Please

TYPE QUESTIONS IN THE CHAT BOX
MUTE YOUR LINES

NOTE

This operational WebEx/call is for EMS agencies and EMS educational programs only.

If you are a member of the media or the general public, you are asked to disconnect from this WebEx/call immediately.
Agenda

- Epidemiology Report
- OPB Presentation
- SAO Presentation
- EMS Updates
- Upcoming meetings
- Questions
COVID-19 Epidemiology Report

Epidemiology Report – Dr. Cherie Drenzek – graphs as of 10/07/2021

Confirmed Cases | Confirmed Deaths | Hospitalizations | ICU Admissions
--- | --- | --- | ---
1,238,404 | 23,236 | 82,365 | 13,011

Antigen Positive Cases | Probable Deaths
--- | ---
360,989 | 3,775

COVID-19 Testing

<table>
<thead>
<tr>
<th></th>
<th>Total PCR/Molecular</th>
<th>PCR/Molecular Reported Today</th>
<th>Total Antigen</th>
<th>Total Antibody (serology)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Tests</td>
<td>11,811,075</td>
<td>48,365</td>
<td>3,410,325</td>
<td>641,015</td>
</tr>
<tr>
<td>Number of Positive Tests</td>
<td>1,241,942</td>
<td>3,877</td>
<td>321,685</td>
<td>165,599</td>
</tr>
<tr>
<td>% Positive</td>
<td>10.5%</td>
<td>8.0%</td>
<td>9.4%</td>
<td>25.8%</td>
</tr>
</tbody>
</table>
Cases Over Time (By date of report)

Confirmed Deaths by Date of Report
Reported cases per 100,000 people last 14 days - as of 10/07/2021

Vaccination Rates

<table>
<thead>
<tr>
<th></th>
<th>As of 4/8/21</th>
<th>As of 5/13/21</th>
<th>As of 7/15/21</th>
<th>As of 8/12/21</th>
<th>As of 9/08/21</th>
<th>As of 10/7/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one dose</td>
<td>28%</td>
<td>37%</td>
<td>44%</td>
<td>48%</td>
<td>52%</td>
<td>55%</td>
</tr>
<tr>
<td>Fully vaccinated</td>
<td>15%</td>
<td>29%</td>
<td>39%</td>
<td>41%</td>
<td>45%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Questions for Dr. Drenzek

- Epidemiology

County Indicator Reports – Reminder

- [https://dph.georgia.gov/county-indicator-reports](https://dph.georgia.gov/county-indicator-reports)
<table>
<thead>
<tr>
<th>DATE---&gt;</th>
<th>7/12/2021</th>
<th>8/9/2021</th>
<th>9/6/2021</th>
<th>10/7/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transmission Level</strong></td>
<td><strong>N</strong></td>
<td><strong>%</strong></td>
<td><strong>N</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Not Calculated</td>
<td>8</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>38</td>
<td>23.9%</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Moderate</td>
<td>68</td>
<td>42.8%</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Substantial</td>
<td>11</td>
<td>6.9%</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>High</td>
<td>34</td>
<td>21.4%</td>
<td>156</td>
<td>98.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>159</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>159</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

What does this mean?

- Every 9-1-1 call is in a county that has high transmission
- Every community interaction we have is in a county that has high transmission
  - On Duty
  - Off Duty
Calculated COVID-19 Syndrome – 3/10/2020 – 10/7/2021, AL, FL, GA

First Responders Supplement
Acronyms

- OPB = Governor’s Office of Planning and Budget
- SAO = State Accounting Office
- DOAS = Department of Administrative Services
Workflow for Vendor Management

For EMS Agencies that apply and are approved by OPB

For Private and Hospital-Based EMS Agencies Only!*

1. EMS Agency obtains Vendor Management Form (website on next slide)
   - Fill out sections 2, 3, 4, 5
2. Email the form (with Email Encryption) to DOAS @
   accounts.receiveable@doas.ga.gov
3. You should expect a call from the Vendor Management team to verify your information

*NOTE: If your EMS Agency is affiliated with a city/county/state government, please contact your city/county/state government administration.
Vendor Payment Management

- https://sao.georgia.gov/teamworks/teamworks-financials/vendor-payment-management

Payment Methods

The State Accounting Office (SAO) is committed to continuously improving how the State conducts business with our vendors. In accordance with the Governor’s Executive Order, “regarding the prompt and efficient payment for goods and services provided to the State,” electronic disbursements are to be used for payments to contractors/vendors when practical. Through Electronic Payments, we offer a payment option to the State’s wide range of “purposes” - one that employs electronic transfer of funds to vendor bank accounts via the Automated Clearing House (ACH).

