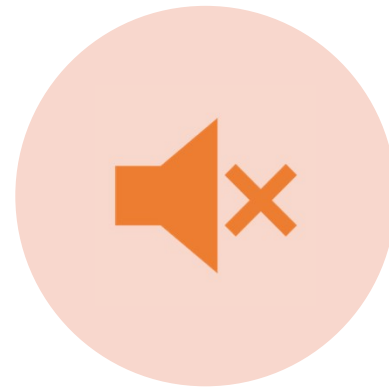


# Please

---



**TYPE QUESTIONS IN THE  
CHAT BOX**



**MUTE YOUR LINES**

# Note

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***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.***

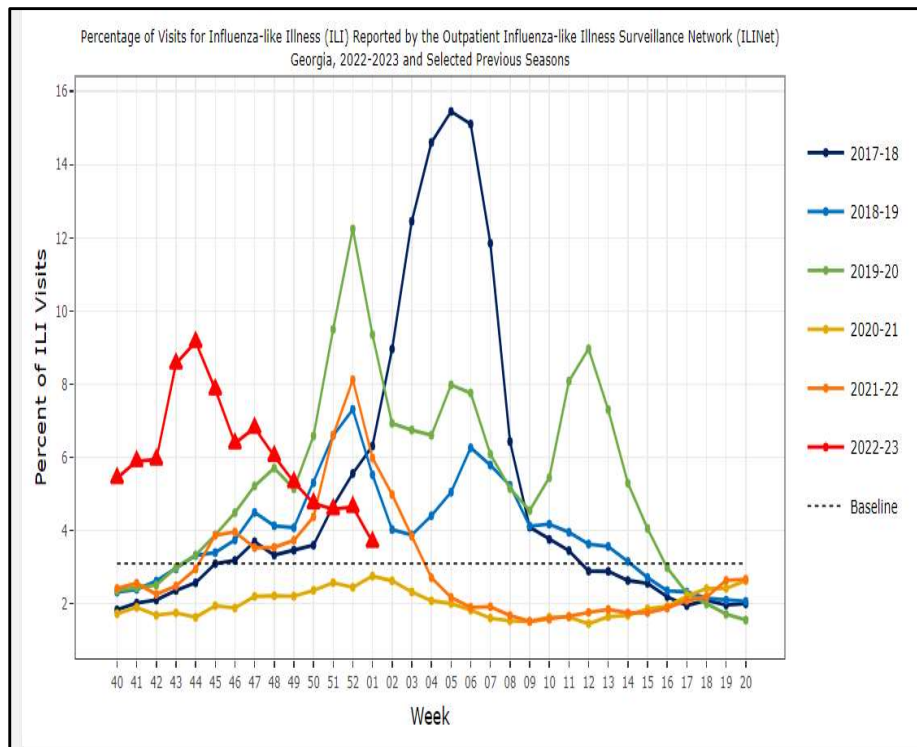
# Georgia OEMST Update – Epidemiology and Operations

January 20, 2023

# EMS Epi Update, 1/20/2023

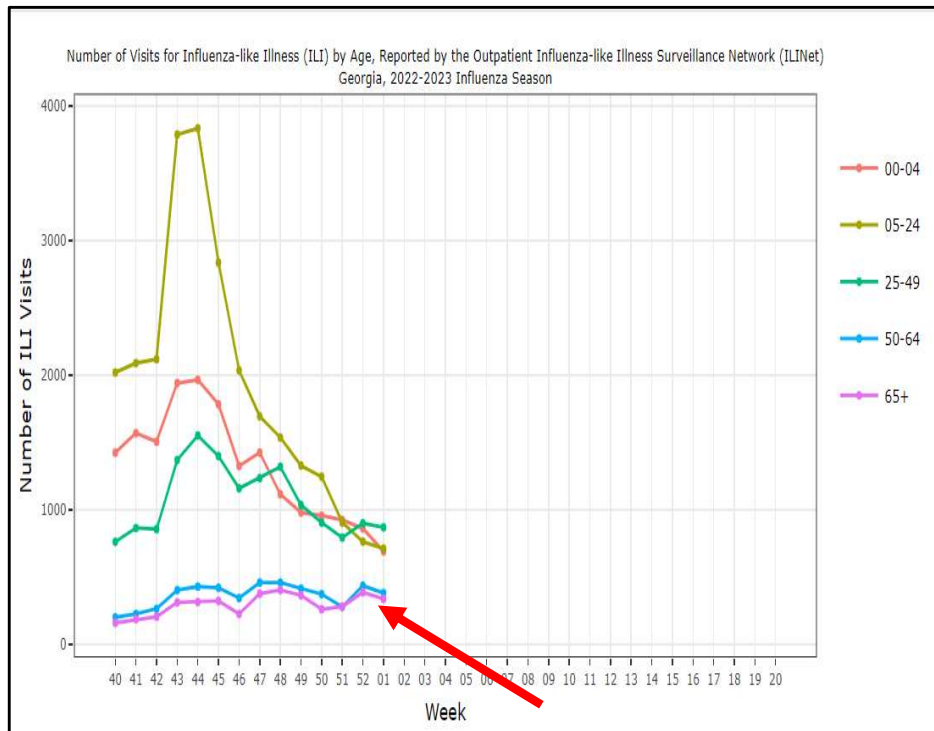
Cherie L. Drenzek DVM, MS/State Epidemiologist

# Georgia Flu Snapshot (Consistently Declining)



- Flu activity rose in Georgia very early and had “winter” peak levels in October.
- Flu activity has been declining over the last two months and is now down to “MODERATE” (6 on a scale of 1-13).
- 74% of viruses are Flu A, most (67%) are H3N2; Flu B rose to 26% (nationally is <1%).
- The proportion of outpatient visits for ILI in GA is 3.7% (see red line), nearly to baseline levels and lower than we have seen all season. This is very unusual for January.

