DRAFT FOR APPROVAL

GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee
Meeting Minutes
July 9, 2026, 10:00 A.M.
Virtual Meeting
Zoom
Recording: https://youtu.be/I8uS_hZtnGs?si=vgIaJi2PqFeJ8GHv
Attachments: trauma.ga.gov

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

STAFF & OTHER ATTENDEES PRESENT	REPRESENTING
Liz Atkins	Georgia Trauma Commission
Gabriela Saye	Georgia Trauma Commission
Gina Solomon	Georgia Trauma Commission
Crystal Shelnutt via Zoom	Georgia Trauma Commission
Kristin Spires via Zoom	R10 RTAC, EMS Education
Tim Boone via Zoom	AVLS Coordinator
Matt Perry	Wellstar Health System, Director of Ambulance Services
Brian Dorriety	R7 RTAC
Chris Rockwell	Gold Corss EMS, Director of Training
Lanier Swafford	Region 2 OEMT&T Director

CALLED AGENDA ITEMS

CALL TO ORDER

Vice Chair Lee Oliver called the meeting to order in the absence of Chair Courtney Terwilliger, who was unable to attend due to illness. Vice Chair Oliver welcomed committee members and explained that he would preside over the meeting.

ROLL CALL

A roll call of committee members was conducted. During the initial attendance, six of the thirteen committee members were present, which did not constitute a quorum. Members were advised that an additional committee member was expected to join the meeting shortly.

Because a quorum was not yet present, the Committee was unable to conduct official business or take formal action. At the recommendation of Executive Director Liz Atkins, the agenda was temporarily modified to accommodate a scheduled presentation by representatives of the Southwest Texas Regional Advisory Council (STRAC), who had time-sensitive scheduling constraints. The Committee agreed to receive the informational presentation while awaiting the establishment of a quorum.

STRAC PRESENTATION- PREHOSPITAL WHOLE BLOOD PORTAL

Presented By Southwest Texas Regional Advisory Council

Liz introduced the STRAC team and thanked them for joining the meeting. She provided background on how the presentation came before the Committee. While attending the Trauma Center Association of America conference, she learned of STRAC's development of a statewide prehospital whole blood registry and immediately recognized its potential value to Georgia's growing prehospital blood program. Following discussions with national leaders in prehospital whole blood, she connected with Eric Epley, Executive Director and CEO of STRAC, to learn more about the project and explore whether Georgia could benefit from participating in its continued development. She explained that the concept was modeled after the CARES cardiac arrest registry, in which both prehospital agencies and hospitals contribute data to a shared platform that facilitates patient outcome tracking, performance improvement, and system-wide quality improvement. She emphasized that the project remained in its developmental stages and that the purpose of the presentation was to introduce the Committee to the concept and determine whether it represented an opportunity worth pursuing for Georgia.

Overview of STRAC's Regional Whole Blood Program

Eric Epley provided an overview of STRAC and its regional trauma system.

STRAC serves a 22-county region surrounding San Antonio, Texas, encompassing approximately 26,000 square miles and coordinating trauma, EMS, cardiac, and stroke systems across more than seventy EMS agencies and over sixty hospitals. Mr. Epley reviewed the evolution of STRAC's prehospital whole blood program, noting that field deployment began in 2018 with helicopter EMS before expanding to ground EMS agencies. The regional program has steadily grown and now supports approximately seventy units of whole blood deployed throughout the region on helicopters and supervisor vehicles.

A significant emphasis of the presentation centered on stewardship of the blood supply. STRAC utilizes an organized rotation process between EMS agencies, blood providers, and trauma centers that has resulted in less than a two-percent wastage rate despite maintaining large numbers of deployable blood products. Blood units are routinely rotated from field units back to trauma centers before expiration, maximizing utilization while minimizing waste.

Development of the Blood Portal

Mr. Epley explained that the operational complexity of managing hundreds of blood rotations led STRAC to develop a comprehensive software platform known as the Blood Logistics, Operations and Outcomes Data (BLOOD) Portal**.** Rather than functioning solely as a registry, the system was intentionally designed as an operational management platform supporting the complete lifecycle of prehospital whole blood administration. The platform was developed internally by STRAC's information technology staff and leverages the organization's existing expertise in EMS software development, emergency communications, trauma registries, and statewide data management. The program has matured through years of operational

use and has processed approximately 9,000 units of whole blood while documenting roughly 3,500 field administrations. Mr. Epley further explained that Texas recently appropriated $10 million to expand prehospital whole blood statewide and designated STRAC as the statewide data steward for the initiative, placing the organization in a leadership role for development of operational standards and statewide data collection.

