

EXECUTIVE COMMITTEE MEETING
Virginia Office of Emergency Medical Services
1041 TECHNOLOGY PARK DRIVE
NOVEMBER 10, 2021
10:00 AM

Members Present:	Members Absent:	OEMS Staff:	Others:
Kevin Dillard, Chair – Representing Virginia Ambulance Association Valerie Quick, Vice-Chair – Representing Thomas Jefferson EMS Council; Dillard “Eddie” Ferguson – Representing Virginia State Firefighters Association R. Jason Ferguson – Representing Blue Ridge EMS Council Jonathan Henschel – Representing Lord Fairfax EMS Council Dr. Michel Aboutanos – Representing American College of Surgeons Gary Critzer- State Board of Health EMS Representative		Gary R. Brown P. Scott Winston Adam Harrell Dr. George Lindbeck Tim Perkins Wayne Perry Mary Kathryn Allen Daniel Linkins Debbie Akers Chad Blosser Mindy Carter Karen Owens Ron Passmore Camela Crittenden Wanda Street Irene Hamilton	Krista Samuels Ed Rhodes Dr. Allen Yee

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order/Welcome: Kevin Dillard	Mr. Dillard called the meeting to order at 10 a.m. He thanked everyone for attending the meeting, and asked everyone to stand for the Pledge of Allegiance.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Mr. Dillard recognized OEMS staff for the awesome job they did on the Symposium.</p> <p>Mr. Dillard announced that seven new board members will be coming on board at the Friday meeting; and in addition, twelve board members have been reappointed. Mr. Dillard also congratulated Gary Critzer on being reappointed to the Board of Health as the EMS Representative.</p> <p>Mr. Dillard distributed the agenda for the meeting. He noted that the main topic of discussion at this meeting is the follow up from their last meeting, in which the discussion was about the committee structure and the Trauma system. Dr. Aboutanos has to leave the meeting early and, therefore, they will adjust the agenda to discuss that topic first.</p>	
<p>II. State EMS Advisory Board – continuation of 9/29/2021 Executive Committee discussion and action items:</p>	<p>At Mr. Dillard’s request, Gary Brown gave the group some background information on the Trauma System, the ACS State consultative site visit and the report and recommendations that were generated from that site visit.</p> <p>Following Mr. Brown’s synopsis, Mr. Dillard opened the floor for further discussion.</p> <p>Dr. Aboutanos distributed a proposed motion that he drafted concerning the Trauma System needs. Dr. Aboutanos stated that the State EMS Advisory Board voted to accept the Virginia Trauma System Plan on August 3, 2013 at the State EMS Advisory Board meeting.</p> <p>Dr. Aboutanos said that the achievement to date is that there is a Trauma System Coordinator who now serves on the EMS Executive Committee; and also seven trauma system committees were formed.</p> <p>Dr. Aboutanos said that at the August 3, 2018 meeting the State EMS Advisory Board also voted on “Modification of the EMS Advisory Board to provide adequate representation of all components of the trauma system. It was determined that this should include: six additional seats, one for the preinjury component of the trauma system, an acute care component of the trauma system, post-acute care component of the trauma system, the hospital quality components, the burn care component in the trauma system, trauma nursing component, and two already-existing components – one is American College of Surgeons COT representative and the pre-hospital component of the trauma system. The second item that was pending was the alignment of the bylaws of the EMS Advisory Board where committee chairs serve on the EMS Advisory Board, which does not happen with all the Chairs who are in the Trauma System committees.</p> <p>Dr. Aboutanos pointed out some of the issues he recognizes with this proposal.</p> <ol style="list-style-type: none"> 1. State EMS Advisory Board is too large as is. 2. Reducing the size of the State EMS Advisory board is really not favorable or feasible. Stakeholders aren’t willing to give up their seats. <p>Dr. Aboutanos reminded the committee that these things had already been voted on and passed on August 3, 2018.</p> <p>Dr. Aboutanos suggests that the State EMS Advisory Board should be left as is. He suggests instead to expand the State EMS Advisory Board into two sessions, the current EMS session stays as is and have a separate session for the Trauma system session. He is not suggesting to create a separate board, just a separate session; and also to elevate the Trauma System Governance Administrative Committee to that Board’s status. This Trauma session would handle trauma issues; and this would allow the existing Trauma System Committee Chairs to serve as voting members now on the trauma system session.