

RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING

Board of Directors

April 20, 2016

Board Members Present:

Jack Atkins, Rappahannock County
Marianna Bedway, At-Large
John Brandrup, At-Large
Mark Crnarich, At-Large
Dr. Jordan Crovatin, At-Large
Scott Davis, City of Fredericksburg
Susan Dietrich, Caroline County
Pat Fitzgerald, Westmoreland County
Mark Garnett, Caroline County
David Garvin, King George County
Donald Gore, Rappahannock County
John Harkness, Orange County
William Harrington, Spotsylvania County
Mary Hart, Fauquier County
Warren Jenkins, Culpeper County
Lori Knowles, Stafford County
Nicole Mabrey, Culpeper County
Fred Messing, At-Large
David Moody, King George County
Maurice Moody, Orange County
Joe Sposa, Spotsylvania County
Dr. Tania White, Regional Medical Director

Staff Present:

Margot Moser, Office Manager
Wayne Perry, Executive Director

Board Members Excused:

Kevin Dillard, At-Large

Guests:

Patricia Copeland, REMS CISM Team Coordinator

Call to Order:

The meeting was called to order by Vice President Donald Gore in the Regional Training and Simulation Center at 7:00 PM.

Approval of minutes:

Motion by Pat Fitzgerald to approve the minutes as presented; second from Dr. Crovatin.
Motion carried, February 17, 2016, minutes approved as submitted.

Public Comments/Presentations from Guests:

There were no public comments.

President's Report—Donald Gore for Kevin Dillard

Don briefly thanked the board and REMS staff for sending a get well card, thoughts, and prayers during his hospital stay and surgical recovery.

He also announced that there are two new members of the REMS board: Fred Messing, At-Large, and William Harrington from Spotsylvania County. Don welcomed them to the board, as well as Nicole Mabrey, from Culpeper County.

Grant Committee:

The committee last met on April 7 and reviewed fifteen grants from the REMS service area. The grades will now go to the state for final recommendations to be effective July 1.

EMS Governor's Advisory Board:

A letter and resumes have been submitted to the GAB for the vacant position; it appears the original letter was either not received or not acted upon. The Council should hear back regarding their nominees soon.

Secretary's Report—Mark Crnarich

Performance Improvement Committee:

The committee last met on February 11; the committee is one step closer to full access to state VPHIB data to help support the Performance Improvement Committee data assessments which may minimize the necessity of reporting from the actual agencies.

Treasurer's Report—John Brandrup

Finance Committee:

John stated that the finances for the quarter were distributed. There were no questions from the board. The Council is currently receiving funding determinations from the locality applications submitted in the fall; thus far, we have heard back from Stafford and Spotsylvania Counties.

John mentioned that he and Wayne were discussing the funding process and possible changes that we may pursue. Wayne explained that he has met with the fire chief and health and human services representatives from Stafford County to discuss the mismatch between our agency and the PD16 external entity funding request process. The fire chief is willing to consider adding the Council as a line item in their annual budget, but was asked that he also approach other counties included in PD16 about their willingness to do

the same. Wayne explained that this is not unusual, and asked for comments from the board.

Chief Moody confirmed that REMS did receive requested funding from King George at their budget meeting the previous night. He also noted that the funding process for external entities is arduous, and it is difficult to make REMS stand out from the group. Wayne agreed, and stated that REMS becoming a line item would be similar to what is done with the public library, as it is seen as being of public benefit.

Wayne stated that there is no comparable organization that does what we do, but we still have to compete with other outside agencies for a set amount of funding each year. If the Council were to become a line item in each fire/rescue budget, we would no longer be in competition with other agencies for funds. Counties are also moving toward a model in which they pay for specific agency programs; this doesn't work well for REMS because our function does not change due to funding. We do not eliminate a program simply because it is not funded by localities.

Chief Moody asked whether or not the Council could receive \$4-for-Life funds. Wayne explained that in the past, some of the Councils have handled the disbursement of those funds, but that OEMS decided that was not permissible. Chief Moody suggested that counties could use the \$4-for-Life funds to "bridge the gap" between what the Council requests for funding and what the Board of Supervisors is willing to allocate.

Wayne asked whether the Caroline or Spotsylvania County representatives thought that incorporating REMS as a line item in the fire/rescue budget was feasible. Joe Sposa commented that he would have to discuss with other individuals from the county; Susan Dietrich commented that it is worth considering. Wayne explained that Stafford County is still evaluating the feasibility of funding the Council this way, and what the process for requesting and approving that funding would be, but the entire funding process would be much simpler if the entirety of Planning District 16 was willing to consider doing this. Budgeting is difficult when all the timelines for funding are different.

