

# Please

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TYPE QUESTIONS  
IN THE CHAT BOX

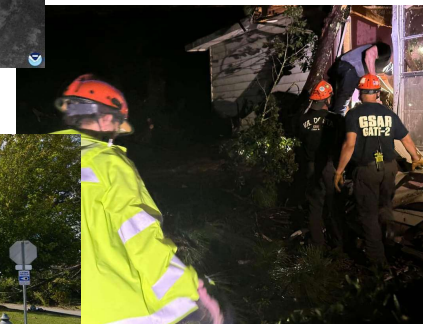
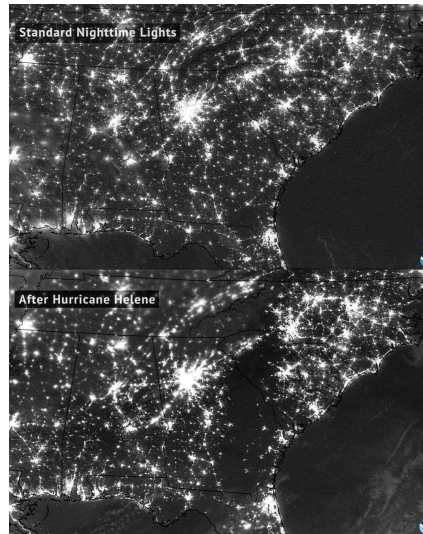
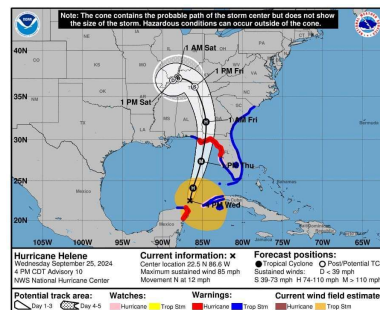
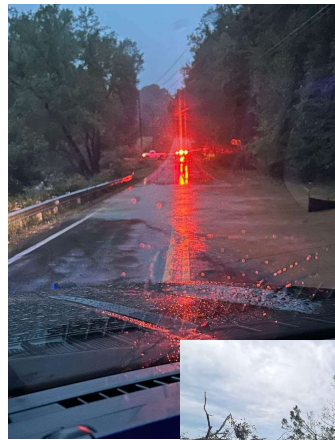


MUTE  
YOUR LINES

# Georgia OEMST Update – Operations Update

November 8, 2024

# Hurricane Helene



# OEMST Staff Changes

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## Region 9 EMS Director

**Robert Shad**

retired October 31, 2024

- 13 years of service to the OEMST
- 41 years in GA EMS

Position is posted until 11/24/24.

## Region 9 interim coverage:

**Daniel Warren**

678-367-5015

[Kenneth.warren1@dph.ga.gov](mailto:Kenneth.warren1@dph.ga.gov)

Counties: Appling, Atkinson, Bacon, Brantley, Camden, Charlton, Clinch, Coffee, Glynn, Jeff Davis, Pierce, Ware, Wayne

**Gary Pinard**

470-898-6254

[Gary.pinard@dph.ga.gov](mailto:Gary.pinard@dph.ga.gov)

Counties: Bryan, Bulloch, Candler, Chatham, Evans, Effingham, Liberty, Long, McIntosh, Tattnall, Toombs

**Bernie Restrepo, Region 9 Training Coordinator**

404-354-2576

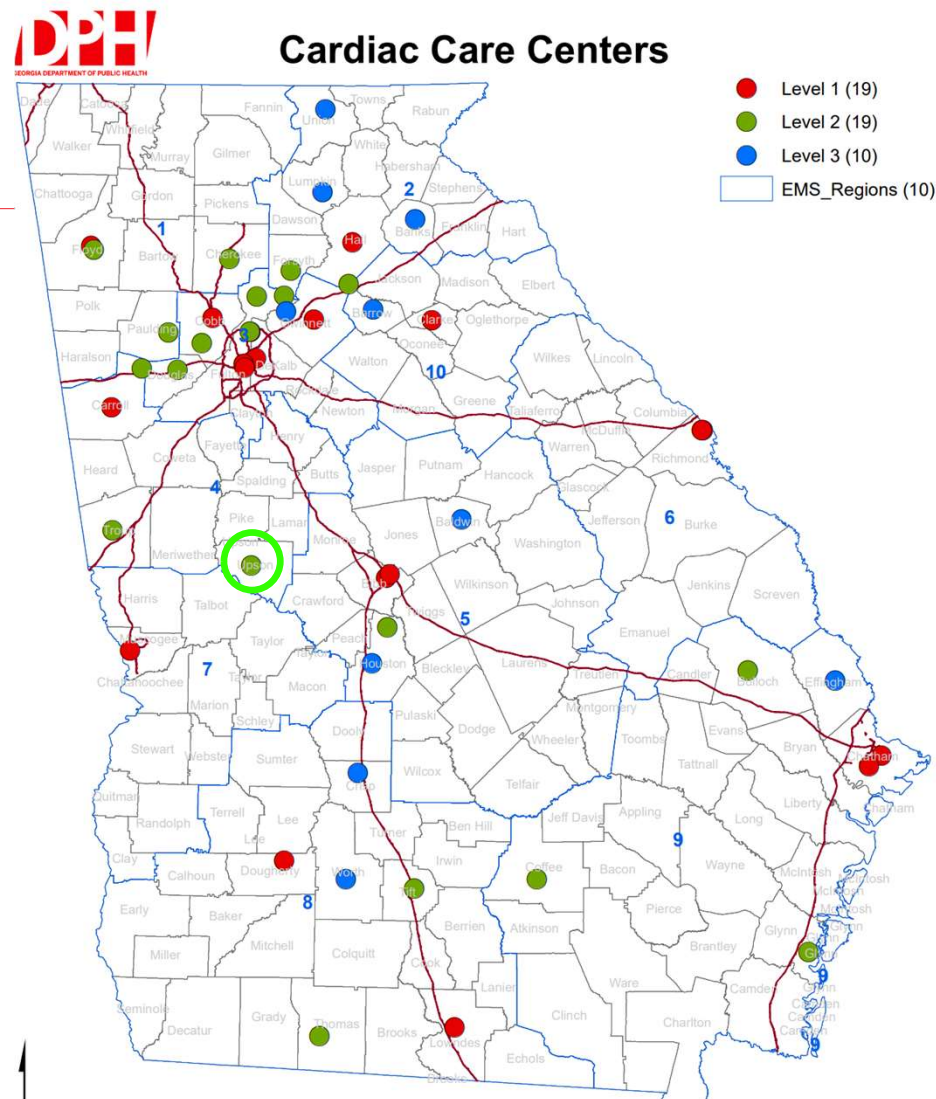
[bernard.restrepo@dph.ga.gov](mailto:bernard.restrepo@dph.ga.gov)

