GEORGIA DEPARTMENT OF HUMAN RESOURCES, DIVISION OF PUBLIC HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES/TRAUMA

OPERATING REPORT

Aligning people, processes and technology
ABSTRACT
This document provides an operating report, organization description and basic statistical characterization of Emergency Medical Services (EMS) in Georgia. The contents of this report are based upon the regulatory records of the Georgia Office of Emergency Medical Services/Trauma, Division of Public Health, Department of Human Resources. The statistical tables are taken from an analysis of statewide Patient Care Reports and other operating data from 2000 through 2005. The statistics in this document provide a baseline for the continuing examination, comparison and improvement of Georgia statewide EMS operations.

In an economy of reduced public spending, the publication of this information directly supports initiatives to understand and improve statewide EMS operations.
## Preface

**Georgia’s EMS Regions**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Diverse Population with Diverse EMS Needs</td>
<td>18</td>
</tr>
<tr>
<td>Georgia Demographics</td>
<td>18</td>
</tr>
<tr>
<td>State Overview Map of EMS Regions</td>
<td>19</td>
</tr>
<tr>
<td>EMS Region 1</td>
<td>20</td>
</tr>
<tr>
<td>EMS Region 2</td>
<td>22</td>
</tr>
<tr>
<td>EMS Region 3</td>
<td>24</td>
</tr>
<tr>
<td>EMS Region 4</td>
<td>26</td>
</tr>
<tr>
<td>EMS Region 5</td>
<td>28</td>
</tr>
<tr>
<td>EMS Region 6</td>
<td>30</td>
</tr>
<tr>
<td>EMS Region 7</td>
<td>32</td>
</tr>
<tr>
<td>EMS Region 8</td>
<td>34</td>
</tr>
<tr>
<td>EMS Region 9</td>
<td>36</td>
</tr>
<tr>
<td>EMS Region 10</td>
<td>38</td>
</tr>
</tbody>
</table>

**Georgia’s EMS Councils**

- EMS Advisory Council (EMSAC) 40
- EMS Medical Directors Advisory Council (EMSMDAC) 41

## Looking Towards the Future

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Strategic Focus</td>
<td>42</td>
</tr>
<tr>
<td>EMS Development is a State Responsibility</td>
<td>42</td>
</tr>
<tr>
<td>Ability to Secure Grant Funding</td>
<td>43</td>
</tr>
<tr>
<td>The Future of EMS is Information</td>
<td>44</td>
</tr>
<tr>
<td>National EMS Information System (NEMSIS) Participation</td>
<td>44</td>
</tr>
<tr>
<td>Keeping Pace with Technology to Benefit Stakeholders</td>
<td>44</td>
</tr>
<tr>
<td>References</td>
<td>45</td>
</tr>
</tbody>
</table>

## Appendices

- Appendix A: GEMSIS Goals 47
- Appendix B: EMSAC Membership 48
- Appendix C: EMSMDAC Membership 49
- Appendix D: Georgia Fast Facts 50
- Appendix E: Georgia Prehospital General Reports 51

Acknowledgements Inside back cover
A Message From the Director

Stuart T. Brown, MD
Director, Division of Public Health
Georgia Department of Human Resources

The Georgia Division of Public Health (GDPH) is the lead agency entrusted by the people of the state of Georgia with the ultimate responsibility for the health of communities and the entire population. Our vision is a Georgia with healthy people, families, and communities, where all sectors unite by pooling their assets and strengths to promote health for all. We bring to all Georgians a commitment to improving health status through community leadership, expertise in health information and surveillance, and assurance of a safer environment. Our mission is to promote and protect the health of people in Georgia wherever they live, work, and play. Accordingly, a strong and vibrant Emergency Medical Services capability is essential to public health in Georgia.

I am pleased to make available this first year’s publication of Georgia’s Office of Emergency Medical Services/Trauma Operating Report.

The collection and publication of EMS operating data marks a major milestone in the development of objective information to support EMS system development in Georgia. While these data are largely descriptive, they enable us to begin to have the capability to link EMS data with other public health information sources. With this information, Georgia begins to possess a distinct ability to identify risk factors, foster interventions to prevent injuries and understand how the integrated delivery of EMS resources can further benefit patient outcomes.

We are grateful to the National Highway Transportation Safety Administration (NHTSA) Emergency Medical Services for Children (EMSC) program for their grant funding to support this publication.

Stuart T. Brown, M.D., has had a distinguished career in the field of medicine and public health. After receiving his A.B. from Dartmouth College, he received his M.D. degree from Cornell Medical School. In 1971, Dr. Brown served as Chief of Outpatient Clinics at the U.S. Army Hospital in Bangkok, Thailand. On assignment by the Centers for Disease Control and Prevention (CDC), he worked with the Seattle Health Department for two years before accepting a position with the Neighborhood Union Health Center in Atlanta, where he served for four years. A second CDC assignment took him to Geneva, Switzerland, as a medical officer with the World Health Organization. From 1980 to 1984, Dr. Brown worked as an Associate Director at the CDC, directing international projects which focused on sexually transmitted diseases. Remaining within the CDC, he was appointed director of the Division of Injury Epidemiology and Control in 1984, where he continued until 1989. A third CDC assignment brought him to the DeKalb County Board of Health, where he served as director of the STD/HIV program for three years; he subsequently served as the medical director for the DeKalb County Board of Health. In March 2004, he was appointed Interim Director of the DeKalb County Board of Health. In January 2005, Dr. Brown was named Acting Director of the Division of Public Health, Georgia Department of Human Resources and has served since June 2005 in his current position as Director of the Division of Public Health.
**OEMS/T Mission**
To encourage, foster, and promote the continued development of an optimal system of emergency medical and trauma care, which provides the best possible patient outcome.

**Vision**
By promoting excellence, providing uniform statewide regulation, and promoting healthy communities, we seek to be valued by those we serve. An important by product of regulation is value-added information for emergency preparedness, public health, EMS research, and strategic governance. By managing knowledge, EMS can improve public health in Georgia.

**Values**
**Excellence:** We promote excellence, achieve and maintain quality results.

**Integrity:** We are committed to honesty, fairness, and trustworthiness in the best interests of the citizens of Georgia and those that represent state government.

**Teamwork:** We encourage active collaboration to solve problems, avoid conflict, make decisions, and achieve common goals.

---

**First EMS Operating Report**
The publication of this document marks a strategic milestone for the OEMS/T. This is the first time in Georgia’s history that statewide EMS data has been formally aggregated, cleaned, analyzed, summarized and reported. The publication of Georgia’s EMS operating information marks a major milestone in the evolution of the statewide EMS system.¹

---

¹ Mr. Frederic J. Grant IV, PhD (Cand), MBA, CDP is the Principal Investigator and author of this publication, and the Manager of the Operations Analysis & Research of OEMS/T.
Strategic development starts with knowledge of the past, an assessment of the present, and a desire for higher performance in the future. Strategic change can be defined as a change in the form, quality or state over time in the overall pattern of alignment of an organization with its environment. The purpose of this operating report is to present information regarding EMS in Georgia—its past, present and future.

In 2005, the Georgia State Office of Emergency Medical Services/Trauma, made significant strides in its regulatory capabilities. These improvements were based upon the alignment of people, processes and technology to strategically support the statewide needs of the EMS community.

From the people perspective, a statewide survey of EMS services was completed. A publication is available which summarizes the survey results. The survey primarily investigated the question: Is there a shortage of EMS professionals in Georgia? The results indicated that all groups and categories of EMS providers in all regions of the state perceived a shortage of EMS professionals. Other findings are summarized regarding trends in EMS pay, benefits, hours worked and certain aspects of EMS operations. Several of these findings have potential implications for statewide emergency preparedness.

From the process perspective, new Rules and Regulations went into effect, March 17, 2005. From the technology perspective, publication of the GEMSIS Strategic Plan provides a roadmap for EMS system-wide improvement based upon the use of hard data. This coupled with the acquisition of web-based software significantly improved the data processing capabilities of the OEMS/T. A contract was awarded to ImageTrend to provide the OEMS/T a web-based system to support the receipt and analysis of Georgia Patient Care Report (PCR) data. The base system installation has been completed; the system is operating in a test mode. The system resides at Skyland Drive, PCR data from 2000 through 2005 is being converted into the NEMSIS data standard. Pilot operations for the new system will begin in the first few months of 2006.

For Georgia EMS to advance, a shared vision is required. This shared vision must be tangibly based upon our history, where we are today and where we must be tomorrow in order to be meeting the dynamic needs of the State of Georgia.

Publication Objectives:

1. Provide an overview of the State Office of Emergency Medical Services/Trauma regulatory and programmatic areas.
2. Establish a context for understanding the strategic public health significance of EMS operations in Georgia.

---

2 Rajagopalan & Spreitzer, 1996, p. 51
3 http://www.legis.state.ga.us/legis/2005_06/foltext/hr830.htm
Trauma is a physical injury or wound caused by external force or violence. In Georgia, motor vehicle crashes and falls are the most frequent incidents that produce traumatic injury. Trauma is the number four killer in the U.S. today behind cardiovascular disease, stroke, and cancer. It is the leading killer of persons under age 44.¹

Traumatic injury is producing in excess of $170 million of uncompensated hospital care annually in this state. This uncompensated care is being provided by a healthcare system that is very fragile fiscally and in danger of collapse. According to recent statistics, approximately two-thirds of Georgia’s hospitals are operating in the red. The recent economic downturn has accentuated an already-significant problem for hospitals. The tremendous increase in uninsured patients, the reductions in Medicare/Medicaid reimbursement, the increasing penetration of managed care, and the escalating costs of malpractice coverage both for hospitals and for individual practitioners are bringing about the closure of some hospitals and significant reduction in services in others. The malpractice crisis, itself, is causing a significant number of essential surgical sub-specialists to relocate to states with a more favorable malpractice climate. In 2005, Georgia took a major step forward through several actions:

(1) legislation to cap malpractice claims,
(2) the publication of its trauma system data, and
(3) continued participation in the NTDB (National Trauma Data Bank).

These actions marked forward progression in the development of statewide trauma system.

In Georgia, because we currently lack a statewide, inclusive system, our ability to provide optimal care is constrained. We are working diligently to address this situation; however, no single organization or agency can create a solution to this problem. A call to action is needed.

¹ Bledsoe, Porter & Cherry, 2003, p. 815
Areas of the U.S., which have established trauma systems, show dramatic reductions in death and disability from traumatic injury—as much as 20–40%. If the Georgia traumatic death rate were just equal to the national average, we could likely save an additional 700+ lives per year.

Emergency Medical Services and trauma care cannot and should not be separated. The reasons for this have to do with time and access to optimal care facilities. Trauma literature often addresses the golden hour. This hour refers to the short window of opportunity during which one may successfully treat major traumatic injuries.

The clock for the golden hour begins to tick at the point the traumatic event occurs. Depending on where the victim is located in the state, the pre-hospital response may require from 3 to 45 minutes. There may be an additional 10 to 60 minutes before the patient reaches a medical facility— and then not necessarily the appropriate facility. Factor in to this timeline that the patient may have needed on-scene extrication or transfer from one facility to another, and an additional 8 to 10 hours may elapse before the appropriate level of care is being rendered.

There are still many areas of the state that do not have rapid access to trauma centers. And, although many hospitals do render quality care to injured patients, the standard of care is not uniform—a situation that could be corrected through participation in an organized, statewide system.

In 2005, data indicate that trauma is a serious problem in Georgia; a call to action is needed. Georgia must take steps to recognize that trauma is a major health hazard. Ignoring this problem will only intensify it. We have an ethical obligation to provide a comprehensive trauma care system that will prevent trauma when possible but will guarantee rapid access and high quality trauma care when injury occurs. Additionally, it is increasingly apparent that an effective trauma system is an essential ingredient for Homeland Security. As we have moved into this new age where terrorism is no longer isolated to other lands, an effective trauma system needs to be part of the foundation for our emergency preparedness efforts.

In Georgia, because we currently lack a statewide, inclusive system, our ability to provide optimal care is constrained.
What is EMS?

Emergency Medical Services (EMS) is a comprehensive network of personnel, equipment, and resources established to deliver aid and emergency medical care to the community.\(^5\) EMS is an umbrella term for a continuum of prehospital care activities involving personnel, equipment, procedures, systems and community programs.\(^6\) In everyday terms, emergency medical services centers on rapid response, initial treatment, and safe transport of a patient to an acute care hospital facility.

While precise numbers are not available, EMS on a nationwide basis treats and transports approximately 25 to 30 million patients per year. In Georgia, EMS received an estimated 940,000 calls in 2005. As an important point of entry into the healthcare system, EMS is in a unique position to favorably impact patient outcomes.

EMS in Georgia is principally about the care of sick and injured patients by qualified, licensed providers and their rapid and safe transport to an appropriate health care facility. Every ambulance in the State of Georgia must contain the proper equipment and medications and be licensed. Appropriately qualified and licensed medical personnel must staff every licensed EMS vehicle. EMS providers must retain a medical director—a physician who is legally responsible for all clinical and patient-care aspects of treatment. Appropriate medical care protocols must be in-place and utilized; and, the initial care provided must be properly transitioned to a definitive health care facility.

The quality of Georgia’s prehospital care is assured though the licensing of both personnel and equipment, and the assurance of appropriate medical control during patient care processes. Licensed medics use approved medical protocols to care for sick and injured patients while rapidly and safely transporting them to hospitals and other health care facilities where they can be treated and recover.

In Georgia, EMS represents a broad and complex collection of private, community and governmental organizations, services and environments providing prehospital health care related services. Accordingly, EMS regulation covers the full spectrum of emergency care from recognition of the emergency, prehospital medical treatment, and patient transportation through patient receipt at a hospital or definitive care facility.

Collectively, these services and programs comprise the EMS gateway to health care and certain types of medical emergency preparedness for state citizens and visitors.

---

\(^5\) Bledsoe et al. (2003, p. 9)
\(^6\) GAO (2001, p. 4)
While the concept of EMS centers on rapid response, initial treatment, and safe transport of a patient to a health care facility; it is now generally recognized that EMS also plays a role in improving community health and takes planning actions that result in better and more appropriate uses of acute health care resources. Additionally, EMS also provides an essential strategic element for homeland security, bioterrorism preparedness and preparedness against other threats, which require the mobilization of significant emergency medical resources.²

In everyday terms, emergency medical services centers on rapid response, initial treatment, and safe transport of a patient to a health care facility.

