

**ORIGINAL**

1 COMMONWEALTH OF VIRGINIA  
2 DEPARTMENT OF HEALTH  
3 OFFICE OF EMERGENCY MEDICAL SERVICES  
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7 IN RE: STATE EMS ADVISORY BOARD MEETING  
8 HEARD BEFORE: GARY P. CRITZER  
9 EMS ADVISORY BOARD CHAIR  
10  
11  
12  
13

14 MAY 4, 2018  
15 4240 DOMINION BOULEVARD  
16 MARRIOTT SHORT PUMP  
17 GLEN ALLEN, VIRGINIA  
18 1:01 P.M.  
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21  
22

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## 1 APPEARANCES:

2 Gary P. Critzer, Presiding Officer  
3 EMS Advisory Board Chairman

## 4 EMS ADVISORY BOARD:

5 Michel Aboutanos, MD  
6 Byron F. Andrews, III  
7 Samuel T. Bartle, MD  
8 Dreama Chandler  
9 Valeta C. Daniels  
10 Richard H. Decker, III  
11 Lisa M. Dodd, DO  
12 Jason D. Ferguson  
13 William B. Ferguson  
14 R. Jason Ferguson  
15 Jonathan D. Henschel  
16 Jason R. Jenkins  
17 Lori L. Knowles  
18 Cheryl Lawson, MD  
19 Julia Marsden  
20 Christopher L. Parker  
21 Jethro H. Piland  
22 Valerie Quick  
23 Jose V. Salazar  
24 Daniel C. Wildman  
25 Kim Allan

## 1 EMS ADVISORY BOARD MEMBERS (con't.):

2 Allen Yee, MD  
3 Medical Direction Committee

4 Jim Chandler  
5 Regional EMS Council Executive Directors

## 6 VDH/OEMS STAFF:

7 George Lindbeck, MD  
8 Gary Brown, Director  
9 Scott Winston, Assistant Director  
10 Tim Erskine  
11 Wayne Berry  
12 David P. Edwards  
13 Stephen McNeer  
14 Scotty Williams  
15 Marian Hunter  
16 Amanda Davis  
17 Tristen Graves  
18 Wanda Street  
19 Irene Hamilton  
20 Ken Crumpler  
21 Cam Crittenden  
22 Jackie Hunter  
23 Adam Harrell  
24 Tim Perkins  
25 Ron Passmore

1 VDH/OEMS STAFF (con't.):

2 Keith Roberts

3 Warren Short

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1           (The EMS Advisory Board meeting was called  
2 to order at 1:01 p.m. The Pledge of Allegiance was  
3 recited by the Board and the gallery. A quorum was  
4 present and the Board's agenda commenced as follows:)

5  
6           MR. CRITZER: If you could remain  
7 standing for just a moment for a moment of  
8 silence for our fallen brothers and sisters.  
9 And I'd ask that you please remember VAVRS  
10 life member and former GAB Advisory Board  
11 Chair Karen Wagner who passed away recently.  
12 Thank you.

13           You should have before you a  
14 copy of the February 2nd, 2018, minutes.  
15 Are there any additions or corrections to  
16 those minutes?

17  
18           MR. R. J. FERGUSON: Mr. Chairman.

19  
20           MR. CRITZER: Yes, sir.

21  
22           MR. R. J. FERGUSON: I believe the  
23 author had Ferguson fatigue and left me off  
24 the list there, but I was present for that  
25 meeting.

1 MR. CRITZER: We will see that that  
2 gets corrected. Are there any additions --  
3 additional additions or corrections to the  
4 minutes? If not, they'll stand approved as  
5 amended.

6 Also you have before you the  
7 agenda for today. Is there any additional  
8 items that anyone would like added to the  
9 agenda? Hearing none, it will stand  
10 approved by unanimous consent.

11 My report will be brief. I'll  
12 talk more under the Executive Committee  
13 report. Again, would like to recognize and  
14 remember Karen Wagner and her family. Karen  
15 died a month or so ago after a battle with  
16 cancer.

17 She served as a[n] Advisory  
18 Board member, as well as the former Chair of  
19 this Board. She was a life member of VAVRS  
20 and a former president of that organization.

21 And she contributed  
22 significantly to the EMS system in the  
23 Commonwealth. So please keep her family in  
24 your thoughts and prayers in the coming  
25 weeks and months, the members of her agency,



1           etcetera. So you'll hear more from  
2           Mr. Brown a little bit later about  
3           appointments to the Advisory Board.

4                         But this potentially may be  
5           the last meeting for some of us that are  
6           rotating off at the end of our second  
7           re-appointment.

8                         I just wanted to take this  
9           opportunity to say thank you for allowing me  
10          to serve as Chair of this group for the last  
11          seven years. It's been an honor and a  
12          privilege.

13                        I've served on the Board --  
14          this is my second time, so it'll be a total  
15          of 13 years. And I've truly been honored  
16          and privileged to work with all of you,  
17          those that came before you.

18                        I've -- it's been a pleasure  
19          to be part of working towards a good EMS  
20          system like we have in Virginia. I'd like  
21          to just encourage you to continue that  
22          forward movement with that -- the idea that  
23          this is a system that we're all part of.  
24          While we all represent individual  
25          organizations, we really represent the

1 system. And the decisions that we make  
2 aren't so much organizationally founded,  
3 they're system founded. And I challenge you  
4 to keep that forward momentum.

5 So thank you very much for the  
6 opportunity to serve as your Chair. And  
7 I'll certainly will be around with the Board  
8 of Health.

9 But I wish you all the best in  
10 the future, so thank you. And with that,  
11 we'll move on to the Vice-Chair's report,  
12 Mr. Parker.

13  
14 MR. PARKER: No report at this  
15 time.

16  
17 MR. CRITZER: This would be the  
18 time for the report from the Chief Deputy  
19 Commissioner. Today we have with us Kim  
20 Allen, who is the acting Chief Deputy  
21 Commissioner.

22 As some of you may have  
23 followed in the media, Dr. Melton has taken  
24 a new position as the Commissioner with the  
25 Department of Behavioral Health and

1           Developmental Services. So, Kim.

2

3                   MS. ALLAN: Thank you for having me  
4 here today. I have been offered the  
5 opportunity to kind of keep things moving in  
6 the forward direction while the agency does  
7 seek to fill the Chief Deputy position.

8                   And I'm honored to have been  
9 given the opportunity to represent the  
10 agency in the capacity that I am right now.  
11 So again, I rely on Gary and -- and all of  
12 your contributions to the EMS component of  
13 our agency's efforts.

14                   And I look forward to continue  
15 to working with you. So that's all I have.  
16 Thank you.

17

18                   MR. CRITZER: Thank you. Now we'll  
19 turn to Mr. Brown and the Office of EMS.

20

21                   MR. BROWN: Thank you, Mr. Chair.  
22 Would Gary Brown who's got the name tent for  
23 Gary Brown please give the Office of EMS  
24 report.

25

1 MR. DECKER: Oh, you have no idea.

2

3 MR. CRITZER: Yeah, we do. So  
4 please switch the tags back.

5

6 MR. BROWN: Chip, you been waiting  
7 for, what, six years for this opportunity,  
8 haven't you? Yeah. Would you like to take  
9 advantage of it?

10 Okay. Maybe he'll recuse  
11 himself and come back under public comment.  
12 So we do not get in trouble. But we'll --  
13 we'll switch.

14

15 MR. CRITZER: Good idea.

16

17 MR. BROWN: Okay. Anyway, I do  
18 want to thank Kim for being here. And we  
19 did put in our quarterly report to the State  
20 EMS Advisory Board, which you all should  
21 have gotten a copy of that and hopefully  
22 have read it before today. For those in the  
23 audience that don't -- or not on that  
24 distribution list specifically, we do post  
25 that on our OEMS web site. So it is there

1 for you to read online or download, whatever  
2 your pleasure may be. And Dr. Marissa  
3 Levine on Friday, April 13th, did announce  
4 her resignation from the Virginia Department  
5 of Health as State Health Commissioner.

6 Governor Northam then  
7 announced Dr. Norman Oliver as the acting  
8 State Health Commissioner at that time. And  
9 as Kim just said, that just last week my  
10 direct supervisor -- Dr. Melton, Chief  
11 Deputy Commissioner for the Virginia  
12 Department of Health -- was appointed by the  
13 governor to be the Commissioner of the  
14 Department of Behavioral Health and  
15 Developmental Services.

16 So again, that's all in your  
17 quarterly report. Mr. Chair, may we deviate  
18 a little bit with -- for Kim's information  
19 as well as people in the audience. Maybe go  
20 around the table here and have the Board --

21  
22 MR. CRITZER: Yes.

23  
24 MR. BROWN: -- introduce themselves  
25 so Kim will get a flavor of who's here and

1 what organizations or disciplines that you  
2 may represent.

3

4 MR. CRITZER: Absolutely.

5

6 MS. DANIELS: Hi, I'm Valeta  
7 Daniels with the Virginia Association of  
8 Volunteer Rescue Squads.

9

10 MR. R. J. FERGUSON: Jason  
11 Ferguson, Blue Ridge EMS.

12

13 DR. ABOUTANOS: Mike Aboutanos,  
14 American College of Surgeons.

15

16 MR. SALAZAR: Jose Salazar,  
17 Northern Virginia EMS Council.

18

19 MR. JENKINS: Jason Jenkins, IAFF.

20

21 MR. ANDREWS: Byron Andrews,  
22 Virginia State Firefighters Association.

23

24 MR. WINSTON: Scott Winston, the  
25 Assistant Director for the Virginia Office

1 of Emergency Medical Services.

2

3 MR. PARKER: Chris Parker of the  
4 Virginia ENA and Virginia Nurses  
5 Association.

6

7 MR. CRITZER: Gary Critzer, Central  
8 Shenandoah EMS.

9

10 DR. LINDBECK: George Lindbeck,  
11 Medical Director, Office of EMS.

12

13 MS. KNOWLES: Lori Knowles,  
14 Rappahannock EMS Council.

15

16 MS. MARSDEN: Julia Marsden,  
17 Consumer position on the Board.

18

19 MR. W. B. FERGUSON: Billy  
20 Ferguson, VAGEMSA.

21

22 DR. DODD: Lisa Dodd, Virginia  
23 College of Emergency Physicians.

24

25 DR. BARTLE: Sam Bartle, American

1 Academy of Pediatrics.

2

3 MS. QUICK: Valerie Quick, Thomas  
4 Jefferson EMS.

5

6 DR. LAWSON: Cheryl Lawson, PEMS  
7 Council.

8

9 MR. J. D. FERGUSON: Jason  
10 Ferguson, Western Virginia EMS Council.

11

12 MR. HENSCHER: Jon Henschel, Lord  
13 Fairfax EMS.

14

15 MR. DECKER: Chip Decker, ODEMSA.  
16 I'm playing Gary Brown.

17

18 MR. PILAND: Good afternoon.  
19 Jethro Piland, Virginia Fire Chiefs  
20 Association.

21

22 MR. WILDMAN: Dan Wildman with the  
23 Virginia Ambulance Association.

24

25 MS. CHANDLER: Dreama Chandler with



1 the Virginia Association of Volunteer Rescue  
2 Squads.

