

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: EMS ADVISORY BOARD MEETING
HEARD BEFORE: CHRISTOPHER PARKER
CHAIR, EMS ADVISORY BOARD

MAY 3, 2019

CONFERENCE CENTER
EMBASSY SUITES HOTEL
2925 EMERYWOOD PARKWAY
RICHMOND, VIRGINIA

1:02 P.M.

COMMONWEALTH REPORTERS, LLC
P. O. Box 13227
Richmond, Virginia 23225
Tel. 804-859-2051 Fax 804-291-9460

1 APPEARANCES:

2 Christopher Parker, Presiding
3 Chair, EMS Advisory Board

4 Amanda Lavin, Esq.
5 Assistant Attorney General
6 Office of the Attorney General
7 EMS Advisory Board counsel

8 Gary Critzer
9 Board of Health Representative

10 EMS ADVISORY BOARD MEMBERS:

11 Michel B. Aboutanos, MD

12 Samuel T. Bartle, MD

13 John C. Bolling

14 Dreama Chandler

15 Valeta C. Daniels

16 Kevin L. Dillard

17 Angela Pier Ferguson

18 Dillard E. Ferguson, Jr.

19 Jason D. Ferguson
20 William B. Ferguson

21 Valerie Quick

22 Gary Samuels

23 Thomas E. Schwalenberg

24 Gary Wayne Turner

25 Sadie Jo Thurman

Allen Yee, MD, FAAEM

1 VDH/OEMS STAFF:

2 Scott Winston
3 Assistant Director

4 George Lindbeck, MD
5 EMS Medical Director

6 Adam Harrell

7 Karen Owens

8 Marian Hunter

9 Cam Crittenden

10 Tim Perkins

11 Chris Vernovai

12 Luke Parker

13 Chad Blosser

14 David P. Edwards

15 Ron Passmore

16 Wayne Berry

17 Terry Coy

18 Tristen Graves

19 Scotty Williams

20 Stephen McNeer

21 Ronald G. Kendrick

22 Rich Troshak

23 Wanda Street

24 Irene Hamilton

25 Tim Erskine

1 ALSO PRESENT:

2 LouAnn Miller
3 RPMC

4 Warren Short

5 Heather Davis
6 Chippenham Medical Center

7 Mindy Carter
8 Virginia Hospital Center

9 Jeff Young, MD
10 Acute Care Cmte

11 Ed Rhodes
12 VAGEMSA

13 Lisa Hale
14 VAVRS

15 Gary Dalton
16 VAVRS

17 Samuel Safford, MD
18 System Improvement Cmte

19 Craig Evans
20 NVEMSC

21 Jeff Haynes
22 VCU

23 Jason Kinlaw
24 Navy Region Mid-Atlantic FES

25 Christopher Payne
Navy Region Mid-Atlantic FES

1 ALSO PRESENT (con't.):

2 Jeff Meyer
PFRES

3
4 Daniel Linbine
JTCC

5
6 John Dugan

7 Gregory Woods
SWV EMS Council

8
9 Rob Logan
WVEMS

10
11 Steve Parrott
Central Virginia Health Care Coalition

12
13 Tracey Jeffers
Acute Care Cmte

14
15 Chad Vaughan
Chesterfield Fire & EMS

16
17 Chip Decker
Richmond Ambulance Authority

18
19 Frank Kinnier
Chesterfield Fire & EMS

20
21 Mary Kathryn Allen
BREMS

22
23 Byron Andrews
Sterling Rescue

24
25 Tom Joyce
TJEMS

1 ALSO PRESENT (con't.):

2 Jeremy Bennett
3 VACO

4 Steve Powell
5 Rockingham County Fire & Rescue

6 Michael Feldman
7 VCU

8 Bob Ramsey
9 VACEP

10 Eddie Dillard

11 John Korman
12 Transportation Cmte

13 Tom Schwalenberg

14 Karen Shipman
15 Injury & Violence Prevention Cmte

16 Mike Watkins
17 Pre-Hospital Care Cmte

18

19

20

21

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23

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25

A G E N D A

AGENDA ITEM	PAGE
Call to Order	
Approval of 2-8-19 Minutes.....	9
Approval of 5-3-18 Meeting Agenda.....	10
Chairman's Report.....	10
Vice Chair Report.....	12
Chief Deputy Commissioner's Report.....	12
Office of EMS Report.....	12
Office of the Attorney General.....	21
Board of Health EMS Representative Report.....	21

STANDING COMMITTEE REPORTS AND ACTION ITEMS

AGENDA ITEM	PAGE
Executive Committee.....	22
Appoint Professional Development Coordinator**..	24
Financial Assistance Review Committee.....	25
Administrative Coordinator.....	25
Rule and Regulations Committee.....	25
Legislative and Planning Committee.....	26
Infrastructure Coordinator.....	26
Transportation Committee.....	26
Communications Committee.....	27
Emergency Management Committee.....	31
Training and Certification Committee.....	32

1 STANDING COMMITTEE REPORTS AND ACTION ITEMS (con't.)

2 AGENDA ITEM PAGE

3 Workforce Development Committee.....33

4 Provider Health and Safety Committee.....34

5 Patient Care Coordinator.....37

6 Medical Direction Committee.....37

7 Medevac Committee.....38

8 EMS for Children Committee.....38

9 Trauma System Coordinator.....40

10 Trauma Administrative & Governance.....40

11 System Improvement.....41

12 Injury and Violence Prevention.....43

13 Pre-Hospital Care.....44

14 Acute Care.....45

15 Post-Acute.....46

16 Emergency Preparedness and Response.....47

17 Regional EMS Council Executive Directors.....48

18 Public Comment Period.....49

19 Unfinished Business.....49

20 New Business.....49

21 Adjourn

22

23

24

25 **Items covered not listed on agenda.

