

**State EMS Advisory Board
Executive Committee Meeting Minutes
Courtyard by Marriott, Glen Allen, VA
May 7, 2015
11:00 a.m.**

Members Present:	Members Absent:	Others:	Staff:
Gary Critzer, Chair Central Shenandoah EMS Council	Bruce W. Edwards (Excused) EMS Advisory Board Representative on the Board of Health	Chad Blosser Central Shenandoah EMS Regional Council	Gary R. Brown
Genemarie McGee, Vice Chair Tidewater EMS Council			Warren Short
David Hoback Virginia Fire Chiefs Association			Paul Sharpe
Marilyn McLeod, MD Blue Ridge EMS Council			Michael Berg
Ronald Passmore Southwest VA EMS Council			Karen Owens
Matthew J. Tatum Virginia Association of Governmental EMS Administrators (VAGEMSA)			Dennis Molnar
			George Lindbeck Irene Hamilton

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order/Introductions	Chair, Gary Critzer called the meeting to order at 11:06 am.	
Approval of the Agenda	The agenda was approved as presented.	
Approval of the Minutes	The minutes from the April 3 meeting were approved as presented.	
REPLICA Legislation Update	<p>Gary Critzer reported that he had been in discussions with Ed Rhodes regarding the REPLICA legislation. Mr. Rhodes has a meeting scheduled with Delegate O'Bannon in an effort to gain his support for the REPLICA bill. Mr. Rhodes is also attempting to find other patrons to sponsor the REPLICA bill in the 2016 General Assembly session.</p> <p>The group discussed if the bill would be sent forth to VDH for inclusion in their legislative packet to the Governor; or if it would be better to have the EMS system find a sponsor for the bill. Scott Winston is working on some bulleted points for the REPLICA bill, which could be used to solicit sponsors for the bill. Mr. Winston has sent the document to the Legislative and Planning Committee for their review.</p>	

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<p>Formation of a EMS for Geriatrics Committee</p>	<p>Dr. Sudha Jayaraman, a member of the State EMS Advisory Board, has expressed interest in having The Advisory Board establish an EMS for Geriatrics Committee that addresses the issues of Geriatrics. Mr. Critzer asked the group for their thoughts.</p> <p>The group discussed this topic and would like to know what would be the focus of the committee.</p> <p>Paul Sharpe stated that the Trauma program has already been working on Geriatrics. He said it is an up and coming issue and will make a huge impact on the trauma system.</p> <p>Dr. McLeod cautioned that by isolating various sections of EMS, i.e. Stroke Care, STEMI Care, Trauma Care, Geriatrics Care, Pediatric Care, it could make it hard to work together. This concern was echoed by several other members of the group, as well. There was also discussion as to what impact this would have on CE and training, if it would require special certification, etc.</p> <p>Mr. Critzer said that his understanding from Dr. Jayaraman is that they would be looking at the entire spectrum of EMS involvement with the geriatric patient. He said it is his understanding that enough time is not spent on geriatrics especially from the EMS perspective.</p> <p>After discussion, it was suggested that the group would like to get a more formalized proposal from Dr. Jayaraman before making a decision on formation of an EMS for Geriatrics Committee.</p>	<p>Mr. Critzer will ask Dr. Jayaraman to provide a proposal on her vision for an EMS for Geriatrics Committee. Mr. Critzer will bring the proposal to the next meeting.</p>
<p>Quarterly Report Format</p>	<p>Mr. Critzer said that VDH Executive level has some concern about the cost of printing the Quarterly Report, and if an electronic format would be more acceptable. Mr. Critzer said that in talking with Gary Brown the cost of producing the report is minimal.</p> <p>Mr. Critzer asked the group if they would prefer to have the report electronically or if they prefer to have the hard copy report.</p> <p>The consensus of the group was to have the reports sent electronically in the future. It was also suggested to have a Dropbox, if possible, for downloading the report to conserve space on email servers.</p>	<p>Going forth, the Quarterly Report will be sent electronically.</p>
<p>OEMS Program Updates</p>	<p><i>Emergency Operations – Karen Owens</i></p> <p><u>START vs. MUCC Triage</u> - Ms. Owens reported that the EMS Emergency Management Committee is in the five-year cycle of updating MCIM Modules I and II. The committee met earlier today. They will start working on updating MCIM Module I. They discussed whether to move forward with START or if they want to start using MUCC Triage, which is the new federally accepted standard for Triage. Ms. Owens explained that MUCC uses SALT Triage as their triage core and said it is a federally accepted standard endorsed by NASEMSO and by many other national partners. Before they move forward they need to make a decision as to which triage system to use.</p>	

