

**Regional EMS Council Process Action Team Meeting
The Hotel Roanoke & Conference Center
Roanoke, Virginia
August 20, 2008
8:30 a.m.**

Members Present:	Members Absent:	OEMS Staff:	Others:
Gary P. Critzer , EMS Council Board President, PAT Chair	Dr. Theresa Guins , Physician Member of EMS Advisory Board	Scott Winston	Bill Downs, TJEMS
Dr. Rob Logan , EMS Council Executive Director		Wanda Street	Jeff Meyer, PEMS
Tina Skinner , EMS Council Executive Director		Michael D. Berg	Connie Purvis, BREMS
Dr. Scott Weir , Operational Medical Director		Dennis Molnar	David Cullen, CSEMS
Donna Burns , EMS Council Board President			Tracey McLaurin, LFEMS
Dreama Chandler , VAVRS President			Melinda Duncan, NVEMSC
Randy Abernathy , VAGEMSA President			Gregory Woods, SVEMS
Chris Eudailey , Virginia Fire Chief's Assoc. Representative			Kester Dingus, WVEMS
Scott Hudson , Rural Based EMS Service Representative			L.V. Pokey Harris, SVEMS
Bruce Edwards , EMS Advisory Board Member			
Jason Campbell , Virginia Professional Fire Fighter/VML Representative			
Dr. Jack Potter , Designated Trauma Center Representative			
Gary R. Brown , OEMS Director			
Kim Allan , Virginia Department of Health (ex-officio member)			
Tim Perkins , OEMS Staff to PAT			
Jerry Overton , Urban Based EMS Service Representative			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order:	At 8:48 a.m., the meeting was called to order by the chair, Mr. Gary Critzer.	

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Welcome & Introductions:	Kim Allan was introduced to everyone. She is the Executive Advisor to the former Deputy Commissioner, Dr. Lisa Kaplowitz and will be replacing her on the committee.	
Review & Approval of the minutes dated June 3, 2008:	A motion was made and seconded to approve the minutes.	The minutes were approved as submitted.
Report from the Regional Council spokespersons regarding meetings between regions as assigned at the June 3rd PAT meeting:	<p>As an overview, the regions were to meet, create a plan and present the plan in a written format as well as a PowerPoint in advance of the meeting.</p> <p>The following people were asked to meet and present their plans: Regions A & B – Greg Woods, Connie Purvis & Rob Logan Regions C, H & F – Dave Cullen, Tina Skinner, Bill Downs & Tracey McLaurin Region D – Tracy Thomas – may be looking at some sub-council alignments/realignments Region E – Jeff Meyer & Jim Chandler</p> <p>Each group was appointed a facilitator/coordinator: Regions A & B – Rob Logan Regions C & H – Dave Cullen Region D – Tracy Thomas Region F – Tina Skinner Region E – Jeff Meyer</p> <p>Regions A & B – Greg Woods, Connie Purvis & Rob Logan The first presentation was by Rob Logan and Connie Purvis for Regions A & B. The executive directors from the three regions met in Bedford on June 30 to discuss the potential for collaborations among the three existing regions, beginning a partnering process that could extend as long as 18-24 months using a three-phase approach. The executive directors met again in Roanoke on July 24 with key board officers. On July 25, a joint staff meeting was held at Lewis-Gale Medical Center in Salem. On August 18, the Southwest Virginia EMSC Executive Committee met and decided that they are not prepared to discuss the final phase of the plan, but are interested in pursuing Phases 1 & 2. The presentation included potential outcomes and benefits of collaboration. It also lists the phases and explains in detail the specifics of each phase along with an approximate time frame. Connie provided information on a book titled, <u>Nonprofit Mergers Workbook Part I: The Leader’s Guide to Considering, Negotiating, and Executing a Merger</u>. The book outlines several ways to achieve mergers. It also has a disc which can be used to assist in the planning process. Connie stated that she looks at this as a co-op.</p> <p>Greg Woods stated that this was a great opportunity to look at ways to improve deficiencies and this is why the executive committee endorsed moving forward with the first two phases. Phase three which deals with organizational structure, may or may not apply to the SWEMS region.</p> <p>Gary Brown applauds Rob, Connie and Greg for an outstanding job in showing the benefits of possible consolidation/collaboration and presenting reasons why this can work rather than giving reason why it can’t work. Gary also liked Connie’s comment about being a co-op.</p>	

