

## **RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING**

Board of Directors

February 17, 2016

### **Board Members Present:**

Jack Atkins, Rappahannock County  
John Brandrup, At-Large  
Mark Crnarich, At-Large  
Dr. Jordan Crovatin, At-Large  
Kevin Dillard, At-Large  
David Garvin, King George County  
Donald Gore, Rappahannock County  
Mary Hart, Fauquier County  
John Harkness, Orange County  
Warren Jenkins, Culpeper County  
Lori Knowles, Stafford County  
David Moody, King George County  
Emmett Price, Stafford County  
Joseph Sposa, Spotsylvania County  
Dr. Tania White, Regional Medical Director

### **Staff Present:**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

### **Excused:**

Eddie Allen, City of Fredericksburg  
Marianna Bedway, At-Large  
Scott Davis, City of Fredericksburg  
Pat Fitzgerald, Westmoreland County  
Mark Garnett, Caroline County  
Maurice Moody, Orange County

### **Guests:**

Joey King, Regional Pharmacy Committee Chair, LifeCare Medical Transports

### **Call to Order:**

The meeting was called to order by President Kevin Dillard in the UVA Culpeper Hospital conference room at 7:00 PM.

### **Approval of minutes:**

Minutes for the December 16, 2015, meeting approved as submitted.

### **Public Comments/Presentations from Guests:**

There were no public comments.

### **President's Report—Kevin Dillard**

Kevin announced that there have been some changes to board membership. The Spotsylvania County Board of Supervisors voted to nominate William Harrington to our board as citizen representation from the county; he will be replacing Kirk Twigg, who resigned last year. As a new appointee, Kevin stated that the board needs to approve this nomination.

Lori Knowles made a motion to ratify this nomination; seconded by John Brandrup. The motion passed with no discussion from the board.

Grant Committee:

Agencies from the REMS region did very well this past grant cycle; Kevin commented this is the best result the region has seen in a long time, and congratulated everyone. Total funding for the REMS service area in the January – December 2016 cycle came to \$358,438.52, including a new ambulance for Caroline County. Requested funds for this cycle totaled 9.7 million; 4.5 million was awarded. The next deadline is March 15; Kevin asked that agencies get grant applications in as early as possible in order to ensure Council staff can help them become the best they can be.

EMS Governor’s Advisory Board – Wayne Perry

Kevin mentioned that Kelly Southard was the Rappahannock EMS Council’s representative on the EMS Advisory Board and the Council has submitted the names of three replacement nominees to the Secretary of the Commonwealth. One nominee will be chosen: Lori Knowles, Donald Gore, and John Harkness were recommended, with Lori as our primary choice.

The state is in the process of evaluating and having testing done by the CDC for some individuals who have become ill after returning from areas with the Zika virus. The VDH has sent out information regarding how to contact the health department to inquire about Zika testing for patients.

Paul Sharpe resigned from the Office of EMS in January and Connie Purvis of the Blue Ridge EMS Council is retiring at the end of February.

Gary Brown reported to the GAB that a number of agencies have not migrated to NEMESISv3; due to problems agencies have been experiencing, OEMS has decided to do away with the original migration plan and adopt the national deadlines. As of December 31, 2016, v2 data will no longer be accepted.

**Secretary’s Report—Mark Crnarich**

Performance Improvement Committee:

The committee last met on February 11, and will meet again on May 12. The committee is working on a number of items, but nothing is ready to be presented to the board at this point. The committee has made lots of progress in the last year, and continues to move steadily forward.

**Treasurer's Report**—John Brandrup

Finance Committee:

The Finance Committee has not met recently. John stated that the finances for the quarter were distributed. There were no questions from the board.

Guidelines and Training Committee:

The committee last met on December 14, 2015 and will meet again on February 22. John has volunteered to replace Kelly Southard as chair for this committee, and invites all board members to attend. Revisions to the protocols were approved by the board at the last meeting; there is no report at this time.

