



Peninsulas Emergency Medical Services Council, Inc.

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Board of Directors Meeting Minutes

Meeting Date: 03-20-2024

Meeting Location: Virtual – MS Teams

Chaired By: Julia Glover

Begin Time: 6:31 p.m.

End Time: 8:31 p.m.

Minutes Submitted By: Steve Pincus

Draft: Approved Date: July 10, 2024

Members Present:	Members Absent:	Staff:	Others:
Barrick, J. David (EC)(T) TC	Beasley, Jeff	Brophy, Kevin TC	Anderson (Sentara) TC
Doak, Melissa TC	Clifford, Christianne	King, Joann TC	Gresh, Frank (Fitch & Assoc OEMS) TC
Dodd, Lisa, MD TC	Dent, William	Pincus, Steve TC	Powell, Cornelius MD (Sentara) TC
Glover, Julia (EC) (P) TC	Hunter, Greg	Player, Michael TC	Vernovai, Chris (OEMS) TC
Gupta, Sudershan, MD TC	Kuhns, Mike	Veach, Travis TC	
Kennedy, Shannon , Phd. TC	Massignan, Jason		
Kopczynski, Steve TC	Paulette, Mitchell		
Lang, Betsy (TC)	Price, Amber		
Louka, Amir MD TC	Reaves, Stacy		
Northstein, Johanna (TC)	Thurman, Sadie		
Player, Michael (S) (EC) (NV) TC	Ward, Gary TC		
Samuels. Gary TC			
Sink, Betsy (TC)			
Smith, Matthew TC			
St. George, Dustin, MD TC			

Item	Discussion	Action Required	By Whom/When
1. Call to Order, Introductions and Attendance	President Julia Glover called the meeting to order at 6:31 p.m. Steve Pincus performed a roll call and took attendance. Members introduced themselves.	Record attendance on the meeting roster	Steve
2. Consent Calendar*	Julia Glover presented the consent calendar and asked whether the board members wanted to accept them in full or separate out any items. No items were separated out. Gary Samuels made a motion to accept the consent calendar as one item. Shannon Kennedy provided the second to the motion. Motion carried unanimously.	Submit previous meeting minutes as final minutes	Steve
	Michael Player suggested to the Chair that since there were visitors from OEMS, that we move to Item 9 – Office of EMS Report prior to going over the President’s Report. This was done. (See Item 9 for remarks)		
3. President’s Report*	<ul style="list-style-type: none"> a. Julia Glover thanked members for being there and for their service, and she went through the positions. She noted that with the renewing member and bringing on the two new members, there is a vacancy for the Middle Peninsula -City/County Government. b. Membership changes: c. Expiring Terms- <ul style="list-style-type: none"> a. Mitchell Paulette (Northen Neck Government) d. Resignations- <ul style="list-style-type: none"> a. Sherwin Stewart (Hospital, Sentara CarePlex) b. Chief Stacy Reaves, (City/County Government, Middle Peninsula) c. Amber Price e. Renewing members <ul style="list-style-type: none"> a. -Chief Mitchell Paulette (Northen Neck Government) <p>*Melissa Doak made a motion to accept Chief Paulette as a renewing BOD member. Gary Samuels provide the second to the motion. Motion carried.</p> <ul style="list-style-type: none"> f. New Members <ul style="list-style-type: none"> a. Dr. Cornelius Powell (hospital – Sentara Careplex) b. Pam Anderson (hospital - Sentara Williamsburg) <p>*Shannon Kennedy made a motion to accept the new members. Gary Samuels provided the second to the motion. Motion carried.</p> <p>Julie then stated that there was a need to have people on the nominating committee for the officers on the Executive Board. She asked if there were any volunteers to assist Gary and her. Dr. Cornelius Powell stated that he would be happy to help. Steve Kopzynski also offered to help. Julie then stated that she would get together with those who offered to help.</p>	b. Update the BOD Roster	Kevin