1 (The EMS Advisory Board meeting commenced at
2 1:02 p.m. The Pledge of Allegiance was recited by
3 the Board and the gallery. A quorum was present and
4 the Board's agenda commenced as follows:)

5
6 MR. PARKER: If you'll remain
7 standing for a moment of silence in
8 recognition of our fallen comrades. Please
9 be seated.

10 Each of you should've received
11 the minutes from the February 8th meeting.
12 Those have been posted on the web site as
13 well. Are there any corrections to the
14 minutes? Hearing none, is there a motion to
15 accept the minutes?

16
17 BOARD MEMBER: So moved.

18
19 BOARD MEMBER: Second.

20
21 MR. PARKER: All in favor?

22
23 BOARD MEMBERS: Aye.

24
25 MR. PARKER: Motion carries. You

1 have before you an agenda. Is there a
2 motion to approve the May 3rd agenda?

3
4 BOARD MEMBER: So moved.

5
6 BOARD MEMBER: So moved.

7
8 MR. PARKER: All in favor?

9
10 BOARD MEMBERS: Aye.

11
12 MR. PARKER: Excellent. Moving
13 forward. The Chairman's Report. I would
14 like to open this meeting with a welcome to
15 all that are in attendance.

16 I am aware that there's been a
17 great deal of work by the many committees
18 and the Office since our last meeting. And
19 I applaud each and every one of your for
20 your commitment.

21 Not just to the EMS system,
22 but the entire health care and public safety
23 system that each of you represent.
24 Throughout the discussion this -- the past
25 three days and today, I urge each member of

1 the Advisory Board and others in the room to
2 remember that we act on behalf of the
3 patients that enter the health care system
4 through our many access points across this
5 great Commonwealth.

6 Whether that be the citizens
7 of the Commonwealth or those that pass
8 through. I would like to bring forward a
9 few reminders. And I'm sure this will come
10 up again. May is Stop the Bleed Month.

11 This nationwide campaign will
12 highlight the importance of Stop the Bleed
13 training and provide the public with
14 information and education through local
15 fire, EMS and health care professionals.

16 National EMS Week is May 19th
17 through the 25th. EMS Week is the perfect
18 time to recognize EMS and all the
19 practitioners and what they do for our
20 nation.

21 And the National Nurses Week
22 is May 6th through the 12th. And this week
23 recognizes the many nurses and their
24 contribution to the health care system. And
25 that concludes the Chairman's Report. Vice

1 Chair Report?

2
3 MR. D. E. FERGUSON: Thank you very
4 much. Hope everybody's doing well. I don't
5 have a report at this time.

6
7 MR. PARKER: Okay. Chief Deputy
8 Commissioner Report.

9
10 BOARD MEMBER: He is not here.

11
12 MR. PARKER: He is not here, so no
13 report. Office of EMS Report. Scott.

14
15 MR. WINSTON: All right. Thank
16 you, Chris. I, too, would like to extend
17 our greetings to folks here in attendance
18 today. It's quite a crowd and it's good to
19 see.

20 We, at the Office of EMS,
21 prepare a quarterly report to the State EMS
22 Advisory Board that's distributed in advance
23 of this meeting. And we also post those --
24 that report on our OEMS web site. I am --
25 my remarks will be very brief because I have

1 heard from a few folks that -- that the
2 information is -- you know, we take a lot of
3 time and effort to put together that report.
4 And it's informative and helpful to the EMS
5 system.

6 And we'll allow you to -- to
7 look at that at your leisure. And I'm not
8 going to repeat most of the stuff that's in
9 there. I do want to -- to recognize the
10 Director, Gary Brown. He is absent today.

11 And with Gary's permission,
12 I've been approved to inform you that he is
13 up in Northern Virginia with his sick and
14 ailing mother. He has a 94-year-old mother
15 who's living with his sister up in Loudoun
16 County.

17 And she had a -- a fairly
18 significant stroke earlier this week. And
19 she's in a coma at the moment and her
20 prognosis is not very good.

21 So they're having to deal with
22 making arrangements for hospice care. And
23 just ask that you keep Gary and his family
24 in your thoughts as you go through your day.
25 We have one new staff member to -- to advise

1 you of. And unfortunately, she had to leave
2 and go downtown for a meeting. Her name is
3 Jessica Rosner.

4 And Jessica is a master's
5 prepared epidemiologist who has previously
6 worked for the Health Department, and most
7 recently in private industry.

8 And she is now our
9 epidemiology program manager for the Trauma
10 and Critical Care Division, working with
11 Cam. We're very excited to have her on
12 board.

