

RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING

Board of Directors
December 16, 2015

Board Members Present:

Jack Atkins, Rappahannock County
John Brandrup, At-Large
Mark Crnarich, At-Large
Scott Davis, City of Fredericksburg
Susan Dietrich, Caroline County
Kevin Dillard, At-Large
Pat Fitzgerald, Westmoreland County
Mark Garnett, Caroline County
David Garvin, King George County
Donald Gore, Rappahannock County
Mary Hart, Fauquier County
Warren Jenkins, Culpeper County
Lori Knowles, Stafford County
David Moody, King George County
Maurice “Bud” Moody, Orange County
Joe Sposa, Spotsylvania County
Dr. Tania White, Regional Medical Director

Staff Present:

Margot Moser, Office Manager
Wayne Perry, Executive Director

Excused:

Marianna Bedway, At-Large
John Harkness, Orange County
Nicole Mabrey, Culpeper County
Emmett Price, Stafford County

Guests:

Ken Franklin, Chief Operating Officer, LifeCare Medical Transports
Mark Jones, Sales Representative, PhysioControl
Joey King, Regional Pharmacy Committee Chair, LifeCare Medical Transports
Jake Marshall, EMS & Disaster Management Coordinator, HCA Spotsylvania Regional Medical Center
Christina Skinner, EMS Coordinator, Mary Washington Healthcare
Jackie Taylor, LifeCare Medical Transports

Call to Order:

The meeting was called to order by President Kevin Dillard in Classroom B at the Rappahannock EMS Council Regional Training and Simulation Center at 7:00 PM.

Approval of minutes:

Minutes for the October 21, 2015 meeting approved as submitted.

The meeting deviated slightly from the agenda, and John Brandrup presented his action items and reports first.

Treasurer's Report—John Brandrup

Finance Committee:

John stated that the finances for the quarter were distributed to the board and asked whether the members had questions or concerns. Hearing none, he informed the board that the annual finance applications are due. John stated that the County of Culpeper required board approval of the application. John reviewed the application, and found no issues; the Finance Committee recommends approving as presented.

Because it is recommended by the committee, there is no need for a second. Kevin asked if there were any questions or discussion on the motion from the board. Hearing none, the board voted. Motion carried.

ACTION ITEM—Culpeper County Budget FY17 & 18 Application APPROVED

The 990 and Audit were distributed to the Board; John noted that this audit proceeded much more quickly than those of the past and that findings were favorable. John asked whether there were any questions regarding either document. The documents did not go to the Finance Committee and so approving them will require a motion and a second.

John Brandrup made a motion to approve the FY 2015 Audit and 990 as presented; motion seconded by Mark Crnarich. There were no questions from the board, and the motion carried.

ACTION ITEM—Final FY2015 IRS 990 and Audit APPROVED

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.

The Board received a list detailing the progression of the new revisions to the protocols. John noted that the only change not included in the list is one amendment suggested by Dr. White, the Regional Medical Director: the change of maximum Lasix dosage to 40 mg. Dr. White approved of all other suggested changes previously presented to the board.

Wayne offered to review the changes in depth with the board, and to clarify the list of changes previously distributed. Hearing no questions, John stated that the Guidelines and Training Committee would like to move to approve all of the suggested 2016 triennial revisions of the protocols. With no discussion, the motion was put to the board. Motion carried.

ACTION ITEM—Patient Care Protocols triennial update APPROVED

Comments from President:

Kevin announced that Kirk Twigg is retiring from the board in order to pursue elected office on the Spotsylvania County School Board. He thanked Kirk for his service, and wished him luck in his new position. A plaque commemorating his service was presented to Kirk, who noted that he was proud to have been involved with the Council, and that he was impressed by the level of volunteerism and stated the Council is having tremendous impact on the preservation of life and property, and that he hopes it continues to do so in the future.

Kevin asked for a moment of reflection regarding the passing of Kelly Southard. Kelly was President of the Rappahannock-Rapidan EMS Council's Board of Directors until it was combined with the Rappahannock EMS Council, at which time he was elected Vice President of the REMS board. Kelly was also heavily involved with the Virginia Association of Volunteer Rescue Squads, a life member of the Orange Volunteer Rescue Squad, the Manassas Volunteer Rescue Squad, and VAVRS. A resolution is being put forward to the Virginia General Assembly to recognize his service, which will hopefully be passed in the upcoming January session.

Kelly's passing will necessitate the election of a new At-Large member as well as a new Vice President for the board. Information regarding the At-Large position has been disseminated, and elections will be held in February.

Public Comments/Presentations from Guests:

During the October 21, 2015 meeting, there was some discussion of the PulsePoint program. PulsePoint integrates with dispatch CAD systems to alert individuals who have downloaded the PulsePoint app of in-progress cardiac arrests. The system not only flags these calls that occur in public places, but also alerts subscribers to the location of the nearest AED. The idea behind the program is that it may allow for more immediate response, and therefore better survival rates for out-of-hospital cardiac arrest.

