



Peninsulas Emergency Medical Services Council, Inc.

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Board of Directors Meeting Minutes

Meeting Date: 07-10-2024

Meeting Location: Virtual MS Teams

Chaired By: Julia Glover

Begin Time: 6:30 p.m.

End Time: 8:12 p.m.

Minutes Submitted By: Steve Pincus

Draft: Approved Date: 09-18-24

Members Present:	Members Absent:	Staff:	Others:
Barrick, David (EC) (T) (TC)	Anderson, Pamela	Brophy, Kevin	Owens, Karen (TC)
Dent, William (EC) (VP) (TC)	Beasley, Jeff	King, Joann (TC)	Price, Amber (TC)
Doak, Melissa (TC)	Clifford, Christianne	Thomas, Debbie (TC)	Wenner, Jane (TC)
Dodd, Lisa, MD (TC)	Gupta, Sudershan	Veach, Travis (TC)	
Glover, Julia (EC) (P) (TC)	Hunter, Gregory		
Kennedy, Shannon (TC)	Kopczynski, Stephen		
Louka, Amir, MD (EC) (RMD)(TC)	Kuhns, Michael		
Northstein, Johanna (TC)	Lang, Betsy		
Paulette, Mitchell (TC)	Massignan, Jason		
Player, Michael (S) EC) (NV)	Smith, Matthew		
Powell, Cornelius, MD (TC)	St. George, Dustin		
Samuels, Gary (EC) (TC)	Thurman, Sadie		
Sink, Betsy (TC)	Ward, Gary		

Item	Discussion	Action Required	By Whom/When
1. Call to Order	The meeting was called to order at 6:30 P.m. by William Dent.		
2. Introductions	Kevin Brophy called the names of the attendees, and all provided brief introductions with their affiliated organization and position on the board.		

Item	Discussion	Action Required	By Whom/When
3. Consent Calendar	<p>William Dent asked whether anyone wanted items pulled from the consent calendar – no one mentioned items to be removed. Dr. Kennedy made the motion to approve the consent calendar as submitted. Gary Samuels provided the second to the motion. No discussion on the motion. Vote was taken and motion was approved.</p>		
4. President’s Report	<p>Julia Glover gave the following report:</p> <p>She stated that she appreciated everyone attending the meeting and their willingness to change schedules because of Chief Barrick’s loss.</p> <p><u>Membership</u></p> <p>Julia Glover reported that there were two expiring terms – Chief Barrick and Dr. Clifford. Also, Michael Kuhns has resigned. She then stated that Chief Barrick has agreed to stay on.</p> <p>New Members—Adria Vanhoozier from Riverside Doctors Hospital (to replace Dr. Clifford) and Jane Wenner from Gloucester County Emergency Management are proposed to become new board members to fill vacancies.</p> <p>Jane Wenner then introduced herself to the board stating that she has worked for Gloucester County Emergency Management for more than fifteen years and that she has lived in Gloucester for about twenty-five years.</p> <p>Julia Glover then told the board that Adria Vanhoozier was the president of Riverside Doctors’ Hospital and has previously helped with the Greater Williamsburg HeartSafe Alliance project and other PEMS projects.</p> <p>Melissa Doak made a motion to accept the new and returning members to the board (Adria and Jane Wenner). Johanna Northstein seconded the motion. Motion carried unanimously</p> <p><u>Nominations and Vote for the Executive Committee</u></p> <p>Julia Glover then informed the board that there was a vacancy for a business member from the Peninsula, and she then stated that the nominating committee confirmed with people serving on the Executive Committee – President, Vice-President, Treasurer, Regional Medical Director and the remaining At- Large members that they agreed to stay on if so desired. The nominating committee also recommended that Dr. Gupta for the second At-Large position on the Executive Committee replacing Sherwin Stewart who resigned to take a position out of state.</p> <p>Julia Glover then opened nominations from the floor for the EC. There were not any nominations from the floor. Julia Glover closed the nominations.</p> <p>Dr. Louka made a motion to accept the nominated members to the EC committee. Johanna Northstein provided the second to the motion. There was no discussion. A vote was taken, and the motion was unanimously approved.</p>		