Operational Workflow

The presentation included a live demonstration of the BLOOD Portal and its associated inventory application. Committee members observed how EMS personnel receive blood products through a mobile web application that requires scanning of blood bag identifiers, documenting receipt, recording inventory checks, and monitoring expiration dates. Daily inventory verification provides agency leadership confidence that blood products remain available, appropriately stored, and properly rotated. Should a unit become unusable because of temperature excursion, physical damage, or another event, the application requires documentation of the reason and supporting narrative, allowing regional quality improvement committees to evaluate equipment or operational issues. When blood is administered to a patient, the application automatically creates a case within the BLOOD Portal and begins a coordinated workflow involving EMS personnel, EMS medical directors, hospital blood banks, pathologists, and trauma performance improvement personnel.

Integration of Performance Improvement

Following field administration of blood products, automated notifications are generated for EMS agency leadership, medical directors, hospital blood banks, and pathology personnel. Required documentation, emergency release forms, acknowledgments, and quality assurance reviews are completed electronically within a single case record. The system also captures hospital outcome information, allowing EMS agencies to receive meaningful patient follow-up that has historically been difficult to obtain. Hospital staff complete standardized outcome fields documenting subsequent blood administration, emergency department findings, patient disposition, and clinical outcomes. Once hospital documentation is completed, EMS medical directors and clinical supervisors receive automated notifications allowing them to complete structured performance improvement reviews using pre-populated clinical information. This creates a comprehensive quality-improvement record that links EMS care to definitive hospital outcomes while substantially reducing duplicate documentation. Mr. Epley noted that participating hospitals have reported the documentation burden to be manageable, generally requiring less than ten minutes per patient after initial familiarization with the system.

Discussion

Committee members discussed the potential applicability of the BLOOD Portal to Georgia's expanding prehospital whole blood initiative. Discussion focused on the value of developing standardized statewide data collection, improving communication between EMS agencies and receiving hospitals, strengthening performance improvement activities, reducing blood product waste, and obtaining meaningful patient outcome information following field transfusion. Members recognized that many EMS agencies currently maintain local documentation processes but agreed that a unified platform could significantly improve statewide quality improvement efforts as Georgia's prehospital blood program continues to expand.

MINUTES APPROVAL

Presented by Lee Oliver

Following completion of the STRAC presentation, it was noted that two members had joined the meeting via Zoom proving a quarum. Lee ensured evryon ehad received the minutes, a motion was made for their approval.

MOTION GTCNC EMS COMMITTEE 2026-07-01:
Motion to approve the April 9, 2026, meeting minutes as presented.

MOTION BY: Jeff Adams
SECOND BY: Terry Cobb
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

AVLS UPDATE

Presented By Dr. Tim Boone

Dr. Boone presented the quarterly update on the Georgia Trauma Commission's Automatic Vehicle Location System (AVLS) program **(ATTACHMENT A).** As part of the quarterly report, he reviewed year-end program metrics and highlighted ongoing operational activities supporting the statewide AVLS network. During the reporting period, approximately 100 new or replacement AVLS units were installed. He also reviewed the technical support provided to participating EMS agencies, including coordination with equipment vendors and cellular service providers to address connectivity issues, equipment replacements, and routine operational needs. Dr. Boone reported that support requests remained consistent with previous reporting periods and that no significant operational concerns had been identified.

Dr. Boone reviewed current utilization statistics for the AVLS fleet, including the number of active units deployed throughout the state compared to the total number of installed devices. He noted that overall utilization remained stable, with inactive units largely attributable to normal fleet turnover, agency vehicle replacements, or temporary equipment issues rather than systemic program deficiencies. The program continues to provide reliable statewide vehicle-location capabilities while supporting EMS operations and emergency-response coordination.