**NEW** Designated **Cardiac** Hospital

## Upson Regional Medical Center

Thomaston, GA (Upson County)  
Region 4

Level 2 Emergency Cardiac  
Care Center



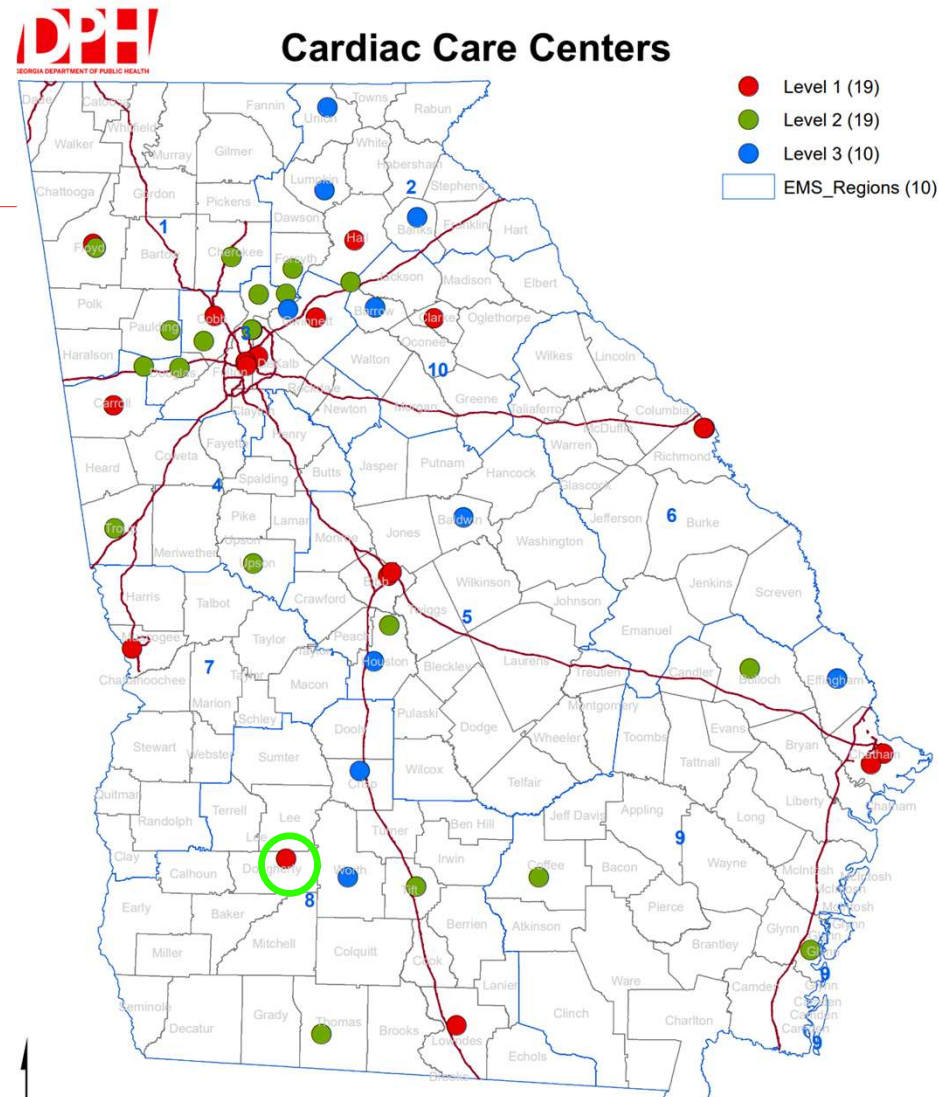


**NEW** Designated **Cardiac** Hospital

# Phoebe Worth Medical Center

Albany, GA (Dougherty County)  
Region 8

**Level 3 Emergency Cardiac  
Care Center**



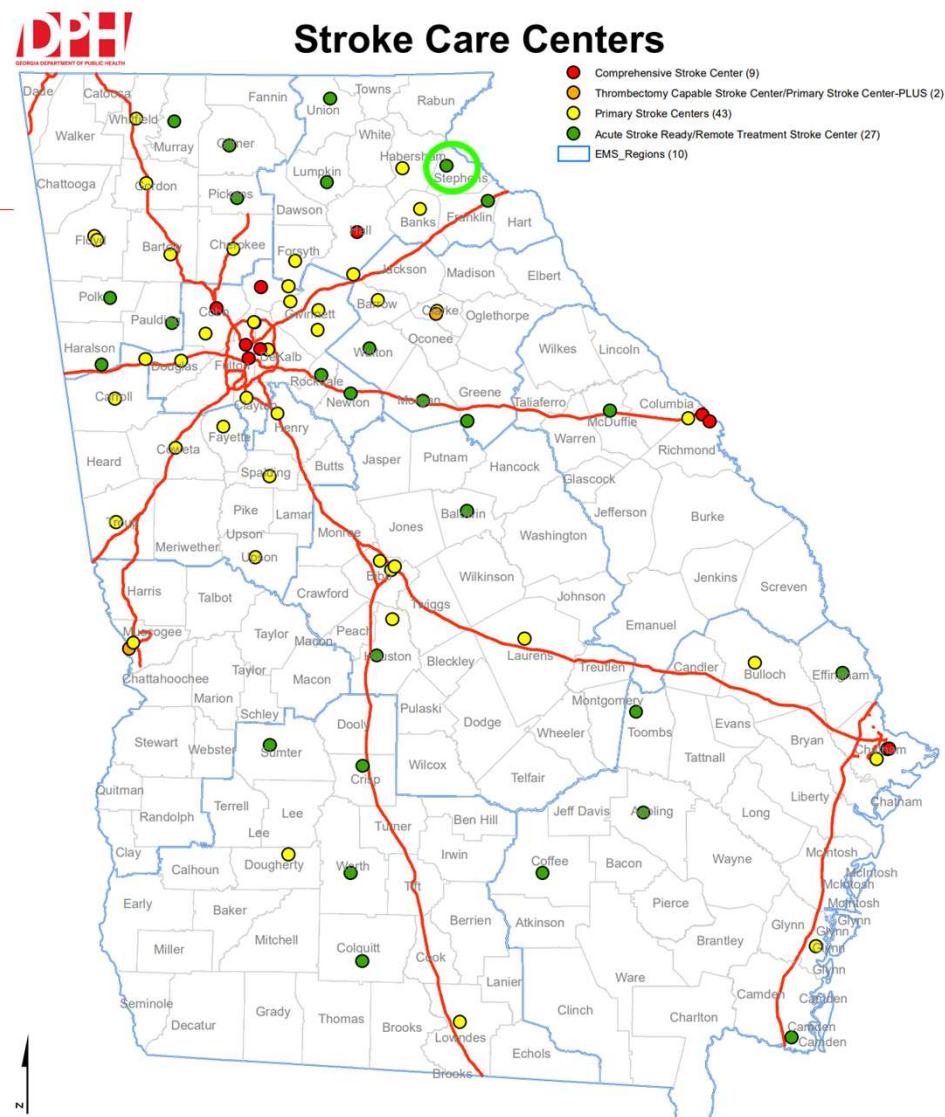
**NEW** Designated **Stroke** Hospital

# Stephens County Hospital

Toccoa, GA (Stephens County)