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	<p>Julie then stated that there is a position open on the Executive Committee and stated that if anyone was interested, to contact her so she could let them know what is involved with serving on the position.</p>		
<p>4. Vice President's Report</p>	<p>Chief Dent was not able to attend this board meeting.</p>		
<p>5. Secretary/ Executive Dir Report</p>	<p>Chief Player provided the following report:</p> <p>On February 24, 2024 - PEMS was visited by Mr. Frank Gresh, Senior Consultant from Fitch and Associates, the contractor hired by VDH to provide OEMS with interim executive services and to consult on the restructuring of OEMS and the Statewide EMS System in Virginia. We had been informed of his visit and the desire to speak to staff, agency heads, and members of the Board of Directors towards the end of the week. Even with that short notice, we were able to get several individuals to commit to coming to the office for the site visit.</p> <p>In attendance was the entire PEMS staff, Julia Glover (President, BOD, EC) Gary Samuels (BOD, EC, Hospital Representative) Dr. Shannon Kennedy (BOD, President Rappahannock Community College) Seth Craig (RCC EMS Program Director, Gloucester Volunteer Fire Rescue Representative) Chief Ryan Ashe (James City County Fire Department - Peninsula EMS Agency) Chief Stacey Reaves (King William County Fire Department - Middle Peninsula EMS Agency) Chief Calvin Balderson (Northumberland County ES - Northern Neck EMS Agency)</p> <p>After introductions, the Executive Director provided Mr. Gresh with a tour of the facility and a short presentation on who PEMS is, what we do, and how we do it. Staff then described their backgrounds and responsibilities.</p> <p>Mr. Gresh introduced himself and his firm and talked about their role under the VDH contract and his purpose for being there. He stated that he wanted to dispel any rumors that part of his firm's intent was to do away with the regional councils, although he said that he had not seen anything quite like Virginia's Regional EMS Councils in any other state. He then asked questions of those in attendance.</p> <p>What does PEMS mean to your organization? What would happen if PEMS ceased to exist?</p> <p>Mr. Gresh thanked everyone for participating in the visit and then stated that he would be back and bring more staff for a more in-depth visit later. He also stated that he would be sending an email IDR (Information and Data Request) that his team would use to help prepare for the next site visit.</p>		

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	<p><u>Protocol Rollout</u></p> <p>Due to the extent of the changes and new formatting, the go-live date for the 2024 PEMS Protocols, Policies and Procedures will be delayed until May 1, 2024. This will give staff time to prepare and conduct the rollout ahead of the protocol activation. I cannot thank Dr. Louka enough for his time and leadership in this effort which has incorporated many new features to assist the prehospital clinician in the field. The new protocols will also include pediatric assessment and dosing tools by pedi-stat like those incorporated by the basic HandTevy product previously provided free by OEMS and which was cancelled due to the OEMS Budget Crisis.</p> <p><u>Tactical Moulage Grant</u></p> <p>PEMS and TEMS have been awarded a federal grant through the Eastern Virginia Hospital Coalition to conduct training and establish and train Regional Moulage Teams in each Council region for Strategic Operations Hyper-Realistic Moulage. Each Council has been provided 20 seats for the two-day training program.</p> <p>This is not the makeup moulage or even the strap on moulage we have used for years. Our trained moulage team members will be able to create a series of various wounds such as: compound fractures, impaled objects, shrapnel wounds, partial and full thickness burns, partial upper amputations, abdominal eviscerations, flail chests and open thoracic injuries, maxiofacial trauma, CBRNE injuries, and gunshot wounds from multiple calibers.</p> <p><u>Whole Blood</u></p> <p>PEMS will be changing suppliers from the Blood Connection to Inova Blood Center for its prehospital whole blood program. While the cost of each unit will be a little higher, Inova will allow us to return in-date, unused blood for credit and to be broken into components. Currently, unused blood must be disposed of when it expires. We hope the savings from not throwing away blood will more than make up for the additional cost. We also hope that it will continue to provide proof of concept that can be exploited to encourage our local hospital systems to participate in the EMS whole blood program. We expect to contract with Inova and cancel the Blood Connection contract in March and begin receiving the Inova blood in April.</p> <p><u>New MCI Plan</u></p> <p>Chief Player reported that there is now a final draft of a Hampton Roads Mass Casualty Plan. There are play books for things like active threat, complex coordinated attacks, hazmat, mass fatality, mass gathering, and transportation.</p> <p>He stated that part of the impetus for this effort was affected in that we have matured in our operations over decades and recognize that a single plan and a single mode of managing Mass casualties will that work for very different types of incidents and so there is a need to develop some new tools for the</p>		

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	<p>agencies. Working with additional federal funds PEMS and TEMS there are going to be conducting several table tops this summer to exercise the plans, and then make me all the necessary changes to the plan before publishing a final document the latter part of this year.</p> <p><u>Decedent Blood Testing</u></p> <p>In reporting in the decedent blood testing Chief Player stated that there is now a process through the Office of EMS and the department of health to seek blood testing. The EMS Advisory Board's Health and Wellness Committee has been working on this problem and has recently developed the process for testing decedent blood through an agreement with Borrow Med Laboratories out of Burlington North Carolina. They're gonna be providing kits for the shipment of specimens to the lab for testing and a procedure to notify the EMS agency's designated infection control officers with the results the process.</p> <p>He then stated that the process was approved by the state medical direction in January. The recommendation was made that each of the original councils determine how to make the kits available to the public to the agencies 24/7 in the region. There will be scheduling a presentation to the MAC and the EMS Operations Committees so that they can provide input on how best to operationalize this process in the future.</p>		
6. Treasurer's Report	<p>Chief Barrick stated that he met with Kevin Brophy and went over the current status of PEMS finances, and the checks and balances. He stated that we are back up to where we were with the recent reimbursement from the state. He then stated that Kevin Brophy would provide additional information regarding the overall finances.</p> <p>Kevin Brophy stated that the financial documents were posted on the consent calendar.</p>		
7. Regional Medical Director's Report	<p>Dr Louka stated that he didn't really know what to say because of the previous discussion on the med box situation and the interaction with OEMS. He then stated for people living in our region and across the state who have serious medical issues like diabetes, seizures, and severe allergies, the ability of EMS agencies to respond and treat those conditions separates us from other places in the world.</p> <p>He stated with this situation we are potentially 60 days away from being set back severely with prehospital EMS field care and treatment of patients. His fear is that these patients will suffer and potentially die unless a solution is developed quickly.</p> <p>Julie Glover asked whether the council could do anything to assist.</p> <p>Dr. Louka replied that agencies must get their CSRs and DEA licenses as well as getting the necessary done to their facilities to be able to house drugs. He felt that some agencies would not be able to afford those things and that others who could potentially afford to do that just would not be able to get these things accomplished in time to meet the new regulations. He then went on to say that there would be bad patient outcomes if this was not resolved.</p>		

