

TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.

**Board of Directors
Minutes, September 11, 2014**

Directors Present

Stewart W. Martin, MD, President, Virginia Beach
Dan F. Fermil, Vice President, Chesapeake
Kent J. Weber, Treasurer, Virginia Beach
Richard A. Craven, MD, At-large
Bruce W. Edwards, Virginia Beach
John C. Hoffler, Suffolk
Christopher I. Jacobs, JD, Virginia Beach
T. J. McAndrews, Special Operations
John W. McNulty, Chesapeake
Jeffrey J. Meyer, Portsmouth
Daniel A. Norville, Norfolk
Lewis H. Siegel, MD, VaCEP
George M. Yacus, PhD, Chesapeake

Directors Absent

Terry A. Bolton, Franklin
Hollye B. Carpenter, Northampton Co.
Paul S. Holota, MD, Norfolk
Genemarie W. McGee, RN, VHHA
Janice E. McKay, RN, Tidewater ENA
Geoff T. Miller, EVMS
Wayne E. Shank, Virginia Beach
Brian L. Steelman, Southampton Co.
Jeffrey T. Terwilliger, Accomack Co.
Jeffrey F. Wise, Norfolk

Others Present

Wendi Ambrose, staff, TEMS
Jim Chandler, Secretary and Executive Director
Kathleen Colantuono, staff, EVHC
Tim Perkins, Virginia Office of EMS
Thomas Schwalenberg, Chair, MOC

1. Dr. Martin called the meeting to order at 6:00 pm in the council office in Chesapeake and he asked the board and guests to observe a Moment of Silence in remembrance and on this anniversary of the tragic events of 9-11-2001. All directors and guests then introduced themselves. A **motion** was made, seconded and passed to approve the board minutes of June 12, 2014.

2. Treasurer's Report

- A. Monthly financial statements – Mr. Weber noted the July 2014 financial statements are posted on line with the board agenda. The statements represent the first month of FY15.
- B. Presentation of annual financial audit – Mr. Weber introduced Judy Imdahl, CPA, of Strickland and Jones who reviewed the FY14 Audited Financial Statements which were distributed to all directors present (and will be mailed to those not present). She summarized that the audit went well, the council is in strong financial position and that there were no significant “management” findings. She noted the office has initiated electronic scanning of financial documents for backup purposes. She addressed several questions from directors. She also indicated the federal form 990 and 990-T had been completed and delivered to the executive director. All directors were encouraged to review the 990 forms which will be emailed. The 990-T is required since the council received income from the upstairs commercial tenant during the first half of the year, and will pay some unrelated business income tax. As public documents the forms will be posted on the council’s website and available in the office for inspection when requested.

3. Other Committee Reports – none.

4. Consent Agenda - Dr. Martin asked if any director would like to remove any item from the consent agenda for separate consideration, and there were no requests. A **motion** was made, seconded and passed to approve all items on the consent agenda as presented.

- A. Approve TEMS Organizational Structure 8-2014
- B. Approve TEMS Staff Assignments and Reporting 8-2014
- C. Approve OEMS Disclosure Roster - TEMS Board & Staff - Sept 2014
- D. Approve CISM Team Policies (no change)

E. Acknowledge OMD Committee approval (only change is PI topic dates)

I. EMS PI Plan 2014-2015

II. Statewide Trauma Triage Plan with TEMS Appendix 2014-15

5. Other Unfinished and New Business

A. Election: Director to fill unexpired term of Joseph Rusty Chase, Isle of Wight County.

County nominee: Christopher Smith – On behalf of the Governance Committee, Dr.

Yacus made a **motion** to elect Christopher Smith to the board. There were no additional nominations. The committee motion did not require a second, and the motion passed.

B. Update: Mobile Integrated Healthcare – Mr. Meyer deferred to Mr. Schwalenberg, who is chair of the Medical Operations Committee and co-chair of the committee's Mobile Integrated Healthcare (MIH) workgroup. Mr. Schwalenberg brought the board up-to-date on activities regarding MIH. The workgroup was originally charged with finding out more about MIH, reporting to the Medical Operations Committee, investigating opportunities for MIH in the region, and identifying stakeholders. The workgroup formulated a 6-step strategy in late 2013 and conducted a stakeholder meeting in June of this year. In August the workgroup reported to the Medical Operations Committee and there was a consensus for the workgroup to focus on 1. information sharing among stakeholders, 2. public education targeted to specific health issues, and 3. support of local MIH initiatives. The initial public education component is envisioned as a joint effort of EMS and healthcare systems to educate the public to recognize symptoms and quickly activate EMS in such areas as chest pain and stroke which ties to ongoing quality improvement initiatives and equipment and training investments by EMS and hospitals in these areas.

