



## Peninsulas Emergency Medical Services Council, Inc.

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### Board of Directors Meeting Minutes

Meeting Date: 12-15-2021

Meeting Location: Virtual

Chaired By: Julia Glover

Begin Time: 6:30 p.m.

End Time: 7:55 p.m.

Minutes Submitted By: Steve Pincus

Draft: Approved Date: 03-16-2022

Members Present:	Members Absent:	Staff:	Others:
Anest MD, Trisha (TC)	Beasley, Jeff (EC)	Ashe, Amy (TC)	Tress, Rebecca (Wells Coleman)(TC)
Barrick, David (EC, T) (TC)	Clifford, Christianne	Brophy, Kevin	Vernovai, Chris (OEMS) (TC)
Beam, Bradley (TC)	Dodd, Lisa	Craig, Seth	
Brann, Jimmy (TC)	Harper, Kim	Pincus, Steve	
Dent, Pat (EC, VP) (TC)	Kopczyk, Steve	Thomas, Debbie	
Erwin MD, Eleanor (TC)	Masterson, Dave	Veach, Travis	
Glover, Julia (P) (TC)	Player, Michael (S) (EC) (NV)		
Hunter, Greg (TC)	Paulette, Mitch		
Kennedy Phd., Shannon (TC)	Sweet, Jason		
Louka, Amir (EC) (TC)	Thurman, Sadie		
Samuels, Gary (TC)	Wingfield, Frank		
Sensenig MD, Jeff (TC)			
Stewart, Sherwin L (TC)			

Item	Discussion	Action Required	By Whom/When
1. Call to Order	The meeting was called to order at 6:00 p.m. by Julia Glover.		
Introductions	Meeting attendees introduced themselves. Attendance was taken during this time.	Record attendance	Steve

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2. Audit Presentation*	<p>Rebecca Tress presented an overview of the annual financial audit to the board. She highlighted many comparisons between the previous fiscal year. The audit did not reveal any deficiencies.</p> <p>Gary Samuels made a motion to accept the audit with a second made by Dr. Anest. No discussion on the motion. Motion passed unanimously.</p>	Post audit and 990	Steve
3. Consent Calendar	Dave Barrick made a motion to approve the consent calendar as submitted. Second by Gary Samuels. The motion carried unanimously.		
4. President's Report	Julie gave the President's report. The first item was to present the awards to Greg Coffman, Ed Walker, and Linnie Green, previous board members. The determination was made to present the awards to them individually since none were in attendance. There were no expiring terms, resignations, or renewing members nor were there any new members. It was noted that Dave Masterson from Sentara Williamsburg had been reassigned to Obici in Suffolk. (This causes a vacancy from Sentara.) Also, there are two vacancies – one from a financial institution and the other from a Peninsula business.		
5. Vice President's Report	Pat Dent stated that he did not have anything to present to the board.		
6. Secretary's Report	<p>Chief Player is deployed with DMAT and Kevin read the following report from Chief Player:</p> <ul style="list-style-type: none"> <li>• COVID-19 Update <ul style="list-style-type: none"> <li>a. PEMS staff continue to meet with and work with the region's three Health Districts, VDEM Region 5 emergency managers, EMS agencies and Hospital Eds, and the Peninsula UMACC (Unified Multi-Agency Coordination Center) on continued community vaccination efforts, messaging for the eligible unvaccinated, the administration of boosters.</li> <li>b. Like many areas of the Country, and other portions of the Commonwealth, the PEMS region is once again experiencing an increase in community transmission of COVID-19 still fueled primarily by the Delta variant within the unvaccinated population, but it is only a matter of time before we see an increase in cases of the Omicron Variant in the region.</li> <li>c. EMS agencies and Emergency Departments are transporting higher numbers of patients, with seemingly higher acuity. Wait times for ambulance patients to be transferred to available stretchers is increasing, Eds are holding admitted patients longer, and hospital ICUs are busy. At your direction, the PEMS Council began having meetings with the hospitals and the agencies to develop plans for the management of ED Surge and Post Capacity Care which have researched a number of strategies being used throughout the Country and other regions in the Commonwealth to manage this problem. It now falls on this work group to begin evaluating some of these models to determine applicability to the hospitals. The workgroup is also assessing the infrastructure tools such as inter-hospital and</li> </ul> </li> </ul>		

