

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

Board of Directors

October 21, 2015

### **Board Members Present:**

Eddie Allen, City of Fredericksburg  
Jack Atkins, Rappahannock County  
Mariana Bedway, At-Large  
John Brandrup, 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  
Warren Jenkins, Culpeper County  
Maurice Moody, Orange County  
Kelly Southard, At-Large  
Dr. Tania White, Regional Medical Director

### **Staff Present:**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

### **Excused:**

Mark Crnarich, King George County  
Kevin Dillard, At-Large  
Mary Hart, Fauquier County  
Nicole Mabrey, Culpeper County  
Kirk Twigg, Spotsylvania County

### **Guests:**

Rick Hendershot, CPA, Auditor, Hendershot, Burkhardt & Associates  
Jake Marshall, EMS Coordinator, HCA Spotsylvania Regional Medical Center  
Angela Queen, Clinical Coordinator, HCA Spotsylvania Regional Medical Center

### **Call to Order:**

The meeting was called to order in the Board Room of UVA Culpeper Hospital at 7:00 PM by Vice President Kelly Southard.

### **Approval of minutes:**

Minutes for the August 19, 2015, approved as submitted.

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

John Brandrup, Treasurer, introduced Mr. Rick Hendershot and explained that he is the CPA performing the Council's FY 2015 audit.

Mr. Hendershot informed the board that he is impressed with the Council staff and appreciative of their responsiveness to his requests while performing this audit. He then explained that he was grateful for the chance to present to the board, and that he was

there to briefly explain his audit results and offer members a chance to ask questions. These are preliminary results, and not the final audit report—once information from the Council’s attorney has been received regarding possible lawsuits or settlements, the audit will be finalized.

During the audit process, Mr. Hendershot made three adjustments, similar to entries made by other auditors in years past. This is standard procedure; two were to record depreciation on equipment, and the third was an adjustment to notes payable (the amortization schedule for the building loan). It is Mr. Hendershot’s opinion that the books are presented fairly, and that the accounting records as adjusted are fair, complete, and in accordance with accounting principles.

The financial statements were briefly reviewed. See attached documentation for specific figures. Mr. Hendershot explained that the first part of the statement is the balance sheet which shows “what you own, what you owe, and what you’re worth.” He also explained that the Council currently has no restricted or designated funds, which would indicate money that may be spent for one stated purpose and no other.

The Finance Committee will further review the fundraising expenses for the Council; in the past, the Council has listed nothing for fundraising expenses. Mr Hendershot feels that an allocation of building costs, utilities, and manpower should be shown for anything for which the council seeks funding. He believes that \$30,000 would be an accurate amount for FY2015. He explained that any cost at all associated with raising funds should be included (e.g., administrative expenses, salaries, and materials). This is not limited to the golf tournament; it extends to Rescue Squad Assistance Fund grant applications for the Council, other grant applications, and locality funding applications. Because this will be a significant change in reporting, there will be further discussion with the Finance Committee while waiting for information from the Council’s attorney.

Mr. Hendershot concluded that the Council has a “clean bill of health” for the audit, with some recommended changes to the reporting category for fundraising which will streamline this process in the future. He also explained that the Council is currently operating on a very thin bottom line. He suggested that management and the BOD may want to find ways to decrease expenditures or increase revenue. Mr. Hendershot is available for questions throughout the year; this is included in the price for performing the audit.

**President’s Report**—Kelly Southard for Kevin Dillard

Kelly announced that Kirk Twigg, citizen representation from Spotsylvania County, has resigned from the board. He was unable to attend today’s meeting, but will be invited to December’s meeting to allow the Board to express gratitude for his service. Spotsylvania County’s Board of Supervisors will be informed of his resignation and a replacement will be chosen.

Grant Committee:

The Grant Committee last met on October 8 and will meet again in April. There were eleven grants presented, for a total of \$721,184.20. The Grant Grader has been submitted to the state.