13 And we look forward to -- to
14 sharing information that we can extract from
15 the data that -- that's being submitted.
16 And really put that to use in terms of how
17 we go about formulating educational
18 programs, research, treatment protocols,
19 etcetera.

20 We did have two positions that
21 are under recruit. Both of the positions
22 have closed. And the applicants are
23 currently being reviewed for consideration
24 for interview. The first is the
25 accreditation certification and education

1 manager position. And that recruit -- that
2 recruit end -- closed on the 12th of April.
3 And then the second one is the Central
4 Shenandoah EMS program manager.

5 That position closed on the
6 16th. So we will be in the process of
7 selecting candidates for interview very
8 shortly. And report back to you at the next
9 meeting in terms of selections.

10 Before the members of the
11 committee, you have a -- a meeting
12 announcement. And I wanted to -- to mention
13 this at the last meeting. But again, bring
14 this up that the annual Virginia Heart
15 Attack Coalition Mission LifeLine.

16 The meeting is going to be
17 held on May the 17th in Chesterfield at the
18 Eanes-Pittman Public Safety Training Center.
19 It's -- provide updates on STEMI care,
20 cardiac arrest management.

21 It'll also recognize 22
22 agencies that are licensed in Virginia that
23 will receive Mission LifeLine awards. Just
24 to give you some perspective, in -- last
25 year there were 71 agencies in the

1 Mid-Atlantic, which includes Maryland, the
2 District of Columbia, Virginia, North
3 Carolina and South Carolina that received
4 this recognition.

5 And 22 of those -- last year
6 there was 23 actually. But this year, 22
7 are coming from Virginia alone. So I think
8 that's a -- a real testament to these
9 agencies.

10 And the Mission LifeLine
11 recognition is a program that's put on by
12 the American Heart Association. It
13 recognizes agencies for their quality of
14 care for STEMI and acute coronary syndrome
15 patients.

16 It's -- high level of care is
17 achieved through a systems of care
18 collaboration with the STEMI receiving
19 centers and the STEMI referring centers.

20 So congratulations to those
21 agencies that have been awarded that high
22 honor. And the last item I want to mention
23 has to do with an update on REPLICCA, the
24 Recognition of EMS Personnel Licensure
25 Interstate Compact. The Compact went into

1 effect last year when the 10th state, which
2 was Georgia, adopted legislation. We are
3 one of those 17 states now that have -- that
4 have adopted REPLICA.

5 We were the third state to
6 adopt. Tennessee is the only state that
7 borders Virginia at the moment that has also
8 adopted this legislation.

9 But the -- the Compact
10 essentially, for those that may not know, it
11 facilitates the day-to-day movement of EMS
12 personnel across state boundaries in the
13 performance of their EMS duties.

14 And authorizes the State EMS
15 offices to afford immediate legal
16 recognition to the EMS personnel licensed in
17 any other member state.

18 And once the Compact went into
19 effect, then there was the creation of a
20 commission known as the Emergency Medical
21 Services Personnel Licensure Interstate --
22 excuse me. The Interstate Commission for
23 EMS Personnel Practice. And that commission
24 is responsible for the oversight, management
25 and operations of the Compact. Each member

1 state has one delegate that is a member of
2 that commission. And essentially, they --
3 they create the bylaws and they promulgate
4 rules related to the cross-border practice.

5 They establish policies and
6 procedures for the cross-border practice and
7 maintain a national coordinated database and
8 information-sharing system which we all look
9 forward to using.

10 The reason I mention this is
11 that one of the early committees formed in
12 the commission is the -- the committee on
13 rule-making. And that committee has been
14 meeting and I initially was meeting with
15 that group as well.

16 And they have posted proposed
17 rules for the Interstate Commission, which
18 will implement the operations of the
19 National EMS Compact.

20 And the rules will enable
21 interstate practice of EMS personnel as
22 authorized in each state's Compact
23 legislation and establish a uniformed data
24 element -- elements and procedures for the
25 operation of the coordinated database as

1 called for in the EMS Compact legislation.
2 The period for public written comment ends
3 on the 16th of May.

4 And then the following day, on
5 the 17th of May, there will be a public
6 hearing held in Salt Lake City in
7 conjunction with the National Association of
8 State EMS Officials annual meeting.

9 If you're interested in
10 looking at those proposed rules, please go
11 to the Compact web site, that's
12 www.emscompact.gov.

13 And there's a link off of the
14 home page that you can go and pull down a
15 copy of the proposed rules, and provide
16 comment if you wish. With that, Mr. Chair,
17 that completes my report.

18
19 MR. PARKER: Thank you, Scott.
20 Dr. Lindbeck.

21
22 DR. LINDBECK: I don't think I've
23 got anything to add that won't be covered in
24 subsequent committee reports.

1 MR. PARKER: Is there anyone from
2 the Office that needs to speak?

3
4 MR. WINSTON: Yes. I am remiss in
5 one item that I wanted -- made a note to --
6 to speak to and I did not. And I see a
7 smiling face in the audience. And Terry
8 Coy, if you'll stand for a moment.