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	<p>David Hoback added that the committee decided to clean up MCIM I and then look at MUCC and SALT triage side-by-side over the next three months. They are going to determine if MUCC is something they will have to accept as a federal model. They are also going to look at the operational side of triage to determine the best method to triage in a disaster setting.</p> <p>Dr. Lindbeck said that MUCC was presented to the EMS Advisory Board about five years ago. Ms. Owens said that at that time it was not a nationally accepted standard. Mr. Critzer said that when they EMS Advisory Board discussed this issue in the past, they were in favor of staying with START instead of moving towards MUCC. However, he said he knows there was not a lot of information on MUCC available at that time.</p> <p>Gary Brown told the group that the MUCC triage system has never been brought before the full membership of NASEMSO but instead the position in support of MUCC was passed by the Executive Committee of NASEMSO. Mr. Brown said in the last nationwide survey that NASEMSO did indicated that 80 percent of the states are using START triage and a lot the states have START in Code language and in regulation.</p> <p><u>Tactical Medicine</u> - Ms. Owens said that Emergency Operations is also working on Tactical Medicine. They are forming a subcommittee with state police for information sharing and to put together a resource document.</p> <p><u>Single Resource Disaster Response</u> – The division is moving forward with single resource disaster response. Ms. Owens explained that they are working with Mike Berg to assure that agencies volunteering to help with a disaster are running their calls first before they leave to help in a disaster.</p> <p><u>PSAP Accreditations</u> - They are looking at communications and updating the PSAP accreditations. They just got a connection with the Pentagon Protection Force interested in going through the EMD Accreditation process.</p> <p><u>Mutual Aid Net Steering Committee</u> - David Hoback reported that Karen Owens will be their liaison for OEMS on the Mutual Aid Net Steering Committee. The project is in conjunction with Virginia Department of Emergency Management and Department of Fire Programs.</p> <p><u>Vicarious Trauma Toolkit Grant Committee</u> - Karen Owens reported that she has been participating in the national level study committee on vicarious trauma. She is representing NASEMSO. The project is targeting fire, police, EMS and victim services. They are creating a web-based tool kit that will help first response agencies develop protocols, procedures, training and evaluations to help with the critical incident stress management for their responders. They are in year one of the project and the tool kits are out to the pilot sites. Once the pilot is done it is expected to be rolled out across the country.</p>	

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	<p><i>Regulation and Compliance – Mike Berg</i></p> <p><u>Criminal Background Checks Staff</u> - Mr. Berg reported that he has hired the second wage position for Criminal Background checks and that person will be starting on May 18.</p> <p><u>SB997</u>- Mr. Berg reported that it takes effect July 1, and he has been working with their IT to develop a web-based process so that jurisdictions that have an ordinance in place can provide OEMS with the ordinance and OEMS can provide them with the necessary forms so they can submit to OEMS when they do their background checks. It is his attempt to have that out before June.</p> <p><u>Regulations-</u></p> <ul style="list-style-type: none"> • The FARC Regulations has cleared the Attorney General’s Office is in the Department of Planning and Budget for their review. • The Fast Track regulatory package to include the terminology of “affiliation” in the language of 12VAC-5-31-910 is still in the Governors’ Office for review and approval. • SB938 and HB1584 - A Final-Exempt Regulatory Packet has been developed to address changes in definitions from the 2015 General Assembly actions. This packet cannot be submitted until after July 1 when the law becomes effective. • Mr. Berg reported that they have a periodic review upcoming for the Durable Do Not Resuscitate regulations – 12VAC-566. Joe Hilbert will submit this on Town Hall, which gives the public to know that it is up for periodic review and submit comments; and within 90 days OEMS will have to determine what to do with the comments. <p>David Hoback initiated a discussion asking how many applications they are processing per month and how many people they are teaching. Mr. Hoback said he was trying to determine the correlation is for new people coming in the door and said it would be good information to see how many people who do the background check actually sustain the affiliation and become certified. Mr. Sharpe said they are looking at what information they are collecting and looking at what they might need to collect that they are not already collecting.</p> <p><u>Soft Enforcement of Trauma Triage</u> - Mr. Critzer asked for further clarification in regards to soft enforcement of trauma triage. Mr. Berg said that Section 390 of the regulations require that agencies follow the regional council specialty care transport guidelines and that VDH Administration has tasked them with making sure that agencies are at 98 percent compliant.</p> <p>OEMS recently met with Dr. Trump to assure that they will have support of VDH Administration as they start this process, and VDH Administration has assured them that they do have their support.</p>	