Item	Discussion	Action Required	By Whom/When
5. Vice President's Report	William Dent did not have anything to report.		
6. Secretary/Executive Director's Report	<p>Michael Player gave the following report: He stated that about a year ago, OEMS found that they did not have the funds necessary to complete the funds transfer as required by the Code of Virginia. VDH and OEMS suspended all invoice payments including RSAF reimbursement, scholarship payment, and return to locality funds for about six months. They also cancelled the EMS Symposium and suspended the FY 24 RSAF grant cycles.</p> <p>A subsequent VDH internal audit and then criminal investigations at the state and then federal level ultimately revealed that the VDH and Office of EMS was short approximately \$33.5 million. PEMS recently learned that the federal government has indicted a former OEMS employee for fraud, federal program theft, and evasion of tax assessment of approximately \$4.4 million.</p> <p>VDH hired a management and consulting firm, <u>Fitch and Associates</u>, to provide some initial management support to the Office of EMS and to make recommendations on how to restructure the Virginia EMS system to prevent this from happening in the future. In addition, the VDH Health Commissioner requested the EMS Advisory Board to create a Virginia EMS Next Step Work Group to help advise VDH on that restructuring. At the June 6, 2024, meeting of the Virginia Next Steps Work Group, Fitch and Associates presented the results of a recent EMS survey and a preview of their final report and recommendations as presented to VDH. At that meeting, Fitch and Associates proclaimed that the Office of EMS and the regional Councils would have to undergo an evolution, although no specifics were provided as to what that meant.</p> <p>The Fitch and Associates contract was originally due to close on June 30, 2024. However, VDH has extended their contract for two months to assist VDH with implementing recommendations. The entire EMS community is waiting to hear the full Fitch and Associates report and what VDH intends to do with it. PEMS expects that report will be revealed at the August EMS Advisory Board meeting. PEMS does know what the timeline of the release will be such so VDH could prepare for the upcoming legislative session if changes to the code are required to implement any desired changes.</p> <p>The recently passed <u>Virginia House Bill 933</u> required that all dispatchers, firefighters, and EMS providers be trained on Alzheimer's disease and dementia, and that all such training be available for continuing education. To help meet that need, Western Virginia EMS Council developed and shared with the other councils a training program that meets the requirements of the new law. The goal was to use specialty clinicians and subject matter experts to develop a program of approximately 1 hour so that it can be provided as an in-service training or self-instructed if needed by the student. The program can be awarded CEs by any of the OEMS, Education coordinators or Department of Fire Programs instructors, but that's going to be up to the individual fire and EMS agencies. We provided the program for our EMS instructors and EMS Fire 911 and law enforcement agencies for their use in early June and retrain it if anybody needs copies of it.</p> <p><u>MCI Guide</u></p>		

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	<p>The nearly two-year effort to rewrite the 2017 Hampton Roads Mass Casualty Incident Response Plan concluded this spring with the release of the draft Hampton Roads Mass Casualty Incident Response Guide framework and six incident specific playbooks, Active Threat Complex, Coordinated Attack, Transportation, Hazardous Materials, Mass Gathering Events and Mass Fatality. Following its release, a series of four workshops were conducted throughout the PEMS and TEMS regions to socialize and obtain feedback on the drafts.</p> <p>The PEMS executive director and TEMS executive director and EMS Planning and Emergency Management Coordinator from PEMS served as part of the workshop planning team. Those workshops were conducted on May 29, 2024 in Newport News, May 30, 2024, in Chesapeake, June 5, 2024, in Chesapeake, and then June 6, 2024, in Newport News again.</p> <p>PEMS, TEMS, and the Hampton Roads Metropolitan Medical Response System are engaged in final meetings this week ahead of final complex coordinated MCI tabletop exercise that is scheduled for next week, June 18, 2024, at the Delta Hotels by Marriott Chesapeake. The feedback from these workshops and the exercise after action will then be used to develop the final version, which we expect to be completed by fall.</p> <p><u>Pulsara</u></p> <p>PEMS and TEMS regions secured a federal grant through the Hampton Roads Planning District Commission's All Hazard Advisory Committee to purchase and deploy Pulsara, a HIPAA compliant, secure, and easy to use communications and logistics platform that unites distributed teams and fragmented technologies in fast moving events. Key features of this 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 allow for more integration with such things as EMS devices. While PEMS and TEMS intend to move forward as a proof of concept, other regions and the state are looking at it. It's hoped that the state will eventually make it available statewide most likely through VDEM. The first phase of implementation of Pulsara is hoped to be completed by the Fall and have the entire region completed by the spring.</p>		
7. Treasurer's Report	<p>Chief Barrick stated that he met regularly with Kevin Brophy regarding PEMS finances. He stated that the everything looks good and later in the meeting there will be information regarding the proposed budget for FY25. He then stated that the report provided shows the financials through the end of May.</p> <p>Kevin Brophy reported that they had budgeted for net revenue of \$15,000 last year but it is estimated that after the year end reconciliation that this figure will be between \$12,000 - \$14,000. There was some reduction in budgeted revenue because PEMS was not reimbursed for the audit fee, although PEMS did receive the administration fee for the OEMS Vector contract.</p>		
8. Regional Medical Director's Report	<p>Dr. Louka stated that he had submitted a report for the consent calendar but relayed that most of that was irrelevant in the light of what he felt was the most pressing issue before the board, the imminent regional EMS medication kit transition.</p>		

