

Emergency Preparedness & Response Committee
Virginia Office of Emergency Medical Services
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
August 2, 2019
8:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Morris Reece, Chair	Mark Day	David Edwards	Matthew Marry
Sam Bartle	Dan Gray	Wanda Street	Kelley Rumsey
Kelly Brown	Robert Truccolo		Tanya Trevilian
Ron Clinedinst			Kelly Parker
Michelle Cowling			
Michael Feldman			
Robert Hawkins			
Erin Nowlin			
James Giebfried			
Edward Brazle			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order, Welcome & Introductions:	<p>The meeting was called to order at 8 a.m. Everyone around the room introduced themselves.</p> <ul style="list-style-type: none"> a. Approval of previous meeting minutes – Transcript has been posted on the Virginia Regulatory Town Hall. b. Approval of today’s agenda – Approved by consensus 	
II. Chair Report:	<p>Morris Reece explained that Mark Day approached Kelly Parker and Dr. Aboutanos about switching roles with Kelly. In the meantime, Kelly will represent VHHA on the TAG committee and Morris will act as Chair of this committee. Mark Day will be the Vice Chair of this committee.</p>	
III. Review of Committee Goals and Objectives:	<ul style="list-style-type: none"> a. Open Discussion: Plan to meet goals and objectives Morris began with goal #3: Collaborate with the OEP to assess and maximize the use of ASPR funding to enhance the medical surge capabilities of the state’s trauma centers. Kelly Parker stated that ASPR’s funding cycle runs July 1 through June 30, the previous budget period just closed, and they are one month into the new project period which lasts through June 30, 2020. The coalitions have all submitted and have been approved for their budgets. Kelly also explained the 5-year medical surge annexes: year one is pediatrics, year two is burn, year three is infectious disease and years 4 and 5 are radiological and chemical. The coalitions must include these in their emergency operations plans. The committee discussed the order of the surge annexes and their significance. <p>Morris discussed the membership of the committee and the selection of the representation and explained that even though not all of the coalition seats may be necessary, the remaining coalition seats on the committee represent all of the coalitions. As the committee progresses, he wants to make sure that we have fair representation from all organizations and entities.</p>	

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	<p>Morris asked if there were any membership concerns. It was mentioned that there is no trauma program manager or trauma surgeon representation and no EMS agency representation.</p> <p>Goal #2 discussion: Collaborate with the OEP and ensure the provision of disaster preparedness education to trauma centers, regional councils, and local emergency medical services (EMS) providers. Morris asked if any action or work has been completed toward this goal. Kelly Parker stated that it has not. The Virginia Department of Health's Office of Emergency Preparedness' plan is high-level. It does not get into the specifics of medical surge at the regional or local level. It relies on the coalitions to develop those plans. She feels that this committee may not have much to add to the OEP's plans. She feels that the committee should collaborate with the coalitions. Morris stated that he will provide a review of what we have in terms of state emergency plans and how they interact and come back with a report at the next meeting. He will report on what plans exist, their last update and where they can be found.</p>	<p>Morris will provide an update on the state emergency plans at the next meeting.</p>
<p>IV. Public Comment Period:</p>	<p>None.</p>	
<p>V. Unfinished Business:</p>	<p>Referral Tracking</p> <p>As a follow up from the last meeting, there was discussion on referral tracking. Kelly Parker stated that we specifically discussed pediatrics and burns to track referral patterns. Kelly has met with the data analytics team at VHHA and discovered that they can track referral patterns, but there will be some limitations to what can be done. Virginia has an inpatient database that collects information on all inpatients. We discussed the possibility of using the data to track where vulnerable populations go on a routine basis and to predict where a large surge would place them in order to position the resources in the appropriate areas. Additionally, if we did this over a period of time, we could create a dashboard or report to show where patients go on a routine basis and track the impact on the hospital during a disaster or surge. If we decide to go down this route, we would need to specify the data we need. The committee discussed data and data sources. It was advised by David Edwards to talk to Cam Crittenden and her staff about getting trauma registry data.</p> <p>Morris stated that we will work with VHHA to see what we can get; however, he doesn't want to wait until the next meeting to get some of these things going. It was suggested to establish a workgroup to look into the data sources to see if we can get the information we need from them. Dr. Bartle, Dr. Feldman, Kelly Parker and Erin Nowlin will participate on the workgroup.</p>	<p>A workgroup was established to work on the data sources.</p>
<p>VI. New Business:</p>	<p>Morris stated that the Department of Health and Human Services has announced a new grant funding opportunity to support the creation of up to two national pilot sites for Pediatric Disaster Care Centers of Excellence. This is the formational item that Morris shared by email.</p>	
<p>VII. Adjournment</p>	<p>NEXT MEETING: Wednesday, November 6, 2019 at 8 a.m. in Norfolk, VA. More information will be sent with the exact location.</p> <p>The meeting adjourned at approximately 9:20 a.m.</p>	

Respectfully submitted by:
Wanda L. Street
Executive Secretary