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	<p>EMS-hospital communications systems that may be needed for whatever management model is ultimately developed.</p> <p>d. The State Medical Direction Committee is also going to weigh in on the use of diversion and the misuse of EMS in managing ED post capacity care.</p> <ul style="list-style-type: none"> <li>• <b>Regional Council Re-designation Process</b> <ul style="list-style-type: none"> <li>a. As we discussed at our last Board Meeting, the PEMS’s designation as a regional council expires this year. Staff completed the application for redesignation which was uploaded via portal to the Virginia Office of EMS by COB on October 8, 2021.</li> <li>b. We expect that the Office of EMS will be sending a team of assessors to conduct a site visit after the first of the year.</li> <li>c. The results of their assessment will be sent to the State EMS Advisory Board and their recommendation forwarded to the Virginia Board of Health for final approval.</li> </ul> </li> <li>• Seth Craig, the PEMS Council’s EMS Field Coordinator-Clinical Care has accepted a position as Director of the Rappahannock Community College’s EMS Program. If you recall, Seth worked part-time for the Council until the Office of EMS provided funds for the provision and coordination of EMS continuing education programs. We added those funds and the EMS Education responsibilities to Seth and he became a full-time employee. When the state ended the Regional Council oversight of the CE program, the Office of EMS’ funds for that portion of Seth’s position also ceased. But you decided that it was important to continue to fund an EMS continuing education coordination role within the Council and you directed that portion of Seth’s salary be made-up from local government funding. <ul style="list-style-type: none"> <li>a. Seth has requested to remain with the staff part-time beginning on January 1, 2022 in his old role of EMS Field Coordinator-Clinical Care but without the EMS continuing education coordination role, essentially his old position.</li> <li>b. With your agreement, PEMS intends to use the budgeted funds freed by Seth’s going part time to continue the work originally envisioned by the Board for those funds, and hire a part-time EMS Education Coordinator. We intend to advertise for the position after the first of the year.</li> </ul> </li> <li>• The last eighteen months have seen incredible stresses placed on our health care system. However, we have been able to come together as a system to develop strategies, share resources and collaborate on solutions. And, for the first time, when hospitals, local governments, or licensed EMS agencies gather to discuss matters that impact EMS in the region and PEMS is not present, we are missed, and we are asked to participate. We have demonstrated our importance to the system, and our value to our constituents.</li> <li>• The staff and I wish to thank the Board for it’s vision and leadership in situating and resourcing the Council for this important moment in the life of our regional EMS delivery system.</li> <li>• I am deployed with the Virginia-1 Disaster Medical Assistance Team in Manchester, New Hampshire, helping to decompress a Hospital System that is staggering under a surge of the Delta variant of COVID-19. I wish that I could be with you tonight. If I were, I would tell you how I pray that you will have a holiday filled with family and friends, safety, health and memory making. May God bless you!</li> </ul>		
7. Treasurer’s Report	<p>Chief Barrick asked Kevin to provide an overview. He meets on a regular basis with Kevin to make certain the finances are in order.</p> <p>Kevin reported that the financial documents were posted on the annotated agenda and that the first five months</p>		

