

APPROVED
07.21.22



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission EMS Committee

Meeting Minutes

April 21, 2022

Hybrid Meeting

T-Mobile Innovation Lab/Zoom

Recording: <https://youtu.be/9B8KnRZ8-wc>

Attachments: trauma.ga.gov

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair, GTC Member	Marty Robinson, Region One
Chad Black, Region Two	Pete Quinones, Region Three
Sam Polk, Region Four (via Zoom)	Blake Thompson, Region Six
Lee Oliver, Region Five	Dr. James Smith, GTC Member
Duane Montgomery, Region Seven (via Zoom)	
David Edwards, Region Eight (via Zoom)	
Vic Drawdy, Region Nine (via Zoom)	
Huey Atkins, Region Ten	
Jim Adkins, GTC Member	

OTHERS PRESENT	REPRESENTING
Elizabeth V. Atkins	Georgia Trauma Commission, Executive Director
Katie Hamilton	Georgia Trauma Commission, Staff
Gabriela Saye	Georgia Trauma Commission, Staff
Regina Medeiros	Georgia Trauma Commission, Secretary/Treasurer
Kelly Joiner	State Office of EMS & Trauma
Richard Rhodes	State Office of EMS & Trauma
Jeffrey Adams	Region 2
Cathy White	GEMSA
Keith White	GEMSA
Dr. Tim Boone	AVLS
Brian Dorriety	RTAC 7
Farrah Parker	RTAC 6

STANDING AGENDA ITEMS

CALL TO ORDER

Courtney Terwillifer called the meeting to order at 10:04 AM on Thursday, April 21, 2022, with nine of thirteen members present.

APPROVAL OF JANUARY 20, 2022, AND APRIL 6, 2022 MEETING MINUTES

MOTION GTCNC EMS COMMITTEE 2022-04-03:

Motion to approve January 20, 2022, and April 6, 2022 meeting minutes as submitted

MOTION BY: Vic Drawdy

SECOND BY: Chad Black

VOTING: All members are in favor of the motion.

ACTION: The motion PASSED with no objections nor abstentions

GTC UPDATES

Liz Atkins gave a couple of updates within the Georgia Trauma Commission:

- Budget Updates
 - Next week we will have a called Commission meeting to approve the FY 2023 budget. We will be allocated the full 21 million Super Speeder funds so that will bump up the EMS allotment.
- Level III/IV Cost Survey
 - We finished the readiness cost survey and now have good data on what it costs to be a level III and IV center. We will likely be able to initiate startup grants to stand-up Level III/IV centers.
- Region 2 EMS Representative
 - Chad Black introduced Jeffrey Adams as the new EMS Committee representative for region 2
- ACS Rural Focused Trauma System Consultation
 - We have an approved Rural Focused Trauma System Consultation pilot, which we hope will happen in the fall. We have a meeting with them on Friday to talk about what the framework looks like and what kind of questions we want to be answered. We have already submitted some questions, but they want some more dialogue with us to figure out what the team composition will look like.
- Risk-adjusted Benchmarking
 - We have contracted to get our own statewide risk-adjusted benchmarking platform that will reach down to Level IV centers. This will help us figure out what resuscitation looks like throughout the state and what we can potentially fix. It has been a slow process due to security assessments and now we have lawyers involved to review peer review policies. We are going to apply to be a certified Patient Safety Organization as part of the Agency for Healthcare Research and Quality.
- Time to Definitive Care
 - Previously, we discussed that we have 75% of the data to determine the time from ditch to

door. However, we have only 16% of the data for patients that arrive at a referring facility first and then transferred to definitive care. When we are looking at those cases, it is taking 5-7 hours to get to definitive care and we have no idea of what some of those barriers are. The more data we get, the more we can figure out if we are doing a good job or where to intervene.

Courtney Terwilliger asked if the ACS Rural-Focused Visit will visit the rural centers or look at our system from a global standpoint. Liz answered that it will be from a global perspective. We want to do this before the full ACS trauma system consult, which is similar to what the Commission underwent in 2008. We do need the NITSA EMS system evaluation before they come to do the full system consult so the college doesn't have to focus all their time on the EMS system and just look at NITSA's recommendations. We also have the Pennsylvania Trauma System Foundation coming down in October to do all the Level IV consults. We don't want to have the rural-focused visit during the Level IV consult time.

Lee Oliver asked if the hospital referral patterns stand out in the data we are analyzing for time to definitive care. Liz Atkins stated we are still doing case-by-case until the database migration is complete. We are not at that analysis level yet. Once we have more data, we can create reference ranges.

