

State EMS Advisory Board
Executive Committee Meeting
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059
April 26, 2018
9:30 a.m.

Members Present	Members Absent	Staff	Others
Gary P. Critzer, Chair Central Shenandoah EMS Council Board of Health – EMS Representative		Gary R. Brown	
Christopher L. Parker, Vice Chair Virginia Emergency Nurses Association/Virginia Nurses Association		Cam Crittenden	
Michel Aboutanos, M.D. American College of Surgeons		Scott Winston	
Dreama Chandler Virginia Association of Volunteer Rescue Squads		Adam Harrell	
Jon Henschel Lord Fairfax EMS Council		Ronald Passmore	
		Wanda Street	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Welcome and Introductions	The Chair, Gary Critzer, called the meeting to order at 9:41 a.m. No introductions were necessary, as there were no guests. Mr. Critzer congratulated Mr. Passmore on his new job at the Office of EMS.	
Approval of the Agenda	The committee approved the draft agenda as submitted.	
Approval of the minutes of the February 1, 2018 meeting	The committee approved the draft minutes from the February 1, 2018 Executive Committee meeting as submitted.	
OEMS and Division Updates	Mr. Brown stated that Adam Harrell is downtown and will join the meeting at about 11:00 a.m. <u>Regulations and Compliance</u> – Mr. Brown welcomed and congratulated Mr. Ron Passmore on being the top candidate for the Regulations and Compliance Division Manager position. He is sure to do well with his background, experience, knowledge and skill level.	

There are some personnel changes in the Trauma Division that Cam will discuss later.

Division of Educational Development - Chuck Faison who was with the Division of Educational Development has been offered and has accepted a job with Dominion Energy in their training division, which is more in line of what he wants to do. Mr. Brown spoke briefly about the EMS Training Fund transition and will let Mr. Harrell expand on the EMS Training Fund when he arrives. Mr. Scott Winston stated that the majority of the funding requests are coming from the Intermediate Paramedic Training program from the Roanoke area. There is a concern of ensuring that the funds go to the area where it is most needed. This topic came up when we met with Dr. Melton last week.

Emergency Operations – Karen Owens is out of the office today but there are a few changes in Emergency Ops. Winnie Pennington will retire effective June 1 and Ken Crumpler will retire at the end of the year.

VDH Administration and Leadership – Dr. Levine has resigned as the Commissioner of the Health Department a couple of weeks ago and Dr. M. Norman Oliver has been appointed the Acting Commissioner. He was the Deputy Commissioner for Population Health and came from UVA about 5 or 6 months ago. Dr. Melton, who was the Chief Deputy Commissioner of the Health Department, has been appointed by the Governor to be the Commissioner of the Department of Behavioral Health and Developmental Services. Mr. Brown also stated that his counterpart, Mr. Eric Bodine, of the Office of Licensure & Certification has been reassigned to a division manager role in that office, ~~which is a step-down division manager role.~~ The head of the Office of Financial Management, Ms. Beth Franklin, has retired. There are a lot of unknowns in the Health Department at the moment.

In the quarterly report, there is legislation to give assignments concerning stroke center designation. Ms. Camela Crittenden stated that there are language changes to recognize stroke centers. [The bills added the American Heart Association to the list of entities authorized to provide certification of such hospitals. She feels that in the next 2-3 years there will be stroke designation. They are now recognizing Virginia as a designating body.](#) Mr. Brown also stated that in the quarterly report as part of the state budget ~~deal~~ each year, there is a

