



## Peninsulas Emergency Medical Services Council, Inc.

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

Office (804) 693-6234 - Fax (804) 693-6277

### PEMS EOC Meeting Minutes

Meeting Date: 10-03-17

Meeting Location: PEMS

Chaired By: T. McGregor

Begin Time: 7:00 p.m.

End Time: 8:30 p.m.

Minutes Submitted By: J. Bendit

Draft

Approved Date: 01/09/18

Members Present:	Members Absent:	Staff:	Others:
Brann, James	Aigner, Andy	Bendit, Jeffrey	Payne, Christopher
Harper, Kim	Ashe, Ryan		Beam, Shanon
Lenderman, Joseph	Baker, Greg		Stevens, Ashlee
McClure, Rick	Baylous, Denise		Ricketson, Corey
McGregor, Terrance (Chair)	Beam, Bradley		Bavario, Patrick
Payne, Jeffery	Beasley, Jeff		
Prata, Anthony	Beauchamp, Wally		
Sweet, Jason	Buchanan, Chris		
Thurman, Sadie	Buis, Judy		
Tucker, John	Cumbie, Beth		
Young, Chris	Dougherty, Jason		
Young, John	Griffiths, Darryll		
	Hall, Skip		
	Harmon, Mike		
	Harris, Bev		
	Hogge, Lauren		
	Hunter, Gregory		
	Laing, James		
	Lankford, David		
	Lee, Robert		
	McDaniel, Tamara		
	Newsome, Patricia		
	Nugent, Mark		
	Reinhardt, Joey		
	Rodman, Jason		
	Smith, Thamera		
	Snyder, Larry		

Item	Discussion	Action Required	By Whom/When
Call to Order	By T. McGregor @ 7:00 p.m.		
Introductions and Membership Changes	<p>Introductions by those present.</p> <p>Beverly Harris email address change to: <a href="mailto:beverly.g.harris@vcuhealth.org">beverly.g.harris@vcuhealth.org</a></p> <p>Ashlee Stevens is the new Bon Secours MIH ED Nurse Manager. She will be on the EMS Operations Committee.</p>		
Minutes	Motion by J. Brann to approve EMS Operations Committee meeting minutes of July 11, 2017 as presented. Second by J. Sweet. Motion passed unanimously.		
Appointments	<p>The EMS Operations Committee nomination to the PEMS Board of Directors representing Licensed EMS Agencies (Middle Peninsula) nominated C. Buchanan by J. Lenderman and 2<sup>nd</sup> by T Payne with unanimous vote.</p> <p>The EMS Operations Committee nomination to the PEMS Board of Directors representing Licensed EMS Agencies (Peninsula) A. Prata by J. Brann and 2<sup>nd</sup> by J. Sweet with unanimous vote.</p>	Attend BOD	C. Buchanan and J. Sweet Quarterly
Staff Report	<p>Seth Craig, IV - M. Player reported the Peninsulas Emergency Medical Services Council, Inc. (PEMS) is pleased to announce the newest member of its professional staff who has changed from part time to full time as of September 4, 2017. The Council's EMS Field Coordinator – Clinical Care has been changed as of the latest MOU. In this critical position, Mr. Craig will work with our Medical Advisor's Committee (MAC) to help define the regional standard of EMS care. Additionally, he will oversee a variety of day-to-day clinical functions to include the development, implementation, and coordination of the Regional Treatment Protocols, Policies and Procedures. He will also now be assigned to the CTS Committee and CE Education training programs.</p> <p>The VAOEMS Contract signed in August 2017. This included the full time position S. Craig is now holding and a newly created EMS Field Coordinator- Community Health position awaiting return of M. Player to hold interviews.</p> <p>DEA Update – T. McGregor reported that the bill passed the house without floor debate and is stuck in the Senate. T. McGregor discussed the importance of advocacy in this issue and others involving federal lawmaking that impacts EMS.</p> <p>No Match Grant Opportunity for Initial Certification Programs – J. Bendit reported that the Virginia Office of Emergency Medical Services (OEMS) recently announced a NO MATCH grant funding opportunity that is available to reimburse non-profit EMS agencies for enrollment costs for initial EMS certification programs. He stated that the funding is for programs that started after July 1, 2017 and is based on the OEMS pricing structure. All information is available on the OEMS website at <a href="http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/">http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/</a>, the grant deadline of July 21, 2017.</p> <p>Intermediate 99 – J. Bendit reported it is looking as if the I-99 initial training will be ending July 2018.</p>		