# Georgia Flu Snapshot



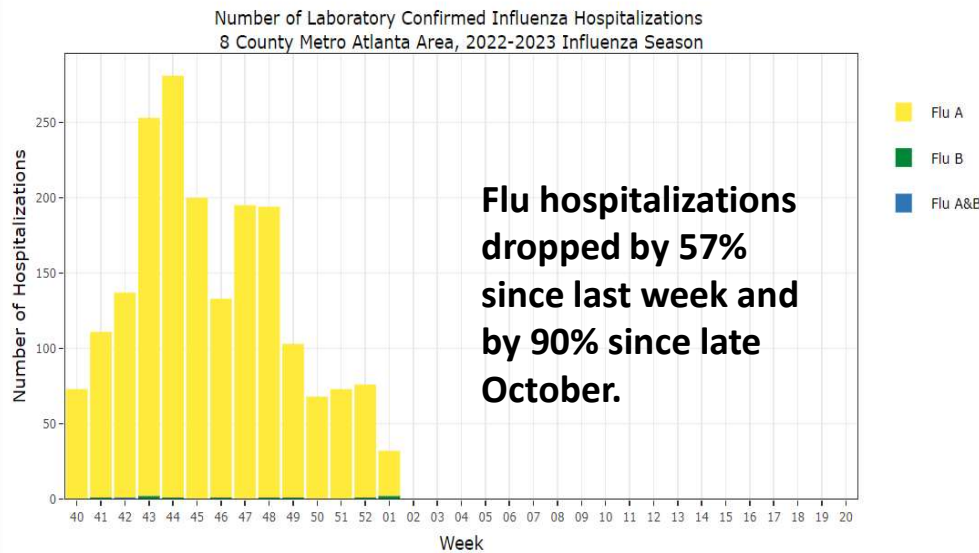
- For the first time this season, most (30%) outpatient visits for ILI last week were among **adults 25-49 years old** (green line).
- We consistently saw most visits among children before, but this has dropped by about 75% in the last seven weeks.
- We see only 11% of outpatient visits among those >65 but we do see most hospitalizations (38%) and deaths (66%) here (arrow).

# Influenza-Associated Hospitalizations (Metro Atlanta)

## Influenza-Associated Hospitalizations

The Influenza Hospitalization Surveillance Network (FluSurv-Net) reports laboratory confirmed influenza hospitalizations in the eight-county metro Atlanta area (Fulton, DeKalb, Clayton, Cobb, Douglas, Gwinnett, Rockdale, and Newton) for the 2022-2023 influenza season. There were 32 laboratory confirmed influenza hospitalizations confirmed for week 1.

A total of 1,929 laboratory confirmed influenza hospitalizations have been reported for the 2022-2023 season.

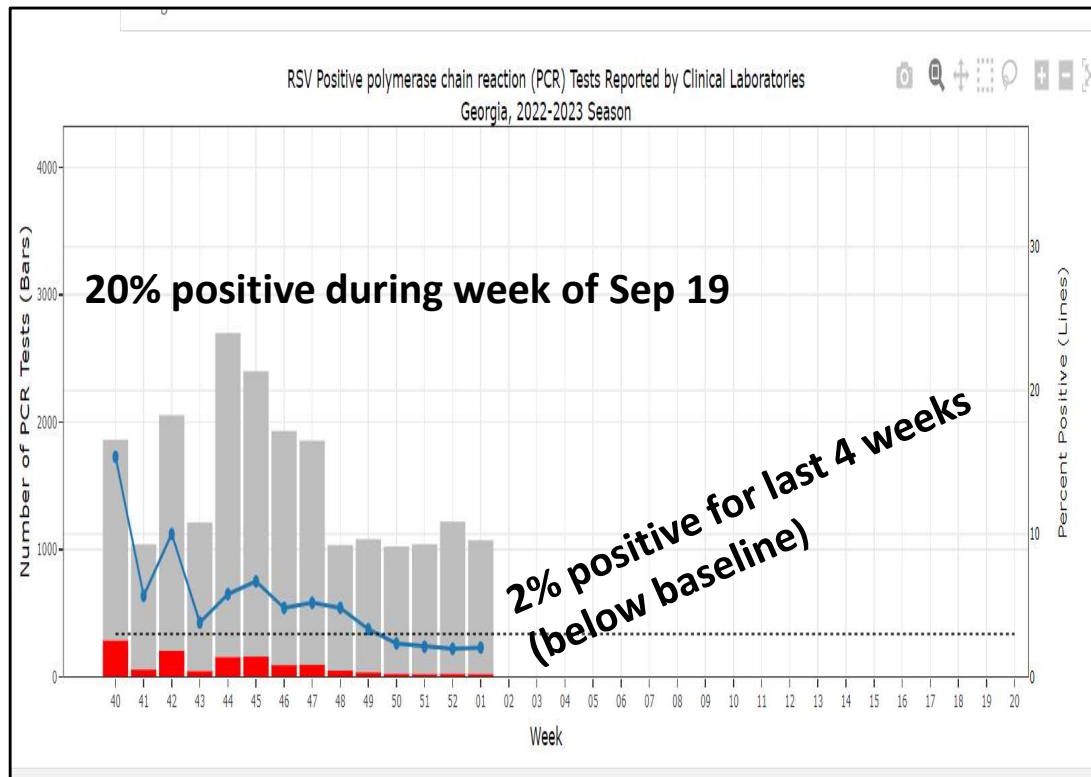


## Cumulative so far this season

Summary: Influenza Hospitalizations

| Age Group in Years | Hospitalizations since Week 40 | Hospitalization Rate (per 100,000 population) |
|--------------------|--------------------------------|---|
| 00-04              | 140                            | 54.2  |
| 05-17              | 184                            | 25.1  |
| 18-49              | 469                            | 24.6  |
| 50-64              | 411                            | 52.8  |
| 65+                | 725                            | 140.8   |
| <b>Total</b>       | <b>1,929</b>                   | <b>46.0</b>                                   |

