

TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.

**Board of Directors
Minutes, March 9, 2017**

Directors Present

Stewart W. Martin, MD, President, Virginia Beach
Richard A. Craven, MD, Vice President, At-Large
Wayne E. Shank, Treasurer, Virginia Beach
Hollye B. Carpenter, Northampton Co.
Dennis J. Keane, Special Operations
W. Travis Kirby, EVMS
Donna Marchant-Roof, LCSW, Chesapeake
Genemarie W. McGee, RN, VHHA
Janice E. McKay, RN, Tidewater ENA
Jeffrey J. Meyer, Portsmouth
Daniel A. Norville, Norfolk
Charles R. Pruitt, Accomack Co.
Thomas E. Schwalenberg, Chesapeake
James B. Spicer, Suffolk
Brian L. Steelman, Southampton Co.
Jeffrey F. Wise, Norfolk

Others Present

Darren Padilla, Nominee, Chesapeake
Vincent Holt, Nominee, Franklin
Patrick Lewis, Chair, EVHC
Glenn McBride, Program Manager, EVHC
Tim Perkins, Virginia Office of EMS
Judy Shuck, Healthcare Preparedness Coord,
MMRS/EVHC
Jim Chandler, Secretary and Executive Director

Directors Absent

Terry A. Bolton, Franklin
Edward M. Brazle, Virginia Beach
Paul S. Holota, MD, Norfolk
Christopher I. Jacobs, JD, Virginia Beach
John W. McNulty, Chesapeake
Lewis H. Siegel, MD, VaCEP
Jeffrey T. Terwilliger, Isle of Wight Co.

1. Opening

- A. Dr. Martin called the meeting to order at 6 pm. All present introduced themselves. He asked directors and guests to observe a Moment of Silence in memory of Kent J. Weber who passed away on February 24. Directors and guests recited the Pledge of Allegiance.
- B. A **motion** was made, seconded and approved to approve the Board of Directors Minutes of 12-8-2016 as distributed.

2. Treasurer's Report

- A. Mr. Shank called attention to the financial statements ended January 31, 2017, posted with the board agenda on the website. There were no questions.
- B. Mr. Shank reported for the Audit and Finance Committee. The committee recommends various revisions to the Reserve and Investment Policy following information received from two independent reviews of the council's investments and Reserve and Investment Policy. Following a brief report of those changes, he presented the committee **motion** to adopt the revised policy and the motion passed. Approved policy attached.

3. Other Committee Reports - none

4. Consent Agenda – Dr. Martin asked if any director wished to remove any item(s) 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 as presented.

- A. Approve revised Hampton Roads Mass Casualty Incident Response Guide March 2017
- B. Acknowledge approval by the OMD Committee of Trauma Triage Plan and Stroke Triage Plan 2017
- C. Ratify two-month extension (Jan-Feb 2017) of TEMS-EVMS operating agreement for staffing of TCLS Training
- D. Ratify additional two-month extension (Mar-Apr 2017) of TEMS-EVMS operating agreement for staffing of TCLS Training
- E. Ratify six-month contract extension and modification (Jan-June 2017) between TEMS and VDH for EMS programs
- F. Approve change in staff retirement plan from SEP-IRA and 403-B to a 401-K plan effective July 1, 2017 including a new requirement for an employee match for a portion of the employer

contribution, eligibility for employer contributions for employees working at least 1040 hours in the prior calendar year (changing eligibility to those working more than 20 hours per week average) and having worked for three years (no change), and designation of a plan administrator

5. Other Unfinished and New Business

- A. Elections of directors, officers and executive committee at-large members for the term April 1, 2017 through March 31, 2019 – Chief Wise, Governance Committee chair, officiated. He read the slate of nominees for directors presented by the Governance Committee:

Accomack (1 seat): Charles R. Pruitt, incumbent, presented by the county

Chesapeake (3 seats): John W. McNulty, III and Thomas E. Schwalenberg, incumbents, and Darren Padilla (succeeding Donna Marchant-Roof), presented by the city