3  
4 MR. BROWN: Okay. Thank you very  
5 much. I'm going to be pretty brief in some  
6 of my comments because I have asked Tim  
7 Perkins to make a presentation today of a  
8 new division within the Office of Emergency  
9 Medical Services.

10 Really, our first new division  
11 since the early 2000's. And I want him to  
12 explain what the role of that division will  
13 be and so forth.

14 And then, I will be asking  
15 Warren Short to come up and give an update  
16 on EMS training funds and -- and that  
17 program.

18 With that, we do -- we have  
19 had quite a few changes in personnel within  
20 the Office of EMS that I think you do need  
21 to be aware of.

22 As you know, the position of  
23 Regulation and Compliance Manager within  
24 OEMS was vacated last fall. Mike Berg held  
25 that position for at least a decade or so in

1 -- in that capacity. We have gone through  
2 the complete recruit process and a person  
3 that has sat with you around this table for  
4 the past six years is our top candidate, and  
5 has been offered the job.

6 And has started employment  
7 with the Office of EMS, and that's Ron  
8 Passmore. And Ron if -- I know you're in  
9 the room -- if you'll stand up so --  
10 everybody remembers Ron.

11 And let me give you a little  
12 background of Ron. He, as I said, he is in  
13 the position of Regulation and Compliance  
14 Manager. He was the chief of EMS at Galax  
15 Grayson Emergency Medical Services where he  
16 worked for the past 10 years.

17 He's been a paramedic since  
18 1987 and originally attended the paramedic  
19 program in Winter Haven, Florida. I don't  
20 know why you left Florida and came north,  
21 but good for you.

22 That's our -- we benefit from  
23 that. Since 2011, Ron has served as lead  
24 faculty for the EMT to paramedic courses  
25 under -- which are under the paramedic

1 program at Southwest Virginia Community  
2 College, Galax campus. And he obviously,  
3 has served on the State EMS Advisory Board,  
4 the Executive Committee of this Board and  
5 numerous committees including serving as  
6 Chair of the Training and Certification  
7 Committee. And -- so we're real pleased to  
8 have Ron on board and, Ron, welcome.

9 We also have a new employee  
10 within the Office of EMS as our Basic Life  
11 Support Training Specialist. This position  
12 was vacated by -- when Greg Neiman was  
13 offered a more lucrative position with VCU  
14 Health.

15 And -- but we have William  
16 "Billy" Fritz who has assumed the role of  
17 BLS Training Specialist in the Office of  
18 EMS. He has a strong background and  
19 knowledge in the EMS field in education.

20 And he comes to us from Prince  
21 William County Fire and Rescue where he was  
22 the EMS education program director. I don't  
23 know whether Billy's in the room or not.  
24 Most not be, okay. So we'll introduce him  
25 the next time. We also have a new human

1 resources specialist, Keith Roberts. And  
2 Keith is in the room. Stand up, Keith.  
3 Wave your hand so everybody knows you. He  
4 has -- comes to us with more than 11 years  
5 of experience working with the State of  
6 Virginia.

7 He previously -- he was  
8 employed with the Indigent Defense  
9 Commission where he served as office manager  
10 for the Richmond Public Defender's Office.  
11 So don't tick him off. He may do something.  
12 So -- and especially with, you know, HR.

13 So he has received his  
14 undergraduate degree in business  
15 administration from the University of  
16 Phoenix and he's currently working towards  
17 his master's of science and human resources  
18 development, which he plans to complete by  
19 October of this year.

20 So again, congratulations,  
21 Keith. We're glad to have you on board.  
22 And we do want to announce that a long time  
23 employee with the Office of EMS who came to  
24 us -- and she's had a very long illustrious  
25 career -- is Winnie Pennington as our

1 emergency operations planner. She came to  
2 us from the Virginia Department of Emergency  
3 Management and then has been with us. And  
4 she is eligible for and has decided to  
5 retire and do a lot of missionary work with  
6 Haiti, which she has been down to Haiti many  
7 times before.

8                   And she's going to continue  
9 that in her retirement. She's had a  
10 countdown clock in her office for about a  
11 year and a half to two years. So there's no  
12 turning back.

13                   We can't do a counter offer  
14 and keep her. So she's -- she's on her way  
15 out, but we wish her the best and wish her  
16 well. As I said, we have a new division and  
17 I will get to that in a few minutes.

18                   Also, within -- I can't recall  
19 whether I dropped this in the quarterly  
20 report or not. But I try to keep you up to  
21 date on the REPLICA states.

22                   And we just recently, within  
23 the past two weeks, the State of Nebraska  
24 became the 13th state to pass REPLICA. So  
25 again, we do have the full commission that

1 is up and running. We had our first meeting  
2 in October of last year in Oklahoma City.  
3 We had a meeting in February of this year in  
4 Nashville.

5 And our next meeting is in  
6 concert with the National Association of  
7 State EMS Officials annual meeting in  
8 Providence, Rhode Island, a little bit later  
9 this month.

10 So unfortunately, we still  
11 only have one state that borders us -- and  
12 that's Tennessee -- that has passed REPLICA.  
13 We're still hoping that will get to our  
14 border states on -- on line with REPLICA  
15 sometime very soon.

16 And just a couple of other  
17 real quick things. EMS week is coming up  
18 this month. It's the week of May 20th  
19 through 26th.

20 We have -- have sent out, or I  
21 think they have been sent out, the EMS week  
22 kits that we -- we send to all EMS agencies  
23 every year from the American College of --  
24 American College of Emergency Physicians,  
25 excuse me. Or is it surgeons? Now I'm

1 drawing a blank. Anyway, there's -- we know  
2 there's a lot of EMS week activities around  
3 the Commonwealth, so look for those and if  
4 you can, please attend them.

5 We also have the Virginia  
6 Fallen Fire Fighter and EMS Memorial Service  
7 coming up on Saturday, June the 2nd, here at  
8 the Richmond International Raceway Complex.

9 This is a[n] annual event that  
10 we're involved with. And it's to honor  
11 those that have lost their life in the line  
12 of duty. Gary mentioned that I would say  
13 something about the governor's appointments.

14 As -- as we know, we have a  
15 new administration and they're doing a  
16 stellar job of making appointments. But  
17 with any new administration, there's a lot  
18 on their plate.

19 And -- and we anticipate that  
20 we'll have appointments in a timely manner.  
21 But there's always the possibility that they  
22 could be a little bit delayed. And the --  
23 the only thing I say about that is that you  
24 will -- for those of you who have served  
25 your two full terms and are not eligible to

1 be re-appointed, and those that are -- have  
2 served one term but you are eligible to be  
3 re-appointed.

4                   Nevertheless, you continue  
5 serving on the Board until either you are  
6 re-appointed if you're eligible or -- look  
7 at Chip. No such thing, Chip.

8                   Or if you're not eligible to  
9 be re-appointed, you will still continue  
10 serving on the Board until you are -- until  
11 your replacement is announced by the  
12 governor.

13                   So it could mean -- this is  
14 the May meeting and the terms technically  
15 expire June 30th. But you could possibly --  
16 we don't know -- be attending the August  
17 meeting.

18                   Hopefully if you do, it  
19 wouldn't -- not that we're trying to get rid  
20 of anybody, but it wouldn't be much beyond  
21 that if you're eligible to rotate off the  
22 Board. And I -- I do want to thank Gary  
23 Critzer for his leadership over the past  
24 seven years as Chair of this Board. This is  
25 not a seven-year itch. We don't want to get



1 rid of him, but unfortunately, he's -- comes  
2 to the end of his term as well. And this is  
3 his second tour of duty on the Advisory  
4 Board.

5 13 years total, which is  
6 really remarkable and has been very  
7 instrumental in the growth and expansion and  
8 improvements we have made in the  
9 Commonwealth in EMS trauma care and all  
10 other components within the EMS system.

11 So I certainly thank Gary for  
12 his leadership and hopefully we will be  
13 prepared to be a little bit more formal the  
14 next time in terms of recognizing Gary.

15 There's a lot of information  
16 in our quarterly report, and also  
17 legislatively in some directives that the  
18 Office of EMS has with regards to follow up  
19 from legislation.

20 And if you have any questions  
21 on that, please let us know and we'll be  
22 glad to answer those questions. And with  
23 that, I will turn it over to Scott first and  
24 then George -- I would like George to give  
25 an update on the EMS Fatigue guidelines that

1 he has been involved with on a national  
2 level. But first Scott, then George. And  
3 then we'll get to our presentation from Tim  
4 and Warren.

5  
6 MR. WINSTON: Thank you, Gary. I  
7 have no report at this time.

8  
9 DR. LINDBECK: So I just wanted to  
10 mention that the Fatigue guidelines have  
11 been published and are available. So this  
12 was a project that was funded by NITSA and  
13 aimed and targeted at EMS providers.

14 If you'd like to get those  
15 that've been published in pre-hospital  
16 emergency care, the blue journal. But  
17 they're also available in the public domain.

18 If you go to EMS.gov, you can  
19 find those resources if you'd like to review  
20 that. That's all I've got.

21  
22 MR. BROWN: Okay. Tim Perkins,  
23 you're on at the batter's box. Or maybe  
24 not. Oh, there he is.

25

1 MR. CRITZER: Turn your mic on.

2

3 MR. PERKINS: Hi, I'm Tim. I'm the  
4 new division manager of the Office of --  
5 Division of Community Health and Technical  
6 Resources. Yes, the acronym is CHATR. Yes,  
7 it's very appropriate to me.

8 Let the jokes commence. So  
9 what I wanted to talk to you all today  
10 really quickly is what the division is, what  
11 we are going to be doing.

12 Not only in the next few  
13 weeks, but few months, few years down the  
14 road as we look at EMS and health care in a  
15 little bit different way than we have been.

16 So sorry for the people in the  
17 back that probably can't see that. But  
18 we're going to be doing a lot of stuff. So  
19 we're going to be taking a hard look at  
20 mobile integrated health care and community  
21 para-medicine.

22 And we'll get into that in the  
23 next few slides. Disease management,  
24 preventative health care services, under-  
25 served populations, gaps in access to health

1 care. Strategic partnerships, technical  
2 assistance, work force development,  
3 leadership and management. Council  
4 oversight, as we have been, and the  
5 statewide EMS plan.

6 Essentially, what this is is  
7 taking a bunch of loose ends that have kind  
8 of been loose ends for the past few years  
9 and kind of tying them together under one  
10 roof.

11 So as everybody knows, EMS  
12 care and health care in general are kind of  
13 changing. Hospitals are getting hit hard by  
14 CMS because of fees for re-admissions,  
15 etcetera.

16 And I think a lot of people  
17 know that mobile integrated health care and  
18 community para-medicine is a way that  
19 providers can keep an eye on patients post-  
20 discharge, especially in the first 24 to 36  
21 hours before home health care kicks in.

22 And then as well as treating  
23 minor issues that may not require a ride to  
24 the hospital or may require a transport  
25 somewhere else. So I'm not sure how many

1 people know this, but as of January 1,  
2 Virginia is one of the states that is  
3 getting -- that has the ability to get  
4 reimbursed under Anthem for treatment  
5 non-transportations.