John Brandrup commented that in the past the Council has been fully funded, but that is no longer the case. It is more difficult to make ends meet because of lack of funding. While the Council would not want to unduly burden any locality or agency, it is evident that the Council needs an increase in funding. Ever since the Council voluntarily took a cut in funding, we have struggled to get back to full funding and while the process is already underway for FY2017, this is certainly something to consider for FY2018.

Guidelines and Training Committee:

The committee last met on February 22, and will meet again on April 25. The Board is being presented with some revisions to the Regional Patient Care Protocols. Train the trainer sessions are in process; if agency representatives are unable to attend the scheduled sessions, they should let John know so that arrangements can be made. There

are minor pen and ink changes that do not require board approval, but others that Wayne wanted to review with the board and gain official approval for.

These changes include revising entries about ketamine (in the Medication Reference section as well as the Chemical Restraint protocol) to match the OEMS scope of practice by limiting Intermediate administration of ketamine to a dose of 0.5 mg/kg or less; revising the dosing range for Dopamine to be weight based; on the Standard Medication Infusions page, listing Amiodarone only for VT with a pulse; revising Standard Medication Infusions, Epinephrine to specify microdrip or macrodrip sets. Wayne asked whether there were any questions.

Chief Moody made a motion to move forward with the revisions, which was seconded by Bud Moody. Don Gore asked whether or not there were any further questions. William Harrington inquired as to whether or not Vasopressin was included. Wayne said that no, it is not. Chief Moody asked whether the new documents would be distributed after the revisions are made. John said that yes, these changes will go through Guidelines and Training, then Regional Medical Direction, and then be officially distributed to the board and agencies.

Don asked whether there was further discussion. Hearing none, the motion was put to the board for a vote. Motion carried.

ACTION ITEM—Revisions to the Regional Patient Care Protocols APPROVED

Committee Reports

By-Laws Committee: Donald Gore

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

CISM Report: Patricia Copeland

The team last met on March 14, and will meet again on May 9. The team was recently approved for reaccreditation by the Office of EMS; she noted that OEMS extended their thanks to the REMS board for being so supportive of the team.

Trisha mentioned that there are several good courses coming up for free at the Cornerstone Baptist church. These are especially good for pastors as they are on spiritual and psychological first aid. Participants will get ICISF certification for the training for free. The church is also offering “Understanding Suicide.” These ICISF courses are not generally offered for free, so Trisha encouraged board members to spread the word and take advantage of this opportunity. Trisha purchased a copy of *Code 9*, a film about PTSD and first responders—Fredericksburg Police would like to do a screening, and Trisha will also allow individuals to borrow it.

ICISF is holding a conference in June in Columbia, MD. Trisha plans to attend a course being offered on resiliency. She encouraged board members to attend if they are able to get agency funding to do so.

The CISM team has two new members, Shari Powell and her comfort dog, Juno. The team had five callouts since the last board meeting in February. One defusing in Fluvanna County, a one-on-one in Fredericksburg, a defusing in Fredericksburg, a one-on-one in Spotsylvania, and a defusing in Spotsylvania.

Wayne took a moment to share some information he received at the National EMS Advisory Council meeting regarding the Code Green campaign. Code Green is a 501(c)3 in Washington state that is working to bring awareness to a critical emergency of mental health among EMS providers. This group started in 2014 with the goal of creating a website as a storytelling project, anonymous and interactive. Right now it is thought that death by suicide is three to four times more common than LODD. Wayne also shared a narrative written by an Intermediate provider in Virginia that was on the Code Green website.

John Harkness mentioned that UVA is currently studying the cumulative effect of distress for hospital and prehospital providers. TJEMS has partnered with them, and Orange is planning to participate in the study. This is a double-blind study and the more participants, the better data will be.

John made a motion to allow Wayne to reach out to Tom Joyce at TJEMS regarding REMS area agency's participation in the study. Seconded by Fred Messing. Motion carried.

Disaster Committee: Don Gore for Mark Garnett

The board was sent copies of the revised Hospital Diversion Plan. The committee recommends approving as submitted. No changes have been made to the document, but it must be reaffirmed. Don asked if there were any questions. Hearing none, the motion to approve was put to the board. Motion carried.

ACTION ITEM—Regional Hospital Diversion Plan

APPROVED

Medical Direction Committee: Dr. Tania White

The committee last met on March 25, and will meet again on April 26. The committee discussed changes in the drug box and current shortages. There are no new shortages. The changes to the drug box include: removal of Vasopressin, addition of TXA and D10. On May 1 Ativan and Valium will be removed from the med boxes, and Fentanyl and Ketamine will be added. The committee discussed putting the paralytics in the narcotics kit, and are in favor of including Etomidate and paralytics in the Narcotics Kit.