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	<p>Dr. Gupta stated that we should be working on this as PEMS and not wait for others to take this up.</p> <p>Travis Veach stated that there has been a workgroup established but that it was hard to get straight answers from the Board of Pharmacy that are tailored to EMS agencies. He then went on to say that there are many online suppliers for the drugs, but that there are varying price ranges for the drugs and that this is dependent upon who is inquiring and the quantity that they ask for. He further stated that PEMS is working on a solution in which there can be bulk purchases with reduced pricing. He also said that he checked with some out of state agencies who are able to purchase their drugs through their respective hospital systems.</p> <p>Travis is also stating that he is pulling data for the agencies as to how many drug box exchanges they have made at the various hospitals.</p> <p>Chief Player stated that PEMS will develop a space on PEMS website to assist with the flow of information from the workgroup and the various teams who are putting things together to assist the EMS agencies. He then went on to say that he was able to get a partnership contract through Virginia Hospital Healthcare Association (VHHA) for “Visient” which is a large – group purchasing organizations. He relayed that most hospitals in Virginia use this group for their purchases. This will allow all of the agencies in the PEMS Region to make purchases through this agreement. In the medications alone it is estimated to be approximately a 60% savings. This vendor does have some insulation against drug shortages because it is so large.</p> <p>Chief Player also stated that PEMS is trying to get clarifications when there are conflicting answers or vague responses that have been received.</p> <p>Dr. Louka stated that he is all for working together to get lower pricing but he stated that the math does not work to have all of the agencies have this accomplished by the upcoming deadline. He does not think that every agency in the PEMS region will be able to obtain their respective CSRs and DEA licenses in time to be able to purchase and keep those medicines within their facilities. He then stated that this is the first thing that needs to be resolved or there needs to be a contingency plan when the hospital systems say they are no longer in compliance with the regulations and stop the program.</p> <p>Dr. Louka wanted to know what is the contingency plan for the agencies who do not have their CSRs and DEA Licenses and are suddenly without drugs and don’t have the processes in place to be able to purchase their own.</p> <p>Dr. Powell asked where we are in obtaining the CSR for each agency.</p> <p>Betsy Lang from James City County stated that her agency was essentially at ground zero. She stated that it is taking time to get with their I.T. people and with their finance people to get the necessary items for the room that they have selected to house the drugs. The need to have an alarm system installed as well as security cameras for that room.</p>		

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	<p>Travis Veach stated that the vast majority of agencies in PEMS do not have CSRs. He also stated that there is not a standard map as to how to set up a facility in order to obtain the CSR.</p> <p>Chief Betsy Lang then went on to say that this is not something that had been planned for in the Capital Improvement Budgets. In James City County they work on a 3-5 year cycle and so they are having to get quotes and then go before the Board of Supervisors to request funding outside of that cycle.</p> <p>Chief Doak then asked how many agencies within PEMS have their CSRs and if they do, do they have the correct one.</p> <p>Travis Veach stated that there are five agencies who have them and some only have the CSR for Class VI and they are making modifications so that they can obtain the CSR for Class II-VI.</p> <p>Chief Player stated that there are 43 agencies in the PEMS Region. He then went on to say that it is PEMS metric for success to get the agencies prepared and assist those agencies who request assistance from PEMS.</p> <p>Dr. Gupta asked if PEMS had notified agencies of what is needed.</p> <p>Chief Player stated that these documents were sent out and are listed under “New Business.” There are messages that will be going out in each of the drug boxes. This has been in discussion in the EMS Operations Committee. Chief Player stated that he has sent out many urgent notifications to our stakeholders through PEMS various committees. The documents will be posted on PEMS website. Pems has developed a standardized way to fill out the CSR request. PEMS is also trying to gather some standardized information to some of the questions like who can stock a medication box?</p> <p>Chief Player stated that this is a work in progress and is one of the main focuses of the council. PEMS has been the one who has tried to get all of the parties involved at the state level to work on this and PEMS is chairing the state workgroup.</p> <p>Chief Kopzynski stated that he is not sure that this topic has reached the level of the government such as the Governor’s Office and the Congressional delegation that it should have. He stated that he along with the chair of the Virginia Fire Chiefs’ Association that he made the Secretary of Public Safety aware back in January. He went onto say that he wonders whether it is time for the regional directors group to communicate this to the Governor’s Office as well as Senators Warner and Kain. He stated that he is frustrated that we are not able to get straight forward answers and leadership from the Office of EMS and the Department of Health. He stated that this is frustrating not being able to get the answers we need as we are trying to address this issue.</p>		
8. PEMS Staff Reports	Due to the length of the meeting and that staff had provided their quarterly reports which were contained		
9. Office of EMS Report	Note: This portion of the meeting was done earlier during the meeting after the approval of the consent calendar.		

