

**DRAFT FOR
APPROVAL**



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

April 9, 2026, 10:00 A.M.

In-Person & Virtual Meeting

Zoom

Recording: <https://youtu.be/GCwaYJhsVc8?si=wdOpCNF8RJENaSMi>

Attachments: trauma.ga.gov

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

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Liz Atkins	Georgia Trauma Commission
Katie Vaughan	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnutt	Georgia Trauma Commission
Tim Boone via Zoom	AVLS Coordinator
Kristin Spires	R10 RTAC Coordinator, Education Coordinator
Grace Threadgill	GTC Intern, System Development Intern
Tolulope Adedipe	GTC Intern, System Development Intern
Nicolle Sorto-Reyna	GTC Intern, Business Operations
Kelly Joiner	Deputy Director, OEMS&T
Brian Dorriety	Region 7 RTAC Coordinator
Kristal Smith	Region 5 RTAC Coordinator

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, April 9, 2026, with a quorum established.

APPROVAL OF MEETING MINUTES

Presented By Courtney Terwilliger

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

MOTION GTCNC EMS COMMITTEE 2026-4-01:

Motion to approve the January 8, 2026, minutes

MOTION BY: Scott Stephens

SECOND BY: Terry Cobb

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2026-4-02:

Motion to approve the March 19, 2026, minutes

MOTION BY: Terry Cobb

SECOND BY: Jeff Adams

VOTING: All members are in favor of the motion.

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

GEORGIA TRAUMA COMMISSION UPDATE

Presented By Liz Atkins, Crystal Shelnut, Gina Solomon

Liz provided an update on recent legislative activity and statewide initiatives impacting the trauma system and EMS services. She noted that House Bill 629 has passed, representing an important step forward in expanding Stop the Bleed education across Georgia. While RTACs and local partners have already played a significant role in delivering this training, the legislation is expected to further formalize and broaden those efforts. This expansion aligns with ongoing work to incorporate meaningful system measures and continue strengthening prevention and early intervention strategies statewide.

Liz also shared that Crystal recently met with Jim Dodd, a national representative with the American College of Surgeons Stop the Bleed program. During that discussion, Georgia's work was highlighted as a model for other states. The national program leadership expressed strong support for the structure and reach of Georgia's efforts, particularly the integration across RTACs, trauma centers, EMS, and community partners. Georgia is currently one of only 18 states with formal legislation supporting Stop the Bleed initiatives, positioning the state well ahead of much of the country and reinforcing its role as a leader in this space.

Liz also recognized Crystal's recent appointment to the National EMS Advisory Council as the Quality Improvement Officials representative. This appointment reflects both Crystal's leadership and the strength of Georgia's work in EMS system development. It also creates an opportunity to elevate Georgia's initiatives at the national level and contribute to broader conversations around EMS quality, education, and system performance. Liz Noted that Richard Rhodes was also appointed as a representative for education.

In addition to trauma-related legislation, Liz noted that the surprise billing bill has passed and is currently awaiting the Governor's signature. While not directly tied to trauma system development, the bill is expected to have a meaningful impact on EMS agencies. The legislation establishes a reimbursement benchmark at approximately 325 percent of Medicare rates, which should provide a more consistent and transparent framework for billing. This change is anticipated to offer financial stability and clarity for many services across the state, even if the full impact will take time to assess.

Crystal provided an update on statewide initiatives, including Stop the Bleed expansion, RTAC priorities, and emerging focus areas driven by data and system performance.

Georgia continues to maintain approximately 99 percent participation across public schools for Stop the Bleed implementation, with focused efforts underway to reach full statewide participation. A major area of expansion is the partnership with the Georgia Trauma Foundation to increase Stop the Bleed kit availability in high schools, raising the par level from 12 kits per school to approximately 36 kits based on lessons learned from prior incidents involving limited access during lockdown situations. Initial rollout is underway, with RTAC coordinators identifying highly engaged schools to serve as early adopters, while additional kits will continue to be distributed as fundraising progresses, with the long term goal of expansion to all high schools and eventually middle schools. Alongside equipment distribution, there is a strong emphasis on expanding training, including engagement of student populations through programs such as HOSA and high school EMR and EMT pathways. Some districts are already implementing models to train entire student cohorts over time. Efforts are also underway to improve tracking and reporting of kit usage through QR codes and web based systems, though utilization remains low and will require additional messaging. Recent real world applications of Stop the Bleed skills continue to reinforce the immediate impact and value of these efforts.