The state Medical Direction Committee last met on April 7. The committee discussed ALS certification requirements and possible changes to intubation requirements; this was tabled for the next meeting.

The Scope of Practice was also discussed; specifically, supplemental transport and the addition of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA). This is anticipated to be added (if added) to the paramedic scope as a “maintain only” procedure. Tabled for the next meeting. The status of the Intermediate certification was also discussed; no decision was made, but Virginia does not want to compose an exam, so they will be forced to deal with the situation when the test runs out. Dr. White was also asked to join a task force to rewrite the state Trauma Triage Plan and she agreed.

Dr. White noted that there was discussion of Zika Virus Disease; it is in Virginia, but all cases are from travel abroad; there have been actual vectors in Guam, Puerto Rico, and the Bahamas. Healthcare professionals are currently debating what the best approach would be, and testing is available but is not being done by commercial labs at this point. There is to be a conference call next week, after which more information will be distributed.

Wayne added that this was also a topic of discussion at the state Board of Health meeting; there was some discussion regarding genetically modified mosquitos, but the focus is on eliminating mosquito breeding grounds.

Chief Moody asked Dr. White for clarification regarding possible changes to the intubation requirements for Intermediate and Paramedic certification. Dr. White stated that currently one live patient intubation is required. Students are having difficulty getting this. The question also remains as to whether one live intubation would develop or demonstrate competency better than fifty done during a high-fidelity simulation or on a cadaver. The committee is considering increasing the number of intubations and allowing those to be done on a cadaver or in a simulation.

Nominating Committee: No report

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.

Pharmacy Committee: Wayne Perry for Joey King

The committee met April 7 and will meet again on June 2. The committee came up with a timeline for changing over all of the med boxes and narcotic kits. Each agency should have been contacted by their designated hospital regarding how to make the change. Agencies who have not been contacted should let Wayne know. The committee also decided to put Etomidate and the paralytics in the narcotic kit. Area hospitals have also agreed to stock morphine and fentanyl until May 13 when the new protocols are rolled out; morphine will be pulled at that time.

Strategic Planning: John Harkness

The committee last met on March 18 and are meeting again on April 22. Fred Messing newly joined the committee and John stated that he believes Fred will bring a wealth of knowledge to the committee as they look at the strategic plan to make it a more usable document to guide the council.

Heart and Stroke: Lori Knowles for Emmett Price

No report at this time.

Trauma Committee: Susan Dietrich

The committee last met on April 19 and will meet again on July 19. Dr. Crovatin mentioned that committee membership is currently being evaluated and the committee is looking to build a more active membership.

Staff Report—Wayne Perry

Wayne thanked Don for sponsoring tonight's meal from Salsarita's.

HR/Personnel Updates

The council continues to use the electronic timesheet program. Details are also now included in the Council's OEMS quarterly report – which is also attached – to identify areas of work and quantities of manpower devoted to specific projects. If you have questions about a specific project or work that we do for your jurisdiction please talk with Wayne.

Training Center Updates

- REMS has provided sixteen National Registry test sites so far including three during FY2016. Many have been full some with a waiting list. We have another one scheduled for May 21. We are planning to have at least five per year moving forward.
- The basic DICO class was held at the REMS Council as part of our RSAF grant. It was well attended and some interest in an advanced DICO class was expressed.
- 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.

Events and Funding

- Margot is working on the 2016 REMS Council Golf Tournament – it will be held at Meadow's Farm Golf Course on April 27, 2016. If you have thoughts or ideas please let Margot know.

- The regional awards program is in full swing. We are still accepting nominations for the different categories. The awards will be announced at the annual awards banquet which will be held on Thursday June 9 in Culpeper County this year
- 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.
- 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 during FY2014. We are striving to increase that amount for FY2015.

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 been changed to match up with the national changes, as previously reported.
- [2015 AHA Guidelines](#)
- The last train-the-trainer class was held earlier this month. Agencies should be receiving training and information from their representatives in preparation for the upcoming May 1 changeover to the new protocols. The pharmacy committee has established a plan and timeline for changing over all of the kits. That should begin on May 1 and be completed by May 13. They also agreed to hold the presence of Morphine in the regional medication narcotics kit until the end of that changeover as latecomers to the protocol rollout will still be operating under the 2012 protocols, which contains Morphine for analgesia.

Website/Technology

- The new website is up and running, but it is certainly not complete. We have many more things that we would like to get added to the site, but staffing and time is an issue. If you see anything that needs to be updated, please let us know.