# Respiratory Syncytial Virus (RSV) in Georgia



- RSV infection can be very serious or even deadly in young children, those under 12 months most at risk for hospitalization.
- The RSV season also was early this year (usually peaks in January)
- Similar to flu in that we don't count individual cases but use percent of lab specimens that are positive for RSV to look at trends.
- RSV activity was very high in Georgia during Sep and Oct, with a peak of 20% positive on Sep 19. It has declined to a steady level of 2% for the last 4 weeks (below baseline).



# COVID Snapshot

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- Overall **COVID case numbers in Georgia decreased by 34% this week**, COVID hospitalizations dropped by 14% and deaths decreased by 5% (holiday week).
- Caution is warranted because not all cases are reported, reporting patterns vary, immunity wanes, and new variants continue to gain ground.
- For example, nationally, XBB.1.5 is now up to 43% of all cases. In Georgia, **BQ.1.1 still holds the top spot among variants (38% of all cases) while XBB.1.5 is now in second place at 31% (up from 17% last week)**.
- **Overall, the immunity “wall” appears to be protecting against surges, and especially severe outcomes, so boosting is still critical (effective against XBB.1.5).**

# Georgia OEMST Update – Operations Update

January 20, 2023

# OEMST Position Updates

Michael Johnson

# OEMST Position Updates

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## **Deputy Director of Systems of Care / Cardiac Program Coordinator**

- April Moss  
April.moss@dph.ga.gov

## **Trauma Program Manager**

- Renee Morgan retiring Feb 1<sup>st</sup>

## **EMS Data Manager**

- Application closed, interviews in process

## **Stroke Program Coordinator**

- Will be posted in next few days

# Assessment Updates

Michael Johnson

# Assessment Updates

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- **American College of Surgeons Trauma System Assessment**  
January 9-13, 2023
- **Pennsylvania Trauma System Foundation Rural Trauma Assessment**  
October 11-13, 2022
- **NHTSA EMS Assessment**  
August 29-September 1, 2022

# Workforce Numbers

Kelly Joiner

# Number of Licensees as of 01/20/2023

| Level              | As of<br><b>01/01/22</b> | As of<br><b>04/01/2022</b> | As of<br><b>1/20/2023</b> | Δ 1/1/22      | Δ since<br>4/01 |
|--------------------|--------------------------|----------------------------|---------------------------|---------------|-----------------|
| EMT-Responder      | 99                       | 203                        | 330                       | +231          | NA              |
| EMT                | 5,805                    | 5,431                      | 6,431                     | +626          | +1,000          |
| EMT-Intermediate   | 4,881                    | 4,805                      | 4,802                     | -79           | -3              |
| Advanced EMT       | 4,931                    | 4,716                      | 5,289                     | +358          | +573            |
| Cardiac Technician | 28                       | 27                         | 27                        | -1            | NC              |
| Paramedic          | 8,770                    | 8,562                      | 9,133                     | +363          | +571            |
| <b>TOTAL</b>       | <b>24,514</b>            | <b>23,744</b>              | <b>26,012</b>             | <b>+1,498</b> | <b>+2,268</b>   |



# Naloxone for EMS Agencies

Kelly Joiner

# Naloxone for EMS Agencies

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- Next request application will open in Feb 2023
- Naloxone supplies are to supplement current EMS agency inventory and will be allocated based on supply on hand and previous Narcan usage.

# EMS Armband Project

Kelly Joiner

# EMS Armband Project

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Pilot Areas: White County, Lumpkin County

Deterministically link **Crash Records**, **EMS Records**, and **Hospital Records** with one unique number.

Three (3) phase project that includes Law Enforcement, EMS, and Hospital partners. During the pilot testing, Phase 1, will allow us to learn what works well and where opportunities for improvement lie before expanding the project.

Crash Related Incidents Criteria:

- All Motor Vehicle Collisions (MVC/MVA)
- All MVC/MVA versus Pedestrian
- All MVC/MVA versus bicyclist
- All MVC/MVA versus motorcyclist
- All MVC/MVA versus ATVs

# Data Reports

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- Crash Report:
  - Contains crash specific information about the patient
- EMS Report:
  - Includes all 911 and Interfacility Responses and Transports
    - ALL Ground Ambulance, Air Ambulance, and licensed MFR Agencies.
  - Contains prehospital information about the individual patient from time of EMS first contact till arrival at the hospital.
- Hospital Report:
  - Contains diagnosed injuries, treatment, and outcomes of the patient

|   |  |
|---|--|
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT P</b><br>6 letters (A-Z)                                  |
| <b>AAEVT P</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT O</b><br>6 letters (A-Z)                                  |
| <b>AAEVT O</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT N</b><br>6 letters (A-Z)                                  |
| <b>AAEVT N</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT M</b><br>6 letters (A-Z)                                  |
| <b>AAEVT M</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT L</b><br>6 letters (A-Z)                                  |
| <b>AAEVT L</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT K</b><br>6 letters (A-Z)                                  |
| <b>AAEVT K</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT J</b><br>6 letters (A-Z)                                  |
| <b>AAEVT J</b>  | External Report Type = "Patient ID", enter # for External Report # |
| <b>CRASH REPORT</b>                                     | <b>EMS PCR</b>   |
| Enter # in Occupant Info "By:" Field<br>6 letters (A-Z) | <b>AAEVT I</b><br>6 letters (A-Z)                                  |
| <b>AAEVT I</b>  | External Report Type = "Patient ID", enter # for External Report # |

