

State EMS Advisory Board Meeting
Richmond Marriott West, Richmond, Virginia
May 16, 2008
1:00 PM

Members Present:	Members Absent:	Staff:	Others:
Randy P. Abernathy	Rao R. Ivatury, M.D. (Excused)	Gary R. Brown	Lisa Kaplowitz
Coan G. Agee	Lori Moore-Merrill	Scott Winston	Matt Cobb
Byron F. Andrews, III	May H. Fox (Excused)	Terry Coy	Allen Yee, M.D.
J. David Barrick	Sherrin C. Alsop	Winnie Pennington	Connie Purvis
Edward B. Bish, Jr.		Carol Morrow	Rob Logan
Jason D. Campbell		Warren Short	Max Bornstein
Jennie L. Collins		Beth Singer	David Poulson
Gary P. Critzer		Jodi Kuhn	Matt Lawler
Robert V. Crowder, III		Paul Sharpe	Jim Chandler
Gary R. Dalton		Amanda Davis	Thad Moore
Kevin L. Dillard		Ken Crumpler	John Kandros
James R. Dudley, M.D.		Karen Owens	Randall Geldreich, M.D.
Bruce W. Edwards		Jim Nogle	Bill Downs
Theresa Guins, M.D.		Henry Bosman	Paul Helmuth
L.V. Pokey Harris		Chad Blosser	Ed Rhodes
Linda G. Johnson		Tom Nevetral	Tracy Thomas
Cheryl L. Lawson, M.D.		S. Heather Phillips	
Clarence C. Monday		Jimmy Burch	
Morris D. Reece		Michael D. Berg	
Linda L. Sayles		Wanda Street	
Karen Wagner		Irene Hamilton	
Carl F. Wentzel, III, M.D.		Kent Weber	
Anthony D. Wilson			
Douglas R. Young			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order - Karen Wagner Approval of Minutes	The Chair, Ms. Wagner, called the meeting to order at 1:17PM. Ms. Wagner asked for approval of the February 8, 2008 meeting minutes.	The minutes were approved as presented.
Approval of Agenda	Ms. Wagner asked for approval of the meeting agenda. Gary Brown said that the agenda needed to be amended to add a report from the PAT Committee that will be given by Gary Critzer, the Chair of the committee.	The meeting agenda was approved with that change.

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<p>Chair Report – Karen Wagner</p>	<p><u>PAT Committee</u> Ms. Wagner reported that she attended the PAT team meeting on March 20. Ms. Wagner recognized publicly the efforts that Gary Critzer is making as the Chair of the PAT Committee, along with recognizing all the PAT Committee members. Ms. Wagner encouraged everyone to attend the meetings. Dr. Cheryl Lawson commented that she attended the PAT Committee meeting in Hampton, and also encouraged individuals to attend the meetings.</p> <p><u>Town Hall Forum</u> Ms. Wagner also attended the Town Hall Forum that was held in Charlottesville the same evening after the PAT Committee meeting. Ms. Wagner encouraged everyone to also try and attend the Town Hall Forums. She said that it is a good opportunity to meet with the Advisory Board members and the members of the Office of EMS.</p> <p><u>Department of Health Meeting</u> On April 2, Randy Abernathy, Jennie Collins and Ms. Wagner met with Dr. Karen Remley, the State Health Commissioner and Dr. Liza Kaplowitz, the Deputy Commissioner for Emergency Preparedness & Response at the Health Department. The meeting was an orientation process for Dr. Remley in reference to the EMS Advisory Board and its functions. They discussed the committee, current missions, and board actions.</p> <p><u>Board of Health Presentation</u> Following that meeting, Dr. Remley made arrangements for the EMS Advisory Board to make a presentation to the Board of Health on April 18. Ms. Wagner was ill on April 18, and Randy Abernathy gave the presentation to the Board of Health in her absence. Ms. Wagner said he did a wonderful job, and she asked Randy to report on the Board of Health meeting during his report.</p> <p>Ms. Wagner reported that Wanda Legge, the former Executive Director of Lord Fairfax EMS Council, died on Thursday, May 15. Ms. Wagner asked for a <i>moment of silence</i> in her honor.</p>	
<p>1st Vice Chair Report – Randy Abernathy</p>	<p><u>Board of Health Presentation</u> The Executive Committee came up with a list of issues that they felt was of importance to the EMS Advisory Board; and of which the Board of Health should be made aware. Mr. Abernathy expressed his appreciation to Drs. Remley and Kaplowitz for giving them the opportunity to present to the Board of Health. Mr. Abernathy reported that the Board of Health really paid attention to their presentation and asked relevant questions. They requested OEMS to provide the Board of Health with a copy of the Institute of Medicine’s report, <i>EMS at the Crossroads</i> because of the reports impact that it has had on systems designs in the Commonwealth and globally.</p> <p>Mr. Abernathy feels that this meeting provided an initial, long needed step, to engage in a partnership between the EMS Advisory Board and the Board of Health. Mr. Abernathy stated that the Board of Health can serve as an asset to the EMS Advisory Board; and the EMS Advisory Board can also serve as an asset to the Board of Health.</p>	
<p>2nd Vice Chair Report – Jennie Collins</p>	<p>No report.</p>	