EMS also includes a number of specialized topical areas including:

1. Paramedic and Emergency Medical Technician (EMT) training and licensing.

2. Ground and air ambulances and specialized equipment including Automated External Defibrillators (AEDs).

3. The planning of medical responses to disasters including disease out-break.

4. The planning for the provision of medical coverage at mass gatherings.

5. Emergency preparedness including bioterrorism planning.

6. Interfacility transfers of patients.

7. Community health care (prevention) education.


9. The longitudinal study of trauma from incident to outcome.

² EMS Agenda for the Future, 2000, p. 5
EMS in Georgia is over thirty years old. Emergency medical care has developed significantly in the past 30 years; Georgia can be proud of the role that many of its professionals have played in furthering EMS as a medical discipline. In the not-so-distant past, local Georgia funeral homes were the primary ambulance providers and patient care did not begin until arrival at a hospital. Since that time, EMS has grown increasingly sophisticated in recognition that what happens to a sick or injured person before they reach a hospital is of critical importance. Initially, medics were trained in basic life support (BLS) including basic airway management, CPR, and skills for managing serious cardiovascular problems. Today, most of the procedures that Georgia medics employ to manage cardiovascular emergencies fall into the category of advanced life support (ALS).

In the not-so-distant past, local Georgia funeral homes were the primary ambulance providers and patient care did not begin until arrival at a hospital.

**Basic Life Support (BLS):**
The basic level of care provided by first responders and emergency medical technicians (EMTs). Care includes basic airway management, care of choking victims, oxygen administration, hemorrhage control, splinting fractures, CPR, automated defibrillation and immobilization of spinal injuries.

**Advanced Life Support (ALS):**
Includes the services of basic life support (BLS) and advanced emergency care. ALS personnel provide intravenous therapy, endotracheal intubation, PASG application (considering new protocols), cardiac monitoring (ECG), cardiac defibrillation and external pacing, drug therapy, relief of pneumothorax, and other invasive procedures and services. Personnel respond in either a transport-capable ambulance vehicle or in a non-transporting vehicle such as a fire department engine or separate response vehicle.

Although more advanced services are provided by ALS personnel, both BLS and ALS provide crucial life saving procedures in time of need.
A Brief History

In the late 1950’s, the effectiveness of mouth-to-mouth ventilation and closed cardiac massage led to the realization that rapid response of trained persons to cardiac emergencies could help improve outcome. The introduction of these techniques into the public consciousness provided the foundation on which the concepts of Emergency Medical Services, BLS and then ALS could be built.

In the early 1970’s, at the federal level, Congress passed the Emergency Medical Services Act in 1974. This act established the necessity for managing EMS communications, transportation and certain related public health functions. Concurrently, the Georgia General Assembly recognized that EMS was a substantial matter of importance to the people of the State of Georgia. Through legislation, which ultimately became known as Title 31, Chapter 11 of the Official Code of Georgia Annotated—the Georgia legislature established the functions in law that are administered by the OEMS/T.

The first statewide EMS plan for Georgia was prepared in 1974. This document evolved in the 1980’s and substantial revisions occurred to the plan in the mid and late 1990’s. In general, the evolution of statewide plans coincides with the progression of federal legislation and block grants, state government stakeholder interactions, as well as through the activities of a professional and dedicated staff.

In 1996, a group of representatives from private and public emergency medical services, the State Office of Emergency Medical Services & Preparedness and the ten affiliated district EMS offices was convened as a State EMS Planning Task Force for the purpose of determining the long range goals of Georgia’s EMS system and to create a new State EMS plan. This group was charged with the responsibility of examining where we are now vs. where do we want to go. Once these goals were developed, the committee was then charged with the responsibility of determining a path of least resistance for attaining this direction. These efforts resulted in the publication of the State EMS Plan, dated 1998.

In 2003, three stakeholder committees comprised of EMS professionals representing all of the ten EMS Regions of the state participated in the development of the Georgia EMS Information System (GEMSIS) plan. These committees were: Infrastructure, Data, and Reporting. Each of these committees had specific deliverables within broad areas of responsibility. The inputs from each committee represented the summarization of years of EMS/Trauma and EMSC experience. The areas of infrastructure, data, and reporting can be conceptualized as interlocking spheres of knowledge that when integrated provide coherence to statewide EMS activities. The GEMSIS plan was published in 2004 and now guides EMS strategic development plans through 2007. The goals of the GEMSIS plan are summarized in Appendix A.
State Office of EMS/T
Organizational Mandates

Beyond regulatory responsibilities, the State Office of Emergency Medical Services/Trauma is responsible for a broad set of goals. The objectives for the EMS and Trauma related areas are stated as follows:

1. To provide and maintain support for regional planning, development, expansion and improvement to each of the ten EMS regions.
2. To provide statewide coordination of training programs.
3. To provide technical support within each EMS region for the establishment of region-wide medical control of the EMS system.
4. To provide for annual assessment of regional planning and development of each EMS region.
5. To assure continued system development and quality improvement.
6. To incorporate the special needs of children in EMS system development.
7. To provide an integrated EMS Information System for local, regional and state planning and evaluation of system development.

Accordingly, as indicated above, the Office of Emergency Medical Services/Trauma functions in many roles and on several levels. Through its Regional Office locations, it is in touch with the communities that it serves.

State Office of EMS/T
Organization

The State Office of EMS & Trauma is an important part of Georgia’s overall health care system. The organizational chart on the next page illustrates the placement of the Office of Emergency Medical Services/Trauma as an operating component within state government. Specifically, the State Office of Emergency Medical Services/Trauma is part of the Department of Human Resources Division of Public Health, and a branch of Environmental Health and Injury Prevention.

The State Office of Emergency Medical Services organization corresponds to its regulatory and functional responsibilities.

The following diagram displays the major programmatic areas in which the State Office of Emergency Medical Services/Trauma is involved and reflects its statewide activity charter.

Fred Grant, Operations Analysis Manager, OEMS/T
An important by-product of regulatory activities is value-added information for EMS stakeholders and Georgia’s citizens. Information, education, research, and strategic action underlie the foundation for emergency preparedness and directly support the future of EMS in Georgia.
EMS Regulated Components

The Georgia EMS system is comprised of the following regulated components:

1. Licensed Prehospital Emergency Care Personnel and Instructors
2. Trauma System Facility Designation, Redesignation.
4. Medical First Responder Services
5. Neonatal Transport Services
6. AED’s (Automatic External Defibrillators).

Currently excluded from regulation are medical dispatch personnel and medical first responder personnel.

EMT Personnel and Instructor Certification

As summarized in the table below, the State of Georgia currently has records for valid certifications for 13,927 EMT practitioners, including 421 EMT-Basics, 8,349 EMT-Intermediates, and 5,063 EMT-Paramedics. There are also 94 Cardiac Technicians. Of the 13,927 EMTs in the state, 1.8% are EMT-Basic personnel. 62.9% are at the EMT-Intermediate level and 34.5% are EMT-Paramedics.

Statewide EMS also includes thousands of first responders—these include local, county, or state police and fire services.

There are over 450 certified EMT instructors.

EMS can be delivered by either paid or volunteer personnel at a stand-alone local government EMS agency, fire department, hospital, for-profit or non-profit private company, or by other less common ways, such as a police department or an integrated public safety department. According to a 2004 Journal of Emergency Medical Services study, 44.89 percent of EMS systems are fire-based and 55.11 percent are hospital-based, private, stand-alone government agency or another type of EMS organization.

EMT Professional Certification Summary

<table>
<thead>
<tr>
<th>EMT Region</th>
<th>Cardiac Tech</th>
<th>EMT Basic</th>
<th>EMT Intermediate</th>
<th>Paramedic</th>
<th>Total Medics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>48</td>
<td>1,230</td>
<td>687</td>
<td>1,982</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>20</td>
<td>615</td>
<td>424</td>
<td>1,062</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>88</td>
<td>2,309</td>
<td>968</td>
<td>3,378</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>28</td>
<td>1,081</td>
<td>637</td>
<td>1,755</td>
</tr>
<tr>
<td>5</td>
<td>14</td>
<td>12</td>
<td>518</td>
<td>363</td>
<td>907</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>35</td>
<td>514</td>
<td>219</td>
<td>772</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>18</td>
<td>180</td>
<td>120</td>
<td>320</td>
</tr>
<tr>
<td>8</td>
<td>13</td>
<td>11</td>
<td>459</td>
<td>448</td>
<td>931</td>
</tr>
<tr>
<td>9</td>
<td>15</td>
<td>45</td>
<td>618</td>
<td>522</td>
<td>1,200</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>18</td>
<td>609</td>
<td>327</td>
<td>958</td>
</tr>
<tr>
<td>Out of state or unknown</td>
<td>98</td>
<td>216</td>
<td>348</td>
<td>662</td>
<td></td>
</tr>
<tr>
<td>GA Total</td>
<td>94</td>
<td>421</td>
<td>8,349</td>
<td>5,063</td>
<td>13,927</td>
</tr>
</tbody>
</table>

*As of 12/20/05
Georgia’s 13,927 EMS personnel are trained, generally speaking, to either the basic level (EMT-Basic), intermediate (EMT-Intermediate) or advanced level (EMT-Paramedic). EMT-Basics can assess and stabilize patients’ immediate needs, whereas paramedics provide additional interventions, such as intravenous medication delivery, cardiac monitoring and defibrillation, and advanced airway procedures. Many EMS providers also have specialized training in the areas of patient extrication and rescue, incident command, hazardous materials response, crisis intervention, mass casualty response and injury prevention. Each state sets its own requirements though the EMT-Basic, EMT-Intermediate and Paramedic curricula are based upon a national standard developed by the National Highway Traffic Safety Administration (NHTSA). The sidebar on the right indicates the requirements for becoming a licensed medic in Georgia.

Regardless of the delivery method or level of training, EMS strives to quickly respond to, care for and transport the sick and injured during their time of need. Such emergency assistance is required for the thousands of heart attacks, automobile collisions and other everyday emergencies. But there is also a significant need for EMS response for high-consequence crises, such as natural disasters or terrorist acts. EMS must therefore be adequately prepared for both the ordinary and extraordinary events.

As of 12/05 these are minimum standards subject to modification as needed.

**Education and Training Requirements for Georgia EMS Personnel**

**EMT-Basic**
Skills include: Those taught in the DOT EMT-Basic course updated in 1994. Hours of training: 130 minimum (including a 12 hour Georgia specific module) and clinical of 8 hours and 5 patient contacts to include all clinical objectives. Licensure requirements: In addition to successful completion of a DHR approved EMT Course, the student is required to successfully pass the National Registry EMT Basic written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR training. Fees: $25 for initial licensure and license renewal.

**EMT-Intermediate**
Skills include: Those taught in the DOT EMT Basic course updated in 1994 as well as those in the DOT EMT Intermediate 1985 course, plus D50, Epi Pen, and intraosseous placement (pediatric patients). Does not include endotracheal intubation. Hours of training: Completion of the EMT Basic Curricula Objectives and Requirements plus 8 additional modules and required clinical for a minimum of 192 additional hours. A minimum of 16 hours clinical and 5 patient contacts to complete all the clinical objectives are in addition to the EMT Basic clinical objectives. Licensure requirements: Upon successful completion of a DHR approved EMT-Intermediate course, the student is required to successfully pass the National Registry I-85 written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR training. Fees: $50 for initial licensure and license renewal.

**EMT-Paramedic**
Skills include: Those taught in the DOT Paramedic course updated in 2000. Hours of training: Licensure as an EMT-Basic or EMT-Intermediate by Georgia, another state, or the National Registry of EMTs plus an additional 824 hours of Paramedic curriculum objectives (which includes 320 hours of clinical time) Clinical experience is very specific to objectives in the care of medical and trauma patients. Licensure requirements: Upon successful completion of a DHR approved EMT-Paramedic course, the student is required to successfully pass the National Registry Paramedic written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR and ACLS training. Fees: $75 for initial licensure and license renewal.

As of 12/05 these are minimum standards subject to modification as needed.
Emergency Medical Services

Licensing and Compliance

Emergency Medical Services is an organized system that provides licensed personnel, vehicles and equipment for the effective and coordinated delivery of prehospital care within specific geographical areas.

An effective and well-regulated EMS system involves many different persons, agencies and organizations working together to provide rapid emergency medical response, treatment and transport to those in need of immediate medical attention. The basis for this coordination is strong regional EMS direction.

In Georgia, the agencies licensed to provide EMS include air (not in place yet) and ground ambulance service providers, fire departments, hospitals and similar organizations. These agencies can be owned by private individuals, corporations, cities or counties. (See charts) Effective regulation begins at the local level through Regional EMS Offices which are coordinated in concert with state policies.

As shown in the chart across from this discussion, EMS contains many areas which can directly affect quality of patient care and patient outcomes. The ultimate goals of EMS regulation is the safeguarding of patients and communities. Additionally, EMS rules and regulations must be enforced statewide on a uniform basis. The OEMS/T seeks to continually streamline regulatory processes. The use of objective data to support regulatory efficiency is also a strategic mandate—regulatory data can also be used to suggest areas for systematic improvement.

Summary of State and Regional Regulatory Activities

- Licensing of EMS Ground Services, Medical First Responder Services, Neonatal Transport Services, AED Programs, and soon to be added Air Ambulance.
- Conducting a program of regulatory inspection of licensed EMS equipment.
- Approving and monitoring of EMS educational programs and continuing education.
- Licensing of EMS personnel, including instructors and practitioners.
- Enforcing of statutes, Rules and Regulation and EMS Procedures for medical control of the EMS system.
- Establishment and review of the exclusive operating areas (zones) for the regulation of ambulance services.
- Developing, implementing and monitoring procedures for the designation, redesignation and de-designation of trauma centers.
- Planning and coordinating disaster medical response.

Russ McGee, State EMS Licensing and Compliance Officer

The purpose of EMS regulation is to assure public safety, uniform standard of patient care, and provide a coordinated system of statewide prehospital medical care. Georgia’s new rules and regulations strengthen the ability to insure that all of Georgia’s citizens and visitors receive medically appropriate prehospital care from qualified and licensed EMS providers.
Ground and Air Ambulance

In Georgia, 82 percent of the patients EMS transported to trauma centers were transported by ground ambulances. The table below summarizes the ground ambulance service operations from a statistical standpoint.

In 2005, Georgia has a total of 282 ambulance service providers and about 1,739 licensed ground ambulance vehicles. These service providers encompass an important portion of the regulatory activities that are overseen by the OEMS/T.

OEMS/Trauma regulatory activities of ambulance services include, but are not limited to, ensuring vehicles are properly equipped and all instrumentation and equipment are functional and that the EMS vehicles themselves are in good running order. In addition, regulation by the OEMS/T ensures that EMS personnel are appropriately licensed and vehicles are correctly manned. The regulation of ground ambulance service providers is an essential critical function provided by the OEMS/T.