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	<p>Dr. Louka stated that he attended a meeting at the PEMS office about a month ago and there was good representation from a wide variety of agencies spanning all the way from Hampton to Lancaster, which is inclusive of the entire region. He stated that many of those present stated that they either did not have a plan, were not significantly making progress on a plan or their plan was so inefficient, and logistically, a massive lift that it was really going to be an issue. He stated that many of the agencies, even the large, well-funded agencies are going to struggle to do this. He stated that several of the rural agencies we're openly voicing that they would no longer be able to maintain an ALS license due to this change.</p> <p>He then expressed the concern that there could be a real possibility, even likelihood that there will be patients in the PEMS region in late November and December who will not have access to life saving drugs, simple life saving drugs, things like epinephrine and IV dextrose. There will be folks who do not have access to epinephrine either because the local agency does not have it, doesn't have a CSR to stock it, doesn't have a logistical capacity to restock it or has used it and has a restocking plan that requires them to go back to their station or across the county to get another dose from wherever they're storing it or wait for somebody to come to them to restock them versus being able to, to exchange them at the hospitals.</p> <p>Dr. Louka stated that he believed we had not made a tremendous amount of progress as a region in solving this issue. He stated, "I cannot implore this group enough to stop talking about everything else and focus all of your efforts on coming up with a regional solution to this." He questioned the point of the Council if it could not assist with a regional solution to this issue. He implored the Council to come up with a plan to help the agencies that are openly saying they have no idea what they are going to do and are waiting for someone to tell them what to do.</p> <p>Dr. Louka then stated that an idea was floated at the meeting I attended was to have regionally owned and stocked vending machines at the hospitals to allow the EMS agencies to replace their used medications He stated that such a system would solve the problem for probably 80 to 90% of the region with an unimaginable drop in the expenditures.</p> <p>He stated that as far as he knew, no progress had been made regarding that proposal. He noted that leaders from every hospital system were present. He then stated that it was his recommendation, as the Regional Medical director, that Council develop a regional system of Pyxis type vending machines placed at each of the region's hospitals, stocked with medications for EMS agencies to restock their kits and that the Council maintain the system.</p> <p>Julia Glover then said that she knows that Michael Player has an update for the board regarding the issue later in the meeting stating. Dr. Louka than stated that he could not think of anything more pressing.</p> <p>Julia Glover then asked the Board Members for their indulgence in suspending staff reports, receive the report from the Office of EMS and then return to the agenda for Old Business and the Executive Director's report on the Medication Kit Transition.</p>		
9. PEMS' Staff Reports	Oral reports suspended. Written reports included as part of the approved Consent Calendar.		