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Deputy Commissioner for Emergency Preparedness & Response – Dr. Lisa Kaplowitz	<p>Dr. Kaplowitz said that not only did Randy Abernathy do a great job in his presentation to the Board of health; but in addition, Dr. Remley has requested that the EMS Advisory Board present to the Board of Health biannually. Dr. Kaplowitz said that this is an important step. Dr. Kaplowitz also said that Randy engaged the Board of Health during his presentation; and that the Board members had great follow up questions. Dr. Kaplowitz said that the engagement of the Commissioner will make a great difference. In addition, Dr. Kaplowitz stated that both Dr. Remley and she are more than willing to meet with anyone with issues or concerns; and they ask that the Board members bring their concerns directly to them. They ask for an opportunity to address any issues or concerns before they are passed on to the Governor, Secretary or General Assembly.</p> <p>Dr. Kaplowitz stated that she continues to have weekly meetings with Gary Brown; and she tries to stay updated on the Office of EMS issues. Dr. Kaplowitz said that she is also an Ex-officio member of the PAT Committee and said that it has been quite a learning experience for her.</p> <p>Dr. Kaplowitz thanked Morris Reece for bringing an excellent speaker on trauma and mass casualty events to the hospital forum. Dr. Kaplowitz said that the lecture was an eye opener to mass casualty event issues. Dr. Kaplowitz said that she feels we all still have a lot to learn in regards to a true mass casualty event. Dr. Kaplowitz said that she was asked to testify before a House Committee a couple of weeks ago in regards to handling mass casualty. She was asked if we are able to handle a bombing in the metro; and she isn't sure if there is an answer to that question. She said that she is proud of what we have done in Virginia; but she feels that an actual event will probably still unfortunately be a learning experience.</p>	
State EMS Medical Director's Report – Allen Yee, M.D.	<p>Dr. Yee said that this past week has been a difficult week for EMS. He said that the University of Wisconsin lost a helicopter; on board was the pilot, a nurse and a physician. In addition, on Thursday, the State Medical Director from Missouri passed away, Bill Jermyn. He was a great mentor; and he was very involved in disaster medicine, as well as the American College of Emergency Physicians. It will be a great lost to the state medical directors because he was an incredible asset. Dr. Jermyn was instrumental in helping ODEMSA work on their regional STEMI Plan.</p> <p>In the Institute of Medicine report, it was noted that EMS was very fragmented in its care. Dr. Yee said that they have worked very hard in the last year and a half in trying to decrease their fragmentation. Dr. Yee said that there is still a move going forth to decrease the fragmentation by moving towards statewide drug boxes and a statewide protocol. Dr. Yee said another example of the fragmentation of the EMS system is that there are 77 levels of providers in between EMT Basic and Paramedic across the country. Dr. Yee said that there is a big push nationally to standardize the levels. There has been a big move in the last month or so to standardize EMS and to practice evidence-based medicine. Dr. Yee said they hope learn from big studies out of Ontario and Pennsylvania; and to implement that shortly.</p> <p>At the last meeting, Dr. Yee mentioned that the Ryan White Law was repealed; and he said that there is a big push nationally with the NAEMSP, the National Association of EMS Physicians and the National Association of EMS Officials are trying to re-enact the Ryan White Law.</p> <p>Dr. Yee said that he participated in the State EMS Medical Director interviews. Dr. Yee said that he has been serving as Interim EMS Medical Director for a little over a year, and said that it has been a pleasure to work with the men and women across the state. Dr. Yee said that he is committed to help the new state medical director.</p>	

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	<p>Ms. Wagner acknowledged Dr. Yee's commitment and dedication and thanked him for his service.</p>	
<p>Office of EMS Reports – Gary Brown and Staff</p>	<p>Mr. Brown began his report by also acknowledging Dr. Yee for his service as Interim EMS State Medical Director.</p> <p>Mr. Brown referred to the EMS Quarterly Report and said that the report has an update on the 2008 General Assembly bills that were assigned to the Office of EMS.</p> <p><u>HB922</u> Mr. Brown said that this bill was a result of a House Joint Resolution HJR 743 legislative sub-committee that was formed to look at studying incentives for volunteer Fire and EMS personnel. A couple of recommendations came out of that sub-committee. One was to fund VOLSAP (Volunteer Firefighters' and Rescue Squad Workers' Service Award Program); but that didn't get passed. The other recommendation was to add \$0.25 to the Four-for-Life legislation. This legislation was approved. The additional \$0.25 will be used for costs associated with the certification and recertification training of emergency medical services personnel. OEMS has developed a Strategic Plan, working with the Training staff.</p> <p>Mr. Brown said that there is an incorrect sentence in the Quarterly Report regarding this issue. He referred everyone to page 2 of the Quarterly Report. Mr. Brown said that he incorrectly stated that the budget bill language restricts the use of this additional revenue to ALS training; and he asked that anyone having the report strike that sentence.</p> <p>Mr. Brown said that the Strategic Plan was presented to VDH Executive Management, Dr. Kaplowitz and Dr. Remley; and received their approval. It has now been sent to Joan Putney, legislative staff to the legislative sub-committee; and she was asked to send it to the sub-committee members. OEMS wants to make sure they are on the correct path in regards to the purpose and the intent of the use of the \$0.25. The sub-committee members were asked to respond by May 15 if they had any comments or objections to the Plan. Ms. Putney reported that she heard from the Chair, Delegate Rust and one other member, Robbie Woodall, who agreed with the Plan. Ms. Putney corresponded with Mr. Brown yesterday, stating that OEMS should move forward with the Plan.</p> <p><u>Board of Health Meeting</u> Mr. Brown reiterated that it was an excellent meeting with the Board of Health on April 18; and said that OEMS looks forward to a continuous, developing relationship.</p> <p><u>Department of Fire Programs</u> Mr. Brown recognized Billy Shelton, the Executive Director of the Department of Fire Programs in the audience. Mr. Brown talked about the quarterly meetings between OEMS and Fire Programs. <i>Diversity in Fire and EMS</i> – Mr. Brown explained that collaboration was started between OEMS and Fire Programs in relationship to “Diversity in Fire and EMS.” They have worked with the Virginia Fire Chiefs Diversity Committee to come up with a plan to promote diversity. They put together a diversity program that was actually the October 2007 EMSAT broadcast. Terry Coy and David Hellman worked on the video. The Board was shown a five minute promo of the EMSAT broadcast. Mr. Brown said that the promo can be used by different organizations, fire departments and EMS agencies across</p>	

