

Peninsulas EMS Council, Inc.
Northern Neck Prehospital Committee (NNPHC)
Minutes – 10 March 2004
Rappahannock General Hospital
Kilmarnock, Virginia

The NNPHC met in regular session this date.

Officers Present

- Craig Rice, Kilmarnock-Lancaster Volunteer Rescue Squad (Chair)

Members Present

- Bruce Andrews, Northumberland County Rescue Squad
- Frances Bowen, Northumberland County Rescue Squad
- James Brooks, Westmoreland County Volunteer Rescue Squad
- LaTanya Campbell, Westmoreland County Volunteer Rescue Squad
- Harold Conley, Richmond County Rescue Squad
- Cindi deCapiteau, Mid-County Volunteer Rescue Squad
- M. Domanowski, Lifecare
- Granville E. Fisher, Jr., Westmoreland County Volunteer Rescue Squad
- Phyllis Hammock, Northumberland County Rescue Squad
- Cookie Haynie, Northumberland County Rescue Squad
- Scott Hudson, Lancaster County Emergency Services
- Darrell Johnson, Montross Volunteer Rescue Squad
- Rex Leftridge, Upper Lancaster Volunteer Rescue Squad
- Mike Marcon, Rappahannock General Hospital
- Al Materia, Lifecare
- David Rice, Rappahannock General Hospital
- Carl Walker, Upper Lancaster Volunteer Rescue Squad

Member Agencies Absent

- Mattaponi Volunteer Rescue Squad
- Callao Volunteer Rescue Squad
- Tappahannock Rescue Squad
- Upper King & Queen Rescue Squad
- Eastern Hanover Rescue Squad

PEMS Representatives Present

- Willard Hicks
- Dane Davis

Medical Advisors Present

- James Dudley, Riverside Tappahannock Hospital

Guests

- Nicholas Klimenko, Center for EMS

Minutes

DeCapiteau read the minutes from the October 2003 meeting.

Old Business

Drug Boxes:

Conley commented that providers need to be careful to administer the correct drug to patients, since drug containers often look similar. Rice agreed and outlined a standard procedure for administering drugs—make sure you have the right drug, for the right patient, in the right dose.

Hudson noted that morphine comes in vials, but the ER is using prefills. He believes that delivering morphine in vials creates a safety issue for EMS providers and wondered why the drug boxes don't have morphine in prefills. Marcon noted he absolutely agrees and said he'll talk to Curtis about it. deCapiteau commented that there are more players involved than just Curtis; any pharmacist who restocks a drug box needs to take the same approach.

Davis agreed to follow up.

Lancaster EMS System Membership:

Rice read a letter (attached) from the County of Lancaster. In the letter, the Lancaster Emergency Services Supervisor, Scott Hudson, asks the Committee to consider accepting the county's new EMS system as a member having all Committee privileges.

Motion: Bowen moved, 2nd by Haynie to accept the Lancaster agency as a Committee member. The Lancaster agency will be represented by Scott Hudson (alternate Pam Walker) and will have a single vote. The motion was adopted unanimously.

ID Badges:

Davis noted that PEMS has the capability of producing ID badges for agencies in the PEMS region, but needs to use a standardized template for all agencies. He passed around an example. Agencies that want to take advantage of the opportunity should contact PEMS at (804) 693-6234.

Patient Care Protocols:

Davis reported that a workgroup comprised of paid and volunteer representatives from agencies throughout the PEMS region has been working over the last year to review and revise the Council's patient care protocols. PEMS' philosophy about the protocols is that they belong to the EMS providers. Therefore, the revision process involved as many people from as many agencies as were willing to participate.

The workgroup reviewed all protocols line-by-line and recommended changes to the Medical Advisors Committee (MAC). The MAC has reviewed the work and discussed them thoroughly. The MAC will meet on Thursday, March 11, 2004 for a final review.

The format of the 2004 protocols will be similar to that of the 2001 protocols: pages sized and drilled to fit into the loose-leaf binders that have already been distributed.

Rollout of the new protocols will be conducted systematically and thoroughly, with personal attention given to agencies. PEMS representatives will visit stations to deliver in-service education on the changes, which are considerable.

The new protocols will require more emphasis by OMDs and agencies on quality improvement and quality assurance. For example, the requirement for paramedics to get orders has been lifted for all medications and procedures. As a result, the ED physicians will need to keep a closer eye on paramedics and the outcomes of the patients they treat.