**Committee Reports**

By-Laws Committee: Donald Gore

No report at this time. Please bring any concerns regarding the Council bylaws to Don.

CISM Report: Margot Moser for Patricia Copeland

The team last met on February 11 and will meet again on March 14.

The Virginia Athletics Trainers Association requested information from the team regarding how to start their own CISM team. Trisha is in the process of updating their accreditation packet to be submitted to OEMS. Accreditation with OEMS will be followed by an update to the team's ICISF listing.

No call-outs since the last board meeting; one new member: Shelly Wright from Fauquier County Sheriff's Office

Disaster Committee: Kevin Dillard for Mark Garnett

The board was sent copies of the revised MCI Plan. Kevin noted that Mark also included a summary of the changes made. The committee recommends approving as presented; Kevin asked for comments or discussion. Hearing none, the motion to approve the MCI Plan was put to vote. Motion carried.

**ACTION ITEM—Regional MCI Plan**

**APPROVED**

Medical Direction Committee: Dr. Tania White

The Regional Medical Direction committee meeting scheduled for January 25 was cancelled because of the snow, but Dr. White did attend the state medical direction meeting.

The committee discussed the state Trauma Triage Plan review; general agreement was that more guidelines need to be based on locality needs.

The discussion of the scope of practice has been tabled for the next meeting. OMD issues discussed include intranasal Narcan. The committee has no new recommendations regarding the administration of this drug. The use of thrombolytics in the treatment of ACS and PCS circulation stroke was also discussed.

Dr White also mentioned that she had a meeting with pharmacy personnel at MWHC regarding the new medications to be included in the EMS drug box as a result of changes to the regional protocols; most medications will pass through with no issues, but TXA has been controversial. Dr. White recommended that agency OMDs look at literature regarding the use of TXA and recommend stocking it in their agencies boxes. She is happy to provide data and information for agencies to present to OMDs if needed.

#### Nominating Committee: Kevin Dillard

The Council is now accepting nominations for the Regional EMS Awards. There is a new category this year—“Outstanding Contribution to EMS Preparedness and Response.” Kevin encouraged the board members to read the criteria and submit a nomination since it is the first year this award will be presented—the REMS region can’t win a governor’s award if no regional award nomination is submitted. He also noted that even if someone is willing to put a name in, the Council is willing to do some of the homework in preparation of the nomination. Our region had two state winners this year; in the past, we have swept the Governor’s Awards. If names are submitted early, we can begin working on nominations to make sure they are quality and will do well at the state level. The deadline for nominations is April 26 at 5 PM. The ceremony will be held on June 9 at the Culpeper County Communications and Support Center.

Kevin also mentioned that the Council’s 40<sup>th</sup> anniversary is this year, and he hopes to hold a celebration of some sort later in the year. The Council staff is working on a presentation on the history and establishment of the Council.

The Council currently has an open At-Large position which expires in June of 2016. Two individuals have applied for the position: Edward Carter and Fred Messing. Both Wayne and John spoke on Fred Messing’s behalf, mentioning his service on the Personnel Committee. Ballots were distributed to the board, to be tallied by Donald Gore and Jack Atkins.

The position of Vice President, which is up for reelection in June, is also vacant. The nominating committee nominates Donald Gore. Kevin opened the floor for additional nominations. Hearing no additional nominations, Donald Gore was elected by acclamation. A unanimous ballot was cast by Mark Crnarich, board Secretary.

Donald Gore and Jack Atkins returned from tallying the At-Large vote; Kevin announced that Fred Messing was chosen for the position until its expiration in June 2016.

**ELECTIONS—At-Large Vacancy: Fred Messing**

**ELECTIONS—Vice President: Donald Gore**

Personnel Committee: David Moody

No report at this time. Chief Moody will be scheduling a meeting of the committee to review the committee's charter in the coming weeks.