RTACs continue to advance work across their core pillars of education, performance improvement, and injury prevention, with many regions also supporting the expansion of hospital and prehospital blood programs.

A growing area of focus is injury prevention related to falls, which represent a significant portion of trauma volume statewide. Data has highlighted both the prevalence of falls and a gap in formal education addressing the complexity of geriatric patients, particularly related to comorbidities and polypharmacy. In response, efforts are underway to explore targeted education as well as prevention strategies, including leveraging existing community programs such as fire department home safety inspections and community paramedicine initiatives. These approaches focus on identifying hazards, reducing repeat incidents, and integrating simple tools or checklists into existing workflows to better address this high risk population. Crystal emphasized that increased access to statewide data and regular performance improvement review continues to guide more focused, data driven strategies across regions.

Gina provided an update on ongoing work within the Georgia Quality Improvement Program (GQIP), with a primary focus on the growing impact of geriatric trauma, particularly fall related injuries. She noted that data continues to show falls as the most common mechanism of injury, with the geriatric population representing a significant and increasing portion of overall trauma volume. In collaboration with clinical partners, including trauma physicians, GQIP is working to better define priorities and explore opportunities to improve both hospital and prehospital management of these patients, recognizing that even low mechanism falls can result in significant morbidity and mortality in this population.

Gina shared that recent data reports, including fourth quarter and full year 2025 data, have been distributed to RTAC coordinators for review, with plans to share more broadly ahead of the next meeting. These reports are generating valuable discussion and follow up questions, helping to identify trends and guide deeper analysis. Early insights highlight the importance of looking beyond volume alone, as some lower frequency mechanisms, such as pedestrian incidents, may account for a disproportionately higher rate of mortality.

She also noted ongoing efforts to enhance data reporting related to prehospital blood administration, including plans to better differentiate between ground and air transport utilization and provide more

detailed regional insights. This work is expected to inform future discussions and presentations, including at the upcoming summer meeting, where a full year of statewide prehospital blood data will be available for review.

Following Gina's update, the discussion shifted to prehospital blood programs, with a focus on data, operations, and system growth. There was interest in refining data reporting to better distinguish between ground and air utilization and to understand regional variation, including areas with little to no documented use. Participants discussed the challenges of accurately tracking programs due to differences between agencies approved to carry blood versus those actively initiating transfusion. A broader conversation highlighted operational considerations such as cold chain management, limitations on product exchange, cost variability across blood products, and the importance of minimizing waste while maintaining supply. Concerns were raised about long term blood availability as programs expand, balanced by the understanding that earlier prehospital administration may reduce in-hospital utilization. There was strong support for increasing EMS involvement in blood donation efforts and continued partnership with blood banks. The group also emphasized the value of shared learning, suggesting a future statewide session or workshop with panel discussion and breakout sessions to support agencies at different stages of program development, including protocol development, logistics, and implementation.

AVLS UPDATE

Presented By Dr. Tim Boone

Dr. Boone provided an overview of AVLS program operations, deliverables, and ongoing system enhancements (**ATTACHMENT A**). Activities this quarter included continued coordination of equipment deployment, troubleshooting, antenna replacements, SIM management, and invoice oversight, with the addition of a new review process for carrier billing to improve financial accountability. Work is underway to modernize connectivity through increased use of newer XR series gateways and implementation of T-Mobile IoT SIM technology, which will allow for more precise control of usage, automated activation and suspension, and tiered cost management. Overall system usage has increased slightly, though variability remains across regions, with targeted efforts underway to improve engagement in lower utilization areas. Equipment management continues to evolve, including maintaining a reserve of MG90 units for legacy Bluetooth dependent systems and transitioning toward newer infrastructure. Dr. Boone also highlighted ongoing challenges in tracking active units and managing airtime due to delays in field reporting, particularly among smaller agencies, and emphasized that new SIM management tools are expected to improve efficiency. Budget updates reflected ongoing equipment investments and remaining available funds, with anticipated impacts from potential system expansion, including onboarding additional agencies. Looking ahead, priorities include improving statewide visibility of assets through integration with multiple tracking platforms, continued rollout of XR series devices, and enhanced cost control through more dynamic airtime management. Additionally, Dr. Boone raised a request for guidance regarding support of emerging initiatives, including a proposal to utilize Starlink-enabled quick response vehicles for advanced field interventions such as ECMO, highlighting the need for a consistent framework to evaluate similar requests moving forward.