Region 1

**Remote Treatment Stroke  
Center**

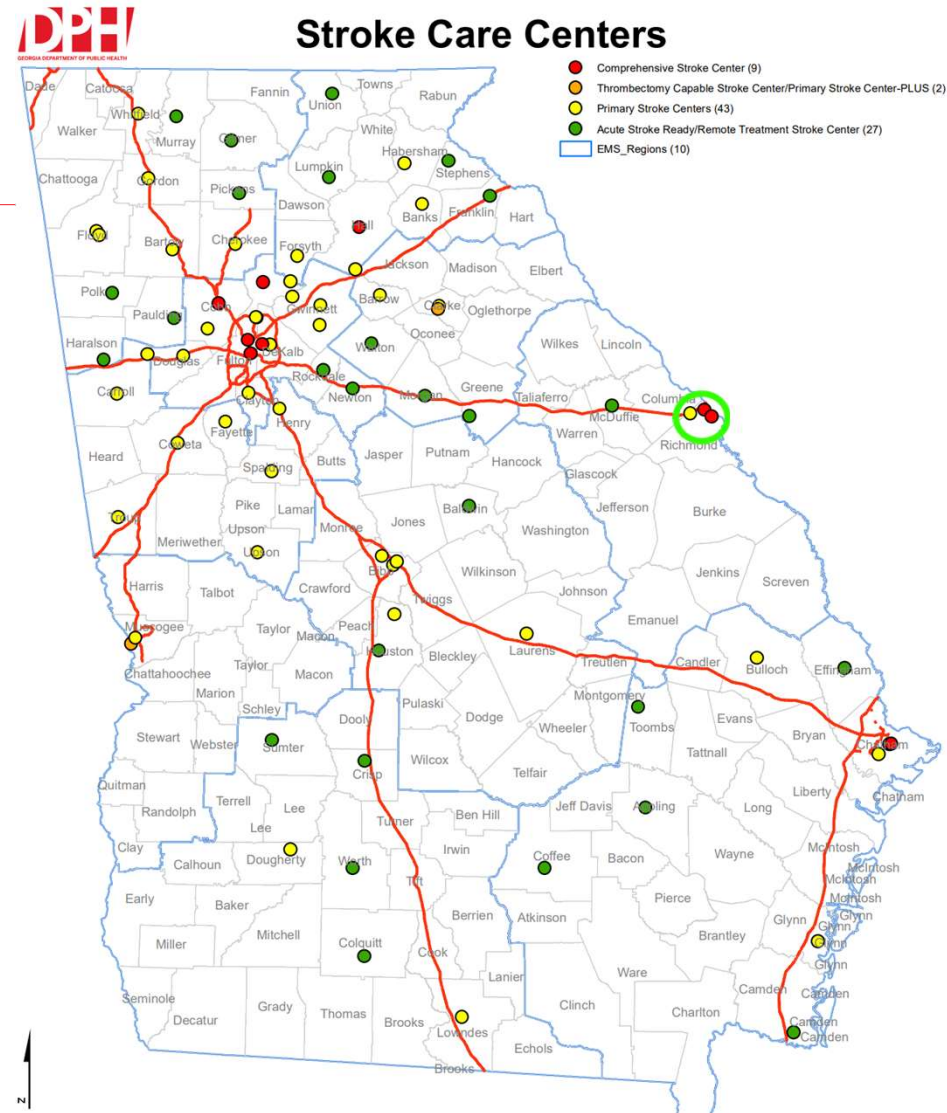


**UPGRADED** Designated **Stroke** Hospital

## Piedmont Augusta

Augusta, GA (Richmond County)  
Region 6

**Comprehensive Stroke  
Center**



GEORGIA DEPARTMENT OF PUBLIC HEALTH



# Systems of Care and EMS

April Moss

# Emergency Cardiac Care Centers

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- Importance of pre-hospital care
- Data collection and reporting
- Standardization of pre-hospital policies and transport protocols

# Cardiac Care in Georgia

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## Mortality Rates for **Out of Hospital Cardiac Arrest**



84.2% of OHCA result in death. The most significant impact on OHCA survival is bystander CPR and use of an AED.

## Mortality Rates for **ST-Elevated Myocardial Infarction (STEMI)**



8.4% of patients who suffer a STEMI result in death. The most significant impact on STEMI survival is symptom recognition and timely transport to a STEMI capable hospital by EMS.

# Cardiac Snapshot

## 2023 GEORGIA CARDIAC SYSTEM SNAPSHOT

### CARDIAC INCIDENTS

Reported in the Georgia Cardiac Registry

**3,461**

Total St-Elevated  
Myocardial Infarction  
(STEMI) Incidents

**5,129**

Total Out-of-Hospital  