Air ambulance services play a major role in pre-hospital trauma care in getting trauma and other patients with life threatening conditions to help quickly. Five air ambulance services are based in Georgia including Air Med in Augusta, Life Star One in Savannah, and Children’s Response Air, Emory Flight/LifeNet Georgia, and Rescue Air in the Atlanta area. A number of areas in Georgia are not covered by air ambulance services. At the time of writing this document, air ambulance services are not regulated by the state.

AED Licensing

The state also licenses Automated External Defibrillators (AED) programs that respond to the public for assistance in cardiac arrest situations. AEDs are devices that deliver electric shocks to restore heart rhythm and can be used by relatively untrained personnel. AED program licensing is a separate process from the licensing process of ground ambulances and their equipment.

Summary

Since 1976, the OEMS/T has played a strategic role in (a) developing the infrastructure of emergency medical care, (b) fulfilling a legally mandated regulatory role to oversee statewide ambulance services to safeguard the public interest, and (c) providing education and certification of emergency medical personnel. With the rapid introduction of computer technology beginning in the 1990’s, the OEMS/T is now increasingly called upon to be an information clearing-house and provide a unified planning and continuous quality improvement direction for the collection and analysis of EMS data for both rural and urban areas.

At the Georgia state government level, pressures to reduce or eliminate costs are real and require the utmost in careful planning. The OEMS/T is continuously seeking greater efficiency in the evolution of prehospital care regulatory services. These efforts include channeling regulatory data to support roles in education, prevention and research; and, the use of better technology to drive the elimination of cost. The strategic management of people, process, and technology form the basis for system-wide EMS improvements in prehospital care services.

<table>
<thead>
<tr>
<th>Ground Ambulances*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Region</td>
<td>EMS Vehicles</td>
<td>EMS Region</td>
</tr>
<tr>
<td>1</td>
<td>176</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>108</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>673</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>129</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>143</td>
<td>10</td>
</tr>
</tbody>
</table>

*As of 9/28/05
The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions. Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasingly important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia’s population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million—the largest gain of any large metropolitan area in the nation.

Georgia’s Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia’s population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

12Mistovich, Hafen & Karren, 2000, p. 3
13 http://nnlm.gov/sea/state/ga.html

A Diverse Population with Diverse EMS Needs

Georgia’s EMS Regions

A Diverse Population with Diverse EMS Needs

The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions. Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasingly important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia’s population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million—the largest gain of any large metropolitan area in the nation.

Georgia’s Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia’s population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

12Mistovich, Hafen & Karren, 2000, p. 3
13 http://nnlm.gov/sea/state/ga.html

A Diverse Population with Diverse EMS Needs

Georgia’s EMS Regions

A Diverse Population with Diverse EMS Needs

The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions. Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasingly important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia’s population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million—the largest gain of any large metropolitan area in the nation.

Georgia’s Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia’s population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

12Mistovich, Hafen & Karren, 2000, p. 3
13 http://nnlm.gov/sea/state/ga.html

A Diverse Population with Diverse EMS Needs

Georgia’s EMS Regions

A Diverse Population with Diverse EMS Needs

The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions. Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasingly important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia’s population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million—the largest gain of any large metropolitan area in the nation.

Georgia’s Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia’s population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

12Mistovich, Hafen & Karren, 2000, p. 3
13 http://nnlm.gov/sea/state/ga.html

A Diverse Population with Diverse EMS Needs

Georgia’s EMS Regions

A Diverse Population with Diverse EMS Needs

The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions. Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasingly important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia’s population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million—the largest gain of any large metropolitan area in the nation.

Georgia’s Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia’s population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

12Mistovich, Hafen & Karren, 2000, p. 3
13 http://nnlm.gov/sea/state/ga.html
Georgia’s EMS Regions

1. Region 1
   - Population: 284,226
   - 30.4% Under Age 20

2. Region 2
   - Population: 434,314
   - 30.3% Under Age 20

3. Region 3
   - Population: 660,926
   - 29.9% Under Age 20

4. Region 4
   - Population: 844,775
   - 29.9% Under Age 20

5. Region 5
   - Population: 405,231
   - 27.6% Under Age 20

6. Region 6
   - Population: 284,226
   - 30.4% Under Age 20

7. Region 7
   - Population: 434,314
   - 30.3% Under Age 20

8. Region 8
   - Population: 844,775
   - 29.9% Under Age 20

9. Region 9
   - Population: 405,231
   - 27.6% Under Age 20

10. Region 10
    - Population: 284,226
      - 30.4% Under Age 20

Total Square Mile Areas:

1. 5,482 total square mile area
2. 3,516 total square mile area
3. 2,343 total square mile area
4. 3,848 total square mile area
5. 10,670 total square mile area
6. 5,323 total square mile area
7. 8,560 total square mile area
8. 4,143 total square mile area
9. 12,533 total square mile area
10. 3,006 total square mile area

Populations:

1. Region 1: 284,226
2. Region 2: 434,314
3. Region 3: 660,926
4. Region 4: 844,775
5. Region 5: 405,231
6. Region 6: 284,226
7. Region 7: 434,314
8. Region 8: 844,775
9. Region 9: 405,231
10. Region 10: 284,226
**Overview**

Region 1 is in the uppermost northwestern corner of Georgia. It stretches from the mountains of Dade County in the north to Cherokee County at the edges of Atlanta and from the forests of Polk County to the rivers of Haralson County. It is made up of 16 diverse counties. Although many counties in this region are classified as rural there are also many counties that are exurban and suburban. In fact three distinct cities impact this region. Rome directly in Region 1, Atlanta toward the southwest and Chattanooga, Tennessee in the north.

**Operating Highlights**

Region 1 serves the 950,936 people in the 5,482 total square mile area with 31 licensed ambulance services and 176 vehicles. It has 15 general hospitals and has 1,944 licensed medics living in its counties. Region 1 is served by Floyd Medical Center and Hamilton Medical Center both Level 2 Trauma Centers.

Each county within Region 1 faces unique challenges, in every case the challenge is to provide the best possible care. For many of the counties that challenge is compounded by increased demand due to rapidly expanding population and often severe weather conditions on difficult terrain.

From 2000 to 2004 there have been 136,742 motor vehicle crashes resulting in 64,967 injuries and 932 fatalities in Region 1. Almost one out of three of the people are under the age of 20 making it one of the youngest regions. Region 1 has one of the highest ratios of persons per physicians in Georgia.

**FAST FACTS**

- 31 licensed ambulance services with 176 vehicles
- 1,944 licensed medics live in this Region
- 173 persons per total square mile area
- 12 percent increase in population from 2000 to 2004
- 902 people per physician
- 3.2 EMS vehicles per 100 total square mile area
EMS REGION 1

COUNCIL MEMBERS

Larry Ballew
Director
Murray County EMS

Tony Cooper
Paramedic
Rome, GA

Johnny Cowart
R.N./Paramedic
Murray County EMS

Matthew Crumpton
Director of Hospital Disaster Preparedness
Hamilton Medical Ctr.

Herbert Dodd
Director
Chattooga Co. EMS

Lana Duff
Paramedic/Operations Officer
Angel EMS

Clark Far
Firefighter
Bremen Fire Dept.

Clarence Ford
Private Citizen
Cedartown, GA

Sandra Gray
Supervisor
Hutcheson Medical Ctr. EMS

Danny Hall
Supervisor
Floyd EMS

John Hitchens
Director
Whitfield EMS

Steve Lawson
Paramedic/Firefighter
Walker Co. ES

Robin Logan
Paramedic
Paulding County Fire Rescue

Gregg Lord
EMS Coordinator
Cherokee Co. Fire & ES

Dr. Jill Mabley
Physician
Canton, GA

Harry McConnell
Director
Gilmer County EMS

Jean Miller
R.N./Director of Marketing
Redmond Regional EMS

Craig Norton
Director
Ambucare, Inc.

Kevin Nowicki
Paramedic/Firefighter
Walker Co. ES

Lonnie Oliver
Director
Fannin Co. EMS

Bud Owens
Director
Gordon County EMS

Larry Owens
Deputy Director
Bartow Co. EMS

Darrell Payne
Director of Emergency Services
Fannin Co. EMS

Joey Pelfrey
Firefighter
Paulding County Fire Rescue

Jeff Putnam
GEMA
Calhoun, GA

Don Starnes**
Director
Bartow County EMS

Phillip Tucker
Director
Redmond Regional EMS

Curtis Vincent*
Director
Polk County EMS

Leroy Wilson
Director/Owner
W. L. Wilson & Sons Funeral Home

COUNTIES SERVED

- Bartow
- Catoosa
- Chattooga
- Cherokee
- Dade
- Fannin
- Floyd
- Gilmer
- Gordon
- Haralson
- Murray
- Paulding
- Pickens
- Polk
- Walker
- Whitfield

Data Sources: Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

Primary Clinical Area

Reported to State in 2004

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>44,154</td>
</tr>
<tr>
<td>Trauma</td>
<td>17,658</td>
</tr>
<tr>
<td>Cardiac</td>
<td>6,974</td>
</tr>
<tr>
<td>Psych</td>
<td>2,012</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>609</td>
</tr>
<tr>
<td>Neonate</td>
<td>42</td>
</tr>
</tbody>
</table>

Top 5 Transport Destinations

Reported to State in 2004

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floyd Medical Center</td>
<td>9,789</td>
</tr>
<tr>
<td>Other Not Specified</td>
<td>7,762</td>
</tr>
<tr>
<td>Hamilton Medical Center</td>
<td>7,285</td>
</tr>
<tr>
<td>Redmond Regional Medical Center</td>
<td>5,197</td>
</tr>
<tr>
<td>Hutchenson Medical Center</td>
<td>4,727</td>
</tr>
<tr>
<td>Cartersville Medical Center</td>
<td>4,453</td>
</tr>
</tbody>
</table>

*Council Chairman
**Council Vice-Chairman
**Overview**

Region 2 is in the uppermost northeastern corner of Georgia. Its thirteen counties stretch from the mountains of Union County in the north to Forsyth County at the edges of Atlanta and from Dawson County in the east to Hart County at the edge of South Carolina. Like many of the EMS Regions, its counties are strikingly diverse. Many of its northern counties are covered with parks, forests or preserves compared with the more southern counties that are covered with urban development areas.

**Operating Highlights**

Region 2 serves the 529,598 people in the 3,516 total square mile area with 21 licensed ambulance services and 108 vehicles. It has 10 general hospitals and has 1,046 licensed medics living inside its borders. Region 2 does not have a designated Trauma Center.

In addition to all of the challenges in providing the best possible care with existing resources, Region 2 faces difficult mountainous terrain in the north and traffic congestion in the south. The contrast goes beyond geographic challenges to the exploding population in Forsyth, Dawson and White compared with limited growth in Hart and Towns counties.

From 2000 to 2004 there have been 83,055 motor vehicle crashes resulting in 35,686 injuries and 605 fatalities in Region 2. It also has one of the highest ratios of persons per physicians in Georgia.

---

**Fast Facts**

- 21 licensed ambulance services with 108 vehicles
- 1,046 licensed medics live in this Region
- 151 persons per total square mile area
- 15 percent increase in population from 2000 to 2004
- 827 people per physician
- 3.1 EMS vehicles per 100 total square mile area
COUNCIL MEMBERS

Joe Anderson
Director
EMA

Roxanne Barrett
Nurse Manager
Towns County
Health Department

Danny Bowman
Chief
Forsyth County Fire & EMS

Craig Bryant
Commissioner
White County

Mike Carnes
Director
Rabun County EMS

Robert Carpenter
Member at Large

Barry Church
Director
Habersham County EMA

Joe Lane Cox
Mayor
Dawsonville

John Creasy
Paramedic
Banks County Fire & EMS

Perry Dalton
Chief
Banks County Fire & EMS

Joey Dorsey
Chairman
Hart County Board of Commissioners

David Dyer
Director
Union County Ambulance Service

Richard C. Hamilton
Captain
Forsyth County Fire Department

Terry Harris
Director
Franklin County EMS

Sandy Jolliff
Secretary
EMS Advisory Council

Will Lockwood
Member at Large

Scott Masters
Director
Med. Transport-NE GA. Primary Care

Rickey Mathis
Director
Towns County EMS

Matt McRee
Dir. Of Development
Ty Cobb Healthcare

Jack Moody**
Director
Habersham County EMS

Terrell Partain
Director
Hart County EMS/EMA

Tim Peebles
EMS Director
Hall County EMS

Bill Scandrett
Director
White County EMS

Don Seabolt*
Director
Lumpkin County EMS

Lanier Swafford
EMS Director
Dawson County EMS

Billy Thurmond
Emergency Services Coordinator
Dawson County EMS

Randall Townley
Member at Large

Bond Tyner
Director
American Red Cross, NE GA. Chapter

Ann Wigley
EMT
Lumpkin County EMS

Ray Willis
Director
Stephens County EMS

Jerry Wise
Administrator
Hart County Hospital

Charles Worden
Director
Union County EMA

Dan Yeargin
FTO
GEMA

*Council Chairman
**Council Vice-Chairman

COUNTIES SERVED

- Banks
- Dawson
- Forsyth
- Franklin
- Habersham
- Hall
- Hart
- Lumpkin
- Rabun
- Stephens
- Towns
- Union
- White

EMS in Georgia Office of Emergency Medical Services/Trauma

EMS Region 2
Overview
Region 3 in the central northwestern midsection of Georgia encompasses many of the most populous counties of the Atlanta metropolitan area. Its eight county area includes Fulton, DeKalb, Cobb, Clayton and Gwinnett as well as the suburban counties of Douglas, Newton and Rockdale. Although all counties are densely populated each county has pockets of small rural areas and narrow rural roads. Even within this urban region there are striking differences. The populations of Douglas, Gwinnett and Newton are growing rapidly while DeKalb and Fulton have seen growth of less than 1 percent from 2000 to 2004.

Operating Highlights
Region 3 serves the 3,375,475 people in the 2,343 total square mile area with 68 licensed ambulance services and 673 vehicles. It has 30 general hospitals and has 3,285 licensed medics living inside its borders. Region 3 is served by multiple Trauma Centers: three Level 2 Trauma Centers, one level 3, two Level 2 Pediatric Trauma Centers and one Level 1 Trauma Center.

EMS Region 3 is continually faced with increased need due to expanding populations and traffic congestion complicates the ability to quickly respond to calls.