Mark Jones, a Physio-Control representative, gave a presentation regarding the PulsePoint program, its cost, and its benefits. Materials are available from the Council. Because the program is tied to dispatch centers, which are divided by locality, there cannot be a single purchase of the program for the entire Council service area. Mark, however, is going to approach Physio-Control regarding a "bulk buy" discount if a number of localities in the REMS service area are interested in implementing the program.

President's Report—Kevin Dillard

Kevin reminded the board that several months ago the Board talked about HEARTSafe Communities and the progress Lori Knowles has made in Stafford; the Council has not had much movement on that front, and Kevin encouraged the directors to consider it for

their localities. Kevin would like the Council to take the lead and have all of its service area branded HEARTSafe.

Grant Committee:

The Grant Committee last met on October 8 and will meet again in April. The REMS region submitted 11 grant requests this cycle, for just shy of one million dollars. There were 116 requests statewide, with \$9.5 million requested and \$4.5 million available. There will be no awards information until January 1, 2016 due to technical difficulties experienced by the Financial Assistance Review Committee at their last public meeting.

EMS Governor's Advisory Board:

Kelly Southard was the Rappahannock EMS Council's representative on the EMS Advisory Board and the Council will need to fill his unexpired term. If anyone is interested in serving on the board, Kevin asked they inform him before the end of the year. Three names will be submitted to the Secretary of the Commonwealth, and one will be chosen from that group. Anyone interested in participating is welcome.

The Council's Continuity of Operations Plan is up for review. The revised document was distributed to the Board. Kevin asked whether or not there were questions or comments from the board. Hearing none, he entertained a motion to accept as presented. Motion made by Bud Moody, seconded by Scott Davis. With no discussion, the motion was put to the board. Motion carried.

ACTION ITEM—REMS Council annual COOP Review **APPROVED**

The Fiscal Year 2015 annual report was also distributed to the board. Kevin asked whether there were any comments or questions. Hearing none, David Garvin made a motion to accept the report as presented, seconded by Susan Dietrich. Kevin asked whether there were any questions or comments. Mark Crnarich asked where the report goes; Kevin stated that it goes on our website, is sent to the state as a contract deliverable, and sent out with our budget applications. Copies can also be given to locality Board of Supervisors to help explain and highlight what we do for the communities in our service area. With no further discussion, the motion was put to the board. Motion carried.

ACTION ITEM—REMS Council FY 2015 Annual Report **APPROVED**

Secretary's Report—Mark Crnarich

Performance Improvement Committee:

The committee last met on November 19, and deferred some work items to the next session to be held on January 21. Mark stated that the committee is currently working on

updating the Quality Management template for agencies as well as the committee charter and other goals for 2016.

Committee Reports

By-Laws Committee: Donald Gore

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

CISM Report: Kevin Dillard for Patricia Copeland

Jim Chandler of Tidewater EMS Council held a CISM Coordinators meeting on 11/21/15 during Symposium and would like to have regular meetings of the coordinators and perhaps a CISM weekend.

There are two new team members: Chaplain Rob Maddox from Spotsylvania and James Vitaletti from Stafford. There were six team callouts since the last board meeting including five in Orange County and one in King George County.

The next CISM meeting is January 11, 2016, at REMS.

Disaster Committee: Mark Garnett

No action items from the Disaster Committee; Mark stated that the committee will meet again in January, and thanked the Council staff for their work to update the regional surge plan.

Caroline County had an MCI in late October and they utilized RHCC for two regions; it worked very well. This is a useful addition to the MCI plan that had thus far not been utilized.

Medical Direction Committee: Dr. Tania White

The Regional Medical Direction Committee met on October 26 to review the protocol revisions from the Guidelines and Training committee. Suggested updates from the committee were previously sent to the board, and are among the revisions that were approved by the board earlier in this meeting.

A memo was issued suspending the June 2015 Spinal Immobilization/Clearance protocol. A revised protocol with clarification and a diagram was issued on November 19. This protocol is designated R-OMD. Each agency's OMD is now going to have to clear who can utilize this protocol. Until cleared, all trauma patients not experiencing isolated extremity injuries are to receive a c-collar and spinal motion restriction. If the patient has any spinal tenderness, they should be fully immobilized on a backboard with a c-collar. For details regarding the memo and revised protocol, please contact Wayne.

Personnel Committee: David Moody

No action items. David plans to set up a meeting in the new year to review the committee charter and to talk about goals for 2016.

Pharmacy Committee: Joey King

Joey pointed out that Wayne distributed information to all board members regarding applications for epi pen funding through Mylar Specialty LP Corporation; he also noted that this funding opportunity was discovered through the tireless efforts of Greg Leitz. The hospitals reviewed the situation with no result, but Greg was able to find a funding opportunity. Applications will be accepted beginning January 1. The committee sought clarification from the Office of EMS regarding whether or not individuals may keep epi pens on their person; the answer is yes, and providers may carry pens in their jump bag.