Lee Oliver asked if we have the data for patients being transferred to undesignated centers. Liz Atkins answered that we are currently utilizing trauma registry data, which is utilized by designated centers. With the bulk funds we will receive for FY 2023, we may be able to offer undesignated centers equipment grants to aid in trauma quality care and allot funds to entice them to collect data. It would be interesting to see if there is a difference when you go to a designated center versus a non-designated center.

AVLS PROGRAM UPDATE

Tim Boone referenced the report submitted to the committee members yesterday (ATTACHMENT A).

- Support Deliverables
 - I listed the kind of things I've been doing with the various agencies in terms of deliverables.
- Total Unit Usage
 - 1130/1396, 81% active
 - Statewide coverage by region, percentage of trucks that have active AVLS versus the total number. Trucks may not be online for a variety of reasons such as maintenance, IT support, or turnover.
 - Quick Reference Guide that is sent out with tips was last updated in June and will be updated again this summer.
 - Lee Oliver asked if there was any improvement since the last meeting. Tim Boone answered that there has been some improvement and has enlisted the help of RTAC Coordinators to assist in problem areas.
- Spreadsheet
 - Overall Summary
 - Organized by Region and then Agency
 - Lee Oliver asked if any help is needed in a particular region. Tim Boone stated it's on a case-by-case basis, but having the RTAC Coordinators involved has helped in bridging the current contacts gap.
- Airtime Log Paid by GTCNC
 - Verizon: 550 units-unlimited
 - ATT&T FirstNet: 164 units-unlimited
 - T-Mobile: 100 units-unlimited
 - Southern Linc: 433 units-unlimited

- 1247 units out of 1396
- New Leader Orientation Videos
 - Stewart County
 - Pierce County
- YTD AVLS Gateways Purchased
 - We have not purchased any gateways this year. We sent the last five FY2021 purchased units out for delivery last month. Now, we have a new purchase order for about \$25,000 to carry us through the rest of this fiscal year.
- AVLS System Administration
 - We covered this at the budget meeting, but this is a recap of equipment requests going forward for this coming year.

Huey Atkins asked when looking at these devices can you tell if they are moving or not. Tim Boone answered yes, every month I get a report from carriers of how many are inactive. If they have been inactive for 60 days, I suspend them for 90 days. If they are still not active within the 90 days, they get deactivated. I can turn them back on if an agency calls me.

Tim Boone added that AMM shows the point a truck leaves, arrives at the scene, and arrival at the point of care. The data could be downloaded from Sierra Wireless to a repository for research. Liz Atkins stated a barrier is drilling down on who are trauma patients. Once we receive the next NEMSIS 3.5 version, the elements will be clearer and have the Universally Unique Identifiers (UUID), which can be used across multiple platforms to link data sets.

Sam Polk added you can create zones with the AVLS system and see how long our trucks are outside the county or around a certain hospital. It helps you obtain information about the need in your system for units, personnel, etc. Tim Boone recommended working together with Sam to develop a guide to provide agencies with how to create zones.

GEMSA UPDATE

Cathy White presented on behalf of Kim Littleton and referenced the report submitted to the committee members (ATTACHMENT B). We sent you all a heat map report of the education that we are doing. As of April 9, 2022, we're over 50,000 contact hours. Cathy reviewed each heat map which includes the zip codes of where students are coming from to attend each course.

Courtney Terwilliger referenced EMR/EMT Courses on page 5 and asked the percentage was between EMR versus EMT courses. Cathy stated she would have to get back to Courtney on the final number, but guessed around half and half. Liz Atkins added per the last quarter invoice, it appears out of the 10 classes submitted, 7 were EMR, and 3 were EMT.

Lee Oliver asked for clarification on the legend of the maps. Cathy answered she pulled the student's home or work zip codes and the colors represent the number of students coming from those areas.

Lee Oliver asked if there is a total number of students you started and completed within this period? Cathy stated they did not have it at this time, but can provide the number at future meetings.

A lengthy discussion around the pass rate of the courses ensued. Students can pass the course, but may not pass the boards. Students can sign up to take the class to serve the community and choose not to apply for the license. The maps only include the students that start and graduate from the class. The only people who would know if the student takes their state license would be the program coordinator

or instructor. We could potentially be funding classes that have a poor pass rate and poor conversions to the state license. The state completion rate for all classes is 70%. The pass rate for the registry is around 75%. We are 2-3 percentage points below the national average. In some cases, students can pass the registry and may go straight into advanced EMT. If we have an underperforming area, we need a remediation plan. We need to start thinking of what data elements and metrics we want to consider and track to ensure we have a good return on investment or if we need to ask for more funding. Maybe we get to the point where we start funding a minimal two EMT classes and one paramedic class program for every region.

