

TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.

**Board of Directors
Minutes, March 10, 2106**

Directors Present/Representing

Stewart W. Martin, MD, President, Virginia Beach
Richard A. Craven, MD, Vice President, At-large
Kent J. Weber, Treasurer, Virginia Beach
Bruce W. Edwards, Virginia Beach
Christopher I. Jacobs, Virginia Beach (by telephone)
T. J. McAndrews, Special Operations
Genemarie W. McGee, RN, VHHA
Janice E. McKay, RN, Tidewater ENA
Daniel A. Norville, Norfolk
Thomas E. Schwalenberg, Chesapeake
Wayne E. Shank, Virginia Beach
Lewis H. Siegel, MD, VaCEP (by telephone)
Jeffrey F. Wise, Norfolk

Staff Present

Jim Chandler, Secretary and Executive Director
Glenn McBride, EVHC Program Manager

Guests Present

Wayne T. Berry, OEMS
Jay N. Collins, MD, Trauma PI Committee
Joel Michael, MD, Stroke PI Committee
Valeria Mitchell, RN, Trauma PI Committee
Brian Spicer, nominee
Forrest Winslow, STEMI PI Committee

Directors Absent/Representing

Terri Babineau, MD, EVMS
Terry A. Bolton, Franklin
Hollye B. Carpenter, Northampton Co.
Paul S. Holota, MD, Norfolk
Donna Marchant-Roof, LCSW, Chesapeake
John W. McNulty, Chesapeake
Jeffrey J. Meyer, Portsmouth
Charles R. Pruitt, Accomack Co.
Brian L. Steelman, Southampton Co.
Jeffrey T. Terwilliger, Isle of Wight Co.

1. Opening – Dr. Martin called the meeting to order at 6:00 pm at the council office in Chesapeake. Directors and guests recited the Pledge of Allegiance and everyone introduced themselves. A **motion** was made, seconded and passed to approve the meeting minutes of December 10, 2015 as distributed.
2. Treasurer's Report - Mr. Weber reported the January 2016 financial statements are posted online with the board agenda. On behalf of the Audit and Finance Committee, Mr. Weber made a **motion** to make a final payment of the council's building mortgage principal of approximately \$39,000. Following brief discussion which included a review of the current interest rate, the savings by prepaying the principal, and available funding, the motion passed.
3. Other Committee Reports – none.
4. Consent Agenda - Dr. Martin asked if anyone would like to remove any item from the consent agenda for separate discussion and vote. There were no requests. A **motion** was made, seconded and passed to approve all items on the consent agenda:
 - A. Accept Rescue Squad Assistance Fund awards:
 - i. Audio/Visual Package (\$16,440, 20% match required) for conference room upgrades. Local cost for conference room A/V upgrades (approx. \$7500) to be shared by EMS and MMRS programs. Upgrades include replacing projector with large screen TVs, system controller, electrical cabinet, HDMI splitter and cables, HDMI and USB connectors, 25 acoustic panels, attic TV antenna, ceiling drop microphones, audio mixer, and installation.
 - ii. Health and Wellness Expo (\$39,969, 20% match required) for Taking Care of Our Own Conference (CISM, OSHA, Health and Safety), October 2016. Local match to come from student registrations and council contributors.
 - B. Approve revisions to Hampton Roads MCI Response Guide 2016 Final (minor revisions recommended by MCI Workgroup).
 - C. Acknowledge OMD committee approval of TEMS Trauma Triage Plan and TT PI Plan 2015-2016 and TEMS Stroke Plan rev 2015-12-11.

5. Other Unfinished and New Business

- A. Elections: Chief Wise, Governance Committee chair, presiding – City of Suffolk nominated James B. “Brian” Spicer to fill the unexpired term of John Hoffler representing the city. Additional nominations requested from the floor. There were none. A **motion** was made, seconded and passed to elect Mr. Spicer.
- B. Consider: Letter of Board Resignation from T J McAndrews. Mr. McAndrews reported he has been hired by the FBI and will be relocating. Regretfully, Mr. McAndrews resignation was accepted.
- C. Follow-up: Virginia Trauma System Consultation Report – Ms. McGee reported on Virginia EMS Advisory Board executive committee discussions and questions regarding the report. Ms. Mitchell and Dr. Collins reported that several subcommittees of the state EMS Trauma Management and Oversight Committee have been formed to examine and make recommendations on various areas addressed in the report, including an EMS committee. It was noted that many system participants did not see the information that was submitted to the review team prior to its visit. Some of the report’s misinformation might have been avoided with a proper review of the submitted information as well as a review of a draft report. At this point it appears that appropriate committees are in place to review and make follow up recommendations.

