREP UPDATE

Presented By Crystal Shelnutt

An update was provided on the required testing initiative for grant-funded EMT programs using the MedEd Prep platform. Of 46 approved programs, 31 have data from completed exams, covering nearly 500 students across all 10 EMS regions. Each participating program uses six standardized exams (five module exams and a final comprehensive exam), totaling over 1,000 exams taken and 70,000 individual question responses reviewed. **(ATTACHMENT A)**

Key Observations:

- A correlation was found between longer program duration and higher scores, particularly in medical and airway content.
- Trauma and shock concepts had the lowest average scores, especially in understanding pathophysiology versus procedural knowledge.
- Regional variation was noted in topic performance, suggesting the need for targeted instructor support.
- Approximately 78% of evaluated content areas are performing well; the remaining 22% indicate improvement opportunities.

The program aims to provide insight and give under-resourced programs access to high-quality online testing. Additional goals include correlating program performance with National Registry success rates, which aren't currently tracked post-exit from the testing platform.

Discussions on future recommendations:

- Require submission of existing annual reports (used by the state office) for registry pass rates and other relevant course data.
- Add a reading comprehension pre-test to assess student readiness and inform instructional strategies.
- Support test-taking strategy education for students and instructors, including recorded resources.

Action Items:

1. Obtain Quote for MedEd Prep for FY Next Year – Crystal to bring a proposal to the next meeting.
2. Address minor instructor pushback by clarifying expectations and support mechanisms with instructor orientation before the grant applications.
3. Consider Test-Taking Training Video – Collaborate with Jenny Weatherby from OEMS/T to support students before taking the National Registry exam.

FY26 EMS EDUCATION PLANNING

GEMSA

Presented By Kim Littleton

A status report was provided on current grant-funded courses, with updated contact hours and class progress. This report, dated March 10, reflects data to be formally presented at the April meeting. It includes in-progress and planned classes, giving a snapshot of program activity. **(ATTACHMENT B & C)**

Scope of Work & Course Updates:

- Leadership Program: 26 students are enrolled. Module 1 was held at Georgia Southern, and Module 2 is scheduled for May. The curriculum continues to be updated based on participant feedback.
- Trauma Skills Lab: A record-setting lab was held in Columbus with 166 students. Specimen issues at a previous lab are being addressed to ensure quality for an upcoming physician-focused lab in Macon.
- EMT/EMR Grant Courses: All eligible applicants have been awarded grants. Residual funds have allowed additional course awards.
- Intro to Leadership Course: Scheduled again this year, with a proposed cap of 40 students.
- Farm Medic & Machinery Extrication: These remain popular and continue to grow. Max student capacity is 30 per course.
- Patient Care-Focused Vehicle Extrication: Courses are contracted through Rescue Redefined to keep up with vehicle and rescue technology advances.
- Axioms of Leadership: Complements the main leadership program by focusing on personal development. Many participants take both courses.
- TECC Courses: Typically over-enrolled; equipment allows for up to 32 students.
- EVOC Instructor Training: Recently conducted at Grady using the McNeil curriculum following a lengthy approval process.
- EMS Instructor Preparedness: Dates confirmed; coordinated with the State Office of EMS.

Burn Education Initiative: Steve Elmgren of Grady's Burn Center presented a collaborative proposal for a new prehospital-focused burn course aimed at EMS providers. **(ATTACHMENT D)**

- Course Structure: 6 hours (4 hours lecture, 2 hours hands-on/testing)
- Focus: Prehospital care, outreach-oriented, free of charge
- Goal: Increase early recognition, appropriate triage, and transfer of burn patients to burn centers
- Intended as a stepping stone to ABLS, which remains cost-prohibitive for some providers
- Outcome-Oriented: Long-term goals include measuring the impact on patient outcomes and care quality

Steve emphasized the importance of sharing, not owning, the information, with the aim of improving burn care across the state.

A question was directed to Cathy or Kim regarding whether reported contact hours reflect only EMS personnel or all individuals who complete the program. The reported hours are for all students participating in the course regardless of EMS certification.

Clarification was requested on the duration of various leadership classes:

- Main Leadership Program: held over four one-week sessions per year.
- Axioms of Leadership: confirmed as a 2.5-day course.
- Intro to Leadership: also a 2.5-day course.

A request was made to review why EMT programs might have returned a grant and what barriers they faced. Kim indicated she would report their findings from the last few years to the group.

EDUCATIONAL NEEDS ASSESSMENT

Presented By Courtney Horne, Samantha Chapin, & Crystal Shelnutt

Crystal introduced Samantha and Courtney, MPH interns from the University of Georgia, who led the statewide EMS educational needs assessment analysis. The survey received over 1,200 responses from EMS providers, EMS leadership, and hospital staff, generating thousands of data points. **(ATTACHMENT E & F)**

Key Findings:

- Training Preferences:
 - 71% of EMS providers prefer in-house, hands-on, or scenario-based training.
 - EMTs prefer half-day courses; paramedics and senior providers also value full-day or whole-course models.
 - Podcasts and virtual formats are commonly used supplemental methods.
- Barriers to Training:
 - Top barriers: fatigue/burnout, financial limitations, and time constraints.
 - 44% of EMS providers report cost as a barrier; burnout is especially high in fire-based EMS and long-term providers.
 - Distance to training matters—20 miles means different things in rural vs. urban areas.
- Skill Needs:
 - High demand for training in: trauma resuscitation, needle decompression, airway management, blood administration, and mass casualty incidents (MCIs).
 - Confidence in trauma skills is linked to the frequency of training. Providers who train quarterly or more report higher confidence.
- Triage & Assessment Gaps:
 - EMS providers are twice as likely to under-triage trauma patients vs. over-triage.
 - Incomplete assessments, such as not removing clothing or missing mechanism-of-injury clues, are a recurring issue—reported across all trauma center levels.
 - Pre-arrival communication is rated as only moderately satisfactory by hospital staff (avg. 3.16/5), with Level 4 trauma centers most satisfied and Level 2s least.
- EMS Leadership Perspective:
 - Some regions underutilize trauma training funds.
 - Access to simulation training is lacking in Regions 3, 6, 9, and 10.
 - Leaders cited workforce shortages, lack of instructors, and equipment as major challenges.

Common Themes Across Stakeholders:

- Shared needs include trauma resuscitation, pediatric trauma, and MCIs.
- Prehospital-hospital partnerships are generally positive, but EMS providers feel under-included in QI processes.

Recommendations & Actionable Opportunities:

1. Improve Pre-Arrival Communication
 - Consider including a 30-minute standardized report training in all grant-funded courses.
 - Educate EMS on trauma center activation criteria and improve regional specificity.
2. Enhance Patient Assessment Skills
 - Develop holistic training scenarios that emphasize clinical decision-making.
3. Optimize Pain Management & Resuscitation Training
 - Address gaps in training for newer medications and protocols.
4. Expand Access to In-House Training
 - 71% of EMS providers prefer it. Consider developing train-the-trainer kits and validated, ready-to-use content.
5. Strategic Course Distribution by Region
 - Providers prefer not to travel more than 20–40 miles. Course rotation should ensure regional accessibility within a 5-year cycle.

Additional Notes:

- Interns compiled nearly 400 pages of raw notes. A 27-page summary report has been circulated. **(ATTACHMENT #)**
- The survey intentionally omitted employer names to encourage honest responses.
- Committee members may request region or provider specific data cuts.

OEMST EDUCATION

Presented By Richard Rhodes

Richard Rhodes provided an overview of EMS student enrollment and education support in Georgia, along with recommendations on how the Georgia Trauma Commission could further enhance system-wide training and student success.

EMS Student Enrollment in Georgia:

- Scholarships: Consider implementing individual student scholarships (e.g., Virginia's model), allowing funds to follow the student to a program of their choice.
- Increased Course Funding: Increase the per-course funding amount for GTC/GEMSA-funded EMT and AEMT courses, especially to improve access in rural areas. Consider increasing the total number of funded courses.
- Performance-Based Funding: Tie course funding to measurable outcomes such as National Registry pass rates and student volume, rather than only using ending student counts as a payment metric.
- Targeted Course Grants: Continue using G-DAC data to identify “education deserts” and support course offerings in underserved areas.

EMS Student Performance:

- NREMT-Style Exams: Expand test prep tools like MedEd Prep, to ensure students are exposed to registry-style questions throughout the training. This has succeeded in remediation courses, with pass rates of ~79–80%.
- Access to Test Banks: Provide or subsidize student access to commercial test prep platforms (e.g., MedEd Prep, Fisdap, EMS testing) to improve exam readiness.

EMS Education Program Support:

- Initial Education Equipment Grants: Allocate funding to help new or rural programs acquire the minimum equipment necessary to launch and sustain EMS courses.
- Post-Licensure Support: Explore supporting additional courses and equipment for PLS and critical care training.

Resource Utilization via TRAIN Platform:

- Content Hosting: The Department is migrating to a more capable TRAIN system. GTC is invited to partner and host content such as:
 - A standardized trauma handoff report mini-course.
 - A new standardized Anatomy & Physiology course (planned 8–12 hours) for EMS students.
 - Past and future GTC-funded conference recordings.
- Knowledge Sharing: Hosting recorded training on TRAIN expands access and promotes consistency across the state.

Instructor Development Initiatives:

- State Instructor Course: Based on findings from program re-designations, there is a need for stronger instructor preparation. The Department is collaborating with the EMS Educators Consortium to revive a state-sponsored instructor training course to improve classroom readiness and align instructional delivery with best practices.

RTAC COORDINATORS

Presented By Scott Stephens, Kyle Gibson, Jay Connelly, Kristal Smith, Brian Dorriety, and Kristin Spires
(ATTACHMENT G)

- Region 1: \$30,000 for trailer, equipment, burn education, pediatric training, DART Education
- Region 2: \$40,000 for trauma symposium, pediatric skills labs, MCI training
- Region 3: \$30,000 for skills workshops and Metro EMS conference support
- Region 4: \$2,150 for trauma symposium and education list serve
- Region 5: \$30,000 for trailer, regional equipment, resuscitation academies
- Region 7: \$13,650 for airway course, ITLS courses, meeting owl
- Region 10: \$27,618 for targeted training courses, trailer, conference sponsorship

ADJOURNMENT

The meeting adjourned at 12:25 PM

Minutes by C. Shelnett