

APPROVED
04.09.26



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee Meeting Minutes

March 19, 2026, 10:00 A.M.

Virtual Meeting

Zoom

Recording: <https://youtu.be/Vr7d9u8UN48>

Attachments: trauma.ga.gov

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

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	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

CALLED AGENDA ITEMS

CALL TO ORDER

Courtney Terwilliger called the meeting to order at 10:00 AM on Thursday, March 19, 2026, with a quorum established.

EMS EDUCATIONAL PROGRAMMING UPDATE

Presented By Crystal Shelnett

Crystal provided an update on the implementation of the Georgia Trauma Commission's EMS education programming for FY 2026 (**ATTACHMENT A**). She reported that the current education portfolio includes a combination of initial education, continuing education, simulation, and specialty training programs. Initial education grants include EMR, EMT, and AEMT pathways, along with a micro-grant option to support low-enrollment rural courses. These programs are structured to increase access to entry-level certification while maintaining accountability through performance tracking, including course completion and National Registry outcomes.

Crystal noted that multiple initial education courses are currently in progress or scheduled across several regions, with additional courses anticipated as applications continue to be reviewed. To date, 13 classes have been approved through the application process with 246 anticipated students.

She also provided an overview of continuing education programming, which includes funding for trauma courses such as PHTLS, ITLS, and related offerings, as well as TECC-style courses that allow for regional customization. These courses are being distributed across all regions, with prioritization based on identified needs and gaps in coordination with the RTACs.

Crystal highlighted the expansion of high-fidelity simulation training through a statewide partnership model, with multiple simulation days planned per region. These courses are designed to focus on high-acuity, low-frequency events and emphasize clinical decision-making, team dynamics, and system integration. Each simulation event will include structured evaluation and feedback to identify regional trends and opportunities for improvement.

She also discussed the development of regional cadaver-based training labs, which provide hands-on anatomy and advanced skill application opportunities. These labs are being implemented in partnership with paramedic programs, trauma centers, and regional stakeholders, with an emphasis on maximizing educational value through small group, high-engagement formats.

Additional programming includes support for EMS instructor development through OEMS-led instructor courses, regional instructor symposiums, and EVOC instructor scholarships to strengthen training capacity at the local level. Leadership and coordination training opportunities are also being explored in partnership with external organizations.

Crystal emphasized that all education programs are being supported by a unified data infrastructure. Survey123 is being used for course registration and participation tracking, while MedEdPrep is being used for pre- and post-course assessments, evaluation of clinical competency, and identification of regional education needs. These data systems will allow for ongoing monitoring of program effectiveness and will inform future funding and program decisions.

She noted that all grant-funded education opportunities are being centralized on a single EMS Education webpage, which includes course listings, registration links, and a shared calendar to improve accessibility and transparency for providers statewide. Crystal concluded by emphasizing that the program's overall goal is to move beyond task-based training toward improving clinical judgment, decision-making, and measurable patient outcomes.

Scott Roberts provided an update on the work of his instructor support committee. Discussion included updates on EMS instructor development efforts in coordination with the State Office of EMS. Recent work has focused on streamlining required materials for new instructors and improving accessibility through the state website. Next steps include planning an in-person working session to develop standardized 4-hour instructional blocks for EMR, EMT, and AEMT courses, accounting for variations in educational publishers. These templates are intended to provide new instructors with structured guidance on course delivery. The group anticipates completing this work by the fall, with additional supporting materials to follow. Further discussion included the development of onboarding resources, including a step-by-step recorded PowerPoint and introductory video content to support new programs and instructors, which may be hosted on the Commission website and integrated into existing education platforms. Overall, the group noted a clear direction moving forward, with plans to begin coordination and scheduling efforts in the coming weeks.

EDUCATIONAL NEEDS ASSESSMENT

Presented By Crystal Shelnutt

Crystal provided an update on the statewide EMS Educational Needs Assessment. She reported that the survey period was extended to allow for increased participation across regions and provider types and has now officially closed.

She noted that the extension improved overall response rates and strengthened the dataset; however, additional time is needed to complete full analysis and develop a comprehensive report.