Item	Discussion	Action Required	By Whom/When
	<p>J Bendit reports that M. Player is currently deployed and has not provided input on the EMS Advisory Board's Medical Direction Committee on August 4, 2017.</p> <p>VA EMS Symposium –J. Bendit reported that the Virginia EMS Symposium Registration will open on July 15. The said there were 360 Programs, most hour long programs. Although there are still some multi-day programs including a Teleflex program for IO and video laryngoscopes with Cadavers. Deadline for registration is October 9, 2017.</p> <p>CE and EMS Auxiliary Training Program – J. Bendit showed presentation on the new CE and EMS Auxiliary Training Program given in July EMS Operations Committee meeting. Deadline midnight tonight. This is likely to be extended because we were not able to implement the program until after the VAOEMS and PEMS contract was signed giving the funding amounts.</p> <p>Draft Revision of the 2018 PEMS Protocols Policies and Procedures – J. Bendit and T. McGregor state that they are being finalized at the next MAC Meeting and due out by deadline Mar 2018.</p> <p>Hospital Diversion Policy – 7-11-17- M. Player presented a new Hospital Diversion Policy draft to the EMS Operations Committee. Discussion followed generally supportive of the draft as written. B. Beam motioned that the Committee approve the policy, B. Harris seconded the motion. J. Laing stated that the policy did not cover "soft diversions" that occur when medical control physicians on the radios divert patients from their facilities. B. Beam amended his motion adding language that "Units diverted by medical control should be documented using a PEMS Medical Incident Review Form." B. Harris agreed with the new language. The motion passed unanimously (See Attachment 3 - <i>Regional Diversion Policy - Draft with EOC Additions</i>). Results of Hospital Diversion Policy in the MAC results to be given next EMS Operations Committee meeting. Postponed to next MAC.</p> <p>ICCT Committee Representation on the BOD – J. Bendit reported that as a result of recent Bylaw Changes, the Interfacility and Critical Care Transport Committee appointed a representative to sit on the PEMS Board of Directors- J. Bowen.</p> <p>VHAC-PEMS (Mission Lifeline) – T. McGregor reported that PEMS had joined the Eastern Region of the Virginia Heart Attack Coalition and that it would be making available Mission Lifeline Award criteria to the EMS agencies. Nothing new to add from last meeting.</p> <p>Chief Christopher Payne, the new EMS Program Manager from Navy Regional Mid-Atlantic Fire and Emergency Medical Services has purchased 2 PEMS Medication Box Training supplies for 2 Training boxes. The will be available for sign out when they are not being used. J. Bendit stated the training medications have arrived with shortages of epinephrine. This is due to arrive at PEMS around 11-6-17. More to follow.</p>		
PEMS Committee Reports	Pharmacy Committee – J. Bendit reported that the use of Ketamine is being reviewed by the RSI Workgroup for RSI in the PEMS RSI Medication kit. The addition of saline bullets into the PEMS Medication kit likely to		