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	<p>From a historical perspective, Bruce Edwards, feels that the committee should look beyond the here and now and look ahead to the future. This committee is changing the performance of EMS business. As stated before, the system was designed to work like this and this is not happenstance. It was designed back in the 70's. Our focus should be on achieving the best way to run service areas.</p> <p>Regions C, H & F – Dave Cullen, Tina Skinner, Bill Downs & Tracey McLaurin Next, Dave Cullen did not present a PowerPoint presentation, but did distribute two handouts which represented Regions C & H's perspective on the collaborations. The Executive Directors and representatives of the Boards of Directors for the Central Shenandoah, Lord Fairfax, Thomas Jefferson, and Rappahannock EMS Councils met on June 25, 2008 in Staunton. The group listed four advantages of consolidation and eight disadvantages. At the end of the meeting, the group agreed that a letter be drafted and signed by all four regional council presidents stating the consensus view of the group.</p> <p>The letter dated August 8, 2008, which was distributed to the PAT committee, explained that the Councils have agreed to immediately implement the following training initiatives:</p> <ol style="list-style-type: none"> 1. Post training calendars for each of the four councils on our respective web sites. 2. Allow providers within our councils to cross regions for training without increased tuition. 3. Explore shared opportunities for clinical experiences. 4. Investigate the potential for developing a single patient-care protocol for our four regions. 5. Consider expanding the current program for sharing drug box between CSEMS and TJEMS to the other two regions. 6. Continue meeting as a group to further the identification and implementation of best practices across boundaries within our region. <p>Also, according to the letter, the regions have many unanswered questions. It was mentioned that some of the questions and disadvantages were due to fear and the inability to accept change. Dave feels that it was a very positive meeting and that the meeting participants are in phase one of the collaboration. The letter stated that each of the regions strongly oppose the proposed realignment of the councils within their regions.</p> <p>Gary Brown challenged some of the generalized statements which were included in the letter. Gary also pointed out that the presentations were supposed to have been emailed prior to this meeting. Gary and the other PAT committee members were at a disadvantage at not being able to review them in advance in order to adequately provide feedback.</p> <p>Tina Skinner of the Rappahannock EMS Council reported that the Northern Virginia and Rappahannock councils met on July 2 to identify and assess the factors that might prompt both organizations to pursue a possible merger. During the meeting, several key areas were addressed: (1) the existence of current partnerships and (2) shared mission and/or strategic EMS plans. Both councils collaborate through the</p>	