6 They can submit claims to  
7 Anthem under the health care common practice  
8 procedures -- sorry, common procedures  
9 coding system. I actually have been trying  
10 to memorize that.

11 But what the scope of that  
12 actually is isn't clear. Whether that  
13 involves an agency pulling up on scene and  
14 having somebody say, get the heck out of my  
15 house or get off my yard.

16 Or whether they're giving full  
17 treatment to somebody like a -- a diabetic  
18 wake-up or what have you. The scope of  
19 that, in terms of what's being reimbursed  
20 isn't really clear quite yet.

21 But when you think about it,  
22 how often have agencies -- how often has  
23 your agency been subsidizing your  
24 non-transportations with what you're  
25 transporting? How much are you covering

1 what you are paying out or getting paid back  
2 for transports to cover what you're getting  
3 -- not getting paid back for -- for  
4 non-transports.

5 The days of we don't bill for  
6 refusals needs to kind of change. You need  
7 to think of it in terms of we are expending  
8 gas. We are using medications.

9 If some -- if you show up on  
10 scene and you treat a patient, you're --  
11 you're assessing some cost with that that  
12 Anthem is supposed to be reimbursing  
13 agencies for.

14 So I wanted to talk about an  
15 agency in the Commonwealth that has a MIH  
16 program in place. I'm not going to name who  
17 they are, but their medical director's in  
18 the room.

19 They have had their program in  
20 place since 2014. They've been licensed as  
21 a home care organization from the Office of  
22 Licensure and Certification. That's how EMS  
23 agencies are able to provide this service  
24 right now. They've had a reduction in their  
25 EMT -- yeah, reduction in ED transports by

1 5200. They've estimated that they're saving  
2 their patients a little over \$1M in charges  
3 from the hospital. And they have virtually  
4 eliminated their number of frequent flyers.

5 So I think everybody knows  
6 that there are portions of this state that  
7 are just a little bit rural. There's a lot  
8 of places where there are significant gaps  
9 in access to health care.

10 One of the biggest things  
11 that's kind of stood out over the past few  
12 months is what's happened in Patrick County.  
13 The hospital closes down. It throws the EMS  
14 system in chaos.

15 They have to transport  
16 patients long distances to Martinsville,  
17 Roanoke, across the border into North  
18 Carolina.

19 This is -- would've been an  
20 excellent opportunity for an MIH program or  
21 a community para-medicine program to kind of  
22 help to bridge that gap a little bit. At  
23 least in terms of patients who may need to  
24 be treated, but may not need to be  
25 transported to the hospital. So the idea is

1 to help bridge the gaps in terms of  
2 [unintelligible], opioid screenings, mental  
3 health evaluations -- a lot of the things  
4 that you get called for, but you may not  
5 need to transport for.

6 So CHATR staffers, which  
7 there's one right now, we're going to be  
8 looking to enhance partnerships with other  
9 entities, both within and outside of EMS.

10 We'll be working a lot with  
11 stakeholder groups. We'll be working a lot  
12 with other divisions within VDH. A few  
13 years ago, there was a mobile integrated  
14 health care community para-medicine work  
15 group that was created by the MDC.

16 We will be reconvening that  
17 work group, hopefully in June. And a lot of  
18 the things that we're going to be doing fall  
19 in line with things that are already in the  
20 OEMS and the VDH strategic plans.

21 Some of the things that we're  
22 doing for technical assistance, we're going  
23 to go out and talk to local governments.  
24 We're going to go and talk to VML and we're  
25 going to talk to the Association of



1 Counties. And we're going to explain how  
2 EMS can help their communities in different  
3 ways that they hadn't thought of before.  
4 We're going to start pushing out a lot of  
5 the programs that we've had, but haven't  
6 really had the ability to give a lot of  
7 attention to, like funding your future.

8 Standards of excellence is  
9 really taking off quite a bit. We still  
10 have a ways to go. There's going to be an  
11 opposite side to that for agencies that are  
12 passing a regulatory inspection, but can't  
13 sustain themselves quite as well as they  
14 would want to.

15 We're -- we've been piloting  
16 the EMS officer series. Jose's going to  
17 report on that during his report. We're  
18 going to talk about secession -- succession  
19 planning and how they can -- how EMS can  
20 integrate with other health care entities.

21 These are some of the things  
22 that we've already done historically. We're  
23 going to keep doing these things, but we're  
24 going to enhance them a little bit. We're  
25 going to continue to work with DFP on their

1 system assessments. We're going to continue  
2 to work with the Office of Health Equity, do  
3 critical access hospital studies. We'll be  
4 doing those again this summer.

5 We did them back in '07 and  
6 '08. And then any agency or locality that  
7 requests an EMS assessment, we're going to  
8 go out and do EMS assessments.

9 We've already gotten a request  
10 from a locality. We're hoping to get that  
11 done over the summer. Okay. Everybody  
12 knows that we do business with the regional  
13 councils.

14 And that part of that  
15 relationship with the Office is still going  
16 to maintain, but it's going to be -- come  
17 under the CHATR division. And the same with  
18 the EMS plan.

19 Just so everybody at the  
20 table's aware, next year is when we have to  
21 review and revise the State EMS plan. So  
22 get ready for that. And that's pretty much  
23 it. So yeah, CHATR staff, hopefully is  
24 going to be happening really quick. Gary  
25 didn't have it in his report, but I'm

1 praying that there's going to be a posting  
2 for an EMS systems planner on Monday because  
3 I need some help. And as you see, you can  
4 email me at gary.brown@vdh.virginia.gov. If  
5 anybody has any questions, please feel free.  
6 Otherwise, drop me an email. Good? Good.

7  
8 MR. BROWN: Why don't you just  
9 briefly hit on the EMS agenda 2050 and I'll  
10 kind of preface it that there was a document  
11 produced by the National Highway Traffic  
12 Safety Administration with subject matter --  
13 national subject matter experts back in the  
14 '90's that resulted in a document called the  
15 EMS Agenda for the Future in 1996.

16 And quite a -- that -- that  
17 was a really milestone type of document and  
18 project that really helped a lot of states  
19 shape or reshape their legislation, their  
20 organizational structure, training programs  
21 and things of that nature.

22 And it was very visionary. In  
23 fact, in 1996, they -- they gave a lot of  
24 scenarios of what the -- the future of EMS  
25 would look like. And they actually -- part

1 of that vision was what was called community  
2 para-medicine or mobile integrated health  
3 care. And at that time, people were  
4 scratching their heads saying, what -- what  
5 is that? We've never heard those terms  
6 before.

7 Because they -- they weren't  
8 in existence before that. And -- so there  
9 was -- there was a lot of things that have  
10 come out of that including how this Board is  
11 organized.

12 Because we actually took that  
13 and -- and part of that was -- that defined  
14 or identified 14 components that a state  
15 needed to have a comprehensive and effective  
16 EMS system.

17 And so we organized much of  
18 the committee structure that still exists  
19 today on this -- on this Board as well as  
20 internally organizing the Office of EMS to  
21 reflect those system components.

22 So when we talk about a -- the  
23 EMS agenda or 2050 agenda, don't take it  
24 lightly because it's going to shape things  
25 even more in this country when it comes to

1 EMS. So --

2

3 MR. PERKINS: What do I need to add  
4 to that? Yeah. So there is another EMS  
5 agenda in draft form, EMSagenda2050.org.  
6 Currently, the draft has been posted. It  
7 was posted on the 1st.

8 It's -- it's moving a lot  
9 towards patient-centered health care. It  
10 talks about safety, it talks about  
11 integration with other health care  
12 organizations.

13 It's a lot of what I have been  
14 talking about for the past few minutes. But  
15 it thinks about it in a little bit more  
16 advanced, more -- not quite pie in the sky,  
17 because it's not quite that far.

18 But it's definitely very  
19 innovative and very thought-provoking as to  
20 how EMS is going to be provided, at least in  
21 their minds going forward.

22 There was a lot of stakeholder  
23 meetings that -- that took place. Warren  
24 and Scott and I and Chris Parker and -- and  
25 there were a few other Virginia EMS

1 stakeholders that participated in one of  
2 those sessions back in September. The last  
3 one was in March. As I said, the draft of  
4 the -- of the agenda is currently online.  
5 They're accepting public comment through the  
6 end of the month.

7 They hope to have a finalized  
8 draft in August and they hope to have it  
9 implemented in late 2018. So  
10 EMSagenda2050.org is the place to go and  
11 check out that document. One more thing.

12  
13 MR. BROWN: Go.

14  
15 MR. PERKINS: EMS Memorial Bike  
16 Ride, May 12 through 19, and then again from  
17 -- no, 12 to 18. EMS Memorial Services on  
18 the 19th.

19 Then EMS Memorial Bike Ride  
20 southern route, 20, 21 and 22. I'm  
21 personally riding for Karen Wagner and for  
22 Jay Cullen. This one's a little bit tougher  
23 for me. I've never actually ridden for  
24 people I've known before. But hopefully,  
25 it'll be good weather and I'll be able to

1 keep the rubber side down. So everybody,  
2 please check out what's going on with the  
3 EMS Memorial Bike Ride and the EMS Memorial  
4 Service. And that's it.

5  
6 MR. BROWN: Thanks, Tim. Any  
7 questions for Tim? Next will be Warren, and  
8 as Warren is coming to the front, I have  
9 consulted with my physician here.

10 And I got confused and need to  
11 give an apology that I got confused over EMS  
12 week activities. It is the American College  
13 of Emergency Physicians, which I've known  
14 and I was around when they first started EMS  
15 week.

16 So I'm a dinosaur when it  
17 comes to that, but I want to thank them. I  
18 got confused and said, well, maybe it was  
19 American College of Surgeons. But anyway,  
20 Warren Short.

21  
22 MR. PERKINS: All those colleges  
23 run together.

24  
25 MR. BROWN: It was the college

1 thing, yeah. So that -- that's my official  
2 diagnosis.

3  
4 MR. PERKINS: College advisory.

5  
6 MR. BROWN: College advisory. So  
7 Warren, talk.

8  
9 MR. SHORT: Okay. Over the past  
10 year, due to changes in procurement law, we  
11 had to rearrange what we were doing with the  
12 -- the emergency medical services training  
13 funds.

14 And we were going toward a  
15 scholarship program. It was in  
16 collaboration with the Office of Health  
17 Equity. They had a program where they were  
18 doing scholarships for nursing programs.

19 They wanted that to become  
20 electronic. We needed to partner with  
21 someone who knew something about  
22 scholarships, so we partnered. Since that  
23 time -- that started last March.  
24 Unfortunately, today we still do not have a  
25 working document. Because of that -- and



1 the program actually started in the fall of  
2 last year. Because of that, we have severed  
3 the agreement with Office of Health Equity  
4 to produce the scholarship program.

5 And we are going to be taking  
6 that in-house. Also during that time --  
7 excuse me. Also during that time -- I'm not  
8 as energetic as Tim. You know, he's  
9 sometimes a hard act to follow a little bit.

10 I rest my case. So during  
11 that process, we also found that a lot of  
12 the EMS agencies wanted the ability to also  
13 come in for scholarship money.