Davis expects the protocol development, approval, and production to be complete by July. Rollout will occur in July and August 2004. Squads will be notified well in advance of the rollout. In the meantime, any agencies that see a need for as-yet unwritten protocols should first address the matter to their OMDs, who will bring it to PEMS.

Bowen asked about protocol updates and commented that the process of simply mailing out new pages doesn't work well. The updates tend to be ignored and not well-understood; there is also risk that the new pages never make it into the binders. It's essential, she said, to roll out the protocols and future updates in in-service classes.

In response to a question from Marcon about how long the protocol classes will be, Davis said a minimum of 3 hours, depending on how many questions people ask. Classes might even run to 4-5 hours; even then, Davis said, after the protocols are in place, there will be a testing mechanism so that PEMS can find out how well providers understand them, thereby knowing how well the PEMS education process is working.

Davis said there will be a “change sheet” for the front of the protocol book, so that whenever a change comes out and the book is updated, the update can be noted in the book. The change sheet will also appear on the PEMS website. The update process is continuous, Davis commented, and the protocols will undergo more change as American Heart publishes new ACLS guidelines within the next 18 months.

Klimenko added that the pace of change so rapid that the status quo has a lifetime of months instead of years like it used to. ACLS practice, for example, is changing so fast that even though the new textbooks have just been published, some of the information they contain is already obsolete.

New Business

Haynie asked if anybody else is interested in getting a variance to the rule that agencies must carry 2 pediatric shock pads on each unit. They are never used and expire quickly.

Bowen asked Davis if PEMS could request a variance. **Davis said he'd take it before the PEMS board.**

Activated Charcoal:

Davis asked for a show of hands about field use of activated charcoal. He is trying to find out how much it's being used, given the need to stock and maintain this substance, with its expiration dates, on ambulances. Marcon commented that if a patient needs activated charcoal, there's no substitute for it and you've got to have it.

DeCapiteau commented that activated charcoal is relatively cheap.

Conley noted that if charcoal were stored in the drug boxes, expired charcoal would get handled in the pharmacies, removing the burden from the squads.

Davis said he'd put the matter before the MAC and see what they have to say.

Haynie asked for a discussion of the pros & cons about charcoal. Davis responded that we're trained to call poison control first, but the ED physicians want us to call medical control instead. So charcoal is part of evolving philosophies about poisoning treatment.

As the MAC discusses the matter and makes decisions, Davis will let us know what happens.

Grant Review:

March 15 is the deadline for submitting requests in the spring RSAF cycle. Rice asked for 4 volunteers from any squad to participate in the upcoming review and he circulated a sign-up sheet.

Haynie asked if requesting agencies can attend the review meeting and speak to the review committee. Rice commented that not only are they allowed, but they are encouraged to do so and Craig takes considerable steps to contact people and get them there.

Volunteers: Haynie, Hudson, deCapiteau, Conley, Fisher

Davis commented about the philosophy behind requesting funds. Think big, he said, because the 4-for-life money is about to come in and there will be more money than ever before for EMS. Collaborative initiatives from multiple squads will receive priority consideration. He encouraged squads to request money for R&R and training. Although the funds cannot be used to pay salaries, they can be used to pay the costs of pilot studies (which might involve salaries). He advised squads to think big and think for the future and future expansion.

Governor's Awards/Regional Awards:

Davis passed out nomination forms and the regional policy about how state/regional award nominations will occur. The state has roughly 33,000 providers, but only 68 nominations were received at the state. The paperwork makes people shy away from the process. Dane reported that the process has been streamlined and is now completable in about 10 minutes. He passed out copies of the nomination forms and policy.

EMS Party:

For the Sunday at the end of the 2004 EMS Week in May, PEMS has asked Busch Gardens if they will sponsor an EMS day, so that to any EMS provider who shows a badge gets in free. Even if that doesn't work out, PEMS plans to hold a party and an awards ceremony. Davis encouraged agencies to nominate providers.

Trauma Symposium:

This year's Hampton Rhoades Trauma Symposium will be held March 26. He passed out brochures and encouraged agencies to send people.

Northern Neck Emergency Management Committee:

Hudson reported that Jim Masten of PEMS has proposed setting up a committee to handle MCI training and coordination for the Northern Neck. Hudson is the nominal head of the committee, which will meet on April 15 or 22. Word about the ultimate date of the committee's organization meeting will be distributed by email. The strategy is to allow Northern Neck providers to train on their own turf and with their own people and equipment.