From 2000 to 2004 there have been 765,811 motor vehicle crashes resulting in 273,813 injuries and 1,995 fatalities in Region 3.

FAST FACTS

- 68 licensed ambulance services with 673 vehicles
- 3,285 licensed medics live in this Region
- 1,441 persons per total square mile area
- 7 percent increase in population from 2000 to 2004
- 411 people per physician
- 29 EMS vehicles per 100 total square mile area
Council Members

Pete Quinones
Metro Atlanta Ambulance Service

David Daniels
Chief
Fulton County Fire/EMS

Lee Mitchell
Chief
Gwinnett County EMS

Carmelita Ferrone
Deputy Chief
Clayton County EMS

Raffi Standifer
Captain
Douglas County Fire

Dr. Earl Grubbs
Paragon Emergency Physicians

Chuck Baird
Division Chief
Cobb County Fire/EMS

David Foster
Chief
DeKalb County Fire/EMS

Kon-Tiki Jabaley
Smyrna Fire

Mike Luna
Newton General Hospital

Benny Atkins
National EMS

Angela D. Conley
Communications Manager
Gwinnett County Police

Alfred Moore
Fulton County Emergency Services

John Harvey
Fulton County

Dr. Reggie Latimer
Lieutenant
Atlanta Fire/EMS

Dr. Authur Yancey II
Fulton County

Dr. Bob Gisness
Cobb County

Primary Clinical Area

Reported to State in 2004

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>38,668</td>
</tr>
<tr>
<td>Trauma</td>
<td>14,111</td>
</tr>
<tr>
<td>Cardiac</td>
<td>3,984</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1,804</td>
</tr>
<tr>
<td>Psych</td>
<td>1,078</td>
</tr>
<tr>
<td>Neonate</td>
<td>135</td>
</tr>
</tbody>
</table>

Top 5 Transport Destinations

Reported to State in 2004

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dekalb Medical Center</td>
<td>11,434</td>
</tr>
<tr>
<td>Grady Memorial Hospital - Atlanta</td>
<td>5,620</td>
</tr>
<tr>
<td>Rockdale Medical Center</td>
<td>5,209</td>
</tr>
<tr>
<td>Other Not Specified</td>
<td>4,901</td>
</tr>
<tr>
<td>Kennestone Hospital</td>
<td>2,513</td>
</tr>
<tr>
<td>Emory University Hospital</td>
<td>2,470</td>
</tr>
</tbody>
</table>

Data Sources:
- Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

Counties Served

- Clayton
- Cobb
- Dekalb
- Douglas
- Fulton
- Gwinnett
- Newton
- Rockdale
Overview

Region 4 is in the northwestern midsection of Georgia. Bordering Alabama it stretches from the rolling hills and streams of Carroll County in the north to Upson County in the southeast. Although its twelve county area includes many rural counties it contains the cities of Carrolton and Newnan and many emerging Atlanta suburban communities. The counties of Henry and Coweta have seen double digit population expansion reflecting their proximity to Atlanta.

Operating Highlights

Region 4 serves 706,546 people in the 3,848 total square mile area with 28 licensed ambulance services and 129 vehicles. It has 11 general hospitals and has 1,831 licensed medics living inside its borders.

EMS Region 4 has one of the fastest growing populations in Georgia and the challenge is to provide services in the face of massive population growth and continual increased traffic congestion.

Region 4 has one of the highest ratios of persons per physicians in Georgia and does not have a designated Trauma Center. From 2000 to 2004 there have been 115,172 motor vehicle crashes resulting in 52,456 injuries and 640 fatalities in Region 4.

Fast Facts

- 28 licensed ambulance services with 129 vehicles
- 1,731 licensed medics live in this Region
- 184 persons per total square mile area
- 809 people per physician
- 3.4 EMS vehicles per 100 total square mile area
COUNCIL MEMBERS

Steve Adams
Owner/Director
West Georgia EMS

Steve Andrews
Fire Chief
Lamar County

Anne Austin
Captain Training Division
Henry County Fire & EMS

Jimmy Bearden
Fire Chief
Carrollton City

Scott Blue
Chief
Heard County Fire & EMS

Michael Brewer
Director
Butts County 911

Randy Cash
West Georgia Medical Center

Thomas Chapman
Assistant EMS Director
Meriwether County

Robert Cox M.D.
E.R. Doctor
Upson Regional Medical Center

Jeff Denny
Captain/Paramedic
Coweta County Fire

Chris Eden, M.D.
E.R. Doctor
Upson Regional Medical Center

Zach Holmes
Director
Spalding Regional Hospital EMS

Melvin Hunter
Owner/Director
Coweta County EMS & Vital Care EMS

Brad Johnson
Deputy Chief
Henry County Fire & EMS

Tommy Jones
Griffin City Fire Department

Richard Lee
Interim Director
Upson Region Medical Center EMS

Allen McCollough*
Chief
Fayette County Fire & Emergency Services

Trudy McDevitt
Director
Spalding County 911

Bobby Mitchell, M.D.
E.R. Doctor
Tanner Memorial

David Newberry
Chief
Butts County Fire & EMS

Peki Prince**
Director of EMS Operations
Peachtree City Fire & EMS

Chris Smith
Chief
LaGrange City Fire

Milton Smith
Chief
West Point City Fire & EMS

Phillip Spradlin
Battalion Chief
Heard County Fire & EMS

Troop Sutherland
EMT/Paramedic
Pike County Fire

Gary Thomas
Fire Chief
Carroll County

Jimmy Totten
R.N.
Spalding Regional Hospital

Sandra Whitlock
EMA-EMS Director to Meriwether County

*Council Chairman
**Council Vice-Chairman

COUNTIES SERVED

- Butts
- Carroll
- Coweta
- Fayette
- Heard
- Henry
- Lamar
- Meriwether
- Pike
- Spalding
- Troup
- Upson

EMS in Georgia Office of Emergency Medical Services/Trauma EMS Region 4

COUNCIL MEMBERS

Steve Folden
Captain
Fayette County Fire & Emergency Services

Woody Francis M.D.
Medical Director
Henry County Fire & EMS

Chipper Gardner
Chief
Spalding County Fire

Ron Gause
Consumer

Dennis Hammond
Chief
Coweta County Fire

Jerry Heard
Chief
Troup County Fire

Zach Holmes
Director
Spalding Regional Hospital EMS

Melvin Hunter
Owner/Director
Coweta County EMS & Vital Care EMS

Brad Johnson
Deputy Chief
Henry County Fire & EMS

Tommy Jones
Griffin City Fire Department

Richard Lee
Interim Director
Upson Region Medical Center EMS

Allen McCollough*
Chief
Fayette County Fire & Emergency Services

Trudy McDevitt
Director
Spalding County 911

Bobby Mitchell, M.D.
E.R. Doctor
Tanner Memorial

David Newberry
Chief
Butts County Fire & EMS

Peki Prince**
Director of EMS Operations
Peachtree City Fire & EMS

Chris Smith
Chief
LaGrange City Fire

Milton Smith
Chief
West Point City Fire & EMS

Phillip Spradlin
Battalion Chief
Heard County Fire & EMS

Troop Sutherland
EMT/Paramedic
Pike County Fire

Gary Thomas
Fire Chief
Carroll County

Jimmy Totten
R.N.
Spalding Regional Hospital

Sandra Whitlock
EMA-EMS Director to Meriwether County

*Council Chairman
**Council Vice-Chairman

TOP 5 TRANSPORT DESTINATIONS

- Other Not Specified 13,769
- Spalding Regional Hospital 6,798
- Peachtree Regional Hospital 6,677
- Henry General Hospital 4,537
- Tanner Medical Center - Carroll 4,002
- West Georgia Medical Center 3,656

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database
Overview
Region 5 is in the center of Georgia. Its large 23 county area covers Jasper and Putnam Counties in the north to Telfair County in the south. Its gently rolling hills and streams cover rich farmland and small towns. Although predominately rural it contains the city of Macon. Population growth has been relatively stable however the counties of Jasper, Johnson, Jones and Houston have each seen over 10 percent growth from 2000 to 2004.

Operating Highlights
Region 5 serves 637,356 people in the 8,560 total square mile area with 26 licensed ambulance services and 143 vehicles. It has 17 general hospitals and has 884 licensed medics living inside its borders. Region 5 is served by the Medical Center of Central Georgia a Level 1 Trauma Center in Macon.

EMS Region 5 is challenged by the very large area served that poses logistic difficulties as well as by increased demand from many growing townships, the city of Macon and its surrounding communities.

From 2000 to 2004 there have been 104,272 motor vehicle crashes resulting in 50,139 injuries and 806 fatalities in Region 5.
COUNCIL MEMBERS

Dr. Gihan Abdel-Samed
ER Physician
Oconee Regional Medical Center

Jimmy Braddy
Deputy EMA Director
Montgomery Co. EMA
Deputy
Dir./Higgston VFD-Firech

Wendell Brantley
Paramedic
Johnson County EMS

Gary Brown
Deputy EMA Director
Wilkinson County EMA

Don Bryant
EMA Director
Laurens County EMA

Patricia Chandler
Director
Crawford County EMS

Greg Chapman
Paramedic
Houston EMS

W. J. (Bill) Cheek
Owner & Director
Heartland EMS, Wilkinson, Wheeler

Terry Cobb
Director
Laurens County EMS

Randy Coker
Director
Wilcox County EMS

Rickie Coleman
Paramedic
Dodge County EMS

Robert Coulter
Jones County EMA & Rescue

Lawton Davis, M.D.
District Health Director
South Central Health District

*Council Chairman

**Council Vice-Chairman

Donald Floyd
EMA Director
Twigs County EMA

Alfonso Ford
Director
Peach County EMS

Allan Green
EMA Director
Jones County EMA

James Gregory
Director
Putnam County EMS

Dr. Ralph Griffin
Physician
MCCG

James Harden
Citizen

Dr. James F. Hatcher, Jr.
Physician
Region V EMS
Medical Director

Shane Hill
Asst. Director
Putnam County EMS

Ben Hinson**
President
Mid Georgia Ambulance Service

Annette Huff
Director
Dodge County EMS

Barbara Kassner
Citizen

Alvin Keith Lewis
Paramedic
Peach County EMS

Dan Maddock
CEO
Taylor Regional Hospital

Bill McNair
Realtor
McNair Realty Co. Inc.

Lee Oliver*
Director
MCCG, Inc.

Dr. Robert Polglase
Physician
Washington County

Lisa Pope
Paramedic
Jasper Emergency Services

Marvin Riggins
Chief Fire Department
Macon-Bibb Fire Department

Joe Robinson
Chief Operating Officer
Mid Georgia Ambulance Service

Kimberly Ross
Paramedic
Monroe County EMS

Jeff Soles
Director
Washington County EMS

Joseph Swartwout, M.D.
District Health Director
North Central Health District

Vicki Thompson
GEMA Area 4 Field Coordinator
Monroe County

David Ward
EMS Supervisor
Houston Medical Center

Richard Warren
Director
Hancock County EMS

Carla Weese
RN & Director
Houston Medical Center

Jennifer Williamson
Director
Telfair County EMS

COUNTIES SERVED

Baldwin
Beckley
Bibb
Crawford
Dodge
Hancock

Houston
Jasper
Johnson
Jones
Laurens
Monroe

Montgomery
Peach
Pulaski
Putnam
Telfair
Troup

Twigs
Washington
Wheeler
Wilcox
Wilkinson

EMS Region 5

EMS in Georgia
Office of Emergency Medical Services/Trauma

TOP 5 TRANSPORT DESTINATIONS

Reported to State in 2004

Memorial Hospital of Washington
1,200

Medical Center of Central Georgia Inc
1,032

Monroe County Hospital
883

Houston Medical Center
878

Taylor Regional Hospital
719

Medical Office/clinic
613

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database
Overview
Region 6 is in the eastern midsection of Georgia bordered in the west by South Carolina. It covers a thirteen county narrow section running from Wilkes County in the north to Screven County in the south. It is characterized by gently undulating slopes and streams with rich farms. Although predominately rural, it contains the city of Augusta in Richmond county at the edge of South Carolina.

Operating Highlights
Region 6 serves 434,314 people in the 5,323 total square mile area with 17 licensed ambulance services and 77 vehicles. Region 6 has 11 general hospitals and has 759 licensed medics living inside its borders. It is served by the Medical College of Georgia Health System in Augusta as a Level 1 Trauma Center.

As with other primarily rural regions Region 6 must respond across long distances to reach communities in the north and south. The suburban county of Columbia just north of Augusta has seen over 10 percent growth in population from 2000 to 2004 adding an increased need for services.

Along with Region 3, it has a better than average ratio of persons to physicians. From 2000 to 2004, there have been 81,527 motor vehicle crashes resulting in 31,290 injuries and 454 fatalities in Region 6.

FAST FACTS

- 17 licensed ambulance services with 77 vehicles
- 759 licensed medics live in this Region
- 82 persons per total square mile area
- 2 percent increase in population from 2000 to 2004
- 323 people per physician
- 1.5 EMS vehicles per 100 total square mile area
COUNCIL MEMBERS

Rich Bias*
Senior VP Of Ambulatory & Network Services
MCG Health, Inc.
Glenn Bridges, MD
Online Medical Director
University Hospital –ER
Casey Broom
Paramedic
Lincoln County EMS
Debbie Burch, APRN
Nurse Practitioner
Burke Medical Center
Brad Carani
EMA Director
Deputy Sheriff
Taliaferro County Sheriff’s Office
Ernie Doss
Area General Manager
Rural/Metro Ambulance
James Finney
Crawfordville, GA
Martha Garner
Director of Emergency, Critical Care, and Diagnostic Nursing
Doctors Hospital, ED
John Graham
Chairman
Warren County Board of Commissioners
Donna Hardy
County Commissioner
Wilkes County
Michael Hawkins, MD
Chief of Trauma, Critical Care and Surgery
Augusta, GA

*Council Chairman
**Council Vice-Chairman

David Herrin
Operations Manager
Chief of Rural Air Operations
Transport One/Screven County EMS
Gail J. Thornton, RN
Quality Management Coordinator
Emanuel Medical Center
Kathleen Kosmoski
Executive Director
American Red Cross
Nona Lord, RN
Facility Administrator/Nurse Manager
Glascock Co Health Dept.
Walker T. Norman
Chairman
Lincoln County Board of Commission
Dianne Rabun
Secretary
Glascock Co Health Dept.
Cliff Richardson
Paramedic
Millen, GA
Jane Rogers
EMS Director
McDuffie County EMS
John F. Salazar, MDFACC
Cardiovascular Associates
Rusty Sanders
EMA Director (EMS and Fire)
Burke County EMA
Tom Schneider
Director, CEO
Gold Cross EMS
Richard Schwartz, MD
Chairman and Associate Professor of Emergency Medicine
MCG-AF 2058
Chris Sheppard, MD
Wrens Physicians’ Health Group
Bruce Tanner
EMA Director
McDuffie County EMA
Courtney Terwilliger
EMS Director
Emanuel County EMS
Blake Thompson**
EMS Director
Wilkes County EMS
Elaine Timmerman
Director of Inpatient Services
Acting Chief Nursing Officer
St. Joseph Hospital
Pam Tucker
Emergency Services Director
Columbia County EMA
Phillip Wasson
Augusta/Richmond 911 Director
Augusta 911 Center
Howard Willis
Chief
Augusta-Richmond County Fire Dept.
Tommy Wolfe
EMS Director
Warren County EMS
Connie Wammock
Director of Nursing
Screven County Hospital
Henry Young
EMS Director
Jenkins County EMS
Phillip L. Coule, MD
Director
Center of Operational Medicine
Medical College of Georgia

COUNTIES SERVED

■ Burke
■ Columbia
■ Emanuel
■ Glascock
■ Jefferson
■ Jenkins
■ Lincoln
■ McDuffie
■ Richmond
■ Screven
■ Taliaferro
■ Warren
■ Wilkes

Data Sources—Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database
Overview
Region 7 is in the southwestern midsection of Georgia with rapid streams and low hills. Its thirteen county area is bordered in the west by Alabama and stretches to Macon County in the east and Harris County in the north to Clay county in the south. Although predominately rural with productive farms and small communities it contains the city of Columbus in Muscogee County just at the edge of Alabama.