9 Terry has been a long member
10 of the OEMS staff. He's worked for the
11 Office for 28 years. And you can set your
12 calendars by the third Wednesday of every
13 month when a new EMSAT broadcast comes out.

14 I did want to recognize that
15 Terry has recently announced that he's
16 retiring from the Office of EMS.

17
18 MR. COY: What?

19
20 MR. WINSTON: Now we talked about
21 this. We -- we hate to see you go, but I
22 did want -- since you're here today and --
23 and not everyone is aware, now they are.
24 And grab Terry in the hallway and shake his
25 hand. Wish him well. We are going to miss

1 him. He's been tremendous to work with over
2 the years. He has made EMS education in
3 Virginia one of the leaders in -- in the
4 nation.

5 And we sincerely appreciate
6 your exceptional contributions to the -- the
7 EMS system. You're -- hope you have a long
8 and enjoyable retirement. You come back and
9 visit often and wish you the very best.

10 So I did want to recognize
11 your -- your accomplishments while you've
12 been with the Office of EMS. So thank you
13 very much.

14
15 MR. PARKER: Next item on the
16 agenda is the -- is Amanda.

17
18 MS. LAVIN: I don't have anything.

19
20 MR. PARKER: Board of Health, Gary
21 Critzer.

22
23 MR. CRITZER: Good afternoon.
24 Thank you, Mr. Chairman. The Board of
25 Health met last on the 7th of March. We

1 undertook several regulatory issues. On was
2 regarding changes to the food regulations
3 for the Commonwealth. We also received an
4 update on trauma informed care.

5 And we made some changes to
6 the bylaws of the State Board of Health.
7 Our next meeting is scheduled for June the
8 6th at the Perimeter Center at 9:00 o'clock.

9 And if you've never had the
10 opportunity to come to a Board of Health
11 meeting, we certainly would love to have you
12 come and see the work of the Board. It's
13 pretty comprehensive. Thank you very much.

14
15 MR. PARKER: Wow, so now we're down
16 to the Standing Committee Reports. It's
17 going to be a record timing. First up is
18 the Executive Committee. The Executive
19 Committee met on Wednesday, May the 1st.

20 There was lengthy discussion
21 surrounding the make up of the quarterly
22 meetings of the Advisory Board. Due to the
23 structure and oftentimes concurrent
24 meetings, the Executive Committee will be
25 working with OEMS staff to find the best fit

1 for the times of the meetings. One item
2 that came up, Jose Salazar has retired from
3 Loudoun County Fire and Rescue. And in
4 discussion with him, he has submitted his
5 resignation to the EMS Advisory Board.

6 This Board thanks Mr. Salazar
7 for his many years of service to the
8 citizens of Virginia. His resignation left
9 vacant the position of Chair of the
10 Workforce Development Committee.

11 The Executive Committee, in
12 conjunction with the Office, reviewed
13 committee interest forms of the Advisory
14 Board members that were not on committees.

15 Valerie Quick was appointed by
16 the Executive Committee to the position of
17 Chair of the Workforce and Development
18 Committee on Wednesday.

19 In discussion with Amanda, the
20 bylaws do not address the procedure or the
21 process to fill the newly vacant position of
22 Professional Development Coordinator. It is
23 the recommendation to bring this forward
24 today for discussion in order to fill the
25 position today. This position is typically

1 filled by the Chairperson of a committee
2 that falls under the coordinator position.
3 And with that, I would like to open the
4 floor for any discussion. Is there any
5 discussion related to this position?

6 Hearing no discussion, I would
7 like to open the floor for nominations to
8 fill the position of coordinator, the
9 Professional Development Coordinator.

10
11 BOARD MEMBER: Mr. Chairman, I
12 would like to nominate Robert Jason
13 Ferguson, who serves on one of the
14 committees that falls under the Professional
15 Development Committee for that position.

16
17 MR. PARKER: Are there any other
18 nominations to come from the floor? Okay.
19 Hearing no other nominations, I bring
20 forward this slate or this person for
21 interest and call for a vote. All in favor?

22
23 BOARD MEMBERS: Aye.

24
25 MR. PARKER: Any opposed? Okay,

1 motion carries. This concludes the report
2 of the Executive Committee. Financial
3 Assistance Review Committee, Kevin.
4

5 MR. K. DILLARD: Thank you,
6 Mr. Chairman. The spring cycle, we received
7 148 grant applications, so the numbers are
8 way up. The amount being requested is over
9 \$18.7M.

10 We've held a couple grant
11 workshops. So since our last meeting, there
12 was one in the Rappahannock EMS Council area
13 and one down in Western EMS Council area.
14 We've got two scheduled soon.

15 May the 9th, Thomas Jefferson
16 EMS Council area, and June the 18th in
17 Southwest Virginia EMS Council area. Pretty
18 much whole month of May, our committee will
19 be working on reviewing all these grant
20 applications. And then our next meeting
21 will be on June the 6th. Thank you.
22

23 MR. PARKER: Thank you.
24 Administrative Coordinator, John Henschel.
25 Okay. Rules and Regs Committee. Ron, would

1 you like to give a report? Okay.
2 Legislative and Planning Committee, Gary
3 Samuels.