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	<p>the state.</p> <p><u>SB101 and Mental Health Law Reform Commission</u> Mr. Brown referred to SB101 that was introduced in the 2008 General Assembly but was not passed by the session. SB101 dealt with transportation for people with emergency custody orders and temporary detention orders. Even though the bill was killed the subject matter was referred to the Mental Health Law Reform Commission.</p> <p>Mr. Brown stated that he received an email from Jane Hickey, of the Office of the Attorney General, about six weeks ago to inform him of an effort taking place regarding this issue. A committee is being formed, and the proposal is before the Mental Health Law Reform Commission to create a three tier transportation system. The first would be for family or taxi service; the second would be for some sort of care provided possibly EMS transport; and the third would be for law enforcement.</p> <p>EMS was able to get two seats on this committee. Mike Berg, who is our Division Manager of Regulation and Compliance, will be representing OEMS on this particular committee and Randy Bretton, the Chief Operating Officer for Physician Transport Service will be representing EMS.</p> <p>Mr. Brown said that OEMS will keep the Board and EMS community apprised of this issue. Mr. Brown said that they are concerned if there are any particular recommendations that would require any other type of certifications or licensure or permitting of EMS agencies or vehicles for this purpose. Mr. Brown reiterated that they are in the business of emergency medical services.</p> <p><u>Appointments to the State EMS Advisory Board</u> Several members will be rotating off the Board; and there are also several members of the Board who are completing their first term. The members representing organizations need to submit recommendations for replacements or reappointments to those seats. Mr. Brown asked that any organizations that have not been contacted by either Secretary of the Commonwealth's office or him, please let him know. Mr. Brown will give them the contact information for the person in the Secretary of Commonwealth's office that handles gubernatorial appointments for the Health and Human Services secretary. Representing organizations need to submit their recommendations to the Secretary's office for the Governor's consideration for appointments.</p> <p>Mr. Brown stated he hopes appointments will be made prior to the August meeting; but until that time the current members will continue to serve on the board.</p> <p><u>State EMS Medical Director</u> Mr. Brown thanked Drs. Dudley and Yee; and Randy Abernathy for serving on the interview panel. Mr. Brown announced that Dr. George Lindbeck has been selected to be the next State EMS Medical Director.</p> <p>Dr. Lindbeck spoke he said that he looked forward to working with the EMS community as the State EMS Medical Director.</p>	

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	<p>Scott Winston's Report: <u>Personnel Updates</u> Mr. Winston reported that Rohn Brown, the Technical Assistance Coordinator left OEMS in March 2008. Mr. Winston said that his departure has left a huge void in the areas of technical assistance, leadership and management, and recruitment and retention initiatives and programs. Mr. Winston is overseeing these areas in the interim until the position can be approved for hire. Mr. Winston welcomed back Karen Owens who is back working in the Emergency Operations unit.</p> <p><u>National EMS Workforce Agenda for the Future</u> Mr. Winston recently participated, as an observer, in a meeting of stakeholders for the National EMS Workforce Agenda for the Future. Approximately 40 individuals attended from across the country, and it was a really valuable and rewarding meeting. This issue affects the entire country in regards to maintaining a stable, competent and well-trained workforce. In the meeting there was a review, discussion and finalization of a conceptual model for the agenda. The agenda will be out later this year. Mr. Winston highlighted areas that will be included in the agenda. It will address 1) data and research; 2) education and certification and how that effects the workforce; 3) workforce planning and development; and 4) the health, welfare and safety of the workforce.</p> <p><u>Partnership with the Office of Minority Health and Public Health Policy</u> OEMS has partnered with the Office of Minority Health and Public Health Policy to use monies from the Medicare Rural Health Flexibility Program (FLEX) to assist agencies in rural areas with various issues that they face. They plan to offer a workshop in Virginia in the near future on Budget Models. This workshop will be designed for EMS officials in rural communities to help them improve and develop their financial management skills.</p> <p><u>2008 General Assembly</u> Mr. Brown informed the Board that the interest from the Rescue Squad Assistance Fund, interest bearing account, is being transferred to the General Fund to help balance the state's budget. Mr. Brown said that this action did not just target EMS, but that they are taking the interest out of all interest-bearing accounts. Mr. Brown said that the impact on OEMS in terms of the system is that the interest that was earned in that fund, approximately \$300,000 per year, was rolled back into the amount that OEMS award to grantees. Therefore, the amount of monies available to be awarded will be reduced for each cycle. Mr. Brown said that the interest is scheduled to be taken in 2008, 2009 and 2010.</p> <p>Mr. Brown said that the Trauma Center Fund also lost \$1 million each year to the General Fund.</p> <p><u>Statewide Stroke Task Force</u> The Joint Commission on Hospitals studies stroke care within Virginia and decided that a systematic approach was needed. The Joint Commission on Hospitals tasked VDH with forming a statewide stroke task force that would evaluate how we approach stroke care in Virginia. A meeting was held between the Office of EMS, the Office of Family Health Services, as well as VDH Executive Management. They discussed the recommendations of the Joint Commission on Hospitals; and it was decided that the Office of Family Health Services who already has a CDC based grant that deals with heart disease and stroke prevention would lead that task force. The Office of EMS will sit on the task force.</p>	

