

**State EMS Advisory Board
Executive Committee Meeting Minutes
Office of EMS, 1041 Technology Park Drive, Glen Allen, VA
April 3, 2015
11:00 a.m.**

Members Present:	Members Absent:	Others:	Staff:
Gary Critzer, Chair Central Shenandoah EMS Council		Ed Rhodes VFCA/VAVRS	Gary R. Brown
Genemarie McGee, Vice Chair Tidewater EMS Council			Scott Winston
Bruce W. Edwards (re phone) EMS Advisory Board Representative on the Board of Health			Warren Short
David Hoback (re phone) Virginia Fire Chiefs Association			Robin Pearce
Marilyn McLeod, MD Blue Ridge EMS Council			Michael Berg
Ronald Passmore Southwest VA EMS Council			Irene Hamilton
Matthew J. Tatum Virginia Association of Governmental EMS Administrators (VAGEMSA)			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order/Introductions	Gary Critzer called the meeting to order at 10:00 am. He asked for introductions around the room since there was participation via phone, as well.	
Approval of the Agenda	The draft agenda was approved.	
Approval of the Minutes	The minutes from the February 12, 2015 meeting was approved.	
Board of Health Meeting	<p>Mr. Critzer said he attended the Board of Health meeting. The Trauma Designation Manual was being discussed. Robin Pearce and Mr. Critzer gave the Board of Health a presentation that gave an overview of the Virginia Trauma System with the understanding that the Trauma Designation Manual would not be approved until the next Board of Health meeting. However, after the presentation, the Board of Health voted on the approval of the Trauma Designation Manual.</p> <p>Mr. Critzer thanked Robin Pearce and other office staff for their efforts; and especially Bruce Edwards for his help and leadership in getting the manual approved. Gary Brown and Robin Pearce also echoed special thanks to Bruce Edwards for his hard work and efforts to make this happen.</p> <p>Mr. Edwards made the committee aware that the Board of Health did remove the variance/exemption paragraph towards the end of the manual because they felt if you have manual of standards based on</p>	

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	<p>protocols that you do not need to have an exemption or variance clause. The Board of Health voted unanimously to remove that paragraph; and they then voted unanimously to accept the Trauma Designation Manual with the amendment.</p>	
<p>Discussion regarding minimum hours for initial certification courses</p>	<p>Mr. Critzer said that the EMS Advisory Board would like to get clarification as to why they were not make aware or allowed to vet the new Certification Delivery policy before it was announced at the February State EMS Advisory Board meeting. Mr. Critzer said most of the Board members think it is a good policy but were concerned that they had no prior knowledge of the new policy.</p> <p>David Hoback echoed Mr. Critzer’s concerns; and said that in addition, based on a conversation he had at the conclusion of the presentation given at the February Advisory Board meeting, the perception seems to be that OEMS will no longer be pursuing the EMT-I at a state level and instead would only be doing the Paramedic level. He explained that this would be a concern for fire-based and other communities that train people in house to get them to ALS certification and he would not like to see the process eliminate exploring the opportunity to continue with EMT-I.</p> <p>Ron Passmore said he also does not have a problem with the policy. However, he said it was his first meeting as the Chair of TCC and he was put on the spot when he was asked if the policy had been come through the Committee and State EMS Advisory Board. Mr. Passmore said that the office and the EMS Advisory Board need to work together and need to have a relationship of trust.</p> <p>Matt Tatum also echoed that he did not have any problem with the policy but he feels that the policy is tainted because it was not vetted through the State EMS Advisory Board. Dr. McLeod said she asked at the last Executive Committee meeting where OEMS was with the process and she would have her answer at the State EMS Advisory Board meeting. She also was concerned because the Executive Committee was not made aware of the policy before the presentation that was presented at the board meeting.</p> <p>Mr. Critzer said he agrees with all the comments and said that his biggest concern is to make sure that the State EMS Advisory Board and the Office of EMS need to be on one accord. He said that for the most part that is the case but just in this one incident the State EMS Advisory Board members felt blindsided.</p> <p>Warren Short reported that they have presented the same presentation given at the State EMS Advisory Board meeting at two EMT Instructor updates since that meeting. He said the majority of the people had no objections, and the discussion mostly cautioning on doing things online without proper preparation and background work on how to do nontraditional programs. He did report that there was concern voiced in regards to the implementation of the 16 percentile, which was voiced by the group who would fall into the 16 percentile and would not get any money. Based on their concerns, the Division of Educational Development has decided that they will not implement the 16 percentile for the first year with the EMS Training Fund component. They will, however, produce a report of what would</p>	<p>After much discussion, it was agreed that in the future if a similar situation occurs that the Office of EMS will at least make the Chair of the State EMS Advisory Board aware of any upcoming policy or procedure changes prior to announcing it to the EMS community or at a board meeting.</p>