**Vice President's Report**—Kelly Southard

Guidelines and Training Committee:

The committee last met on June 22, 2015, and will meet again on October 27. A few protocol items that were approved at the Guidelines and Training committee level were passed on to Regional Medical Direction. These included information regarding sepsis and updates to the IV/IO portion of clinical procedures. The committee will review Medical Direction feedback at their upcoming meeting. The current plan is to bring the sum total of the protocol revisions back to the BOD at the December meeting.

EMS Governor's Advisory Board:

The Advisory Board has not met since the Board's August meeting. Kelly said that the Board will be meeting again in November at Symposium, and that Directors should feel free to attend if they are inclined to do so.

**Secretary's Report**—Mark Crnarich (ABSENT)

Quality Improvement Committee:

No report at this time.

**Treasurer's Report**—John Brandrup

Finance Committee:

The current financial statements are accurate, and were distributed to the Board. John asked whether there were any questions; none posed.

John explained that the Finance Committee is indeed planning on meeting with the auditor to discuss fundraising expenses. Sean Barden, a member of the Finance Committee and Executive Vice President and Chief Financial Officer for Mary Washington Healthcare, prepares the 990 for Mary Washington and would like to discuss the audit and 990 with Mr. Hendershot before the process goes any further. John is pleased with the work done by the accountant so far.

The numbers produced in the draft audit do highlight some of our funding issues that need to be addressed, and they will be revisited. John stated that the Committee and management will be exploring methods of increasing contributions, and asked if any of the Directors had questions.

David Garvin inquired about the Council's performance for FY 2014. Wayne explained that while an audit shows us operating at a loss, those figures include depreciation on equipment. A balanced budget is prepared based on functional expenses; on paper the Council is "in the red" but functionally we are "in the black." John also mentioned that the Council has struggled with decreased locality funding, and invited the Directors to attend the next Finance Committee meeting and to consider ideas for bringing the funding from localities back to 100%.

Wayne explained that the big challenge for the Council is cash flow; we are no longer paid a percentage of our contract funding by the Commonwealth at the start of the fiscal year, but rather only after deliverables are received. That means we are receiving July, August, and September's bills, but won't get paid until November; OEMS operates on Net 30 terms, so they have thirty days after processing our reports (not after receipt of reports) to make payment. The RSAF program is also a reimbursement program, so the Council is currently awaiting a \$30,000 repayment for the purchase of a new vehicle and amputation moulage kit in addition to the quarterly payment.

John commented that it was two years ago that the transition to payment at the end of the quarter was made, and that it has created cash flow problems for the Council as well as others. Currently the Council is juggling funds between savings and the operational account in order to stay liquid.

There were no further questions from the board.

### **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

Patricia Copeland and Chris Jett went to the VAVRS Conference in Virginia Beach to teach two sessions of the course "Who Helps Those That Help Others." They were well-attended and well-received.

The team is due for reaccreditation from ICISF in 2016; Trisha has begun the application packet.

Chris Jett arranged for the team to begin using Stafford Alert for team callouts, courtesy of Stafford County Fire and Rescue. There were four callouts in August and September, including two defusings and two one-on-ones.

The team will meet again on November 9, 2015 at 7 PM in the REMS Regional Training and Simulation Center.

Disaster Committee: Mark Garnett

The Committee met on October 6; there are no action items from the committee at this time.

A limited Mass Casualty Incident drill is to be held in Spotsylvania County at the end of October.

Medical Direction Committee: Dr. Tania White

The Regional Medical Direction Committee will meet October 26 to review the protocols from Guidelines and Training. The State Medical Direction Committee met on October 8. Mary Washington Healthcare is changing their time to tPA for acute stroke to 4.5 hours. It is recommended that for anything over that time (up to 6 hours), EMS attempt to transport to VCU or another comprehensive stroke center.

Dr. White also informed the board that Operational Medical Directors can now see instructor pass/fail rates in their portal when signing off on renewals, which has been a concern of the committee. The committee also discussed fast tracking the issue of adding both perfusionist and paramedic to the list of personnel to ride in an ambulance with an intra-aortic balloon pump. Even with fast tracking, it will probably take at least a year to get this in place.