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	<p>The Office of EMS was tasked in code language with establishing a stroke triage plan. They will start working on this as soon as the task force gets up and running, and start making recommendations as to where those centers will be located.</p> <p>A video presentation was shown on <i>Creating a Diverse Workforce in Fire and EMS</i>. Mr. Brown thanked Billy Shelton and the Department of Fire Programs for their collaboration on the video; and gave a special thanks to Terry Coy for his great work on this video.</p> <p>Jason Campbell asked Gary Brown in the EMS Training Department Strategic Plan how the funds will be disbursed. Mr. Brown asked Warren Short to address this issue. Mr. Short said that they are going to consolidate three funds under an EMS Training Funds program, but they will track the various revenue sources independently.</p> <p>Warren Short referred Jason to Appendix A of the Quarterly Report (page 5 of the report); it shows a grid of how the monies will be spent. Mr. Short explained that the money has been split up based on the certification and recertification of providers. Mr. Short said that he realizes that more people will be applying for the funds but he doesn't know if they will run out of money.</p> <p>Mr. Campbell said his question was if the funds generated from the additional \$0.25 can be used by both ALS and BLS programs. Mr. Short said that the monies will be made available to both ALS and BLS program. Mr. Short explained how they developed the budget for the additional funds.</p>	
Office of the Attorney General – Matt Cobb	Mr. Cobb said that he did not have a report. Ms. Wagner acknowledged that EMS has been utilizing Mr. Cobb a great deal and said that she appreciates his services.	
Committee Reports and Action:		
Awards Selection Committee – Karen Wagner	Ms. Wagner reported that the committee will be meeting in August. She reported that the regional EMS councils are currently submitting their nominations for the Governor's Awards that will be awarded at the Symposium.	
Communications Committee – Gary Critzer	<p>Mr. Critzer reported that they have one action item and two informational items. The committee met earlier in the day. The Communications Committee is working with various state agencies in an effort to provide one stop shopping for various communications and public safety grants.</p> <p>The Communications Committee is going to form a sub-committee to work on narrow-band requirements and provide counties and agencies with direction and guidance.</p> <p>The interoperable radio initiative is a two fold issue. One issue is one between VHHA/VDH on some radio equipment for hospitals in our states. The portable radio project that is being sponsored by OEMS for the agencies is somewhat delayed due to some budgetary issues.</p>	<p>MOTION: The EMS Advisory Board moves to ratify the decision by the Communications committee to approve the Louisa County 911 PSAP application for accreditation.</p> <p>YEAS = 24; NAYS = 0;</p>

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	At their meeting, the committee approved a 911 PSAP application from Louisa County; and they brought forth that item as an action item for the Board's approval.	ABSTENTIONS = 0 THE MOTION CARRIED UNANIMOUSLY
CISM Committee – Linda Johnson	Ms. Johnson reported that the CISM Conference is scheduled at the end of May. Enrollment is down a little from last year.	
EMS Emergency Management Committee – Bubby Bish	<p>Mr. Bish reported that the committee met on May 8. They had a guest speaker, Perry Cogburn from VDOT. Mr. Cogburn gave a good program on I-64 lane reversal. On May 11, there was a Hurricane Lane Reversal exercise. The exercise went very well. The committee has established a sub-committee of three people to review issues. Some of the projects that they are considering are disaster preparation for the public and family preparedness for families of EMS providers.</p> <p>Virginia 1 DMAT – Jim Nogle Mr. Nogle reported that Virginia 1 DMAT along with Michigan has been selected for a pilot program to try a new design. There is going to be training for VA-1 DMAT along with Michigan starting June 1. They will have a practice at the Langley Air Show.</p> <p>The next meeting of the committee is scheduled on August 7. They are planning to have the meeting at Virginia EOC; and they hope to have a guest speaker.</p>	
EMS for Children – Theresa Guins, M.D.	<p>The last meeting was held on April 10. The main activity of the committee currently is to develop educational materials in regards to the reporting of suspected child abuse. The committee plans to bring a report on that issue to the August Advisory Board meeting.</p> <p>The committee is using rural Health Flexibility (FLEX) funding to evaluate hospitals in the Commonwealth to assess their pediatric emergency care preparedness.</p> <p>The committee has a federal HRSA Performance Review of the EMSC Program scheduled in July. They should have some feedback from that review to present at the August Advisory Board meeting.</p> <p>The next meeting is scheduled on July 10 at the Richmond Marriott West.</p> <p>Jennie Collins asked for copies of the annual Child Maltreatment Fatality Report for Advisory Board members.</p> <p>Beth Singer told the Board that May was National Trauma Awareness Month, and said that the focus this year was in preventing traumatic brain injuries in children. OEMS produced a video about Preventing Brain Injuries in Children to coincide with Trauma Awareness Month, EMS Week and EMS for Children Day. The Board viewed the video.</p>	<p>The committee plans to report to the board in regards to reporting suspected child abuse at the August meeting.</p> <p>The committee will probably report to the Advisory Board in regards to their HRSA Performance Review that is scheduled in July.</p> <p>Dr. Guins said that she would request copies of the report for the board members.</p>
EMS Workforce Development	EMS Workforce Development Committee has not met since the last meeting; and they had no report.	