AAEVT P  
AAEVT O  
AAEVT N  
AAEVT M  
AAEVT L  
AAEVT K  
AAEVT J  
AAEVT I



**Georgia Systems of Care Armband**  
**DO NOT REMOVE**  
To learn more: visit <https://dph.ga.gov/EMS/armband>

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AAEVT P  
AAEVT O  
AAEVT N  
AAEVT M  
AAEVT L  
AAEVT K  
AAEVT J  
AAEVT I

Hospital Use - this # will be recorded in Pt Record and in Trauma/Stroke/ Cardiac Registry

Hospital Use - this # will be recorded in Pt Record and in Trauma/Stroke/ Cardiac Registry

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# Post Licensure Skills

Kelly Joiner

# Post Licensure Skills

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Revised SOP (PLS) Policy and posted to website  
<https://dph.georgia.gov/EMS/post-licensure-skills-pls-paramedics>

## Revisions:

- Agency approval will be for 2 years.
  - Education request and education will still have to be done on an annual basis
- Added a Post Licensure Skill
  - Initiation of the administration of Blood/Blood Products in prehospital environment



# Post Licensure Skills

---

| Post-Licensure Skill for Paramedics  |
|--|
| 1. Initiation and maintenance of <b>Advanced Transport Ventilators (ATV)</b> that are capable of more advanced modes (i.e., capable of adjusting more than rate and tidal volume).   |
| 2. <b>Initiation of additional units of blood/blood products</b> , includes initiating an additional blood/blood product infusion if supplied by the sending facility after all proper safety checks are completed by the sending facility and the ambulance has addressed appropriate storage and temperature maintenance during transport. |
| 3. <b>Maintenance of Intra-Aortic Balloon Pumps (IABPs)</b>  |
| 4. <b>Maintenance of Transvenous Cardiac Pacing (TVP) devices</b>  |
| 5. <b>Maintenance of external cardiac support devices</b> , including percutaneous Left Ventricular Assist Devices (pLVAD), Extra Corporeal Membrane Oxygenation (ECMO) devices, etc.  |
| 6. Administration or maintenance of <b>high flow oxygen via nasal cannula.</b>   |
| 7. <b>Initiation of the administration of blood/blood products in the pre-hospital environment.</b>  |

# Post-Licensure Skills (PLS) for Paramedics

- Emergency Medical Services
  - Public Notices, Regional and Statewide Meetings
  - Monkeypox Resources for EMS
  - License Management System
  - EMS Licensure & Verification (Agency, Personnel, Instructor)
  - EMS Initial/Continuing Education
  - OEMST Webinar Updates
  - Protocols and Scope of Practice
  - Post-Licensure Skills (PLS) for Paramedics**
  - EMS Data (GEMIS Elite, Biospatial)
  - Forms and Related Documents
  - State EMS Office Directory
  - Regional EMS Systems
  - Specialty Care Centers



es > Post-Licensure Skills (PLS) for Paramedics

## Post-Licensure Skills (PLS) for Paramedics

Post-Licensure Skills (PLS) for Paramedics are those skills that are above and beyond the normal scope of practice for a Georgia licensed Paramedic as listed on the current Scope of Practice for EMS Personnel.

Paramedics are permitted to perform only those additional post-licensure skills listed below at an EMS agency that has been approved to utilize those post-licensure skills for paramedics, and only once the paramedic has been: **trained** on those skills; **certified** as competent; **credentialed** to perform those skills by the agency's EMS Medical Director; and only while operating under standing, verbal or written **orders** from the agency's EMS Medical Director, transferring physician, or medical control physician.

Georgia licensed Paramedics are only permitted to perform any of the skills above if the following requirements are met for **EACH** specific skill for **EACH** EMS agency that the skill will be performed at.

EMS agencies will only be approved to utilize post-licensure paramedic skills if all the requirements below are met.

To submit for EMS agency approval:

After an EMS agency has been approved for a Post Licensure Paramedic skill and education, the agency must:

To renew EMS agency Post Licensure Skill(s) for Paramedic:

### Relevant Guidance Resource Documents

- [Additional Blood Products Guidance](#)
- [Advanced Transport Ventilators Guidance](#)
- [External Cardiac Support Device Guidance](#)
- [High Flow Nasal Cannula Guidance](#)
- [IABP Guidance](#)
- [Transvenous Cardiac Pacing Devices Guidance](#)