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	<p>Frank Gresh from Fitch & Associates and OEMS reported that Fitch and Associates was retained by the VDH to provide some day-to-day management and help with running the Office of EMS. The second part was to understand what the OEMS needs to look like in the future. He went on to say that their job was to talk to a lot of the stakeholders. They have talked to many of the councils and several agencies from across the state. He stated that they want to be able to give the state a “road map” to whatever form it will be to support and better support the EMS system in Virginia.</p> <p>There was a new Organizational Chart that was rolled out last week. Mr Gresh stated that, “We have restructured the organization. Prior to this change, there were a couple of things going on. First off, the interim director and the director position itself had ten or eleven direct reports into it which was a significant span of control. We identified that kind of early on in looking at the organizational structure and then identified that there are really three distinct operations within the OEMS. First one of those is Administration and Trauma. This is the business operations, funding through RSAF, Return to Localities, Trauma and the associated funding of trauma centers and the designation of trauma centers is one group.</p> <p>He went on to say, “the next group we have is kind of the Regulatory and Compliance and Education. Those are the departments you are familiar with. You interact routinely with the program reps and Debbie and/or Chad from the education team so those are lumped into control.”</p> <p>He then stated, “We created some new deputy director positions. Cam Critenden is now the new Director of Trauma. Karen Owens is now the Deputy Director over Chatter (?) and the councils...Then Scot Winston was the Assistant Director is now the Deputy Director over Regulation, Compliance and Education – those two divisions report to Scot.</p> <p>“Karen Owens is essentially the Deputy Director over Operations. So, that is where the councils report and that is also where the Chatter Division and the Emergency Operations Division that you are familiar with already. So the reason that we did this particularly with the councils was one of the things that we heard as we were out visiting with the councils is that they get whether you're a hybrid or traditional and and even sometimes amongst the traditional councils and the hybrid councils they could get three different answers out of the office of EMS. That served no purpose whatsoever. We did with this to organize all of the councils both hybrid and traditional all reporting up through Karen and and that operations division the folks from chatter are still there.</p> <p>Chris Vernovai is still actively involved in a lot of a lot of things that are going on with the council so is Tim Perkins but Karen is now kind of taking the helm of that and there's going to be the primary point of contact for things that flow in and out of the office with the councils to try to provide a single voice and a single point of origin. I know Karen has reached out and is in the process of of learning we've got a meeting tomorrow with Karen and Tim and Chris and myself to kind of understand all of the aspects of this change and make sure that everybody is on the same page because at the end of the day what we really wanted to do was to improve the communication flow and by restructuring this</p>		

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	<p>and the with Karen and Tim and Chris myself to go to understand all the aspects of this change and make sure that everybody's on the same page.</p> <p>The aspects of this change is to make sure that everybody is on the same page because at the end of the day what we really wanted to do was to improve the communication flow and by restructuring this in the in the three kind of division organizations that we have. We feel like that is going to be a better flow of information what we're calling out the senior leadership team which is Karen and Scott and Kim and myself and Rachel straddling from the Department of Health are the key leadership of the office of EMS. in the interim and the five of us routinely meet matter of fact we meet every morning at 8:30 to go over anything that's pressing that day to make sure that the organization is communicating well and we've got any issues and and all divisions are aware of what's going on at any given time so it's it's a significant change for us but so far this week it's been great. We have had I would say a lot better communication internally we know what what's going yes it's a significant change for us, but so far this week it's been great. We want the right answers coming from the same voice and you're not getting three or four different answers so we really wanted to to kind of focus on this communication piece so that we are better able to hear understand and then in turn provide any information or guidance that's needed from the office so that's really the the organizational structure.</p> <p>The Fitch engagement is scheduled to go through the end of June. We will very soon, probably within the next week or so, be posting for a new director of the Office of EMS so that's going to come through VDH and whatever typical posting process they use which I'm not familiar with yet. That will be posted here in the near future so we will be looking for a new full-time long-term director for the office of EMS.</p> <p>I am open to questions from the board.</p> <p>Chief Player – “Frank you visited us on the 24th of February and are going to be coming back at some point in the future can you talk a little bit about that visit yeah when we come back?”</p> <p>Frank Gresh – “I see Chris has his hand raised so I'll get to that just a quick second one of the things that we'll be doing on that second visit with with more of the team from Fitch to actually really dig a little deeper. I'm not going to call it strategic planning but it's, but it's going to feel a bit like strategic planning to help understand more of what the role of the office of EMS is for the agencies in particular but also understand that in relationship to the council. Does that answer your question Mike?”</p> <p>Chief Player - “Yeah, is there going to be a role for the board in that second meeting?”</p> <p>Frank Gresh - “I certainly hope so you know you have a very large board as most of the councils do so we will certainly hang out with his many of the board members that can attend and be part of that as possible to get that varied variety of input. for sure thank you thank you yeah I think we just open it up now for the any questions and make sure we go to Chris.”</p>		