The Council was made aware of a security issue at another council's offices involving a hostile individual; Wayne has taken proactive steps to enhance security at the front door in order to ensure the staff can see and control who enters the building. Professional Lock is working to install a door control system and camera.

Pharmacy Committee: Joey King

The STAT box is moving forward; Spotsylvania County already has a significant number, and other agencies are working toward it. Joey noted that Spotsylvania has sample boxes that agencies may view if they are interested. They have determined that its best to keep the STAT lock box separate from Intermediate and Paramedic access only boxes. The hospitals really like the idea of the STAT kits and hope that it will decrease the cost of maintaining the drug boxes. The committee is monitoring how the system works.

Epi pen grants are available through the manufacturing company. The Council cannot apply for a regional grant because they do not have the proper permits to accept or store the medication.

Drug shortages are still being posted on the website, and the committee is looking forward to its next project.

Strategic Planning: John Harkness

John stated that the committee is working towards determining which goals the Council's committees have achieved and the progress we have made towards the others. The committee needs new members; any board member interested in serving should let John know.

The Regional EMS Plan is up for approval. The committee recommends approving the plan as presented. Kevin asked if there were any comments or questions from the board. Mark Crnarich noted that the staff information needed to be updated. The motion was amended to approve the plan with changes suggested by the Secretary. No further discussion or questions from the board. Motion carried.

## **ACTION ITEM—Regional EMS Plan**

**APPROVED**

### Heart and Stroke: Emmett Price

The Committee is still working on the STEMI plan; currently, committee members are working with the area hospitals on possibly revising their HEAR Reports to eliminate the need to create an additional form for STEMI. Spotsylvania Regional Medical Center and Mary Washington Hospital may be amenable; it would increase hospital prenotification, which is beneficial in patient treatment.

The current STEMI guidelines state that balloon time begins with first patient contact. Emmett reminded the board that if a provider touches a patient and thinks they are a STEMI, they should notify the hospital immediately, especially after hours. The committee is looking at revisions to the stroke plan to be completely up to date with the new stroke guidelines, but Dr. Alattar advised the state committee has not made a determination regarding revisions to the state plan. The committee has tabled updates for the time being until state revisions are made.

There has been some discussion of the creation of a separate “prenotification plan” that may be used for stroke, STEMI, trauma, or other circumstances in which prenotification would be beneficial. This will have to be approved by several committees, and it will be a while before anything is presented to the board.

Kevin asked about the status of the HEARTSafe program. Lori Knowles stated that the committee has not been contacted by any of the localities about participating in the program, and suggested that additional marketing was needed. She asked whether the Council could recruit some volunteers to assist with publicity. She also mentioned that if agencies think that there is too much involved in becoming HEARTSafe, the committee could consider scaling back the requirements. The current requirements were pulled from other localities throughout the country that are participating, and can be adapted to our state’s needs. The emphasis of the program is increasing awareness and decreasing sudden cardiac death in our community. The requirements emphasize the importance of 12 lead EKGs, protocols, and medications—many agencies and localities could be recognized for things they are already doing as best practices if they chose to go through the recognition process.

Kevin stated that he met a number of individuals looking for marketing internships at a recent networking function, and he plans to follow up and be in touch with Lori regarding increasing the marketing of the program.

Donald Gore asked Emmett why Fauquier Hospital and UVA Culpeper hospital were not mentioned in his summary of progress regarding the HEAR reports. Emmett said that, frankly, the committee representatives from those hospitals do not come to the committee’s meetings, and said that if anyone from PD 9 knows of individuals amenable and likely to participate, please let him know. Kevin noted that they are attempting to

pare committee membership down to active membership only, and that suggestions for new, active members are welcome.

David Moody noted that King George is considering participating in the HEARTSafe program, and asked Lori whether the criteria is something the committee has control over. The main obstacle for King George was that all public areas have to have PADs—some areas in the county do, but adding them to areas that do not would represent a large outlay of capital. Lori stated that as the Virginia chapter, they do have some say over the criteria and offered to come out and meet with him regarding the requirements. She also mentioned that she is happy to come out to any locality interested in discussing the program.