Cardiac Arrest  
(OHCA) Incidents

### MORTALITY

Deaths Reported in the Georgia Cardiac  
Registry

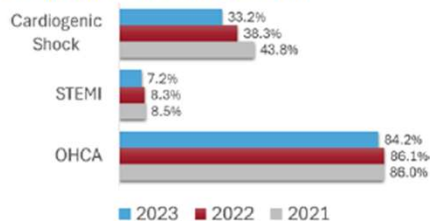
**248**

Total STEMI Incidents  
(7.2% of total STEMI patients)

**4,317**

Total OHCA Incidents  
(84.2% of total OHCA patients)

### DEATHS BY CATEGORY



### EMERGENCY CARDIAC CARE CENTERS

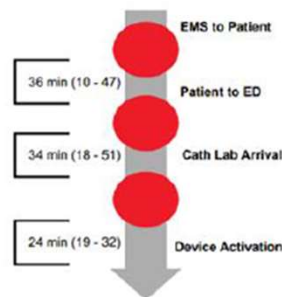
**16** Level I | **19** Level II | **8** Level III



**10 EMS Regions** each have at least  
1 Designated Cardiac Center

Scan the QR code with your phone camera to see a  
[map of cardiac centers](#).

### STEMI TIME METRICS



Compared to 2022: Pre-hospital EKG was 74.3%, DIDO time 60 minutes, and bystander assistance for OHCA was 24.7%

### RISKS AND OPPORTUNITIES FOR IMPROVEMENT



#### PRE-Hospital EKG

of **2,418** patients that were  
STEMIs on arrival, only  
**70.5%** had a pre-hospital  
EKG performed.



#### Shorter Time to Hospital

**48 min** Average Door-in/Door-  
out **GOAL: 30 mins**.



#### Bystander Assistance

**32.4%** OHCA had bystander  
intervention. The most  
significant impact on OHCA  
survival is bystander CPR and  
use of AED.

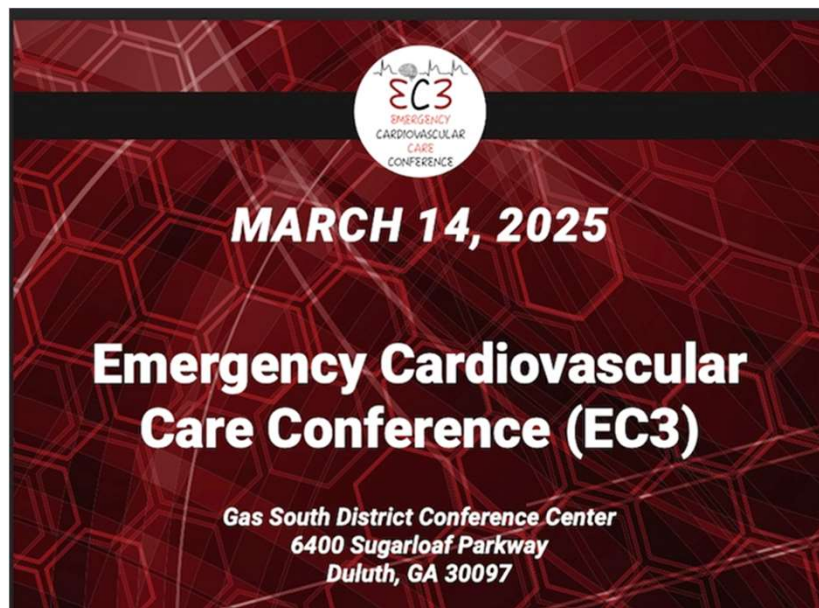
For more information: [dph.georgia.gov/cardiac](https://dph.georgia.gov/cardiac)





