

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS**

DRAFT MEETING MINUTES

DATE: July 19, 2007

LOCATION: Cave Spring First Aid and Rescue Squad Building
Brambleton Avenue at Valley Forge Road, Roanoke

Directors Present

James Cady
Steve Davis
Tim Dick
Carey Harveycutter
Tommy Hunter
Bob Lloyd
Robert Logan
Ryan Muterspaugh
Stephen Simon
Lee Simpkins
Joe Trigg
Dale Wagoner
Ford Wirt
Kris Shrader
Judy Cauley

Staff Present

Debbie Akers
Bobby Baker
Charles Berger
Kester Dingus
Mike Garnett
Sharyn Campbell

Guests Present

To Order:

President Ford Wirt called this regular meeting of the Board of Directors to order at 7:00 PM. Ford thanked the Cave Spring Auxiliary for providing our meal. He also thanked the Cave Spring First Aid and Rescue Squad for hosting our meetings.

Ford introduced new staff and new board member:

Sharyn Campbell is the Council's new Office Manager, and Tim Dick is our newly-elected board member representing the City of Covington.

SECRETARY'S REPORT:

Rob presented minutes of the last meeting as distributed.

Carey Harveycutter moved approval of the minutes as circulated. Steve Simon seconded.

Motion CARRIED.

TREASURER'S REPORT:

Treasurer Harveycutter presented the unaudited treasurer's report for fiscal year 2007. He noted that all accounts were within expectations, and that the year ended with a budget surplus. He explained the recommended disposition of the budget surplus. He also reported that the Council recently purchased a Chevrolet Impala sedan to replace one of the aging Crown Victorias. The vehicle was purchased from Woodall Chevrolet in Danville, utilizing the GM Bid Assistance program to offer a price near the state contract price. This car was not available to purchase on the state contract because the deadline to order 2007

models had passed, and the 2008 models have not yet been put to bid by the state. One of the Council Suburbans has been assigned to the New River office.

Treasurer Harveycutter then moved that the Board authorize payment of \$40,000 toward the building loan principle, and that \$20,000 be repaid to the endowment. Joe Trigg seconded.
Motion CARRIED.

Then Treasurer Harveycutter moved to receive the report. Jim Cady seconded. **Motion CARRIED.**

Rob reported on the FY 2008 budget that was adopted at the last Council board meeting. The amount budgeted for state revenue was low, because information on allocated funding from OEMS was not available at budget time. Even though we have still not received our FY 2008 OEMS contract, we have been notified that State contract revenues will be about \$30,000 higher than budgeted.

EXECUTIVE COMMITTEE:

No report.

MEDICAL DIRECTION COMMITTEE:

Debbie Akers reported. The Medical Direction Committee has not met since the last board meeting, but RMD Charles Lane and Debbie Akers attended a recent meeting of the State Medical Direction Committee. A number of changes will take place in EMT testing, and in other aspects of EMS relating to practice and medical direction. More information will follow.

COMMUNICATIONS AND TRANSPORTATION COMMITTEE:

Negotiations are still underway to sell the Peaks Knob tower to Pulaski County. If and when the sale is completed, it will likely be recommended that the funds generated from the sale be added to the WVEMS endowment.

Also, lightening recently damaged the Med 10 repeater on Peaks Knob. It will be replaced.

PERSONNEL AND TRAINING COMMITTEE:

Chairman Dale Wagoner reported that the committee had not met since the last board meeting.

ALLIED RESOURCES COMMITTEE:

This committee met on June 18. Minutes are attached to these minutes. Formation of a separate Performance Improvement Committee is underway. Bobby Baker reported on the new Medical Incident Report process, and progress on refining the regional performance improvement plan. Rob Logan explained that, depending on language in our FY 2008 state contract, we might be expanding the membership in our PI committee, and possibly creating a separate Trauma PI committee to be made up primarily of the same members. He further emphasized the importance of our PI efforts, and indicated that the PI committee (or committees) would become standing committees to be addressed in our bylaws.

Debbie Akers reported on recent discussions to switch from the traditional "Philadelphia" cervical collars to a stiff, flat collar in our restocking program. Lewis-Gale and all Carilion hospitals have already switched. Educational materials have been ordered and will be provided to all agencies.

NSPA:

Rob reported for the Near Southwest Preparedness Alliance. Funding for the next fiscal year (beginning September 1) has not been announced, but it is expected that administrative funding will remain constant, and that direct program funding will be reduced by about 15 percent. Renewed emphasis will be placed on some communications projects and on hospital security and hardening. Rob also noted that it is likely that the program will continue for at least two to three more years.