The counterpart to the south is the Metropolitan Medical Response System (MMRS). The group has been in the works for 6 years and is coming of age with equipment, resources,

and training. It doesn't address what goes on up here, though, and MMRS is a long ways off. There's a huge need for that kind of collaboration here, too, but it's going to pan out differently here in the event of a disaster.

The group will involve fire, EMS, law enforcement. The April meeting will be a formation meeting. The purpose is to set up a structure that will enable us to handle a disaster before the state & federal resources get here.

This is not the same as the disaster task forces, which are still being formed. A task force would come here in the event of a disaster, but in the event of a disaster here, we would not be dispatched as task forces. The task forces are a separate deal.

The group will be looking at area-wide and cross-agency drills—maybe one a year—that will meet the needs of hospitals, fire, EMS, law enforcement so that we can learn how to work together.

Marcon asked that Masten and Hudson meet with the hospital to conduct feasibility discussions, because this caught him by surprise. The hospital knows nothing about this, Marcon said, and it's starting to sound as though too many things are going on; we also have to pay attention to the Hampton Rhodes disaster protocols, so anything the Northern Neck committee does must correspond to those protocols. Marcon made an official request as a representative of Rappahannock General Hospital to have Masten and

Hudson talk about this way in advance of the time action occurs. **Davis asked deCapiteau to nag him about it.**

Hudson said it's not the purpose of the committee to create new protocols, but to ensure agency coordination with the resources and protocols that are already in place.

Conley said the committee needs to be in touch with its local governments, which already have procedures in place for disaster management.

Hudson said the purpose of the committee is to bring Richmond, Lancaster, and Northumberland together to practice disaster response so that we can work together instead of at cross-purposes. Conley said that the county emergency coordinators must also be involved. Hudson agreed. Haynie said this sounds less like policymaking than practice and drills between the counties in the northern neck.

Brooks asked when it starts. Hudson commented that the kickoff meeting is tentatively scheduled for April. Hudson also distributed a sign-up sheet for people interested in participating.

Cross-PHC Meetings:

Hicks asked if it is feasible for Northern Neck providers to attend meetings with other committees. Bowen said it would be a good opportunity for providers in urban areas to

understand better the needs and hopes of the rural areas and give the rural providers more influence over policy. Hicks noted that a coordinated PHC meeting for the three groups would occur. The meeting would not be an additional one, since everybody already has too many meetings to attend, but would replace one of each PHCs regular meetings.

The group seemed to be amenable to the idea. Rice suggested it occur in the fall. Hicks said he wants to have this become an annual event.

More on Drug Boxes:

PEMS is beginning to examine the feasibility of implementing new and larger drug boxes within the next 5 years. New drugs are available that would be useful for prehospital patient care, but the current drug boxes are too small to accommodate them. Moreover, the Pharmacy Board believes the current mechanism of a locking pin that prevents an opened box from being closed does not provide the most effective security. The Board, Hicks believes, wants to have equip drug boxes with a numbered seal that can be replaced only by the pharmacies.

Dudley noted that the state is looking at a statewide drug box, and idea whose time is overdue. Hicks said that probably wouldn't happen soon, even though it would make life easy.

ALS Certification Education:

Marcon introduced Nick Klimenko, who has approached RGH with a proposal to use RGH's facilities for a center for accredited EMS training. The center would not be funded by RGH. Klimenko attended tonight's meeting to explore the idea with Northern Neck EMS representatives.

Klimenko began by commenting that when the accreditation requirements first came down from the Virginia Department of Health, only 17 institutions were accredited initially in Virginia, but several have folded and more are circling the drain. Klimenko has been hearing complaints that training isn't available in the Northern Neck and he realizes that changes in accreditation standards creates a perception that getting training for EMS certification will be increasingly difficult here. So he wants to know how the Northern Neck EMS agencies would feel about his providing EMT-I and CT-I bridge classes at RGH. Classes would be funded by payment of student tuition and state ALS training funds for tuition reimbursement. Klimenko has recently changed to not-for-profit status and is seeking national accreditation.

Klimenko estimates an EMT-I class would cost about \$1600 per student. The state will reimburse tuition at a rate of 16% if more than 13 students complete the class.

The consensus of group members seemed to be that State funding is difficult to achieve here because the Northern Neck agencies have trouble coming up with 13 students at one time. Davis stated that there are other state funding sources for tuition reimbursement that

are not tied to completion quotas. For example, of state ALS training funds amounting to \$1.2 million available since July 1 last year; only \$200,000 has been spent so far. Seed money is available to any ALS coordinator who wants to start up an accredited program.

