



Peninsulas Emergency Medical Services Council, Inc.

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

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

PEMS EMS Operations Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: 04-04-2023

Meeting Location: In-person &
Virtual Meeting

Chaired By: Melissa Doak

Begin Time: 2:05 p.m.

End Time: 3:37 p.m.

Minutes Submitted By: Steve Pincus

Draft: Approved Date: 07-11-2023

Members Present:	Members Absent:	Staff:	Others:
Balderson, Calvin (TC)	Ashe, Ryan	Brophy, Kevin	
Baylous, Denise (TC)	Barton, Valerie	Craig, Seth (TC)	Gregg, Chad (OEMS) (TC)
Bell, Chris (TC)	Brown, Ronald	Pincus, Steve	Forrest Winslow (Pulsara) TC
Breitbeil, Tom (TC)	Buchanan, Chris	Player, Michael (TC)	
Davenport, John (TC)	Byrd, Robert	Thomas, Debbie	
Doak, Melissa (C)(TC)	Cease, Bill		
Main, Cody	Daugherty, Jason		
McDaniel, Nick (TC)	Fenske, Ciera		
Paulette, Mitch (VC) (TC)	Griffiths, Daryll		
Reaves, Stacy (TC)	Hunter, Greg		
Samuels, Gary (TC)	Jensen, Matt		
Sink, Betsy (TC)	Kerns, Lewis		
Young, John (TC)	Lefever, Jeremy		
	Louka, Amir		
	Payne, Christopher		
	Prata, Tony		
	Quinnerly, Nikosha		
	Reinhardt, Joey		
	Rodman, Jason		
	Smith, Matt		
	Tucker, John		
	Vest, Ellen		

Members Present:	Members Absent:	Staff:	Others:
	Williams, Shannon		
	Young, Chris		

Item	Discussion	Action Required	By Whom/When
1. Call to Order and Introductions	The meeting was called to order at 2:05 p.m. by Melissa Doak. Steve Pincus called the roll and meeting participants introduced themselves.	Record Attendance	S. Pincus
2. Approval of Minutes*	Betsy Sink made a motion to approve the draft minutes from the January 17, 2023 meeting as submitted. Mitch Paulette provided the second. No discussion -- motion carried unanimously	Change draft minutes to final.	S. Pincus
3. Presentation by Forrest Winslow on Pulsara	Melissa Doak made arrangements for Forrest Winslow of Pulsara to provide a presentation on the “Pulsara App” which can be utilized to enhance EMS operations especially in the mass casualty realm as well as in MIH.		
4. Appointments/ Membership*	<p style="text-align: center;"><u>*New Members – (Need Motion and Vote to Approve*)</u></p> <p style="text-align: center;">a) Calvin Balderson, EMS Chief Northumberland County (Letter Received) b) Valerie Barton (alternate - Northumberland County EMS) (Letter Received)</p> <p>Motion made by Nick McDaniel to accept the new members. Second provided by Tom Breitbeil. The motion carried unanimously.</p>		
5. Staff Reports	<p><u>Amy Ashe</u> was not at the meeting. Steve Pincus reported that she traveled down to Charlotte, NC for an MIH conference.</p> <p>Steve Pincus reported out for <u>Greg Bevers</u>. He stated that all of the EMS councils would eventually be moving away from their current website platforms and going to WordPress.</p> <p>PEMS also found out when assisting OEMS with the EMS for Children survey, that we were unable to establish an accurate “contact person or persons from each agency. What was listed on the OEMS website for the superusers was not very helpful in getting into contact with the various agencies. PEMS will be building a database and will be reaching out to the agencies and organizations/hospital systems to obtain the needed information.</p> <p>Debbie Thomas requested that we include the hospital personnel who are responsible for their data quality reports where PEMS can also obtain the reports to help with the quality management of patients brought in by EMS. (Who can we get information from?)</p> <p>Chad Greg stated that updating the agency portals is vital as well especially the “Super user.” That is who OEMS uses to make contact agencies.</p>		