# Upcoming for Office of Cardiac Care

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- Publication of Cardiac Annual Report
- Education for pre-hospital providers on cardiogenic shock identification and management
- Annual EC3 Conference
  - March 14, 2025 (Save the Date)

# Georgia Trauma System

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- **Key Opportunities for Improvement:**

Time to definitive care

Data collection and reporting



# Trauma Annual Report

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- 2023 Annual Report has been published and is accessible at: [https://issuu.com/gadph/docs/georgia\\_trauma\\_registry\\_2023\\_annual\\_report-draft\\_v](https://issuu.com/gadph/docs/georgia_trauma_registry_2023_annual_report-draft_v)

## Georgia Trauma Annual Reports

[The Georgia Trauma Annual Report 2023](#) is a demographic epidemiological analysis of the Georgia Trauma Registry data from the Georgia Quality Improvement Program (GQIP) central site for the year 2023.

[The Georgia Trauma Annual Report 2022](#) is a demographic epidemiological analysis of the Georgia Trauma Registry data from the Georgia Quality Improvement Program (GQIP) central site for the year 2022.

# Data Overview

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## MORTALITY

- The overall mortality rate is 4.0%.
- Case fatality rates are highest in the patient age group 20-24.
- The male case fatality rate (4.8%) is much higher than the female case fatality rate (2.8%).
- The largest number of deaths is caused by fall injuries, followed by motor vehicle traffic injuries and firearm injuries.
- Drowning/submersion and suffocation have the highest case fatality rates.
- Firearm injuries have the highest case fatality rate at 15.2% among the selected mechanisms (top six) shown in the report.



# Data Overview – Time to Definitive Care

- There are 42,688 cases reported in year 2023. Among these 42,688 cases, 10,393 cases were from Inter-Facility transfer (24.3%)

**Table 6E3: R Group, ISS > 15, Median Time from Referral Hospital Arrival Time to Final Destination Hospital ED Arrival Time**

This chart represents the median overall time (HH:MM:SS) for Injury Severity Scores greater than 15 from Referral Hospital Arrival Time to Final Destination Hospital ED Arrival Time. The median total time from Referral Hospital Arrival Time to Final Destination Hospital ED Arrival Time is 4 hours and 29 minutes. For the more severely injured patients (ISS>15), the median total time is about 45 minutes less than that of minor and moderately injured patients. (ISS<=15).

Hospital Designation Level	Frequency	Median Total Time
I	1,030	4:28:00
II	305	4:30:00
III	28	4:58:30
Total	1,363	4:29:00



# EMS Personnel License Renewal

# Personnel License Renewal 3/31/2025 (15,461)

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## EMT, EMT-I, AEMT, Paramedic

**Georgia Medic Renewal** application opened on **October 1, 2024.**

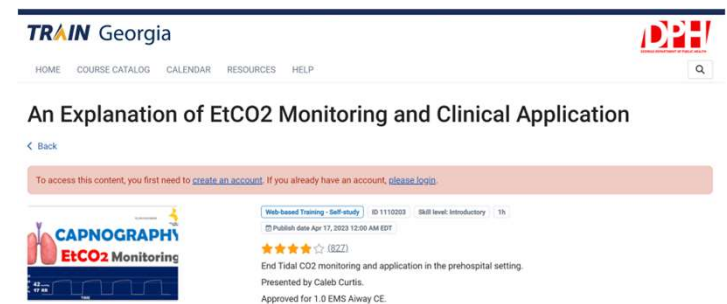
- Continuing Education (CE) must be entered into Education Report into LMS
- Must upload BCLS and ACLS (if applicable) cards inside the renewal application
- License renewal fee, \$75.00 (Credit Card fee \$2.75)

Applications	Action
<b>Georgia Medic Renewal</b> This is the medic renewal license for all medics (EMT, EMT-I, AEMT, CT, Paramedic) in Georgia. The renewal period opens six (6) months prior to the expiration date of medic license. Georgia Medic Renewal License application will close on March 31, 2024.	<a href="#">Apply Now</a>

# Personnel License Renewal FAQs

## Required Capnography Training for AEMTs

- Must be completed in TRAIN.org/Georgia
- Can not be uploaded by Medic to Education Report
- GA OEMS ID Number not correct GA EMS License number
- TRAIN education imported daily to LMS
- [train-georgia@dph.ga.gov](mailto:train-georgia@dph.ga.gov)



Where can I get approved Continuing Ed/Free Training

- TRAIN Georgia! ([www.train.org/Georgia](http://www.train.org/Georgia))





# Voucher Codes

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## **Voucher codes available in LMS (\$75/\$25):**

- Medic Initial/Renewal application
- Initial/Renewal Instructor License application

## **Purchased voucher codes:**

- Should be treated like a credit card/cash
- Can be used for partial payment of license fee.
- Can be applied for a license fee, any balance left on the voucher is not transferable. (The voucher code can only be used once).
- No expiration date
- Non-refundable
- Can be used on any personnel (Medic/Instructor) license application
- Non-transferrable by OEMST