To establish electronic payments, banking information is required from vendors. In addition, vendors currently enrolled in the electronic payment process will be required to validate existing banking information. To simplify the process, please:

- Select Vendor management form
- Select Vendor management form instructions
- More to enter a TOLP for new Suppliers

GEORGIA DEPARTMENT OF PUBLIC HEALTH

SUPPLIER (VENDOR) MANAGEMENT FORM

Agency/Vendor License MUST review this form to ensure the supplier has completed the appropriate highlighted sections in the form prior to submission. Supplier must complete the following sections in their entirety:

- STATE OF GEORGIA AGENCY
- ACCOUNT #
- CHECK ONE ADDED TO AMOUNT
- SPECIFY TYPE OF ACTIONS REQUESTED BY SUPPLIER (VENDOR)
- ADDRESS
- LICENSE #
- PAYMENT ALT NAME (IF PAYABLE TO DIFFERENT NAME)
- ZIP CODE
- STATE LICENSE #
- GLE STATE
- PREFERRED PRIME
- SECONDARY PRIME
- EXPIRY DATE
- EXIT
- CONTACT EMAIL

SECTION 3 - STATE OF GEORGIA AGENCY

If General Bank Account can be used, check one box below:

- Check here if General Bank Account can be used by all States of Georgia agencies making payments.
- Check here if this account can only be used for SPECIFIC purpose.

ACCOUNTS RECEIVABLE NOTIFICATION

- Print Payment Email
- Print Payment Email

Print Name/Address

- Print the name and address of the supplier for whom the payment is to be made.

INSTRUCTIONS TO VENDOR

- Submit this form to the appropriate agency/department.
- Complete all sections of the form prior to submission.
- Provide all required information.
- Ensure forms are signed by the appropriate individual(s).

GEORGIA DEPARTMENT OF PUBLIC HEALTH

SECTION 4 - SPECIFY TYPE OF ACTIONS

Check all that apply to this request:

- Set up Supplier Profile (For further information see Section 2)
- Set up Bank Account (See complete Section 3)
- Change Business Name (Must complete Sections 2 & 3)

SECTION 5 - BUSINESS CERTIFICATIONS

Check all that apply:

- Taxable Business
- Non-Taxable Business
- Minority Business Certified
- Minority Business Certified (Minority Business Certified is independently owned and operated. Additionally, a business must either have $100 or less employees OR $250 million or less in gross receipts per year.

SECTION 6 - ADDITIONAL SUPPLIER COMMENTS

Required if “Other” or “Deactivate” box checked in Section 5

GEORGIA DEPARTMENT OF PUBLIC HEALTH
**Do NOT fill out ANYTHING on this section!**

### GEORGA DEPARTMENT OF PUBLIC HEALTH

#### SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Listens MUST review this form to ensure the supplier has completed the appropriate highlighted sections 1-8. Agency Vendor Listens MUST complete Section 1 the "AGENCY LIASON USE ONLY" section prior to submission to SAO.

**SECTION 1 – STATE OF GEORGIA-AGENCY LIASON USE ONLY**

<table>
<thead>
<tr>
<th>CHECK ONE AND ENTER ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Assigned Supplier ID</td>
</tr>
<tr>
<td>Existing TeamWorks Supplier ID</td>
</tr>
</tbody>
</table>

**SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)**

- Change Bank Acct. - Enter Dept. (Required for Bank Change)
- Change Address - Enter Addie ID# (Required for Address Change)
- Classification Change
- HCM Vendor
- Statewide Contract (DOAS Use Only)
- Other (Provide Details in Section 6 and Initial)

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed below.

<table>
<thead>
<tr>
<th>Liaison Name:</th>
<th>Agency BU#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

---

**SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY**

**FE/SSN/TIN NUMBER:**

**SUPPLIER NAME:**

**PAYMENT ALT NAME:** (If Payable to Different Name)

**ADDRESS:**

<table>
<thead>
<tr>
<th>CITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE:</td>
</tr>
<tr>
<td>ZIP CODE:</td>
</tr>
</tbody>
</table>

**COUNTRY:**

**DRIVERS LICENSE #:**

**DL STATE:**

**PRIMARY**: Ext.

**SECONDARY**: Ext.

**LANDLINE**

**CELL** (Used for Identity Verification)

**CONTACT EMAIL:**

---
Section 3 – Enter ALL fields, select SPECIFIC purpose and add “First Responders” to the box on right.