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Chair Dillard opened the floor to the committee members for any additional proposals they might want to bring forth to discuss.</p> <p>Dr. Yee asked if this would create structural problems if they have a Board that's not recognized by the Governor. Dr. Aboutanos answered saying they are not asked to create a separate board just separate sessions and everyone would report back to the Executive Committee.</p> <p>Dr. Lindbeck said he feels that Trauma has achieved most of that already with the expanded trauma subcommittee structure.</p> <p>Mr. Brown pointed out that if you want to change the board status, you don't have to petition the Governor since will require a change in the Code of Virginia, which has to be done legislatively.</p> <p>Mr. Critzer thinks following the structure suggested by Dr. Aboutanos would be easy because the Board can simply change the bylaws to allow TAG to go straight to the Board of Health, instead of coming back through the Governor's Advisory Board for certain issues.</p> <p>Dr. Aboutanos responded to Dr. Lindbeck's comments and pointed out that Trauma only has one voting person on the State EMS Advisory Board.</p> <p>Ms. Crittenden stated that looking at everything going on from the EMS perspective, trauma, stroke, cardiac, all those other service lines, she thinks that they are talking about what this Board is going to be doing five year from now. She pointed out they have Mobile Integrated Healthcare coming. She feels that looking at the seats that are on the Board right now is needed anyway, regardless of what Trauma is suggesting. Ms. Crittenden discussed all the different components that affect EMS and the whole system. She said that she thinks this is the right time to be looking at the seats that are on the board right now. She pointed out that they are looking at adding injury prevention and violence prevention to Trauma. They are also looking at rehab and they ties into Mobile Integrated Healthcare. Ms. Crittenden feels it is time to look at EMS system and as they morph into more of a healthcare system in the future. Ms. Crittenden suggested that this maybe a way to grow into Virginia's future healthcare system and incorporate those services on the Board.</p> <p>After much discussion, the committee agreed that Board composition needs to change, or be reviewed. Ms. Quick suggested it might be useful to have a work group that could present a focused proposal for following the 2050 agenda of what the EMS Board should encompass.</p> <p>After much discussion, the committee came to a consensus on how to proceed with reviewing the composition of the State EMS Advisory Board.</p> <p>Eddie Ferguson asked if there was a way to keep Dr. Aboutanos engaged in an official capacity as part of this discussion going forward even though he is rotating off the Board.</p>	<p>MOTION: The Executive Committee agrees to move forward with a retreat to develop the framework for the composition of the Advisory Board, and to incorporate some of the other suggestions leading up to it to get the information before the retreat.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Mr. Brown said in the past they have formed a small work group, three to four people max. It could be a Bylaws work group to look at the current bylaws, evaluate it, and come back with recommendations. Chair Dillard said he will appoint a work group to address the bylaws. Mr. Dillard asked Vice Chair, Valerie Quick, to chair the work group. Eddie Ferguson agreed to serve on the work group.</p>	<p>VOTE: YEAS = 6; NAYS = 0; ABSTENTIONS = 0. The motion carried unanimously</p>
<p>III. Office of Emergency Medical Services in Virginia – Updates and Discussion Items State/Regional EMS Council Hybrid Update- Gary Brown</p>	<p>Mr. Brown reported that at the August meeting, J.C. Bowling, a member of the Board, announced that Southwest Virginia submitted their letter of intent to become a State hybrid council. That takes the number of councils becoming hybrid councils to four.</p> <p>Update on New Member Appointments-</p> <p>Mr. Brown reported that there are several new appointees that have conflicts and will not be able to attend the November meeting.</p>	