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	<p>Chirs Vernovai – “I didn't want to say anything that before you had stuff to say. The only other stuff I just want to add in different activities that we're kind of doing one of the big ones. We are getting back out there pretty heavily trying to do the EMS officer program. We do have a couple of classes scheduled. There is the one we're doing down in Danville next month but we're going to be getting just down past your area down into the Tidewater Expo in May and then that same weekend we're going to be up in Caroline county so if you do have any folks that are looking for EMS officer we're going to be in those areas and then as well as back at the rescue College in June.</p> <p>I'm still working on scheduling additional classes across the state so we are going to work on one in the northern area of murals region so that'll probably be in November that we're working on but more information to come on that and you can always check back on our website on our websites on the continuing offerings that are going to be posted as we're moving forward and then we have some other stuff that we're working on and hopefully more information to bring to that future.”</p> <p>Mike Player asked – “Chris is that November date in conjunction with the PEMS RC EMS symposium in November?”</p> <p>Chris replied, “Yes, I have been working on that with Seth.”</p> <p>Mike Player asked if there were any additional questions for Chris or Frank.</p> <p>Dr. Gupta said, “I'm going to ask a simple question while we have EMS on are we doing anything about pharmacy, is there a agenda item about pharmacy support because I think the DEA rule changes is there some discussion what is happening?”</p> <p>Mike Player replied that there is a rating there is our meeting the Office of EMS. They are also helping out as a part of the work group and Frank is helping with messaging and he's going to be taking on a big role in that.</p> <p>Frank Gresh stated, “The short answer to that is we are working on gathering the information that the work group has has done along with some work that Doctor Lindbeck has done and others. In gathering that into communication that we hope to have out in the next week so with some good information toolkits, you know [thate are] designed to to help folks understand that... You need to know that the agencies need to take on this responsibility to understand what that looks like, and understand what their what tools are available, what things they need to do, and to provide as much guidance as we can that we can . Literally anything that we know at the time that's going to be beneficial we will try to encapsulate it in in some in some documents that come out in some guidance.”</p> <p>Dr. Louka asked, “Along those lines is there the bandwidth, and I don't know if if you're the right person answer this but you're probably the best we've got, is there sufficient bandwidth that if tomorrow every agency that does not currently have a CSR in the state of Virginia applied for one is there the bandwidth that before say November they would all be able to be processed inspected and</p>		

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	<p>ready to go assuming that they have their own internal capacity and funds and logistics to manage their own drugs?</p> <p>Yes the first step of any of that is they've all got to go to CSR and that means hundreds of applications coming in over the next six months. Is that even feasible in the state of Virginia?"</p> <p>Frank Gresh replied, "I can't opine on that for a couple of reasons. First, it's a board of pharmacy conversation. I know that the board of pharmacy has been kind of in sync with us and I know that they have been involved in that work group so I I can't answer that question because that's not really ours to answer, yes, umm but I know that they are aware of of an impending explosion in CSR requests. Is that fair to say Mike from your conversations with them?"</p> <p>Mike Player responded, "That question has come to to Carolyn Duran the director of the board of pharmacy, and she says that she has gone to the Department of Health Professions and they're aware f of the the explosion, and she says that she thinks that they can handle it."</p> <p>Dr. Gupta stated, "I think this is going to be a very big topic. I mean this is how everybody's functioning. I know there are some local hospital I think they're all getting together because I know this is going to be an issue for all the agencies not just one or two or PEMS alone. So, this is the whole state. And not just our state would probably should be everywhere, correct? So, I think we should come up with some plan. I know there's some work undergoing, but you know some knowledge of what is happening would be helpful. I'm in touch with Riverside and trying to get them to see what they are doing on their end locally. I know there are there is a task force on their end as well they're trying to come up with a plan to continue supporting even when this expires in October and how they're planning on trying to work through this so that we won't be without any medications either way. It's just like putting a lot of stress on everybody and I've seen and heard different agencies trying to go and run and try to find their own resources – you know I think pixes for finding this, finding companies. So, they're doing a lot without any other support and I'm kind of looking for straight because I mean it's an EMS direction something should be coming out of them saying, this is what we need, this is the right approach, and not be doing their individual things. I think everybody needs to do it so that it's standardized. It becomes more controlled rather than chaotic."</p> <p>Frank replied, "I understand that perspective. However, these are agency issues that the agencies are going to have to work through. I'll say that with the caveat of what I think our role is to provide as much information and much guidance of what we know to be true and factual. What we are hearing is that this a different complex issue across every region. So there are differences in how regions are handling it, there are differences and now hospitals in certain areas are handling it, and certainly every agency from you know you you think the highly complex multiple station agencies in Northern Virginia and the Richmond area all the way down to the most rural volunteer services. So what what I think our role is in this is to provide as much information as we can and as much guidance in the term of here's some tools, here's what you need to do, and and along those lines and and make sure that everybody is aware that it's going to be ,at the end of the day, their responsibility to to to make these</p>		