14 Unfortunately, the scholarship  
15 program -- it was only designed for an  
16 individual, not for an agency. So what we  
17 have decided to do is get our IT team  
18 together.

19 And we are going to be  
20 developing a scholarship program that will  
21 work through the portal. That will be for  
22 individuals who are not affiliated with an  
23 EMS agency in Virginia, for them to be able  
24 to get financial assistance to take training  
25 -- EMS training programs. For those that

1 are affiliated, we are going to also be  
2 designing a grant-type process for agencies  
3 to come in and to be able to get money to  
4 help support members that are with their  
5 agency to take initial certification  
6 programs.

7 That is a very high view of  
8 what we're planning on doing. The current  
9 process that we do have with the Office of  
10 Health Equity will end in June -- at the end  
11 of June.

12 We are doing our last  
13 scholarship process through that group. The  
14 scholarship applications will end in May and  
15 awards will be given out during the June  
16 process.

17 And that's about all I have on  
18 that. If -- I'll be more than happy to  
19 entertain any questions that you have.

20  
21 MR. BROWN: Thank you, Warren.  
22 Mr. Chair, that concludes our report.

23  
24 MR. CRITZER: Thank you very much,  
25 Mr. Brown. Normally we would have a report

1 from the Attorney General, but she could not  
2 be with us today due to commitments  
3 downtown. So we'll skip over to the State  
4 Board of Health report.

5 Our last meeting was on March  
6 the 15th here in Richmond. We did have a  
7 couple of regulatory items that we took  
8 action on.

9 They were related to the  
10 Virginia Cancer Registry and the Vital  
11 Records regulations for Virginia, which we  
12 did approve the modifications to those  
13 regulations.

14 So they'll continue through  
15 the process. Also very importantly, the  
16 Board of Health took a position on Medicare  
17 expansion send -- by sending a letter to the  
18 governor and to the budget conferees  
19 supporting the Medicaid expansion in  
20 Virginia.

21 Our next meeting is in June, I  
22 believe. I don't know the exact date off  
23 the top of my head. June 7th at the  
24 Perimeter Center here in Richmond. The  
25 agenda and such can be located on the

1 Virginia Townhall. Those meetings certainly  
2 are, like any other meeting, open to the  
3 public if you're interested in attending.  
4 Any questions about that? All right. We'll  
5 move on then to Standing Committee Reports.

6 And the first item is the  
7 Executive Committee Report. The Executive  
8 Committee met last Thursday here in Richmond  
9 for a -- about a half-day work shop to try  
10 to get our hands around everything from a  
11 new Board and moving forward with keeping  
12 the forward momentum of the Board.

13 Some of the things we talked  
14 about, very importantly. We asked  
15 Dr. Aboutanos to give us an update on the  
16 work of the ASC task force and where they  
17 were with -- with their project.

18 As you know, that comes out of  
19 a 2015, I believe, report that was received  
20 in September from the American College of  
21 Surgeons who did a comprehensive evaluation  
22 of the trauma system in Virginia, which  
23 generate over 100 specific recommendations  
24 that we needed to consider. This task force  
25 was assembled along with a number of work

1 groups that took literally item by item of  
2 that report and vetted it to determine what  
3 -- what works for Virginia and what doesn't  
4 work for Virginia. And to put together a  
5 plan for moving forward. Part of that plan  
6 is -- it's sort of two-fold.

7 The first part is looking at  
8 insuring adequate representation at the  
9 committee level of the Board and at the  
10 executive level of the Board to insure that  
11 we're truly vetting all the issues related  
12 to -- to our trauma system.

13 There were some  
14 recommendations for change related to the  
15 committee structure of the Board, additional  
16 standing committees that pretty much  
17 parallel the -- the work groups that were  
18 established under the task force.

19 And also, a seat on the  
20 Executive Committee basically creating a new  
21 coordinator's position for trauma and  
22 critical care. Those items are yet to be  
23 vetted and approved at the next TSOM  
24 meeting. Once the TSOM has approved them,  
25 then there will be -- need to be a draft

1 bylaw change made that would then be  
2 presented to this Board. This Board can  
3 modify the bylaws to add additional  
4 committees or to change the composition of  
5 the Executive Committee.

6 Then the Board will need to  
7 get its hands around also looking at  
8 insuring adequate representation for the  
9 trauma system on this Board, which is going  
10 to be a lengthy discussion in -- in how to  
11 do that.

12 I'm sure it will lead to some  
13 -- some maybe special meeting or a retreat  
14 down the road where we can talk about how we  
15 want to see that happen and what needs to be  
16 done to make that happen.

17 Because some of that will  
18 require legislative changes. Along that,  
19 that would fit in with the composition of  
20 this Board and how its met -- made up.

21 We also talked about the  
22 recommendations that came out of House Bill  
23 1728 work group. For those of you who don't  
24 remember that, that was a bill at the  
25 General Assembly that charged the

1 Commissioner with developing a -- a work  
2 group that looked at the air medical program  
3 in Virginia, with everything from dispatch  
4 all the way up through insurance, billing,  
5 etcetera, to try and get -- to get a handle  
6 on some of the issues of concern in the  
7 Commonwealth about the air medical services.

8 That committee put together  
9 its -- its recommendations. I believe there  
10 were five and they were sent back to the  
11 General Assembly at the required date -- or  
12 to the -- to the Commissioner, and  
13 ultimately, to the General Assembly.

14 As you know, there were bills  
15 that came out last year in the General  
16 Assembly in last session related to air  
17 medical. House Bill 777, House Bill 778,  
18 and I believe there was a Senate Bill that  
19 was similar.

20 I just don't remember the  
21 number. Maybe 663 -- was that right, Ed --  
22 related to that. House Bill 777 essentially  
23 got carried over to a committee that will be  
24 reviewing it. So that means that it's  
25 likely that it may come back up next

1 session. The Executive Committee believes  
2 that it's important that we -- we stay  
3 active in working on the issues related to  
4 the work in House Bill 1728, so that will be  
5 moving forward with the Medevac Committee  
6 looking at those items.

7 And trying to -- to make some  
8 recommendations for any improvement or  
9 change. Lastly, I believe someone said it  
10 earlier. It may have been Mr. Winston, I  
11 think, or Mr. Tim Perkins about the EMS plan  
12 that is up for revision over the next year  
13 and due in 2019.

14 This Board ultimately has to  
15 approve that plan. And then it goes up-line  
16 to the Board of Health for adoption at the  
17 Board of Health level. We talked about the  
18 plan and all the things and components that  
19 go in it.

20 One of the discussion points  
21 that came out in the Executive Committee was  
22 taking a look at how we do business on a  
23 regional level. Don't let that create panic  
24 in anybody's eyes. It's just that the --  
25 the regional council system -- and that



1 doesn't mean necessarily the composition,  
2 but more so the work that's done -- has been  
3 in place for well over 30 years. A lot of  
4 what's done is the same as it was done 30  
5 years ago.

6 A lot of the work that's  
7 required in the contract, or now the  
8 agreement, which the agreements are being  
9 re-written.

10 And the Executive Committee  
11 felt it was important -- like everything  
12 else in business, you don't leave things as  
13 status quo forever, is that we compile a  
14 work group involved of regional systems  
15 players, members of this Board to talk about  
16 that and see if there were opportunities for  
17 looking at how things are done on a regional  
18 basis.

19 What -- what really needs to  
20 be done, the work that needs to be done in a  
21 particular region -- maybe a needs  
22 assessment -- to insure that the work that  
23 the regions are doing is work that's truly  
24 benefiting the EMS system in the  
25 Commonwealth. So there's more to come about

1 that. Again, that's not meant to set off  
2 alarm. That's meant to say, this is the  
3 opportunity for the system as a whole to  
4 look at -- to look at that system and talk  
5 about how we do business.

6 And are we doing business  
7 that's benefiting our region or do we need  
8 to look at other alternatives for things  
9 that we need to be doing that we're not  
10 doing. So that's kind of where that goes.

11 Are there any questions about  
12 those things? All right. Moving on then.  
13 The next item on the agenda will be the  
14 Financial Assistance Review Committee  
15 report.

16  
17 MS. DAVIS: FARC had a meeting  
18 yesterday, however, there was no quorum so  
19 we have no action items. We did discuss  
20 some of the issues that are going forward as  
21 far as the grants.

22 Right now, they are reviewing  
23 the June 2018 RSAF grants. There's also two  
24 nasal naloxone grants that are open right  
25 now for special initiatives. The restocking

1 grant is open until June 1st. These are for  
2 agencies that were awarded the original  
3 nasal naloxone grant and they are trying to  
4 replenish their current stock.

5 So that's available right now.  
6 We also have the original nasal naloxone  
7 open and that's open until June 30th of this  
8 year. June 7th and 8th, FARC will be  
9 meeting in Fredericksburg for the awards  
10 meeting.

11 We will no longer have the  
12 public awards meeting on that Friday, which  
13 is the 8th. Instead, we will be conducting  
14 a tour, a FARC tour, in the Rappahannock  
15 region.

16 And we will be conducting our  
17 meeting up there. We'll also elect our new  
18 chair. The grants will be awarded on July 1  
19 of 2018. We also have two members that are  
20 rotating off FARC on June 30th, so you all  
21 will be electing two new FARC members today.

22 And that -- one will be from  
23 the western Virginia EMS region and one will  
24 be the southwest Virginia EMS region. Thank  
25 you.

1                   MR. CRITZER:  If you all reflect  
2                   back to your quarterly report, we are  
3                   charged by the Code of Virginia with making  
4                   appointments to the Financial Assistance  
5                   Review Committee.  There are two members  
6                   that need to be replaced this year.

7                   One appointee will come from  
8                   the Southwest Virginia EMS Council and the  
9                   other from the Western Virginia EMS Council.  
10                  Each council is asked to submit between one  
11                  and three names for us to choose from.

12                  So if you, again, look at your  
13                  quarterly report, you will notice that  
14                  Southwest Virginia EMS Council submitted the  
15                  names of John 'JC' Bolling and Michael  
16                  Armstrong.

17                  And the Western Virginia EMS  
18                  Council submitted the names of L. Joseph  
19                  'Joe' Trigg, John Dale Wagoner and Michael  
20                  Jefferson.

21                  It would be appropriate at  
22                  this time if there's anyone here from any of  
23                  those regions that would like to speak on  
24                  behalf of any of those individuals, or if  
25                  there was any particular preference from

1 those regions in terms of who was chosen for  
2 those seats. If you could come forth and --  
3 and help the Board with this decision.  
4

5 MR. WOODS: Hi. Greg Woods,  
6 Southwest Virginia EMS Council. We did  
7 present two names for your consideration.  
8 In terms of -- both of those, they are  
9 members of my board of directors and  
10 participate on our regional grant review  
11 committee.

12 So I will not offer a  
13 preference, per se. I will say that JC  
14 Bolling has served in our region longer, has  
15 been a long-standing member of our regional  
16 grant review committee, and so, is more  
17 familiar with the process -- perhaps -- and  
18 more familiar with what happens on the state  
19 level.