C. Presentation: Eastern Virginia Healthcare Coalition (EVHC) – Ms. Foster provided an overview report on the EVHC which is based at TEMS and funded by the Virginia Hospital and Healthcare Association utilizing federal Health and Human Services preparedness funding. The original Hospital Preparedness Program (HPP) supported hospitals and healthcare systems but expanded about 2 years ago to include public health and other healthcare partners such as long term care facilities, EMS and others, and HPP regions were renamed healthcare coalitions. She noted various regional and state initiatives supported by the EVHC and staffing which now includes the full time positions of program manager, exercise and training coordinator, and mitigation and recovery coordinator, and the part time positions of Regional Healthcare Coordination Center (RHCC) manager, RHCC communications coordinator and inventory management specialist. She also noted the engagement of coalition members, discussed the response role of the RHCC and reported on business plan development and strategy for program sustainment when federal funding ends. The program will be relocating to the upstairs suite in the TEMS office in the near future. The slide presentation is attached to these minutes.

D. Other – Dr. Yacus inquired about the region's ability to handle an Ebola outbreak. It was noted that all hospitals in the region have limited isolation capability, and that the EVHC would help identify resources and facilities as needed.

6. Facilitated discussion: TEMS and Eastern Virginia Healthcare Coalition – Dr. Yacus initiated a discussion asking the board if it is satisfied as just a landlord for EVHC or if the council and EMS should be more involved with the EVHC? Various discussion points included:

- EMS should be as involved as possible.
- EMS is a healthcare partner.
- EMS should work in the areas of prevention, such as described during the MIH presentation.

- EMS should focus on recovery as an area of current weakness.
- EVHC staff currently attend various regional EMS meetings in the TEMS and PEMS regions.
- A statewide focus on recovery is moving forward.
- The recent nursing home evacuation and previous lessons-learned should give the EVHC and EMS an opportunity to go to long term care facilities and educate them on evacuation and other emergencies.
- It appears further integration of EMS and the EVHC is desired.
- We need to get the right people in the room to decide who the right people are to further this discussion.

Summary: the board wishes to have an active partnership with EVHC. EVHC staff attendance during EMS meetings can help with regular dialog. Opportunities may exist for increased networking in areas of mutual goals and concerns.

7. Announcements (also see online Event and Training Calendars)

- TEMS Grants to Attend National EMS Conferences - applications due September 15
- EMS Field Training, Sept. 24-26 and Evaluation Program, Sept. 22-23 (Portsmouth)
- EMS Functions in ICS Courses, Oct. 6-7 (PEMS), Nov. 22-23 (VB), Dec. 8-9 (TEMS)
- TEEEX Medical Management of CBRNE Events, Dec. 1-2 (TEMS)
- OSHA Designated Officer Infectious Disease Courses, December 11-14 (Chesapeake)
- CISM/Stress Management Conference, February 5-7, 2015 (Chesapeake)
- Tidewater EMS Education Expo, March 19-22, 2015 (Suffolk)

