

RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING

Board of Directors

August 17, 2016

Board Members Present:

Marianna Bedway, At-Large
John Brandrup, At-Large
Dr. Jordan Crovatin, At-Large
Susan Dietrich, Caroline County
Kevin Dillard, At-Large
Pat Fitzgerald, Westmoreland County
David Garvin, King George County
Donald Gore, Rappahannock County
Mary Hart, Fauquier County
William Harrington, Spotsylvania County
Phyllis Hurlock, Culpeper County
Lori Knowles, Stafford County
Fred Messing, At-Large
David Moody, King George County
Maurice Moody, Orange 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

Board Members Excused:

Eddie Allen, City of Fredericksburg
Jack Atkins, Rappahannock County
Mark Crnarich, At-Large
John Harkness, Orange County
Warren Jenkins, Culpeper County
Joseph Williams, Fauquier County

Guests:

Trisha Copeland, REMS CISM Team Coordinator
Jake Marshall, Disaster Committee Chair

Call to Order:

The meeting was called to order by President Kevin Dillard in Classroom A of the REMS Regional Training and Simulation Center at 7:00 PM.

Approval of minutes:

June 15, 2016, meeting minutes approved as presented.

Public Comments/Presentations from Guests:

There were no public comments.

President’s Report—Kevin Dillard

Kevin announced that Phyllis Hurlock was our newest board member from Culpeper County, and asked her to introduce herself. She announced that she hopes to be a good conduit between Culpeper County volunteers and the board, and that she is eager to assist the board in its function. She will also be joining the regional Disaster Committee.

Kevin also thanked Stafford County Fire & Rescue for sponsoring the evening’s meal, and stated that if anyone is interested in sponsoring December’s meal, they should contact him or the council staff.

Grant Committee:

The close of the next grant cycle will be September 15. Kevin encouraged the directors to make sure agencies were submitting their grant requests early in order to receive support from the council. He also stated that the quality of grants has been excellent, and the Council did very well last cycle; hopefully this cycle will be a continuation of the same.

Vice President’s Report—Donald Gore

No report at this time.

By-Laws Committee:

No report at this time.

Secretary’s Report—Kevin Dillard for Mark Crnarich

Performance Improvement Committee:

The committee last met on August 11 and will meet again on November 17. The Performance Improvement Plan and the Trauma Performance Improvement Plan are up for review. The committee recommends approval with no revisions.

John Brandrup made a motion to approve the plan as presented; Susan Dietrich second. With no further discussion, the motion carried.

ACTION ITEM—Performance Improvement Plan **APPROVED**
ACTION ITEM—Trauma Performance Improvement Plan **APPROVED**

The committee continues its work on revisions to the Quality Management Plan model and is redirecting its focus towards utilizing VPHIB data as the primary source for regional performance improvement studies. The current method of requesting individual agencies to help with submitting quarterly data is not providing sufficient information to generate credible regional assessments.

Fiscal Year 17 projects will be focusing on utilizing the VHPIB v3 dataset, since all agencies should be converted to v3 by the end of December. This effort should allow agency representatives to focus on OEMS reporting requirements, while the PI committee focuses on regional project assessments.

Treasurer's Report—John Brandrup

John stated that the financial statements for the quarter were previously distributed and asked if there were any questions; no questions from the board.

Finance Committee:

As a part of the re-designation process, Wayne has written a three year budget for the Office of EMS.

Wayne stated that a three year budget is required to be submitted with the re-designation paperwork. The Council has requested a modest increase, and has been asked to provide justification for that request via a more detailed budget. John commented that the three-year budget has already been submitted, but Wayne is waiting on word from the new Business Manager at OEMS regarding how said budget should be formatted. The process is moving forward.

Kevin stated that the Council needs to begin pursuing alternative funding methods. The Council would like to move away from presenting to county Board of Supervisor groups and instead become line items in fire/rescue department budgets so that the Council may simply submit their request to the chief or head of the department. Traditionally, the Council has presented to the Board of Supervisors, but the BOS has very little knowledge of what the Council does. This process also puts REMS in competition with other agencies for outside agency funding, of which there is a limited amount. Fire/rescue agency heads are familiar with our organization and may be a better avenue for funding; this also provides more direct accountability for the Council. Kevin also stated that he is available should any of the members of the board like assistance in approaching their departments regarding this possibility.