20 And I believe we provided you  
21 bios as well. Be happy to ask -- to answer  
22 any questions that you have related to  
23 either of those nominations.  
24

25 MR. CRITZER: We'll deal with these

1 one at a time if that's okay. Are there any  
2 questions for Southwest regarding either of  
3 the two candidates? Okay.

4 Then what we need from this --  
5 this group is a motion for one of those  
6 candidates to represent Southwest Virginia  
7 on the FARC Committee. I haven't heard it  
8 this quiet in a long time. Yes.

9  
10 BOARD MEMBER: I move the  
11 nomination of Mr. Bolling to represent --

12  
13 MR. CRITZER: I have a motion for  
14 Southwest for Mr. Bolling. Is there a  
15 second.

16  
17 BOARD MEMBER: I'll second.

18  
19 MR. CRITZER: Is there any further  
20 discussion? Hearing none, all those in  
21 favor, signify by saying aye.

22  
23 BOARD MEMBERS: Aye.

24  
25 MR. CRITZER: Opposed like sign.

1 Mr. Bolling will be the representative from  
2 Southwest Virginia EMS Council. Western  
3 Virginia, Mr. Logan, any comments?  
4

5 MR. LOGAN: Thank you,  
6 Mr. Chairman. I appreciate the opportunity.  
7 The Western Virginia EMS Council board did  
8 present the three nominees in -- in order of  
9 our preference based upon a fairly in depth  
10 discussion by the board.

11 Mr. Trigg, who is our -- our  
12 number one nominee has been with our board  
13 for many years. He's served as an officer.  
14 He's been very involved in other regional  
15 EMS projects over the years.

16 Mr. Wagoner, you'll recall,  
17 was a member of this board for a number of  
18 years representing our council. He is a  
19 deputy county administrator in Henry County.

20 And Mr. Jefferson is a deputy  
21 chief of the City of Danville Fire  
22 Department. All three are very well  
23 qualified. Mr. Trigg, who is the executive  
24 director of the -- the EMS delivery system  
25 in Pulaski County is very interested in

1 serving and he's asked for a number of years  
2 to be considered. So we'd appreciate your  
3 consideration.

4  
5 MR. CRITZER: Thank you, sir. So  
6 the preference from Western Virginia is L.  
7 Joseph Trigg. I'll now open up the floor  
8 for consideration of those three nominees.

9  
10 BOARD MEMBER: Mr. Chairman, I'd  
11 like to make a motion that we accept Joe  
12 Trigg.

13  
14 MR. CRITZER: We have a motion for  
15 Mr. Trigg. Is there a second?

16  
17 BOARD MEMBER: Second.

18  
19 MR. CRITZER: We have a second. Is  
20 there any further discussion? Hearing none,  
21 all those in favor, signify by saying aye.

22  
23 BOARD MEMBERS: Aye.

24  
25 MR. CRITZER: All opposed like



1 sign. Thank you very much. Mr. Trigg will  
2 be the representative from Western Virginia  
3 EMS Council. Thank you to both councils for  
4 your work in providing us qualified  
5 nominees.

6 The next report will be from  
7 Administrative Coordinator, Mr. Henschel,  
8 and Rules and Regulation Committee.

9  
10 MR. HENSCHEL: I have no report as  
11 administrative coordination. I'll defer to  
12 the respective chairs. Rules and Regs  
13 committee met yesterday.

14 We have no action items to  
15 bring before the Board at this time. We did  
16 have an overview of what we accomplished at  
17 our April 3rd work session.

18 All of the items that we're  
19 addressing were outlined in the quarterly  
20 report. Some of the things to highlight are  
21 the Fatigue management, use of red lights  
22 and sirens, mental health awareness. And  
23 those things are being looked at and will  
24 likely be implemented this time around.  
25 Nothing else at this time.

1 MR. CRITZER: Next would be  
2 Legislative and Planning, Mr. Parker.

3  
4 MR. PARKER: Legislation and  
5 Planning met this morning. There was a  
6 lengthy discussion held regarding the  
7 previous legislation session. There were no  
8 actions that came before the committee.

9 There was one information item  
10 that was discussed, the guideline for  
11 reinstatement of EMS providers suspended  
12 because of impairment. That concludes my  
13 report.

14  
15 MR. CRITZER: Infrastructure  
16 coordinator, Ms. Chandler.

17  
18 MS. CHANDLER: I have no report as  
19 the coordinator. I will refer to the  
20 committee chairs. For Communications  
21 Committee, John Korman's not here, so I'm  
22 going to have the report given by Ken  
23 Crumpler from the Office for that committee.

24  
25 MR. CRITZER: Okay. Thank you,

1 first committee, Transportation, Mr. Decker.

2

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MR. DECKER: Thank you,  
Mr. Chairman. On April 23rd, I attended my  
last meeting as chairman of the  
Transportation Committee.

We were, and are still,  
watching the ongoing spirited development of  
the ambulance new build and remount  
specifications. Not much moving in the last  
couple of months, so we moved on.

We reviewed 37 ambulance  
grants and forwarded our opinions onto the  
Financial Assistance Review Committee.

And that is -- 37 is probably  
the lowest number -- one of the lowest  
numbers of ambulance grants, at least, since  
I've been on this time. So, we appreciated  
that.

And this should be my last  
Advisory Board meeting. And so, I just want  
to take the opportunity to thank the members  
of the Transportation Committee that do  
spend the time to look at all the ambulance  
grants. And especially the -- the number of

1 staff it takes from OEMS to keep me in line.  
2 And that's Jimmy Burch, Mike Berg, Amanda  
3 Davis and Marybeth Mizell.

4 Make sure I didn't fly off the  
5 rails, so thank you to all -- all them for  
6 their support over the years. I -- I served  
7 on this Board from 2000 to 2006, and now my  
8 second six years is up.

9 And I just wanted to express  
10 what an honor it has been to serve here.  
11 And I'm not giving this back.

12  
13 MR. BROWN: Thank you. You did me  
14 a favor.

15  
16 MR. CRITZER: Could come in handy  
17 at another time. Thank you, Chip.  
18 Communications Committee.

19  
20 MR. CRUMPLER: All right.  
21 Communications committee met this morning at  
22 0900. We have no actionable items.  
23 Discussion included the VITA next generation  
24 911 deployment plan, how they're moving  
25 forward with that. That was presented by

1 Lewis Cassada with the Virginia Information  
2 Technologies agency. The -- lots of nuts  
3 and bolts with that. A lot of high tech  
4 things to be expected moving forward with  
5 that.

6 A question to him was will  
7 this in any way effect the deliverance of  
8 EMS communications, either through dispatch  
9 or radio communications. And it should be  
10 an invisible transition, as far as we on the  
11 EMS side are concerned.

12 Next up, we spoke with Derrick  
13 Ruble[sp]. He was representing the APCO  
14 ProCHRT committee. APCO ProCHRT committee  
15 has made it their mission to assist with the  
16 education and deployment of emergency  
17 medical dispatch protocols across the  
18 Commonwealth of Virginia.

19 They've -- and I've been  
20 assisting them with that. They've recently  
21 reached out to the City of Franklin down in  
22 southeastern Virginia, who has expressed a  
23 lot of interest in getting those protocols  
24 in place at their location. Along the same  
25 lines, I will be attending the spring MENA

1 [sp] APCO conference next week in Virginia  
2 Beach, and will be attending their all day  
3 meeting on Wednesday to help plan and  
4 coordinate there.

5 Mr. Mike Keith Thomas from the  
6 Department of Emergency Management spoke in  
7 First Net and how it is expanding out. And  
8 pardon me and I defer to my notes. As of  
9 now -- there we go.

10 All 50 states, including the  
11 territories -- territories of Guam and the  
12 Meridian Islands have opted in to the First  
13 Net Plans.

14 As far as the Commonwealth is  
15 concerned, all the Stars frequencies that  
16 were designated for Stars at one time have  
17 now been re-banded.

18 And 75% of them are done and  
19 going to be turned back to First Net efforts  
20 for that inter-operability program there.  
21 In regards to inter-operability, the inter-  
22 operability coordinator position within the  
23 Governor's Office is still vacant at this  
24 time. They have re-advertising and setting  
25 up additional interviews with that. Also

1 within the Office of EMS, I met with  
2 emergency operations manager Karen Owens and  
3 Sam Burnett with our IT group to revamp the  
4 old communications directory.

5 At one time, it was published  
6 as a .pdf that was printable, that anyone  
7 could put on top of their shelf and leave it  
8 there to gather dust. Or put in their  
9 ambulance to be forgotten.

10 So we've decided to move  
11 forward with that and make it a searchable  
12 web page, that all the information you would  
13 need for any particular jurisdiction  
14 regarding their 911 center information, the  
15 agencies that they are responsible for  
16 dispatching out.

17 Any hospital information  
18 within a particular jurisdiction as well as  
19 Medevac information would be searchable on  
20 the OEMS web site from there. So that's  
21 about all that we had and I'll entertain any  
22 questions.

23  
24 MR. CRITZER: Any questions for  
25 Mr. Crumpler? Thank you very much.

1 Emergency Management Committee, Mr. Andrews.

2

3 MR. ANDREWS: Yes, Mr. Chair. The  
4 Emergency Management Committee has one work  
5 session since our last meeting, and also had  
6 a meeting yesterday.

7

8 The work session -- the  
9 purpose of the work session was the  
10 development -- to develop a survey for our  
11 agencies to determine what opportunities and  
12 what gaps exist within our agencies in terms  
13 of resources, training of -- to be able to  
14 respond or handle a mass casualty incident,  
15 a weapons -- an active shooter or high  
16 threat incident, pandemic.

17 And also a large scale or mass  
18 gathering event. So the -- the Committee  
19 worked to get to a survey that should take  
20 about 10 minutes. We're in the final stages  
21 as far as what that's going to be.

22 It's going to be online just  
23 like the pediatric or as close as we can to  
24 the pediatric survey that was sent out to  
25 all the agencies so we can determine where  
the Committee should be working or what --



1 where the focus should be as far as the  
2 Committee is concerned. So it's our goal to  
3 have something out and available sometime in  
4 the -- in the summer for that to be  
5 produced.

6 At the same time in  
7 yesterday's meeting, we had a very spirited  
8 discussion. It was actually a very good,  
9 lengthy discussion as it related to hospital  
10 evacuations.

11 The emergency -- FEMA region  
12 and VDEM are in the process of Atlantic  
13 Fury. Some agencies that may be present may  
14 be involved in that activity that's  
15 occurring.

16 And we're -- what -- day three  
17 or something like that of this horrific  
18 hurricane that is occurring or getting ready  
19 to occur, I should say.

20 However, it -- in the  
21 discussion, it brought itself or lent itself  
22 is -- is hospital evacuation, resources that  
23 would be necessary -- associated with it.  
24 And as a result, we may end up having  
25 another work group maybe look at or work

1 with the Hospital Alliance and -- and have  
2 some discussions as far as roles and  
3 responsibilities as it relates to hospital  
4 evacuations.

5 So like I said, it was a very  
6 good spirited discussion. NFPA 3000, which  
7 is the -- the high threat or active shooter  
8 NFPA standard was adopted and was published  
9 on -- on May 2nd.