Klimenko noted he could file for an extension of his institution's accreditation to put on classes at RGH. State seed money could then be used to get the site up and running—equipment purchases, clinical arrangements, attorney fees, tuition reimbursement, etc.

Tuition reimbursement can occur in at least the following ways:

- Accredited program can request funds up front from the state to offset tuition--\$5K for an I class--\$250 per student. Requires 13 students to complete to qualify for funds.
- State will pay \$960 per student (regardless of numbers) to anybody who completes a class and becomes a certified ALS provider within 6 months of the end of the class. Test out national registry I. Whoever paid the tuition can apply for the reimbursement. Providers must be affiliated with an EMS agency. Tuition does not include textbook costs of about \$170, doesn't include scrubs, but does include \$200 national registry testing fees.

Rice noted that CT/ST classes are no longer being conducted. New requirements for clinical practice are now based on numbers instead of hours. Students must achieve a certain number of IV sticks, for example. In addition, new preceptoring standards require that EMT-I students must be preceptored by an EMT-I, not a CT. Furthermore, the EMT-I curriculum requires that students pass National Registry practicals. More paperwork, clinical and field time are required now. Institutions must be accredited to provide certification education for ALS providers. Instructors must be affiliated with an accredited agency.

DeCapiteau noted that nobody else is stepping up to the plate here; Klimenko's offer is a good one as long as he realizes it will be difficult to achieve high numbers of students here. Rice said a high level of coordination would be needed to populate classes, but better coordination is needed anyway so that the squads aren't duplicating their efforts or working at cross purposes.

Johnson commented that the numbers of EMS providers in rural areas is going to decrease dramatically very soon. Agencies have to be prepared to pay tuition because providers shouldn't need to, especially when they are volunteers. Davis said that within 7 years, there will be a 40% increase needed for EMS providers because the volunteers won't be able to handle the load. The public needs to be educated and the future will be painful. Billing for services is in the future.

Conley said that even if squads bill for services, as Richmond County now does, the people who use EMS services just don't have the money to pay for services. The hospitals give away services to people who can't pay. EMS bills get sent, but they don't get paid.

Marcon stated that ALS providers are letting their ALS certifications slip, so there's already a loss of ALS providers. Mike can recruit people as EMTs and hopes to channel them into ALS service. He also said that the hospital will have to decide whether this is something it wants to do.

Rice suggested that NNPHC recommend a pilot program. Form a committee to discuss Klimenko's offer to provide accredited ALS certification education and our ability to recruit participants. We need to look at this matter seriously, Rice said, because the need for ALS providers won't go away; we can't afford to ignore it.

Klimenko needs 15 students to break even. He would like to begin his first class early in 2005. Rice responded that January 2005 might be too early; next spring would be better, given the planning and recruitment that need to occur. Rice asked the Northern Neck agencies to talk about the proposal at their next meetings, to assess interest in the proposal and determine the number of people who would be interested. The matter can be revisited at the June NNPHC meeting when agencies will have a better sense of the numbers they can deliver.

EMT-I Bridge Course:

Rice announced he is planning to teach a bridge class EMT-I starting around April.

EMT-E Class:

Hudson reported that he is negotiating with Kathy Eubank to teach an EMT-E class. EMT-E certification classes, he noted, do not fall under the accreditation requirements of EMT-I. Hudson is targeting late July or early August for the class to start. The cost will be about \$110 for the textbook and a nominal tuition might also be required.

Conley noted they Richmond County is talking to the same instructor about the same kind of class. Rice reiterated the need for better coordination among agencies to prevent duplication of effort. Holding separate classes all over the place, he wryly noted, is part of the cause of our not being able to get a sufficient number of students into one class to qualify for tuition reimbursement from the state.

EMT-B Class:

Marcon reported that he has a commitment from the Warsaw vo-tech center to conduct an EMT-B class.

EMT-B Instructor Pretest:

Davis reported that PEMS will coordinate an EMT-B instructor pretest, located on the Northern Neck, if the agencies can guarantee 5 people. He also outlined the process of qualifying as an EMT-B instructor:

Instructor candidates must:

- Attain a score of 85% on a written test and score an 85.
- Pass a practical exam.
- Attend a 5-day academy, for which the state pays room and board.

The written test will be conducted here very soon, followed by the practical exam in April. The academy will be conducted at VAVRS in June.

Davis advised interested people to contact him directly.

Next Meeting

June 9, 2004 at RTH, Tappahannock. Elections of officers will be held.