Personnel Committee: Wayne Perry for David Moody

The Personnel Committee put forth recommendations for revisions to the Personnel Policies. Wayne asked if there were any questions on the draft that was distributed to the board. He was asked to summarize the changes as the document is fairly lengthy.

Broadly, several typos were corrected. Information was amended regarding the interview process. Previously, the policy stated that each applicant for a position would receive a written response; the committee narrowed the policy so that only those chosen for an interview are sent a letter. This will decrease the administrative burden for management. The policy also now states that employment paperwork (such as an I-9, W-4, etc.) will be completed once a job offer has been made instead of from everyone that is being interviewed.

Vaping and e-cigs were added to the nonsmoking policy to bring it up to date. The Council's policy on snow closures was also revised; previously, employees would be required to take personal time in order to be paid for a day when the office was closed due to snow or other inclement weather. This is no longer necessary.

Wayne stated that the bulk of the changes to the plan were to the benefits section. The new cafeteria plan is described, and IRS code sections referencing the particular plan are listed, circumstances in which enrollment may be revoked, and other legalese. The Council's attorney also recommended clarifying the policy regarding compensatory time.

Changes have been made that outline the accumulation and use of comp time and we are making the change that comp time will be paid upon employee resignation.

David Garvin asked whether or not the payment of the comp time upon resignation would add a significant liability to the Council's budget; Wayne explained that the committee previously discussed changing comp time accrual and use, as this does cause a slight increase in reference to percentage of liability. Wayne is proposing that the staff be given the opportunity to work preapproved overtime, or accrue compensatory time on a case-by-case basis. By requiring comp time to be assigned within the same or the following pay period, it would not be carried on the books for a prolonged period.

John Harkness commented that this would be an opportunity for employees without leave on the books to earn leave, and a win-win situation for both staff and the Council; it is used in Orange County as much as possible. He inquired as to whether there was a limit to the amount of time that can be accrued. Wayne responded that an employee can now accrue no more than 80 hours with this change, and that it is awarded at the rate of time and a half.

John Brandrup asked whether there was a realistic way to control how much comp time may be used during a pay period. Wayne responded that because of the time period in which the employee will have to use the comp time, they will not be able to accrue a significant number of hours to cause a hindrance to operations. It allows for the management to assign the use of comp time in order to ensure smooth council operations.

Mariana Bedway inquired as to whether or not comp time is budgeted over and above for FY 2016. Wayne responded that it is not in the budget, because generally the staff is carrying a balance of 0. Mariana suggested we may want to budget for this in the future, especially for the comp time accrued by management before switching to exempt status.

The Committee recommended approving the Personnel Policy revisions as presented. Kelly asked whether there were any further questions or comments from the board; hearing none, the motion was put to the board. Motion carried.

**ACTION ITEM—Personnel Policy Update**

**APPROVED**

Pharmacy Committee: Wayne Perry for Joey King

No report at this time from the committee. Wayne noted that the STAT Kit process has begun, and that they are for both ALS and BLS providers. Agencies may work on getting those aboard their ambulances along with the necessary training for the providers. Also, medication shortages have been updated on the website. Currently there is a shortage of Vasopressin, with a recommendation not to replace it. There is also a shortage of 2.5 gm/10cc Dextrose syringes; the Regional Medical Director has approved an alternative of using the existing 50% Dextrose in a diluted format. Please see memo.

Currently the Protocols are undergoing major revisions; most hospitals are already on board to match the new formulary when they are finalized.

Heart and Stroke: Lori Knowles for Emmett Price

The committee last met on September 2, and has worked diligently on the STEMI Triage Plan to be presented to the board at the next meeting. No further report at this time. The committee will meet again on December 2.

Strategic Planning: John Harkness

Kirk Twigg has resigned from the board and will no longer be chairing Strategic Planning. A new chairperson has not officially been chosen at this time. No further report at this time.