Crystal emphasized that the needs assessment will serve as a foundational tool for aligning education funding and programming with identified system needs. A full report, including regional breakdowns and priority areas, will be presented at the April EMS Committee meeting.

2027 BUDGET PLANNING & FY2026 REMAINING AND REALLOCATION

Presented By Courtney Terwilliger

Discussion of FY 2027 budget planning noted that overall funding is expected to remain relatively consistent. The committee acknowledged current delays in FY 2026 spending but anticipates progress toward aligning expenditures in the coming months. It was noted that upcoming meetings will include focused discussion on reallocation of underutilized funds, including approximately \$250,000 originally designated for the prehospital blood project, which is not expected to be fully expended this fiscal year.

Discussion of the prehospital blood initiative highlighted ongoing delays in developing an application and scoring process. The committee agreed to reconvene a workgroup to finalize program structure, incorporate clinical evidence, and develop a formal application, with the goal of bringing a proposal forward for review in April and potential Commission consideration in May.

Members emphasized the complexity of implementing prehospital blood programs, including significant operational, financial, and regulatory considerations. Discussion included the need for strong agency and medical director commitment, standardized training or orientation prior to funding, and clear expectations for program rigor and reporting. Concerns were also raised regarding liability and the importance of maintaining the Commission's role as a funding body rather than a regulatory entity.

Additional discussion highlighted challenges in rural implementation, including access to blood products, reliance on hospital or regional partnerships, and the need for broader education and engagement with

hospital systems. Regional collaboration models and existing pilot efforts were discussed as examples of potential approaches.

The committee also discussed the potential benefit of dedicated coordination or subject matter support to assist agencies and stakeholders in program development, with further consideration to be brought forward at a future meeting. Courtney indicated that more discussion would follow at the April meeting regarding the reallocation of the \$250,000 in funding for this program.

The committee reviewed current FY 2026 budget expenditures by program area, noting that the EMS Equipment Grant is the only category nearing full utilization, with approximately \$40,000 remaining to be reallocated. EMS Airtime Support funds are approximately 66% expended. Discussion also included anticipated shortfalls related to T-Mobile funding and the potential use of reallocated funds to address those gaps. It was noted that updated budget documents, including percentage breakdowns and projections, will be shared with the committee to support upcoming FY 2027 budget discussions. Staff will work to incorporate new and emerging program areas into these materials to provide a comprehensive view of funding needs ahead of the next meeting.

The committee reviewed projected changes in EMS airtime usage and associated budget impacts, noting a significant and faster-than-anticipated shift toward T-Mobile as agencies transition to 5G connectivity and new XR units. This transition has resulted in increased T-Mobile utilization, while reliance on Southern Link and Verizon continues to decline, with FirstNet expected to remain relatively stable. Tim Boone reported that T-Mobile's updated pricing model, which includes a sliding scale based on usage, may help offset some costs; however, variability in system utilization makes precise forecasting challenging. Additional factors contributing to increased airtime needs include new ambulance deployments, previously out-of-service units returning to operation, and the anticipated onboarding of Cherokee County, which will further increase system demand. Based on current projections, the airtime budget is estimated to be approximately \$32,000 short, with potential need for additional flexibility depending on carrier selection for new units. The committee discussed reallocating approximately \$45,000 from remaining FY 2026 funds to support airtime needs across carriers, ensuring sufficient capacity to accommodate ongoing transitions and system expansion. This discussion led to a motion for formal approval of the reallocation.

MOTION GTCNC EMS COMMITTEE 2026-03-01:
Motion to reallocate \$32,000 for T-Mobile expenses.

MOTION BY: Huey Atkins
SECOND BY: Scott Stephens
VOTING: All members are in favor of the motion.
ACTION: The motion **PASSED** with no objections.

MOTION GTCNC EMS COMMITTEE 2026-03-02:
Motion to adjourn.

MOTION BY: Lee Oliver
SECOND BY: Huey Atkins
VOTING: All members are in favor of the motion.
ACTION: The motion **PASSED** with no objections.

Minutes by C. Shelnett