Pre-Hospital Work Group Minutes
700 East Main Street, Richmond VA 23219
September 1, 2016
0900 – 1100

Members Present:	Members Absent:	Ad-Hoc Members Present:	OEMS Staff	Others Present:
Sherry Stanley, Co-Chair	Dr. Tania White		Gary Critzer	Lenice Boyd
Dallas Taylor, Co-Chair	Dr. Theresa Guines			Joshua Loyd
Sid Bingley	Brad Taylor			
Dr. Allen Yee	Ron Passmore			
Dr. Marilyn McLeod, Co-Chair	Wayne Perry			
Dr. George Lindbeck	Dr. Raymond Makhoul			
Dr. Jeffery Haynes				
Dr. Carol Bernier				
Dr. Reed Smith				

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Discussion continued regarding Prehospital Workgroup outline that will be presented to the State ACS Taskforce Committee	This meeting was devoted to further discuss the Prehospital Workgroup outline that will be presented to the State ACS Taskforce meeting on 9/1/16. I. Mission and Vision Statement	**Action plan to be presented at the State ACS Taskforce meeting on September 1, 2016.**

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	• **Vision** A safe and secure environment in Virginia for all—enhanced and facilitated by a functional, integrated and continuously improving pre-hospital trauma system. • **Mission** To protect and improve the health and well-being of the citizens and visitors of the Commonwealth of Virginia who require Emergency Medical Services (EMS). This is accomplished through the administration of licensure requirements of EMS agencies, local medical oversight and the development of regulatory policies and procedures. This oversight promotes efficient program administration, education, safe care, treatment and transportation of the trauma patient. • **Executive Summary** Virginia has a population of nearly eight million citizens residing within 136 cities and counties with a diversity of urban, suburban, rural, and super rural communities. The EMS system is comprised of 700 independent agencies, working in 11 regional councils with nearly 35,000 certified EMS providers and 200 Operational Medical Directors. Virginia is home to the first all-volunteer rescue squad (Roanoke Life Saving Crew, 1928) in the United States. The system consists of models including: volunteer, hybrid, career, fire based, hospital based, public utility, air medical, third party municipal agency, and commercial. Emergency Medical Services (EMS) has a strong historical presence with the diversity of paid and volunteer agencies within the Commonwealth of Virginia. The Virginia trauma system was created as an extension of the EMS system, and this historical structure has persisted over the years. EMS is the critical link between the injury-producing event and definitive care at a trauma center. It is a complex system that not only transports patients, but also includes prevention and public access, preparedness, communications,	

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	education, EMS research, data collection, and performance improvement activities. ## II. Objectives: a) The Office of EMS shall have a ***full time (salaried)*** physician Medical Director who is familiar with, experienced in, and/or currently involved in pre-hospital care, or ***EMS board certified*** and whose qualifications are commensurate with his/her scope of responsibility in the EMS system. b) The Office of EMS shall have a ***full time (salaried)*** Trauma Systems Manager experienced in trauma systems development and management. c) The Office of EMS shall provide system quality improvement (QI) monitoring functions based on EMS and Trauma data. ***EMS Registry and Trauma Registry collaboration*** ***Develop performance indicators that have the capability to evaluate EMS system performance as it pertains to the trauma care system.*** d) The Office of EMS shall approve programs of continuing education. Continuing education programs often will be based on QI program findings. e) The Office of EMS shall provide pre-hospital providers scope of practice and formulary guidelines. f) ***The Office of EMS shall ensure the state trauma plan will define minimum key elements for the development of agency / regional protocols involving:*** ***pre-hospital trauma patient triage (Pediatric / Geriatric / Adult)*** ***Trauma Patient Identification and patient transport and destination decisions*** ***Treatment***	

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	requirement for safe transport of pediatric patients ○ ***These guidelines shall be modeled after level I and level II evidenced based population specific findings.*** g) The Office of EMS shall define the roles and responsibilities of regional EMS councils as neutral entities, providing regional resources. All regulatory compliance will continue to be enforced by the Virginia OEMS. h) Define the roles, responsibilities and reporting structure of OEMS Advisory Committees Medical Direction Committee ○ ***(Example) The goal of EMS medical direction is to provide an operational framework for all medical aspects of pre-hospital care such that there is professional accountability in the pre-hospital setting analogous to that in the more traditional settings of medical care.*** Trauma System Oversight and Management Committee State Medevac Committee Training and Certification Committee Other i) Recruitment and retention of EMS providers j) Inter-facility Transport ***Appropriate Resource Utilization (Ground vs. Air)*** ***Critical Care Transport Certification (?)*** k) Communication PSAP (E911) Dispatch Priorities (Emergency Medical Dispatch) Communication System Integration (Medical Control)	

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	l) Hospital Trauma Center Designation m) Hospital / EMS Collaboration: ***There is clearly defined, cooperative, and ongoing relationship between the hospital trauma medical directors and agency / regional EMS medical directors*** n) EMS Trauma Research o) EMS Funding Prioritized Rescue Squads Assistance Funds (Education / Equipment / Research) Medical Director support p) Public Trauma Education and Prevention	
PUBLIC COMMENT	None	
UNFINISHED BUSINESS	Attendees discussed the challenges that the prehospital aspect has for implementing some of the components mentioned in this outline. • We still have a lack of ambulances across the state, especially in rural areas. We lack Critical Care Transport, which needs to start with defining what Critical Care is. All of this is impacted by money. One possible solution mentioned is how the "For For Life Funding" is distributed across the state. • EMS agencies and schools still have challenges of getting EMS students inside the hospitals for clinical rounding for procedures such as intubations. • Regional Councils are contracted. To provide more authority to the regional councils would mean more money will be needed to operate the regional offices. Discussion surrounding the challenges as to where that funding will come from.	
NEW BUSINESS	None	
Adjournment	Meeting was adjourned at 1030. Next meeting TBD, following State ACS Task Force meeting.	