10 And for -- it was one of the  
11 fastest documents that was ever put  
12 together. It's really a guideline on to --  
13 on how to handle or how to respond to a -- a  
14 high threat type of -- type of incident.

15 And then last is that, as it  
16 relates to START versus SALT, the -- the  
17 Emergency Management Committee has taken the  
18 position it's also consistent -- allows us  
19 within MUCC, which is the federal  
20 regulation, to adopt a triage system.

21 However, you still need to  
22 talk -- explain or talk about SALT. So  
23 recognizing there's potentially two  
24 different pieces that are out there that in  
25 the MOD I and MOD II of the Emergency

1 Management, we're going to talk about both  
2 programs, but allow the implementation of  
3 the triage to be consistent with whatever  
4 the region or the agency's disaster plans  
5 happens to be, so we can -- you know, again,  
6 educate our providers, especially as it  
7 relates to the educational material of the  
8 national program that is out there.

9  
10 MR. CRITZER: Thank you, sir. Any  
11 questions for Mr. Andrews? Okay. At this  
12 point, I understand we have fresh  
13 refreshments outside. We're going to take a  
14 10-minute break.

15  
16 (The EMS Advisory Board meeting went off the  
17 record at 2:03 p.m., and resumed at 2:23 p.m., and  
18 the Board's agenda resumed as follows:)

19  
20 MR. CRITZER: We're going to take a  
21 deviation from our agenda for just a moment.  
22 During our break, I was made aware of some  
23 sad news. Earlier this afternoon, Jim  
24 Chandler, the executive director Tidewater  
25 EMS Council passed away. He'd been sick in

1 -- in recent times. But he passed away this  
2 afternoon. So please keep his family, the  
3 Tidewater EMS community in your thoughts and  
4 prayers in the coming days as they -- they  
5 handle this untimely death of a true EMS  
6 servant.

7 He'd been with Tidewater --  
8 Rob and I were talking, it's been at least  
9 34-35 years. So again, please keep his  
10 family in your thoughts and prayers. Also,  
11 wanted to just take a real brief moment.

12 We -- VAVRS has a new  
13 executive director that's here with us  
14 today, Matt Henke. And Gary, if you'd like  
15 to introduce him.

16  
17 MR. DALTON: The guy sitting right  
18 here is Matt Henke. The VAVRS and -- took a  
19 -- took a route with the support of our  
20 board of governors, after many years.

21 We've actually been talking  
22 about this hire since 1979. And you know us  
23 good old boys don't move real fast. But in  
24 -- in our defense, the work that needs to be  
25 done by the VAVRS has become very daunting.

1 And we need some everyday leadership,  
2 everyday direction. And we chose Matt Henke  
3 who will tell you about himself. He hails  
4 from this area.

5 And he came to our Camperee  
6 [sp] last weekend and everybody really  
7 enjoyed the service. He started just a  
8 couple of weeks ago.

9 And Cathy has shown him all  
10 the ropes and we are -- we're excited about  
11 things in the future, and the strategic plan  
12 that the VAVRS will be able to implement and  
13 take care of. Matt.

14  
15 MR. HENKE: Thanks. Well, I --  
16 just excited to be here and serving this  
17 great organization. And looking forward to  
18 providing some -- some leadership and -- and  
19 moving things forward. So thank you for  
20 having me today and thank you for  
21 introducing me.

22  
23 MR. CRITZER: Welcome and we're  
24 glad to have you as part of our EMS system.  
25 Thank you. And last but not least, I've

1           been made aware that there is some news  
2           footage that needs to be shared with us this  
3           afternoon about one of our EMS providers  
4           through VAVRS.  Somebody's got that queued  
5           up I understand to play it, is that right?  
6           Let her roll.

7

8                   (Video of news story about Bubby Bish played  
9 for Board and gallery at this time.)

10

11                   MR. CRITZER:  Thank you for  
12           indulging us.  Bubby served on this Board.  
13           He's also a life member of VAVRS.  Has  
14           certainly contributed to Virginia EMS system  
15           well.

16

17                   So when you see Bubby,  
18           congratulate him and thank him for all of  
19           his years of service.  Next on the agenda is  
20           returning to committee reports.

21

22                   Professional development  
23           coordinator would've been Ron Passmore.  
24           That position is currently vacant.  So we'll  
25           go straight to the Training and  
                Certification Committee.

1 MR. R. J. FERGUSON: So TCC had no  
2 actionable items, but I would like just to  
3 point out the fact that the VCCS had a work  
4 group. And that work group has re-written  
5 the paramedic curriculum.

6 So several programs that kind  
7 of follow the VCCS model for -- for credits  
8 and things like that, that was approved by  
9 the Dean's Review Committee April the 19th  
10 through the VCCS.

11 So any information that you  
12 all would like with that, feel free to  
13 contact me and I'll feel free to -- I'll  
14 pass it along to you.

15  
16 MR. CRITZER: Thank you, sir.  
17 Workforce Development, Mr. Salazar.

18  
19 MR. SALAZAR: Thank you, Mr. Chair.  
20 Officer I class, their next class will be at  
21 Rescue College. And then after that,  
22 they'll be one in Symposium. We're hoping  
23 that sometime between June and November that  
24 we will be able to formally release the  
25 program. We're still working on trying to

1 get some logistical items. But other than  
2 that, it seems to be moving forward. And  
3 then we'll begin on work -- after that,  
4 we'll begin working on Officer II.

5 As far as Standards of  
6 Excellence go, this week Hampton was just --  
7 had a site visit and was awarded a Standard  
8 of Excellence. And we have a few others  
9 that are in the pipeline.

10 So again, wanted to encourage  
11 everyone to try to push to complete the  
12 Standard of Excellence program. It's a good  
13 way to get -- to see where you're at as far  
14 as the things that you're doing, as far as  
15 your agency.

16 And for the most part, a lot  
17 of you are doing that. It's just good to  
18 get an outsider to come in and say, hey,  
19 yeah. You're doing a great job.

20 The good thing, also, is for  
21 those that might need some help, you know,  
22 we're also working on a plan to be able to  
23 get that help to you, identify resources to  
24 helping agencies that might need some help  
25 to be brought up to speed. So continue to



1 move forward with that. Recruitment and  
2 retention network, their next meeting is on  
3 May 18th at Ashland Fire Company.

4 And they're going to have a  
5 guest speaker talking about outside of the  
6 box recruitment. So you should've received,  
7 through various means, the flier to register  
8 for that.

9 And their next meeting will be  
10 on October 5th and 6th in Charlottesville  
11 after that. The other thing that the  
12 Workforce Development Committee is working  
13 on is on a provider survey.

14 And I know we get tired of  
15 hearing about surveys. But this one has to  
16 deal with demographics. This was identified  
17 through the EMS state plan.

18 And we need to have a better  
19 understanding of the demographics of our  
20 providers and how we can help with -- this  
21 will help with recruitment.

22 Because one of the things that  
23 we have is we are able to identify where our  
24 providers live. But that doesn't say where  
25 they work. And so that becomes more of a --

1 inconsistent data that we have. So we're  
2 trying to work that and looking at the  
3 mechanism to deliver that. It probably will  
4 be tied to the recertification.

5 So when you go into your  
6 portal to recertify, you'll be asked to do  
7 this quick survey. So obviously, it's a  
8 long term project to get this done. But  
9 we're trying to move that to get some more  
10 information. That concludes my report.

11  
12 MR. CRITZER: Thank you, sir.  
13 Provider Health and Safety, Mr. Wildman.

14  
15 MR. WILDMAN: If you recall from  
16 our last meeting, the Provider Health and  
17 Safety was going to develop a work group to  
18 talk about provider addiction in EMS. And  
19 we held our first meeting probably about two  
20 or three weeks ago.

21 And we realized and kind of  
22 re-grouped and determined that there are a  
23 lot of -- not a lot -- there are other  
24 committees that are working on this avenue,  
25 such as Medical Direction, Rules and Regs

1 and Legislation. So we decided to re-group  
2 the focus of our work group for provider  
3 addiction to focus on gathering information  
4 and resources as it relates to provider  
5 addiction.

6 And that our work group will  
7 continue to work with the other committees  
8 as they work on some solutions and  
9 resolutions to the provider addiction in  
10 EMS.

11 Our next work group meeting is  
12 going to be held July 26th at the Office of  
13 EMS at 9:30 in the morning. And we  
14 encourage any other committee members or  
15 anybody in the public that wants to  
16 participate with their input.

17 OEMS continues to work on a  
18 mental health awareness campaign. And  
19 there's a video in the works, 60 cent --  
20 60-second or maybe a little bit longer video  
21 that is going to be in production.

22 And the climax of that will be  
23 shown at Symposium. And thereafter, that  
24 video and other resources will be available  
25 for EMS agencies throughout the Commonwealth

1           regarding mental health awareness. The  
2           Office shared a copy of the guide -- it's  
3           called a Guide for Developing an EMS Safety  
4           Program.

5                         That's something that we've  
6           all talked about for quite some time. And  
7           this is something that's been published by  
8           the National EMS Safety Council. So we  
9           didn't really have to re-invent the wheel.

10                        But this safety program and --  
11           is a guide for EMS agencies to either  
12           implement that, put that in place as  
13           available.

14                        And we certainly want to help  
15           utilize that with any agencies across the  
16           state that need to put a safety program in  
17           place.

18                        The Committee voted on and  
19           approved the accreditation for the  
20           Chesterfield County Police Department for  
21           this CISM program. So congratulations to  
22           them on getting that. And that concludes my  
23           report.

24  
25

MR. CRITZER: Thank you, sir.

1 Patient Care Coordinator, Dr. Aboutanos.

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DR. ABOUTANOS: Thank you,  
Mr. Chair. I will refer to the various  
committee chairs to give their report. But  
I also take the privilege to give the TSOMC  
report at this time.

So the TSOMC met on March 1st.  
Significant amount of work has been -- as  
you all are aware, focus on the Trauma  
System Development plan.

The Trauma System task force  
gave its final report basically to the TSOMC  
and now the TSOMC, when it meets in June,  
will need to vote on this final plan that  
was developed.

To give you a quick update,  
this is a -- going to be an extensive plan.  
It is based on the HRSA public health model  
approach. It's an integrative plan. It is  
based on pre-injury injury.

So a pre-injury, then  
pre-hospital, then hospital, then post-  
acute. So it's a very extensive public  
health approach to trauma system management.

1           So this -- this is -- this would be very  
2           important year for us to -- to decide  
3           whether Virginia's going to be able to have  
4           a trauma system plan that is integrative  
5           with the current TMS system plan.

6                         And the -- just give you a  
7           quick aspect and, again, I would thank Tim  
8           Erskine for putting the report -- it's about  
9           84 pages, very extensive. But in the past  
10          two years, it's a quick summary.

11                        The task force have met 10  
12          times. The various work groups that have  
13          worked under the task force cumulatively  
14          have met 99 times. So this has been  
15          extensive amount of work.

16                        So this Board should be able  
17          to hear about this report in the August  
18          meeting. That concludes my -- my report.

