



Peninsulas Emergency Medical Services Council, Inc.

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Board of Directors Meeting Minutes

Meeting Date: 06-21-2023

Meeting Location: Virtual – MS Teams

Chaired By: Julia Glover

Begin Time: 6:03 p.m.

End Time: 8:19 p.m.

Minutes Submitted By: Steve Pincus

Draft: Approved Date: 09-20-2023

Members Present:	Members Absent:	Staff:	Others:
Barrick, J. David (EC)(T) TC	Beasley, Jeff	Ashe, Amy TC	Vernovai, Chris (OEMS) TC
Clifford, Christianne, MD TC	Bell, Chris	Brophy, Kevin TC	
Doak, Melissa TC	Bever, Greg	Craig, Seth TC	
Dodd, Lisa, MD TC	Dent, William	King, Joann TC	
Glover, Julia (EC) (P) TC	Kuhns, Mike	Pincus, Steve TC	
Gupta, Sudershan, MD TC	Reaves, Stacy	Thomas, Debbie, TC	
Hunter, Greg TC	Stewart, Sherwin	Veach, Travis TC	
Kennedy, Shannon, PhD TC	Thurman, Sadie		
Kopczynski, Steve TC	Ward, Gary TC		
Lang, Betsy TC			
Louka, Amir MD TC			
Massignan, Jason MD TC			
Northstein, Johanna TC			
Player, Michael (S) (EC) (NV) TC			
Paulette, Mitch TC			
Price, Amber TC			
Samuels, Gary TC			
Smith, Matthew TC			
St. George, Dustin MD TC			

Members Present:	Members Absent:	Staff:	Others:
	Thurman, Sadie		
	Veach, Travis (Staff)		

Item	Discussion	Action Required	By Whom/When
Call to Order	President Julia Glover Call the meeting to order at 6:33 p.m.		
1. Introductions and Attendance	Steve Pincus called out names of those attending and took attendance for the roster	Record Attendance	Steve
2. Consent Calendar*	Julia Glover introduced the consent calendar and asked whether any items needed to be separated out. No members asked to separated items on the consent calendar. Mitch Paulette made a motion that the consent calendar be approved all together. Johanna Northstein seconded the motion. There was no discussion regarding the motion. Motion carried unanimously.	Change December draft Minutes to Final Minutes	Steve
3. President's Report	<p>Julia Glover noted the following items regarding board membership which needed to be addressed:</p> <p>Membership Changes*</p> <p>1) Expiring Terms</p> <p>a. Dr. Shannon Kennedy (Business - Northern Neck) 06-16-23</p> <p>b. Matthew Smith, NRP - Licensed EMS Agency (Northern Neck) EMS Ops Rep</p> <p>Julie Glover thanked them for their service to the board and also stated that Dr. Kennedy said she was willing to serve another term. Julia Glover also stated that Matt Smith's term would have to be voted on in the September meeting since the EMS Operations Committee would have to vote on him or someone else for that position.</p> <p>2) Resignations</p> <p>None</p> <p>3) Renewing Members</p> <p>a. Dr. Shannon Kennedy (Business - Northern Neck) *</p>		