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10. OEMS Report	<p><u>Karen Owens</u> introduced herself as the Acting Deputy Director of Operations and Planning at OEMS. She stated that that was a new position that is part of the organizational structure and that changes were made in response to the financial crisis. She said, “In my role, I am now the liaison with the regional councils, including with all 11 regional councils and I also oversee the Division of Community Health and Technical Resources, which is Tim Perkins, Christopher Vernovai and Dave Edwards, and the Division of Emergency Operations. Cam Crittenden and Scott Winston also now holding deputy director positions. Scott oversees Regulation and Compliance and Education, Certification and Accreditation and Cam Crittenden oversees Trauma. The administrative functions and the financial functions of the office are being overseen by VDH Deputy Assistant Secretary Rachel Stradlin in the position of Acting Director of OEMS.</p> <p>Karen Owens stated that the OEMS Director’s position was going to be re-advertised. She stated that VDH had received 71 applications for the position from the initial process, but that VDH leadership had decided not to move forward with any of them. They didn't feel the applicants met the requirements. She stated VDH leadership was going to be meeting again to discuss the compensation package and the classification as well as the best way to put it out there on a national level to try to bring the best candidate in to lead the Office of EMS.”</p> <p>Karen then went on to report that at the most recent Board of Health meeting and the most recent State EMS Advisory Board meeting, an interim strategic plan and a new vision and mission statement for the Virginia Department of Health Office of EMS that was approved to support the Office of EMS and the EMS system in Virginia until a new three-year plan can be developed.</p> <p>Karen also stated that she is here to support the regional councils to share information both from the Office of EMS to the councils and from the councils to the Office of EMS and answer any questions and provide whatever support she can as we move forward.</p>		
11. Old Business	<p>Michael Player stated that he took exception to Dr. Louka’s characterization that PEMS was not doing anything and leaving everyone to fend for themselves. He pointed out that the Council continued to work with the EMS agencies and assist them with their CSR certification and DEA licensure. He stated that the Council acts as a resource and assists EMS agencies with site surveys and the requirements for EMS medication storage and dispensing in preparation for Board of Pharmacy inspections. He stated that he and Delegate Hodges had visited Middlesex County just that Monday to assist that agency.</p> <p>He also pointed out that PEMS was involved in the Virginia Regional EMS Medication Transition Work Group, which was helping EMS agencies and regional councils across the Commonwealth deal with the transition. As part of that Workgroup’s efforts in advocating for needed changes in the Virginia Board of Pharmacy Regulations affecting EMS, that board adopted emergency amendments to those regulations on May 2nd of this year. The Workgroup has continued to meet and has continued to provide EMS agencies with tools to assist with CSR certification, DEA licensure, policies and procedures, purchasing and financial assistance</p> <p>Michael Player reported that the Workgroup met on Monday and received long-awaited guidance from the DEA. In response to questions, Justin Wood of DEA stated that he recognized the complexity of consistent messaging from various DEA offices in Virginia, Northern Virginia, Norfolk, Richmond,</p>		

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	<p>and Roanoke areas. Mr. Wood stated that he met with the supervisors from those offices on June 28th and provided guidance to them based on Title 21 of the US Code. He told the supervisors to expect applications from EMS agencies and the regional councils. He stated that he did not anticipate any concerns with DEA licenses being issued to regional councils if the state had issued a CSR.</p> <p>Michael Player stated that the new Virginia Board of Pharmacy Emergency Amendments allow EMS agencies to become the supplier of other EMS agencies and a hub and spoke model and has provided all the regional councils with additional options to help support their EMS agency beyond just supplying them with medications to restock their kits or even to restock the kits for them. The new regulations provided localities, EMS agencies, and the regional councils with many new tools.</p> <p>Following this Michael Player stated that the Council staff evaluated the new options available to help its agencies and met with EMS agencies on June 11th to determine their needs and set our path forward to ensure not only the access to emergency medications, but to maintain a regional EMS inventory system and standard of care. As Dr. Louka stated, at that meeting we were asked to support the regional purchasing and to revisit the option of placing automated dispensing cabinets (ADCs) in the hospitals. PEMS had previously been informed by three of our four hospital systems that they would not permit the Council's to place ADCs on their property. PEMS set up a meeting with the EMS agency chiefs and hospital administration leadership for yesterday, July 9th, but canceled it pending your direction at this meeting after several facts emerged while preparing for that meeting.”</p> <p>Michael Player then provided the following points:</p> <ul style="list-style-type: none"> • Placing ADCs at or near the region's hospitals will not serve the entire region equally. The agencies in the Northern Neck and upper portion of the Middle Peninsula regularly transport patients to non-regional hospitals who do not provide 1:1 exchange and would not have PEMS ADCs. • After surveying all the agencies in the region, additional ADCs would not be the sole source for their medications. Most of the agencies have or are working on or planning to maintain their own process for supplying their units and with stocked medication kits. In essence, they have done what we told them they needed to do since March of this year and are moving forward with their own processes to resupply their units on a one-to-one individual medication or full kit basis. • Having ADCs at the hospital would facilitate operations for agencies using a one-to-one individual medication resupply process by placing their units back in service with most of their medications restocked when leaving the Regional Hospital. • It would not serve to resupply meds used on patients not transported or meds that expire. • It would not provide schedule II through V medications, but Schedule VI only. • It would not supply agencies using a one-to-one full kit exchange. <p>Michael Player stated that the significant cost of building, supplying, and maintaining a redundant or parallel resupply system throughout the PEMS region would have to be shared by all the localities or all the systems users in addition to what they're already spending on their own medication supply systems.</p>		