8. With no additional business, Dr. Martin adjourned the meeting at 7:20 pm. The next board meeting is December 11.

Minutes prepared by Jim Chandler

Healthcare Preparedness Program Status Report

Jennifer Foster RN, BSN, BS, CHEC

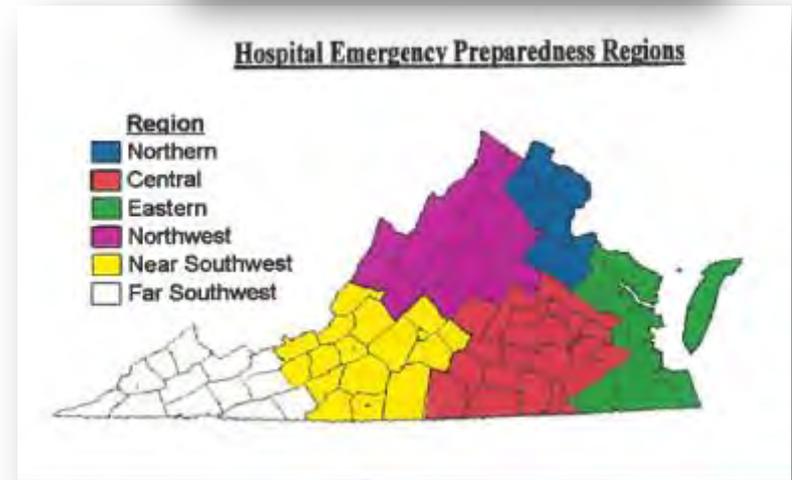
Healthcare Preparedness Program Manager

September 11, 2014



Healthcare Preparedness Program (HPP) Overview

- What is the history of HPP?
- What is the program about?
- Define the goals of this program
- Define the scope of the program



Shared Values

Mission

We endeavor to develop and promote the emergency preparedness, mitigation, response and recovery capabilities of the Eastern region healthcare community.

Vision

We envision an inclusive, knowledgeable healthcare community that focuses in effective and efficient processes to collaborate, standardize and advocate for resiliency and sustainability before during and after a disaster.

Stewardship

We allocate our funding and resources efficiently and effectively.

Collaboration

We promote and foster collaboration and cooperation with coalition members and partners.

Improvement

We seek to further enhance our capabilities and capacities based on lessons learned, best practices, and evidence based practices.

Inclusion

We promote an all inclusive partner organization for all hazard resiliency.

Advocacy

We seek to promote emergency management into day to day operations.

2014-2017 Goals

FUNDING #1 - Act as good financial stewards of monies, grant or other.

- through development of a financial management plan which allows for, but is not limited to, identification and securement of available grants and other funding source, as well as, determination of a distribution strategy.

RESOURCES #2 - Prioritize the resources based on core healthcare and public health capabilities and the needs of the healthcare community.

INFORMATION #3 - Expand collaboration and information sharing amongst healthcare and other critical resources and stakeholders.

NETWORKING #4 - Build a network (matrix) of stakeholders vested in healthcare community resiliency.

NETWORKING #5 - Provide a platform to enable the healthcare community a means to interact with resiliency partners.

INFORMATION #6 - Advocate for the emergency management model to be integrated into daily routines.

Current Status – Staffing Model

- Staff and Leadership include the following to support projects, initiatives, regional liaisons, strategic planning and program requirements
 - HPP Manager (FT)
 - RHCC Manager (PT)
 - HEMC (Exercise and Training) (FT)
 - HEMC (Mitigation and Recovery) (FT)
 - RHCC Communications Coordinator (PT)
 - Regional IMS (PT)
 - HRMCI Coordinator
 - VDH Regional PHEC
 - VDH Regional PIO
 - Executive Council (5 members representing the following agencies; CHKD, SVBGH, VDH, and PEMS)
- Denotes TEMS employees or contractors



Current Status – Projects and Initiatives

- **Regional**

- RHCC Redesign and EOG Revision
- Regional Communications Plan
- LTCF Evacuation Project
- NDMS Steering Committee
- Hospital DECON PPE and MMA Project
- Surge Taskforce

- **State**

- RHCC State Framework
- State Burn Plan
- State Recovery Initiative
- State ESF#8 Situational Awareness/VHASS Enhancement Project

- **Workgroups and Committees**

- 9 State Workgroups
- 29 Regional Committees and Groups
- 4 Regional Workgroups (Budget, Communications, RHCC, and Exercise and Training)



Challenges and Resolutions

- **Human resources to accomplish the tasks at hand**
- How is it being resolved?
 - Hiring of additional staff to fill project and initiative needs for the region
 - Inclusion of existing staff and resources meeting a similar need in another sector
- What and how will it impact the program?
 - Huge ROI when products, services, contacts, etc. are shared
 - Means sustaining human resources across budget periods if project or initiative spans fiscal year(s)



Challenges and Resolutions

- **Stakeholder/Executive Buy-in and Engagement**
- How is it being resolved?
 - Agency/organization advocacy
 - Inclusion of marketing and CEO packets with development of strategic plan
 - **Provision of Good ROI's that is shared with Executives**
 - Inclusion of Administrators from across healthcare sectors
 - Advocacy on a unified front for the importance of emergency management
- What and how will it impact the program?
 - Time involved will maximize success
 - Cost involved will maximize success
 - Executive engagement and buy-in are imperative to success