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	<p>Gary Samuels made a motion to approve Dr. Kennedy as a board member renewing her term. Dr. St. George provided the second. There was not discussion on the motion. Motion carried unanimously</p> <p>4) New Members</p> <p>a. None</p> <p>5) Vacancies - None</p>	Update the committee roster to reflect the vote.	Kevin
4. Vice President's Report	Pat Dent was not present at the meeting.		
5. Secretary/Executive Director's Report	<p>Chief Player reported on the following:</p> <p><u>New Website Project</u> The Regional Council Directors Group - IT Committee requested that we take a look at developing a new website for the council. The State has contracted with Sandbox Creative Agency to develop a new website and with MBingham Projects to support the Website Design and Development of Content for the PEMS Council that can serve as models for the other regional councils. The two vendors were finishing work on the Tidewater EMS Council's Website that includes Eastern Virginia Healthcare Coalition, the Hampton Roads Metropolitan Medical Strike Team, and Virginia-1 DMAT and the State took leveraged their contract to develop ours. We are currently working with the vendor and are hoping this will be ready in early fall.</p> <p><u>APOT Data Project Working Group</u> Chief Player reported that he has been asked to represent the region in a State Working Group trying to get their arms around the issue of Ambulance Patient Off-Load Times (APOT). Ambulance Patient Off-Load Times often referred to as "Wall Time: is the time interval between the arrival of the ambulance patient at the emergency department and the time the patient is transferred to an emergency department bed/stretchers, chair or other acceptable location and the emergency department assumes the responsibility of the patient. Chief Player also stated that while this is not a major problem in our immediate area, it has taken place in other regions within the State. Also, the working group would like to come up with a "common definition" so that the times are calculated accurately and also develop recommendations to reduce these times.</p> <p>Dr. Louka stated that from the RMD perspective patient wall time has reached a kind of breaking point and needs to be addressed. Dr. Louka also stated that there will be some support for EMS providers so that they will have better turnaround times with respect to turning patients over to the hospital.</p> <p>Melissa Doak stated that while she was at a conference in Florida that this was a hot topic. California and Florida have created legislation on wall times. One of the presenters at the conference said that</p>		

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	<p>they determined that it is best to use the NEMSIS data points – “E times 11 to E times 12” which means your time arriving at the emergency department when the vehicle is put in park and the time that the accepting nurse accepts and signs the ePCR for transfer of care. She went on to say that most states are counting this as the official wall time. California will charge the hospitals if the time goes past twenty minutes because this was what was mutually agreed on. They use the FEMA Task Force reimbursement rates. California has seen a reduction in the wall times. Florida addressed this by using social media to post the wait times for each of their crews at the various hospitals. This has allowed public pressure to take place.</p> <p><u>Pulsara Project</u></p> <p>Chief Player reported that through a federal grant obtained through the HRPDC All Hazards Advisory Committee - the PEMS and TEMS Regions will be implementing Pulsara - a HIPAA Compliant, secure, and easy to use communications and logistics platform that unites distributed teams and fragmented technologies as dynamic events evolve - from one-to-one EMS patient contacts to MCI situations and natural disasters. Key features of the cloud-based, mobile-and-browser telehealth and communication system include image sharing, group chatting, audio clip recording, live audio and video calls, and open application process interface that allows two or more application system integrations and medical technology such as neuro artificial intelligence tools. This platform is able to be used on a day-to-day basis so that the EMS providers will have working familiarity with the platform.</p> <p>Many board members stated that it would be good to have a presentation for the hospital systems as well as for PICO and the MAC.</p> <p><u>EMS Day at Busch Gardens</u></p> <p>Chief Player state that EMS Day at Busch Gardens was very successful – the largest ever. Over three hundred people attended and awards were presented to the Regional EMS Award winners. The nominees for each award category were also acknowledged along with all of PEMS financial sponsors.</p>	<p>Set up demonstrations for the Board September meeting and for PICO and the MAC committees</p>	<p>Chief Player</p>
<p>6. Treasure’s Report</p>	<p>Dave Barrick reported that he met with Kevin Brophy and Chief Player to review the financial status of the council and to review the proposed budget. The budget was presented at the Executive Committee meeting. He also stated that the budget would be presented to the board at the meeting tonight.</p>		
<p>7. Regional Medical Director’s Report</p>	<p>Dr. Louka reported on the following:</p> <p>The state MDC met on April 6. I was out of the country, but I received report from the chair, Dr. Yee. The office of EMS, governor’s advisory board and state board of health are organizing resources and stakeholders to address significant issues with “wall times” at EDs throughout the state, with a specific focus on prolonged EMS turnaround times and ensuring patient’s EMTALA rights are being respected. More to come as the hospital and EMS groups meet to consider solutions. Chapter 32 is moving forward with significant updates to the VA code relating to EMS. A draft is available for review on the OEMS website. There was discussion of ADA regulations regarding the requirement that people with hearing impairment be afforded a sign language interpreter. There is no obvious solution for EMS to accomplish this, and OEMS is working on guidance to agencies. Lastly, there was discussion of pharmacy issues – in the absence of official DEA regulation changes, hospital pharmacies elsewhere in Virginia are considering unilaterally pulling out of drug box exchange</p>		