19  
20                        MR. CRITZER: Thank you,  
21          Dr. Aboutanos. I'd like to echo some of his  
22          comments in terms of the amount of work that  
23          has went in to the Trauma System task force  
24          and the work groups over the last two years  
25          has been significant. Thank you for your

1 leadership as this comes to a helpful  
2 conclusion. I think we'll come out with a  
3 really good product once you guys finish  
4 with it.

5 So thank you for all your  
6 diligence. Next would be Medical Direction  
7 Committee, Dr. Dodd.

8  
9 DR. DODD: We met on April 5th. We  
10 have one action item, the revisions to the  
11 scope of practice that can be found in  
12 Appendix A in the quarterly report.

13  
14 MR. CRITZER: Okay. So we have an  
15 action item from the Medical Direction  
16 Committee to accept the revisions as  
17 reported in the Virginia Scope of Practice  
18 model revision dated April 5th, 2018.

19 Coming from a committee, it  
20 requires no second. Is there any  
21 discussion?

22  
23 MR. WILDMAN: From the Virginia  
24 Ambulance Association, we had some  
25 discussions regarding the formularies. And

1 we have some concerns regarding the -- the  
2 Propofol -- the removal of Propofol as a use  
3 for EMT Intermediates, and how that may  
4 impact EMS in general, and the non-emergency  
5 world and other aspects of EMS.

6 So we circle back with some of  
7 the folks at Medical Direction -- the  
8 Medical Direction Committee. And we would  
9 like to offer a friendly amendment to that  
10 motion to continue to allow the use of  
11 Propofol by EMT Intermediates and have the  
12 issue addressed at the next scheduled  
13 Medical Direction Committee meeting for  
14 review.

15  
16 MR. CRITZER: So we have a friendly  
17 amendment to that motion to allow for the  
18 continued use of Propofol until which time  
19 Medical Direction can meet.

20  
21 MR. WILDMAN: To continue to allow  
22 the use of Propofol by EMT Intermediates.

23  
24 MR. CRITZER: Until the next  
25 meeting of --



1 MR. WILDMAN: And have the issue  
2 re-addressed at the next scheduled Medical  
3 Direction Committee.

4  
5 MR. CRITZER: Is the -- will group  
6 to accept that of a friendly amendment? Is  
7 there a motion to accept that?

8  
9 BOARD MEMBER: I'll second it.  
10 It's a motion, right?

11  
12 MR. CRITZER: Yes.

13  
14 BOARD MEMBER: I'll second it.

15  
16 MR. CRITZER: Any discussion on the  
17 amendment? Hearing none, all those in favor  
18 signify by saying --

19  
20 BOARD MEMBER: I have one.

21  
22 MR. CRITZER: Yes, I'm sorry.

23  
24 BOARD MEMBER: Are these patients  
25 intubated? Are their ventilations

1 controlled?

2

3 MR. CRITZER: I can't answer that  
4 question. Dr. Lindbeck, would you weigh in  
5 on this?

6

7 DR. LINDBECK: Yeah, if I could  
8 interject. So yes, this is primarily  
9 Propofol infusion used for maintenance of  
10 sedation. Medical Direction Committee  
11 reviewed that in January and then in April.

12 And the decision, at that  
13 point, was to remove it from the  
14 Intermediate scope and keep it in the  
15 paramedic scope of practice.

16 So the issue of concern is  
17 continued use by Intermediates of bolus and  
18 infusion Propofol.

19

20 DR. ABOUTANOS: Can you clarify why  
21 it was removed? Why was there a concern  
22 that Intermediates should not be able to use  
23 it, but the full paramedic can?

24

25 DR. LINDBECK: It wasn't that it

1 can't be used. It -- it moved it into the  
2 domain of the paramedic.

3  
4 DR. ABOUTANOS: I know -- I know  
5 the process, but I'm still asking for the  
6 reason for that.

7  
8 DR. LINDBECK: The consensus  
9 opinion was that patients requiring that  
10 level of care required the breadth of  
11 knowledge and training of a paramedic rather  
12 than an Intermediate.

13  
14 DR. ABOUTANOS: So -- if you don't  
15 mind, so that's a safety concern. So if you  
16 go back to Mr. Wildman, why would -- why  
17 would you like to be put back in?

18  
19 MR. WILDMAN: Well, we just want  
20 the opportunity to go before the Medical  
21 Direction Committee to address the impact of  
22 how it effects the current EMS system and  
23 the non-emergency realm that we're all faced  
24 with right now. It will have -- if this  
25 changes, it will have a significant impact

1 on the agencies that are providing that  
2 service. And the level of resources being  
3 able to -- to be able to do that.

4  
5 MR. CRITZER: Is there any further  
6 discussion on the amendment? Dr. Bartle.

7  
8 DR. BARTLE: Is there -- what are  
9 the current guidelines besides being allowed  
10 to be used as a -- with an Intermediate  
11 paramedic? What are the -- what uses are  
12 they --

13  
14 MR. CRITZER: Dr. Lindbeck.

15  
16 DR. BARTLE: For kids,  
17 particularly.

18  
19 DR. LINDBECK: So the scope of  
20 practice is not a patient care guideline or  
21 a protocol. It -- it simply describes  
22 maximum practice levels at each  
23 certification level. So what this would  
24 establish a ceiling, if you will, and limit  
25 the use of Propofol. For -- for the

1 audience who may not be familiar, Propofol  
2 is a[n] emulsified medication that looks  
3 white in the IV bottle.

4 It is classified as an  
5 anesthetic and is used primarily for --  
6 well, it's used as an induction agent in the  
7 operating room. And for rapid sequence  
8 intubation, it is used for procedural  
9 sedation in the emergency department.

10 And it's also frequently used  
11 to maintain sedation for patients who have  
12 been intubated and placed on a ventilator.  
13 So the scope of practice document doesn't  
14 talk about how it's used, but it talks about  
15 what certification level is able to use it,  
16 if that makes sense.

17  
18 DR. BARTLE: A follow up question.  
19 What problems have we seen with  
20 Intermediates using it or problems in  
21 general with Propofol use in the field? Do  
22 we know?

23  
24 DR. LINDBECK: We don't.  
25

1 MR. CRITZER: Other questions?

2

3 BOARD MEMBER: Mr. Chair?

4

5 MR. CRITZER: Yes.

6

7 BOARD MEMBER: So I'd just like to  
8 point out for the Intermediate versus the  
9 paramedic, I think some of the concern that  
10 was discussed at that meeting, as I sat  
11 through that, was -- you know, the potential  
12 for the precipitous drop in blood pressure,  
13 the hemodynamics of using Propofol.

14 But Intermediates also have  
15 many other options that they can use. They  
16 can use other benzodiazepines, they can use  
17 opioids. They can use Ketamine. So they  
18 still have those. Propofol's not the only  
19 choice that's there.

20 So by eliminating that, it  
21 doesn't eliminate the ability for them to  
22 transport. They would just have to work  
23 with the health care systems to change over  
24 the medications to be transported with.

25

1 MR. WILDMAN: I think we understand  
2 those opportunities. I think that we just  
3 want the opportunity to go back before the  
4 Medical Direction Committee.

5 And we understand this -- this  
6 change is coming out of mid-air, really, and  
7 has a little bit more of an impact in that  
8 non-emergency world other than in the 911  
9 scope that most people are -- are used to.

10 So we -- we just want the  
11 opportunity to go back before the Medical  
12 Direction Committee, present that, work  
13 through some of those challenges.

14 And if the Medical Direction  
15 Committee comes back and -- and still holds  
16 firm that they want to change that, we'll  
17 certainly agree to that.

18 We just want the opportunity  
19 to go before the Committee to be able to  
20 support that.

21  
22 DR. ABOUTANOS: I just want to echo  
23 what Dr. Bartle said. I hope we move  
24 towards the evidence-based practice. So if  
25 there is a -- if you -- I hope the

1 presentation's going to be with regard to  
2 its current use, what issues have we had  
3 with it, how often it's been used, what's  
4 the experience and be able to go back and  
5 say, this is the reason why we would like to  
6 have it changed, versus the non-evidence.

7 Unless there is clear one.  
8 You know, I think that should probably be  
9 re-dictating where we practice currently no  
10 matter where in the State of Virginia.

11 That when we make changes,  
12 they are based on specific QI issues,  
13 specific actual documentation. I think that  
14 would put us at a different level of -- of  
15 -- that would justify our action for the  
16 betterment of the -- of the -- basically of  
17 our own patients.

18 So I hope that becomes that  
19 kind of discussion. I think that's what  
20 basically what Sam was referring to -- or  
21 Dr. Bartle was is that anyone like us who  
22 are not involved, you know -- or more like  
23 me in the hospital-based. When I hear that,  
24 the first thing I hear is there is an issue.  
25 Someone -- something went bad, you know.



1 And there's a QI issue and there's data.  
2 And now there's a pattern. And therefore,  
3 now that there is, Medical Direction  
4 Committee saying, hey, let's be careful  
5 here.

6 Is -- is that what happened?  
7 Because this is -- that's actually what went  
8 through my head. I'm sure the same thing  
9 went through Dr. Bartle's head as far as  
10 making a change with regard to this. So...

11  
12 MR. CRITZER: I'll refer back to  
13 Dr. Dodd and to Dr. Lindbeck if there were  
14 specific concerns as to why this needed to  
15 be done.

16  
17 DR. DODD: There were specific  
18 concerns in the fact that Propofol  
19 oftentimes causes hypotension. So there  
20 were some concerns from some of the trauma  
21 staff that they had received patients at  
22 tertiary care centers that were hypotensive  
23 that had been transported on Propofol drips.  
24 And I don't have any specifics, but that was  
25 the overall concern from trauma.

1 DR. LINDBECK: And I think it's  
2 worth putting this in the -- the larger  
3 context of a desire to better describe how  
4 and who is doing -- how we're doing and who  
5 is performing critical care in a facility  
6 transport.

7 And what we think that the  
8 level of -- of training and certification  
9 needs to be for that. We -- as -- as it  
10 came out in the ACS survey, we don't really  
11 have as good a handle on that as we ought  
12 to.

13 And some of this is -- it's an  
14 evolutionary process in further describing  
15 -- better describing how we perform some of  
16 those transports of really significantly ill  
17 and injured people.

18  
19 MR. DECKER: Mr. Chairman --

20  
21 MR. CRITZER: If I could, I  
22 understand -- be right with you, Chip. I  
23 understand that Dr. Yee, who serves on  
24 Medical Direction, may have some comments he  
25 would like to inject in this. You got

1 drafted, step up.

2

3 DR. YEE: I don't disagree that  
4 Propofol carries the, you know, the  
5 potential for hypotension, especially, you  
6 know, in hypovolemic patients. Like  
7 Dr. Aboutanos, I have seen that many times  
8 working in the trauma center.

9 I think it is -- it would be  
10 an opportune time for us to do due  
11 diligence, work with our other stakeholders  
12 through Medical Direction Committee and come  
13 up with a consensus that's workable for all  
14 parties.

15

16 MR. CRITZER: Thank you. Sorry you  
17 got drafted. Mr. Decker.

18

19 MR. DECKER: Maybe I can make this  
20 a little simpler. Motion to continue this  
21 to the next meeting. Maybe we'll do an  
22 impact study and sort this out and get some  
23 data.