Operating Highlights
Region 7 serves 284,226 people in the 4,143 total square mile area with 17 licensed ambulance services and 63 vehicles. It has seven general hospitals and has 314 licensed medics living inside its borders. Region 7 is served by The Medical Center a Level 2 Trauma Center in Columbus.

The challenge is to provide the best possible care with existing resources. Harris County just north of Columbus has seen over 12 percent growth in population from 2000 to 2004 adding an increased need for services. As with other primarily rural regions, Region 7 must respond across long distances to reach communities.

From 2000 to 2004 there have been 49,735 motor vehicle crashes resulting in 19,496 injuries and 235 fatalities in Region 7.
COUNCIL MEMBERS

Ivy Belflower  
EMT/Consumer

Ron Brown  
Director  
Clay County EMS

Jimmy Carver*  
Assistant Director  
Harris County EMS

Michael Charles  
Program Director  
Columbus Technical College

Dr. Richard Chase  
Medical Director  
Macon County EMS

Ellice Ann Fancher  
Assistant Director  
Middle Flint Regional E-911 Center

Johnny Floyd  
Acting Director  
Chattahoochee Emergency Management Agency

Robert Futrell  
Deputy Chief  
Columbus Fire and EMS

Gary Gill  
EMT  
Schley County EMS

Dr. R. Scott Hannay  
Chief of Trauma  
Columbus Regional Medical Center

Jay Hazen  
Operations Manager  
Care Ambulance Service

Sandra Higginbotham  
Clerk  
Talbot County Board of Commissioners

Mike Higgins  
Division Chief  
Columbus Fire and EMS

Darrell Holbrook  
Chief  
Webster County Fire/EMS

Dallas Jankowski  
Consumer  
Former State EMS Director

Dr. Charles Kelly  
EMT  
Talbot County EMS

Shirley Kisor  
EMT/RN  
Webster County Fire/EMS

Jimmy Lee  
Commissioner  
Stewart County Board of Commissioners

Gary Lowe  
Director  
Taylor County EMS/EMA

Ben Lunsford  
EMT  
Randolph County EMS

Cathy Maxwell  
Trauma Manager  
Columbus Regional Medical Center

David McCall  
Director  
Harris County EMS

Joanne W. McDaniel  
Consumer  
Mini Maid of Columbus

Dell Miller  
EMT-P / RN  
Doctors Hospital

Ryne Ming  
Firefighter  
Quitman County Volunteer Fire Department

Duane Montgomery  
Director  
Schley County EMS

Judson Montgomery  
EMT/Police Officer  
Taylor County EMS/Reynolds Police Department

Brian Moseley  
Operations Manager/  
Columbus Mid Georgia Ambulance Service

Frank Perez  
EMT-P  
LifeNet Air Medical Service

Max Pittman  
Director  
Randolph County Emergency Management Agency

Terry Roberts  
EMT-P  
Marion County EMS

Joe Robinson  
Chief Operating Officer  
Mid Georgia Ambulance Service

Greg Stewart**  
Director  
Stewart County EMS

Terry Whaley  
Director  
Marion County EMS

Andy Windham  
Director  
Macon County EMS

*Council Chairman  
**Council Vice-Chairman

COUNTIES SERVED

- Chattahoochee
- Clay
- Harris
- Macon
- Marion
- Muscogee
- Quitman
- Randolph
- Schley
- Stewart
- Talbot
- Taylor
- Webster

EMS in Georgia  
Office of Emergency Medical Services/Trauma

EMS Region 7
Overview
Region 8 is in the southwestern section of Georgia. Its large 27 county area reaches in the east from Echols County at the very edges of the Okefenokee Swamp through rich farmland to Early County bordering Alabama. Region 8 covers a massive area. I-75 runs almost straight through it from the city of Cordele in the north through Tifton to Valdosta in Lowndes County bordering Florida in the south. Although predominately rural it contains many small and medium size towns including the city of Albany.

Operating Highlights
Region 8 serves 660,926 people in the 10,670 total square mile area with 35 licensed ambulance services and 157 vehicles. It has 23 general hospitals and has 917 licensed medics living inside its borders. Region 8 is served by the Archbold Memorial Hospital a Level 2 Trauma Center in Thomasville.

The large area served poses logistic difficulties, as does increased demand from growing townships and communities. Although many counties in Region 8 are seeing stable or slightly declining populations, Dougherty County the home of Albany has seen a 20 percent increase in population from 2000 to 2004.

From 2000 to 2004, there have been 88,051 motor vehicle crashes resulting in 46,925 injuries and 880 fatalities in Region 8.

Fast Facts
- 35 licensed ambulance services with 157 vehicles
- 917 licensed medics live in this Region
- 69 persons per total square mile area
- 2 percent increase in population from 2000 to 2004
- 598 people per physician
- 1.5 EMS vehicles per 100 total square mile area
EMS REGION 8

COUNCIL MEMBERS

Jack Bass
County Commissioner
Worth County

Dexter Beard
Director
Calhoun Mem. Hosp. EMS

Andy Belinc
Director
Baker County EMS

Cathy Bishop
Director
Ben Hill County EMS

Tim Brogdon
Director
So. GA Med. Center EMS

Dana Brown
Director
Seminole County EMS

Andrea P.F. Brooks
County Comm.
Sumter County

Paul Bynum
Director
Colquitt County EMS

Danny Connell
Chief of Operations
Regional EMS

Danny Edwards
Director of wound care
Tift Regional Hospital

David Edwards
Director
Crisp County EMS

Jerry Edwards
Director
Irwin County EMS

James C. Hamby
Director
Terrell County EMS

Tony Heath
Director
Dooly County EMS

Bill Hogan
Director
Decatur County EMS

Melburn Kelly
Director
Thomas County EMS

Ann Lamb
Director
Mitchell County EMS

Randi Lancaster
Paramedic
Berrien County EMS

Arch McNeill, M. D.
Emergency physician
Archbold Mem. Hosp./Trauma Center Thomasville

Stanley Mobley*
retired PH

Howard Moore
Director
Lanier County EMS

Ken Morey
Supervisor
Mid. Ga Ambulance Svc.

Billy Rathel
Director
Miller County EMS

Gary Rice
Field Rep.
GEMA

Mark Swicord RN, EMT-P
ED Director
Archbold Mem Hosp/
Trauma Center Thomasville

Bobby Tripp**
Director
Vice-Chair
Dougherty Co. EMS

Bobby Watkins
Director
Lee County EMS

Randall Whiddon
Director
Turner County EMS


PRIMARY CLINICAL AREA

Reported to State in 2004

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>44,332</td>
</tr>
<tr>
<td>Trauma</td>
<td>20,474</td>
</tr>
<tr>
<td>Cardiac</td>
<td>5,776</td>
</tr>
<tr>
<td>Psych</td>
<td>1,658</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1,066</td>
</tr>
<tr>
<td>Neonate</td>
<td>277</td>
</tr>
</tbody>
</table>

TOP 5 TRANSPORT DESTINATIONS

Reported to State in 2004

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Not Specified</td>
<td>17,950</td>
</tr>
<tr>
<td>Phoebe Putney Memorial Hospital</td>
<td>11,300</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>7,026</td>
</tr>
<tr>
<td>South Georgia Medical Center</td>
<td>6,792</td>
</tr>
<tr>
<td>John D Archbold Memorial Hospital</td>
<td>5,099</td>
</tr>
<tr>
<td>Tift Regional Medical Center</td>
<td>4,788</td>
</tr>
</tbody>
</table>

COUNTRIES SERVED

Baker
Ben Hill
Berrien
Brooks
Calhoun
Colquitt
Cook

Crisp
Decatur
Dooley
Dougherty
Early
Echols
Grady

Irwin
Lanier
Lee
Lowndes
Miller
Mitchell
Seminole

Sumter
Terrell
Thomas
Tift
Turner
Worth

---

Data Sources:
Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1993-2002, Composite State Board of Medical Examiners; and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database.
Overview

Region 9 is in the southeastern section of Georgia. Bordered by the Atlantic Ocean in the east it stretches through the 660 square miles of the Okefenokee Swamp to the hills of Coffee County in the west. On the Atlantic side going south from Savannah marshes dot the coast along with barrier islands. Although predominately rural, it contains the city of Savannah and its suburban counties within its 24 county area.

Operating Highlights

Region 9 serves 844,775 people in the 12,533 total square mile area with 34 licensed ambulance services and 158 vehicles. It has 20 general hospitals and has 1,175 licensed medics living inside its borders. Region 9 is served by the Memorial Health University Medical Center a Level 1 Trauma Center.

An increased demand for services combined with the large area to be served pose challenges to Region 9. Effingham County just north of Savannah, has seen over 18 percent growth in population from 2000 to 2004 adding an increased need for services. As with other primarily rural regions, Region 9 must respond across long distances and swampland and marshes add to the challenge.

From 2000 to 2004, there have been 136,684 motor vehicle crashes resulting in 62,404 injuries and 979 fatalities in Region 9.

Fast Facts

- 34 licensed ambulance services with 158 vehicles
- 1,175 licensed medics live in this Region
- 67 persons per total square mile area
- 5 percent increase in population from 2000 to 2004
- 561 people per physician
- 1.3 EMS vehicles per 100 total square mile area
COUNCIL MEMBERS

Tony Cabiness, EMT-P
Jeff Davis County EMS

Charles Carter
Director
Alma-Bacon Co. Ambulance Service

Susan Clark
Director
Bryan County EMS

Tim Crews
Director
Brantley County EMS

Carol Crockett, NREMT-P
Rescue Training, Inc.

Lee Eckles**
Director
Bulloch County EMS

Dennis Gailey
Interim Fire Chief
Camden County Fire Rescue

Paul Genest
Director
Evans County EMS

Tim Genest*
Director
Southside Fire/Mercy Amb. Service

Brian Hendrix-NREMT-P
Pembroke, GA 31321

David Herrin
Chief of Operations
MedStarOne

Wallace Hodge
Director
Clinch County EMS

Teresa Howard
RN
Southeast GA Reg. Med. Systems

Ken Justice
Director
Peirce County EMS

John Keanon
Director
Atkinson Co. Amb. Service

Sheila Keck-Deverger
Director
McIntosh County EMS

Bob Kicklighter
Wayne County EMS

Sgt. Clay Kicklighter
Georgia State Patrol

William Mann
Director
East Coast EMS

David Moore
Director
Candler Hospital/EMS

Larry NeSmith
Director
Appling County Ambulance Service

Walter Nichols
Director
Fort Stewart EMS

Mark Palmer
Coordinator
Bioterrorism/Emerg. Preparedness
Southeast Health Unit

Jim Phillips
Director
Office of Emergency Preparedness Coastal Health Unit

Rick Shores
Director
MedStarOne

Zach Shuman
Director
Chatham County EMS

Cecil Stephens
Director
Kingsland Fire Rescue

Al Thomas
Chief
Glynn County Fire Dept

Steve Towne
Director
Charlton EMS

James Turk
Director
Coffee Regional Med. Center/EMS

Jim Turner
Director
Liberty Regional Med. Center/EMS

Mark Walker
Director
Ware County EMS

DATA SOURCES

Population: U.S. Census Bureau, Population Division
Square Miles of Land Area: U.S. Census Bureau, Census 2000
Number of Physicians: Georgia Physician Surveys, 1992-2002,
Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce
Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database
Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

Appling  Atkinson  Bacon  Brantley  Bryan  Bulloch

Camden  Candler  Charlton  Chatham  Clinch  Coffee

Effingham  Evans  Glynn  Jeff Davis  Liberty  Long

McIntosh  Pierce  Tattnall  Toombs  Ware  Wayne

 EMS in Georgia  Office of Emergency Medical Services/Trauma  EMS Region 9
**Overview**

Region 10 is in the northeastern section of Georgia. It is composed of 10 counties stretching from Walton County near Atlanta in the west to the hills of Elbert County in the east touching South Carolina. Although it includes some rural counties, it contains the city of Athens, its suburban counties and many emerging Atlanta suburban communities. Stark population contrasts exist between counties with some having less than 20,000 compared with Clarke County with a population just over 100,000.

**Operating Highlights**

Region 10 serves 405,231 people in the 3,006 total square mile area with 13 licensed ambulance services and 58 vehicles. It has 10 general hospitals and has 941 licensed medics living inside its borders. Region 10 is served by the Morgan Memorial Hospital a Level 4 Trauma Center.

Region 10 faces unique challenges but for all counties the challenge is to provide the best possible care with existing resources. For many of the counties that challenge is compounded by increased demand due to rapidly expanding population.

Barrow, Jackson and Walton counties have all seen a greater than 15 percent increase in population from 2000 to 2004.

Region 10 has one of the highest ratios of persons per physicians in Georgia and is one of the fastest growing regions in Georgia. From 2000 to 2004, there have been 67,624 motor vehicle crashes resulting in 28,883 injuries and 461 fatalities in Region 10.

