



**Peninsulas Emergency Medical Services Council, Inc.**

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

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

**PEMS Interfacility & Critical Care Transport Committee Meeting Minutes**

A Subcommittee of the Board of Directors

**Meeting Date: 07-11-17**

**Meeting Location: PEMS**

**Chaired By: K. Franklin**

**Begin Time: 3:30 p.m.**

**End Time: 4:55 p.m.**

**Minutes Submitted By: M. Player**

**Draft: Approved Date: 10-03-17**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Bowen, Jason (AMR)	Baylous, Denise (Nightingale)	Craig, Seth (PEMS)	
Carter, Jamie (CHKD)	Bryant, Amanda (Medical Transport)	Player, Michael (PEMS)	
Franklin, Kenneth (LifeCare)	Cannon, Christopher (CHKD)		
Harris, Bev (VCU LifeEvac 3)	Caraballo, Brandi (NuCare)		
Hawkins, Lisa (CHKD)	Deloach, Valerie (Cardinal)		
McTheny, Mark (NN Shipbuilding)	Harris, Bev (VCU LifeEvac 3)		
Wilson, Debbie (Riverside Transport)	Hogge, Lauren (RGH)		
	Miller, Ryan (HeartSong)		
	Thurman, Sadie (Riverside)		

<b>Item</b>	<b>Discussion</b>	<b>Action Required</b>	<b>By Whom/When</b>
Call to Order	Traffic of George Washington Memorial Highway delayed meeting. K. Franklin called meeting to order at 3:30.		
Introductions	Members introduced as listed above.		
Approval of Minutes	D. Wilson moved to approve the minutes of the April 4, 2017 and December 20, 2016 meetings with changes noted. B. Harris seconded the motion. Minutes were approved.		
Membership	Lisa Hawkins, Nurse Manager, CHKD Transport and Jamie Carter, Director of Operations, CHKD Transport have replaced Christopher Cannon representing CHKD Transport Team.		
Staff Report	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. On April 10, 2017, Mr. Seth Craig, IV, will join the team as the Council's EMS Field Coordinator – Clinical Care. 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,		

Item	Discussion	Action Required	By Whom/When
	<p>implementation, and coordination of the Regional Treatment Protocols, Policies and Procedures.</p> <p>Seth is a Virginia and National Registry Paramedic and works in the Lancaster County Emergency Services and Gloucester Volunteer Fire and Rescue organizations. He has a diverse background in volunteer and career EMS service and has formerly worked as both an educator, and a forensic scientist. He serves as an Adjunct Instructor for the Rappahannock Community College EMS Program and his formal education includes a BS in Biology and Secondary Education from the University of Richmond, and an MS in Forensic Toxicology from the University of Florida.</p> <p>FY18 OEMS Regional Council Service Contract - M. Player reported that the Council has not yet received the FY18 OEMS Regional Council Service Contract, however, we know that the funding for the contract will be flat again and this has forced the Council to increase its assessments of the localities and to initiate an assessment of the Interfacility and Critical Care Transport Agencies who utilize its services. M. Player stated that he would expand on this under new business.</p> <p>Intermediate 99 - M. Player reported that the Intermediate 99 town hall process is complete. Overall, most are in favor of the OEMS proposal. The EMS Advisory Board Training and Certification Committee (TCC) workgroup recommendation:  <i>With the initial activity performed by the TCC workgroup and in review of the available information from the Intermediate 99 Town Hall meetings and public comments, the TCC supports the findings that Virginia does not have the resources to develop and maintain valid, reliable and legally defensible certification exams. The workgroup further recommends that when the National Registry of EMTs no longer offers an Intermediate 99 examination, Virginia will cease issuing initiate Intermediate certification and that existing Intermediates in Virginia will be able to maintain their Intermediate Certification indefinitely through continuing education, with no reentry mechanism.</i></p> <p>He said the EMS Advisory Board Medical Direction Committee passed the same recommendation. Essentially, the motion going before the EMS Advisory Board on August 4, 2017 for consideration, if passed, will essentially end all initial Intermediate training program enrollments as of July 1, 2018 and no one will be certified at Intermediate in Virginia after the completion of those final approved programs. It is important to remember that this is not a final approval. It must be brought before the EMS Advisory Board in August and vetted through the discussion process before it is brought to a vote.</p> <p>MC55 Scanners and the package uploaded will no longer be supported as of Aug 1, 2017. OEMS will continue webinars regarding new scanners and during educator updates.</p> <p>Symposium Registration to open before 7/15, 360 Programs, most are hour long programs, some multi-day programs including a Teleflex program for IO and video laryngoscopes with Cadavers.</p> <p>The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) - M. Player reported that 11 states have approved the compact and they are now sending representatives to begin working on the Commission.</p>		