4
5 MR. SAMUELS: Leg[islative] and
6 Planning Committee met this morning. We
7 have no action items from the Committee. We
8 took on some new items that we're doing some
9 research on as far as the legislation. And
10 other than that, that's -- was our -- our
11 morning. We did good.

12
13 MR. PARKER: Okay, thank you.
14 Infrastructure Coordinator, Dreema Chandler.

15
16 MS. CHANDLER: I have no report at
17 this time. And I'll refer through the
18 committee chairs for the reports from the
19 committees.

20
21 MR. PARKER: Transportation
22 Committee.

23
24 MR. E. FERGUSON: Yes, sir.
25 Transportation Committee met on the 22nd

1 here at the Embassy Suites. We reviewed 37
2 ambulance grants. I was really impressed.
3 It was the first meeting that I actually had
4 attended and was extremely impressed with
5 the amount of thought that goes into each
6 one of those grants.

7 I believe seven -- possibly
8 seven of the 37 were graded a one and sent
9 forward to the Financial Review Committee.
10 No action items, just business to report
11 now. Thank you.

12
13 MR. PARKER: Thank you.
14 Communications Committee, John Korman.

15
16 MR. KORMAN: Yes, the
17 Communications Committee met today. Our
18 discussion included reviewing the EMS State
19 Strategic Operational Plan, particularly
20 Initiative 3.3, which is relevant to
21 communications where we provided and
22 solicited feedback and suggestions by having
23 the committee's goals and objectives be part
24 of our plan to add credibility and
25 sustainability to our current efforts. We

1 also looked at redesigning the Office of EMS
2 emergency medical dispatch accreditation
3 certificate.

4 Our next step is looking at
5 the accreditation process through the Office
6 of EMS that public safety answering points
7 can apply for. And making sure that just
8 components all align in that process.

9 There is a -- let me take that
10 back. On March 7th, 2019, Representative
11 Torres -- who is a former 911 dispatcher out
12 of California -- and Bob Fitzpatrick -- a
13 former FBI special agent and federal
14 prosecutor -- introduced bipartisan
15 sponsored legislation, US House Bill 1629,
16 called the 911 Saves Act.

17 And that is supporting
18 accurate views of Emergency Services Act.
19 And essentially what that calls for is the
20 Office of Management and Budget to revise
21 the standard occupational classification
22 system to categorize public safety
23 telecommunicators as a protective service
24 occupation alongside our public safety
25 partners that we are not due. Me, being a

1 telecommunicator, right here. Effort is
2 supported by international organizations.
3 And really the intent is to raise the voice,
4 to receive stress management support,
5 improve working conditions alongside pay and
6 benefits.

7 The committee also talked
8 about the office -- or the Office of EMS at
9 the committee today provided a report on the
10 status of emergency medical dispatch within
11 the Commonwealth and benchmarks related with
12 other states.

13 Namely, other Commonwealths
14 within the country. We endorse, as a
15 committee, the concept of creating a special
16 grant category and prioritizing funding for
17 new emergency medical dispatch requests
18 coming from public safety answering points,
19 or 911 centers.

20 We'll go through the formal
21 process for adoption. We also talked about
22 recommending legislation that will set a
23 goal for public safety answering points
24 within Virginia to implement emergency
25 medical dispatch protocols of their choosing

1 within five years. Again, it was just a
2 social dialogue. The result -- what we want
3 is that any citizen who calls 911 within the
4 Commonwealth to receive a great standard of
5 care through emergency medical dispatch
6 process.

7 Two last items we talked
8 about, the FCC is on an enforcement kick.
9 They're sending violation notices and fines,
10 including those to public safety agencies
11 who do not comply.

12 The long and the short of it
13 is, insure your agency's operating in
14 compliance with its licensure. And finally,
15 the Virginia Information Technologies Agency
16 -- called VITA -- supports the requirement
17 for Virginia PSAP's to implement texts to
18 911.

19 Many already have that by
20 January 1, 2020. There are different
21 solutions that are available. They're not
22 endorsing one over the other, just to have
23 that capability. That is the Communications
24 Committee Report.

1 MR. PARKER: Thank you, sir.
2 Emergency Management Committee.

3
4 MR. SCHWALENBERG: Good afternoon,
5 Mr. Chairman. We met yesterday -- the
6 Emergency Management Committee met
7 yesterday. No action items at this time.
8 We are continuing to work on a[n] MCI
9 leadership class.

10 We're looking for venues to
11 vet that out. Not duplicating MCI I and II,
12 but more for leadership level positions to
13 understand a little bit better about MCI
14 management.

15 We did a review of a highly
16 infectious disease exercise that was held in
17 the Tidewater region in -- back in October.
18 We brought that after action report forward
19 and used it as sort of a -- a springboard to
20 look at lesson -- lessons learned from that
21 exercise.

22 Both from a pre-hospital and
23 hospital perspective. We're looking to work
24 -- collaborate with our other partners to
25 look at doing some messaging on the -- the

1 importance of highly infectious disease, the
2 appropriateness of PPE. Maybe looking at
3 the -- the DICO curriculum and whether that
4 still meets the current needs as is set
5 forth.