David Garvin asked whether or not the Council would be requesting a certain amount from the agencies. Kevin stated that the requested amounts are based on a per capita rate of ¢29. The priority for the Council will be to get back to 100% funding, then the rate may be revisited. Chief Moody asked what percentage of the budget the locality funding constitutes; Wayne stated that it is roughly twenty percent of the budget. The remainder is state funding, donations, and fees.

David Garvin made a motion to support the preparation of a resolution to move in the direction of funding the Council through county fire and rescue or similar line item

budgets. Motion seconded by John Brandrup, no further discussion by the board. Motion carried.

Guidelines and Training Committee:

No action items or report at this time; the committee meets again on August 29.

Committee Reports

CISM Report: Patricia Copeland

The team last met on July 11 and will meet again on September 12.

The team has received several requests to teach, including opportunities in Fairfax County, at VAVRS Conference (9/21-23), and during Symposium (11/9-10). Trisha will be teaching Suicide Awareness and Group Crisis Intervention at VAVRS and Group Crisis Intervention at Symposium.

The team had seven callouts since the last board meeting, in Stafford, Caroline, King George, Culpeper, and Spotsylvania. Chris Jett also conducted an outreach session with the Stafford County Fire & Rescue Recruit class on June 21.

Trisha is also planning to do a health response team presentation in September, and there is also a new pastor who would like to join the team.

Disaster Committee: Kevin Dillard for Mark Garnett

Kevin thanked Chief Garnett for his service as committee chairperson, and announced that Jake Marshall will be taking over as chair for the Disaster Committee. With this change in leadership, the committee will also be changing its direction and name. The committee will now be known as the Incident and Threat Mitigation Committee which more broadly encompasses the material addressed by the committee.

Jake Marshall thanked Kevin and Chief Garnett. He also stated that he is looking forward to taking the helm and he believes that the committee has tremendous opportunities coming up: regional disaster plans, MCI drills, and the inclusion of other items not previously addressed by this committee. He also asked that board members have patience as the committee takes on its new shape and, hopefully, becomes something useful to everyone in the region.

Medical Direction Committee: Dr. Tania White

Nothing new to report from the committee at this time. The committee meets again on August 30.

The CDC has new guidelines regarding who gets tested for Zika. They may be found on the CDC website. In Virginia, only those who have traveled from known areas with Zika are being tested.

Personnel Committee: David Moody

No report at this time.

Pharmacy Committee: Kevin Dillard for Joey King

The committee last met on June 2 and will meet again on September 1. The committee continues to pursue accurate reporting regarding medication shortages from all hospitals. Information is published on the REMS website as it is made available.

The committee charter was recently updated, and was distributed to the board for review. Detailed information about committee goals and direction may be found in the charter.

Chief Moody asked what the status was regarding the new medication boxes. Kevin stated that the hospitals chipped in toward replacing the boxes, and no invoices have been sent to agencies.

Strategic Planning: Fred Messing for John Harkness

Fred Messing stated that the Strategic Plan is up for review. The committee has been working on the document to provide more guidance in terms of where the organization is going. The committee is seeking conceptual approval of the document revisions, and re-approval of the existing document with no revisions for the current contract.

Pat Fitzgerald made a motion to approve the plan in conceptual form; David Moody seconded. With no further discussion, the motion carried.

ACTION ITEM—EMS Strategic Plan

APPROVED

Heart and Stroke: Emmett Price

Emmett stated that the committee recently finished STEMI protocols which will need to go through several other committees before coming to the board for approval. REMS is ahead of the curve in establishing these protocols; this is currently an item in the state strategic plan, but they have not been established on the state level.

The state stroke taskforce recently solicited EMS representation; Greg Leitz will be joining as representation from the REMS region. The state is revising its stroke plan, so this is a wonderful opportunity for our region to have input.

There have been no new Heart Safe Community applications, although King George and the City of Fredericksburg are currently working on it.

Trauma Committee: Susan Dietrich

No report at this time.

EMS Governor's Advisory Board: Lori Knowles

Lori stated that at this time REPLICA has been signed by seven states; three more are needed before the commission may begin its work.

Highlights from the meeting included:

- Symposium is again being held in November and registration is \$175.00; there will be a dinner cruise Wednesday night for the Governors Advisory Board members.
- The state filled two positions (human resources and medical records) but still has quite a few openings.
- The Division of Regulation and Compliance is converting to Oracle. A New CE scanner program is projected to be ready in January.
- All regional councils have been recommended for redesignation.
- FARC will be paying close attention to RSAF requests for cot retention systems.