Trauma Committee: Susan Dietrich

The committee last met today, and is planning to revise the committee charter to add information regarding what constitutes a quorum. The committee also discussed recent information from the state regarding the American College of Surgeons' evaluation of Virginia's Trauma System. These links were provided to the board, and further reports from OEMS are expected.

**Staff Report**—Wayne Perry

Training Center Updates

- REMS has provided fifteen National Registry test sites so far including two during FY2016 and many have been full some with a waiting list. We have another one scheduled for November 21; only ten spots are remaining, so if you know of an individual who needs to test please encourage them to sign up ASAP. 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.

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.
- The staff attended a meeting regarding planning and application processes for PD16 localities. At the meeting there were discussions about best practices and the potential for combining relevant human services programs and perhaps funding a cause, which would then be distributed by some method of collaboration. Healthy Families Rappahannock presented their economic impact report that they contracted for through Saint Wall Street.

#### 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 are changing to match up with the national changes, as previously reported.
- 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 has agreed to host an MCI drill on October 31, 2015 and the disaster committee is planning to attend and evaluate the drill as compared to the regional disaster plan.
- The “exit interview” video from the ACS review of Virginia’s Trauma System is available on our website and through this [link](#).
- Now that the restock agreement has been modified, the Protocol Subcommittee is working on creating a list of supplies required for mixing drips to assist those agencies that participate in one-for-one medication exchange.
- Protocol titles must be renamed to go with the VPHIB update. This is in order to enable providers to select which protocol they utilized in their patient reporting. At this point, we do not know whether or not reporting which protocol was used will be mandatory. In the past, the Council was able to obtain a waiver to have our own protocol titles; there will be no waivers and the Council has no choice in the matter of naming the protocols. Please keep this in mind when the new protocols are released.
- A grant is available for Epi pens; doing a regional application is a possibility. The cost for Epi is now \$720 for an Epi pen and Epi pen Jr.
- Wayne shared information regarding the Resuscitation Academy—for details, please see summary of discussion at the end of this report.



- Recently, the Office of EMS and the Virginia Heart Attack Coalition conducted a survey regarding how many EMS transport agencies in the state have ECG machines and EKG acquisition capacity. Agencies without said capabilities have been dubbed “12 Lead Orphans,” and the Virginia Heart Attack Coalition is asking for tips from individuals who know of an agency that is an “orphan.” Information may be sent to [davidrburt@virginia.edu](mailto:davidrburt@virginia.edu) and will be used to contact agencies for verification and to offer assistance to said agency.

### Executive Director Update

- Our 2016 membership application to the Rappahannock United Way was preliminarily approved and will be going to their BOD for formal approval.
- Quarterly report from 1Q FY16 will be submitted to OEMS this week. We still need to change the names of the regional patient care protocols to match the new version 3 dataset for VPHIB. The protocol sub-committee is working on updating the names – as well as the protocols – to present to the guidelines and training/medical direction committee.
  - PLEASE don’t forget the quarterly meeting requirements so that we don’t have to pay a penalty. We are going to have to pay a penalty AGAIN for this quarter since all of the designated 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.
- I will be attending the upcoming National EMS Advisory Council’s (NEMSAC) meeting and also the meeting of the Federal Interagency Committee on EMS (FICEMS) in early December. You previously received agendas and documentation from both prior meetings. If you have any questions or things that you would like me to take to this group please let me know.
- I attended an update on the new employer reporting requirements for the ACA changes that will be coming in 2016. Details from this presentation are attached to the e-mail as a PPT PDF. I will be working with our accountant to ensure that we are providing the necessary forms and paperwork.
- 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. We did receive feedback at the golf tournament complimenting the staff and reporting that they had received consistent excellent customer service. This continues to be a priority and a standing agenda item for our staff meetings.
- I previously reported that I attended an accountable care community regional meeting 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. They have provided some resources as well as sample best practices (prescription food) which can be used once goals have been identified for the community. This is a grassroots program to improve the quality and health of Virginia. If you have any suggestions or questions please let me know. I would like to create a committee to evaluate the needs of the region and provide some strategic

directions and goals for programs in this area. Their next meeting is in mid-September. If you haven't already, I encourage you to participate in their requests:

- They have established a community for each region of Virginia on the VHIN to stay connected and share ideas. If you aren't a member of the VHIN, joining is easy. Download instructions [HERE](#).
  - Once you are logged on, we invite you to tell us what you are working on using the "[Post an Innovation](#)" form located under "Learn".
  - **Help Commissioner Levine build the "Plan for Well-Being" for Virginia.**  
[Take the Population Health Plan Survey.](#)
  - **Explore the Virginia Atlas of Community Health - <http://atlasva.org/>**
  - **Follow us on Twitter**
    - Virginia Center for Health Innovation: @VAHthInnovation
    - Commissioner Levine: @VDHCommissioner
    - Community Health Solutions: @chsresults
- 
- Regional Director's Group last met in August. We are scheduled to meet again around the time of the FARC meeting in early December. A copy of the last Office of EMS Quarterly report is available [here](#).
  - The following legislative updates were provided by our lobbyist
    - There was a meeting with Dr. Hazel and they are encouraging support for the REPLICA bill. There was also a discussion about the cot/rail system and the funding necessary for that project.
    - There is a patron already available in the House and they are seeking a patron in the Senate. The plan is to take it out of the \$2 that goes to the general fund from the \$4 for Life.
    - There is a proposal from Loudoun County to include volunteers as an opt-in (with localities paying the balance) to add volunteer EMS providers to the services available for CISM. There was a meeting to discuss student athlete concussions and they are working on creating some research to investigate this issue and provide recommendations.
    - There was a meeting with Dr. Trump and the executive director of fire programs.
    - There were a few meetings that were also held regarding the epi-pen auto-injectors. There are versions now available that talk with you, and the cost is upwards of \$800. The FDA has not made this an over-the-counter drug, so a prescription is still needed. Once the script has been filled, the patient will have the device and it will be available for anyone around the patient to use.
    - The periodic review of the DDNR (12VAC5-66) have concluded and there were 4 public comments submitted. The Office intends to submit a regulatory Fast Track packet to include the definition of "POST" within the regulations. This is scheduled to be effective October 22, so the website will be updated to reflect the new changes – see the OEMS website for updates and new information.
    - The Final Exempt Regulatory Package for amending "definitions" as a result of the technical clean-up bill from the last General Assembly was published in the Virginia Register on September 21, 2015. They still await actions on the

“Affiliation” and the RSAF technical clean-up packet with no indication as to what challenges exist or actions are needed to move these forward.

### Office of EMS updates

*Scott Winston*

#### Regional Council Portal Access

- We are in the preliminary phases of planning out the portal access that the regional councils will have. There are meetings scheduled with the information services staff to determine what steps need to occur. Now that the symposium registration and e-gift projects are complete there is more time and resources available to look at this project.
- There is a DRAFT of the components that would be available through the EMS portal. The plan is that any reports that are received monthly, would be available ad-hoc through the portal access. The Office is interested in any feedback from the councils to ensure that they have the information that they need to function.
- Lotus Notes is going away — eventually the council’s access is going to be through the Regional EMS Council Portal.

*Marian Hunter*

#### Public Relations

- There are new decals that they would like to have distributed to the public which are designed to remind people about the issue of children left in vehicles. Said decals are available at the council office.

*Warren Short*

#### Education

- EMS Symposium is up and running online for registration.
- Call for 2016 presentations is up as well, although the program committee has not yet met. There was already an invitation to all of the OMD’s, EC’s, and former presenters. If there is someone else that need this notification, please let us know so that we can get the word out to them.
- There are 258 programs scheduled for this year’s symposium

*Paul Sharpe*

#### Trauma Services

- The VPHIB data set changed, all of the regional protocols need to match the new version 3 data set

*Tim Perkins*

RDG

- Designation packets are due by October 1. There will be a review over the following 30-45 days, then there will be a compilation of the site review time. 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.