EMS EDUCATIONAL NEEDS ASSESSMENT & PROGRAMMING UPDATE

Presented By Crystal Shelnett

Crystal provided an update on the 2026 EMS Educational Needs Assessment and statewide education initiatives. She introduced three University of Georgia MPH epidemiology interns who conducted initial analysis of this year's survey data, each presenting on a key stakeholder group (**ATTACHMENT B**).

Grace Threadgill presented the EMS provider analysis, which included 373 responses, largely from experienced paramedics. The data identified top training needs in pediatric trauma, burn care, multi-casualty incidents, and trauma resuscitation, with additional demand for advanced airway, needle decompression, and blood administration training. While overall confidence in managing trauma patients was high, a notable portion of providers reported lower confidence across all experience levels. Significant barriers to training included time constraints, financial limitations, and limited course availability, while strong preference was expressed for in-person, hands-on training within a one-hour travel radius.

Tolulope Adedipe presented the EMS leadership analysis, which showed consistent training priorities across regions, including MCI response, pediatric trauma, burn care, blood administration, and trauma resuscitation. Leadership identified system-level barriers such as personnel and equipment shortages, transportation delays, and resource limitations, which closely aligned with the skill gaps identified. There was strong support for expanded access to regional simulation assets, though many agencies currently lack access to these resources.

Nicolle Sorto-Reyna presented the hospital provider analysis, which, while limited by a smaller sample size, reinforced similar training priorities and highlighted opportunities to improve EMS-hospital communication, standardization of patient handoff, and expansion of collaborative education. Hospitals reported general satisfaction with EMS care but noted inconsistencies in communication and reporting of critical patient information.

Crystal noted that findings from the past two years of the needs assessment remain consistent, reinforcing the need for continued focus on high-acuity, low-frequency trauma skills and hands-on, simulation-based training. Communication, particularly radio reports and structured handoffs, was identified as a key area for improvement, with plans to integrate this into future training programs as a practical, high-impact intervention. A comprehensive written report with regional breakdowns and deeper analysis will be distributed following completion.

Crystal then provided an overview of current education programs and grant activity (**ATTACHMENT C**). Efforts to increase engagement and awareness include ongoing orientation sessions for potential applicants, which have been well received and are helping to clarify the application process and reduce perceived barriers. Despite available funding, application volume for initial education grants in FY26 remains lower than expected, suggesting continued barriers such as instructor shortages, equipment limitations, and potential gaps in communication or outreach. RTAC members were encouraged to engage local agencies to better understand barriers and promote early application.

Current grant activity includes approved programs supporting EMR, EMT, and AEMT education, representing an estimated 348 students and over 66,000 hours of training. Program evaluation now includes tracking of National Registry outcomes and attrition rates, with performance-based incentives built into funding to support program quality and outcomes. Data systems, including Survey123 and MedEdPrep, are being utilized to map student distribution, monitor program performance, and identify regional training needs with greater precision.

Crystal also highlighted the rollout of the Applied Anatomy and Resuscitation cadaver lab program, with initial sessions scheduled and strong interest from paramedic programs and regional partners. The program is designed to be adaptable based on regional needs and includes collaboration with trauma centers for subject matter expertise. Additionally, increasing demand for airway training opportunities was noted, with consideration being given to supplemental airway-focused labs to support paramedic student requirements.