**Fast Facts**

- 13 licensed ambulance services with 58 vehicles
- 941 licensed medics live in this Region
- 135 persons per total square mile area
- 10 percent increase in population from 2000 to 2004
- 757 people per physician
- 1.8 EMS vehicles per 100 total square mile area
### Council Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>County/County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Akery</td>
<td>EMS Director</td>
<td>Walton County</td>
</tr>
<tr>
<td>Chuck Almond</td>
<td>EMS Director</td>
<td>Elbert County</td>
</tr>
<tr>
<td>Huey Atkins</td>
<td>EMS Director</td>
<td>Morgan County</td>
</tr>
<tr>
<td>Dr. Zeb Burrell Jr., M.D.</td>
<td>EMS Medical Director</td>
<td>Elbert County</td>
</tr>
<tr>
<td>Don Cargile</td>
<td>EMS Director</td>
<td>Athens Regional Medical Center</td>
</tr>
<tr>
<td>Nancy Couch</td>
<td>EMS Director</td>
<td>Walton County</td>
</tr>
<tr>
<td>Julie Cronic</td>
<td>EMS Division Chief</td>
<td>Barrow County</td>
</tr>
<tr>
<td>James Dove*</td>
<td>Director</td>
<td>NEGA Regional Development Center</td>
</tr>
</tbody>
</table>

* *Council Chairman*

** Council Vice-Chairman

### Primary Clinical Area

Reported to State in 2004

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1,089</td>
</tr>
<tr>
<td>Trauma</td>
<td>446</td>
</tr>
<tr>
<td>Cardiac</td>
<td>164</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>25</td>
</tr>
<tr>
<td>Psych</td>
<td>17</td>
</tr>
<tr>
<td>Neonate</td>
<td>2</td>
</tr>
</tbody>
</table>

### Top 5 Transport Destinations

Reported to State in 2004

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Not Specified</td>
<td>2,525</td>
</tr>
<tr>
<td>Athens Regional Medical Center</td>
<td>1,638</td>
</tr>
<tr>
<td>Elbert Memorial Hospital</td>
<td>1,626</td>
</tr>
<tr>
<td>Barrow Medical Center</td>
<td>945</td>
</tr>
<tr>
<td>St. Mary's Hospital - Athens</td>
<td>409</td>
</tr>
<tr>
<td>Minnie G Boswell Memorial Hospital</td>
<td>326</td>
</tr>
</tbody>
</table>

Data Sources:
- Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1993-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: EMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: EMS Database

### Counties Served

- Barrow
- Clarke
- Elbert
- Greene
- Jackson
- Madison
- Morgan
- Oconee
- Oglethorpe
- Walton
Open interchange with the statewide EMS community is an essential factor in planning and development initiatives. Established in 1973, EMSAC provides a fundamentally important role in advising the strategic growth of EMS in Georgia. In connection with this, Georgia is fortunate to have assembled a distinguished statewide advisory board. The membership of this advisory board is shown in Appendix B.

Health District and GEMA Interactions

In the case of the State Office of Emergency Medical Services/Trauma, the formal and informal interactions of the Health District program managers, the environmental interchanges with the Emergency Medical Services Advisory Council, interactions with the parent organization, the Division of Public Health (DPH), as well as, potentially, the Human Resources Board of Directors and legislators require significant analysis from an open systems perspective.
The recognition that medical direction is a significant and necessary component of EMS has existed since the 1970’s; however, Georgia is still in the process of formalizing this recognition.

Each licensed EMS service must retain a medical director—a physician who is legally responsible for all clinical and patient-care aspects of its operation. The prehospital medical care provided by medics is considered an extension of the medical director’s license.

In Georgia, the Medical Director’s Role is to:

- Provide medical oversight and guidance.
- Develop, review, approve and monitor clinical protocols in cooperation with expert EMS personnel.
- Participate in quality improvement and problem resolution.
- Advocate within the medical community. Interface between the EMS system, public health, and other public and private health-care agencies.
- Support the strategic development of the statewide EMS system.

EMSMDAC was created in 1997, by Region 7 EMS Program Director, Sam Cunningham when he was state EMS Director. Dr. J. Patrick O’Neal was the initial chair of EMSMDAC.

In 1997, Dr. Phillip Coule, Director of the Center of Operational Medicine, Medical College of Georgia became the chair. Dr. Coule served as chair from 1997 through 2004. On November 2004, Dr. Jill Mabley was then elected as chair.

When oversight of paramedics passed from the Composite Board of Medical Examiners to the Office of EMS/T a couple of years ago, formalization of EMSMDAC became more essential. In 2004, legislation was introduced to formally recognize EMSMDAC and conveying upon it certain powers. The bill passed both legislative bodies but did not become law.
Looking towards the future, the OEMS/T believes that a well-articulated mission and vision, a formal strategic plan, well-defined operational processes, written formal procedures, and frequent interactions with statewide stakeholders groups can drive improvements in statewide EMS regulation as well as regional organizational performance. OEMS/T recognizes that a customer service orientation, a focus on quality coupled with the flexibility to adapt to local operating conditions are also keys to success. While uniformity is sought and desired, there is no cookie cutter approach to statewide operational effectiveness.

Going into the future the OEMS/T will continue to develop its role focused on regulating the processes of delivering prehospital care. The strategy of the OEMS/T is to embed in its regulatory mission mechanisms that will enable systemic evolution through the production of high quality information—value-added information is a by-product of objective and uniform regulation.

EMS Development is a State Responsibility

In 2005, no single federal agency has lead responsibility for EMS activities. No federal agency collects data on EMS responses—a major shortcoming that undercuts the EMS community’s ability to conduct research to improve itself, or help justify its mission. In 2005, a number of different federal agencies are involved in supporting and promoting EMS improvements, including the National Highway Traffic Safety Administration, (NHTSA) the Department of Health & Human Services, and several others. None of these agencies imposes standards or enforces requirements on how state EMS systems should operate. Instead, the federal agencies undertake activities such as providing technical consulting support and guidance, providing funding for EMS initiatives through various grant programs to states, and exploring avenues for developing a consensus among EMS providers on policy needs and changes.\(^{14}\)

Each state has control of its own EMS system, independent of the federal government. Of the federal agencies mentioned above, NHTSA has provided a set of recommended standards called the Technical Assistance Program Assessment Standards for EMS. NHTSA prescribed standards are to insure that (a) the public has access to the EMS system through a communications mechanism (e.g., 911, e-911), (b) patients are provided with safe, reliable transportation by ground or air ambulance, (c) EMS personnel are appropriately educated and in-turn provide public education on the prevention of injury, (d) EMS has appropriate medical direction, (e) each state develops a system of specialized care for trauma patients; and (f) each state has a quality improvement program for the continuous evaluation and upgrading of the system. In conformance with these standards, each state must have laws, regulations, policies and procedures that govern it’s EMS system.\(^{15}\) To provide this governance objective, statewide information is needed. EMS is
becoming increasingly complex and information driven. In the absence of information, uncertainty may drive inappropriate policy determination.

In past years, it has been possible to obtain certain types of information from federal sources. Today, however, because of the need for state-specific information, this ability to tap federal information is no longer a responsive option. The development of an excellent statewide EMS system is solely Georgia’s responsibility.

The ability to produce and disseminate statewide information provides an essential service need for policy development and the outcomes-based objectives to improve statewide EMS and trauma system effectiveness. EMS information additionally supports statewide emergency preparedness.

Going into the future, the OEMS/T must organizationally be able to plan, prescribe, react and evolve in response to the internal and external forces that may manifest themselves in each of these areas. To react to these changes, the OEMS/T has revised its rules and regulations, shed bureaucracy and taken steps to enhance its regulatory capabilities based upon improved alignments of people, process and technology.

**Ability to Secure Grant Funding**

The Emergency Medical Services for Children (EMSC) Program is a national initiative designed to reduce child and youth disability and death due to severe illness and injury. Medical personnel, parents and volunteers, community groups and businesses, and national organizations and foundations all contribute to the effort. HRSA administers the program in partnership with the U.S. Department of Transportation’s National Highway Traffic Safety Administration.

Through the efforts led by the Deputy Director-OEMS/T working closely with the EMS Regions and partnering with other state and federal agencies, the OEMS/T has been able to obtain and effectively utilize grant monies to improve aspects of Georgia’s public health infrastructure.

Since its establishment in 1984, the EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments. It has initiated hundreds of programs to prevent injuries, and has provided thousands of hours of training to EMTs, paramedics and other emergency medical care providers.

Based upon a demonstration of need, EMSC grants fund States and U.S. Territories to improve existing emergency medical services systems and to develop and evaluate improved procedures and protocols for treating children. The EMSC program is the only federal program that focuses specifically on improving the quality of children’s emergency care. Georgia gratefully acknowledges the funding it has received from this valuable program.

The Office of EMS/Trauma has also been able to secure grant funding from other federal agencies. In 2005, major programs were completed involving grant funds from the Office of Rural Health Services as well as the Health and Human Services Administration (HRSA). These grants were also competitive and were based upon Georgia’s ability to provide data and appropriate justifications.
The Future of EMS is Information

With the introduction of computer technology beginning in the 1990’s, the OEMS/T has been increasingly called upon to be an information clearing house and provide a unified planning and continuous quality improvement direction for the collection and analysis of EMS, EMSC and trauma data for both rural and urban areas. It is now generally recognized that the analysis and production of meaningful EMS data is a core function central to supporting EMS regulation and system wide medical improvement.

In order for Georgia to fulfill its regulatory mission, new ways to collect and analyze EMS data must be rapidly developed. Infrastructure development is continuously required such that the building blocks can be put into place to support these needed capabilities.

In 2005, emergency medical services is still all about rapid response, initial treatment, and safe transport of a patient to a health care facility; however, it is now increasingly recognized that EMS also plays a role in data collection and analysis for prevention, education, and planning for improving community public health.

NEMSIS Participation

In 2004, Georgia signed a letter of intent to support and participate in the NEMSIS (National EMS Information System) data standard. Georgia recognizes that participation in NEMSIS and related activities provides relationships essential to develop a statewide EMS training curricula, CQI program and the development of EMS system indicators. Additionally, Georgia believes that the NEMSIS effort will (a) facilitate research efforts, (b) assist in providing information on fee schedules and reimbursement rates, (c) address resources for disaster and domestic preparedness, and (d) provide valuable information on other issues or areas of need related to EMS care.

Keeping Pace with Technology to Benefit Stakeholders

The OEMS/T is committed to keeping pace with rapidly changing technology to benefit our stakeholders. Dramatic technological change will reshape society and its institutions in the next five to ten years. The pace of this change is increasing. The Internet and other information and communications technologies are changing the way EMS works, learns, communicates, and the way EMS will do business. The Internet is shaping EMS in the same way that the steam engine and electricity defined the Industrial Age. Used creatively, the Internet and information technology can be a powerful tool for tackling some of our toughest challenges in improving statewide EMS. It can let us share information, make it easier to acquire new skills, and improve our ability to support our statewide regulatory mission.

For the OEMS/T, the long-term, strategic importance of anywhere access to information through an improved statewide EMS infrastructure—perhaps more than any other element—underpins the 10 GEMSIS goals outlined in Appendix A. A movement to web-based technologies over the next several years will make the OEMS/T more effective in carrying out its mission. The ability to produce and disseminate unique information provides an essential service and promotes more efficiency in governmental services.