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	<p>changes. This is not the state of Virginia doing anything. This is nothing other than FDA changes so it's the federal government that has essentially created this change that we have to work on.”</p> <p>Michael Player then stated, “Doctor Gupta we in the agenda today we're going to have a major report out on this very topic.”</p> <p>Dr. Louka then said, “ Can I just respond to that? Although these are federal regulations and you're saying that this is these are agency issues to resolve, for at least the past four years the first agenda item on the agenda for the medical direction committee which reports out to the councils and reports out to the agencies has been DEA update, no update, move on. And the first we heard that these FDA regulations were coming into enforcement in November 27th, was November of last year. That was the first word and that was the first information that ever came out to the agencies. So, although yes it is going to ultimately end up being for the agencies to resolve, I don't think that that is the fault of the agencies. So do you do you agree that there is a substantial risk that large swaths of the state of Virginia will potentially be without even the most basic drugs - you have anaphylaxis and they won't have an EpiPen to give you? I mean that is a an unprecedented and unbelievably dire situation in many of these communities. I'm not talking about you know the advanced you know paramedic sort of stuff I'm talking about even BLS level drugs that are life saving. There are huge areas of Virginia that are at risk to not have that those. So if that happens, would that not immediately be an issue that the office of EMS would need to address? You can't just say that that is that's an agency issue and so I'm sorry you didn't solve it.”</p> <p>Frank Gresh replied, “I think we can agree to disagree from a couple of perspectives there. Yes, it is a significant issue. Yes we've worked with the work group that's involved with this. We've discussed it throughout VDH where the board of pharmacy also reports so we understand all of those things and we are making sure that the right people that have decision making capabilities are involved with the FDA with the DEA because we now know that there's going to be some the DEA rules and regulations that were supposed to come out years ago are actually in the process of being published, and I know Mike is going to have some more information about that here shortly in your meeting. So yes I agree that that is a significant concern. I agree that it is a significant issue that's going to impact the state. I also agree to disagree that that the agencies you know part of this is awareness and and being prepared to manage it and deal with it. That's where the regional councils are going to be very helpful because they've been working on this, they have some tools, they have some information they can share, and be a resource for these agencies to work through these challenges.”</p> <p>Chief Kopzynski – “May I comment? So, in in the event that the representatives from the office of the EMS leave our meeting, you know this is as from my view as a Fire Chief and the person responsible for EMS agency – first of all this is a perfect storm in that the Office of EMS is going through their situation while the local EMS agencies are trying to deal with this situation. However, I will express and we are eight months from having from the drop dead date as we understand it. Melissa Doak can tell you exactly how many days it is. But, I am disappointed that from the Office of EMS perspective that all we're getting is, “we think this, we think that,” and I feel like the Office should be an advocate</p>		