Franklin (1 seat): Vincent P. Holt (succeeding Terry Bolton), presented by the city

Isle of Wight (1 seat): Jeffrey T. Terwilliger, incumbent, presented by the county

Norfolk (3 seats): Jeffrey F. Wise and Daniel A. Norville, incumbents, and Frances Emerson (succeeding Paul Holota), presented by the city

Northampton (1 seat): Hollye B. Carpenter, incumbent, presented by the county

Portsmouth (1 seat): Jeffrey J. Meyer, incumbent, presented by the city

Southampton (1 seat): Paul S. Kea (succeeding Brian L. Steelman) presented by the county

Suffolk (1 seat): James B. Spicer, incumbent, presented by the city

Virginia Beach (5 seats): Edward Brazle, Christopher I. Jacobs, JD, Stewart W. Martin, MD and Wayne E. Shank (incumbents), and Donna Marchant-Roof (succeeding Kent Weber), presented by the city

Virginia College of Emergency Physicians (1 seat): Lewis H. Siegel, MD, incumbent, presented by VaCEP

Emergency Nurses Association (1 seat): Janice E. McKay, incumbent, presented by Tidewater ENA

Eastern Virginia Medical School (1 seat): W. Travis Kirby, incumbent, presented by the committee

Virginia Hospital and Healthcare Association (1 seat): Genemarie W. McGee, incumbent, presented by the committee

Special Operations (1 seat): Dennis J. Keane, incumbent, presented by the committee

At large (1 seat): Richard A. Craven, MD, incumbent, presented by the committee

Chief Wise then opened nominations from the floor. There were no additional nominations and a **motion** was made, seconded and passed to close nominations. Presented as a committee **motion**, all directors was elected as presented.

He next read the slate of nominees for officers:

President: Stewart W. Martin, incumbent

Vice President: Richard A. Craven, MD, incumbent

Treasurer: Wayne E. Shank, incumbent

Chief Wise then opened nominations from the floor. There were no additional nominations and a **motion** was made, seconded and passed to close nominations. Presented as a committee **motion**, all officers were elected as presented.

He next read the slate of nominees for at-large members to the executive committee:

Genemarie McGee, incumbent

Janice E. McKay, incumbent

Jeffrey J. Meyer, incumbent

Daniel A. Norville, incumbent

Chief Wise then opened nominations from the floor. There were no additional nominations and a **motion** was made, seconded and passed to close nominations. Presented as a committee **motion**, all at-large members to the executive committee were elected as presented.

Chief Wise congratulated the incoming board, officers and executive committee members.

- B. Recognize retiring directors – Dr. Martin recognized and thanked directors Terry Bolton, Paul Holota and Brian Steelman who will be leaving the board. An engraved plaque was presented to

Mr. Steelman and the others will be forwarded for local presentations. A crystal obelisk was previously presented to Kent Weber.

- C. TEMS-EVMS operating agreement for staffing of TCLS Training – Mr. Chandler recalled the events during the past two years where by mutual agreement the ACLS and PALS course administration was transferred from TCLS Training to the EVMS Sentara Center for Simulation Immersive Learning (SCSIL), and staffing at TCLS reduced accordingly. That same transfer is currently in progress for the ATLS course administration, pending identification by SCSIL of a replacement course coordinator. He met with EVMS officials in December who indicated that automation of various office processes should reduce the TCLS staffing to one FTE. As a response, and at the request of EVMS, he prepared a white paper for EVMS indicating, among other things, that staffing to operate the large AHA community training center run by TCLS Training, as well as external and internal BLS course coordination, would need a minimum of 2 FTE, and preferably 2.5 FTE, which is the current staffing. The paper described alternatives if EVMS did not want to fully commit funding for the program, including the offer to remove the BLS program and AHA training center from EVMS and operate it at TEMS. In February EVMS officials indicated they planned to fully support the BLS program and AHA Training Center but would transfer it to the SCSIL where dedicated and backup staffing would be provided. They planned to effect the transfer within 60-90 days pending advertising and filling of two positions and modifying several other position descriptions to ensure adequate staffing and support. The existing TCLS staff could competitively apply for the positions but would not automatically transfer with the program. EVMS officials indicated they would provide a formal 60-day notice to end the staffing agreement in the near future. Mr. Chandler met with staff in February to provide a verbal heads-up of the pending termination of the TCLS staffing agreement with EVMS.