requirement to provide a trauma center fund report to the VDH Administration. This is due to the Commissioner by August 15th and then to the Secretary and then it goes to the General Assembly. This is an on-going annual report. Per Mr. Brown there were also a couple of bills dealing with mental health training for firefighters and EMS providers. We are already meeting that requirement through our current curricula and this will not require anything further. Mr. Scott Winston said that draft language will be added to the EMS regulations to capture components mentioned in the legislative bills. Mr. Brown stated that there were a couple of bills that dealt with Medevac services. Mr. Winston explained that we have to provide a good faith estimate of the range of typical charges for out-of-network air transport services provided in the geographic area in which the patient is being transferred. We are supposed to make this available to the medical facility and they are supposed to share this information with the patient before a decision is made about how they are going to be transferred from one medical facility to the other. As of now, we do not have to organize a legislative workgroup. HB777 will be back in the General Assembly next year. The committee discussed Medevac being proactive on this by creating a white paper or some other initiative before the 2019 General Assembly. We need to task the Medevac Committee to look at this issue and come up with recommendations to prevent this from occurring again. Ms. Crittenden suggested asking Delegate Ransone's staff member, Ms. Emily, to attend the Medevac Committee meeting to discuss and address the issues and weigh the pros and cons. The committee feels that this is a good idea.

Community Health & Technical Resources Division – Mr. Winston stated that the Technical Assistance Coordinator position previously held by Carol Morrow was repurposed and a new division was created. It is designed primarily to focus on the issues that are occurring as EMS is going through a transformation from a volume-based, fee-for-service model to a more patient-centered, value driven, outcome-based delivery system. Mr. Tim Perkins was selected through an interview process to fill the division manager position. His former position of EMS Planner will soon be posted and filled and we will likely hire two or three wage employees as well. EMS World Magazine will feature an interview with Tim about this division. An update of the State EMS Plan will begin in January of 2019.

Rescue Squad Assistance Fund (RSAF) – No update was requested by the committee.

Mr. Gary Critzer mentioned the history of the Regional EMS Council System over the past 30 plus years and wonders if there is an opportunity to examine the function of the Councils. We should look at how the system works and ask ourselves are we benefitting the regions and the overall statewide EMS system. Are we really making a difference? Mr. Critzer feels that it is a good opportunity to do this while updating the State EMS Plan.

Ms. Dreama Chandler asked how long it had been since we had the PAT Committee. Mr. Critzer stated that it was in 2008. There was a Process Action Team created to review the regional EMS council system. It was approximately an 18-month process. They discussed combining and consolidating some regions, which upset some people, but the result was nobody was willing to change, so the Councils remained the same.

It is time to refocus the mission of the Regional EMS Councils, which were established in the 1970's. We should evaluate how we are doing business; is this the model we want to continue? People may get offensive or upset, but we are not taking away anything, we want to reevaluate the way we conduct business. Mr. Gary Brown stated that it is written in the *Code of Virginia Section 32.1-111.4:1 You shall review on a schedule as it may determine, reports on the status of all aspects of the Statewide Emergency Medical Services system.*

Trauma & Critical Care Division – Ms. Crittenden reported that the Trauma Triage Plan is due to be updated very soon. Mr. Critzer recommended that the Trauma System Oversight & Management Committee establish a workgroup to include some Medical Direction Committee members to work on the Trauma Triage Plan. This Plan needs to be reviewed every three years according to Mr. Gary Brown. It needs to be completed by February 2019. As for the staffing in the Trauma Division, Dwight Crews, statistical analyst, has taken a job with the federal government and Sunny Lessner, also a statistical analyst, is no longer employed with OEMS. us due to a significant personnel issue. We are interviewing a contract epidemiologist and also working with ~~an~~ analytics firms on state contract to bring someone in to help us with our data and integration of data.

Ms. Crittenden also stated that Dr. Melton is very interested in the role that Mobile Integrated Healthcare Community Paramedicine and EMS will play in