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	<p><u>Seth Craig</u> reported that there will be a survey being sent out to the agencies to share with their providers. This survey is asking input on the format of the protocols. The thought process is to combine both the adult and pediatric protocols together rather than having them separated into sections.</p> <p>The MAC meeting is in June as well as the Pediatric Care Committee meeting. Some of the pediatric protocols have not been touch. Since 2012 and that was the reason for so many updates and additions. We are still finding some gaps in some procedures that may be missing from the pediatric protocols. The new thing that this committee wishes to take a look at is quality assurance and quality improvement.</p> <p>If there are protocols that providers would like to have reviewed, medications, or other topics, please forward the suggestions to Seth or submit the online form for a protocol review.</p> <p><u>Joann King</u> was not present. Steve Pincus reported out for her that the protocol tests for all the levels are available for the medical directors to get copies.</p> <p><u>Debbie Thomas</u> reported out the ESO data that she has been pulling for her committees. She had a power point presentation with the various reports that she ran for Performance Improvement, STEMI, Stroke, and Trauma Committees. The RACE scores went down slightly. Two out of the 27 reports were actually infections rather than stroke. Eleven out of the twenty-seven reports had RACE scores documented only in the narratives. She reminded the committee members that she could not pull data from the narratives only in the check boxes. There may be differences in-between Image Trend and ESO.</p> <p>Blood Glucose checks remain around 93%.</p> <p>Stroke Scene time was 28 minutes and 25 seconds. We are doing ok but we should strive to make big improvements in this area. Debbie stated that she is going to start to pull data from those who calls where the national benchmark is not met to see if we can identify a trend. We should be trying to get off of the scene in 20 minutes or less for both stroke and STEMI patients.</p> <p>The average time to obtain 12-leads from arrival is 7minutes and 30 seconds which is really good. PEMS set the bar high to try to get this at an average of within 5 minutes. The national benchmark is within 10 minutes so we are doing great there. We are getting 38% within the 5-minute PEMS benchmark. With that said though in the PEMS Region the 90 percentile is within 14 minutes. The goal is to get all of these below the 10-minute mark.</p> <p>Average scene times from year to year are staying pretty close to the average benchmark.</p> <p>Percentage of patients needing and receiving aspirin is at 93 %.</p>		

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	<p>Patients who met the criteria to be transported to a Level I or Level II trauma center is something that is difficult to get accurate percentages to track because there are so many variables involved. Out of the 867 patients who met the criteria 165 patients did not get transported to a trauma center.</p> <p>Debbie also reminded the agencies that they need to run “failed submission reports” because this effects the percentages when she pulls data reports.</p> <p>Cody Main stated that the trauma patients going to Walter Reed could potentially be one going there as a rendezvous for helicopter flight out. He stated that Life Evac flies into Walter Reed quite often.</p> <p><u>Travis Veach</u> was not present at the meeting so Steve Pincus reported out for him. The hospital restocking forms are being updated and will be distributed soon. He asked that agencies remind their personnel to use the forms for the one-to-one exchanges. Riverside is now carrying the pelvic binders for the one-to-one exchanges. There are not major supply chain issues at the moment and this is constantly being monitored.</p> <p>Steve Pincus reported that PEMS is held the moulage artistry classes. He stated that he is available to assist agencies or hospital systems with drills.</p> <p>The RSAF Rating Committee will be meeting to provide the ratings on the PEMS Region grant requests. Members of this committee are not allowed to discuss any of the proceedings. The committee’s ratings and justifications do get re-submitted to OEMS and go to the FARC committee.</p>		
6. PEMS Committee Reports	<ul style="list-style-type: none"> a. Pharmacy –See above for details in staff reports. b. PICO – See above for details in staff reports. c. MAC – Seth reported that the committee met in march and will meet again in June. They will be looking at hospital closures and alternate destinations policies. d. BOD – Steve Pincus that Chris Bell and Greg Hunter were appointed to represent the Ops committee to the BOD. e. PPP – Melissa Doak stated that this reported out during staff reports. f. STEMI – Debbie reported out in staff Reports. g. PCC – See staff reports. 		
7. Old Business	<ul style="list-style-type: none"> a. Regional EMS Awards <p>Melissa Doak reminded committee members that the nomination period was open only through April 21, 2023.</p> <p>Steve Pincus stated that while PEMS has received many nominations, there were not any nominations for the categories of “Innovation in EMS,” “Health and Safety,” and “EMS for Children.” He encouraged committee members to submit nominations so that the excellence in</p>		