## **Application to use:**

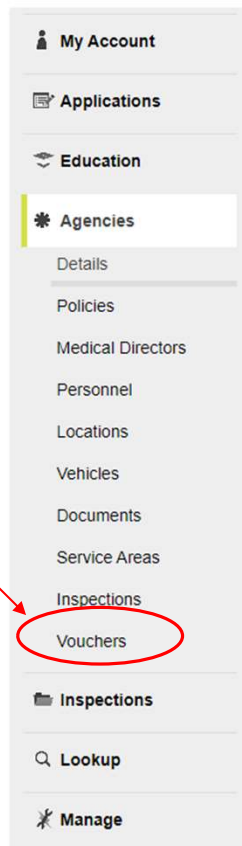
- Order Voucher Codes

## **Voucher Code Process**

- Agency submits application to order voucher codes
- Invoice will be emailed to Agency
- Once payment by check is received in the Department
- Voucher codes will be emailed to Agency
- Agency distributes or assigns voucher code to personnel

**Voucher Code Application will close at end of the day on February 28, 2024**

# Voucher Code Assignment in LMS



**Imagetrend Test 3 (New) (EMS2019006)**  
123 Anywhere Street, Athens, Georgia 30606  
Ground Ambulance, Air Ambulance -- Issued: 10/01/2022 -- Expires: 02/01/2026

### Agencies Details

Click the arrows beside a header to expand or collapse each section of information.

Demographics | Organization | Staff

#### Details

Name: Imagetrend Test 3 (New)  
Sync Method: No Sync  
Service Classification: NO Service Delivery Agreement  
Active: Yes  
Daylight Savings Time Use: Yes  
Time Zone: GMT-5:00 Eastern Time  
Email: mememes@gmail.com  
Phone:  
Fax:  
Website:  
Address: 123 Anywhere Street  
City: Athens

### Applicable Positions:

- Authorized Agent
- EMS Agency Admin
- Program Director

# Voucher Code Assignment in LMS (Authorized Agent/EMS Agency Admin/Program Director)

## Vouchers

### Imagetrend Test 3 (New)

123 Anywhere Street Athens, GA 30606

<input type="text"/>	Q	Code Assigned	▼	Code Used	▼	CLEAR
Code	Assigned To		Used On	Amount	Created On	
2023-EMS2019006-75-qoi1xAQW7Lb8Td95	Test9, Dipti		10/05/2023	\$75.00	09/05/2023	
2023-EMS2019006-25-U3yy5sLOpf5cGdrW	Test3, John (remove)			\$25.00	09/05/2023	
2023-EMS2019006-75-oYm9rtKEidMuPHvs	EMS Regional Director, Dipti Test (remove)			\$75.00	08/28/2023	
2023-EMS2019006-25-kUnSQiwaEJjTwrKV	Test3, John (remove)			\$25.00	08/28/2023	
2023-EMS2019006-75-HEWXQUgyLnVsF0E6	select user			\$75.00	08/28/2023	

# Late EMT-Responder License Renewal (98)

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Renewal Application: **Late Georgia EMT-R Renewal**

## **EMT-R Renewal Requirements:**

- Sixteen (16) hours CE (Dept approved/Dept recognized)
  - Modules & hour requirements specified in current EMR National Continued Competency Program (NCCP) specified by NREMT
  - Continuing Education (CE) must be entered into Education Report into LMS
- Current CPR/BCLS certification
- Current EMR certification through NREMT
  - Prior to renewal of EMT-R license, the licensee's certification through the NREMT shall be renewed.
- License renewal fee, \$75.00 plus \$75.00 late fee (Credit Card fee \$2.75)

Late Renewal Application will close on **March 31<sup>st</sup>** for those that expired **2024**

Rule 511-9-2-.13 Licensure Renewal for EMS Personnel



# EMS Instructor License Renewal (651)

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Renewal Application: **EMS Instructor and Instructor/Coordinator Renewal**

Renewal period is open until **December 31<sup>st</sup>, 2024**

## EMS Instructor and Instructor/Coordinator Renewal

This is the application that you will use to renew your EMS instructor or Instructor/Coordinator license. You will also need to upload your active practice verification to this application. You must have all CE completed and entered into the LMS prior to submitting this application.

[Apply Now](#)

CE and Active Teaching will be accepted from day after license issue date – 12/31/2024

License renewal fee, \$25.00 (Credit Card fee \$2.75)

# Late Medic Renewal Audits in Process

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- A small percentage of all late renewal applications have been pulled at random for audit
- Those being audited will receive an email – there will be nothing for you to do unless we reach out to you for more information
- Process
  - BLS Certification (Approved Sponsor, Valid dates)
  - ACLS Certification, if applicable (Approved Sponsor, Valid dates)
  - TIM Education and valid verification
  - Congenital Adrenal Hyperplasia (CAH) Education and valid verification
  - Continuing Education Hours
    - Topical hours requirement (Trauma, Cardiac/Stroke, Pediatric)
    - Correct amount of hours
    - Certificate or valid verification of education obtained

# Congenital Adrenal Hyperplasia

Policy # OEMS-PRO-2022-001

**TRAIN** Georgia



[HOME](#) [COURSE CATALOG](#) [YOUR LEARNING](#) [CALENDAR](#) [RESOURCES](#) [DISCUSSIONS](#) [ADMIN](#) [HELP](#)