EMS ADVISORY BOARD:

In Morris Reece's absence, Rob reported for the Advisory Board. A written report is attached to these minutes. The next meeting is set for August 17 in Richmond. As of today, the regional council study results have not been released. No date has been announced.

EMS FINANCIAL ASSISTANCE:

That last grant awards have been made. New applications will be received beginning August 1. Certain changes to the RSAF program are posted on the OEMS website.

NEW BUSINESS:

Dale Wagoner reported on the Board Member Retreat that he, Rob and Billy Altman attended for WVEMS in Richmond on June 15-17. Topics presented included non-profit accounting, development, strategies, planning, and risk management. It is hoped that this sort of retreat will continue at least on an annual basis.

Rob asked that all directors please begin looking at the Council's strategic plan. Beginning at the next meeting, we will conduct a brief work session to revise the plan for the current fiscal year.

Also, the Executive Committee will begin working on a comprehensive bylaws revision in September.

PRESIDENT'S REPORT: The President reported 56 percent of the Board in attendance.

EXECUTIVE DIRECTOR'S REPORT:

Rob reported that the OEMS contract was complete, and that the contract should be received in final form within the next two weeks.

The Council will submit a proposal to host one of two state performance improvement specialists.

Rob reported on the VDEM-DFP Summit that he attended this past Tuesday. The top priority identified for the coming year was moving OEMS from VDH to the Secretary of Public Safety. Secretary John Marshall stressed that his office must remain neutral, but he went on to offer some strategy to use if seeking such a move in the legislature.

STAFF REPORTS:

Kester – No report

Debbie showed a recent front-page article from Covington's newspaper praising the EMS program offered at Dabney S. Lancaster Community College in conjunction with the Alleghany Foundation and WVEMS. This program has made a significant, positive impact on EMS education in the Alleghany area. She also reported on an open comment period for

development of new EMS educational standards on the national level, and referred those present to the National Association of EMS Educators website (www.naemse.org) to comment prior to July 31. She asked directors to help publicize our search for qualified field coordinator candidates to fill the vacant FC position in Roanoke. Finally, she thanked the Council for allowing her and her training staff to attend a recent NAEMSE educator training program at the Roanoke Valley Regional Fire-EMS Training Center.

Mike – No report

Charles – No report

Sharyn – No report

OTHER BUSINESS:

None

Being no further business, the meeting was adjourned at 8:45 PM.

Submitted by Robert Logan. Executive Director

**Western Virginia EMS Council
Combined Meeting
Allied Resources Committee
Performance Improvement Committee**

Minutes

**June 18, 2007
11:00 AM**

**Lewis-Gale Medical Center - Education Auditorium
Morris D. Reece, Chair**

In Attendance:

Morris Reece, Chair, WVEMS Board
Rob Logan, WVEMS Board, Executive Director
Debbie Akers, WVEMS Regional Education Coordinator
Stephen Simon, Division Chief, Roanoke Country Fire & Rescue, WVEMS Board
Bobby Baker, WVEMS/NSPA Staff - PI
Bill Altman, Deputy Chief, Roanoke Fire-EMS, WVEMS Board
Shannon Malloch, RN, Carilion CMC ED
Kester Dingus, WVEMS Asst. Director
Tiffany Keys, RN, MHMHC – ED Director
Synthia Fain, RN, RJRPCMH ED Director
Philip Belcher, RN, RJRPCMH ED (Emergency Services)
Paul Davenport, RN/PM, CMTE, MBA Carilion Pt. Transportation – LifeGuard 10/11
Susan Smith, RN, MBA, CMTE, Carilion Patient Transportation – LifeGuard 10/11
Krista Henderson, CRMH Trauma Service PI Coordinator
DJ Douglas, RN, Trauma Coordinator, Montgomery Regional Hospital
Patrick Earnest, RN, Trauma Coordinator, Carilion NRV Medical Center
Andi Wright, RN, Trauma Coordinator, Carilion RMH Trauma Center
Marci Stone, Lewis-Gale Medical Center - ED (Emergency Services)

To Order: Chairman Morris Reece called the meeting to order at 11:00 AM. Members were introduced.