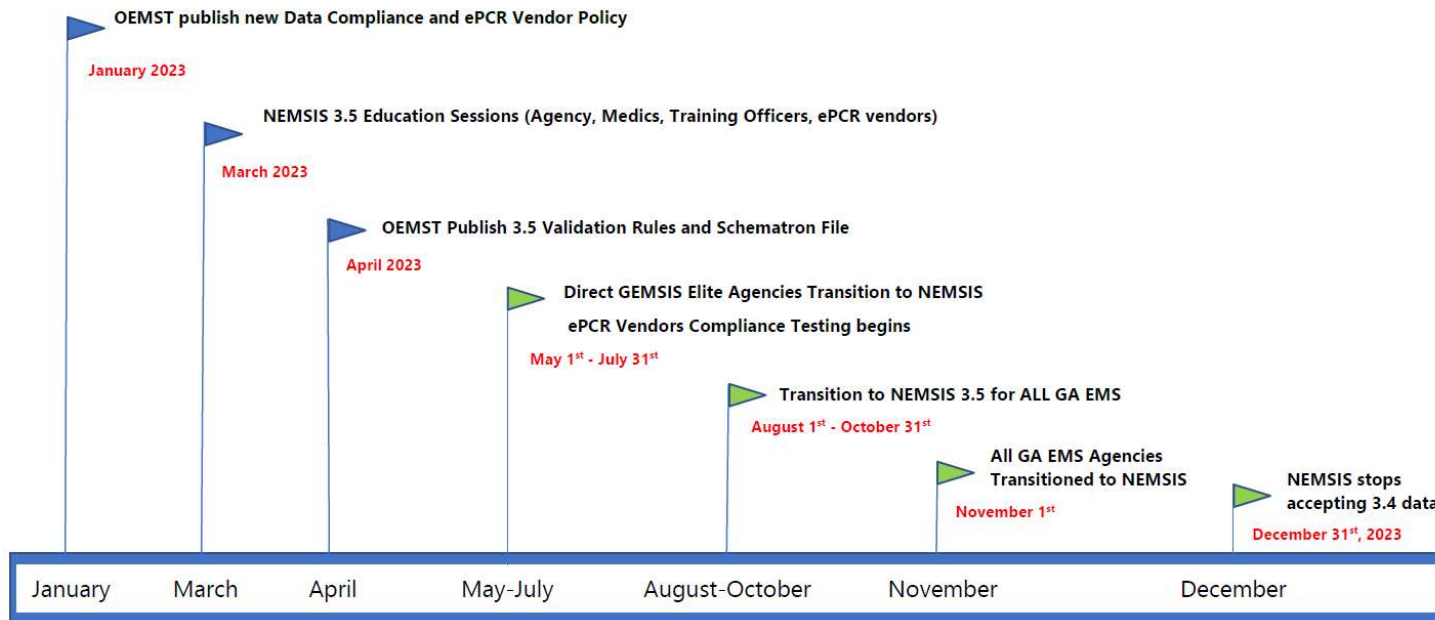
# OEMST v3.5 Transition

Kelly Joiner / Dipti Patel

# OEMST NEMSIS v3.5 Transition



Georgia Timeline for NEMSIS 3.5 Data Transition



# OEMST NEMESIS v3.5 Transition


---

## WHY TRANSITION TO v3.5.0?

- Develop standards for health information exchange
- Better Incident flow and increased clarity

## WHAT WILL v3.5.0 OFFER?

- More dispositions
- Less data entry errors
- Increase data accuracy



**NEMESIS  
V3.5**

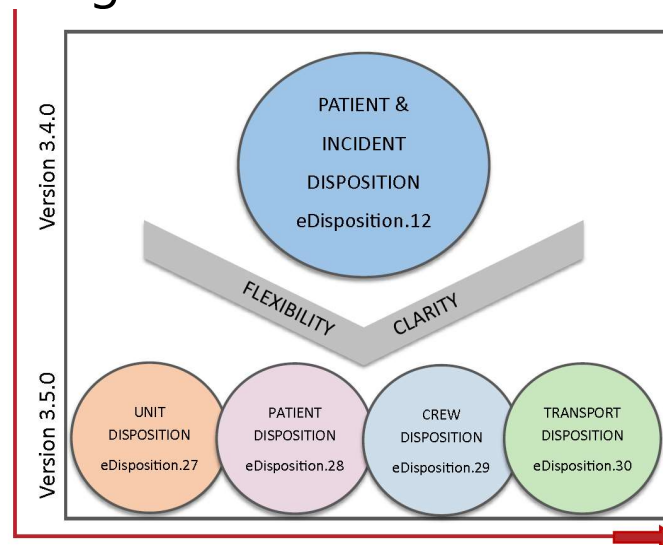
## OEMST CONTACT

EMAIL: [GEMESIS@DPH.GA.GOV](mailto:GEMESIS@DPH.GA.GOV)

WEBSITE: [HTTPS://WWW.DPH.GA.GOV/EMS/GEMESIS](https://www.dph.ga.gov/ems/gemesis)

# OEMST Transition to NEMESIS v3.5

Example of one of the changes:



## Revised Call Dispositions

The disposition of a call is now organized into 4-5 elements that allows more flexibility for various types of EMS response and increases the accuracy of documentation.

# OEMST Transition to NEMESIS v3.5

---

## Changes from v3.4.0 to v3.5.0

| <i>Overall Changes</i>       | <i>New</i> | <i>Updated</i> | <i>Removed</i> |
|------------------------------|------------|----------------|----------------|
| <i>Total</i>                 | 73         | 100            | 58             |
| <i>EMS Elements</i>          | 26         | 80             | 10             |
| <i>DEM Elements</i>          | 0          | 20             | 4              |
| <i>StateDataSet Elements</i> | 47         | 0              | 44             |

| <i>Changes in National Elements</i>    | <i>v3.4.0</i> | <i>v3.5.0</i> |
|--|---------------|---------------|
| <i>Total (excluding SDS, eOutcome)</i> | 165           | 155           |
| <i>Mandatory</i>                       | 37            | 32            |
| <i>Required</i>                        | 128           | 123           |

# More Information Coming Soon

---

Please keep check on the website and your emails containing more information about:

- Steps in the transition for Go Live with v3.5
- Education Webinars
  - Education of the Changes
  - Definitions of data elements/data fields
  - Validation Rule updates and changes
  - Current documentation issues
- Guidance Documents for v3.5 Changes





# NEMESIS v3.5 Transition

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NEMESIS has started compliance testing with ePCR software vendors.

- Currently 18 ePCR software systems are v3.5 compliant
- <https://nemesis.org/technical-resources/version-3/v3-compliant-software-and-compliance-testing-status/>

Georgia will be implementing an ePCR Software Vendor compliance testing process.