Executive Director Update

- Quarterly report from 3Q FY16 is being worked on, due for submission this month.
 - PLEASE don't forget the quarterly meeting requirements so that we don't have to pay a penalty. We are potentially going to have to pay a penalty AGAIN for this quarter since all of the committees did not meet as required in the contract.
 - PLEASE submit meeting meetings and related documents in a timely manner. We are not able to submit them and have them posted unless we receive them.
- Wayne attended EMS on the Hill and it went fairly well. Pending legislature includes the Veteran EMT Support Act and the Protecting Patient Access to

Emergency Medications Act. Because it is an election year, it's unlikely the latter will move forward during the current session.

- The first stake-holder meeting of the EMS Fatigue study was held earlier this year. I have registered to attend the follow-up meeting later in April. If you have any comments or suggestions that you would like to provide in this process please let me know.
- NEMSAC was held earlier this week; much of the conversation focused on Narcan and how legality and use of it by EMTs varies from state to state. There is some discussion of including patient medication or auto injectors as the term in scope of practice as simply including Narcan would not be flexible for any future similar issues that may arise.
- Wayne attended the Trauma Systems and Oversight Committee Pre-Hospital Trauma Care Task Force meeting in Richmond. They are one of several groups working on the recommendations from the ACS trauma survey and they will be meeting on a regular basis until the feedback is provided back to the TSOM committee.
 - The group hopes to create a statewide version of trauma care protocol minimums and spent time identifying what should be included during this session. They plan to visit patient destination criteria next.
- If you have any feedback or updates on the customer service initiative please let me know. I have not heard of any problems, so I feel confident that the changes that we made are making a positive impact. This continues to be a priority and a standing agenda item for our staff meetings.
- I previously reported that I am attending accountable care community regional meetings through the Virginia Center for Health Innovation. They are still working to establish programs and funding for improving the health of the community under triple aim and other state/local imitative and programs. This is a grassroots program to improve the quality and health of Virginia. If you have any suggestions or questions please let me know. We have also applied for and received a grant for addressing the needs of rural healthcare. I have met with hospital representatives and we continue to collaborate on the best way to identify and tackle regional and local healthcare challenges.
- The REMS Council will be attending the Virginia Public Health and Healthcare Preparedness Academy next month.
- The previously reported change regarding building access at the REMS Council has been implemented. The building is now locked and access is provided by the staff remotely unlocking the door after first making verbal contact through the phone system.

Legislative Updates

- Several bills that are being introduced or are pending include:
- Lots of changes to the LODD Act, including the requirement for initial training as well as biennial training and triennial benefit reviews
- EMS compact bill is being sent to the Governor's office, and should have been received on February 17. The act will expire on July 1, 2021 if it hasn't been adopted by 10 member states; there is also a stipulation that the EMS GAB shall review decisions of the interstate commission for emergency services personnel practice and if there are any increases in the cost of the burden for Virginia allows for withdrawal from the compact
- A bill related to the ACS trauma survey is being introduction in order to put into regulations information about trauma center designation, need to have authorization in code to establish regulations related to trauma center designation
 - The RDG originally approved a taking a position to support the submission of this legislation. Upon further discussion, and having seen the actual language for the change, it appears to be more extensive that originally described. This is a topic for the upcoming meeting in May.

Office of EMS Updates

- Designation site visits have been postponed as OEMS is having trouble with the new eVa system. At this point, they are intending to complete a 90-day extension to the current contract with the goal of completing the site visits in the coming months. That means no change in funding, AND we still don't know what the funding will be for the new 3-year contract.
- Don't forget that the deadline for transition to Version 3 data in VPHIB is December 31, 2016. There is no longer a Virginia (read flexible) staircase deadline as everyone is now on the same the deadline for national compliance.

New Business:

Chief Moody asked whether or not the Council had an official stance regarding the recent incident in Stafford County with the transport of a patient on a non-licensed transport vehicle. Wayne explained that REMS is not a regulatory agency, and that the Office of EMS covers this matter in the rules and regulations, so the Council has not included it in the protocols and does not plan to. Lori Knowles added that it is not enough to make sure that your agency's providers have access to the regulations, but also are familiar with what is in them.

Wayne added that with the new recertification criteria, the ICCR category will give agencies leeway to determine what kind of training their providers will need to recertify and that training on EMS regulations could certainly be incorporated.

Lori added that the National EMS Memorial Service's Tree of Life is currently on display at the Stafford County Public Safety building, and encouraged the directors to come see it as it is very nicely arranged.

Adjournment: The meeting adjourned at 8:18 PM.

Next Meeting: The next meeting will be held at 7 PM on June 15, 2016, at UVA Culpeper Hospital. Dinner will be served at 6:30.