## Congenital Adrenal Hyperplasia

[< Back](#)

[> Launch](#)

[Save For Later](#)



Web-based Training - Self-study

ID 1103043

Skill level: Introductory

0.5h

★★★★☆ (68)

Required training on Congenital Adrenal Hyperplasia

# Traffic Incident Management (TIM) Training

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Policy # OEMS-PRO-102018-001

## Web-based courses:

- Federal Highway Administration's webpage at: [https://www.nhi.fhwa.dot.gov/coursesearch?tab=0&course\\_no=133126A&sf=1](https://www.nhi.fhwa.dot.gov/coursesearch?tab=0&course_no=133126A&sf=1)
- Responder Safety Learning Network (RSLN) in ten (10) specific RSLN online self-paced programs at: <https://learning.respondersafety.com/clusters/national-timtraining-certificate.aspx>

## In-Person Course:

- Georgia TIME Task Force: <https://timetaskforce.com/>



## Other Updates/Information

# IV Fluids Supply

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## Continue conservation efforts

- Decreased allocations still in effect

## Baxter

- Restarted one of its manufacturing lines
- Received FDA authorization to extend the use dates of **certain** IV fluids/Lot number up to additional 12 months.
- Goal is to return to 90-100% allocation by end of 2024

## HHS

- Temporary importation
- Strategies & best practices for IV fluid conservation

<https://www.fda.gov/drugs/updates-2024-hurricane-season/hurricane-helene-baxters-manufacturing-recovery-north-carolina>

# GA DCH - Division of Medicaid

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## Part II Policies and Procedures for Emergency Ambulance (January 2024)

### ***EMS Ambulance Treat Without Transport***

*EMS Ambulance Treat without Transport is defined as the assessment and treatment inclusive of pharmaceutical intervention by advanced level EMS personnel within a 911 response resulting in improved patient condition, but refusal by the patient to be transported to a health care facility for continuation of care.*

*The purpose of this proposal is to establish a mechanism for ambulance providers to recover a portion of the expense related to a patient's refusal of transport to a medical facility for evaluation after pharmaceutical intervention has been provided. It is the intent of this proposal for EMS providers to continue to provide appropriate care and treatment and encourage patients to be transported to a medical facility following medication administration. This proposal is not designed to incentivize medics to provide prehospital treatment inclusive of pharmaceuticals without encouraging transport to a health care facility for follow up evaluation.*

- Program requirements to meet criteria. (Page 10)
- HCPCS Code and reimbursement (Page 20) (A0998 - \$753.35)



# Medicare Reimbursement – ALS2

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## Centers for Medicare & Medicaid Services

*As outlined in section III.N of this final rule, we are finalizing our proposal to modify the definition of ALS2 at § 414.605 by adding the administration of low titer O+ whole blood transfusion. In addition, we are also modifying the definition of ALS2 at § 414.605 by adding the **administration of low titer O- whole blood transfusion therapy, packed red blood cells (PRBCs), plasma, or a combination of PRBCs and plasma**, collectively termed prehospital blood transfusion (PHBT) as a new number 8.*

*Under this proposal, a ground ambulance transport that provides one of the PHBT will itself constitute an ALS2-level transport.*

*Effective: January 1, 2025*

<https://www.federalregister.gov/public-inspection/2024-25382/medicare-and-medicaid-programs-calendar-year-2025-payment-policies-under-the-physician-fee-schedule>

# Naloxone Quarterly Distribution

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Naloxone Request application now open.

Will close on Wednesday, November 13<sup>th</sup>

Distribution for Q1-2025 will be shipped, end of Nov./first of Dec.

# Initial EMS Provider Applications

Applicants must disclose any civilian or military **Arrests** even if charges were dropped or dismissed, or charges were misdemeanors or First Offenders, etc.

Have you ever been charged, arrested, convicted, or indicted with any crime?

(Civilian and/or Military)

## ▼ Criminal and Disciplinary Information

Failure to reveal an offense, arrest, or other adverse action may subject your license to a disciplinary order and fine.

\*Have you ever been charged, arrested, convicted, or indicted with any crime? (Civilian and/or Military)

☐ Yes

☐ No

**Note:** The answer to this question is "Yes" even if a criminal charge, arrest, indictment or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

**This is also includes any military charges and/or arrest.**

**Do NOT include minor traffic offenses unless you were arrested.**

# Reminders

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All EMS Agencies MUST keep:

- Agency Roster up to date in LMS
- Vehicle list is current
- Location list is current

An up-to-date Agency Roster:

- Allows agency to see who is expiring soon or is already renewed.
- Current status of a Medic's license
- Current data in GDAC and other workforce reports.

# Dispatch Priority (eDispatch.05)

**Definition:** The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD/dispatch process.

**Added as a Warning Validation Rule on 6/1/2024.**

Please make sure your PCR software has this field enabled.

## eDispatch.05 - Dispatch Priority (Patient Acuity)

### Definition

The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.

National Element	No	Pertinent Negatives (PN)	No
State Element	No	NOT Values	No
Version 2 Element		Is Nillable	No
Usage	Optional	Recurrence	0 : 1

### Code List

#### Code Description

2305001	Critical
2305003	Emergent
2305005	Lower Acuity
2305007	Non-Acute [e.g., Scheduled Transfer or Standby]

### Data Element Comment

The use of acuity values vary by EMS agency. Some systems may utilize fewer than four levels and some more. The use of four levels is to capture the majority and allow for the inclusion of the NHTSA National EMS Core Content definitions for patient acuity, specifically: Critical, Emergent, and Lower Acuity.