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	<p>programs. This would immediately and massively impact that ability of EMS to perform its mission, and OEMS is working with stakeholders to find agreeable solutions. There is no timeline for proposed DEA regulatory changes, but agencies are recommended to begin the process of obtaining individual agency CSRs as soon as feasible in an anticipation of future need.</p> <p>Within PEMS, the MAC met last week and discussed a number of clinical issues. There is broad agreement on combining the adult and pediatric care protocols. This was discussed again in the PPP meeting on 6/14 and is expected to take approximate 6 months to complete, with an anticipated presentation to the PPP and MAC in early 2024 for final approval. There was discussion of removing vecuronium from the RSI box as it does not appear to be used – this will be addressed at the next pharmacy committee meeting. Lastly there was discussion of the adoption of Pulsara through a regional grant which will augment communication with receiving hospitals, particularly during major incidents.</p> <p>To that end, a major MCI drill was held at Busch Gardens on 5/16 with participation of JCCFD, YFD, WFD, LifeEvac and RDH involving over live, moulaged patients. This went exceptionally well and provided some key lessons learned for all involved. Solumedrol is on shortage and may not be available in drug boxes. Pharmacy committee is considering adding dexamethasone in its place, but guidance/protocol update will need to be provided first. Alternatively, it may just be omitted from the drug box and deferred until arrival in the ED.</p>		
8. Staff Reports	<p><u>Amy Ashe</u> reported she met with the Mobile Integrated Health/Community Paramedicine work group. They have been looking at software demos to try to decide on one to use that would be common among those in their respective programs. The Behavioral Health committee met and have developed transport protocols that will be used if a patient is transported directly to the behavioral health hospital emergency department. The committee also discussed the Riverside Behavioral Health Center intake process. The state is working on some processes with regard to health and wellness. The PEER Team Networking Team has also been active. committee to assist.</p> <p><u>Greg Bever</u> was not at the meeting, but Kevin Brophy reported the following for Greg. Kevin stated that Greg continues to do in-house I.T. support and has done a tremendous job with respect to upgrading software and hardware. He also installed the new security video system in the office. He also helped to upgrade the office audio visual systems and built an inventory tracking system.</p> <p><u>Kevin Brophy</u> stated that the “Partner Requests” have gone out. He went on to acknowledge each of the partners. PEMS has received partnership payment from Sentara. The FY24 requests have gone out to the jurisdictions so that they may include in their respective budgets. The money from those requests should become available in July.</p> <p><u>Seth Craig</u> reported that the Protocols, Policies and Procedures committee has responded to a request that came through on the webpage. The request asked for the protocols to have the adult and pediatric protocols combined. A survey was sent out to the hospital systems as well as to EMS providers and there was a great response to the survey. The request was approved to combine the protocols by both the PPP committee as well as the MAC. This will be done in the 2024 rollout. This will be a great improvement especially on the protocol app. The website protocol review request has been very active and has been a positive way for the</p>		