Staff Report—Wayne Perry

HR/Personnel Updates

- The council continues to use the electronic timesheet program. Details are also included in the Council's OEMS quarterly report 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 nineteen National Registry test sites so far including six during FY2016. Many have been full some with a waiting list. We have another one scheduled for September 10. 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 Tidewater EMS Council is having a “Taking Care of Our Own” conference. A copy of the flyer and details regarding this conference were distributed with meeting materials.

Events and Funding

- Margot has begun work on the 2017 golf tournament. It will be held at Meadows Farms Golf Course on Saturday, April 29.
- The regional awards program was held on June 9 in Culpeper County. We are actively seeking nomination throughout the year and accepting applications for 2017. If you have someone in mind, please contact Vivian at vdelts@vaems.org
- 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. The RUW Day of Action will be on September 23 this year; if you are available, please stop by to see the work and speak with the volunteers!
- The Council will host a reception at 6:30 PM on September 30 in recognition of our 40th anniversary. Invitations are coming shortly, but please save the date.

Regional Systems and Programs

- The NREMT re-certification process has changed as of July 1. 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.
- We have received some comments regarding the recent protocol rollout. The committee is reviewing them and preparing recommendations for changes to the Medical Direction and Guidelines and Training committees.
- Wayne attended a train-the-trainer for stress first aid at the Thomas Jefferson EMS Council. REMS has agreed to participate in a one year study they are currently conducting in their service area. They will come to REMS to provide initial training and evaluation and then conduct a follow-up evaluation. This study will have 3-4,000 participants.
- Melissa Hall has left Mary Washington Healthcare. The Trauma Center is currently working on a Trauma Resuscitation Improvement Program (TRIP) and will be conducting a Trauma University for MWHC staff.

Website/Technology

- The website is due for a re-design. 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 4Q FY16 was submitted and a copy was attached to the e-mail.

- 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.
- “Promoting Innovation in EMS” link was in the staff report; feedback is being accepted through August 20.
- Vivian Delts attended the FICEMS meeting as Wayne was at the Regional Director’s Group meeting. Information was distributed with meeting materials.
- The first stake-holder meeting of the EMS Fatigue study was held earlier this year with a follow up in April. If you have any comments or suggestions that you would like to provide in this process please let me know.
- Wayne attended the Trauma Systems and Oversight Committee Pre-Hospital Trauma Care Task Force meeting in Richmond.
 - The committee previously discussed the development of a minimum set of protocols. The committee recommends that they include the following topics as well as geriatric, adult, and pediatric considerations:
 - Pain control (pain scale and management interventions)
 - Head injury (management of hypoxia and hypotension, use of GCS and/or objective scales)
 - Burns (thermal, chemical, electrical, fluid resuscitation)
 - Extremity Trauma (management of open/closed injuries, crush)
 - Thoracic Trauma (management of tension PTX, crush)
 - Abdominal/Pelvis Trauma (management of stable/unstable fx)
 - Hemorrhage (control of bleeding, fluid resuscitation)
 - Traumatic Cardiac Arrest (termination of resuscitation)
 - Spinal Cord Injury (immobilization, spinal motion restriction)
 - Abuse (child and elder abuse, sexual assault, reporting procedures)
 - Adding and revising Trauma triage language (CDC) – adding geriatric considerations, special populations, and “closest, most appropriate facility, preferably a trauma center”
 - The committee is also working on defining “Critical care transport”
- 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

- Denis Molnar is retiring from OEMS effective September 1, 2016. Adam Harrell will be the new Business Manager for the Office of EMS. This has resulted in a few practice changes regarding designation budgets and the funding process.
- *Marian Hunter, Public Relations:*
 - The symposium catalogs are out, please distribute to the regions' providers/agencies.
- *Mike Berg, Regulatory:*
 - The affiliation packet remains in the Governor's office.
 - The POST addition to the DDNR is now in the Governor's office for signature.
 - The periodic review public comment period has closed and no comments were received. There was one e-mail received with a recommendation for equipment.
 - The rules and regulations committee will be working on their recommendations for updates to the regulations. There is a proposal to write a new chapter (replacing 5-31). This will clean things up, removing all of the repeals language. One thing that this does do, is invalidate any existing exemptions that have been approved based on the then-old

chapter. This doesn't preclude approving new exemptions, but they will need to re-apply for an exemption. The recommendation will be for some exemptions to be approved with a defined time period, specifically related to staffing exemptions for an ALS ambulance. The goal is to have a product to present to the November EMS GAB. The next step will be to produce a notice of regulatory intent, and the goal will be to not take 8 years as it did with the last update.