Committee members briefly discussed inactive units and routine maintenance activities. Dr. Boone explained that program staff continues to work directly with participating agencies to troubleshoot equipment issues, coordinate replacements, and return eligible units to service as needed. Overall, the AVLS program remains operationally stable, and no issues requiring Committee action were identified during this reporting period.

GTC EDUCATIONAL UPDATE

Presented By Crystal Shelnutt

Crystal Shelnutt provided the quarterly update on the Georgia Trauma Commission's EMS Education Program, highlighting continued expansion of statewide educational initiatives, strong participation in recently launched programs, and several policy items requiring Committee guidance. She reported that implementation of the Commission's revised education portfolio has continued successfully, with strong engagement from EMS agencies, educational institutions, and regional partners across Georgia. The update included progress on the Initial Education Grant Program, NAEMT, and other continuing education grant opportunities, mobile trauma simulation deployments, EMS leadership development initiatives, cadaver-based education programs, and future program development. Crystal noted that participation and stakeholder engagement remain strong across these initiatives as the Commission continues to expand access to high-quality trauma education and professional development opportunities throughout Georgia.

Crystal reported that the Commission's Applied Anatomy and Cadaver Laboratory Program continued to demonstrate exceptional demand and overwhelmingly positive participant feedback. At the time of the meeting, staff were conducting a cadaver laboratory at Southeastern Technical College in Vidalia, where approximately 100 to 110 students were expected to participate over the course of the week. She recognized the outstanding partnership and support provided by the host institution and instructional faculty and noted that the program continues to receive exceptional evaluations from participants across the state.

She further advised that standardized post-course evaluation data is now being collected from participants across all Georgia Trauma Commission educational programs. These evaluations assess participant confidence, satisfaction, and knowledge related to critical trauma topics, including airway management, hemorrhage control, and other high-risk clinical skills. The evaluation process allows the education team to identify educational gaps, evaluate program effectiveness, and provide targeted educational resources when appropriate, supporting continuous quality improvement across the Commission's educational initiatives.

Crystal also reported significant demand for upcoming cadaver laboratory offerings. Registration for the next course, scheduled in Region 3, reached capacity within approximately 12 hours of opening, with only a limited number of paramedic student seats remaining. She noted that the rapid registration demonstrates a continued statewide demand for advanced hands-on trauma education and suggested that expanding the number of cadaver laboratory offerings in future years may warrant consideration as the program continues to grow.

Crystal next requested Committee guidance regarding the administration of the Initial Education Grant Program. During the implementation of the revised funding model, questions arose concerning the eligibility of non-transporting 911 fire agencies. Historically, Georgia Trauma Commission funding had supported both transporting EMS agencies and qualifying non-transporting fire departments that provide emergency medical response. However, the current grant language referencing "Zone 911 EMS providers" created uncertainty regarding continued eligibility. She explained that the request was intended to clarify existing practice rather than expand eligibility beyond emergency medical services and emphasized that the grants are designed to support EMS workforce development throughout the state.

Committee members discussed the historical administration of the program and agreed that maintaining the existing approach would provide consistency while allowing staff to continue evaluating participation and future program needs.

MOTION GTCNC EMS COMMITTEE 2026-07-02:
Motion to continue the current practice of allowing qualifying non-transporting 911 fire agencies to participate in the Initial Education Grant Program for the remainder of the fiscal year.
MOTION BY: Terry Cobb
SECOND BY: Jeff Adams
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

MOTION GTCNC EMS COMMITTEE 2026-07-03:
Motion to allow the RTACs to apply for NAEMT grants for regional courses.
MOTION BY: Terry Cobb
SECOND BY: Huey Atkins

VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

Crystal presented a proposal to expand the Georgia Trauma Commission's cadaver education portfolio through the development of a dedicated Applied Airway Cadaver Laboratory Program for Georgia paramedic students. She explained that feedback from paramedic program directors across the state consistently identified increasing difficulty in securing hospital operating room experiences required for students to complete live tissue intubation requirements. In response, staff collaborated with Experience Anatomy to develop a mobile airway-focused cadaver laboratory designed specifically to supplement paramedic education by providing hands-on experience in live tissue intubation, needle decompression, and other advanced airway procedures immediately prior to students entering clinical practice.