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	<p>CE and EMS Auxiliary Training Program - M. Player gave a presentation on the new CE and EMS Auxiliary Training Program (See Attachment 1 - <i>CE and EMS Auxiliary Training Program</i>).</p> <p>Draft Revision of the 2018 PEMS Protocols Policies and Procedures - M. Player reminded all agencies to have their Operational Medical Directors weigh in on the 2018 Draft Revisions to the PEMS Protocols Policies and Procedures using Survey Monkey. To date, only 8 OMDs have submitted comments. The revisions will be voted on at the September Operational Medical Directors meeting. S. Craig stated that the first round of surveys will close on Thursday. He said he would collect the comments and put them out to all the OMDs with the protocols for a second round later this month.</p> <p>Hospital Diversion Policy - M. Player presented a new Hospital Diversion Policy draft to the EMS Operations Committee. A general discussion followed. Members present expressed their approval of the new category that closes facilities in dangerous situations. K. Franklin asked M. Player to send the draft Policy to all Committee members and request that they send him any comments within two weeks. (See Attachment 2 - <i>Regional Diversion Policy - Draft with EOC Additions</i>).</p> <p>ICCT Committee Representation on the BOD - M. Player reported that as a result of recent Bylaw Changes, the Interfacility and Critical Care Transport Committee will appoint a representative to sit on the PEMS Board of Directors.</p>	<p>Email Draft Policy to ICCT members</p>	<p>M. Player by 7/20/17</p>
<p>Old Business</p>	<p>Regional Patient Transfer Checklist – M. Player reported that only one agency had provided PEMS with copies of their transfer checklists. He reported that this was a timely topic as PEMS had recently received reports of inter-facility transport patients being delivered for CT without the EMS agency personnel providing facility staff with a turnover report. He stated that this could easily be considered abandonment. A general discussion followed during which committee members provided several examples from their own experience when proper turnover was not provided due to either agency or facility failures. The general impression by some providers that the transfer of patients from one facility to another within the same health system constitutes an "in-house" movement and thus does not merit or require formal reports does not help. The committee reaffirmed the importance of this issue being the first to be tackled by the ICCT. M. Player stated that the staff will again request agencies send copies of their transfer checklists</p> <p>State of Virginia definition of Critical Care Transport - M. Player reported that the EMS Advisory Board Medical Direction Committee desires to revisit this issue in an attempt to better define the levels of clinical staffing required. He said that he would keep the Committee posted on developments</p>	<p>Request each ICCT Agency send PEMS their Transfer Checklists</p>	<p>M. Player by next meeting</p>
<p>New Business</p>	<p>EMS Responses with Commercial Agencies within PEMS in 2016 - FY18 PEMS Stipend Service Fee - M. Player reported that the Peninsulas Emergency Medical Services Council has always relied on the system itself for support to help pay for the costs of coordinating certain aspects of the regional emergency medical care system. He said that PEMS had never requested support from the region's inter-facility and critical care transport agencies beyond the occasional request to sponsor specific programs until now. Due to increasing costs and level funding, the Council needed to find additional funding to help defray the increasing costs of the services provided. He reported that on June 21, 2017, the Peninsulas EMS Council's Board of Directors directed staff to assess a fair stipend from transport EMS agencies for services received from the Council. The basis for the FY18 stipend was determined to be \$1,000 plus \$0.13 per EMS response in the PEMS region in 2016. The figures for these calculations were obtained from the Virginia Prehospital Information Bridge</p>	<p>Email remaining Invoices to those not present or on TC</p>	<p>M. Player 10-03-17</p>