Trauma Triage: Rob Logan introduced discussion on the recent revisions to the Regional Trauma Triage Plan. Maps showing medevac service areas have been developed and incorporated. It was reported that the plan is dynamic and can be revised as often as necessary to reflect current information, but that a major review and revision will take place every three years.

Paul Davenport suggested that the maps be revised to present a more user-friendly document. Rob suggested that the maps were intended to be used as a broad advisory representation of service areas, and were not intended to be consulted in the field on a per-response basis. He recommended that a brief narrative page be included with each county map explaining the service areas in narrative form.

Because the plan had been adopted in a previous meeting, no action was necessary.

Clinical Education: Debbie Akers reported on recent and expected growth of the EMT-Intermediate accredited programs, and the increased need for clinical experience. She reported that it sometimes appears that hospital staff members do not fully understand the clinical experience needs and requirements of our educational programs. She asked for the hospital representatives' assistance in further developing the clinical agreements, and expanding the availability of clinical experience.

Andi Wright noted the increased competition for clinical education, which has resulted in a reduction in the number of days available to EMS. Debbie asked that hospitals recommend pediatric clinics, outpatient surgery units, etc. that might be available for clinicals.

Rob reported on the liability insurance now carried by the Council on all students, and on the VA-Risk 2 policy that offers liability coverage of \$1 million per occurrence and no aggregate maximum. He asked that hospitals allow revision of their clinical agreements with us to accept this coverage, which is combined with another \$1 million umbrella policy.

Performance Improvement: Rob opened the discussion on Performance Improvement. He explained the requirements that were included in a draft of the Council's OEMS contract for FY '08. He also reported that he had submitted a request to revise that section of the contract to use one committee and one plan. It is unknown when a response will be received.

This committee was informed that a formal PI committee (or two committees) would be constituted when a response is received from OEMS. The separate PI Committee(s) will meet prior to the next AR Committee meeting.

Rob and Bobby explained the overall process for PI referrals and reviews, and for conducting various PI projects.

In its role as the genesis of the PI committee for the region, this committee began a page by-page review of the Regional Performance Improvement Plan, May 2007 Draft. The first discussion concerned the composition of the PI committee(s). The proposed composition was presented, and discussion on the relevance of each position was discussed. It was noted that this discussion could be moot, depending on response from OEMS on our revised contract PI section. The final draft of the plan will be left up to the PI Committee itself to recommend to the WVEMS Board, but it was suggested that the Committee consider adding a Fire/EMS position from each of the planning districts, plus a volunteer and a career provider from each PD. But a clear understanding that each position represents a particular segment of the EMS system REGION-WIDE might suffice, and allow one in each category instead. The PI Committee should take this into consideration when filling out its roster.

The matter of how members of the committee should be selected was discussed. It was suggested that professional organizations might make recommendations. However it was decided that the first round of members should be appointed with advice from Council staff and the AR committee.

Concerning Medical Incident Reviews: It was noted that the MIR web form asks for a patient's SSN. The Committee requested that this field be removed from the form. Much discussion was held on the progression of a MIR request.

It was decided that agency OMD's would be contacted in advance to determine in what time frame they wished initial contacts to be made to them. The three choices are:

- Immediate notification along with notification to agency
- Notification seven days after notification to agency (to allow the agency to notify the OMD first)
- Notification after the agency's internal PI process had run its course (This third option would be available only to agencies with well-documented and formal internal PI review programs,)

The process to be refined and described in the plan will be as follows: Any MIR request that is received by staff would be reviewed, and any pertinent preliminary data would be collected. Staff will contact the agency head (or the hospital official) to advise them of the request for review. The Regional OMD will also be advised of the MIR. Notification will be provided to the agency OMD according to the option selected. If already addressed satisfactorily by the agency and OMD, **and** the outcome is reported to the Council and its PI committee, the individual matter will be considered closed. However, if the matter has potential ramifications beyond the individual incident (i.e. it could

lead to a protocol revision or policy change), it will be escalate to the Regional PI Committee. Also, the affected OMD and/or the Regional OMD may escalate any incident to the Regional PI committee.

Steve Simon suggested that a statement that constitutes a "business agreement" between every agency and the Council be included in the next revision of the Restocking Agreement, whereby the agency agrees to provide data requested by the Regional PI Committee, and also to cooperate in providing data for any MIR upon request. A similar agreement will be included in the Council's template OMD Agreement for agencies.

The first contact would be to the agency head (or the hospital officials in cases of MIR's involving hospitals). OMD contact will be next, based on the arrangement described above. If resolved at the agency or hospital level, the MIR may still be escalated to the Regional PI Committee at staff and RMD discretion.