## Summary of GEMSIS Programmatic Goals

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>❶ EMS Strategy Development.</td>
<td>Establish the strategy, organizational structure, standard operating procedures, and funding necessary for the implementation and maintenance of a statewide EMS data collection, evaluation and improvement process.</td>
</tr>
<tr>
<td>❷ Comprehensive EMS Data Collection.</td>
<td>Establish a comprehensive data collection system capable of gathering, integrating, and reporting pertinent, timely and accurate data from all state EMS system participants, and provide data linkages with other state and federal agencies and organizations as appropriate.</td>
</tr>
<tr>
<td>❸ Published EMS Information Baseline.</td>
<td>Establish a mechanism(s) to ensure feedback of data reports to all contributing agencies while maintaining confidentiality and security of data. This process will include a mechanism for prehospital personnel to receive timely feedback on the diagnosis and disposition of their patients.</td>
</tr>
<tr>
<td>❹ Formalized EMS Benchmarks.</td>
<td>Establish standardized definitions, indicators, and benchmarks, including the consideration of all national EMS datasets to facilitate comparative analysis of local EMS system performance, quality of patient care, customer satisfaction, and system cost on a state and national level.</td>
</tr>
<tr>
<td>❺ Standardized EMS Data Utilization.</td>
<td>Establish a mechanism(s) to ensure data is utilized at the state, local and provider level for continuous quality improvement aimed at improving EMS services and quality of patient care decreasing death and disability, and reducing costs.</td>
</tr>
<tr>
<td>❻ EMS CQI</td>
<td>Define EMS CQI programmatic needs and goals. Establish communication linkage(s) with EMS training and prevention programs to ensure needs identified through the evaluation process are integrated into the EMS training curriculum and prevention programs.</td>
</tr>
<tr>
<td>❼ EMS Training Curriculum Evolution.</td>
<td>Establish system evaluation training for all levels of EMS personnel to ensure proper documentation, data entry, analysis utilization of data and an understanding of the principles of research.</td>
</tr>
<tr>
<td>❽ EMS Research.</td>
<td>Establish agenda, guidelines and support mechanisms for conducting and funding Georgia-relevant EMS research.</td>
</tr>
<tr>
<td>❾ Uniform Rules &amp; Regulations Administration.</td>
<td>Ensure immunity for medical control and quality improvement processes and discovery protection for all local and state EMS quality improvement efforts to ensure cooperation and participation of all EMS participants in patient care and EMS service evaluation.</td>
</tr>
<tr>
<td>❿ EMS Regulatory Operations Review.</td>
<td>Establish a mechanism(s) for the periodic performance evaluation of the state's EMS regulatory agency.</td>
</tr>
</tbody>
</table>
## EMS Advisory Council (EMSAC) Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Adams</td>
<td>Owner</td>
<td>West Georgia Ambulance Service</td>
</tr>
<tr>
<td>Wright Alcorn</td>
<td>Vice President Patient Services</td>
<td>Piedmont Hospital</td>
</tr>
<tr>
<td>James Benny Atkins</td>
<td>Chief Operating Officer</td>
<td>National EMS, Inc.</td>
</tr>
<tr>
<td>Don T. Cargile</td>
<td>Director of Emergency Medical Services</td>
<td>Athens Regional Medical Center</td>
</tr>
<tr>
<td>Robert Cox, M. D.</td>
<td>Regional Director of Patient Account</td>
<td>Spalding Regional Hospital Department of Emergency Medicine</td>
</tr>
<tr>
<td>Ernie Doss</td>
<td>Program Director</td>
<td>Rural Metro Ambulance Service</td>
</tr>
<tr>
<td>Danny Edwards</td>
<td>Director</td>
<td>Tift Regional Medical Center Wound Care Center</td>
</tr>
<tr>
<td>Jane Garbisch</td>
<td>Director</td>
<td>Evans County EMS</td>
</tr>
<tr>
<td>Timothy L Genest</td>
<td>EMS Director - Assistant Chief</td>
<td>Mercy Ambulance Service Inc., DBA Southside Fire/EMS</td>
</tr>
<tr>
<td>John Harvey, M. D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ben Hinson</td>
<td>Owner</td>
<td>Mid Georgia Ambulance Service</td>
</tr>
<tr>
<td>John Hitchens</td>
<td>Director</td>
<td>Whitfield County EMS</td>
</tr>
<tr>
<td>Zachery Holmes</td>
<td>Director</td>
<td>Spalding Regional Hospital EMS</td>
</tr>
<tr>
<td>Debra Kitchens</td>
<td>Trauma Program Manager</td>
<td>Medical Center of Central Georgia</td>
</tr>
<tr>
<td>Ann Lamb</td>
<td>Director</td>
<td>Mitchell County EMS</td>
</tr>
<tr>
<td>Jeff F. Linzer, M.D., MICP, FAAP, FACEP</td>
<td>Assistant Professor, Pediatric Emergency Medicine</td>
<td>Emory University School of Medicine EMS Coordinator, Division of Pediatric Emergency Medicine</td>
</tr>
<tr>
<td>Scott Masters</td>
<td>Director of Emergency Medical Transportation</td>
<td>Northeast Georgia Health System</td>
</tr>
<tr>
<td>M. Allen McCullough</td>
<td>Deputy Director</td>
<td>Fayette County Department of Fire and Emergency Services</td>
</tr>
<tr>
<td>Lee Mitchell</td>
<td>Retired (Consultant)</td>
<td>Gwinnett Fire and Emergency Services</td>
</tr>
<tr>
<td>Suzanne K. Nieman</td>
<td>Associate Legislative Director</td>
<td>for Health and Human Services</td>
</tr>
<tr>
<td>Lee Percy Oliver III</td>
<td>Director Emergency Medical Services</td>
<td>The Medical Center of Central Georgia</td>
</tr>
<tr>
<td>Pete Quinones</td>
<td>President &amp; CEO</td>
<td>Metro Atlanta Ambulance Service</td>
</tr>
<tr>
<td>Gary Rice</td>
<td></td>
<td>Georgia Emergency Management Agency</td>
</tr>
<tr>
<td>Marvin Riggins</td>
<td>Chief</td>
<td>Macon Bibb County Fire Department</td>
</tr>
<tr>
<td>Jeannie wither</td>
<td>Technical Instructor</td>
<td>Swainsboro Technical College</td>
</tr>
<tr>
<td>Richard Roberts</td>
<td>Training Supervisor</td>
<td>Dougherty County EMS</td>
</tr>
<tr>
<td>Joe Robinson</td>
<td>Chief Operating Officer</td>
<td>Mid Georgia Ambulance Service</td>
</tr>
<tr>
<td>Thomas R. Schneider</td>
<td>CEO</td>
<td>Gold Cross Emergency Medical Service</td>
</tr>
<tr>
<td>Courtney Terwilliger</td>
<td>Director</td>
<td>Emanuel County EMS</td>
</tr>
</tbody>
</table>
Appendix C

EMS Medical Directors Advisory Council (EMSMDAC) Membership

Dr. Brett Atchley
Emergency Medicine Physician

Dr. Michael Brackett
EMS Medical Director Elbert County

Dr. Zeb L. Burrell, JR.
EMS Advisor

Dr. Phillip L. Coule
Director
Center of Operational Medicine, Medical College of Georgia

Dr. Robert J. Cox
Region IV EMS Medical Director

Dr. David H. Fagin
Pediatric Emergency Medicine, Children’s Healthcare of Atlanta

Dr. Raymond L. Fowler
Medical Director of Mid Georgia Ambulance Service & Douglas County Fire Department

Dr. Virginia G. Galvin
Metro Atlanta Ambulance Service, Inc.

Dr. Charles B. Gillespie
EMS Advisor

Dr. Earl Grubbs
Paragon Emergency Physicians

Dr. Michael D. Hagues
West Central Georgia Region 7 EMS Medical Director

Dr. John S. Harvey
General Surgery

Dr. James F. Hatcher, Jr.
Central Georgia Region 5 EMS Medical Director

Dr. Michael L. Hawkins
Surgery, Medical College of Georgia

Dr. Stephen E. Holbrook
Emergency Medicine Physician, Dekalb Medical Center

Dr. George S. Houlditch
North Georgia Region 2 EMS Medical Director

Dr. Alex Isakov
Emory Flight

Dr. Spencer King

Dr. Jeffrey F. Linzer
Pediatric Medicine, Children’s Healthcare of Atlanta

Dr. Bryan McNally
Emory University School of Medicine

Dr. Arch McNeill
Emergency Medicine Physician, Archbold Memorial Hospital

Dr. Jill Mabley
Emergency Medicine Physician

Dr. Mims Gage Ochsner, Jr.
General Surgery, Trauma, and Surgical/Critical Care, Memorial Medical Center, Inc.

Dr. Eric W. Ossmann
Medical Director Grady Emergency Medical Service

Dr. James Patrick O’Neal
State EMS Medical Director, OEMS/T

Dr. Dee William Pettigrew, III
Emergency Medicine Physician, Athens Regional Medical Center

Dr. Henry J. Siegelson
Emergency Medicine/Disaster Medicine, Emory University School of Medicine

Dr. Eli Warnock

Dr. Arthur H. Yancey, II
Associate Professor
Department of Emergency Medicine, Emory University School of Medicine
## Appendix D

### Georgia Fast Facts

<table>
<thead>
<tr>
<th>Category</th>
<th>Georgia</th>
<th>U. S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2004 estimate</td>
<td>8,829,383</td>
<td>293,655,404</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2000 to July 1, 2003</td>
<td>6.1%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Population, 2000</td>
<td>8,186,453</td>
<td>281,421,906</td>
</tr>
<tr>
<td>Population, percent change, 1990 to 2000</td>
<td>26.4%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Persons under 5 years old, percent, 2000</td>
<td>7.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Persons under 18 years old, percent, 2000</td>
<td>26.5%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Persons 65 years old and over, percent, 2000</td>
<td>9.6%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Female persons, percent, 2000</td>
<td>50.8%</td>
<td>50.9%</td>
</tr>
<tr>
<td>White persons, percent, 2000 (a)</td>
<td>65.1%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Black or African American persons, percent, 2000 (a)</td>
<td>28.7%</td>
<td>12.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native persons, percent, 2000 (a)</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian persons, percent, 2000 (a)</td>
<td>2.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander, percent, 2000 (a)</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Persons reporting some other race, percent, 2000 (a)</td>
<td>2.4%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Persons reporting two or more races, percent, 2000</td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>White persons, not of Hispanic/Latino origin, percent, 2000</td>
<td>62.6%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Persons of Hispanic or Latino origin, percent, 2000 (b)</td>
<td>5.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Living in same house in 1995 and 2000', pct age 5+, 2000</td>
<td>49.2%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Foreign born persons, percent, 2000</td>
<td>7.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Language other than English spoken at home, pct age 5+, 2000</td>
<td>9.9%</td>
<td>17.9%</td>
</tr>
<tr>
<td>High school graduates, percent of persons age 25+, 2000</td>
<td>78.6%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Bachelor's degree or higher, pct of persons age 25+, 2000</td>
<td>24.3%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Persons with a disability, age 5+, 2000</td>
<td>1,456,812</td>
<td>49,746,248</td>
</tr>
<tr>
<td>Mean travel time to work (minutes), workers age 16+, 2000</td>
<td>27.7</td>
<td>25.5</td>
</tr>
<tr>
<td>Housing units, 2002</td>
<td>3,487,088</td>
<td>119,302,132</td>
</tr>
<tr>
<td>Homeownership rate, 2000</td>
<td>67.5%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Housing units in multi-unit structures, percent, 2000</td>
<td>20.8%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units, 2000</td>
<td>$111,200</td>
<td>$119,600</td>
</tr>
<tr>
<td>Households, 2000</td>
<td>3,006,369</td>
<td>105,480,101</td>
</tr>
<tr>
<td>Persons per household, 2000</td>
<td>2.65</td>
<td>2.59</td>
</tr>
<tr>
<td>Median household income, 1999</td>
<td>$42,433</td>
<td>$41,994</td>
</tr>
<tr>
<td>Per capita money income, 1999</td>
<td>$21,154</td>
<td>$21,587</td>
</tr>
<tr>
<td>Persons below poverty, percent, 1999</td>
<td>13.0%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

_U.S. Census Bureau_
Appendix E

Georgia Prehospital General Reports

Response Mode to Scene:
- Red Lights And Sirens: 429,538
- No Red Lights and Sirens: 197,781
- Downgraded: 961
- Walk-in/Drive-up: 13,154
- Upgraded: 395

Primary Clinical Area:
- Medical: 175,885
- Cardiac: 30,725
- OB/Gyn: 5,054
- Psych: 6,522
- Neonate: 53,265
- Trauma: 82,824

Location Of Call:
- Home/Residence: 274,538
- Physician/Clinic: 19,109
- Other Location: 38,073
- Farm: 501
- Street/Highway: 101,89
- Unspecified Location: 61,071
- Mine/Quarry: 431
- Public Building: 921
- Hospital: 89,543
- Industrial: 7,112
- Residential: 41,359
- Educational Institution: 2,447
- Recreation/Sporting: 5,550

Environmental Causes:
- Abuse: 7,578
- Neglect: 1,040
- Alcohol: 14,188
- Nutrition: 1,075
- Housing: 18,762
- Substance: 6,869
- Not Applicable: 382,668

Mechanism Of Injury:
- Accidentally Hit: 2,991
- Machinery: 858
- Radiation: 13
- Aircraft: 137
- Motorcycle: 1,454
- Rape: 170
- Assault: 12,228
- Motor Vehicle Crash: 69,869
- RX Overdose: 3,471
- Bicycle: 1,090
- GSW Assault: 1,144
- Smoke: 259
- Bite: 1,182
- GSW Self-Inflicted: 538
- Stabbing: 1,123
- Electrical: 788
- Heat Exposure: 655
- Stings: 507
- Falls: 45,017
- Off Road Vehicle: 439
- Suffocation: 53
- Falling Objects: 2,201
- Other: 47,277
- Watercraft: 115
- Fire: 1,460
- Pedestrian: 1,049
- Lightning: 66
- GSW Accidental: 208
- Unknown: 14,885

Destination Choice:
- Closest: 116,457
- Law Enforcement: 6,351
- Speciality: 6,015
- Pt/Family Choice: 327,407
- Managed Care: 6,126
- On-Line Medical Control: 1,528
- Pt Physician: 66,779
- Protocol: 12,568
- Diversion: 1,902
- Trauma Center: 2
- Other: 6,889

Incident/Patient Disposition:
- Treated And Transported: 387,432
- No Patient Found: 825
- Treated Transferred Care: 12,523
- False Call: 3,034
- Treated Transferred POV: 6,121
- Refused All: 0
- Treated And Released: 12,150
- Assist At Home: 3,332
- Treated And Refused Trans: 39,788
- Dead At Scene: 5,508
- Transport Only: 0
- No Treatment Required: 12,461
- Cancelled: 25,715
- N/A: 28,017

Calls By Race And Gender

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>111,266</td>
<td>1,734</td>
<td>189,233</td>
<td>4,901</td>
<td>250</td>
<td>2,290</td>
<td>15,501</td>
</tr>
<tr>
<td>Male</td>
<td>85,954</td>
<td>1,316</td>
<td>155,484</td>
<td>7,160</td>
<td>193</td>
<td>2,407</td>
<td>12,582</td>
</tr>
<tr>
<td>Unknown</td>
<td>636</td>
<td>12</td>
<td>1,046</td>
<td>83</td>
<td>2</td>
<td>34</td>
<td>49,583</td>
</tr>
</tbody>
</table>

Year 2000 Total: 645,682
Georgia Prehospital General Reports

Response Mode to Scene:
- Red Lights And Sirens: 384,591
- No Red Lights and Sirens: 167,100
- Downgraded: 1,119
- Walk-in/Drive-up: 4,476
- Upgraded: 285

Primary Clinical Area:
- Medical: 278,970
- Cardiac: 42,123
- OB/Gyn: 8,363
- Psych: 10,726
- Neonate: 38,077
- Trauma: 128,957

Location Of Call:
- Home/Residence: 252,154
- Physician/Clinic: 17,291
- Other Location: 12,295
- Farm: 453
- Street/Highway: 88,598
- Unspecified Location: 50,394
- Mine/Quarry: 175
- Public Building: 2,605
- Hospital: 71,184
- Industrial: 5,465
- Residential: 37,810
- Educational Institution: 1,642
- Recreation/Sporting: 4,855

Environmental Causes:
- Abuse: 4,445
- Neglect: 1,021
- Alcohol: 11,021
- Nutrition: 1,061
- Housing: 6,162
- Substance: 7,903
- Not Applicable: 360,356

Mechanism Of Injury:
- Accidentally Hit: 1,430
- Machinery: 624
- Radiation: 10
- Aircraft: 133
- Motorcycle: 1,421
- Rape: 143
- Assault: 10,846
- Motor Vehicle Crash: 60,738
- RX Overdose: 3,001
- Bicycle: 867
- GSW Assault: 996
- Smoke: 200
- Bite: 1,035
- GSW Self-Inflicted: 461
- Stabbing: 1,000
- Electrical: 288
- Heat Exposition: 446
- Stings: 602
- Falls: 38,902
- Off Road Vehicle: 418
- Suffocation: 37
- Falling Objects: 1,443
- Other: 43,064
- Watercraft: 1,258
- Fire: 1,477
- Pedestrian: 1,003
- Lightning: 40
- GSW Accidental: 205
- Unknown: 68,049

Destination Choice:
- Closest: 98,536
- Law Enforcement: 5,544
- Speciality: 3,654
- Pt/Family Choice: 325,440
- Managed Care: 2,754
- On-Line Medical Control: 1,160
- Pt Physician: 48,569
- Protocol: 11,966
- Diversion: 1,902
- Trauma Center: 32
- Other: 6,067