	<p>fighting the opioid crisis. There are some innovative programs going on with other agencies. There was discussion recently on a conference call about linking with community service boards and dumping data into OD map. More information to come on this.</p> <p><u>Administration & Finance Division</u> – Mr. Adam Harrell elaborated on the EMS Training Fund (EMSTF) transition that Mr. Brown mentioned earlier. Mr. Harrell stated that a year ago when the Scholarship Program started the promise was made to everyone that if the application method was not working, we would seek a more feasible alternative. That is what we have done. The data was evaluated and we have notified the Office of Health Equity that we will move away from the Scholarship application. We are working with the development team that created the EMS portal and the EMS symposium application and all of the applications being utilized by EMS and we will integrate the scholarship component into that. In addition, we have evaluated funding models and methodologies and we have identified the gap in lack of resources for agencies, jurisdictions and localities. however, it is great for an individual student. They are also seeking a grant-based (not RSAF) EMSTF program for agencies, jurisdictions and localities to fund initial EMS educational programs. This will provide some alternatives for agencies. We will continue the arrangement that we have for auxiliary programs and CE through the Regional EMS Councils. Mr. Harrell feels that this approach, which becomes effective July 1, will help correct some of the issues with the current system.</p>	
<p><u>GAB-EMS Advisory Board</u> and Committee Structure and Composition – ACS Task Force Recommendations</p>	<p>Dr. Michel Aboutanos explained that the most recent draft of the Trauma System Plan is complete. It is an 84 page written document. For the past two years, the Trauma System Plan Task Force has met 10 times and done phenomenal work. Collectively, the workgroups have met 99 times. This is an extensive amount of work. Dr. Aboutanos read the Proposed Trauma System Committee Structure on pages 5 and 6 of the draft Trauma System Plan that may include some legislative and by-law changes. Copies of the Plan were distributed to the committee members. The proposed structure of the Trauma System Committee include a Trauma System Coordinator which will oversee seven committees: Trauma Administrative & Governance, System Improvement, Injury & Violence Prevention, Prehospital Care, Acute Care, Post-Acute Care and Emergency Preparedness and Response. Also on page 6, are the Office of EMS personnel needs as well as the modification proposal of the State EMS Advisory Board to include seven trauma seats and a proposed name change of the State EMS Advisory Board to State EMS and Trauma Advisory</p>	

	<p>Board. This Plan will be presented at the next Trauma System Oversight & Management Committee (TSO&MC) meeting on June 7 for approval.</p> <p>Mr. Critzer stated that there are three components to making changes. The first is the by-laws, which are relatively easy to modify. This refers to the committee structure changes. It requires submission 30 days prior to a scheduled Advisory Board meeting. Then it is presented at the Advisory Board meeting for approval/amendments/etc. If amendments are necessary, it will be presented at the next Advisory Board meeting. This relates to the Coordinator position and the committee structure. This is something that we can control.</p> <p>Secondly, the Trauma OMD position is something that the Advisory Board can weigh in on, but it ultimately lands on the executive administration of OEMS to determine if and how this will be possible. Funding will need to be approved as well.</p> <p>Lastly, the Advisory Board name change will require legislative action.</p> <p>Mr. Critzer feels that the Executive Committee should work on the low-hanging fruit first and start laying the foundation for the bigger pieces; i.e. the legislation. The Executive Committee should begin by getting the committee structure done first. Then the Office of EMS will work on the Trauma OMD position piece. The Advisory Board name and seat changes will be the most challenging because of adding the seats.</p> <p>While looking at the current <u>EMS</u> Advisory Board membership, are there opportunities to combine or minimize current representation? Are all of the current seats necessary? There may be an opportunity to streamline the Board while adding these seats. The Advisory Board is currently <u>comprised of representatives of an from organizational organizations approach</u> and <u>does not reflect</u> a systems approach. The Board should represent the components of a system per Mr. Brown. It is time to get away from the silos <u>and “organizational” entitlements, and focus on “system component” representation.-</u></p> <p>Mr. Critzer agreed that the <u>EMS</u> Advisory Board needs to represent a system of care and not individual organizations and having the right players at the table to represent that system of care. The State Board of Health represents a system of care. It is very general and is not organization specific. It is also important not</p>	
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to compromise the committee structures of the Board. The committees get the work accomplished.

Mr. Critzer stated that once the TSO&MC approves the plan, it will then go to the [EMS](#) Advisory Board. Then we will make draft by-law changes. Mr. Critzer and Mr. Chris Parker will attend the next TSO&MC meeting on June 7.

Mr. Parker requested to be added to the email list of the TSO&MC. Mrs. Wanda Street will add him to the list.