Over the last year, the committee has worked closely with the Council to get out information regarding medication shortages, and an official, consistent format has been adopted which is being posted on the website and distributed. Health systems in the area are communicating regularly regarding shortages and plans for replacement.

Joey mentioned that some questions have arisen regarding the storage of STAT kits. Some recommendations for storage are available from the committee, including a lock box that may be mounted on the outside wall near the medication box, but separate from the regular boxes.

Joey also thanked Jake Marshall and Christina Skinner for their direct involvement with the committee and noted that cooperation between and among the hospitals has been impressive. He also thanked Wayne and the board for giving the committee Carolyn Marsh as staff support, stating that she does a lot of work and is doing an awesome job.

Heart and Stroke: Kevin Dillard for Emmett Price

The committee last met on December 2, 2015. Emmett was unable to attend tonight's meeting; Kevin stated that the Regional Stroke Plan revisions were up for approval. The only changes made via email that were not previously distributed to the board were to change any reference from 3 hours to 4.5, and to emphasize last known well time rather than symptom onset.

Kevin asked if there were any questions from the board; hearing none, he entertained a motion to approve as presented. Motion made by Lori Knowles, seconded by Jack Atkins. No discussion or questions from the board; motion carried.

ACTION ITEM—Regional Stroke Plan Update

APPROVED

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 will meet again in January. The committee is changing its meeting schedule from bimonthly to quarterly, and will no longer meet on Board meeting days. All meetings are to be held in Fredericksburg, with the option of teleconferencing for those unable to travel to the REMS Council offices.

Susan also mentioned that agencies need to be aware that the Spinal Clearance protocol issued is Restricted-OMD, which means that providers need to be approved by their OMD before they are able to utilize the new protocol. Agencies should be looking at their training programs to determine which personnel this protocol will be appropriate for.

Staff Report—Wayne Perry

Training Center Updates

- REMS has provided sixteen National Registry test sites so far including three during FY2016 and many have been full some with a waiting list. We have another one scheduled for January 9; the registration deadline is 12/18, 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 13th 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.
- Quarterly report from 1Q FY16 was submitted to OEMS. We changed the names of the regional patient care protocols to match the new version 3 dataset for VPHIB.
 - 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 attended 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; the links will take you to the current agendas.
 - Look out for an upcoming change to fee for service; in the future, there will be no transport benefit attached to each patient, but rather a bundled payment made to the hospitals.

- There are grants available for community paramedic and information is available in the packets that were circulated.
- There were several discussions regarding the opioid crisis and the impact that it is having across the country.
- There has been an award made to NESEMSO and NIH to commission a study on the role of fatigue in EMS. There will be a public meeting in February 2016 to begin working on the project and they hope to have information back in about two years.
- NEMSAC is in the process of updating Education Agenda for the Future (1996) revision to go along with the revision to the National Scope of Progress.
- There is a big push in NEMSAC towards psychological first aid training—first responders, agency leadership, and developing programs.
- There is a new public health project through HHS ASPR that provides an interactive and real-time view of mapping overlays that may be helpful for disaster mitigation and emergency management planning. The project is called [emPOWER](#) and it is available online.
- There is another emergency management resource available called [TRACIE](#). This compiles technical resource information, provides specific assistance, and allows for information exchange for public safety entities across the country. It is a powerful resource and I encourage everyone to spend some time on their website.
- There was another presentation made on the [PECARN](#) program. This is the pediatric emergency care applied research network and their site has several research and study resources related to pediatric patient care.
- The NEMSAC sub-committee met and developed their topics and issues.
- The ACS Trauma review was completed in September and there were a few comments and suggestions. The exit interview video is available from this [link](#). The final report is available [here](#).
- 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. There next meeting is in mid-September. If you haven't already, I encourage you to participate in their requests.
- Regional Director's Group last met in early December. A copy of the latest Office of EMS Quarterly report is available [here](#).
- The following legislative updates were provided by our lobbyist: Several bills that are being introduced or are pending include:
 - a line of duty training bill that will require biennial training and triennial benefit reviews
 - the volunteer driving immunity bill that was passed last session is being amended to require minimum training
 - a request from the state ambulance association regarding EV tags

- an EMS compact bill is being re-introduced with two specific caveats from Delegate Orrock
 - the act will expire on July 1, 2021 if it hasn't been adopted by 10 member states
 - the 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
- information related to budgeting monies for stretcher funding
- 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 approved a taking a position to support the submission of this legislation

Office of EMS updates

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.

Adjournment: The meeting adjourned at 7:55.

Next Meeting: The next meeting will be held at 7 PM on February 17, 2016, at UVA Culpeper Hospital. Dinner will be served at 6:30.