All states must be fully transitioned to v3.5 before 2024

[www.nemsis.org](http://www.nemsis.org)

From NEMESIS Home Page > Using EMS Data > V3.5.0 Revision



Careful consideration of posted requests for revisions to the NEMESIS 3.4.0 standard began in early October 2018, during the NEMESIS V3 Implementation meeting, and continued through bimonthly V3 Implementation webinars and NASEMSO Data Managers Committee calls. An initial release of v3.5.0 was made available in September 2019, with a critical patch following in November 2019.

List of v3.5 Resources

v3.5 KEY CHANGES FLYER

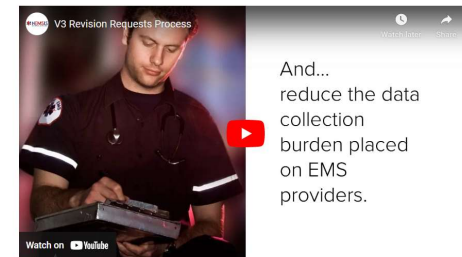
STATE AND VENDOR TRANSITION PLANS (xlsx)

WHY MOVE TO V3.5.0?

WHEN WILL CHANGES TAKE PLACE?



Overview of the move to V3.5.0 (1.5 min) May 18, 2018



# Hospital Hub

Kelly Joiner

# Hospital Hub

The Hospital platform to obtain EMS PCR for patients transported to their facility.

**IMAGETREND**  
HOSPITAL HUB™

HOME ABOUT CONTACT US

Accurate and timely patient information  
– from EMS to hospital – for improved  
readiness and continuity of care.

**INTEGRATIVE PREPAREDNESS**

Accurate and timely patient information and trauma service preparation are valuable assets in providing optimal patient care and improving recovery rates. Hospitals use Web-based Hospital Hub™ to access the ePCR from ambulance services in PDF format for patients as they arrive. Hospital Hub connects with EMS providers at local, statewide or even multi-state level using Service Bridge™, Rescue Bridge™ or State Bridge™.

- A complete ePCR is available for each patient's medical record
- Provides advance notice to prepare space and treatment
- Filters to show relevant only records

**SYSTEM LOGIN**

Username:

Password:

[Forgot your password?](#)

# Hospital Hub

|      | Arrival Date        | Service | Name | DOB        | Primary Impression                  | Related | Incident Number | PCR Number                          | Date Entered        |
|------|---------------------|---------|------|------------|-------------------------------------|---------|-----------------|-------------------------------------|---------------------|
| 100% | 01/20/2023<br>05:06 |         |      | 12/30/1958 | Respiratory-Pneumonia               | ➔       | 23011647        | c586198b6f3043d8a22d0e23cadd8778    | 01/20/2023<br>06:51 |
| 90%  | 01/20/2023<br>04:47 |         |      | 12/20/1975 | CV-Angina pectoris                  | ➔       | 1736            | c63c4633-e325-4989-9912-4715c4c2... | 01/20/2023<br>05:59 |
| 99%  | 01/20/2023<br>02:55 |         |      | 2/02/1948  | Behavioral-Behavioral / psychiat... | ➔       | 837631          | d2f72f0b-1b9d-4d8d-b047-7eb646ef... | 01/20/2023<br>05:59 |
| 96%  | 01/20/2023<br>02:03 |         |      | 6/26/1986  | Laceration without foreign body ... | ➔       | 837630          | b36a7025-b9f0-4daf-9a52-fb47d574... | 01/20/2023<br>03:59 |
| 100% | 01/20/2023<br>02:01 |         |      | 6/14/1950  | Injury-hip                          | ➔       | 23000270        | b2520000eeb1433087bc2e9016dc2bbf    | 01/20/2023<br>02:59 |
| 96%  | 01/20/2023<br>02:00 |         |      | 1/10/1977  | Injury-thigh (upper leg)            | ➔       | 1733            | 82b3f6bf-cdb8-42d7-8f19-0d92bec2... | 01/20/2023<br>03:59 |
| 100% | 01/20/2023<br>01:48 |         |      | 4/01/1933  | Injury-hip                          | ➔       | 2301450         | 4d2fb41c19bf4652a2a8cb53028748ce    | 01/20/2023<br>03:59 |
| 97%  | 01/20/2023<br>00:36 |         |      | 2/04/1933  | Shortness of breath                 | ➔       | 837625          | 4c9a40b5-c6aa-4323-94b5-af59d7fd... | 01/20/2023<br>05:24 |
|      | 01/20/2023          |         |      |            |                                     |         |                 |                                     | 01/20/2023          |

# Hospital Hub

The screenshot displays the ImageTrend Hospital Hub interface. The main window shows a table with columns for Arrival Date, Service, Name, and DOB. A PDF Selector overlay is open on the right side, showing a list of PDFs under the heading 'Summary PDFs'. The 'Prehospital Care Report (Default) | Unified PDF' is highlighted with a red circle. Other PDFs listed include 'CARES Print Report | Unified PDF' and 'Not Available'.

| Arrival Date     | Service | Name | DOB        |
|------------------|---------|------|------------|
| 01/12/2023 02:11 |         |      | 5/18/1977  |
| 01/13/2023 10:04 |         |      | 1/13/2023  |
| 01/15/2023 15:42 |         |      | 3/27/1952  |
| 01/15/2023 18:36 |         |      | 7/24/1930  |
| 01/11/2023 08:42 |         |      | 9/21/1950  |
| 01/15/2023 19:58 |         |      | 9/21/1950  |
| 01/15/2023 08:48 |         |      | 7/12/1983  |
| 01/14/2023 17:58 |         |      | 6/12/1950  |
| 01/14/2023 14:08 |         |      | 3/28/1979  |
| 01/13/2023 22:08 |         |      | 10/24/1960 |
| 01/15/2023 00:03 |         |      | 9/24/1965  |
| 01/11/2023 06:47 |         |      | 2/09/1976  |
| 01/14/2023 06:00 |         |      | 5/28/2010  |
|                  |         |      | 6/07/1997  |
|                  |         |      | 1/27/1966  |
|                  |         |      | 2/19/1935  |
|                  |         |      | 12/20/1955 |

# Hospital Hub

Also can link ePCRs completed for a patient regarding that specific incident.