Challenges and Resolutions

- **Response versus Just Preparedness**
 - Regional Healthcare Coordination Center (RHCC)
- How is it being resolved?
 - RHCC Redesign
 - Regional EOG Revision
 - Better Coordination with VDH Local Public Health
 - Inclusion of Local and Regional VDH with Coalition with Staff and Leadership model, office space, and strategic planning
- What and how will it impact the program?
 - Provision of response with coalition model
 - Cost of staff to do the work (budgeted and approved for BP3)
 - Success of RHCC is highly valued by State

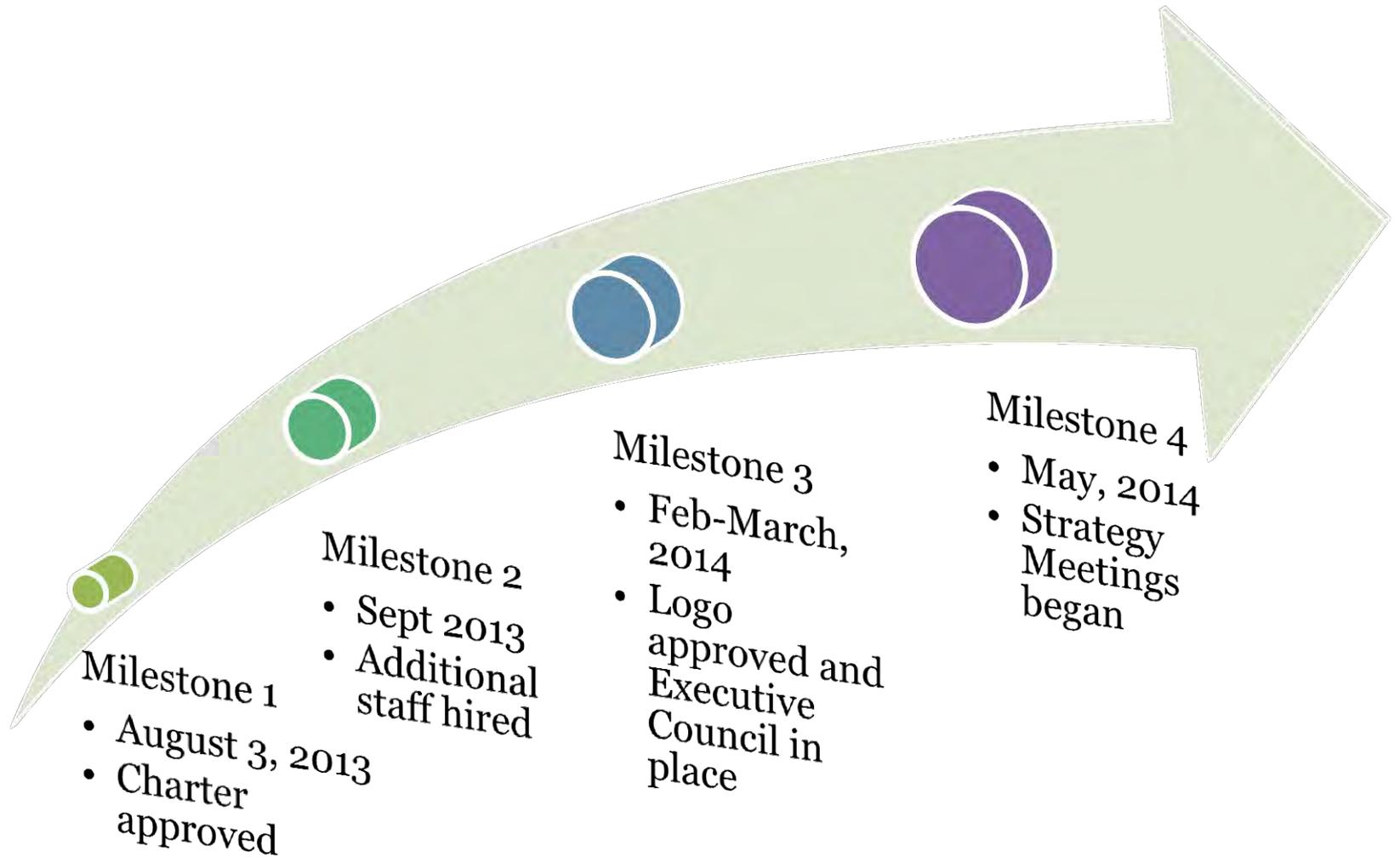


Challenges and Resolutions

- **Money and sustainment**

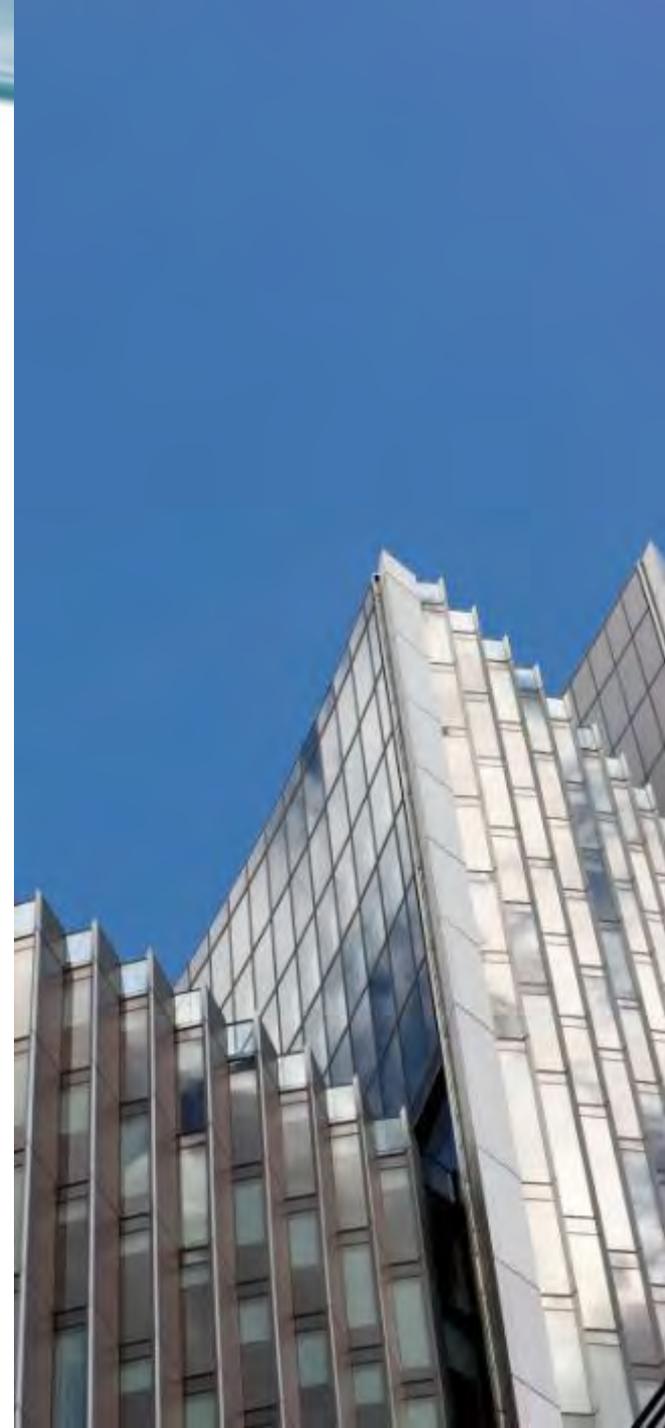
- HPP funded through BP5 (June 30, 2017)
- How is it being resolved?
 - 3-year strategic plan/framework currently being developed
 - Inclusion of business models with strategic planning process
 - Staff research for other grant opportunities
 - Inclusion of EVHC with regional grant collaborative culmination process
 - Continued development of ROI
- What and how will it impact the program?
 - Will take the next 3 years to implement strategic framework short and long term goals and objectives
 - Will continue to work with ASPR HPP provided funds, until a business model is in place that will allow for additional grant considerations
 - Staff are paid to manage the current grant process, as well as, research other grant opportunities