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	<p>individual providers to give input and ideas about the protocols as well as interventions. The Pediatric Care Committee is looking at developing metrics which can be used to evaluate emergency pediatric care out in the field.</p> <p><u>Joann King</u> stated that they had their third Instructors Network meeting. She made a template for the Handtevy program and it is available for agencies. They just need to contact her and she will send it out. It is based upon the monitoring equipment so there are nuances for each type. Joann stated that she assisted Abingdon in getting an EMS educator from the PEMS Instructor Network. She has conducted a “live Tissue training where she used pig parts (trachea, lungs and heart). This type of training is very beneficial to providers as it gives them a visualization on how these systems interact.</p> <p><u>Steve Pincus</u> reported that PEMS RSAF Rating Committee met in April to review and rate the grant requests. He also stated that PEMS is able to assist agencies with a preliminary review of requests so that they will be better positioned to receive grant funds. PEMS also hosted a “Moulage Artistry” course at the end of March which was completely filled. Thirty-two people were trained and received a moulage starter kit. Some of the course participants also signed up to be able to assist localities and agencies when they are conducting drills. He also reported that many agencies and hospital systems have restarted conducting in-person drills. He assisted with several of the drills.</p> <p><u>Debbie Thomas</u> reported that she attended the ESO Conference in Austin Texas where she received additional training on pulling data from the pre-hospital reporting system. This should help out the various PEMS committees especially the Performance Improvement Committee. She then told the board about some Stroke Awareness presentations that she delivered. Debbie went on to report that she is working on expanded performance improvement initiatives and she said she is available to EMS agencies to assist with data quality issues. There were several agencies who have problems with report validation in their uploads to the state.</p> <p>Mitch Paulette from Richmond County reported that he spoke with Debbie regarding the data and he is aware that the data dictionary is getting ready to change. He asked whether this was going to better align with what the State wants versus what ESO is providing. There have been some problems in uploading the reports because of conflicts.</p> <p>Debbie stated that the new NEMSIS requirements which are rolling out should address some of these issues because the State and ESO should be on the same page with the data points.</p> <p>Mitch also brought up the point that the state’s quality scoring was off-based because another agency scored better with many more failed reports.</p> <p>Debbie responded by stating that data quality scores are awarded only on the reports uploaded – the failed reports were not included within that scoring.</p> <p><u>Travis Veach</u> reported that he has been receiving the renewal letters for the “Restocking Agreements.” For the Pharmacy Committee, Travis stated that there have been a number of incidents related to not getting signatures for medications or wasted medications. This appears to mainly be an educational issue that he is addressing.</p>		

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	There was an issue with a shortage of the medication Solumedrol and a solution was developed to use a substitute medication in its place when there was a shortage. Travis also stated that starting with the Peninsula agencies and then moving outward, PEMS was going to try to assist with getting everyone CSR compliant.		
9. OEMS Report	Chris Vernovai from OEMS reported that the state EMS plan was approved by the Board of Health. OEMS is trying to get out more to the various councils. They have finished up the officer classes and the next scheduled one will be in September. There will be other offerings in the fall.		
10. Old Business	<p>Chief Player went over the board meeting formats for FY24 as shown below:</p> <ul style="list-style-type: none"> • Online September 20, 2023 (Elections of New Officers) • Online December 20, 2023 • Online March 20, 2024 • In person, dinner and reception June 26, 2024 		
11. New Business*	<p>Kevin Brophy provided a presentation of the proposed FY24 Budget* In that presentation he provided an overview of expenses, expenditures, and funding that PEMS receives. He showed the fiscal projections for the upcoming budget year. Kevin stated that this will be the first full year of executing the new contract with OEMS. Kevin stated that this budget has a “positive projected net revenue.”</p> <p>The full budget was presented to the Executive Committee. The Executive Committee makes a motion and recommends that the Board approves the budget as presented. Dr. Kennedy provided the second to that motion. There was no other discussion on the budget presentation. A vote was taken and the motion passed unanimously.</p>	Change the proposed FY 24 budget to the Adopted FY 24 budget	Kevin
12. Good of the Order	<p><u>Mitch Paulette</u> stated that he has been in contact with Michael Berg from OEMS regarding the wording of the RSAF Grant process when it comes to vehicles. It states that you cannot enter into a contract for an ambulance purchase and then seek RSAF funding. Mitch stated that he wanted clarification on a “Letter of Intent” and whether that was considered a contract. This inquiry was sent to both OEMS and to the Attorney General’s Office. The response back from the AG’s Office was, “It depends.” OEMS took the stance that a Letter of Intent was a contract. Mitch requested that the Board supports allowing agencies to go forward with Letters of Intent and while seeking grant funding since delivery time for new ambulances can take up to three years. The major issue is that it can take a year or more to source a chassis. Mitch stated that the Letter of Intent would allow the agencies to go to the vendors so that they could begin sourcing the needed equipment to start an ambulance build prior to entering into a purchase contract. This would allow the agencies to then seek the RSAF funding prior to entering into that contract.</p> <p>Dr. Kennedy stated that she is in agreement because she has experienced a similar thing at RCC.</p> <p>Mitch Paulette replied that it appears that OEMS is in favor, but the problem lies within the governing legislation.</p> <p>Greg Hunter stated that King and Queen County was experiencing similar situations with forty-two-month projected delivery times on their ambulances and close to five years on a fire engine.</p>		