Section 4 – Select “Add New Bank Account”
Section 5 – Check the boxes that apply

<table>
<thead>
<tr>
<th>SECTION 5 – TYPE OF BUSINESS (Check All That Apply)</th>
<th>MINORITY BUSINESS ENTERPRISE (51% Owned):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Small Business</td>
<td>☐ Hispanic – Latino</td>
</tr>
<tr>
<td>☐ GA Resident Business</td>
<td>☐ African American</td>
</tr>
<tr>
<td>☐ Women Owned Minority Business Certified</td>
<td>☐ Asian American</td>
</tr>
<tr>
<td>☐ Minority Business Certified</td>
<td>☐ Pacific Islander</td>
</tr>
<tr>
<td>☐ Native American No Applicable</td>
<td>☐ Not Applicable</td>
</tr>
</tbody>
</table>

*Based on Georgia law (O.C.G.A 50-5-21)(3) *Small Business* means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR $30 million or less in gross receipts per year.

Workflow for Vendor Management

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3. You should expect a call from the Vendor Management team to verify your information

*NOTE: If your EMS Agency is affiliated with a city/county/state government, please contact your city/county/state government administration.
Questions for SAO?

NEMSIS V3.5.0 Transition

Cassie Longhart, OEMST Data Manager
OEMST Transition to V3.5 Update 2022

WHY TRANSITION TO V3.5.0?
• Develop standards for health information exchange

WHAT WILL V3.5.0 OFFER?
• More dispositions
• Less data entry errors
• Increase data accuracy

OEMST CONTACT
EMAIL: GEMSIS@DPH.GA.GOV
WEBSITE: HTTPS://WWW.DPH.GA.GOV/EMS/GEMSIS

More Information Coming Soon

Please keep a look out for emails containing more information about:
• Timeline for Go Live with V3.5
• Webinars for Agencies and Medics
  • Definition of Changes
  • Validation Rule Updates
• Guidance Documents for V3.5 Changes
Schematron Update

Cassie Longhart

Schematron (Validation Rules) Update

Schematron Update

- For new and revised validation rules
  - New license level (EMT-R)
  - Other data validation updates
- Facilities update

- If you utilize a Third Party ePCr system, you will need to implement these validation rule updates in your system prior to utilizing the new EMT-R license level on your responses and transports.
  - If your system will have a delay, you can utilize direct entry GEMSIS Elite.
Medic Renewals, Provisional, Reinstatements

Kelly Joiner

Medic Licensing

- **Medic Renewal**
  - Medic Renewal application now open
  - *Agency Pay for Medic Renewal application* open until 2/15/2022
    - Payment by the agency for a medic renewal expires 3/31/2022

- **GA Provisional Medic License**
  - Expiration date 12/31/2021, non-renewable
  - NREMT is no longer issuing Provisional certifications

- **Reinstatement** are still open
  - For those who expired in 2017, 2018, 2019, 2020, 2021
  - Reinstatement application must be submitted by 11:59pm on October 28th (end of Emergency Rule)
Adding CE to your Education Record
Adding CE to your Education Record

My Courses
Georgia Requirements for EMR Courses

- Minimum of **80 hours** of instruction (Didactic/Lab/Clinical/Field) to include:
  - BLS for HCP (4.5 hours)
  - NIMS 100 (2 hours, didactic online course)
  - NIMS 700 (3.5 hours, didactic online course)
  - TIM (4 or 10 hours, didactic online courses)
- 5 successful patient assessments
  - Assessments may be completed through simulation or through clinical/field experience
- Up to 10 hours of clinical/field time may be counted towards the 80-hour minimum
National Education Standards

- Current National Education Standards can be found at https://www.ems.gov/education.html

- The National Scope of Practice model can also be found on this page

- These documents should be used to design your curriculum to ensure student success with NREMT

New Rules

David Newton
NOTE

- The rules have been finalized by the Commissioner and sent to the Secretary of State’s office
  - Effective date = 10/27/2021

- If you or your organization has questions, please reach out to:
  - David Newton
  - Kelly Joiner
  - Richard Rhodes
EMT-R Application

- EMT-R Application will be available starting on **Wednesday, 10/13/2021**
  - Once a submitted and paid for application ($75.00) is received;
  - Allows us to clear applicants to go get their fingerprint background check and for OEMST to begin to process the application components
    - (CPR, U.S. residency form, government ID, background, etc)
- Applications that meet all license requirements will be issued a License beginning on the morning of **10/27/2021**