All cases, no matter how or at what level they are resolved, will be reported to OEMS on a quarterly basis.

Tiffany Keys asked if certain triggers (such as who may submit MIR's) should be considered. Paul Davenport asked about the policy of accepting anonymous MIR requests. It was emphasized by staff that anyone should be able to initiate a MIR, and that anonymous requests would carry the same weight as those with identified initiators.

It was suggested that an image of the MIR web form be included as an appendix to the plan, along with a flow-chart of how a MIR is processed.

Two recent cases were reported to the committee. Both were satisfactorily addressed and resolved by the affected OMD.

Restocking: A region-wide EZ-IO project was discussed. It was asked of the hospital representatives that they poll their hospitals to see if they are willing to sustain the EZ-IO program by adding needles to the restocking plan. Will report back at the next meeting.

Consideration of moving away from the Philadelphia-style cervical collar to a style of flat collar was discussed. This will be further discussed by the hospitals. If acceptable to the facilities, the Council will move forward to request a grant to provide all agencies an initial supply, and training on the flat collars.

Other business: None

Next Meeting: Set for Wednesday, August 29, 2007 at the Lewis-Gale Medical Center Education Auditorium.

Being no further business, the meeting was adjourned at 1:10 PM.

Submitted:

/s

Morris D. Reece, Chair

EMS ADVISORY BOARD REPORT

The State EMS Advisory Board met at the Richmond Marriott West, Glen Allen, Virginia on Friday, May 18, 2007. Following are selected highlights of that meeting:

1--Federal law going into effect in November 2008 requires certain protective clothing be worn by personnel responding to traffic accidents on federal highways. Consideration is also being given to adding regulations for equipment and ambulances to meet certain marking requirements for compliance with federal standards. The state has been asked to draft operational policies to comply with these federal guidelines. The Virginia Department of Transportation is drafting rules and regulations that will impact Fire and EMS workers on the highway.

2-- The regulations for Regional Councils Designation, for the Financial Assistance Review Committee, and to initiate the NOIRA Process for other EMS regulations were scheduled to go to the Board of Health on April 20 but were removed from the agenda. It is expected that these items will be on the July agenda of the Board of Health meeting.

3--The Regional Council Study originally scheduled to be completed by the end of June has not yet been concluded. The consultant conducting the survey received over 680 surveys and conducted more than 200 personal interviews.

4--The new Four-for-Life percentages went into effect on July 1, 2007, with all of the collected funds going to Office of EMS, except for \$1,045,000 that goes to the Virginia State Police for med flight operations.

5--The National Highway and Traffic Safety Administration has developed a contract with John Hopkins Bloomberg School of Public Health to better understand how EMS is organized and delivered in the United States, and to develop common definitions to allow for adequate comparison of EMS systems among the various states. The study includes a pilot assessment of EMS systems in Virginia and other members of the Atlantic EMS Council.

6--There is currently an initiative to relocate the EMS Office Division of Training to a location outside of downtown Richmond. The intent is to have a more accessible location to the broader EMS community. Some locations being considered include co-locating with Fire Programs at their Richmond location. The selected location will include areas for the production of training videos and space to accommodate large meetings. The current management structure of the training division will remain intact. There is no intent to move OEMS Senior Management and related administrative functions out of the Central Office in downtown Richmond, nor are there plans to realign the reporting structure within the Office.

7-- The state-wide Communications Directory has been distributed and is available on CD or can be downloaded from the OEMS web page. The directory will be also be printed and distributed to agencies throughout the state. The VHF Hi Band initiative to provide one portable radio for each DERA licensed EMS vehicle is moving forward but has not yet been finalized.

8--The Office of EMS has contracted with the Western Virginia EMS Regional EMS Council to develop the curriculum and to teach classes for "Keeping the Best" Retention Workbooks. Western Virginia EMS Council has awarded the two-year project to Renaissance Resources, a Richmond based consulting firm. Scheduled classes will be posted on the OEMS website. The primary intent of the training is to develop a cadre of instructors who can then teach these classes across Virginia.

9--Changes have been made in the RSAF grant process that require the signature of the agency Operational Medical Director signature, or in their absence, the signature of the regional OMD, effective September 17, 2007. All grants submissions must be done on-line beginning with that

date. Information on this process will be placed on the OEMS website; EMS agencies will also receive written correspondence regarding these changes.