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	<p>EMS in the region could be recognized.</p> <p>b. BOD Appointments – Chris Bell and Greg Hunter – Approved by BOD</p> <p>Steve Pincus stated that both Chris and Greg were voted upon to serve as the committee’s representatives to the board for the next three years.</p> <p>c. CSRs and Board of Pharmacy</p> <p>Chief Player provided the following updated information relating to the PEMS medication kit system, DEA regulations, and information that was disseminated by the Board of Pharmacy:</p> <p>PEMS will help agencies beginning mid-April and through the Summer to help them obtain the correct CSR for their operations. Travis Veach has been assigned this task. As was stated during the last meeting, the Board of Pharmacy believes that regardless of what the DEA does, it will not include provisions for the drug box systems as they are currently structured in Virginia. However, both the Board of Pharmacy and the DEA have indicated that whenever the final rules are announced, Virginia will have a “sunset date” to move agencies from the current system to purchasing, stocking and distributing their own drugs. The time frame discussed for this "sunset date" has been 24 months from the date of the final regulations.</p> <p>Chief Player pointed out that the discussion regarding the DEA regulations is not as important as the fact that the majority of EMS agencies are not compliant with current BOP regulations regarding CSRs. It is going to be a hard push taking probably all the twenty-four months to move people from the current system to a different type of system—one of the multiple options that might be available to you as an agency if you are already compliant. <u>It is a non-starter if you are not compliant with current BOP regulations.</u> It is important that we get everybody into proper compliance as soon as possible.</p> <p>Chief Player stated that PEMS will provide help. We will provide information and actually help you figure out what kind of CSR you need, help you with what to put on the actual forms, and how to get ready. You don’t need to use us, but we can certainly provide answers to questions.</p> <p><u>Questions from Committee Members</u></p> <p>Melissa Doak relayed to the committee and Chief Player that after the previous EMS Ops meeting, she had a long conversation with individuals within her department and they were very concerned with the potential of “fragmentation of the entire EMS system specifically within the region. For example, when an agency goes to their own drug box and they are paying for and replenishing their own stock, one could quickly see where an agency says...We didn’t use Mag sulfate last year but a couple of times, so we are not going to buy that next year</p>		

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	<p>and we are going to take that out of our protocol. We also didn't really use calcium so we are going to take that out and not stock that. All of the sudden, all of these agencies within PEMS are starting to do their own thing. Each one has a different protocol, and each one has a different drug box configuration with what they are carrying. That causes me (Chief Doak) great concern and she feels that it puts EMS substantially back many years. She stated that she is curious that there are some meetings coming up at the regional directors' level and would like to know how the rest of the state is approaching this massive undertaking?"</p> <p><u>Response</u></p> <p>Chief Player replied, that Chief Doak pointed out the number one concern that all of us have been expressing from the beginning, and why we are glad that we are going to have a grace period. Because, literally, once you start buying your own medications, you're going to see a major outlay of money. Medications are not cheap. You talked about one of the elements which is the frequency of use. In the current systems as we have it in the regions, we have dates of when things [the medications] are going to expire – the pharmacists look at that. If it is a couple of weeks until something expires and it is a low use item, they will put it out and put another drug in there. They then will put it on the shelf [the one close to expiration] for use in the hospitals. What none of us wants is for drugs to expire either in a box or on a shelf in the hospital. More importantly, you don't want them to expire on a shelf in the station. The example of Mag Sulfate that Chief Doak brought forward is very real – perhaps you only use it once per year. How do you maintain a stock for that based on your usage levels so you can restock your own drug boxes.</p> <p>There are other variables based on if there are multiple agencies within a jurisdiction – whether there is one agency with multiple stations. CSRs are all about addresses so when you talk about specific distribution centers in your jurisdiction, it's important to have the CSRs done appropriately. This is something that we are going to try to solve at both the state and regional level as we go about transitioning. We won't know exactly what we have to do until we see what the DEA releases relative to this.</p> <p><u>Question</u></p> <p>Melissa Doak posed a second question – The person from the Board of Pharmacy stated that you could not use someone else's medications. She stated that from what she understood from that discussion [the discussion in January with the Board of Pharmacy representative] a mutual aid provider assisting on a York County ambulance would not be able to use the medications on York County's ambulance, they would have to bring their own with them.</p> <p><u>Response</u></p> <p>Chief Player responded that was not accurate. The important issue in play is to have a clear line of responsibility (a chain of custody) ... who has what when and did with what with them? The problem that they have right now is that "Pharmacy A" fills a drug box and gives it to "Agency B." They use it and bring it to "Hospital C" to get refilled and then reissued to another agency. In-between...all those drugs that were filled by "Pharmacy A" that weren't used by "B" now</p>		