*Provided below is an example application only. This example bears no relationship to any particular federal, state, or agency billing requirement.*

For EMS Agencies and CAD / EMD systems utilizing Alpha-Echo, Omega levels for determining the priority level for dispatch of the EMS unit, the recommended mapping is:

Echo = Critical	Charlie = Emergent	Alpha = Lower Acuity
Delta = Critical	Bravo = Emergent	Omega = Non-Acute

Patient Acuity definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at <http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

For Air Medical Transports the most appropriate values choices should be limited to two: Emergent and Non-Acute.

# Upcoming Meetings/Trainings

# Upcoming Meetings

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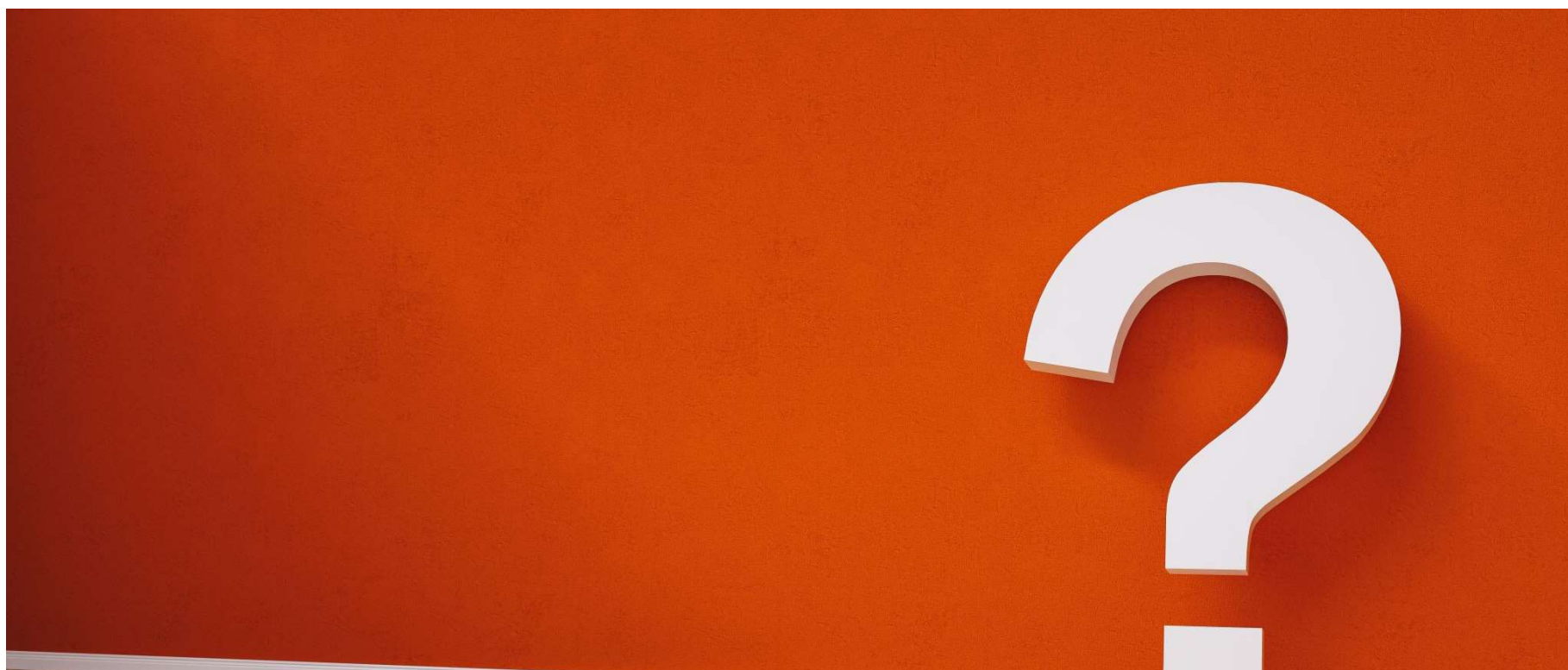
- EMSAC Quarterly Meeting – November 19<sup>th</sup>, at 10:00am
  - Virtual & In Person, OEMST, 1680 Phoenix Blvd, Atlanta, GA
  - Meets the 2<sup>nd</sup> Tuesday of the 2<sup>nd</sup> month of each quarter (Feb, May, Aug, Nov)
- Bi-Monthly EMS Education Update – November 22<sup>nd</sup> at 11:00am
  - Virtual (Redesignation Update)
  - Meets 4<sup>th</sup> Friday of each odd numbered month
- EMS Education Consortium – December 17<sup>th</sup> at 10:00 AM
  - Virtual & In Person (TBD)
  - Meets the 3<sup>rd</sup> Tuesday of the 3<sup>rd</sup> month of each quarter (Mar, June, Sept, Dec)
- EMSMDAC Quarterly Meeting – January 21<sup>st</sup> at 10:00am
  - Virtual & In Person, OEMST, 1680 Phoenix Blvd, Atlanta, GA
  - Meets the 3<sup>rd</sup> Tuesday of the 1<sup>st</sup> month of each quarter (Jan, Apr, July, Oct)

<https://dph.georgia.gov/EMS/public-notice-regional-and-statewide-meetings>



# Questions? And Open Discussion

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# Thank you for all that you do!

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- Be Safe

*May you be proud  
of the work you do,  
the person you are,  
and the difference  
you make.*

*Thank You!*