Lee Oliver asked if GEMSA, with the help of OEMST, could provide a map if an area is above or below the standard pass rate, 70%. If at or above, it could be green, if below it could be red. Cathy mentioned the maps are currently configured to zip codes so they will need to find a way to provide that request. Richard Rhodes stated that if Cathy provides them with a list of courses, he can provide a report on each one.

MOTION GTCNC EMS COMMITTEE 2022-04-04:

I make the motion to have GEMSA create a color-coded map with pass/fail rates based on the 70% pass rate on the registry for classes conducted in the fiscal year 2021.

MOTION BY: Lee Oliver

SECOND BY: Huey Atkins

VOTING: All members are in favor of the motion.

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

Cathy White continued with the presentation of classes conducted by GEMSA. Vic Drawdy thanked Cathy and GEMSA for all their hard work in providing the heat maps for the Committee.

EMS FUNDING

FY2022 and AFY2022 have been adjudicated on the last call. The information on the equipment grant has gone out. We will review special equipment requests under new business. The Trauma Commission has not voted on the FY2023 Budget but will have a called meeting to approve next Thursday. At that point, we will know how much money the EMS Committee will be allocated. As a reminder, in the past, we have always had an FY and AFY budget. This year, we will be getting the full budget upfront so we will have to consider that when we are looking at how we will spend the funds. I would like to have a called meeting before our next meeting in July to spend a day reviewing our upcoming budget.

Tim Boone asked if we would still have to go through the procurement system with the FY 23 budget or will it be faster since we have the trauma trust fund? Liz Atkins stated we will still follow the same procurement processes. It does make it harder, but it's intended to be that way. They are not in a hurry to get things done, but it's out of our hands.

Courtney Terwilliger added another thing we need to discuss is the EMS equipment grants funding general transport vehicles. We have had discussions about this in the past, but we need to figure out a solution at our next meeting. For example, we can come up with an algorithm that says you've got three ambulances, you can have two spares, and then come up with that fraction. Another option is, that we can come up with a competitive grant where agencies advocate for funds and the Committee decides to approve or not. We are not getting the ambulance numbers from the service, the direct regional coordinator gave that number based on what's on the license plate. Who is going to go look at every 9-1-1 contract in this

state to determine the accuracy of what we are receiving?

Kelly Joiner added you do have agencies that are in counties where they're not the 911 provider so those vehicles were taken out of their totals. However, they could be the 911 provider, but still have general transport in the same county. Cathy White stated when she was doing it, I would contact the regional directors and ask them specifically how many 911 trucks are you running in your area. Non-transport or non-emergency were not included. When I was in Dekalb, we had 15 trucks and 10 spares, but only the 15 trucks counted.

Regina Medeiros asked for clarification on how to determine if a licensed ambulance to provide 9-1-1 services is being used for something else. Courtney Terwilliger clarified that there are no such things as a 9-1-1 licensed ambulance, only a licensed ambulance. If it's a zone provider and they have X number of ambulances based in that county and 12 of them do 9-1-1 and another 14 of them do hospital to hospital or nursing home, it appears all of those ambulances were counted for the grant.

Courtney Terwilliger raised another concern that we don't know how many times somebody sits in a rural ER with critical trauma because the local ambulance service says we're not going to do it. After all, our rule says we have to have one ambulance in the county available at all times. A lot of county governments sign contracts with ambulance companies that they have to have X number of ambulances in the county. The reason for it is because services that take in their county ambulances across to another county to a non-emergency run. We need the zoning laws rules to say the 911 provider is responsible for those calls.

OLD BUSINESS

LEARNING MANAGEMENT SYSTEM UPDATE

C. Terwilliger stated there are no updates at this time

MARCH PAWS RURAL TRAUMA INITIATIVE

We have completed the draft PowerPoint for MARCH PAWS. Dr. Register and Dr. Patterson have been involved in supporting the facilitation of the course. The goal is to get as much of it online and facilitate train-the-trainer courses to have local champions for skills checkoffs. We hope to have enough funds to complete more pilot courses.

Chad Black brought up a request to add blood products to the approved EMS equipment list: cooling devices, temperature monitoring devices, and administration sets. Liz Atkins advised waiting until all special requests are discussed before voting to approve.

NEW BUSINESS

EMS EQUIPMENT GRANTS REQUESTS

Katie Hamilton presented the EMS equipment grants process and special requests submitted by agencies for equipment not currently on the approved equipment list (ATTACHMENT C).

One of the first items for discussion was initiating licensed and in-Service ambulance cut-off dates for the grants(slides 3-6). The committee reviewed the deadline request for in-service 911 ambulances for the grant process. The committee recommended switching the FY cut-off date from January 1st to July 1st and the AFY grant date from July 1st to January 1st. The recommendation was accepted and will instill cutoff dates in the next rollout of grants.