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	<p>are being touched by “Pharmacy C” and now given to “Agency D”. In that system, it is hard to assign responsibility if a drug is diverted. – that’s the problem they have.</p> <p>So, if they a box that comes from York County's unit it can be used by a mutual aid provider rendering assistance to the York County unit. He doesn’t have to bring his own. You know who used what drugs on what patient, and where all the drugs were during the time the box was open.</p> <p>No other questions were asked.</p>		
8. New Business	<p>a. Chief Reaves mentioned that the King William Fire and EMS administration offices are moving to their Fire Station 1.</p> <p>b. Gary Samuels stated that he attended the “Rules and Regulations” committee meeting. He stated that he specifically asked about documents of reference, the required vehicle equipment list, the scope of practice formulary, and the T-pan for instructors. He was reassured that in the past there were some mistakes made and that all of those documents will be required, and should have always been required to go through the “town-hall process” as well as a public comment period. Therefore, they will not be updating them and giving “Red Dots” every three months because that means that OEMS would have to work through those processes while working on other processes simultaneously. They are trying to come up with a plan to limit changes to those documents from this point forward. Gary stated that he received this information from Ron Passmore.</p> <p>The second thing that Gary stated that he asked about was the “Fatigued Management Plan.” Section 910 has listed a Fatigue Management Plan. They do not address what “Rest” is. They give us no definition anywhere in that document about rest. Gary then stated, “If you are going to require this, where did it come from because every fire department every fire department works more than twelve hours. So, you are penalizing the paid professional departments. And then, how do you deal with someone who worked yesterday in one county and today they are in the next county, and tomorrow they are in the third county working part-time or full time in two places because they are bouncing off an EMS truck every twenty-four hours/ Every twelve hours with no rest? The drive from Point A to Point B is not rest. He took that comment and stated that they would have to look at it. We will need to watch that very closely—as EMS administrators we will need to watch that because it could become cumbersome if it requires you to police your people. But you can’t police your people the day before nor the day after.</p> <p>Gary then went on to say that from this point forward all meeting will have minutes that will be posted on Town Hall within the prescribed time because they have not been meeting their ten-day requirement. They are going to go away from the stenographer transcripts because it isn’t possible to get the appropriate information out of a 178-page EMS Advisory Board meeting – you cannot read everything in it and it is not correct. There are a lot of mistakes. They are going to go back and try to provide minutes. All of these things have come from above their level and pushed down to them based on discussions that leadership has had.</p>		

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	<p>Gary then stated that he specifically asked those questions and he requested that everyone read the document. It (the document) will probably not go to the Board of Health until the September meeting. Once it goes to the Board of Health it will then go to the next step which is the public comment phase. We will need to have people posting comments.</p> <p>Gary stated that one of his biggest concerns has been the crime section. He stated that he has not gotten anywhere with that. He stated that he will keep pushing at that because we are one of the few professions that if you get a certain type of reckless driving, that can be considered a crime. In addition, if you get three or more of those3 in no specific timeframe, that can be another issue.</p>		
9. Good of the Order	a. Cody Main state that the new VCU Children’s hospital and tower opens on April 30 th . The helipad at that hospital is not open yet.		
10. Important Dates	<p>Melissa Doak gave an overview of important dates:</p> <ul style="list-style-type: none"> a. Next Meeting – April 4, 2023 at 2:00 p.m. b. BDLS and ADLS Courses at PEMS February 21-23, 2023 c. Trauma Symposium April 21, 2023 d. Central Virginia EMS Education Expo March 4-5 and March 11-12 – Gary Samuels reported that March 4-5 is going to be at Henrico Fire. The March 11-12 is going to be at Chesterfield Fire with “Badge” classes. e. EMS Day at Busch Gardens May 20, 2023 – awards Ceremony f. TEMS Healthcare Education Expo May 16-21, 2023 – Joann stated that there is a hotel that is near the TEMS office in which the classes will be held. More information will be published once it becomes available. 		
11. Adjournment	Motion to adjourn was made by Cody Main. Meeting adjourned at 3:57 p.m.		