Timeline

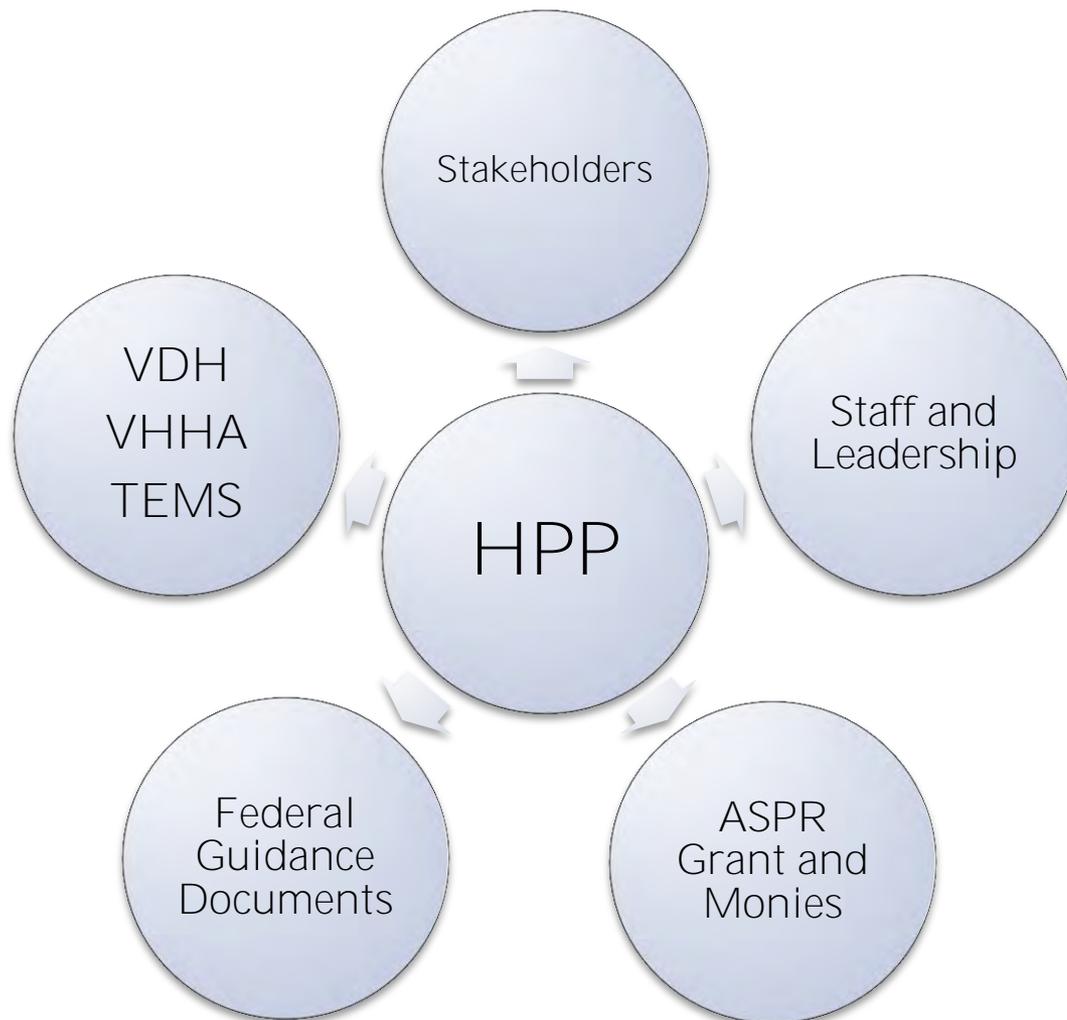


Looking Ahead

- **What's next?**
 - EVHC moving to Suite 201
 - EVHC joined by PT IMS
 - Consideration of business model to include 501c3 and alignment with 501c6
- What are the expected deliverables?
 - Continued support of projects and initiatives that are regionally inclusive and beneficial, while meeting HPP and PHEP capabilities
 - Continued facilitated collaborative efforts
 - 3-year Strategic Plan/Framework
 - Continued development of ROI that meet strategy goals and objectives
- Known risks and issues
- How can you support the healthcare coalition?



Dependencies and Resources





Additional Documents??

- Quarterly Report Summary
- EVHC Weekly Governor Briefings
- Fiscal Year Budget Documents
- **MOU's (HPP and NDMS)**
- Strategic Planning
- EOG and Supplemental Documents



More Information?

www.vhha-mci.org under EASTERN REGION
www.evhc.org

Contact Us

evhc@vaems.org