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Committee – Kevin Dillard	<u>National EMS Memorial Service</u> – The National EMS Memorial Service will be held on May 24 in Roanoke, Virginia. This year there will be more honorees than ever. Board members were encouraged to attend and to volunteer to help with the services. 2009 is the last year that the service will be held in Roanoke, Virginia. The following year it will be moving to its permanent home in Colorado Springs, Colorado.	
Finance, Legislation & Planning Committee – Gary Dalton	The committee met earlier in the day. They heard reports on the legislation that passed in the General Assembly and the changes in the Return-to-Locality funding. The next meeting is scheduled on August 15.	
Finance Assistance Review Committee – Amanda Davis	<p>Karen Wagner reported that two members of the FARC will be rotating off the committee – she will (Karen Wagner) as a representative from Lord Fairfax; and also Bob Brown who represents PEMS. The next two regions who need to submit representatives were Western Virginia EMS Council and Southwest Virginia EMS Council. The committee has two names that are being brought forth for the Board’s approval as an action item.</p> <p>The new committee members were invited to the Awards meeting in June.</p> <p style="text-align: center;">\$8.9 million (corrected, per Amanda Davis)</p> <p>Amanda Davis reported on the grant requests received this cycle, \$22 million from 142 agencies. The cycle closed on March 17 because the 15th fell on the weekend. Ms. Davis said that 66 percent of the requests were for EMS vehicles. The Awards meeting is scheduled June 6 at the Hilton Garden Inn in Innsbrook.</p> <p>FARC will be touring the Central Shenandoah in the Fall; but this will be their last tour for a while because of budget constraints. FARC voted to require quotes for all grants submitted beginning with the March 15, 2009 cycle.</p> <p>Ms. Davis reported that they have applied \$4.5 million for the 2008 Homeland Security grant. This is continuation funding for the PPCR web based system and EMS Registry. The Office of Commonwealth Preparedness cut the amount to \$2.5 million. They should know by August or September if they will receive the funding.</p>	<p>MOTION: To approve the appointment of Billy Altman, WVEMSC and Pokey Harris, SWEMSC to a three year term on the Financial Assistance Review Committee (FARC).</p> <p>YEAS = 24; NAYS = 0; ABSTENTIONS = 0</p> <p>THE MOTION CARRIED UNANIMOUSLY.</p>

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<p>Medevac Committee - Bruce Edwards</p>	<p>Mr. Edwards reported that he has two action items coming forth from the committee for action from the Advisory Board. He referred the Board to Appendices H and I in the Quarterly Report. The action items are for approval of two more Best Practices from the committee.</p> <p>Mr. Edwards referred the Board to page 56 of the Quarterly Report to get additional information on the proposed restructure of the Medevac Committee. There has been a slight change since the report was presented, as the part 135 group got together and selected their four representatives. The committee still has a few selections to be made. They will be working through that over the next several months.</p> <p>The next meeting is scheduled for July; but may be moved to another date.</p> <p>Byron Andrews asked that the Medevac Committee consider either an EMS administrator or field provider for representation on the committee. He said that most of the problems or complaints that they hear are from the stakeholders on the ground. Mr. Edwards said that his aim is to diversify the committee as much as possible; and he considered another restructuring that would have encompassed other parts of the stakeholders, but he didn't think the committee was currently ready for that restructuring.</p> <p>Mr. Edwards explained that the Medevac Committee has a substantial sub-committee structure that perform most of work of the committee, and he suggested that interested stakeholders are welcome to participate in the sub-committee meetings.</p> <p>Jason Campbell asked who approves the committee structure; and said he thought that committee structures were brought to the Advisory Board for approval. Ms. Wagner explained that the Committee Chair and the Advisory Board Chair work jointly to approve committee structures. Ms. Wagner said that the Second Vice Chair of the Advisory Board is tasked with assuring that all committee structures are diverse.</p> <p>Byron Andrews asked if there are guidelines that address what happens if there are new stakeholders and will they get representation. Mr. Edwards answered and said that in accordance with the EMS Advisory Board Bylaws, all committees are limited to 10 members. Mr. Edwards explained that this rule was developed to assure that the committee was manageable. Mr. Edwards explained how he selected the representation, and the method he used to assure that the committee was balanced. He explained that his aim was balance and not equal representation. Mr. Edwards said that he worked with Chair and the two Vice-Chairs in compiling the committee structure.</p> <p>Mr. Campbell said that he thought that the restructuring maybe should have had one representative from each group and that would allow more equal representation. Mr. Edwards said he thought of that alternative but did not feel the committee was ready for that much change at one time.</p>	<p>MOTION: The Medevac Committee requests the approval of the EMS Advisory Board for Medevac Best Practice 2.2.1 Air Medical Resource Management (AMRM) and Medevac Best Practice 2.2.2 Risk Assessment.</p> <p>VOTE: YEAS = 24; NAYS = 0; ABSTENTIONS = 0</p> <p>THE MOTION CARRIED UNANIMOUSLY.</p>
<p>Medical Direction Committee – Dr. James Dudley</p>	<p>The committee met on April 10; and brought forth two motions from that meeting. The committee recommends that Virginia adopt the National Scope of Practice Model to include emergency medical responders, EMT's, Advance EMT's, and Paramedic levels; and to attempt to achieve this by the end of calendar year 2014. In addition, the Medical Direction Committee will establish a ceiling of skills and training for each of those levels.</p>	<p>MOTION: The EMS Advisory Board recommends that Virginia adopt the National Scope</p>