MOTION BY: GEORGIA TRAUMA COMMISSION STAFF

MOTION GTCNC EMS COMMITTEE 2022-04-05:

Motion to add deadline for in-service 911 ambulance grant applicants. The FY Grant cut-off date will be January 1st. The AFY grant cut-off date will be July 1st.

AMENDMENT TO MOTION EMS COMMITTEE 2022-04-05:

Motion to amend by switching cut-off dates of FY and AFY grants. The FY Grants cut-off date will be July 1st. AFY Grant cut-off date will be January 1st.

VOTING: All members are in favor of the amended motion

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

ORIGINAL MOTION EMS COMMITTEE 2022-04-05:

VOTING: All members are in favor of the motion

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

Next, the Committee members reviewed each equipment item (slide 8) and Courtney Terwilliger asked for a motion to approve all requests. There were no motions or seconds, therefore each item was voted on separately.

MOTION GTCNC EMS COMMITTEE 2022-04-06:

Motion to approve all iPad and tablet requests from 1) Coweta County Fire Rescue 2) Union County EMS 3) Fannin County

MOTION BY: Sam Polk

SECOND BY: Vic Drawdy

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2022-04-07:

Motion to approve IV warmer request from South Georgia Medical Center EMS

MOTION BY: Lee Oliver

SECOND BY: Chad Black

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2022-04-08:

Motion to approve Motorola Minitor VI Pagers for Turner County EMS

MOTION BY: Duane Montgomery

SECOND BY: Chad Black

VOTING: All members are in favor of the motion.

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

MOTION GTCNC EMS COMMITTEE 2022-04-09:

Motion to approve Thermal Imaging Cameras request from Burke County EMS

MOTION TO TABLE GTCNC EMS COMMITTEE 2022-04-09:

Motion to table approval until more details are provided from the county on the current access of thermal imaging from the Fire Department.

MOTION BY: Chad Black

SECOND BY: Sam Polk

VOTING: The ayes have the motion.

ACTION: The motion **TABLED** with no objections and one abstention

MOTION GTCNC EMS COMMITTEE 2022-04-10:

Motion to approve Driving Simulator for Metro Atlanta Ambulance Service

MOTION BY: Huey Atkins

SECOND BY: Chad Black

VOTING: The ayes have the motion

ACTION: The motion **PASSED** with no objections and one abstention

MOTION GTCNC EMS COMMITTEE 2022-04-11:

Motion to add blood cooling devices, temperature monitor products, administration sets, and warming tubing to the approved equipment list

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

Lee Oliver asked for a follow-up on the blood product training. Chad Black suggested presenting the blood product protocol at the next meeting.

AVLS OPEN ENROLLMENT

We have agencies constantly changing AVLS services, which causes some financial planning barriers. Katie has to encumber a certain amount of funds to each AVLS vendor and it's hard to predict the final cost with agencies swapping at will. Moving forward, we will be promoting an open enrollment period to have agencies enlist in an AVLS service. We will look at enrollment months in January-February and after that period of enrollment, you stick with that AVLS service until the next enrollment period or can switch beforehand and payout of your own money. There is no motion needed since this is just a procedure change.

Courtney Terwilliger ended the meeting with a handout (ATTACHMENT D). If you want to be involved in the

Southern Regional Disaster Response System, please let him know.

SUMMARY OF ACTION ITEMS & ADJOURNMENT

- Tim Boone and Sam Polk to work together to develop a guide to provide agencies on how to create AVLS zones.
- The Committee requests GEMSA create a color-coded map with pass/fail rates based on the 70% pass rate on the registry for classes conducted in the fiscal year 2021.
- Added deadline for in-service 911 ambulances grant applicants. The FY Grants, the cut-off date will be July 1st. The AFY Grant, the cut-off date will be January 1st.
- Reviewed and approved all special requests for EMS Equipment grants with exception of the Thermal Imaging request from Burke County. Burke county request tabled until more information is given.
- AVLS open enrollment will take place January-February. Agencies will have to stick with the service they choose until the next enrollment period.
- Called meeting to be scheduled before July to discuss the FY23 Budget.
- Items to be added at the next quarterly meeting:
 - EMS Equipment Grant funding general transport vehicles
 - Local ambulances refusing pick-ups at rural ERs
 - Blood product protocol presentation

MOTION GTCNC EMS COMMITTEE 2022-04-12:
I make the motion to adjourn the meeting.

MOTION BY: Lee Oliver

SECOND BY: Huey Atkins

VOTING: All members are in favor of the motion.

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

The meeting adjourned at noon.

Minutes by G. Saye