EMS FUNDING UPDATE- FY26 REMAINING AND REALLOCATED

Presented By Courtney Terwilliger

Lee Oliver presented a request regarding unspent RTAC educational grant funding that could not reasonably be utilized for planned training courses within the current grant timeline. He explained that Region 5, along with several other regions, experienced delays in receiving funds, making completion of the originally proposed educational courses impractical before the grant period ended.

Kristal Smith clarified that one portion of Region 5's grant funding, originally intended to support four educational courses, would be difficult to expend appropriately within the remaining timeframe. Instead, Region 5 requested permission to reallocate those funds toward the purchase and replacement of regional training equipment, including bleeding control supplies, chest decompression training equipment, airway adjuncts, and intraosseous training equipment. She noted that much of the existing equipment was outdated or worn and that the purchases would directly support ongoing regional education efforts.

Discussion followed regarding similar challenges experienced by other regions with smaller residual balances remaining from previously approved educational grants. Members discussed allowing RTACs to utilize remaining educational funds for equipment purchases that support identified educational and training needs, particularly those identified through the statewide EMS Educational Needs Assessment.

MOTION GTCNC EMS COMMITTEE 2026-04-03:

Motion to approve the reallocation of unspent FY26 RTAC education funds toward the purchase of regional training equipment and supplies for ongoing EMS education initiatives.

MOTION BY: Lee Oliver

SECOND BY: Jeff Adams

VOTING: All members are in favor of the motion.

ACTION: The motion ***PASSED*** with no objections.

Discussion moved to EMS budget reallocations and FY2027 budget planning. Staff presented a summary of remaining FY2026 EMS education and grant funds available for reallocation, including residual balances from EMS education, EMS equipment grants, installation reimbursements, toolkit initiatives, and prehospital blood program funding.

FY 2026 FINAL REALLOCATION		
ESTIMATED EMS FUNDS AVAILABLE FOR REALLOCATION AND FIREWORK REVENUE		
FY 2025 EMS REMAINING FUNDS	REMAINING EMS EDUCATION FUNDS	\$ 106,331.00
FY 2026 EMS REMAINING FUNDS	1) EMS EQUIPMENT GRANT: \$40,652 2) AVLS INSTALLATION REIMBURSEMENT: \$7,500 3) AVLS EQUIPMENT VARIANCE: \$8 3) TOOLKIT FOR EDUCATIONAL IMPROVEMENT: \$60,000 4) PREHOSPITAL BLOOD: \$250,000 5) EMS EDUCATION \$201,405	\$ 559,565.00
FY 2026 GTC REMAINING FUNDS	20% (80/20 <small>Language</small>)TIMATED*	\$ 112,807.60
FY 2026 FIREWORK REVENUE	20% (80/20 SPLIT) OF FIREWORK REVENUE*	\$ 294,933.40
TOTAL AVAILABLE EMS FUNDS AVAILABLE FOR REALLOCATION		\$ 1,073,637.00
REALLOCATION OF REMAINING FUNDS		
T-MOBILE	ADDITIONAL AVLS FUNDS FOR TMOBILE AVLS SUPPORT**	\$ 32,000.00
FY 2027 AVLS	FY 2027 AVLS PROPOSAL	\$ 1,041,637.00
REMAINING FUNDS FOR REALLOCATION		\$ -

The committee discussed using available reallocated funds to prepay the AVLS program for FY2027, allowing equipment and contracts to be encumbered before the close of the fiscal year while freeing future FY2027 operational funding for other priorities.

MOTION GTCNC EMS COMMITTEE 2026-04-04:

Motion to approve the reallocation plan, for a total of \$1,041,637, to cover the expenses for the FY2027 AVLS budget.

MOTION BY: Huey Atkins

SECOND BY: Scott Roberts

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections.

EMS FUNDING UPDATE- FY27

Presented By Courtney Terwilliger

The committee reviewed the proposed FY2027 EMS budget allocations and associated budget worksheet, which was displayed and discussed in detail during the meeting. Members reviewed proposed funding allocations for EMS education, EMS equipment grants, prehospital blood initiatives, toolkits, and other EMS system development priorities pending final Commission approval.