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	<p>for the local EMS agencies, and I don't feel that that is occurring, and it's putting the local EMS agencies in quite a bind because we don't we can't get answers – answers is simply as simple as who can fill a drug boxes? It's quite nebulous unclear and we're trying to make potentially quite costly decisions to be able to comply with both state and federal regulations... I would just ask that the Office of EMS take orbit proactive role in this in and that's going forward. Because all we're getting is we're passing on information to the to the regional councils and the EEMS agencies. Thank you.”</p> <p>Dr. Gupta – “I think you know apart from that and I agree with everybody you know what we are all concerned about. I think the cost as you said I think there are budgeting issues for each agency is already. They're running like pin wires and then you have this extra cost that they have to kind of go through without any other support. They will have to certain agencies which don't even bill their patients. I mean you know the funding will become a large issue for these agencies and then that will impact you know the medicines they buy, the care they provide, or who are they actually getting these medicines from? If they start going into the market, I think there are a lot of issues that will arise from this particular one instance which is challenging. To me, I think EMS will you know we we work on medications. I mean most of it apart from support systems and without medicines I don't know what we're going to be able to do if you don't have it clear understanding of what happens on November 1st. I think this is something we need to address either in our meetings together or through [the Office of] EMS, but I was hoping that OEMS had a better suggestions for us. But I'm more anxious now than I was before.”</p> <p>Gary Samuels – “I'm going to switch hats for a second. As a member of the Advisory Board, I am, I'm appreciative of what the regional councils are trying to do they've been kind of wrangling this they started this process but I would have to agree with Chief Ski that the office of EMS should take this bull by the horns and they should be leading this charge to make this happen and it should not be on the regional councils to come up with a solution. It should be a state solution coming from the Office and the and the Commissioner of Health. This is a this is a population health emergency. We are eight months out. I think Melissa and Michael speak for her but I think there are other people in this room right now that would understand that if your loved one can't get the treatment they need from a local EMS especially in the rural populations you're putting a lot of underserved areas at risk. So Frank I know you're here and I know Chris is here but my feeling is is that office should be leading this charge and directing the councils in this in this endeavor. It should not be the other way around. It should not be stakeholder groups leading the charge. It should be the Office, and the Pharmacy Board, and the Medical Board, and folks at the very top leading this not the regional councils. The regional councils were almost bankrupt up until about a month ago. So the Office has got to figure out how to how to wrangle this, and this has to be top priority over everything because this affects every state citizen. It doesn't affect one region over the other. This is a population health emergency from the poor to the old to the minorities to the rich. So that's that's my thought process.</p> <p>Chief Doak – “Hi everyone. I too feel this sense of urgency and yes I can give you the day count. Until November 1st, it's up 156 working days until the drop dead date. As I understand it there are two state inspectors, and if they were inspecting today through then it would be 3.2 licenses would be have to issued each working day. I don't think that that is is possible. And Doctor Loula shared this with</p>		

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	<p>you. I think this it's fair to say not everybody's gonna get a license, and then the second piece behind that is everyone's going to rush to purchase drugs. I already looked today and some of the pharmaceutical companies that people are planning on using cardiac epinephrine is sold out. So you tell me how we're going to be able to be prepared and ready to go with 600 agencies all coming to the charge simultaneously to get this done. I really think we're setting the entire system up for disaster and I really hope that statewide MCI plans have something in place that they can step in and help the agencies that aren't going to be able to get a license before then because we are in a heck of a fix unless there's some sort of an extension it can be magically granted.”</p> <p>Dr. Gupta – “Frank ... I mean this is a DEA thing and it's everybody's going to through the country, correct? It's just not state of Virginia am I right?”</p> <p>Frank Gresh- “No, I do not believe that this issue exists - maybe in one other state I've heard, but in 48 of the other states this is not an issue. I don't mean to say that because I've already I've already been gotten a lot of pushback when I say that, and I don't say that lightly and I understand that. I mean, to the folks in Virginia this is the only state that matters, but this is not a significant issue in other states.”</p> <p>Dr. Louka – “That does not mean it's not a thing.”</p> <p>Frank Gresh- “Don't take my words to just to to downplay what you said.</p> <p>Dr. Louka – “I think it's important to highlight what others are saying here - that the words like disaster, MCI – you know that this really potentially could be an unmitigated disaster and to highlight something that that you said briefly there, and that was brought up at our last medical advisory committee meeting maybe two weeks ago or week ago, it is entirely possible that the DEA regulations which trump the FDA regulations that go into effect November 27th it is entirely possible that those will be released next month. When that occurs from what I've heard from Cindy Williams with Riverside pharmacy, the general implementation data enforcement date is 30 to 60 days after enforcement. So, we're potentially 60 to 90 days away from having no no ability for for for EMS to deliver the services that are necessary – and not the not the you know extra services, but the basic BLS life saving care that they do every day. That truly is an unmitigated disaster, and unfortunately I think that it is going to massively impact public health. And, that is truly a disaster unless there is a solution comes out imminently. I don't think that the regional councils have the capacity to do that. The agencies don't have the capacity to to resolve this issue with that sort of rapid turn around. So, we have to have an answer.”</p> <p>Chief Player – “Anybody else? Thank you very much. Again, I appreciate your coming in and talking with us to this evening.”</p> <p>Frank Gresh – “You bet. Thanks, Mike.”</p>		