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	<p>Dr. Dudley reported that this motion was passed unanimously at the Medical Direction Committee.</p> <p>Ms. Wagner, Chair, opened the floor for discussion. Dr. Dudley gave some background as to the thoughts and considerations that went into the committee’s decision to approve this action. He also stated that the committee recognizes the challenges of this for rural agencies and for large municipal agencies. Dr. Dudley said it is the committee’s goal to bring together the appropriate stakeholders and to make sure that they design a system that is good for patients, the EMS system, and is cost effective.</p> <p>Rev. Agee asked what would happen to the EMT-I. He said that most of the advanced life support across Virginia is provided by EMT-I. He said that rural areas will suffer if they do away with the EMT-I because they do not have Paramedics. Dr. Dudley said that the committee recognizes that potential concern and understands the importance of making a smooth transition so that patient care does not suffer.</p> <p>Rev. Agee said that being an EMT-I, himself, and being from a rural area, and knowing the issues and constraints they face, that he is not prepared to vote on this motion until he knows what is going to happen with this transition. Rev. Agee said that he wants to cooperate on a national level, but he feels that they will be losing a vital part of the advanced life support system if they take this route.</p> <p>Linda Johnson asked if the Board could see some data analysis; and until that time if the Motion could be tabled. Dr. Dudley said the committee has asked Dr. Lindbeck to review the Scope of Practice and determine the required skill levels for different services. Randy Abernathy suggested that it would be helpful for the rural areas to provide some statistics on the EMS needs of their community. He said that would help in the determination of how to design the new EMS system. Rev. Agee explained that patients in rural areas who are 30 minutes or more away from a hospital will suffer without having ALS providers on board the ambulances.</p> <p>Jennie Collins asked Dr. Dudley if the Board was being asked to support the concept or to support the National Scope Model. Ms. Collins said that she is under the impression that he is asking the Board to support the concept so that the Medical Direction Committee can begin to start identifying the skill sets. Dr. Dudley clarified that the motion is to ask the Board to adopt the concept of moving towards the model. Dr. Dudley said that the committee would accept that as a friendly amendment.</p> <p>Byron Andrews asked if they agree to the concept when can they anticipate what the model is going to be or the process after that before it is adopted. Dr. Dudley said that the committee has not set a timeline for the entire process but the first order of business is to create a “road map” and checklist of the things that need to be done to accomplish their goal; and a timeline for accomplishing the tasks. Dr. Dudley said that the date of December 31, 2014 is the date when the Nation Registry will stop supporting the intermediate level with respect to recertification testing. Dr. Dudley also said that by the November 2008 meeting the committee should have a good idea for the first two pieces.</p>	<p>of Practice Model to include emergency medical responders, EMTs, Advance EMTs, and Paramedic levels and to attempt to achieve this by the end of calendar year 2014. In addition, the Medical Direction Committee will establish a ceiling of skills and training for each of those levels.</p>