6 And then working with some of
7 our other committee partners to look at
8 messaging out to the providers. We know
9 this is something that -- it's hard to keep
10 your eye on the ball.

11 And so we want to refine our
12 messaging to make sure we're keeping our
13 providers safe. Those were our big action
14 items. That's it at this time.

15
16 MR. PARKER: Thank you. Moving
17 forward with the committee reports.
18 Training and Certification Committee.

19
20 MR. R. J. FERGUSON: Training and
21 certification met here on April the 3rd. We
22 discussed several ongoing projects. There
23 were no action items. And our next meeting
24 will be here July 10th at 10:30. Workforce
25 and development.

1 MS. QUICK: We met yesterday. We
2 did elect a vice-chair, Cody Jackson. The
3 EMS officer one course has been going well.
4 They just had a recent course where they had
5 19 completed, including a couple that were
6 going to be in the instructor pool.

7 They'd like to broaden out
8 their instructor pool. They'll be two more
9 classes offered, one at CSEMS and one at
10 Rescue College at the end of the month and
11 the beginning of June.

12 But they're definitely wanting
13 to be able to be able to increase their
14 instructor pool so that they can offer it in
15 more -- more places.

16 The Virginia Recruitment and
17 Retention Committee Network met at the
18 Virginia Fire Chiefs' conference. They
19 wanted to highlight that there is a new
20 certification for recruitment and retention
21 coordinator that the IASC is covering all
22 expenses for. So you can go on to that web
23 site and get the information from that. The
24 provider survey that will offer demographics
25 on our providers is at the AG, just to get

1 approved on a couple of different questions.
2 But that will give a better understanding of
3 the full demographics of our providers in
4 the area.

5 Sort of piggybacking on that,
6 we wanted to also create a survey that will
7 go out to the agency leadership to highlight
8 workforce shortage issues. So how many
9 positions are unfilled, who are the
10 candidates that are applying?

11 Are they certified, are they
12 not certified? And what kind of educational
13 needs would meet some of that potential
14 shortage. And we had no actionable items.

15
16 MR. PARKER: Thank you. Provider
17 Health and Safety.

18
19 MS. KNOWLES: Good afternoon,
20 Mr. Chairman. The Provider Health and
21 Safety Committee met this morning. We are
22 in continued discussions regarding exposure
23 control, specifically if a provider should
24 have a bloodborne pathogen exposure to a
25 recently deceased individual, and how that

1 blood gets tested. At this point, there is
2 -- there's no -- no plan in effect. The
3 only place that can test this blood is the
4 Mayo Clinic.

5 And we also have issues with
6 who can draw it, when it can be drawn,
7 things of that nature. So during the
8 committee, we had talked about different
9 ways to -- to help with this.

10 And we -- what we'd like to do
11 is get help through legislation, through the
12 Legislation and Planning Committee. Maybe
13 either introduce legislation or change
14 current legislation to make this a Office of
15 the Medical Examiner issue to pull the blood
16 and get it sent out for testing in a timely
17 manner for the Ryan White Act, etcetera.

18 The other thing that we had
19 discussed doing is we need a good resource
20 for infection control designated officers to
21 contact with questions and help.

22 Virginia currently doesn't
23 have that. We're pretty much all on our
24 own. We need -- definitely need support and
25 we need out -- outreach. And we discussed

1 doing some YouTube topics, just some quick
2 little five to 10-minute topics on things to
3 help providers keep in mind for their own
4 safety.

5 We were talking about PPE,
6 D-Con, exactly what is an exposure to start
7 out with. And then expanding from there.
8 And lastly -- well, with the mental health
9 Make the Call Campaign was released.

10 And the most recent tweet --
11 we had 402 impressions, Facebook posts as of
12 April 10th, which was the original post. We
13 had -- 6800 people were reached with 60
14 shares.

15 April 11th, Richmond Ambulance
16 post had over 33,000 views. April 28th,
17 there was a post. 3800 people were reached.
18 And the YouTube analytics video, 1100 views
19 on that on the Make the Call Campaign.

20 So that's going well. And
21 then the last thing we had, we have two CISM
22 and peer support teams -- or actually three
23 -- that were approved. The REMS council was
24 re-accredited. That was approved. And then
25 we had the Chesterfield Sheriff's Office and

1 the Arlington Police Department were both
2 approved for their initial accreditations.
3 And our next meeting will be in August.
4

5 MR. PARKER: Thank you. Patient
6 Care Coordinator, Dr. Yee.
7

8 DR. YEE: No report.
9

10 MR. PARKER: Medical Direction
11 Committee, Dr. Yee.
12

13 DR. YEE: Medical Direction met in
14 January. We have no -- we only have items
15 for awareness. There's been no additional
16 movement on the scope of practice.

17 We -- we haven't changed
18 anything for the first time in a while. We
19 also have been working on what is critical
20 care for Virginia.

21 And we also have a committee
22 on mobile integrated health care -- well, a
23 work group. Both of the solutions that
24 we're working on -- and it's awareness only,
25 it's not really gone through the system --

1 is we're going to make it a regulatory-based
2 solution. So as an EMS agency, you can be
3 ALS, BLS.