<p>Division of Executive Administration and Support – Adam Harrell</p>	<p>Mr. Harrell said they are moving forward with the hospital data exchange with ESO. They probably have thirty hospitals now in that process that will be live hopefully by the beginning of the year. He said that the biggest stumbling block for the hospitals is the risk assessment that is initiated by the hospital and health system. OEMS is continuing to advocate for that meeting with hospitals on a routine basis, and also making sure that all agencies, regardless of the vendor that they utilize, will be able to benefit from the hospital data exchange.</p> <p>OEMS is also working on some other projects with ESO that will be hitting the ground in '22. One of them is the Advanced Analytics platform that will be open to all. They will have to be ESO users to access it, but it will be a benchmarking tool for EMS agencies, their medical directors, regional councils, and so forth. Virginia will be the first state to go live with that in the first quarter of '22. Additionally, they are entering into some partnerships for some educational components out of ESO. Mr. Harrell reported that at the Symposium they had a facilitated conversation with iSimulate. iSimulate devices will be able to link into a training module in ESO, so that educators and instructors will be able to go full cycle and include documentation as part of that educational paradigm and be able to sue this simulated data out of their iSimulate device and merge that straight into ESO's training environment. OEMS is also working with simulation companies to be able to do a custom export for QA/QI purposes into the advanced simulation devices, so that agencies and educators will be able to take real live cases, de-identified, out of ESO and be able to apply them to the advanced simulation environment.</p>	
<p>Division of Accreditation, Certification and Education – Debbie Akers</p>	<p>Ms. Akers reported that the general survey for Symposium is going out today with a reminder and request for all final evaluations to be completed by November 24.</p> <p>Call for Presentations are scheduled to open November 11 for 2022.</p> <p>The Blackboard project is on tract and everyone has an account, whether you know it or not. ACE will start rolling out Blackboard right after the first of the year.</p> <p>Ms. Akers also reported that they are in the middle of the National Registry recert cycle.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Division of Regulation and Compliance – Ron Passmore	Ron Passmore did not have a report.	
Division of Trauma and Critical Care – Mindy Carter	Ms. Carter reported that she working to schedule backlogged trauma site reviews that were suspended in 2020. Ms. Carter said that she has seven scheduled for the first quarter of the year. Ms. Carter also reported that a handful of people have rotated off the Trauma Site Reviewers team, and she is working to augment those teams.	
Division of Community Health and Technical Resources – Tim Perkins	Mr. Perkins said all the information concerning his division can be found in the Green Book.	
Division of EMS Emergency Operations – Karen Owens	Ms. Owens referred the committee to the “Green Book” for program updates. Ms. Owens added that they will have some information coming out about some EMD re-education, on their requirements of TCPR and EMD. This information will be distributed through the councils and also through the 911 centers in an attempt to clarify some miscommunication of that information.	
State EMS Medical Director – George Lindbeck, MD	No report.	
IV. Hot Topics, Current Issues and Action Items- Kevin Dillard	Chairman Dillard opened the floor for any hot topics, current issues and action items. Dr. Yee asked if the Executive Committee or the whole Governor’s EMS Advisory Board should have a retreat to look at EMS as an essential service at the jurisdictional level? Chairman Dillard stated that legislation is being introduced to address that because there is eleven states in the U.S. that currently look at EMS as an essential service. He asked Ed Rhodes if could address if there is legislation moving forward; or are they trying to get a sponsor for it. Mr. Ferguson said they had a sponsor until a week ago, but he is now looking for a new sponsor. He said that the legislation is drafted and they just need to add the word “essential” and find a new sponsor.	
V. Adjournment	Having no more business, the Chair called for adjournment of the meeting at 12:35 pm.	