Item	Discussion	Action Required	By Whom/When
10. Old Business	Regional Medication Kit Exchange Program		
11. New Business	<p>Chief Player reported that there is nothing more important now than what is taking place with the drug box program. He stated since November 2 and our pharmacy committee meeting we learned that the FDA's <i>Drug Supply Chain Act</i> would impact the original medication kits systems. He stated we learned that the FDA is probably gonna be coming out with those regulations in April in the federal register. That per their own administrative rules enforcement is automatically 30 to 60 days based on the severity or that the magnitude of the rules change and this is a big rule change so we can get the 60 days.</p> <p>In response to this development we have until November 27 of 2024 to make our systems compliant with the drug supply chain security act which is impacting the hospitals. This is when we put together the workgroup and have included documents on this topic.</p> <p>Chief Player also stated that CMS safeharbor anti-kickback regulations will also affect this. The workgroup has been discussing options and came up with the recommendation that agencies get CSRs for Class II-VI. Not everybody needs that if you don't have if you don't provide narcotics. If you don't have an ALS program, then you could just obtain the Class VI. He stated that it was initially thought that the hospital systems would be able to provide a one-to-one exchange for the Class VI items, but this is not the case.</p> <p>He then went on to say that they are exploring the options for exemptions, variances, and extensions, but there is too much that is unknown because the DEA has not released their final rule. He also stated that Cindy Williams with Riverside is working on a CSR and DEA training group that is developing step by step instructions on how to obtain a CSR and DEA license with a timeline and how to prepare for inspection understanding the requirements for purchasing and so forth. He relayed that Chief Ashe is working on policies and procedures for best practice model templates for large and small agencies for the management of medications, purchasing, storage, and inventory management. There is also purchasing and disposal contract options to develop multiple options that will allow EMS agencies to benefit from larger contract pricing and medication storage and equipment dispensing inventory hardware software and disposal services.</p> <p>There will be a meeting in Henrico of the Board of Pharmacy to gather public comment on this topic. You can either go to the meeting in person or submit your concerns in writing. This information is in the TEAMS documents in the New Business Folder.</p> <p>Chief Sink stated that she had a discussion with Chief Doak regarding the DEA 222 form where one agency can donate drugs to another. She then asked if PEMS would be in a position to get the drugs and do this as an interim fix.</p> <p>Dr. Louka expressed that he thought that is a good idea to develop at least a bare minimum set of life-saving drugs that could be put into kits and the agencies could have on their ambulances so that a CSR is not required until they are able to get one for facility storage.</p>		

Item	Discussion	Action Required	By Whom/When
	<p><u>10th Anniversary of EMS Day and the 50th Anniversary for EMS Week.</u></p> <p>Chief Player stated that this is the 10th anniversary for PEMS EMS Day at Bush Gardens. He then also stated that he had prepared a resolution for the 50th Anniversary of EMS Week. Hethen read the resolution.</p> <p>Julie Glover asked for a motion to accept the resolution.</p> <p>*Chief Kopzynski made the motion to accept the reolution. Dr. Gupta provided the second. Motion carried.</p>	<p>Julie Glover needs to sign the Resolution.</p> <p>The resolution needs to be sent out to partners and stakeholders</p>	
12. Good of the Order	<p>Chief Doak stated that she was reading the minutes from the State EMS Advisory Board Committee and noticed that they were going to stop the Governor’s Awards. She stated that this reflects poorly on OEMS. Chief Player stated that the regional councilis have determined that they will actually take this over and fund the program.</p> <p>Chief Player asked Chief Kopzynski to provide further clarification on what he wanted done about the medication kit issue. Chief Kopzynski stated that he would like the Council to notify the Governor’s Office so that they are aware of the situation. He also stated that the Senators and congressional delegation are also included in that notification.</p> <p>Chief Player asked whether the Board would need to see it. Both Chief Kopzynski and Dr. Louka stated that there wasn’t time for the delay that may cause and stated that they trusted the council to develop and send the letter.</p> <p>Dr. Louka stated that he would like to see PEMS get a CSR to stock a minimum life-saving drug set as a stop-gap measure for agencies who are unable to get the CSRs in time.</p> <p>Chief Player stated that he would xplore this option and reminded the board that this will take money.</p>		
13. Next Meeting and Important Dates	<ul style="list-style-type: none"> a. Next Board of Directors Meeting, June 19, 2024, 6:30 pm b. 32nd Hampton Roads Trauma Symposium, April 19, 2024 c. Regional Council Executive Directors Meeting, May 1, 2024 d. State EMS Advisory Board Meetings, May 2-3, 2024 e. 2023 Governor's EMS Award Presentations, May 3, 2024 f. Riverside 15th Annual Stroke Symposium, May 3, 2024 g. Tidewater EMS Council Healthcare Expo, May 14-19, 2024 h. 10th Annual EMS Day at Busch Gardens, May 18, 2024 i. Riverside EMS Symposium, May 18-19, 2024 j. 50th Anniversary EMS Week, May 19-25 		

Item	Discussion	Action Required	By Whom/When
	k. Memorial Day, PEMS Office Closed, May 27, 2024 l. 2024 Sentara Stroke Symposium, May 31, 2024		
14. Verify Attendance	It was noted that Dr. Dodd joined the meeting after the initial roll call. She was added to the attendance roster.		
15. Adjournment	Chief Barrick made a motion to adjourn the meeting. Meeting adjourned at 8:31 p.m.		