6. Governance

- A. Chief Wise, Governance Committee chair, facilitated a work session with directors and many committee and program chairs present to review initiatives in Strategic EMS plan, determine their status, and ensure assignments are made. See attached notes. It was the consensus of those present to ask committee and program chairs for a once-a-year focused and brief in-person report to the board, one committee (or similar group of committees, like PI) per board meeting.
- B. Chief Wise reported the Governance Committee has preliminarily reviewed the current Strategic EMS Plan including the vision, mission and strategic initiatives as well as the previous SWOT, applicable sections of the state Code, EMS regulations and the regional EMS contract. The committee recommends annual re-adoption of the plan without change at this time. Upon recommendation by the committee, and since no changes were recommended as part of the earlier work session, a **motion** was made, seconded and passed to re-adopt the Strategic EMS Plan without change.

7. Announcements, also see online Event Calendar. Flyers were distributed and are available from the council office.

- CHKD Pediatric Trauma Conference, March 11-12, 2016 in Norfolk
- TEMS EMS and Emergency Nursing Education Expo, March 17-20, 2016 in Suffolk
- EVHC Healthcare Organizations Emergency Preparedness Seminar, April 12-13, 2016 in Chesapeake
- TEMS award nominations due May 1, 11:59 pm
- Next Board of Directors meeting: June 16. Future meetings are September 8 and December 8, 2016
- TEMS Awards, June 19 at Harbor Park, Norfolk (Tides vs Durham, awards prior to 1:05 pm game)

8. With no additional business, Dr. Martin adjourned the meeting at 7:20 pm.

Minutes prepared by Jim Chandler

Governance Work Session 3/20/2016

Review Strategic EMS Plan Initiatives with Directors and Committee/Program Chairs

Chief Wise, Governance Committee chair, facilitated a work session with directors and committee/program chairs present during the Board of Directors meeting on March 20, 2016 to review initiatives in Strategic EMS plan, determine the status of each initiative, and ensure assignments are made. The results will be used by the Governance Committee to develop a dashboard for the committee and board's future tracking of the progress of each initiative.

Core Strategies and Strategic Initiatives	Work Session Notes
1. Strengthen Partnerships	
<p>1.1. With hospitals facilitate maintenance of standards for supplies and pharmaceuticals that decrease variation and expense yet allow agencies to comply with safety guidelines.</p> <p>1.2. With public health agencies develop and promote more EMS involvement in injury and illness prevention strategies (education and training for high risk families and coworkers; immunizations; elder fall avoidance, playground area evaluation and reporting, etc.)</p> <p>1.3. Improve and leverage existing opportunities to identify emerging trends and foster innovation in EMS patient care, and seek region-wide efficiencies and consistency when implementing system changes.</p> <p>1.4. Promote standardization of EMS terms and nomenclature throughout the region.</p>	<p>1.1 Medical Operations Committee – Ongoing annually via joint meeting with ED nurse managers and pharmacy representative at MOC. Variations in packaging across the region, from multiple hospitals and hospital systems, exists which may lead to errors and patient safety issues. ED nurse managers probably NOT the group to get hospital systems to standardize. Is 100% standardization necessary or achievable? This is good example of an issue that may require board attention. MOC to examine/redefine the issue with long range strategy and report back to board.</p> <p>1.2 Medical Operations Committee – Need to better define and set goals. Look for additional partners. American Heart Association PSAs are good example. Trauma Centers – suggestion to pool resources. Public Health – who in PH is EMS talking to? Need to identify “champions” in PH.</p> <p>1.3 Medical Operations Committee – does this well, sharing and exchange of ideas during meetings but is there follow up on ideas that are successful? Eastern Shore EMS Council – recent example of standardizing and bulk purchasing of CPAP device. Eastern Virginia Healthcare Coalition (EVHC) possible partner esp for patient tracking. Is this initiative really part of the wider Mobile Integrated Healthcare/Community Paramedicine concept and if yes shouldn't more groups be involved? Discussion of strategy versus operationalizing the strategy.</p> <p>1.4 Medical Operations Committee – but also “belongs” to fire and EMS chiefs, Metropolitan Medical Response System (MMRS/MMST), MCI Workgroup.</p>
2. Strengthen Infrastructure	
<p>2.1 Promote the standardization of data collection, transmission, and sharing information that</p>	<p>2.1 STEMI PI, Trauma PI, Stroke PI, EMS PI. Good example is current STEMI Accelerator II</p>