Incident/Patient Disposition:
- Treated And Transported: 355,032
- No Patient Found: 4,969
- Treated Transferred Care: 8,591
- False Call: 2,536
- Treated Transferred POV: 5,039
- Refused All: 0
- Treated And Released: 10,044
- Assist At Home: 2,815
- Treated And Refused Trans: 35,628
- Dead At Scene: 4,976
- Transport Only: 0
- No Treatment Required: 8,482
- Cancelled: 18,965
- N/A: 15,977

Calls By Race And Gender

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>106,439</td>
<td>1,588</td>
<td>162,440</td>
<td>4,408</td>
<td>108</td>
<td>1,337</td>
<td>8,609</td>
</tr>
<tr>
<td>Male</td>
<td>82,692</td>
<td>1,238</td>
<td>133,632</td>
<td>6,365</td>
<td>104</td>
<td>1,425</td>
<td>7,569</td>
</tr>
<tr>
<td>Unknown</td>
<td>381</td>
<td>21</td>
<td>574</td>
<td>39</td>
<td>2</td>
<td>14</td>
<td>28,760</td>
</tr>
</tbody>
</table>
Appendix E

Georgia Prehospital General Reports

Year 2002 Total: 379,538

Response Mode to Scene:
- Red Lights And Sirens: 266,543
- No Red Lights and Sirens: 103,187
- Downgraded: 818
- Walk-in/Drive-up: 974
- Upgraded: 212

Primary Clinical Area:
- Medical: 205,802
- Cardiac: 33,289
- OB/Gyn: 5,447
- Psych: 7,882
- Neonate: 1,964
- Trauma: 92,636

Location Of Call:
- Home/Residence: 171,840
- Physician/Clinic: 11,444
- Other Location: 14,440
- Farm: 441
- Street/Highway: 58,411
- Unspecified Location: 6,803
- Mine/Quarry: 51
- Public Building: 8,171
- Hospital: 48,862
- Industrial: 3,156
- Residential: 12,089
- Educational Institution: 1,208
- Recreation/Sporting: 2,828

Environmental Causes:
- Abuse: 3,325
- Neglect: 489
- Alcohol: 3,699
- Nutrition: 2,176
- Housing: 764
- Substance: 95,726
- Not Applicable: 139,501

Mechanism Of Injury:
- Accidentally Hit: 801
- Machinery: 344
- Radiation: 3
- Aircraft: 816
- Motorcycle: 896
- Rape: 92
- Assault: 6,675
- Motor Vehicle Crash: 39,135
- RX Overdose: 1,750
- Bicycle: 506
- GSW Assault: 540
- Smoke: 115
- Bite: 576
- GSW Self-Inflicted: 268
- Stabbing: 655
- Electrical: 285
- Heat Exposure: 259
- Stings: 199
- Falls: 24,741
- Off Road Vehicle: 267
- Suffocation: 26
- Falling Objects: 671
- Other: 18,353
- Watercraft: 128
- Fire: 955
- Pedestrian: 585
- Lightning: 28
- GSW Accidental: 168
- Unknown: 53,989

Destination Choice:
- Closest: 69,372
- Law Enforcement: 3,250
- Speciality: 2,738
- Pt/Family Choice: 197,472
- Managed Care: 1,834
- On-Line Medical Control: 680
- Pt Physician: 36,331
- Protocol: 6,951
- Diversion: 1,166
- Trauma Center: 3
- Other: 2,518

Incident/Patient Disposition:
- Treated And Transported: 228,585
- No Patient Found: 4,675
- Treated Transferred Care: 5,702
- False Call: 1,527
- Treated Transferred POV: 4,809
- Refused All: 0
- Treated And Released: 8,315
- Assist At Home: 2,581
- Treated And Refused Trans: 23,687
- Dead At Scene: 3,380
- Transport Only: 0
- No Treatment Required: 6,220
- Cancelled: 10,100
- N/A: 4,171

Calls By Race And Gender

<table>
<thead>
<tr>
<th>Calls By Race And Gender</th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>70,512</td>
<td>886</td>
<td>110,442</td>
<td>745</td>
<td>121</td>
<td>157</td>
<td>4,397</td>
</tr>
<tr>
<td>Male</td>
<td>54,558</td>
<td>778</td>
<td>90,472</td>
<td>1,046</td>
<td>126</td>
<td>175</td>
<td>4,141</td>
</tr>
<tr>
<td>Unknown</td>
<td>37</td>
<td>2</td>
<td>77</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1,987</td>
</tr>
</tbody>
</table>
**Georgia Prehospital General Reports**

### Year 2003 Total: 337,085

#### Response Mode to Scene:
- **Red Lights And Sirens**: 233,485
- **No Red Lights and Sirens**: 93,490
- **Downgraded**: 526
- **Walk-in/Drive-up**: 811
- **Upgraded**: 197

#### Primary Clinical Area:
- **Medical**: 185,622
- **Cardiac**: 27,021
- **OB/Gyn**: 4,201
- **Psych**: 7,082
- **Neonate**: 630
- **Trauma**: 78,538

#### Location Of Call:
- **Home/Residence**: 152,382
- **Physician/Clinic**: 9,136
- **Other Location**: 21,092
- **Farm**: 350
- **Street/Highway**: 48,965
- **Unspecified Location**: 355
- **Mine/Quarry**: 44
- **Public Building**: 9,345
- **Hospital**: 42,373
- **Industrial**: 5,727
- **Residential**: 4,224
- **Educational Institution**: 1,280
- **Recreation/Sporting**: 2,189

#### Environmental Causes:
- **Abuse**: 2,564
- **Neglect**: 406
- **Alcohol**: 3,031
- **Nutrition**: 3,709
- **Housing**: 604
- **Substance**: 80,306
- **Not Applicable**: 85,636

#### Mechanism Of Injury:
- **Accidentally Hit**: 540
- **Machinery**: 278
- **Radiation**: 4
- **Aircraft**: 62
- **Motorcycle**: 919
- **Rape**: 67
- **Assault**: 5,549
- **Motor Vehicle Crash**: 32,871
- **RX Overdose**: 1,606
- **Bicycle**: 368
- **GSW Assault**: 389
- **Smoke**: 100
- **Bite**: 523
- **GSW Self-Inflicted**: 272
- **Stabbing**: 547
- **Electrical**: 107
- **Heat Exposure**: 176
- **Stings**: 189
- **Falls**: 21,465
- **Off Road Vehicle**: 254
- **Suffocation**: 26
- **Falling Objects**: 486
- **Other**: 11,612
- **Watercraft**: 41
- **Fire**: 813
- **Pedestrian**: 467
- **Lightning**: 21
- **GSW Accidental**: 119
- **Unknown**: 33,412

#### Destination Choice:
- **Closest**: 56,707
- **Law Enforcement**: 2,982
- **Speciality**: 2,450
- **Pt/Family Choice**: 176,574
- **Managed Care**: 2,185
- **On-Line Medical Control**: 405
- **Pt Physician**: 32,785
- **Protocol**: 7,715
- **Diversion**: 817
- **Trauma Center**: 63
- **Other**: 3,993

#### Incident/Patient Disposition:
- **Treated And Transported**: 205,588
- **No Patient Found**: 4,334
- **Treated Transferred Care**: 6,415
- **False Call**: 1,365
- **Treated Transferred POV**: 1,937
- **Refused All**: 0
- **Treated And Released**: 4,393
- **Assist At Home**: 2,682
- **Treated And Refused Trans**: 22,992
- **Dead At Scene**: 3,231
- **Transport Only**: 0
- **No Treatment Required**: 5,741
- **Cancelled**: 7,790
- **N/A**: 5,673

#### Calls By Race And Gender

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>63,180</td>
<td>761</td>
<td>102,182</td>
<td>204</td>
<td>89</td>
<td>32</td>
<td>3,564</td>
</tr>
<tr>
<td>Male</td>
<td>49,445</td>
<td>578</td>
<td>82,695</td>
<td>336</td>
<td>80</td>
<td>20</td>
<td>3,253</td>
</tr>
<tr>
<td>Unknown</td>
<td>33</td>
<td>6</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td></td>
<td>129</td>
</tr>
</tbody>
</table>


Appendix E

Georgia Prehospital General Reports

Year 2004 Total: 425,452

Response Mode to Scene:
- Red Lights And Sirens: 306,034
- No Red Lights and Sirens: 102,813
- Downgraded: 764
- Walk-in/Drive-up: 861
- Upgraded: 212

Primary Clinical Area:
- Medical: 241,160
- Cardiac: 32,487
- OB/Gyn: 6,057
- Psych: 10,019
- Neonate: 816
- Trauma: 100,934

Location Of Call:
- Home/Residence: 199,779
- Physician/Clinic: 10,801
- Other Location: 29,780
- Farm: 454
- Street/Highway: 64,906
- Unspecified Location: 464
- Mine/Quarry: 67
- Public Building: 15,922
- Hospital: 48,112
- Industrial: 3,606
- Residential: 3,792
- Educational Institution: 448
- Recreation/Sporting: 2,789

Environmental Causes:
- Abuse: 3,100
- Neglect: 471
- Alcohol: 3,431
- Nutrition: 1,580
- Housing: 459
- Substance: 85,123
- Not Applicable: 61,758

Mechanism Of Injury:
- Accidentally Hit: 656
- Machinery: 375
- Radiation: 4
- Aircraft: 72
- Motorcycle: 1,193
- Rape: 137
- Assault: 6,910
- Motor Vehicle Crash: 41,748
- RX Overdose: 1,614
- Bicycle: 477
- GSW Assault: 503
- Smoke: 109
- Bite: 665
- GSW Self-Inflicted: 260
- Stabbing: 630
- Electrical: 75
- Heat Exposure: 207
- Stings: 216
- Falls: 25,905
- Off Road Vehicle: 297
- Suffocation: 29
- Falling Objects: 559
- Other: 15,261
- Watercraft: 42
- Fire: 788
- Pedestrian: 636
- Lightning: 25
- GSW Accidental: 121
- Unknown: 70,565

Destination Choice:
- Closest: 69,281
- Law Enforcement: 3,555
- Speciality: 3,412
- Pt/Family Choice: 218,861
- Managed Care: 1,801
- On-Line Medical Control: 439
- Pt Physician: 36,725
- Protocol: 11,087
- Diversion: 1,070
- Trauma Center: 165
- Other: 5,163

Incident/Patient Disposition:
- Treated And Transported: 260,596
- No Patient Found: 5,343
- Treated Transferred Care: 8,849
- False Call: 1,762
- Treated Transferred POV: 1,805
- Refused All: 0
- Treated And Released: 11,851
- Assist At Home: 2,691
- Treated And Refused Trans: 26,367
- Dead At Scene: 3,800
- Transport Only: 0
- No Treatment Required: 10,573
- Cancelled: 13,209
- N/A: 5,703

Calls By Race And Gender

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>80,948</td>
<td>1,061</td>
<td>117,142</td>
<td>145</td>
<td>237</td>
<td>29</td>
<td>1,645</td>
</tr>
<tr>
<td>Male</td>
<td>61,491</td>
<td>741</td>
<td>96,006</td>
<td>207</td>
<td>161</td>
<td>36</td>
<td>1,660</td>
</tr>
<tr>
<td>Unknown</td>
<td>64</td>
<td>7</td>
<td>133</td>
<td>5</td>
<td>7</td>
<td>444</td>
<td>2,097</td>
</tr>
</tbody>
</table>
### Response Mode to Scene:
- Red Lights And Sirens: 312,472
- No Red Lights and Sirens: 121,704
- Downgraded: 781
- Walk-in/Drive-up: 977
- Upgraded: 333

### Primary Clinical Area:
- Medical: 264,183
- Cardiac: 33,581
- OB/Gyn: 5,873
- Psych: 11,401
- Neonate: 793
- Trauma: 101,111

### Location Of Call:
- Home/Residence: 209,406
- Physician/Clinic: 12,715
- Other Location: 29,197
- Farm: 448
- Street/Highway: 64,780
- Unspecified Location: 1,195
- Mine/Quarry: 56
- Public Building: 16,442
- Hospital: 58,340
- Industrial: 3,330
- Residential: 4,246
- Educational Institution: 514
- Recreation/Sporting: 2,789

### Environmental Causes:
- Abuse: 2,499
- Neglect: 393
- Alcohol: 2,919
- Nutrition: 1,313
- Housing: 398
- Substance: 73,295
- Not Applicable: 79,670

### Mechanism Of Injury:
- Accidentally Hit: 581
- Machinery: 482
- Radiation: 5
- Aircraft: 58
- Motorcycle: 1,406
- Rape: 111
- Assault: 6,436
- Motor Vehicle Crash: 38,806
- RX Overdose: 1,692
- Bicycle: 464
- GSW Assault: 461
- Smoke: 82
- Bite: 720
- GSW Self-Inflicted: 270
- Stabbing: 566
- Electrical: 66
- Heat Exposure: 213
- Stings: 173
- Falls: 25,828
- Off Road Vehicle: 408
- Suffocation: 36
- Falling Objects: 541
- Other: 14,758
- Watercraft: 41
- Fire: 756
- Pedestrian: 676
- Lightning: 23
- GSW Accidental: 135
- Unknown: 63,883

### Incident/Patient Disposition:
- Treated And Transported: 261,189
- No Patient Found: 5,086
- Treated Transferred Care: 11,383
- False Call: 1,860
- Treated Transferred POV: 1,295
- Refused All: 0
- Treated And Released: 9,611
- Assist At Home: 2,595
- Treated And Refused Trans: 22,906
- Dead At Scene: 3,564
- Transport Only: 0
- No Treatment Required: 12,913
- Cancelled: 13,258
- N/A: 6,183

### Calls By Race And Gender

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Asian</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>74,618</td>
<td>953</td>
<td>125,157</td>
<td>269</td>
<td>133</td>
<td>36</td>
<td>938</td>
</tr>
<tr>
<td>Male</td>
<td>57,242</td>
<td>687</td>
<td>100,642</td>
<td>338</td>
<td>140</td>
<td>37</td>
<td>1,018</td>
</tr>
<tr>
<td>Unknown</td>
<td>40</td>
<td>3</td>
<td>99</td>
<td>10</td>
<td>0</td>
<td>832</td>
<td>4,950</td>
</tr>
</tbody>
</table>
No publication of this scope, complexity or magnitude could have been completed without the hard work and selfless contributions of numerous persons. No attempt to recognize or thank all of those who participated in the development of this publication is adequate. Many who provided their thoughts and experience will remain unnamed; however, all who participated are playing a strategic role in EMS in Georgia. Particular thanks goes to the each of the EMS Regional Program Directors and their dedicated staffs. Thank you.