Trauma Committee: Dr. Jordan Crovatin

The committee last met on January 19 and will meet again on April 19, 2016. The committee has one deliverable to present to the board: the Trauma Triage Plan. The committee recommends approving as presented. Kevin asked if there were any comments from the board. Hearing none, the motion was put to a vote. Motion carried.

**ACTION ITEM—Trauma Triage Plan**

**APPROVED**

**Staff Report—Wayne Perry**

The Council has been advertising the opening for a Regional Field Coordinator. This application period will close on February 29; Wayne invited the board members to feel free to tell anyone they know who would be qualified for the position. The listing is both on the council's website and the Office of EMS's website.

Wayne also noted as an item of interest to the directors that the Department of Labor is changing requirements for categorization of exempt and non-exempt status employees. If employees make a salary of less than \$50,000 they may NOT be exempt.

Training Center Updates

- REMS has provided seventeen National Registry test sites so far including four during FY2016 and many have been full some with a waiting list. We have another one scheduled for May 2. We are planning to have at least five per year moving forward.
- Training announcements are listed on the REMS website and Facebook page, as well as provided in updates via social media. Please encourage providers to follow us on Twitter, like us on FB, and check the website periodically.
  - The Council is holding a DICO course 3/18 – 3/19 which was made possible with an 80/20 RSAF grant. The course is almost full; anyone interested in signing up should do so ASAP. The cost for REMS providers is \$15; \$25 for providers from outside of the region.
- The Guidelines and Training Protocol Subcommittee has been actively working towards the rollout of the new protocols; some dates are being pushed back, however. Dates for

train the trainer, etc, will be announced as soon as possible. Still a March 1 soft rollout with a firm start of May 1.

### Events and Funding

- The Council has a firm date of April 27, 2016, for the 13<sup>th</sup> Annual Golf Tournament. The tournament is returning to PD 9 and will be held at Meadows Farms. If you have thoughts or ideas please let Margot know; staff have already begun soliciting sponsorships.
- RUW has continued to refer volunteers to the council. We are working with everyone that contacts us to identify projects that they are able to accommodate. We have had several volunteers from Re-employability, a company that places individuals assigned to light duty at nonprofit organizations. Because we have these volunteers, we are able to offer assistance to Directors with administrative projects they may have, on a limited basis.
- REMS continues to be on the CFC speaker's bureau and is listed as an agency which can come for meetings and events to speak about non-profits and the function of REMS.
- We received just over \$3,600 in designations through the United Way for FY2013 and we received just over \$2,000 unofficially during FY2014. We are striving to increase that amount for FY2016.

### Regional Systems and Programs

- The [NREMT re-certification process](#) is changing! The new process of NCCR 50%, LCCR 25%, and ICCR 25% starts in 2016. The Virginia OEMS CEU categories have changed to match up with the national changes.
- National Registry testing will change starting in 2017—the process will become scenario based, rather than individual skill stations. Candidates will be evaluated not only on their skills, but also their team leadership and clinical decision-making. Evaluations will be by panel observation. Classes starting after 8/1/2016 will fall under the new process.
- The revised Protocols have an implementation schedule: a video will be produced in January; Train the Trainer will be held in February (7 sessions); the soft start date will be March 1, 2016, with a hard start date of May 1.
- The Virginia Board of Pharmacy has completed and released their Naloxone protocol. This [document](#) provides guidance to pharmacists for the distribution of the medication. The document also refers to the REVIVE program. Here are the [educational materials](#) from the Department of Behavioral and Development Services associated with that program. There are discussions, but at this point there have been no changes to the EMS regulations regarding providers and the use of this medication.
- Spotsylvania hosted an MCI drill on October 31, 2015 and the disaster committee attended and evaluated the drill as compared to the regional disaster plan, per contract requirements.