The screenshot displays the ImageTrend Hospital Hub interface. On the left, a table lists patient records with columns for Arrival Date, Service, Name, DOB, and Primary. A 'Related Incidents' panel is open on the right, showing incident details for a selected patient. A red circle highlights a refresh icon in the top left of the incident panel.

|      | Arrival Date        | Service | Name | DOB       | Primary |
|------|---------------------|---------|------|-----------|---------|
| 89%  | 01/12/2023<br>02:11 |         |      | 5/18/1977 |         |
| 95%  | 01/13/2023<br>10:04 |         |      | 1/13/2023 |         |
| 100% |                     |         |      | 3/27/1952 |         |
| 100% | 01/15/2023<br>15:42 |         |      | 7/24/1930 |         |
| 100% |                     |         |      | 9/21/1951 |         |
| 100% | 01/15/2023<br>18:36 |         |      | 9/21/1951 |         |
| 100% | 01/11/2023<br>08:42 |         |      | 7/12/1985 | Pain    |
| 98%  | 01/15/2023          |         |      | 6/12/1966 | Muscl   |

**Related Incidents**

Incident #: CF-2023-01-15-00003237    PCR #: 4bee2406d80a47f3b4208efc2f6032d2

Incident Date: 01/15/2023    Call #: CF-2023-0002751

Transferred To: [Redacted]

Received From: [Redacted]

# Data Linkages

## LINKING BASED ON:

- Patient First Name
- Patient Last Name
- Patient Gender
- Patient DOB
- Incident Date

PCR #1



PCR #2



PCR #3

PCR #1  
PCR #2  
PCR #3

Hospital





# Data Linkages

## LINKING BASED ON:

- Patient First Name
- Patient Last Name
- Patient Gender
- Patient DOB
- Incident Date

PCR #1



PCR #2

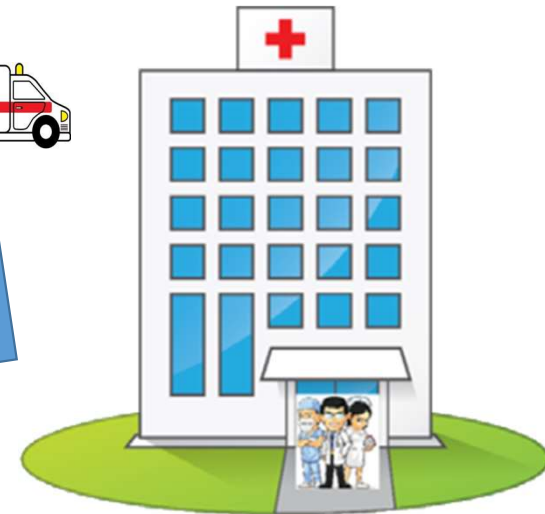
Hospital A



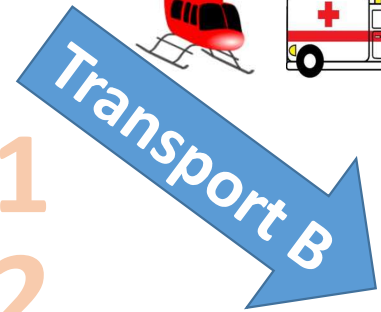
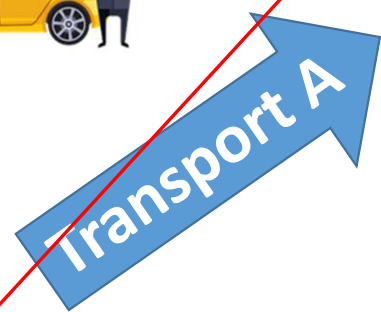
PCR #3



Hospital B



PCR #1  
PCR #2  
PCR #3



PCR #1  
PCR #2

# Data Linkages

## LINKING BASED ON:

- Patient First Name
- Patient Last Name
- Patient Gender
- Patient DOB
- Incident Date

PCR #1



Hospital A



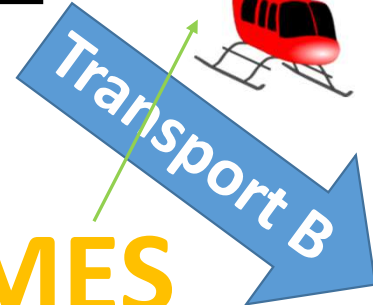
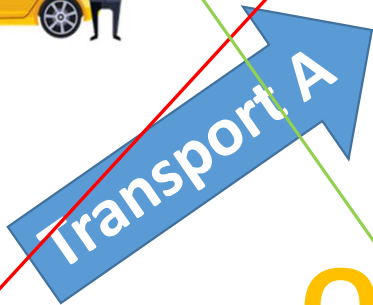
PCR #3



Hospital B



PCR #1  
PCR #2  
PCR #3



OUTCOMES



PCR #2

# Hospital Hub

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## Capabilities:

- A platform for Hospitals to obtain EMS PCR's.
- A tool to link all the PCR's related to a patient for a specific event for hospitals.
- A tool to provide Outcome data to the EMS agencies

# Hospital Hub

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## Current Issues:

- **Hospital Facility Codes not correct in ePCR Software Systems**
- EMS not knowing patient demographics when completing PCR
- Linkage of data elements

**LINKING BASED ON:**

- Patient First Name
- Patient Last Name
- Patient Gender
- Patient DOB

# EMS Personnel License Renewal

Richard Rhodes

# Personnel License Renewal for 3/31/2023

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Georgia Medic Renewal application available (October 1<sup>st</sup>) .