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	<p>Jason Campbell went on record in agreement with Rev. Agee’s comments that it will be difficult in the rural areas because the concept eliminates the EMT Enhanced level or EMT-I; so he agrees that they should look at the skills that are needed in rural areas and work those into a model rather than choosing a model and working the skills into that model. Kevin Dillard also went on record in agreement with Rev. Agee’s comments; and he said that he has a problem approving the concept without having a good plan available. Kevin Dillard said he will bring forth a motion that they table the motion from the Medical Direction Committee until they can get some better information. The motion was second by Rev. Agee.</p> <p>There was additional discussion about the original motion from the Medical Direction Committee. Bruce Edwards stated that his hesitancy comes from the fact that he does not know what the certification levels will entail as compared to what is currently in place. After the discussion, Ms. Wagner called for a vote on the motion to table the motion.</p> <p>Dr. Dudley brought forth the second motion from the Medical Direction Committee. The motion is to have Professional Development Committee review the Medical Direction Committee recommendation that Endotracheal Intubation be removed from the Skills Schedule as an “essential” and “optional” skill at the EMT-Basic and EMT-Enhanced levels.</p> <p>There was discussion on this motion. The question was asked how many providers will be affected and what the regions think about the change. Kevin Dillard said that he would be interested in knowing before the vote which regions will be affected by this action. He said that he thinks that his region allows this and he doesn’t know if their OMDs have weighed in on the issue. Dr. Yee said that nationally a lot of physicians have weighed in on the issue. Dr. Yee gave some further explanation about this issue.</p> <p>Jason Campbell asked for clarification of the actual motion. Mr. Campbell said that if you read the motion in the Quarterly Report it indicates that the motion was made to have the PDC review the MDC recommendation that Endotracheal Intubation be removed from the skill sets. Mr. Campbell said in reading the motion it seems as if they have already made that recommendation to remove those skills and that now Dr. Lindbeck wants them to review that decision.</p> <p>Dr. Dudley said that the Medical Direction Committee recommended that they remove Endotracheal intubation off the list of skills at those levels and that motion passed; and it was said that Professional Development Committee needs to access how it will affect the educational piece.</p> <p>Dr. Dudley stated that it would be more appropriate to restate the motion to read: to work with PDC and remove from the skills schedule Endotracheal Intubation as an “essential” and “optional” skill for EMT-Basic and EMT-Enhanced levels.</p> <p>There was extensive discussion on the appropriateness of this motion coming to the Board for action. Following comments by Bruce Edwards and Jennie Collins, Dr. Dudley decided that Medical Direction Committee and Professional Development Committee need to sort out the details and bring it back as an informational item. Therefore, the motion was withdrawn.</p>	<p>MOTION: The EMS Advisory Board agrees to table the motion brought forth from the Medical Direction Committee until they get some better information.</p> <p>VOTE: YEAS = 14; NAYS = 7; ABSTENTIONS = 1 (Bruce Edwards).</p> <p>THE MOTION CARRIED.</p> <p>Doug Young suggested that the Board is provided a brief summary in their packets if there will be controversial issues coming up for vote at the meeting.</p> <p>MOTION: The EMS Advisory Board move to accept the recommendation from the Medical Direction Committee that Endotracheal Intubation be removed from the Skills Schedule as an “essential” and “optional” skill at the EMT-Basic and EMT-Enhanced levels.</p>

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		<p>REWORDED MOTION: To work with Professional Development Committee and remove Endotracheal Intubation from the skills schedule as “essential” and “optional” skill for the EMT-Basic and EMT-Enhanced levels.</p> <p>ACTION: THE MOTION WAS WITHDRAWN.</p>
<p>Nominating Committee – Dr. Carl Wentzel</p>	<p>Dr. Wentzel did not have any action items. Dr. Wentzel said that at the August meeting they will be electing several new committee chairs. The Nominating Committee is asking that the board members interested in chairing committees, or in nominating someone to chair a committee, forward the names to Irene Hamilton at OEMS, she will collate the information and forward it to Dr. Wentzel. Dr. Wentzel will distribute the information to the Nominating Committee; and the Nominating Committee will meet and come up with a slate of officers that will be brought forward to the Board prior to the August meeting. The Board will vote on the officers at the August meeting.</p>	<p>Board members who would like to serve as a committee chair, or nominate someone to serve a committee chair, should forward those names to Irene Hamilton; and she will collate and forward the information to Dr. Wentzel.</p>
<p>Professional Development Committee – Randy Abernathy</p>	<p>The committee met on April 9. The committee approved two motions that are being brought forth to the Advisory Board for their approval.</p> <p>The Chair opened the floor for discussion. Mr. Abernathy provided an explanation for the reasoning behind this motion. There was discussion about the additional costs involved and Jason Campbell asked if the Regional Councils will be responsible for picking up the additional costs.</p> <p>Mr. Abernathy asked Warren Short to share some additional information with the Board regarding this issue. Mr. Short said that there is money set aside to do CTS. Mr. Short said that it is assumed that any equipment that might be needed will come from the Rescue Squad Assistance Fund. Mr. Short said that he does not foresee an additional cost to the regional councils.</p> <p>Greg Neiman, who staffed the committee, reported that the sub-committee has met since the original proposal was submitted and made some changes. They have scaled back somewhat on the offerings due to the state budgetary constraints.</p> <p>Following discussion, the Chair called for the vote.</p> <p>After the vote on the first motion, Mr. Abernathy read the second motion. The Chair called for discussion, and hearing no</p>	<p>MOTION: THE EMS ADVISORY BOARD MOVES TO ACCEPT THE RECOMMENDATION FROM THE PROFESSIONAL DEVELOPMENT COMMITTEE TO MODIFY THE FIRST RESPONDER AND EMT-BASIC PRACTICAL EXAM AS AMENDED BY THE AD-HOC BLS CERTIFICATION TEST COMMITTEE.</p>