## Executive Director Update

- Our 2016 membership application to the Rappahannock United Way was approved.
- I will be attending the EMS on the Hill Event, the National EMS Advisory Council's ([NEMSAC](#)) meeting and also the meeting of the Federal Interagency Committee on EMS ([FICEMS](#)) in April. You received agendas and documentation from prior meetings and the links above take you to the last meeting agendas. If you have any questions or things that you would like me to take to this group at future meetings please let me know.
- The first stake-holder meeting of the EMS Fatigue study was held earlier this month. The group has contracted with the National Institutes of Health and expert groups to look at fatigue in EMS; they are also looking for stakeholder feedback. This is a two year project, with the end goal being the development of recommendations for guidelines.
- There is a house bill (HB 4365) put forth by Representative Hudson from North Carolina to allow EMS agencies to continue to use standing orders. This bill is titled the *Protecting Patient Access to Emergency Medications Act of 2016*. NAEMSP has lots of information about the act; Wayne encouraged all the board members to please contact their representatives and lobby for passage of this bill.
- The REMS Council will be working on a project related to mobile integrated healthcare, more information to come as the details are ironed out.
- Regional Directors Group:
  - LODDA changes: the age at which coverage is provided is changing. Providers at or above the age of 65 are no longer considered eligible. If you have concerns about this change, please contact your legislator.
  - The EMS Compact bill should be on the Governor's desk as of the date of this meeting.
  - SB 35 increases the vehicle registration by \$1.25 (and by \$12.50 over 10 years) to fund the state police.
  - The EMS Compact Bill should be on the governor's desk as of the date of this meeting.
  - There is tentative plans to have a one and one-half day training course from HPP in March. The first day would be BDLS+ and the second day would be introduction to VHAS, Web EOC, etc.
  - The Virginia Healthcare Academy will be held May 17 and 18 in Portsmouth.
  - Any agency that is currently using, or planning to use drones for EMS operations is asked to contact the REMS Council for coordination and information exchange.

## Office of EMS updates

The state is updating its EMS Plan. If you have any ideas or suggestions, let Wayne know.

## *Trauma Services*

- The Office of EMS has been discussing the movement towards using MUCC as the new version of START triage. Some states have adopted SALT. NHTSA has

agreed to do a pilot of MUCC and then offer feedback. Virginia is not changing anything at this time, but if you are taking a National Registry exam you may see START, MUCC, or SALT.

- The individual previously in charge of VPHIB data has left OEMS. Since information has been lost in transition, the state is eliminating all staggered v3 migration deadlines and making one universal deadline of December 31, 2016. No version 2 data will be accepted after that date.

#### *Division of Educational Development*

- As of April 1, any Enhanced or Shock Trauma provider will be transitioned to AEMT by the state; at this point, no problems are anticipated.
- OEMS is still on track for the July transition of Continuing Education. If you're an EMT and you have all of your hours on 6/30, you will have completed your hours and will carry over as complete regardless of the difference in hours.
- Everyone should become familiar with the new NREMT re-certification process as Virginia will be modeling that format in terms of NCCR, LCCR, and ICCR.
- OEMS will be reviewing the reimbursement structure for smaller test sites as they have a potential for creating a loss for the councils.
- All providers are reminded to include a patient weight in the PPCR for all patients, but especially for children. It is difficult to know if there was a medication error without knowing the patient's weight.

#### *Tim Perkins*

- Designation packets were due October 1. The preliminary timeline is to have the site reviews shortly after the February EMSGAB. The proposal will be given to the BOH in time for their return of a decision prior to July 1, 2016.

After Wayne finished with his report, John Harkness added that he and the providers in Orange County very much appreciated the CISM team's efforts with the agencies after Kelly Southard's passing. The services provided were top notch.

**Adjournment:** The meeting adjourned at 7:57.

**Next Meeting:** The next meeting will be held at 7 PM on April 20, 2016, at the Rappahannock EMS Council Training Center. Dinner will be served at 6:30.