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	<p>Virginia Regional Directors Group and they also share training opportunities and written agreements. In review of each council's mission statement, they both seek to serve the same cause in facilitating regional cooperation as integral parts of Virginia's EMS system.</p> <p>The councils serve very different population, demographic and service needs such as differences in training protocols, disaster preparedness, rapid growth areas, rural areas, and densely populated areas. The meeting also included discussions concerning patient catchment areas, availability of definitive care facilities for strokes, trauma and STEMI as well as differences in funding sources. In summary, the councils do not support merging the two regions.</p> <p>Region E – Jeff Meyer & Jim Chandler Jeff and Jim met on July 2, 2008 and agreed that a SWOT analysis be used to analyze the Tidewater and Peninsula regions. A second meeting was held on July 9, 2008 which included the PEMS/TEMS staff and the third meeting was held on July 28, 2008. SWOT means: Strengths, Weaknesses, Opportunities and Threats. The SWOT analysis was conducted based on three different options: Option A – Consolidation of PEMS and TEMS Councils as proposed by OEMS (Region E). Option B – Increase or continue collaboration between PEMS and TEMS Councils. Option C – Any other variation to the proposed Region E. According to the SWOT report, each option is presented and lists the strengths, opportunities, weaknesses and threats.</p> <p>Appendix A lists the three main categories as Regional Planning, Patient Flow and Natural Boundaries. Under each of these are sub-categories such as training, medical direction, etc. Then under each sub-category are options A or B which lists the strengths, opportunities, weaknesses or threats again.</p> <p>The members of the PEMS and TEMS Executive Committees have determined and agreed on the following: “There appears to be no overall advantage to a consolidation of the Peninsula EMS Council and Tidewater EMS Council. A consolidation appears to have many more potential disadvantages and would increase threats to state and regional representation. Therefore, the PEMS and TEMS Executive Committees recommend against the proposal by the Virginia Office of EMS to consolidate the two regions and believe patient care and EMS providers will be better served by continued and enhanced collaboration currently shared by the two separate councils.”</p> <p>Gary Brown stated that he found a lot of contradictions in the program areas that were listed. Gary also stated that he will do an analysis or grid of this.</p>	
<p>Continued discussion and review of regional council service areas and proposed changes.</p>	<p>Gary Critzer asked the committee to entertain the thought of creating a single parent corporate organization that could possibly be called Virginia EMS Councils, Inc. for a lack of better terms; that would be the corporate board for every regional council in Virginia. Each of the eleven sub-regions would maintain their own staff and have their own sub-regional board and each region would have a seat on the overall corporate board. This corporate board would be the contracting agency for the Virginia Office of EMS and would determine the appropriate reimbursement, contract, etc. with the</p>	

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	<p>eleven sub-regions based on performance and service delivery. Training would be included. It would have statewide health insurance, retirement benefits, payroll, economies of scale, etc. But it would allow the sub-regions to maintain their individuality.</p> <p>Jerry Overton stated that in listening to the discussions this morning, there has been a large focus on the structure of the regions and very little focus on the actual functions of the regions. He wonders if there is a need for regional councils. He feels that there should be state regional offices that focus on education and training. Why can't the state provide the oversight and accountability for the service areas? Jerry is not convinced that there is a need for regional councils in the current structure at all.</p> <p>Scott Weir would like to hear more about the accomplishment of this.</p> <p>Gary Critzer said that Virginia has built its' EMS system on grass roots involvement. By elimination of regional councils without ensuring grass roots involvement, Virginia would stand to lose a lot.</p> <p>Randy applauds Jerry's comment and would like the committee to explore the possibility. He feels that grass roots involvement will always remain a part of the system.</p> <p>Gary Critzer's main concern would be training. CSEMS does a lot of training and would want the same level of training that he currently provides.</p>	
<p>Next steps, open discussion:</p>	<p>Kim Allan expressed an interest in hearing the presentations and the issues that everyone is considering. The main goal is to improve our service delivery to the citizens of the Commonwealth.</p> <p>Dave asked to have the minutes sent out in advance of the next meeting.</p> <p>Dr. Potter suggested that the councils not be required to participate in the parent corporate organization, but participate on a voluntary basis.</p> <p>Gary Critzer disagreed and stated that all of the regions should be mandated to fall under this corporate organization or it will not work.</p> <p>Dreama Chandler agreed that all of the regions should be required to participate under this overarching agency, even if they focus on different areas. For instance, CSEMS would focus on training and NVEMS would focus on disaster preparedness. If they have someone to handle more of their administrative functions, that gives them more time and energy to concentrate on their areas needs.</p> <p>Gary Critzer stated that part of the payments to the sub-regions could be for collaborative efforts. Bruce asked the committee what they would like the EMS system to look like in the next five years. Do we want a more cohesive group that works together? Do we want maximum collaboration? We want to ensure that everyone is patient-focused. We want a seamless organization no matter if you go from one service area to a hospital in another service area, it's still seamless.</p>	