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	<p>OEMS needs to make sure that the right patients are going to the right facilities. Paul Sharpe can generate the data. Paul Sharpe is working with Image Trend in developing a report that would display this data.</p> <p>Gary Critzer asked for clarification if a regional triage plan criteria was slightly different from the state triage plan criteria would they base compliance on the lregional plan as opposed to the state plan. Mr. Sharpe said the regional plans will be based on the state plan, and the criteria should be the same for the state, regional and local plans.</p> <p>Mr. Critzer asked if the regional councils will be made aware of missed triages so they can be addressed on a regional level since the Regional Councils are required to have a Trauma PI Committee. Mr. Sharpe said he does not think they will identify agencies to Regional Councils. Mr. Critzer said it is important if the local regional PI committee is going to be successful they have to know that they are not doing what they are supposed to be doing. He said that they might not need to name agencies but give the regional councils general information about the statistics in their region.</p> <p><u>Ambulance Standards</u> - Mike Berg gave the group an update on the various ambulance standards.</p> <ul style="list-style-type: none"> • The CAAS GVS 2015 is now known as Version 1. The second round of public comments is open as of May 1. The program will go live as of October 1, 2015. There is a link on OEMS website. • NFPA 1917 is still moving through some issues with theirs but they will have Version 2 effective January 1, 2016. • The K Specs have been extended for another year. There is a comment period ongoing for Change Order 8 that will become effective July 1. There is a link for that on the OEMS website. After July 1, any ambulance ordered will have to meet the new SAE standards for cot retention systems in order to be K compliant. There will be a cost increase for purchasing the vehicles because of the stretchers. FARC is aware of the increase ambulance costs. <p>NHSTA has a survey out in regards to EVOC training and retraining. The intent is to review the comments and revise the 1985 EVOC curriculum. The survey will be sent to 23,000 ambulance service providers in the fifty states.</p> <p>OEMS is working with Fire Programs to conduct Fire-EMS studies that Fire Programs are required to do under the Code of Virginia.</p>	

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	<p><i>Administrative & Fiscal – Dennis Molnar</i></p> <p><u>RSAF Grant Cycle</u> - Mr. Molnar reported that the grant cycle closed on March 16. They had 152 grant applications and \$10.7 million in requests. The grant applications are being reviewed and the grants will awards meeting is scheduled on June 5, with the grants being awarded on July 1. The December cycle will open on August 1 and the deadline for submitting grants will be September 15. Mr. Molnar said this is the second cycle for using the web-based program, which has been well received.</p> <p><u>Return to Localities Funds</u> - Mr. Molnar reported that initial letters were mailed to localities on March 13 for transfer of over \$7.1 million. The localities must return their report before the funds can be released. 73 localities have returned their report as to how they spent 2014 payments. 62 localities have not returned their reports and they are being contacted. The goal is to get this \$7.1 million paid out before the end of the fiscal year.</p> <p><u>Four-for-Life Funding</u> - There is no projected change in the bill language. They have seen a slight decline, year to date, of about \$68,000. The Trauma Center Funding had a slight change in the Budget Amendment and they are taking \$500,000 for the State Treasurer General Fund and they will have to reduce in the next fiscal year the payments to the Trauma Centers by about \$500,000.</p> <p><i>Trauma & Critical Care – Paul Sharpe</i></p> <p><u>Trauma Triage Plan</u> - Mr. Sharpe reported that they are starting to review the Trauma Triage Plan.</p> <p><u>EMS Data (VAv3)</u> – Mr. Sharpe reported that they have made some improvements to EMS data. The standards for data will raise some, and they will be adding some new measures. They will move to the new measures on July 1. Mr. Sharpe said they will give old and new measures for the next few months. He does not think it will be a huge issue for agencies.</p> <p>They have added provider impressions that will be used in Version 3. They now have about 225 impressions to choose from.</p> <p>They have revised all of the tools for Version 3. They are doing webinar training. There are training videos available on the OEMS website.</p> <p>On the national level a lot of decisions have been made in regards to the roll out. A moratorium has been put on updating the Version 3 standards.</p> <p><u>NEMSIS Steering Committee</u> – The NEMSIS Steering Committee has decided to no longer have CAD standard as part of certification. In addition, NEMSIS has removed 23 vendors from the website because they said they are interested in certifications.</p>	