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	<p>have been the 16 percentile. Starting July 1, 2016, they will bring in the 16 percentile component for being eligible for EMS Training Funds. The other discussion was in regards to the awarding of teaching hours for someone who does a nontraditional class. Teaching hours for a nontraditional program are obtained when you are doing labs and face-to-face. OEMS is calling the first year a formative process for the EMS Training Funds it will not affect the ability for people to come in for funding.</p> <p>Mr. Short also addressed the concerns regarding the phasing out of Intermediate 99. He stated that OEMS has no intent to remove Intermediate 99. He said they have a committee looking into what OEMS will do when the National Registry stops testing; and he said that OEMS is focusing on Intermediate 99 being ongoing for an unforeseeable time. Mr. Short acknowledged that a rumor has been circulating for the last few years that OEMS will get rid of Intermediate 99.</p> <p>Mr. Brown reiterated that OEMS has no intention of abandoning Intermediate 99. He said there should not be any mistrust by anyone on the Board or Executive Committee in regards to OEMS and the future of Intermediate 99. He stated when they went to the National Scope of Practice that the major issue was what was going to happen to I-99. Mr. Brown attended several stakeholder group meetings at which time he made a point to reiterate that they have made a commitment as an office to keep Intermediate-99 to the best of their ability.</p> <p>Mr. Critzer acknowledged that he recalls that OEMS and, especially Mr. Brown, have always been adamant about OEMS maintaining Intermediate-99. He said that the questions that the Advisory Board members would like to have answered is why they were not asked to vet the new Certification Course Delivery policy and at the least made aware of the new policy prior to it being announced at the February board meeting. The committee agreed and if there is some mistrust that the OEMS has in regards to the Executive Committee and the State EMS Advisory Board.</p> <p>Mr. Short explained that TCC had an online subcommittee in place for approximately a year to work on this policy. This subcommittee was in the process of making some decisions regarding the policy that would have created a quagmire for OEMS dealing with the legislators. In addition, rumors regarding the policy had already started circulating in the EMS community. Mr. Short said that at the same time they had several other issues that they needed to start addressing with traditional programs, out-of-state programs, and length of time it was taking for processing reciprocity.</p> <p>Mr. Short said the committee was scheduled to meet shortly before the State EMS Advisory Board. He said that OEMS could have taken their concerns with the policy to the committee but it was a time critical issue and they felt that they did not have enough time for the committee to address the issues without holding up the process. Taking it back to the committee for them to address the concerns would have meant that it could not have been even presented to the State EMS Advisory Board until May. Mr. Short also explained that any perception of secrecy was only to avoid further rumors circulating through the EMS community.</p>	

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	<p>Mr. Critzer and Mr. Passmore said that if the Executive Committee had been made aware of this at their meeting on Thursday, they would have been supportive of this plan of action. Mr. Short said it was not a deliberate attempt not to make the Board aware. Mr. Critzer said that it did, unfortunately, give the perception of purposely keeping the board in the dark; and that makes it look as though OEMS doesn't have confidence or trust in the State EMS Advisory Board. Genemarie McGee commented that there has been some damage to the relationship between the Board and OEMS because of the way things transpired.</p> <p>Mr. Critzer said moving forward the Board members need some understanding that if this type of situation occurs in the future that there is enough trust between OEMS and the Executive Committee to at least make the Executive Committee aware of the situation beforehand, even if OEMS does not plan to vet it before the entire State EMS Advisory Board. Mr. Critzer said that he would hate to have an action needing the Board of Health approval that would be opposed by some EMS Advisory Board members because they did not have any prior notification of the policy.</p> <p>Mr. Brown said that in the history there has never been a situation where the State EMS Advisory Board has not been made aware of any action going before the Board of Health. He said that this action took place because it was not something that had to go before the Board of Health and it was a time critical issue.</p>	
<p>2016 Legislative Agenda</p>	<p>Mr. Critzer explained that he put this on the agenda so the committee could start preparing for the upcoming legislative session.</p> <p>REPLICA Bill- Mr. Critzer discussed the fact that this year they came up against a hurdle trying to get the REPLICA bill passed. He said getting the REPLICA bill passed during the next General Assembly session is still a priority for the EMS system and he hopes that it is a priority for OEMS, as well.</p> <p>Mr. Critzer said they need to work together to make this a successful endeavor in the next legislative session. Mr. Brown said the Advisory Board and EMS need to make sure that the constituents make their voice heard before the next General Assembly session.</p> <p>Mr. Brown gave some background about the REPLICA bill. He also suggested that the State EMS Advisory Board needs to pass a resolution supporting the bill. He said that they need to get to the jurisdictions, through the State EMS Advisory Board and its committees, as well as the Regional EMS Councils. On a local level the jurisdictions need to be educated on the purpose and advantages of the REPLICA bill and encouraged to pass resolutions in support of the REPLICA bill. The jurisdictions need to communicate with their legislators sending them the resolutions and encouraging them to support this bill.</p>	<p>Mr. Critzer is going to draft letters from the Executive Committee and The State EMS Advisory Board to the State Health Commissioner and The Secretary supporting the REPLICA Bill as a top priority for the EMS System and they believe it should be sent back to the 2016 General Assembly.</p> <p>Scott Winston will work on a one page bullet list of benefits of the REPLICA bill that will be distributed to the jurisdictions. They will also draft a template Resolution to distribute to the jurisdictions.</p>