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	<p>discussion, she called for the vote.</p>	<p>YEAS = 22; NAYS = 0; ABSTENTIONS = 0</p> <p>THE MOTION CARRIED UNANIMOUSLY.</p> <p>MOTION: THE EMS ADVISORY BOARD MOVES TO ACCEPT THE RECOMMENDATION FROM THE PROFESSIONAL DEVELOPMENT COMMITTEE TO ACCEPT THE COMPETENCY BASED EMT PROGRAM AS AN ALTERNATIVE PROGRAM.</p> <p>YEAS = 22; NAYS = 0; ABSTENTIONS = 0</p> <p>THE MOTION WAS CARRIED UNANIMOUSLY.</p>
<p>Regulation & Policy Committee – Jennie Collins</p>	<p>The committee met April 22. They do not have any action items. The committee has been working to ensure competency and improve clarification for the draft regulations, and they are in the final process. They will then go to the Attorney General’s office, followed by Public Hearings.</p> <p>Ms. Collins referred the board to page 34 of the Quarterly report; and asked that they pay attention to the OMD recertifications. Ms. Collins also reported that the Public Comment period for the DDNR has been concluded.</p> <p>Byron Andrews asked if the Board will get to review the proposed changes to the regulations. Ms. Collins explained they still have the Public Comment period and the other steps they take before they bring them back to the Board for approval before calling for adoption.</p>	
<p>Transportation Committee – David</p>	<p>The committee met on April 21. They had an all day session. They held a Pre-bid Conference with the Purchasing Department and the ambulance vendors in the morning. The committee has finalized the vehicle specifications for the Type</p>	

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Barrick	<p>I, Type II, and Type III ambulances. The bid process closes May 21, and the Public Bid opening is May 22.</p> <p>The committee also reviewed 41 RSAF grant requests for ambulances and forwarded their recommendations to FARC. .</p>	
Trauma System Oversight and Management – Morris Reece	<p>The Trauma Committee is currently working on developing principals to use in case of a mass casualty event. They have a sub-committee that will get together on Thursday before the Trauma Committee. The next meeting is June 5.</p>	
Report on PAT Committee – Gary Critzer	<p>The PAT Committee has been very active. They have had three meetings. The next meeting is June 3 in the Fredericksburg area. The first several meetings were more educational looking at deliverables and service areas. They plan to have a final report for the EMS Advisory Board either at the August or November meeting.</p>	
Regional EMS Council Executive Directors – Jeff Meyers	<p>The group met on Thursday, May 15. They had two motions that were adopted. The first motion was a decision by the Regional Directors to undergo an outside analysis of individual council business programs to look for areas where they could work collaboratively for reduction in cost and extension of benefits; or for ways they could individually see a reduction in cost.</p> <p>The second item was a decision to look internally at the operations of regional councils to find ways that they could combine services to reduce costs. They have formed a committee for that purpose and we will report to the Process Action Team (PAT).</p> <p>The next meeting will be held Thursday before the Advisory Board meeting.</p>	
PUBLIC COMMENT	<p>Bob Knox representing the Part 135 Operators of the Medevac Committee including Commonwealth EMS. And UVA Pegasus Medical Transport Network asked for immediate review of the proposed changes in the voting membership of the Medevac Committee. Mr. Knox pointed out that in the changes the public service entities are represented 100 percent, but they provide less than 20 percent of the overall services. Only 57 percent of the Part 135 providers are represented on this committee, and they provide greater than 80 percent of the overall services. Mr. Knox also said that they were charged to identify within a two-week period which four of us would represent the seven. In their meeting, they clearly identified that there was more than one type of Part 135 provider. There are actually three distinct types of helicopter providers within the state. One is public service, the other is community based, which is a for profit model and not associated with traditional hospitals, and the last is the traditional hospital based, such as Pegasus, Life Guard, Wings, and Nightingale. If we are going to have balance they should be represented equally. Looking into that, we also have questions about why 12 members, if there has to be 10 members, then let's make it 10. If you want it to be equal then it would be 15, if it is 12 why can't it be 15. If it has to be 10, then it should be 10. To equally represent everybody, there should be two public service providers, two traditional hospital-based providers, and two community-based providers. Also, traditionally, because of perceived or real conflict of interest, the chair has never had a vote on that committee. In this current proposal, the chair would have a vote. We welcome a community based medical direction, but if we can't have 15 members and have everyone represented equally, then if we have two, two and two, of each type of medevac provider and the chair does not have a vote, that will equal 10 voting members. Mr. Knox asks that the Board looks at this and implement changes on behalf of Part 135 providers</p>	
OLD BUSINESS	None.	
NEW BUSINESS	Anthony Wilson reported Governor Kaine proposed a budget amendment to authorize an increase in Medicaid votes wages	This will be put on the

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	<p>for ambulance providers. Governor Kaine proposed taking \$5 million from balances in the substance abuse services fund.</p> <p>The House approved the amendment, but the measure was killed in the Senate.</p> <p>Although it was recognized that ambulance providers are paid much less than market rates and there is a need to be adequately reimbursed, it should not come at the expense of substance abuse services.</p> <p>Mr. Wilson requested the Finance, Legislation & Planning Committee examine the issue and suggest strategies to gain approval for the measure during the 2009 session of the General Assembly.</p> <p>Next Meeting – It is scheduled on August 15; however because of conflicts with some of the Board members, we need to check on a new meeting date. It was decided that the next meeting should be held on August 8. The meeting will have to be held at another location, not the Richmond Marriott West because they do not have August 8 available.</p>	<p>agenda for Finance, Legislation and Planning Committee.</p> <p>The Office of EMS will confirm a meeting location for August 8.</p>
Adjournment	The meeting was adjourned at 4:31PM	