Following Mr. Chandler's update, various directors questioned whether EVMS would continue or potentially increase the volume of community CPR programs conducted by TCLS and its umbrella of training sites and instructors. A robust community CPR program is a need for the EMS system as well. Directors asked if EVMS or SCSIL would provide reports of their BLS student numbers similar to reports provided by TCLS. Mr. Chandler indicated he would follow up with EVMS officials on the several questions that were brought up.

6. Governance

- A. TEMS 3-year strategic EMS plan – Chief Wise, Governance Committee chair, led the board through the steps to annually review the regional Strategic EMS Plan and make revisions if needed. He indicated this was year 3 so no major plan overhaul was needed, but this annual review provided an opportunity for changes if identified. He indicated the Governance Committee had reviewed pertinent sections from the state Code, Health Department regulations governing EMS councils, the regional EMS contract and the updated state EMS plan. He also indicated the committee had reviewed the previous SWOT and the plan itself and does not have any recommendations for change this year. He opened the floor for discussion of any needed revisions to the 2015 SWOT and for any revisions to the current strategic initiatives included in the plan. There were no changes proposed so Chief Wise brought forward a committee **motion** to re-adopt the plan without change for an additional year. The motion passed.
- B. EMS Performance Improvement Committee structural changes and plan revisions – Chief Schwalenberg presented revisions to the EMS Performance Improvement Plan which include a change in the EMS PI Committee membership and creation of 4 performance improvement subcommittees that report to the primary EMS PI Committee, which reports to the Board of Directors (with parallel reporting to other committees and workgroups as appropriate). Following discussion, a **motion** was made, seconded and passed to adopt the revised EMS PI Plan as presented.
- C. Focus on committee/program work: Eastern Virginia Healthcare Coalition - Mr. Lewis, Chair of the EVHC and Mr. McBride, program manager, provided a presentation of the EVHC that included its mission, organization, geographic area, past and future federal grant capability requirements, a description of the Regional Healthcare Coordination Center, an overview of the Virginia Healthcare Alerting and Status System, and a summary of the EVHC work, training programs, operational assets and upcoming purchases. A copy of the presentation is attached to these minutes.

7. Announcements – other dates, news and training on www.tidewaterems.org
 - Quarterly CE workshop, March 15 TCC Chesapeake Campus www.tidewaterems.org/ce
 - Nominations for regional EMS awards open, deadline May 1. www.tidewaterems.org/awards
 - Family day at the ballpark and regional award presentations, June 4
 - Sign up for email Response news www.tidewaterems.org/listserv
8. With no additional business, Dr. Martin adjourned the meeting at 7:20 pm.

Minutes prepared by Jim Chandler

Attachment E

Reserve Funds Investment Policy

Purpose of the council's reserve funds:

- Maintain adequate cash flow and cash reserves to guard against market forces, disasters or unexpected expenses.
- Allow for continued operations when income falls unexpectedly.
- Permit adjustments to seasonal variances in expenses and income.
- Allow the organization to seize opportunity such as financing a new venture, making an advantageous capital purchase or expanding a program at an opportune moment.

Certain Unique Characteristics: The council is not a typical fund-raising organization. Historically, we have effectively managed existing and contract funds over time for EMS and related purposes. The council is also a caretaker for program specific, board- designated carryover funds and should effectively manage those funds for maximum benefit of those groups and the Council.