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	<p>Mr. Critzer said that the REPLICA bill should be the EMS system’s number one priority for the 2016 General Assembly session. The committee also discussed Senators and Representatives that might be willing to sponsor the bill in the upcoming session.</p> <p>Mr. Passmore suggested that VML and VACO should definitely be asked to adopt a resolution supporting the REPLICA bill. Mr. Critzer agreed and said that they need to talk with the VML and VACO meetings on the State EMS Advisory Board. Mr. Critzer said that he is hopeful that at the next Board meeting they should be distributing the bullet list of advantages to having the REPLICA bill.</p> <p>Epi Pens – Mr. Rhodes said there is a bill from the last session in regards to the Auto Inject Epi Pens that was killed. Mr. Rhodes said that the Medical Society has put together a work group of providers and doctors through the Board of Pharmacy. They will be discussing the bill and it may be back on the agenda in 2016.</p>	
Committee Assignment – TSO – Dr. Scott Hickey,	Mr. Critzer said that the Trauma System Oversight and Management Committee (TSOMC) has recommended that Dr. Scott Hickey a representative of the American College of Emergency Physicians (ACEP) fill the vacant Emergency Physician seat on the TSOMC. Mr. Crizer asked the committee if anyone had an objection to Dr. Hickey filling the vacant seat.	The committee approved the appointment of Dr. Scott Hickey, a representative of ACEP, to fill the vacant Emergency Physician seat on the TSOMC.
Open Discussion	<p>EMS Officer Class- Mr. Critzer said the EMS Officer classes have been postponed for a short time so the committee can do some more work on the delivery of the classes and slides. They will be taught but just at a later date.</p> <p>Regulatory Considerations- Mr. Critzer discussed a couple of regulatory considerations for the next Regulations. Mr. Critzer said he is thinks they need to discuss some regulations to deal with inadequate instructors. Mr. Critzer asked if there is anything they can do to give the system more accountability for the educators.</p> <p>Dr. McLeod discussed some of her issues in regards to accountability for EMS instructors. Mr. Critzer asked her to put this topic on the agenda for the next Medical Direction Committee meeting.</p> <p>Mr. Berg said they can craft some language and see if it will the Attorney General’s Office will approve the wording. Mr. Berg said he is sure there will be some backlash from the system, especially if they have a limited amount of instructors. Mr. Critzer said he agrees there might be some backlash, but he feels strongly that it is important to start more regulation of the instructors.</p> <p>The committee discussed how instructors are rated. Ms. McGee gave an example of how they monitor for nursing and said that based on the stats their Board could make an instructor conditional. Mr. Short said he doesn’t disagree but said he would like to find a concrete method of accountability for the</p>	<p>Dr. McLeod agreed to put the topic of EMS instructors’ on the agenda for the next Medical Direction Committee meeting.</p> <p>Mr. Critzer asked the Regulation and Policy Committee and The Training and Certification Committee to address the issue of instructor accountability and possible regulation changes.</p> <p>OEMS will start to generate letters to Medical Directors in regards to instructors pass/fail rates.</p>