The draft by-law changes will need to go to the [state EMS](#) Advisory Board 30 days prior to the meeting for review and consideration. The by-law changes will be introduced at the August [2018](#) meeting and then at the November [2018](#) meeting it will be presented for approval. If everything is vetted correctly, it can be approved prior to the nominating committee report and then the nominating committee will be prepared for that coordinator position.

Mr. Critzer stated that the next step will be to work on the Trauma OMD position with HR. Then, all the while working on the [GAB-state EMS Advisory Board](#) part, and what the structure may consist of. It may take a retreat to educate, sell and get people on board with a new system concept. [As an For example, the Regional EMS Councils may be revised to Regional Representatives to represent the 11 councils and be less than 11 dedicated/separate seats; such as FARC which has 6 seats on a rotational basis representing the 11 regional service areas. and it may be reduced to four seats instead of 11.](#)

It was advised to Dr. Aboutanos to define in the Trauma System Plan what each representation means such as acute care, post-acute care, etc. – what type of position is expected to fill the seat?

Mr. Gary Critzer explained that it would be difficult to add six additional seats on the [state EMS](#) Advisory Board; the better way to incorporate seats is to change to a representational system approach. Dr. Aboutanos agreed that the [EMS](#) Advisory Board should represent the function of every aspect of EMS and Trauma from injury prevention to fire to post-acute/rehab.

Next steps:

	<ol style="list-style-type: none"> 1) Trauma System Plan goes to TSO&MC for approval. If approved, draft by-law changes will begin. 2) TSO&MC will develop a Trauma OMD position profile to present to OEMS and HR. 3) The Executive Committee will work on the <u>state EMS</u> Advisory Board structure and make a recommendation for legislative action. <p>Mr. Critzer made the committee aware of the opportunity to review other states' advisory board compositions to get an idea of their structures. Dr. Aboutanos stated that in the beginning of this process, we looked at other states' trauma systems to find a model that closely related to what the ACS recommended for Virginia.</p>	
<p><u>GAB-EMS Advisory Board</u> Appointments and Continuity</p>	<p>Mr. Gary Critzer informed the committee that a minimum of 9 changes will occur on the <u>state EMS</u> Advisory Board this summer. We don't know when those appointments will be made. We can assume that they may or may not happen on or before July 1 due to the installation of a new Governor. Typically, the appointments are delayed when there is a new Governor. Until the CSEMS appointment is made, he will continue to chair the <u>state EMS</u> Advisory Board. There are 10 board members eligible for reappointment. We will have a relatively large turnover.</p> <p>We need to be thinking about the committees for next year and the officers of the Board for next year to ensure continuity in order to keep things moving forward in the right direction.</p> <p>Mr. Critzer stated that it has truly been an honor to serve for the past seven years. We have done many good things together. Three people from Central Shenandoah have been submitted to fill the <u>state EMS</u> Advisory Board chair-seat <u>representing the Central Shenandoah EMS Council</u>: Matt Lawler, Chris Vernovai, and Matt Cronin. A nominating committee will be appointed in August <u>2018</u> and then they will put together a slate of board officers and committee chairs for the November <u>2018</u> meeting. We need the by-law change in place before then.</p> <p>Mr. Parker said that since Ron Passmore is no longer on the <u>EMS</u> Advisory Board, the Training and Certification Committee (TCC) needs a chair.</p>	

	<p>A motion was made by Mr. Chris Parker to appoint Robert Jason Ferguson as the chair for the TCC. The committee members were all in favor of the motion.</p> <p>A motion was made by Mr. Chris Parker to appoint Mr. Jose Salazar as the Professional Development Coordinator of the <u>state EMS</u> Advisory Board. The committee members were all in favor of the motion.</p> <p>Mr. Critzer stated that he will be at the May <u>EMS</u> Advisory Board meeting as the Chair and possibly the August meeting also, depending on the Governor's appointments. He thanked everyone for attending the meeting today.</p>	
Open Discussion	None	
Public Comment	None	
Adjourn	The meeting was adjourned at 2:24 p.m.	