<p>complements efforts to improve clinical data collection and analysis (see Strategic Initiative 4.1.).</p> <p>2.2 Support opportunities for improved preparedness for mass casualties.</p>	<p>project. TEMS PI component has been poorly organized with little progress. Need improved staff support in data collection. Improvements in council staff ability to pull OEMS data. Agency feedback in Trauma PI has been good. Every committee should be involved with some aspect data and analysis. Stroke PI committee has basically created its own path lacking specific direction. Stroke care is rapidly evolving – 3 treatment approaches. Trying to educate selves as to best ways to move ahead. Data gathering has been wheel spinning experience.</p> <p>2.2 MMST, MCI Workgroup, EVHC – ongoing work to improve HR MCI Response Guide. Past and current sustainment work by MMRS to equip localities and Strike Team. Getting support for and participation in widespread training and exercises remains a barrier. EVHC providing training and coordination among hospitals and long term care, also equipment standardization and surge capabilities.</p>
<p>3. Strengthen Education and Training</p>	
<p>3.1 Promote the concept of regionalized training opportunities, including simulation training and assessment of the need for a regional EMS training academy, that leverage the efforts of TCC, other training centers, individual agencies, EVMS and the council.</p> <p>3.2 Support development as needed of additional accredited advanced life support training sites.</p> <p>3.3 Seek to improve efficiencies, standardization, and improvement in student evaluation and student performance at examination sites.</p>	<p>3.1 MMRS and EVHC providing regional MCI, incident command and other preparedness courses. TEMS provides regional infection control, a continuing education expo and CISM/stress management training. Is there a need for an EMS training academy?</p> <p>3.2 Paul D. Camp CC has obtained intermediate course accreditation. Eastern Shore plans to pursue as well. Staff providing support as requested.</p> <p>3.3 not discussed</p>

<p>4 Strengthen Medical Direction; Utilize Outcome Data, Research and Performance Improvement to Improve Patient Care</p>	
<p>4.1 Promote the use of standardized data collection and analysis, and identify necessary data points related to improvements in EMS care.</p> <p>4.2 Work with the Virginia Office of EMS to facilitate regional performance improvement using available EMS patient care data.</p> <p>4.3 Provide opportunities for improvements to, and standardization of, protocols and medications throughout the region and with the neighboring EMS councils, and consistent with nationally-recommended evidence-based EMS treatment guidelines.</p> <p>4.4 Sponsor EMS research, out-of-region educational opportunities and mobile integrated healthcare initiatives that contribute to high quality, efficient EMS operations and improved patient outcomes.</p>	<p>4.1 All PI committees, otherwise not discussed except in 2.1 above.</p> <p>4.2 All PI committees. Data and data analysis is so important. Example of missing EMS reporting of “vital signs” when presenting a trauma triage report. State did not indicate the missing vital sign was GCS. Once identified, system education should begin to address needs. Trauma PI wants to pull together all EMS agency PI coordinators and have a renewed effort in looking as cases and data.</p> <p>4.3 MOC (protocol workgroup, education workgroup) and OMD committee. Otherwise not discussed.</p> <p>4.4 Board had funded some research and out of region conference travel in the past. PI Committees could support, regarding availability of data and ideas.</p>
<p>5 Strengthen Staffing and Human Resources</p>	
<p>5.1 Assist agencies in the development, identification and utilization of available management and leadership training opportunities.</p> <p>5.2 Promote, support and/or facilitate EMS recruitment programs which includes establishing a variety of community partnerships.</p> <p>5.3 Promote, support and/or facilitate EMS provider retention programs recognizing the differences between career and volunteer personnel as well as the effects of high call volume.</p>	<p>5.1 Not discussed.</p> <p>5.2 Not discussed.</p> <p>5.3 TEMS and some local agencies provide EMS award programs. Otherwise not discussed.</p>