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	<p>Gary Brown stated that the overarching agency or entity already exists as the Office of EMS. It's in the Code. What is to be gained by having another entity? Someone said collaboration. Gary asked if we can have this collaboration now without the creation of another entity. It was replied that certain contracting things can't be done in terms of corporate services without an entity identity.</p> <p>Gary Brown explained that it is still the authority and responsibility of the Board of Health to designate regional councils. Using the example of Connie, Rob and Greg, the Board of Health will have to designate the regional service areas, and then they will review, through the OEMS, applications from interested entities that wish to be designated as the council that serves that service area. This is a different issue than contracts. He is opposed to creating an overarching state agency for the regional councils.</p> <p>Jason Campbell is not in favor of state regional council offices. However, he is in favor of an overall umbrella organization where administrative costs could be shared and efficiencies could be seen. Jason feels that Northern Virginia and Rappahannock regions should be left alone. PEMS and TEMS should be combined. CSEMS and TJEMS should be combined. ODEMSA should be left alone and he is not sure about Lord Fairfax. It is obvious that BREMS, WVEMS and SWVEMS would work very well together.</p> <p>Randy Abernathy stated that the Department of Fire Programs' system seems to work well and that the Regional Councils should be similarly modeled. Their main focus is education as well. He would be interested in knowing the budgetary forecasts and the number of employees needed to manage state supported offices and wants OEMS to do a simple analysis. Nothing elaborate.</p> <p>Gary Critzer stated that the OEMS could be asked to look into the budgetary costs if the regional councils were to become state agencies. OEMS would need to look at the services that are essential to a given region and ensure that there are employees to deliver the services at the same level as currently being delivered.</p> <p>Per Randy, no one wants to see a decrease in service delivery.</p> <p>Gary Brown stated that it has been said the OEMS does not support training. It does support training and believes that training is the foundation of the system, particularly appropriately trained providers. OEMS funds positions that are trained coordinators. Much money is provided through the contracts for many positions.</p> <p>Gary Critzer stated that it was not his intent to imply that OEMS does not support training and he apologized to Gary Brown for giving that impression. He wants to ensure that the ability to provide quality training is not taken away from the providers.</p>	

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	<p>Tim Perkins stated that the biggest issue he sees is distrust. Whether there are issues trusting other executive directors, OEMS, etc., this is the biggest hurdle that needs to be overcome.</p> <p>Reminders/Recommendations/Action Items</p> <ul style="list-style-type: none"> ❖ Chris and Randy want OEMS to inquire of Billy Shelton what the costs are for the regional offices of Fire Programs verses the services they provide. ❖ OEMS will provide an analysis of the regional councils as state offices. ❖ OEMS will collect information on other states which have realigned/restructured their regional councils. Also, provide a report on states that did not have regional councils and later adapted them. ❖ Former Federation agencies are asked to provide a detailed analysis of how you would coordinate services using the SWOT analysis or some other means and send it to Gary Critzer prior to the next meeting as well as present it to the committee at the next meeting. ❖ It was also suggested that Rob Logan facilitate the Former Federation meeting and possibly go before the Board of Directors. ❖ PEMS/TEMS regions are encouraged to refine/tweak their report and send to Gary Critzer prior to the next meeting. (Tim asked to have a copy of the report presented today sent to him via email.) ❖ Also, it is important for the councils to inform Gary Critzer of your meeting date(s). He will then inform the PAT members so that whoever wishes to attend may do so. ❖ Gary Critzer should brief Dr. Remley about the status of this committee and then have her brief Delegate Abbitt. No recommendation will be made to the Advisory Board at this time. ❖ Gary Brown suggested to Donna Burns to ask her Board if Gary Critzer can attend the meeting with the Delegate. 	
Public Comment Period:	None.	
Future Meeting Dates and Locations:	The next meeting will be held on Wednesday, October 7, 2008 in the Richmond area at 9:00 a.m.	
Adjournment:	The meeting adjourned at approximately 3:00 p.m.	