The proposed program would use Experience Anatomy personnel, equipment, and specimens, along with a self-contained refrigerated training trailer, to deliver training at regional host sites throughout Georgia. Participating paramedic programs would schedule students in approximately 90-minute instructional sessions, allowing broad access while minimizing travel requirements. Crystal estimated the cost of each statewide deployment at approximately $30,000 and recommended offering the program twice annually, for a total annual cost of around $60,000, utilizing funds already encumbered within the existing Experience Anatomy contract. She further advised that staff would continue working with Georgia paramedic program directors to determine optimal scheduling, regional locations, and anticipated participation as the program is implemented.

MOTION GTCNC EMS COMMITTEE 2026-07-03:
Motion to approve the development and implementation of an airway program for Georgia Paramedic students using Experienced Anatomy, providing a mobile lab.
MOTION BY: Terry Cobb
SECOND BY: Jeff Adams
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

EMS EQUIPMENT GRANT
Presented By Lee Oliver

On behalf of the EMS Equipment Grant Subcommittee, Lee Oliver presented the annual recommendations for the FY equipment grant program **(Attachment B).** He reported that the subcommittee had completed its annual review of funding allocations and the approved equipment list and was bringing several recommendations to the Committee's consideration.

Lee reviewed the subcommittee's recommendation to increase the minimum equipment grant allocation for eligible EMS agencies from $10,000 to $12,000. He explained that the recommendation was made possible by increased program funding and would provide additional support to smaller agencies that do not meet the ambulance volume threshold used in the standard funding formula. Terry Cobb noted that despite raising the funding floor, larger agencies would continue to receive higher per-ambulance allocations than the previous year. Lee reminded the Committee that both the minimum allocation and per-unit funding amounts are recalculated annually based on the total equipment grant appropriation approved by the GTC and should not be viewed as permanent funding levels.

MOTION GTCNC EMS COMMITTEE 2026-07-04:
Motion to increase the funding minimum for equipment grants to $12,000.

MOTION BY: EMS Equipment Grant workgroup
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

Lee next presented the subcommittee's annual recommendations for revisions to the approved equipment list. He explained that the subcommittee has continued its effort to refine the list to focus on equipment that directly supports trauma care while maintaining a process for agencies to request consideration of specialized equipment on a case-by-case basis. The subcommittee recommended adding the Meret Omni Pro X jump bag, a specialized titanium ring cutter, FLEX1 CPR manikins, and BLS instructor packages to the standard approved equipment list. The recommendations also included removing several items that were determined to no longer align with current program priorities.

During the discussion, Duane Montgomery (Region 7) requested that the Committee consider a future presentation on the use of body-worn cameras as a training and quality-improvement tool. He advised that two EMS agencies within Region 7 are currently using body cameras to enhance education and improve trauma care, and expressed interest in demonstrating their use to the Committee. Lee noted that a similar request had been considered previously but not approved, and indicated that he would discuss it with Chair Courtney Terwilliger for possible inclusion on a future meeting agenda.

MOTION GTCNC EMS COMMITTEE 2026-07-05:
Motion to approve the updated grant-eligible equipment list to reflect special request approvals from last fiscal year and to remove disposables and other items not aligned with grant intent.

MOTION BY: EMS Equipment Grant workgroup
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

RTAC MEETING ATTENDANCE REQUIREMENT
Presented By Lee Oliver

Lee presented a discussion item regarding the Regional Trauma Advisory Council (RTAC) meeting attendance requirement for EMS agencies seeking eligibility for the Georgia Trauma Commission EMS Equipment Grant Program. He explained that current policy requires agencies to attend at least 50% of their regional RTAC meetings each year to remain eligible for equipment grant funding. During implementation of the program, questions arose regarding consistency across regions, as nine of the ten RTACs currently offer both in-person and virtual meeting participation, while one region conducts meetings exclusively in person.

The Committee discussed the importance of providing equitable access to RTAC participation for EMS agencies across the state, particularly those representing small or rural services with limited staffing resources and significant travel distances. Members acknowledged the value of in-person collaboration while also recognizing that virtual attendance has become an effective means of maintaining engagement and participation, particularly following the increased adoption of virtual meeting technology in recent years. Several members noted that requiring agencies to travel long distances for every meeting could create unintended barriers to participation and equipment grant eligibility.