24

25 MR. CRITZER: We have a -- we got

1 to deal with the motion that's on the floor  
2 first. We have a motion and a second for  
3 the friendly amendment to allow EMT  
4 Intermediates to continue to use Propofol  
5 until which time they can approach the  
6 Medical Direction Committee. So we got --  
7 we have a motion and a second that we've got  
8 to deal with first.

9  
10 MR. DECKER: Are you sure?

11  
12 MR. CRITZER: I think. I don't  
13 know. I lost track. Actually, you're  
14 amending it again.

15  
16 MR. DECKER: No, I'm just putting  
17 it to bed until next quarter, the whole  
18 thing.

19  
20 BOARD MEMBER: What you plan on  
21 doing is tabling -- what you're asking is to  
22 table the issue to the next meeting. Is  
23 that essentially what you're asking to do?

24  
25 MR. DECKER: That -- that would do

1 it.

2

3

BOARD MEMBER: A motion to table --

4

5

6

MR. CRITZER: It does, you're  
right. Okay, sorry. Okay, you win. So we  
have a motion to table. Is there a second?

7

8

9

BOARD MEMBER: Second.

10

11

12

MR. CRITZER: Any further  
discussion? Hearing none, all in favor,  
signify by saying aye.

13

14

15

BOARD MEMBERS: Aye.

16

17

18

MR. CRITZER: All opposed. Thank  
you. Anything else from Medical Direction,  
Dr. Dodd?

19

20

21

DR. DODD: I don't have anything  
else to report.

22

23

24

MR. CRITZER: Medevac Committee,  
Mr. Ferguson.

25

1 MR. J. D. FERGUSON: Yes, sir. We  
2 met yesterday morning. Most of our  
3 discussion revolved around next steps in  
4 trying to address some of the  
5 recommendations from House Bill 1728 as well  
6 as discussion on the previous legislative  
7 session. No action items.

8  
9 MR. CRITZER: Thank you, sir. EMS  
10 for Children, Dr. Bartle.

11  
12 DR. BARTLE: We were unable to meet  
13 on our last meeting on April 5th because of  
14 spring break and like all true kid-related  
15 activities, we're all on spring break.

16 We do have a report that we  
17 received, basically the four-year extension  
18 for the State partnership grant through EMS  
19 that began April 1 and will go through March  
20 of 2022.

21 With that, we actually found  
22 that there was a little better funded than  
23 we expected. Which we'd like to thank the  
24 Board and the people on it for support. And  
25 that we sent a -- the Congressional

1 delegates that it was a necessary and  
2 essential item to do. We're working on the  
3 inter-facility transfer guidelines and  
4 agreements between hospitals for pediatric  
5 patients.

6 And we have completed the  
7 coordination of pediatric care and the use  
8 of pediatric-specific equipment surveys.  
9 For the new grant, if you look -- I'll refer  
10 you to the report and some of the proposed  
11 ideas that will be done under the -- the  
12 funding of the new grant. That's it.

13  
14 MR. CRITZER: Thank you, sir. With  
15 that, now there will be a report, Regional  
16 Council Executive Directors.

17  
18 MS. CHANDLER: Good afternoon,  
19 Mr. Chairman. The Regional EMS Council of  
20 Executive Directors was able to carry out  
21 its regularly scheduled quarterly business  
22 meeting. We have no action items for the  
23 Board. We had a number of items on our  
24 agenda that we worked through including  
25 success with the new online short forms for

1 -- for receiving EMS award nominations. And  
2 we continue to work with the Office of EMS  
3 on the next generation of regional services  
4 contracts. Mr. Chairman, that ends our  
5 report unless anyone has any questions.  
6

7 MR. CRITZER: Thank you very much.  
8 The next item on the agenda is public  
9 comment. During public comment period, we  
10 follow the VDH Board of Health guidelines  
11 which allows for a total of three minutes of  
12 public comment.

13 And the Board does not  
14 respond, we simply receive the comment. Is  
15 there anyone here that would like to present  
16 to the Board? If you'd please come to the  
17 mic and state your name for the record,  
18 please.  
19

20 MS. MOORE: Yes, my name is Linda  
21 Moore. I have -- I will not take up time to  
22 read my prepared comments for today. I have  
23 provided you with a copy. You should have  
24 them in front of you. Let me try to make it  
25 clear as possible to you the issue that



1 brings me here today. It is the current  
2 2018 ODEMSA protocols. It's hypoglycemia.  
3 These -- these current protocols leave a  
4 whole population of Virginia citizens with  
5 Type I insulin dependence at risk by not  
6 addressing one, the reason for their  
7 hypoglycemia.

8 Which in my case is an  
9 insulin coma and an insulin reaction. And  
10 two, the appropriate way to treat that  
11 patient. Type I insulin-dependent diabetics  
12 in the US are on the rise.

13 The CDC reports an alarm --  
14 are alarming for Virginians. And you don't  
15 have to take my word. Just go on the CDC  
16 web site and see for yourself. Children as  
17 young as 18 months are being diagnosed.

18 New technology like insulin  
19 pumps and continuous glucose monitors are  
20 making it possible -- and medicine, of  
21 course, like Glucagon are making it possible  
22 for us to live normal lives. However,  
23 protocols like -- currently like the  
24 protocol 3.8 for hypoglycemia makes it so  
25 that instead of being able to have this

1 life-saving medication, I am subjected to  
2 Dextrose 10 that, in fact, leaves me unable  
3 to see, vomiting profusely for three days,  
4 into diabetic ketoacidopolis [sic], which  
5 means my blood sugar was over 600 and  
6 wouldn't even be -- wouldn't even be able to  
7 be registered on my meter, my average meter.

8 And then, after I got through  
9 that, I -- I ended up back in the hospital  
10 ER with hypoglycemia again because I had to  
11 take insulin to bring down -- treat my DKA.  
12 This is -- this is -- I'm sorry. Could you  
13 please allow me a few more minutes? This is  
14 very important.

15  
16 MR. CRITZER: Excuse me. Only on  
17 the direction of the Board. Are you willing  
18 to allow her to continue or -- what's the  
19 will of the group?

20  
21 BOARD MEMBER: I'd say yes.

22  
23 MR. CRITZER: We can allow another  
24 three minutes.

25

1 MS. MOORE: Patient -- patients  
2 like me are dependent on being able to have  
3 this medication. I am not asking you to do  
4 -- give special treatment to me.

5 I have gone through great  
6 efforts to documents that I have this --  
7 this disability. I have gone to my -- my  
8 town and -- and registered as a diabetic.  
9 But gosh, I can't afford to die.

10 You know, I have all this -- I  
11 have two disabled -- I have -- all I need --  
12 I got a note from my doctor. Please don't  
13 let me die or go into a coma. Thank you.

14  
15 MR. CRITZER: Are there other  
16 comments?

17  
18 MS. HENDY: My name is Patricia  
19 Hendy and I would like to -- to speak on the  
20 same matter. I'm here to speak on behalf of  
21 the Type I diabetics dependent on insulin  
22 pumps or insulin, and whose first responders  
23 are directed to administer 10% dextrose by  
24 protocol. In spite of the fact that they  
25 might have a Glucagon kit on their bodies

1 they're -- they're instructed, because of  
2 the protocol under 3.8, adult general  
3 medical emergencies and medical devise,  
4 diabetic and hypoglycemia states, give  
5 dextrose 10% by protocol.

6 To administer 10% dextrose to  
7 certain patients on Glucagon pump or -- can  
8 result in catastrophic consequences, which  
9 you've just heard.

10 Within hours after  
11 administration of the dextrose, additional  
12 complications bring certain of these  
13 patients back to the hospital.

14 Many of these victims carry  
15 the kits on them, which EMS do not use in  
16 lieu of the directive to administer 10%  
17 glucose following the written protocol.

18 And so I'm asking you as a  
19 group to please form a work group to examine  
20 what changes in the protocol 3.8 can be made  
21 to accommodate the needs of this specific  
22 population, and to move forward to implement  
23 the changes necessary for the safety and  
24 care of this growing number of patients in  
25 the Commonwealth of Virginia under your

1 care. Thank you very much.

2

3 MR. CRITZER: Thank you very much.  
4 Are there others? Yes, ma'am.

5

6 MS. ATWOOD: Yes. My name is  
7 Bonnie Atwood. And I'm not going to take  
8 three minutes. I'm just going to reinforce  
9 what these two ladies said. Mrs. Moore is a  
10 very dear friend of mine.

11 I've lived through the anxiety  
12 with her, seen the adverse effects. I'm  
13 concerned that I have not seen data  
14 following up how many people get adverse  
15 effects like hers.

16 A report I read said that  
17 people don't, and I know people do. And I'm  
18 worried about the situation. I'm worried  
19 about not only Mrs. Moore, but other people  
20 that have this type of diabetes.

21 And so I hope that the subject  
22 will stay alive in this Committee. Thank  
23 you.

24

25 MR. CRITZER: Thank you very much.

1 Are there any others to come before the  
2 order this afternoon? Any other public  
3 comment? Okay, we'll close the public  
4 comment period. Is there any unfinished  
5 business to come before the Board?

6 Hearing none, we'll move to  
7 new business. Is there any new business to  
8 come before the Board? There's none on the  
9 agenda. Any new business to be presented to  
10 the Board. Hearing none -- I'm sorry.

11  
12 GALLERY MEMBER: So I'd just like  
13 to say that the -- what the Office of EMS  
14 does is fabulous. I normally dread --  
15 dread, dread, dread -- recertifying my  
16 paramedic.

17 It takes hours because you  
18 have to put in each class individually.  
19 It's just a very time-consuming process.  
20 And I even had to call my deputy chief and  
21 say, are you sure I did this right, because  
22 it took less than five minutes. I  
23 understand it was a -- it was a village that  
24 took to get that done. And I just want to  
25 say from every EMS provider, that is just a

1 wonderful change and just delightful. And I  
2 will no longer dread get -- doing my  
3 National Registry again. Thank you all for  
4 -- whoever in the Office had something to do  
5 with that.

6  
7 MR. CRITZER: Thank you for that  
8 acknowledgement. Other items to come before  
9 the Board? Hearing none, we'll be adjourned  
10 until our August meeting. Thank you.

11  
12 (The EMS Advisory Board meeting concluded at  
13 3:02 p.m.)

14  
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25

## 1 CERTIFICATE OF THE COURT REPORTER

2  
3 I, Debroah Carter, hereby certify that I was the  
4 Court Reporter at the Board meeting of the STATE EMS  
5 ADVISORY BOARD, heard in Glen Allen, Virginia, on May 4th,  
6 2018, at the time of the Board meeting herein.

7 I further certify that the foregoing transcript  
8 is a true and accurate record of the testimony and other  
9 incidents of the Board meeting herein.

10 Given under my hand this 25th of May, 2018.

11  
12  
13  
14 

15 Debroah Carter, CMRS, CCR  
16 Virginia Certified  
17 Court Reporter

18 My certification expires June 30, 2018.  
19  
20  
21  
22  
23  
24  
25