4 You can get additional -- or
5 be certified, licensed to provide MIH or
6 critical care. And again, it's awareness
7 only. That's the -- that's the end of the
8 report.

9
10 MR. PARKER: Okay. Medevac
11 Committee.

12
13 MR. J. FERGUSON: Medevac Committee
14 met yesterday morning. We have no action
15 items. The only new discussion that we had
16 yesterday was looking into drone delivery
17 systems and -- and how those processes may
18 impact EMS in Virginia.

19
20 MR. PARKER: EMS for Children.

21
22 DR. BARTLE: Mr. Chairman, we last
23 met on April 4th. We have no action items.
24 We do like to share with y'all some things
25 that are coming up. That there -- we're

1 happy there's going to be a good number of
2 pediatric topics at the Symposium coming up
3 in November that we've been -- recruit.
4 This is going to include the EMS boot camp
5 for EMS providers.

6 And in the near future, we'll
7 be starting back with voluntary hospital ED
8 site visits at no cost to the hospitals and
9 EMS systems to survey, see if y'all -- if
10 it's a -- everyone's meeting the recommended
11 -- recommendations of pediatric
12 preparedness.

13 On May 22nd will be EMS-C day
14 for children. For all the -- hopefully that
15 everyone will recognize that -- what all you
16 do for taking care of kids.

17 And we're accepting
18 nominations for the EMS-C awards from the
19 regional councils. And the deadline's in
20 the quarterly report.

21 The last thing is that we've
22 decided we want to move the date for our
23 EMS-C meeting to coincide with the -- this
24 meeting here. So our next meeting will be
25 about either the Thursday or Wednesday

1 before next Board meeting.

2
3 MR. PARKER: Okay. Trauma System
4 Coordinator, Dr. Aboutanos.

5
6 DR. ABOUTANOS: Thank you,
7 Mr. Chairman. I defer to the various
8 committee chairs to give their reports.

9
10 MR. PARKER: Okay. You can go
11 ahead with the Administrative and Governance
12 Committee.

13
14 DR. ABOUTANOS: The -- for the TAG
15 committee, the main aspect that we discussed
16 was the integration of the trauma system
17 plan committees. As you know, we have
18 developed the -- the plan in the past three
19 years.

20 And now, how do you make that
21 operational. But also, how do you prevent
22 the various committees from working in
23 silos, which is very easy to do. And so,
24 the entire process was now how to integrate
25 the various cycles so we don't talk about

1 specific trauma plans, but talk about trauma
2 system plan for the entire Commonwealth. So
3 that was [sic] been the main aspect we
4 discussed, the main -- the -- what's going
5 to lead into that is the -- a retreat that
6 we'll be holding for the TAG committees or
7 the chairs of the various committees,
8 probably in the next couple of months, to
9 set up how we're going to operationalize the
10 plan.

11 So that was the main aspect
12 that we discussed in the TAG. The other
13 thing that was significantly mentioned was
14 the trauma fund. And the -- the various
15 additional threats the trauma fund is under.

16 Appreciate the leadership of
17 the Office of EMS and the VHHA in looking
18 and tackling at this and coming up with
19 various options for us to move forward.
20 That concludes the TAG report.

21
22 MR. PARKER: System Improvement,
23 Dr. Shawn Safford.

24
25 DR. SAFFORD: I said we tried to

1 create an alignment of what our different
2 goals and -- and principles for the Systems
3 Improvement Committee. I think it's
4 important to understand that while this is a
5 newly stood-up committee, there's been a lot
6 of work done in the past by the TPIC
7 committee.

8 We had our initial report from
9 the State epidemiologist looking at the
10 significant improvement that's been done at
11 the EMS pre-hospital providers.

12 Looking at documentation of
13 vital signs and GSC, something that's -- was
14 at a low rate before and now is -- is above
15 90% across the board across the
16 Commonwealth, which has been an absolute
17 Herculean effort on the committee before as
18 well as those in the -- in the field.

19 So just a really significant
20 kudos to that. Secondly, we re-addressed
21 our goals for the future, which is looking
22 at both an educational and a -- and a
23 quality focus for our group. And aligning
24 those principles amongst the sub -- the
25 other committees. And to that point, we've

1 -- will be having reports determining the --
2 the communication between the different
3 groups. Again, trying to minimize the silo-
4 ing.

5 That each will be providing a
6 report to us and we'll be attending the
7 other reports as well. So that's where
8 we're at with our group.

9
10 MR. PARKER: Okay, thank you.
11 Injury and Violence Prevention. Karen
12 Shipman.

13
14 DR. ABOUTANOS: Karen Shipman's not
15 here. She had to go. She could not make
16 it.

17
18 MR. PARKER: Okay. Is there anyone
19 that can give a report from Injury and
20 Violence Prevention?

21
22 DR. ABOUTANOS: I can give a brief
23 report, Mr. Chairman. The main aspect of
24 the Injury and Violence Prevention Committee
25 are working to identify all the various

1 stakeholders for injury and prevention
2 across the entire system, both those who are
3 clinical and non-clinical in order to
4 integrate them appropriately into the
5 system. So it's a work in progress.

6
7 MR. PARKER: Okay. Pre-Hospital
8 Care, Mike Watkins.