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	<p>He stated that the two regions and one partial region that he knew were planning to provide ADCs would be their participating agencies only resupply source. He stated that amongst the other Councils, most of their agencies are already too far along in developing their own supply systems to fund a parallel regional restocking system. He stated that he believed PEMS could best support all the region's EMS agency medication kit transitions equally by using whatever funds it is provided to assist the transition by purchasing medications at a savings for EMS agencies. He stated that by using GPO discounts and purchasing larger volumes than a single agency, PEMS should get better pricing. In addition, PEMS can breakdown ordered quantities into smaller quantities to serve lower volume EMS agencies and thus reduce waste. In addition, as a 501(c)3 organization, PEMS can accept donations for such purposes. When donated funds are expended, PEMS can bill the agencies for the medications they use. PEMS can also support all the region's EMS agencies by holding a reverse distribution contract for the entire region.</p> <p>Michael Player then asked for the Board's approval to supply EMS agencies with medications, assist them with pricing advantage that come from GPO discounts and volume purchasing, and the stocking advantage that comes from the Council's ability to provide low volume agencies with smaller quantities of medications than if they ordered the medications themselves. PEMS will seek financial assistance from the hospital systems to help the region with the unplanned for cost of the transition and to be available as a safety net for any EMS agency in the region unable to complete their transition by the deadline and to provide the region's drug boxes to agencies that wish to use them. Many of the agencies are developing their own systems are moving away from our boxes and moving to other types of bags and so forth. For PEMS to meet these requests, ensure the uninterrupted supply of emergency medications to the region's EMS agencies and preserve the effect of regional EMS delivery system.”</p> <p>Further explaining, Michael Player stated that the PEMS Council has the capital in the form of donations or grants to establish the regional medication supply system, including a medication storage facility, obtain the Board of Pharmacy CSR changes for II through V meds, the US Drug Enforcement Agency license for schedule II through V medications, purchase the medications, hire staff and develop a distribution process to support the Regions EMS Medications logistics.</p> <p>Dr. Louka re-emphasized the importance of revisiting a PEMS operating regional ADC network to support all the EMS agencies; by ensuring they had the ability to resupply their CVI medications before leaving the hospital, regardless of whatever process they had developed to restock their units back in their stations. He pointed out that with every day that goes by without a regional solution, it becomes more pressing for EMS agencies to come up with their own individual solution. He pointed out that recreating the wheel by each individual EMS agency is far more inefficient than the Council coming up with a single regional solution.</p> <p>Gary Samuels stated that although he shared some of Dr. Louka's concerns, he had seen progress and that PEMS staff had made the medication kit transition as a priority. He also stated that Travis Veach had done a lot of work behind the scenes and that Michael Player has been in many meetings as well as a lot of other folks, but until the May meeting when the Board of Pharmacy approved the emergency regulations affecting EMS making it possible for regional councils to be able to get a CSR, they could not even do what Dr. Louka is recommending. He stated that he believed that the region was making progress. He stated that as it is difficult at this point to be able to find a location to put these ADCs as</p>		