*There was not an update from the rules and regulations division at the last meeting.*

The last information that we received was as follows:

- Regulations regarding BOP signatures continues through the legislative process. The regulatory packet has cleared the Governor's office and it was published to the [Virginia Register on June 1](#). There is a 30-day public comment period. ◦ Even with the previous regulatory amendments regarding provider signatures it is up to the individual pharmacist at the facility as to what they require for signatures. There is no regulatory requirement, but there are several different discussions depending on the regional variances.
- There have been discussions at NAEMSP with the DEA representatives. The DEA sees the process differently. They see each patient contact as a specific provider-patient interaction. They don't recognize a protocol that covers a group of patients, so there is a potential can of worms that has been opened. The DEA and the Board of Pharmacy has already visited one of the other regions for inspections, but it was potentially in response to a diversion situation. This was also mentioned at the EMS Day on the Hill – simply reporting that the DEA was on Capitol Hill discussing the issue.
- Work continues on the new ambulance standards and there will be an updated document in January 2016. In the meantime, the current KKK standards are set to expire this year. There are some movements among different associations to try to get states to pick a new standard that they are going to use. The states are waiting to see what the new standards will involve and what agencies are available to be considered. Change order 7 has combined all of the standards and there is now a change order 8 which sets forward the SAE standards for cot retention, seats, and equipment retention. It will likely become effective July 1 of 2015. Any agency that provides a grant application for a vehicle needs to make sure that all of the new standards are included in the quote.

During the Staff Report, Wayne mentioned the “Resuscitation Academy”, a program out of King County in Washington state. This is a comprehensive, advanced program for out-of-hospital cardiac arrest. Wayne asked Lori Knowles if she wished to share details regarding the program since she recently participated.

Lori explained that the Resuscitation Academy is all about high performance CPR, “pit crew” CPR, and the science behind it. King County, where this program was developed, has a save rate of 65%, which is well above the national average. Some of the highlights

include: ALS providers need to perform advanced procedures (IV/IO medications, airway, working the monitor) without interrupting CPR, allowing BLS providers to “own” CPR they began; and crews work a code for 20-30 minutes, then call it in order to avoid transporting dead people, unless a patient is in VT/VF because they are survivable rhythms.

Resuscitation Academy offers online courses which are a great resource for providers. Stafford County is also utilizing CODESTAT, a PhysioControl product that monitors everything that happens after pads are put on a patient. Providers work the code, and CODESTAT records everything that happens with that code (length of time providers were away from the chest, quality of CPR, etc.). This report can then be reviewed later, and the code becomes a learning experience. It has been an invaluable QA/QI tool for the county. Our region is doing well, but can improve by achieving higher success and save rates.

Lori also discussed PulsePoint, a program which allows the registration of AEDs in public locations. This program also allows people who are certified in CPR to register as users and be alerted both to a cardiac arrest in their area as well as the location of an available AED. This would be invaluable as it could allow for the dispatch of off-duty providers and other qualified individuals and increase the likelihood of out-of-hospital cardiac arrest survival in the area. PulsePoint is a subscription service for the locality—a fee is charged to allow for the implementation and maintenance of the program in the area, but providers that register to be alerted to cardiac arrests may do so for free.

John Harkness inquired as to whether or not the Council could put in for an RSAF grant to implement the program regionally; Lori said that Stafford put in for an RSAF grant for the program last year that was denied because it is technically not equipment. This may be due to the fact that the program is new to the east coast. She is uncertain how the program would work regionally because it is tied to a county or city’s dispatch center.

Council staff plans to follow up regarding the PulsePoint program and possibilities for its implementation in the area and funding of said implementation.

**Adjournment:** The meeting adjourned at 8:20.

**Next Meeting:** The next meeting will be held at 7 PM on December 16, 2015, at the Rappahannock EMS Council Regional Training and Simulation Center. Dinner will be served at 6:30.