Item	Discussion	Action Required	By Whom/When
	<p>start after the Nov 3, 2017 Pharmacy Committee meeting. He states that he is bringing filter needles up as they have not always been included in the PEMS Medication box.</p> <p>PICO – J. Bedit states the annual review of the PEMS Ambulance Restocking list was up August, 2017. They will vote to keep current list in the 10/19/2017 PICO Committee meeting. Requested review by EMS Operations Committee to give to the PICO with any changes. J. Sweet provided PEMS with a few additions either because he is getting some items from the Williamsburg hospitals or he was interested in getting them added to the PEMS Emergency Department Supply Replacement forms:</p> <ul style="list-style-type: none"> <li>EZ-IO stabilizer with EZ-IO</li> <li>Blood draw tubes</li> <li>Medication labels</li> <li>Vacutainers</li> <li>ET Tube Holder – adult/Peds</li> <li>Stylet 6 Fr and 14 Fr</li> <li>Vomit bags</li> <li>BP cuffs automatic various sizes</li> <li>Cord clamps</li> </ul> <p>Medical Advisory Committee Meeting - T. McGregor reported that Sentara made a second presentation to the Medical Advisory Committee regarding their request to allow EMS patients to be transported to free-standing-emergency departments. M. Player stated that the discussion centered around the types of patients that should/should not be transported by EMS to a free standing ED, and what capabilities should the facility have in order to ease the concern of the EMS agencies transporting patients to them. Sentara Port Warwick will return to the September Medical Advisory Committee meeting with responses to the Medical Advisory Committee concerns. PEMS staff and the MAC leadership are ensuring that the discussion remains centered on patient care and not market share. Continued discussion through 2018.</p> <p>Board of Directors - J. Sweet reported that the PEMS Bylaws were approved replacing the Military EMS representative on the Board with a representative from the Interfacility and Critical Care Transport EMS agencies. ICCT representative chosen: J. Bowen.</p> <p>Communications Adhoc Workgroup - T. McGregor reported that additional members are needed for the Communication Ad-hoc Workgroup. Greg Hunter, who is chairing the workgroup plans to have an initial meeting in September or October. T. McGregor asked committee members to let him know as soon as possible if they have personnel who can serve on the workgroup; members of the workgroup do not necessarily need to be members of the EMS Operations Committee. Greg would like to have 2-3 members from each peninsula. The following goals have been established for the workgroup:</p> <ul style="list-style-type: none"> <li>Objective 1 - establish NON PROPRIETARY regional communications and data transfer needs and prepare a regional analysis. This will require an inventory of anything data and communications in the region for hospitals and prehospital setting</li> <li>Objective 2 - prioritize the projects and identify gaps</li> </ul> <p>CLIA Update - M. Player reported that the following agencies must still provide their CLIA waiver forms to J.</p>	<p>Provide PICO with any updates to list</p> <p>Attend BOD Meetings</p> <p>Volunteers needed to support workgroup</p> <p>Send final CLIA Waivers to PEMS</p>	<p>EMS Operations Committee 10/19/2017</p> <p>J. Bowen Quarterly</p> <p>EMS Operations Committee members ASAP</p> <p>Agencies listed ASAP</p>

Item	Discussion	Action Required	By Whom/When
	<p>Bendit at jbendit@vaems.org            Central Middlesex VRS- T. McGregor stated would assist.            Middlesex Rescue Squad- T. McGregor stated would assist.            King William Fire Department- J. Brann stated would assist.            Richmond County Emergency Services- J. Brann stated would assist.</p>		
New Business	<p>Handtevy online presentation by C. Ricketson with P. Bavaro listening in:</p> <p>“The biggest concern seems to be the expense of the system. As mentioned during the call there are a few different options on how to roll Handtevy out. Some of these options include durables, and some include electronic only.</p> <p>As you know, the data is overwhelming that providers, more often than not, make drug calculation mistakes and it’s your highest risk of errors in pediatrics. For this reason alone, Handtevy is great insurance in reducing med error and treatment mistakes. The other benefit of bringing Handtevy to your region is for your providers. Being a provider myself, and having used Handtevy now for years, I can honestly say that the level of confidence improvement before, during, and after the calls can sometimes be career changing. Over the years we have seen an unfortunate number of providers “burn out” during their careers due to some of these calls. Some of these calls are preventable, while others are not, but I think we can agree that every effort should be made to prevent the preventable.</p> <p>I would like to get you some preliminary numbers together so that we have something to work off of. I would need to know number of ALS units you’d like to bring durables to (if any) to get you an idea of pricing. If looking at this for region deployment my recommend would be one of the following:</p> <p>1) Soft Implementation- Customization/Setup, 1 year access of Handtevy Mobile for the entire region (personal and unit devices), and 1 guide set per ALS unit.            2) Electronic Only- Customization/Setup, and 1 year access to Handtevy Mobile... This option may be the solution we need to get started as this will provide the departments and members of your region with an electronic version of Handtevy to utilize, and would allow each individual department to purchase guide sets on their own. This lessens the burden on the regional group, and gives options to the individual departments to build off of. “ Wed 10/4/2017 12:01 PM Patrick Bavario.</p>		
Good of the Order	<p>Upcoming PEMS EOC Meeting Dates:</p> <ul style="list-style-type: none"> <li>• 2 January, 2018</li> </ul> <p>Important Dates:</p> <ul style="list-style-type: none"> <li>• The 38<sup>th</sup> Annual VAOEMS Symposium November 8-12, 2017. Norfolk, VA.</li> <li>• CHKD has achieved Level 1 Pediatric Trauma designation as of 10-2-2017.</li> <li>• Trauma Symposium in Williamsburg will be held on 4-27-2018.</li> </ul>		
Adjournment	Motion to adjourn by J. Brann. Second by J. Sweet. Motion passed unanimously at 8:30 p.m.		