EMS STAKEHOLDERS	FY 2026	FY 2027	
AVLS Maintenance			Paid with FY 2026 reallocated funds
Program Management-Tim Boone	\$ 45,000.00		Paid with FY 2026 reallocated funds
AVLS Airtime Support	\$ 398,470.03		Paid with FY 2026 reallocated funds
AVLS Equipment	\$ 140,000.00		Paid with FY 2026 reallocated funds
AVLS Installation Reimbursement	\$ 7,500.00		Paid with FY 2026 reallocated funds
EMS Education	\$ 1,894,498.50	\$ 1,900,000.00	
EMS Equipment Grant	\$ 2,015,187.20	\$ 2,593,832.65	
Grants for Prehospital Blood Products	\$ 250,000.00	\$ 500,000.00	Increase for Coordinator Position
RTAC Education Funding	\$ 173,418.00	0.00	
Toolkit for Education Improvement	\$ 60,000.00	\$ 60,000.00	
Total EMS Stakeholders	\$ 4,984,073.73	\$ 5,053,832.65	
Pending Commission Vote EMS FY 2027 Allocation		\$ 5,053,832.65	
Remaining Funds to Allocate		\$ -	

Discussion focused heavily on the proposed increase in funding for the statewide prehospital blood program. Members reviewed adding funding to support a statewide coordination position to assist EMS agencies with implementation, logistics, and operational support for prehospital blood administration programs. Concerns and discussion centered on long-term sustainability of existing blood programs, ongoing operational costs to agencies, expiration and replacement of blood products, and the need for continued technical assistance and statewide program support. Several members emphasized the importance of maintaining and expanding current blood programs while ensuring participating agencies remained financially sustainable.

Committee members discussed balancing increased support for prehospital blood initiatives against remaining funds available for EMS equipment grants and RTAC educational support. The spreadsheet was adjusted during discussion to reflect increased proposed funding for prehospital blood initiatives, with members ultimately agreeing to increase the allocation to \$500,000. Members also reviewed projected remaining balances available for EMS equipment grants after proposed allocations were made. A motion was made by Scott Roberts to approve the GY27 budget as displayed.

Following the motion, additional discussion occurred regarding future RTAC educational funding opportunities and equitable access to funding across all ten trauma regions. Concerns were raised regarding the absence of a dedicated RTAC education funding line item in the proposed FY2027 budget and the challenges associated with late fiscal year requests and encumbrance timelines. Members discussed the need for a more formalized and standardized statewide application process to allow RTACs to submit educational funding requests earlier in the fiscal cycle and ensure consistent review criteria across all regions.

[MOTION GTCNC EMS COMMITTEE 2026-04-05:](#)
[Motion to approve \\$175,000 to support RTAC EMS Education initiatives.](#)

MOTION BY: Scott Stephens

SECOND BY:

ACTION: The motion **FAILED** for lack of a second.

The committee then returned to the original motion to approve the FY2027 budget allocations as presented in the spreadsheet. The motion passed with one opposing vote.

Additional discussion included updates related to ongoing EMS blood committee activities and educational content development. Scott provided a brief update regarding continued development of lesson plans and educational materials related to the March PAWS initiative and noted that remaining initiative funds would support additional educational programming through Dr. Mabes' program.

MOTION GTCNC EMS COMMITTEE 2026-04-06:
Motion to approve the funding for FY27 as displayed

MOTION BY: Scott Roberts

SECOND BY: Jeff Adams

VOTING: One member, Scott Stephens, voted in opposition.

ACTION: The motion **PASSED**.

Scott Roberts provided a brief report on the instructor support toolkit workgroup, and Courtney called for volunteers to reach out if they were interested in chairing the Prehospital Blood Workgroup.

Lee Oliver requested continuation of the EMS equipment committee to allow the group to continue developing guiding principles and recommendations for future equipment funding criteria and FY2027 planning. Leadership confirmed the committee would continue operating as an ongoing working group without requiring additional formal action.

MOTION GTCNC EMS COMMITTEE 2026-04-07:
Motion to adjourn

MOTION BY: Terry Cobb

SECOND BY: Huey Atkins

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections.

Minutes by C. Shelnett