EMT-R Expiration Date and Scope of Practice

- Expiration Dates:
  - EMT-Rs (based on National EMR expiration date) will have expiration date of September 30th
- Scope of Practice
  - EMSMDAC
- Renewal Requirements
  - Current BLS/CPR certification
  - 16 hours continuing education
  - Maintain NREMT certification (Must renew prior to renewing GA license)
  - Renewal Fee (NREMT renewal fee + GA renewal fee = $75.00)
How To Document the EMT-R License Level eCrew.02

eProcedures.10 – Role/Type of Person Performing the Procedure
eMedications.10 – Role/Type of Person Administering Medication

<table>
<thead>
<tr>
<th>Order</th>
<th>Code</th>
<th>Value</th>
<th>Label</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9995005</td>
<td>2009 Emergency Medical Technician (EMT)</td>
<td>EMT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9995003</td>
<td>2009 Emergency Medical Responder (EMR)</td>
<td>EMR</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>9995011</td>
<td>EMT/Intermediate EMT/Intermediate Responder</td>
<td>EMT/Intermediate Responder</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>9995001</td>
<td>2009 Advanced Emergency Medical Technician (AEMT)</td>
<td>AEMT</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>09005.151</td>
<td>Cardiac Technician</td>
<td>Cardiac Technician</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>9995007</td>
<td>2009 Paramedic</td>
<td>Paramedic</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>9995012</td>
<td>Critical Care Paramedic</td>
<td>Critical Care Paramedic</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9995010</td>
<td>Student</td>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9995015</td>
<td>First Responder</td>
<td>First Responder</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>9995011</td>
<td>Registered Nurse</td>
<td>RN</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>9995033</td>
<td>Nurse Practitioner</td>
<td>Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>9995019</td>
<td>Other Healthcare Professional</td>
<td>Other Healthcare Professional</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>9995021</td>
<td>Other Non-Healthcare Professional</td>
<td>Other Non-Healthcare Professional</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>9995023</td>
<td>Patient/Lay Person</td>
<td>Patient/Lay Person</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>9995021</td>
<td>Physician</td>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>9995037</td>
<td>Physician Assistant</td>
<td>Physician Assistant</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>9995027</td>
<td>Respiratory Therapist</td>
<td>Respiratory Therapist</td>
<td></td>
</tr>
</tbody>
</table>

EMS Compact

David Newton
EMS Compact

- EMT-R (EMR) not included in Compact legislation

Integration with LMS

OEMST LMS system is now integrated with the National EMS Coordinated Database (NEMSCD)

- Allows for updates to NEMSCD when a licensee upgrades/downgrades/retires/renews
National EMS ID – how to locate on NREMT

- National EMS ID is NOT the same as your NREMT Number

National EMS ID – how to locate on LMS

- Login to LMS (www.mygemsis.org/lms)
- Click on Profile (under My Account)
What if I don’t see my National EMS ID on LMS?

• It is likely that there is an issue with your demographics (address, email, DOB, etc) in LMS
• Please complete the Update Demographics application in LMS

What if my National EMS ID is different on NR compared to LMS?

• This is due to a mismatch on your SSN/DOB/Name/etc.
• Verify your demographics info is correct and both – if it is not, you will need to update the respective agency (NR or OEMST) to get this corrected
How does this LMS/NEMSCD integration help me?

- Allows for privilege to practice in other states
- Allows for easier transition to licensure in other Compact states
Now able to search/filter on Crew Member Level

How does this help me?

- Allows you to examine performance measures and data based on the crew staffing (minimum/maximum levels)
GEORGIA DEPARTMENT OF PUBLIC HEALTH

All Levels (N = 17,188)

Highest = Paramedic (N = 15,835)

Highest = AEMT (N = 565)

Highest = EMT-Intermediate (N = 215)
Highest = EMT (N = 33)

Upcoming Meetings/Trainings

David Newton
Upcoming Meetings/Trainings

• GEMSA Conference – Sunday, 10/10/2021
  o 8am – Education and LMS Update (Richard and Kelly)
  o 6pm – A Dialogue with the Office of EMS and Trauma

• OEMS Educational Update on Fri, 11/5/2021 @ 11am
• OEMS Epidemiology and Operational Update on Fri, 11/12/2021 @ 11am

Questions? And Open Discussion
Thanks for all that you do!

- Be safe
- Be prepared
- Watch your emails