- Continuing Education (CE) must be entered into Education Report into LMS
- Must upload BCLS and ACLS (if applicable) cards
- \$75.00
- \$2.75 credit card charge

Agency-Indicate Medics for Renewal Payments application will close on February 15<sup>th</sup>

# EMS Instructor and Instructor/Coordinator Late Renewal

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Late renewal period is now open until June 30<sup>th</sup>, 2023

CE and Active Teaching will be accepted from 1/1/2020 – 6/30/2023

Late fee of \$25

# EMS Education Consortium

Richard Rhodes



# EMS Education Consortium

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Next Meeting March 3<sup>rd</sup> 10AM – 12PM, Doctors Hospital and Virtual

- Would really like to have Medical Director engagement

Two sub-committees have been created

- Advanced Placement for non-EMS healthcare (LPN, RN, PA, MD, DO, Etc.)
- Initial Education Program re-designation criteria

# Upcoming Meetings/Trainings

Richard Rhodes

# Upcoming Meetings/Trainings

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EMSAC Quarterly Meeting – February 21, 2023, at 10:00am

- (Virtual & In Person, OEMST, 1680 Phoenix Blvd, Atlanta, GA)

EMSMDAC SOP Meeting – March 7th, 2023, at 10:00am (Virtual)

EMSMDAC Quarterly Meeting – April 11<sup>th</sup>, 2023, at 10:00am

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

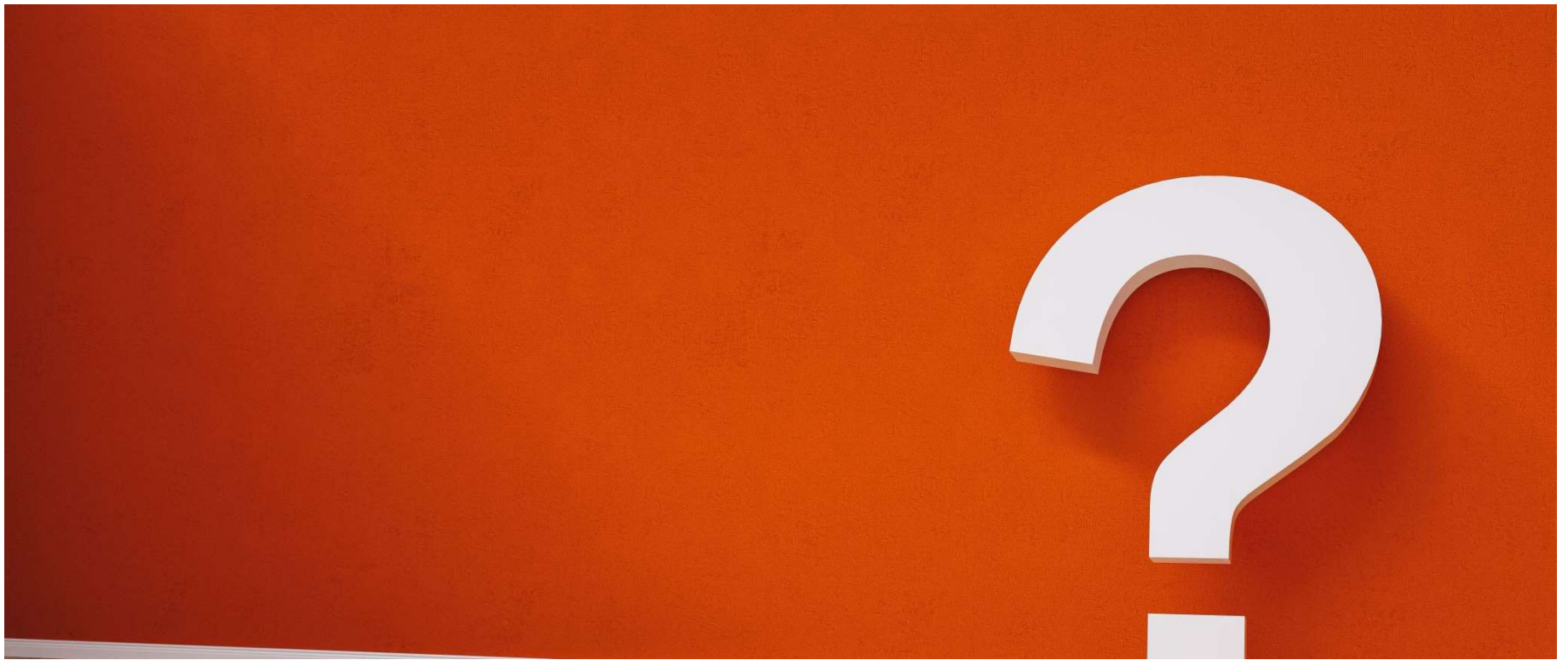
# Regional Instructor Symposiums

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- January 20<sup>th</sup> – Coastal Pines Technical College – Jessup
  - NREMT will be presenting virtually
- February 13<sup>th</sup> – Southern Crescent Technical College - Griffin
- March 3<sup>rd</sup> – Doctors Hospital – Augusta
  - The EMS Education Consortium will also be held this day from 10-12

# Questions? And Open Discussion

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# Thank you for all that you do!

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- Be Safe
- Watch for emails