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	of the fiscal year were good. PEMS is within the budget constraints. A mid-year budget adjustment will be presented to the Executive Committee in January based upon the first six months.		
8. Regional Medical Director's Report	<p>Dr. Louka presented his report...</p> <p><b>Pediatric Care Committee –</b>  The peds committee has concluded a review of all existing protocols relating to pediatric care. An inclusive team of experts in pediatric emergency medicine from VCU CHoR, CHKD, Riverside, and Sentara have provided recommendations for updates to these protocols which have now been provided to the medical advisory committee for review and approval. Additionally, new evidence-based protocols and procedures were developed specific to the care of pediatric patients including Behavior Emergencies, Shock / Hypotension, Sepsis, Neonatal Resuscitation, and Pediatric Cardiopulmonary Resuscitation.</p> <p><b>Protocols, Policies and Procedures Committee –</b>  The PPP has concluded a review of the procedures section of the regional protocols, with a variety of updates and adjustments made to better reflect current practice. For example, new procedures were created for the management of patient worn medical devices (LVAD, insulin pumps etc) as well as airway management and medication administration. Others were updated to reflect evidence-based medicine and national guidelines such as adult cardiopulmonary resuscitation and spinal motion restriction.</p> <p><b>Pharmacy Committee –</b>  Pharmacy committee has completed an update of the entire pharmacology section of the regional protocols, amending drug information to better reflect the needs of providers in the field. A proposal has also been approved to include standardized medication labels for the use of infused medications, a simple and cost-effective measure which has been shown to reduce errors and improve patient safety.</p> <p><b>Stroke Committee –</b>  Early in 2021 the stroke committee approved an adjustment to the regional stroke triage plan which allowed more patients with probable large vessel occlusions to be transferred to a comprehensive stroke center for endovascular intervention. Shortly after this was approved, national guidelines were published which strongly supported this patient centered change. PEMS was ahead of the curve and, anecdotally, this process seems to be working well although actionable data remains difficult to obtain.</p> <p><b>Opportunities for 2022 -</b>  Effective data collection across dozens of agencies and multiple hospital systems remains challenging, but the utility of actionable data cannot be overstated. I will continue to work</p>		

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	<p>with stakeholders to develop effective means of data collection and analysis to guide further development.</p> <p>Multiple agencies have simultaneous projects underway to deploy advanced tools such as ventilators, IV pumps, ultrasound, and blood products. Interagency collaboration will allow for increased efficiency and a more coordinated approach to future development.</p>		
9. Staff Reports	PEMS staff provided individual reports to the board on their contractual duties and other special projects that they were involved in.		
10. OEMS Report	<p>Chris Vernovai provided the report from OEMS. He stated that OEMS staff along with the council directors would be having a retreat during the week of the next Advisory Board meeting to discuss the renewal of the contracts. He hoped to send information regarding this to the directors by the end of the week.</p> <p>The Advisory Board met during the week following the EMS Symposium. This took a large load off of OEMS and the discussion was that this will probably be the new norm.</p>		
11. Old Business	In 2022, PEMS will be transitioning all committees to MS Teams for the meeting platform. A FAQ sheet will be developed to provide instructions for those who are not familiar with Teams.		
12. New Business*	<p>a. There were minor changes to the By-laws to update names of the hospitals and correct errors. Kevin went over the changes. A motion was made by Brad Beam to accept and post the changes for the 30-day comment period. Dr. Kennedy seconded the motion. The motion was approved.</p> <p>b. COOP: The PEMS' Continuity of Operations Plan was updated to bring verbiage in line with current Homeland Security and Emergency Management terms. In addition, a section was added to include duties regarding recovery for the IT Specialist position. Kevin presented the changes via screen sharing the document. Dave Barrick made a motion to approve the COOP. Dr. Sensenig seconded the motion. Motion carried.</p>	<p>Post By-law changes for 30 days to allow board members to comment.</p> <p>Place updated COOP in PEMS' Program Files on the server.</p>	Greg
13. Good or the Order	None of the Board members present had any questions or concerns.		
14. Next Meetings and Important Dates	<p>The next meetings are scheduled for March 16, 2022 and June 15, 2022.</p> <p>Important dates – April 22, 2022 is the Hampton Roads Trauma Symposium which they are trying to have this as an in-person event.</p> <p>May 21, 2022 is EMS Day at Busch Gardens where the regional EMS awards will be presented.</p>		
14. Attendance Verification	Attendance was verified.	Steve update roster	
16. Adjourn	Chief Barrick made a motion to adjourn. Motion carried. The meeting ended at 7:55 p.m.		