9
10 MR. WATKINS: The Pre-Hospital Care
11 Committee met yesterday. Continue to
12 establish our foundation. The key things
13 that we wanted to address were obtaining
14 data sets, determine what data we needed to
15 be evaluating.

16 Identifying Gap analysis and
17 coming back to the other committees and
18 determining the function area -- functional
19 areas that we need to focus on.

20 With the meeting this morning,
21 we got some additional clear guidance. And
22 we will move forward with that.

23
24 MR. PARKER: Okay. Acute Care
25 Committee, Dr. Jeff Young.

1 DR. YOUNG: We met yesterday.
2 There's no action items. Our tasks
3 yesterday was to look at the nationally
4 accepted trauma center designation criteria
5 and compare them to the Virginia designation
6 manual.

7 In that comparison, there are
8 actually very few areas where there -- they
9 don't agree and those are getting smaller,
10 with several changes are being made.

11 So in our next meeting, we're
12 going to look at those specific areas where
13 there are differences in seeing if those
14 differences actually add value for us to
15 have them.

16 Or if there are any additional
17 differences we want. And then, finally, we
18 discussed the site visit process as more and
19 more trauma centers in the Commonwealth are
20 nationally designated to try to streamline
21 the process so centers aren't in a constant
22 phase of preparation, preparing either for a
23 State or a national visit.

24
25 MR. PARKER: Okay, thank you.

1 Post-Acute Care, Dr. Griffen.

2
3 DR. ABOUTANOS: Dr. Griffen also
4 had to leave. She was here yesterday when
5 the -- when the meeting met, but she could
6 not be here.

7
8 MR. PARKER: Is there any report on
9 the Post-Acute Care?

10
11 DR. ABOUTANOS: I think the main
12 report for the -- the Post-Acute Care.
13 Because this is a very new committee. It's
14 identifying all the various stakeholders,
15 but also the various databases that exist
16 for Post-Acute care in order to get an
17 accurate description of the -- basically
18 both the -- the outcome of somebody at the
19 end of the health system aspect.

20 And then define which database
21 would serve our -- our purposes better. And
22 integrate that with the System Improvement
23 Committee work.

24
25 MR. PARKER: Okay.

1 DR. ABOUTANOS: But no action
2 items.

3
4 MR. PARKER: Thank you. Emergency
5 Preparedness and Response, Mark Day.

6
7 MR. DAY: Good afternoon, sir. We
8 were getting together today with our
9 coalition partners and discussing pediatric
10 emergency -- emergency preparedness. We
11 talked about both pediatric and burn
12 critical care, telemedicine capabilities.

13 If we're -- if you are at a --
14 say the far southwest and you're in a
15 facility that you have to hold any one of
16 those two patients, is there a possibility
17 in the State that we have telemedicine
18 capabilities.

19 Currently, there is none
20 across the State. But we're looking into --
21 that's one of the things we're looking into.
22 We talked about hospital disaster planning
23 and adding the fact that the disaster
24 planning needs to be working, not just from
25 the EMS to the door of the ED, but all the

1 way through the hospital. We also talked
2 about blood management. And the new fact
3 that the -- the -- around the State that
4 whole blood is being introduced and never
5 frozen plasma is being introduced into the
6 facilities in the State.

7 And also added -- adding into
8 the disaster planning, an exercise that the
9 State's hospitals should be exercising the
10 use of that -- their blood management and
11 making sure that that is part of that.

12 Okay, thank you.

13
14 MR. PARKER: Thank you. Regional
15 Council Directors, Michael Player, or Greg
16 Woods. Someone.

17
18 MR. WOODS: Thank you. The
19 Regional Directors group, all of the 11 --
20 10 EMS councils have been going through
21 their re-designation periods.

22 Those designation site reviews
23 were completed during this quarter. The
24 last of those occurring on May 1st. And the
25 recommendations will be prepared and

1 forwarded to the State Board of Health for
2 consideration at their next meeting. We did
3 have a work meeting on April 5th to review
4 the State EMS plan and to provide feedback
5 as part of the ongoing efforts of CHATR.

6 We'll be preparing our
7 comments and submitting those as part of
8 that ongoing process. And then our regular
9 quarterly meeting was held yesterday. There
10 are no action items.

11 But I'm happy to answer any
12 questions that you may have related to
13 Regional EMS. Hearing none, I thank you
14 very much for your time.

15
16 MR. PARKER: Thank you. Public
17 comment period. We'll open the floor for
18 any public comment. Is there anyone from
19 the audience would like to make any public
20 comment? Okay, hearing none.

21 Is there any unfinished
22 business to come before the Board? Any
23 unfinished business to come before the
24 Board. Hearing none, is there any new
25 business to come before the Board? Is there

1 any new business to come before the Board?
2 And just like that, in 44 minutes, we will
3 adjourn.

4
5 (The EMS Advisory Board meeting concluded at
6 1:44 p.m.)

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CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, hereby certify that I was the Court Reporter at the EMS ADVISORY BOARD MEETING heard in Richmond, Virginia, on May 3rdh, 2019, at the time of the Board meeting herein.

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

Given under my hand this 16th of May, 2019.



Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2019.

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