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	<p><u>OEMS Statistician</u> - Paul Sharpe reported that Carol Pugh, their Statistician, has retired. They will be advertising for a replacement.</p> <p><i>Educational Development – Warren Short</i></p> <p><u>Continuing Education Standard</u> - Mr. Short said the Advisory Board will be presented an action item on Friday, which deals with the CE Program. It is an illustrative view the CE program structure, which will mirror National Registry. They hope to implement it April 1 2016. They will have to transition people under the current system to the new system.</p> <p> Appendix E.pdf</p> <p>Gary Critzer asked if the National Registry still eliminates eligibility for CE for the merit badge classes. Mr. Short said that they are not going to look at most merit badge classes. Warren Short said that the merit badge classes most likely will be changing. David Hoback asked if this means you would not get any CE credit for merit badge classes, and Warren said that you would get something; but it might not meet all the criteria for CE 1.</p> <p>Warren said that the process will stay the same, but they will be making changes to area numbers as needed. David Hoback said he is concerned because it is going to make it harder for people to maintain their CE hours.</p> <p><u>Intermediate Testing Process Workgroup</u> - Mr. Short reported that the TCC has decided to form an Intermediate Testing Process Workgroup. They have also formed a workgroup to investigate instructor evaluation criteria.</p> <p><u>EMT Scores</u> – Mr. Short reported that EMT scores have steadily been increasing. They have come close to approaching the national average.</p> <p><u>Committee Appointments</u> – TCC would still like for the Executive Committee to look at how appointments are made to committees. Gary Critzer said he had asked Bruce Edwards to research this and he will get with Bruce to determine the status of this objective.</p> <p><u>Regulations</u> – Mr. Short reported that they have initiated a review of the regulations because they know that there will be some changes. It will be brought to TCC before moving forward to the next committee.</p> <p><u>EMS Portal</u> - The portal is now multi browser compatible, but it is limited in what browsers it will use because of the CE scanners. IT upgraded all the servers and with that came the certificate updates. This</p>	

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	<p>created a communication problem with the scanners. They have rolled back the certificate updates, and Adam Harrell has a work process that will update the current CE scanners to work with newer certificates. They are holding off updating the server certificates until August 1. They have notified people that scanners need to be updated before August 1. On August 1 the certificates will all go back and they will have the ability to put more browsers on the portal.</p> <p>David Hoback asked Warren if he had the numbers of new certifications and people who are drop their certifications. Warren said no because the way they capture it is difficult to get that information. Warren said they can look into it to see if there is a way to capture the information; and he said the numbers for the most part are stable.</p>	
New Business	<p><u>Workforce Development Committee</u> - Ron Passmore said that the Workforce Development Committee discussed the fact that EMS Research on the national scene in Virginia is really absent. They wanted to know if the Executive Committee felt that the Workforce Development Committee is the right committee to look at opportunities for research in Virginia.</p> <p>The group inquired as to what type of research the Workforce Development Committee is referring to. After discussion, Ron Passmore agreed that it is too broad topic, and he said once the committee has better defined the project/question they will bring it back to the Executive Committee.</p> <p><u>Air Medical Services</u> - Gary Critzer said that Gary Brown share with him that currently all air medical services are regulated by the FAA. He said there is a rule making change by the FAA that will allow states to regulate the medical components of the air medical transport.</p> <p>George Lindbeck said he has been on the model air medical rules committee with NASEMSO, and he thinks they describe it as an opinion. The model rules describes what is reserved for the FAA and the federal government and what can be done by the state. Dr. Lindbeck said the state can regulate only patient care aspects of air medical operations that may not be “preempted by federal law.” Aviation, including rates, regs and services, are reserved for federal law.</p>	
Adjournment	The meeting was adjourned at 1:45 pm.	