- *Scott Winston, Administration:*
 - There was a meeting with the Virginia midwifery association and there were a few challenges with transfer of care between the home provider and EMS. This has come up again and the association would like to renew a relationship with the EMS system. They have been suggested to talk with the regional EMS councils to elevate the awareness and exposure of their work.
 - There is an open profile on a volunteer match website which seeks to provide interested volunteers with access to EMS agency. Except for in the Richmond area, when information is received, the volunteers are directed to the regional EMS councils, training in the Commonwealth, and other agencies. If the interested individual is in the metropolitan Richmond region OEMS is referring them to specific agencies based on their location. A few of the other councils report that they maintain a profile in their geographic region. It may be worth the other councils checking to see if something would be beneficial for their specific regions.
- *Adam Harrell, Finance:*
 - There was a conversation with the regional EMS councils during the recent designation application budget process. There was a unanimous agreement with the councils to participate in the new proposal for administration of EMS training funds. There will
 - now be a work-group that works out the MOU language and the process. There will need to be some congruity between the administration and operation between councils as well as the time period will be for the remaining fiscal year. Understand that this will be a work-in-progress and there will be an opportunity to make some changes at the end of the first time period. The goal would be to have another meeting to discuss the MOU in the next 45 days. The execution timeline on this, since it is a MOU, will be much shorter than the otherwise lengthy RFP process. Also, as an MOU, it can be made effective immediately without any delay in processing and approval. Especially since the language will already be approved prior to coming together to discuss.
- *Gary Brown, Administration:*
 - There was a significant discussion at the EMS GAB executive committee about the EMSTF changes. There are some concerns about the change and some of the ALS-C and EC are concerned about how this will affect their training capacity. Any discussion about changing the procurement process creates angst AND thethen the fact that there

is a competitive bid process implicates that someone will potentially be told no, which is not historically the practice. In addition, the idea that there will be a competitive bid process would mean that there would potentially be a single application and approval period. The goal is that the bid process would be blinded in order to eliminate any concerns of discrimination. The EMS GAB will be creating a working-group or committee to help guide this process. The Office would like educators to know that the system hears the concerns and they will take it into consideration as they work through the creation of the new process.

- *Warren Short, Training:*
 - There are some changes that will be coming to the OEMS website, and there will be more to come.
 - There is an EMSAT video on midwifery which can help with understanding their role.
 - Symposium registration is open and e-mails soliciting instructors and presentations for next year has gone out.
 - DED will be providing the TCC with some recommendations for updates to the training regulations. Once that information is communicated, we encourage everyone to review the information. There are LOTS of proposed changes.
 - The CEU scanner program is now a PC-based program and there is no cost with the exception of purchasing a bar-code scanner. Updates will be made as submissions are made to the system. They are currently field-testing the product and the final test will be to use this system at EMS symposium. Current hand-held scanners will still be usable, but as they die off, the new program will be required.
 - The transition has occurred to the new CEU system. All providers with a certification that expired during the transition were extended and all of those certification cards have gone out. **NOBODY** lost eligibility during the transition process. If you were **COMPLETE** prior to the transition it will remain after the transition even through the requirements have changed.
- *Amanda Davis, Grants:*
 - The grant cycle opened on Monday. There is a change with the non-agency ability to add vehicles. Looking to have a special initiative for NREMT test-site equipment, with an advertisement in September and a quick turn-around to meet the January 1 deadline. More details to come and it will be an application directly through the Office of EMS. All of the grants that were approved are in the OEMS report that is going to the EMS GAB.
- *Tim Perkins - RDG*
 - Designation site visits have been completed and the recommendation is to approve each of the councils' applications. This was approved by the EMS GAB last week and scheduled to appear before the BOH at their September 15 meeting, but it has been pushed back to the

December 1 meeting due to expected agenda limitations due to review and discussion surrounding abortion regulations. That means no change in contract and/or funding until at least January 1, 2017. In addition, we still don't know what the funding will be for the new 3-year contract.

- The deadline for transition to Version 3 data in VPHIB is December 31, 2016.
- Budget Amendment 289 sets aside \$840,000 in RSAF funding for cot retention systems, took effect July 1, 2016
- The communications committee has recommended to FARC that “inclusion of the appropriate interoperability channels in subscriber units will be required if purchased with RSAF grant funds”.
- MUCC/SALT/START

New Business:

No new business.

Adjournment: The meeting adjourned at 7:51 PM.

Next Meeting: The next meeting will be held at 7 PM on October 19, 2016, at UVA Culpeper Hospital. Dinner will be served at 6:30.