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	<p>Gary Samuels asked whether this affects and equipment such as vents and monitors.</p> <p>Mitch Paulette responded that the problem was with the verbiage of “anything in which a purchase contract has already been entered does not qualify for RSAF funding.”</p> <p>Gary Samuels stated that he would take the issue to the Legislation and Planning Committee at the Advisory Board.</p> <p>Chief Player stated that this was part of the overall State’s administration of grant programs. He went on further to say that RSAF funding was significantly limited and not many awards have been given out during several grant cycles due to the limited funding. Chief Player stated that he would bring this up to the regional directors, the advisory board committee, and the FARC committee.</p> <p>Gary Samuels stated that he wanted to publicly thank Mitch Paulette and Aaron for their hard work in treating patients at a mass shooting in Richmond.</p> <p><u>Debbie Thomas</u> reported that Riverside Regional wanted to commend Gloucester’s EMS providers who had called for a helicopter to transport a stroke victim. The helicopter had a delayed response time so the crew made a quick decision to do a ground transport to Riverside Regional which ended up allowing the patient to receive the treatment that was needed within the proper timeframe. The patient had a great outcome due to Gloucester’s quick decision-making in this situation.</p> <p>Julie Glover stated that it is great to see the whole system work as it is supposed to.</p> <p>Chief Player stated this show the importance of what PEMS, the agencies, and the hospitals does on a daily basis to keep and improve the overall delivery of the EMS system.</p>		
13. Next Meetings and Important Dates	<p>Julie Glover went over the following:</p> <ul style="list-style-type: none"> a. Next BOD Meeting <ul style="list-style-type: none"> a. September 20, 2023 at 6:30 p.m. b. December 20, 2023 at 6:30 p.m. <p>Important Dates</p> <ul style="list-style-type: none"> a. July 4, 2023, Independence Day, PEMS Office Closed b. July 25, 2023, State-wide Regional PI Coordinators Meeting c. July 31 – August 2, 2023, State EMS Advisory Board Meetings d. August 16, 2023 PEMS Board of Directors Executive Committee e. September 4, 2023, Labor Day, PEMS Office Closed f. September 20, 2023, Board of Directors Executive Committee g. September 26, 2023, State-wide Regional PI Coordinators Meeting h. November 8-12, 2023, 43rd Annual Virginia EMS Symposium, Norfolk, VA 		
14. Verify Attendance	Julie Glover requested that anyone who signed on after the meeting started speak up so that we could include them on the attendance roster.		

Item	Discussion	Action Required	By Whom/When
15. Adjournment	Chief Barrick made a motion to adjourn. Dr. Kennedy provided the second to the motion. Meeting ended at 8:19 p.m.		