Following the discussion, the Committee agreed that each RTAC should provide both an in-person meeting option and a virtual attendance option to ensure consistent statewide access while preserving members' ability to participate face-to-face when practical. The Committee considered, but did not adopt, a requirement that agencies attend at least one meeting in person annually, concluding that such a requirement could place an unnecessary burden on some EMS agencies.

MOTION GTCNC EMS COMMITTEE 2026-07-06:
Motion to require all RTACs to provide virtual and in-person attendance options for regularly scheduled meetings.

MOTION BY: John Smith
SECOND BY: Jeff Adams
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

BLOOD UTILIZATION COMMITTEE
Presented By Lee Oliver

Lee provided an update on the status of the Prehospital Blood Committee. He noted that the committee has not met recently due to the absence of an active chair and discussed the need to reestablish the committee to continue advancing the Georgia Trauma Commission's prehospital blood initiatives. Committee members reviewed the committee's original purpose, including developing statewide prehospital blood programs, increasing awareness of whole-blood utilization, establishing grant processes, and supporting the standardization of prehospital blood practices across Georgia.

Discussion also focused on the Commission's existing $500,000 allocation for prehospital blood initiatives. Members noted that while funding remains available, a formal application and grant administration process has not yet been developed, preventing agencies from accessing the funds. Committee members emphasized the importance of reactivating the committee to establish grant criteria, oversee implementation of the funding program, and continue supporting both new and existing prehospital blood programs throughout the state. Crystal Shelnutt advised that staff had already completed significant work toward developing a program framework and implementation process. Several members expressed interest in serving on or assisting with the reconstituted committee.

Building on the earlier presentation from the Southwest Texas Regional Advisory Council (STRAC), Liz requested the Committee's support in notifying STRAC of Georgia's interest in serving as an early implementation partner for the BLOOD Portal and in identifying a small number of Georgia EMS agencies to particiate in a pilot implementation. Committee members agreed that participation would provide valuable insight as Georgia continues to expand its statewide prehospital blood program.

MOTION GTCNC EMS COMMITTEE 2026-07-07:
Motion to express the GTC EMS Committee's interest in serving as an early implementation partner for the STRAC BLOOD Portal and to explore participation in a pilot implementation with selected Georgia EMS agencies.

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

Crystal provided an update on the EMS Instructor Development Workgroup. Building on the success of the recent Cadaver Instructor Course held in Athens, she reported that participants expressed a strong interest in additional in-person instructor development opportunities. Staff have begun exploring the development of regional instructor workshops for currently licensed EMS instructors that would focus on instructional best practices, facilitated discussions, and peer learning.

Crystal also updated the Committee on the development of an EMS instructor resource toolkit. As the workgroup evaluated the project, members determined that many instructional resources already exist through textbook publishers. Rather than duplicating those materials, the workgroup plans to focus on helping instructors effectively utilize existing educational resources and teaching tools while continuing to identify additional opportunities to support EMS instructor development statewide.

Liz Atkins provided an update on the transition of the former Rural Hospital Readiness initiative to the Augusta University Rural Trauma Simulation (RITS) Program. She reported that the program has successfully completed multiple pilot events and continues to expand its reach to rural hospitals throughout Georgia. The multidisciplinary training model brings together rural emergency physicians, advanced practice providers, nurses, and EMS personnel to strengthen trauma care capabilities and improve coordination between rural facilities and higher-level trauma centers.

Liz highlighted the program's growing national recognition, noting that it has generated multiple research abstracts and manuscripts while attracting additional funding beyond the Georgia Trauma Commission. Support from the State Office of Rural Health and other partners is expected to provide sustainable funding for at least the next five years. She also recognized the leadership of Dr. Erica Simmerman-Maves and Augusta University for their continued partnership and commitment to improving trauma care in rural Georgia.

No additional new business was brought before the Committee.

Lee announced that the next EMS Committee meeting would be held on October 8, with discussion expected to include special EMS Equipment Grant requests and other business as determined by the Committee Chair.

MOTION GTCNC EMS COMMITTEE 2026-07-08:
Motion to adjourn.

MOTION BY: Terry Cobb
SECOND BY: Jeff Adams
VOTING: All members are in favor of the motion.
ACTION: The motion ***PASSED*** with no objections.

Minutes by C. Shelnutt