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	<p>the hospital systems are not going to allow them in most cases due to legal concerns. And even the hospital that you work at currently said they they're not going to allow it. So, it's a lot of red tape that hasn't been vetted out it, but we have looked at it.</p> <p>Travis Veach commented that since this issue was recognized, PEMS has been pushing EMS agencies to get their own CSR and DEA license regardless of what regional system could be created and what/if any hospital system support for transition could be obtained. He then relayed information about several EMS agencies and their efforts to develop their own systems, some successful and some having difficulties, including Hampton Division of Fire and Rescue who requested permission from CarePlex to place an ADC in their hospital for resupply and was refused.</p> <p>Travis Veach stated that he would be willing to sit down with him to go through the list of the EMS agencies in the region and where they are in developing a transition solution. He also said that most of the agencies are in the process of obtaining their CSR and DEA license, but they are not yet compliant. Travis Veach stated that most everyone is doing something. He stated that he was not aware of a lot of agencies that are not doing anything. He also pointed out that some that were not doing anything were falling under other agencies that were. Travis Veach then gave the example that Mid County Rescue Squad is falling under that system being developed by Northumberland County Emergency Services. There are agencies in a small geographical area who have determined that it is better for them to work together. He stated that the region was making a lot more progress than what is readily apparent.</p> <p>Julia Glover stated that what was presented helps a lot. She then went on to state that PEMS is working through this.</p> <p>Michael Player stated that he needed direction from the Board whether to go with his recommendation or whether they want to include or pursue exclusively what Dr. Louka recommended. He then stated that he needed a motion from the board.</p> <p>Betsy Sink stated that she understood what Travis was talking about with respect to Hampton and Sentara CarePlex. From CarePlex's point of view if they allowed Hampton to install an ADC, they would have to let Newport News do it as well as the other agencies, and they might end up having twelve separate vending machines at the hospital. She stated that is why she favored a regional solution with PEMS providing one vending machine that serves all the agencies at each hospital.</p> <p>Michael Player stated that PEMS had requested to place an ADC at each of the hospitals in the region which had been refused. He stated that he informed the EMS agencies of the hospital's response during the Path Forward meeting and was asked to set up meeting between the EMS agency chiefs and the hospital administrators. He stated that he had begun determining the costs of a Regional ADC network and intended to advise the Board of this meeting and get direction prior to the meeting. When the Board meeting was rescheduled for a date after the date of the EMS and Hospital Leadership meeting, that meeting was cancelled.</p> <p>Betsy Sink inquired if PEMS had looked into the regions that did have regional buy-in. Michael Player discussed what he knew about the proposed Central Shenandoah EMS Council Regional ADC Network, the proposed Lord Fairfax EMS Council ADC Network, and the proposed Southwest Virginia EMS Council ADC Network being considered for a small portion of their region.</p>		

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	<p>Dr. Louka stated he felt that the EMS and Hospital Leadership meeting should be rescheduled and that he was confident that if they could bring the actual decisionmakers together, they could clear up some of the miscommunications and misconceptions of how a regional ADC system would work.</p> <p>Amber Price stated that they were ready for the meeting and stated that there is a consensus among the hospitals. She also asked that PEMS re-schedule the meeting and come to a consensus with a smaller group. She also she felt what they had been working on was a consensus from their partners, the other health systems to see if they could come up with a united recommendation.</p> <p>Michael Player stated that there were only four people from the hospitals who agreed to the previous meeting.</p> <p>Amber Price replied that the hospitals were talking to their partners as well to see how they as a region, hospitals want to do this. She stated that she understood it couldn't be one hospital doing one thing and another doing something different.</p> <p>Shannon Kennedy stated that it had been a very interesting conversation from someone who is not a medical professional. She suggested that there needed to be some more discussion and made a motion that the Board empower the Executive Committee to act on behalf of the board to direct the Council about how it will support the region with the medication kit transition, when they feel that they are ready with a recommendation.</p> <p>Cornelius Powell gave a second to the motion.</p> <p>Vote was taken, and the motion carried.</p>		
12. New Business	<p>Kevin Brophy presented and discussed the FY2025 Proposed budget.</p> <p>Julia Glover asked whether there were any questions from the board.</p> <p>The Executive Committee made the motion to approve the FY2025 Draft Budget as presented. Johanna Northstein made the second. The motion was passed without opposition or changes.</p>		
13. Good of the Order	<p>Chief Player asked if the meeting for hospital systems could be scheduled for July 18th at 10:00 a.m. Dr. Louka and Dr. Price stated they would be available. Chief Player stated he would schedule the meeting between agency leadership and hospital leadership.</p>	Schedule meeting for Hospital Administrators and Agency leaders for July 18	M. Player to schedule meeting for July 18.
14. Next Meeting and Important Dates	<p>Julia Glover went over the following dates:</p> <ul style="list-style-type: none"> a. Next BOD Meetings <ul style="list-style-type: none"> a. September 18, 2024, 6:30 p.m. <p>Important Dates</p> <ul style="list-style-type: none"> a. Stroke Committee Meeting, July 11, 2024 b. Gloucester Rotary Meeting, July 11, 2024 c. Pediatric Care Committee Meeting, July 17, 2024 d. Regional Council Executive Directors Meeting, July 31, 2024 e. EMS Advisory Board Meetings, August 1-2, 2024 		

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	<ul style="list-style-type: none"> f. STEMI Committee Meeting, August 8, 2024 g. Policies, Procedures and Protocols Meeting, August 14, 2024 h. Pharmacy Committee Meeting, August 14, 2024 i. Behavioral Health Committee Meeting, August 15, 2024 j. 5th Annual First Responder Virginia Conference, September 18-22, 2024 		
15. Adjournment	Chief Barrick made the motion to adjourn. Meeting was adjourned at 8:12 p.m.		