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	<p>instructors. Mr. Critzer said he likes the idea of making instructors conditional until they meet the requirements. Instructors would only be allowed to teach with a successful instructor. Mr. Critzer asked staff to think about it and ask that Regulation and Policy and Training and Certification Committees to put this topic on their agenda.</p> <p>Dr. McLeod said as Medical Directors if they signed off on an instructor they would like a letter regarding their pass rate. Mr. Berg said that can already auto generate letters to the Medical Directors.</p> <p>Genemarie McGee also explained that how you get off conditional is by coming before the Board to explain what you are doing to improve.</p> <p>Mr. Critzer – does the OEMS has the ability to regulate providers that were on an ambulance for 24 hours. Mr. Critzer asked if there was any interest in pursuing regulatory language that would regulate provider rest. The committee agrees that this is a worthwhile topic to address.</p> <p>Mike Berg gave the committee an update on some other Legislative/Regulatory issues.</p> <p>FARC Packet – He said it needed some adjustments to the language per the Attorney General’s Office. That packet has been resubmitted this morning through the Health Department.</p> <p>Affiliation Regulatory Fast Track Package – This package is in the Governor’s office waiting for review and signature.</p> <p>Regulations – Mr. Berg said that a final exempt Regulatory packet needs to be put together since the “Clean Up bill has been signed by the Governor.</p> <p>HB 977 – Background Checks – This bill has been signed by the Governor, which reverses the way that localities who have ordinances can do background checks, OEMS now needs to come up with a process.</p> <p>Mr. Berg said that they have been approved to hire for a second wage position for doing background checks. The job has been advertised and they will be doing interviews shortly.</p> <p>In MDC, it was brought to their attention by a complaint from an out-of-state agency that they have agencies doing intra-aortic balloon pump transports with just a paramedic in the back of the ambulance. Mr. Berg said that the agency that was doing this was notified and has stopped this process. He said that is not part of the Scope of Practice. He said that there is going to be an attempt at the Medical Direction Committee meeting on April 9 to push the recognition of Critical Care Paramedics as a level of certification. Dr. McLeod said that she has researched does not show that a Critical Care Paramedic is qualified alone to transport a patient with an intra-aortic balloon pump.</p>	

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	<p>Ambulance Standards – Mr. Berg just got notice that the Public Comments for Change Order 8 and he will have a link on the OEMS website. However, he said that beginning July 1, any ambulances must meet the Star of Life. The GSA Ambulance Standards, the K Specs, have been extended until 2016. They will be continue to be extended on a yearly basis until the states has decided what they are going to do about ambulance standards.</p> <p>Mr. Berg reported that the NFPA document is still moving forward for Version 2 which will be January 2016. The Cast document they are reviewing the second addition of the Public Comments and they are still anticipating a May approval date with an implementation date of October 1.</p> <p>The Transportation Committee is tasked in their July meeting to make a decision on Virginia’s ambulance standards. Mr. Berg found out that the way our regulations are set up through the State Registrar, the document that is provided on the day those regulations are approved is the document they have to live with. However, there is a work around.</p> <p>Mr. Berg will be attending National Conference on Data Reporting being held in Gaithersburg, MD.</p> <p>Mr. Berg said they will be involved in two Fire/EMS studies, one for Essex County and one for Powhatan County.</p> <p>Warren Short – Reported at the next State EMS Advisory Board meeting there should be an action item for the CE report that will be discussed in the next TCC and MDC meetings. Instead of the CE report having three sections, the NCCR Component will become Category 1 and the remaining sections will come together as Category 2. It will decrease EMT from 21 hours to 20 hours but there is an overall increase to 40 hours for their recert.</p> <p>Mr. Critzer asked if providers will get advanced notification.</p> <p>Robin Pearce reported that the Trauma System Oversight and Management Committee is going to begin working on revisions to the Trauma Triage guidelines to add Geriatrics. She also reported that they are still in negotiations with the American College of Surgeons to do a statewide review of their trauma system. She said that they will be reaching out to various members of the community. They will need representatives from hospitals that are not rrauma systems as well as people from the community.</p> <p>Gary Brown – He reported that on Thursday they met with Dr. Trump, Chief Deputy Commissioner for the Health Department, and Amanda Lavin, their Attorney General’s office representative. The purpose of the meeting was in regards to Code language that they are finally at a state of getting a robust system, and quality of the data; and now they are looking at reporting of data and where the Code, looking at incorrect triage or in facility transport. What does the code require them to do?</p>	

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	<p>Gary gave the committee a detailed summary prepared by Paul Sharpe on the meeting. This information and a plan of action will be available in the August Office of EMS report to the State EMS Advisory Board.</p> <p>Dr. McLeod is cautious of the reporting of the Trauma Triage because she is not sure if the reporting will be accurate. She asked if there is a way that they will be able to assure that the reporting will be accurate. Robin Pearce said that they will be testing the reports and getting the kinks out before they start distributing the reports.</p> <p>Scott Winston reported that Carol Morrow retired. OEMS will be modifying the EWP for that position and recruiting for a replacement. Deadline for submission of application package for Designation of Regional EMS Councils come up in October and site reviews will be done early next year to be effective July 1, 2016.</p> <p>Automation better the last few years. Symposium has been updated and the E-Gift program for RSAF Funding. They are now getting ready to do reautomation for the Regulation & Compliance database.</p> <p>Warren Short said also the portal will be updated to multi-browser use by the summer.</p> <p>Bruce Edwards – Board of Health voted to move forward with NOIRA for abortion regulations.</p> <p>The State Health Commissioner announced at the last Board of Health meeting that she will be setting up two panels, one for Medical and one for Building.</p>	
Adjournment		