Assumptions: Continued and generally unchanged annual state EMS and MMRS sustainment funding. Continuation of annual HPP contract funding through FY22. A gradual drawdown of the MMRS carry-over funds over a four-to-six year period. Periodic, and possibly unplanned, technical rescue purchases.

Operating Funds: Maintain an average of 3 months operating expenses in an interest checking account. Move all remaining funds to Reserve Funds.

Investment strategy for the Reserve Funds: General preservation of capital and conservative risk with a mix of investments that moderately increase risk for a portion of funds with the expectation of higher return as follows:

- Cash (to include FDIC insured Certificates of Deposit and Money Market funds), target of 60% allocation with an acceptable range of 50 - 75%. Maximum investment at any one institution not to exceed FDIC insured limits. Ladder CD investments to mature at approximately 6-month intervals.
- No Load Short Term Bond Funds, target of 10% allocation with an acceptable range of 0 - 20%, invested with income potential and low to moderate risk.
- No Load mutual funds (to include US Equity, Non-US Equity and Other), combined target of 30% with an acceptable range of 15 - 40%, invested with income and/or balanced income/growth potential with moderate risk and greater potential for long term return.

The Treasurer or any officer designated by resolution as a signatory for financial transactions, or the Executive Director, subject to approval by any officer, may invest reserve funds subject to the above allocations and approval by the Audit and Finance Committee (or Board of Directors). The investment portfolio will be reviewed quarterly by the Audit and Finance Committee or more frequently as market conditions suggest, with reporting to the Board of Directors as significant changes occur. This policy will be reviewed annually by the Audit and Finance Committee with recommendations for change, if needed, presented to the Board of Directors.

Adopted, Board of Directors, 10/16/03

Revised, Board of Directors, 1/26/06 and 3/12/09

Reviewed/No Change, Board of Directors, 12/10/09, 12/09/10 and 12/15/11

Incorporated in Fiscal Management Policies/No Change 12/13/2012

Revised, Board of Directors, 6/12/14

Revised and renamed, Board of Directors, 3/9/2017



Mission

The Eastern Virginia Healthcare Coalition endeavors to develop and promote the emergency preparedness, mitigation, response and recovery capabilities of local healthcare entities by:

- Building relationships and partnerships
- Developing emergency preparedness, mitigation, response and recovery capability guidelines
- Strengthening community medical resiliency, surge capacity and capabilities
- Facilitating communication, information and resource sharing
- Maximizing utilization of existing resources
- Coordinating training, drills, and exercises
- Guiding and supporting the function of the Regional Healthcare Coordinating Center

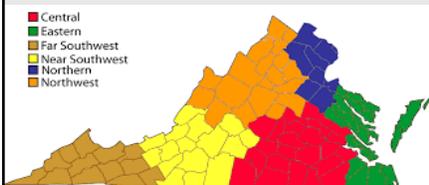


Organization

- Membership that includes core and partner organizations and entities.
- A Regional Healthcare Preparedness Coordinator and staff for day to day operations. Staff includes:
 - RHCC Manager
 - Exercise and Training Coordinator
 - Communications Coordinator
 - Resource Manager
- A Chair and Vice Chair.
- An Executive Council to conduct Coalition business as directed by the membership.
- Subcommittees and workgroups as requested and organized by the membership that will function temporarily or long-term, as needed.



26 Jurisdictions



- Accomack County
- Chesapeake
- Essex County
- Franklin
- Gloucester
- Hampton
- Isle of Wight County
- James City County
- King and Queen County
- King William County
- Lancaster County
- Mathews County
- Middlesex County
- Newport News
- Norfolk
- Northampton County
- Northumberland County
- Poquoson
- Portsmouth
- Richmond County
- Southampton County
- Suffolk
- Virginia Beach
- Westmoreland County
- Williamsburg
- York County



Hospital Preparedness Program FY 12-16

ASPR funded program which assists state, local, healthcare coalition, and ESF 8 planners identify gaps in preparedness, determine priorities, and develop plans for building and sustaining the following capabilities:

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
5. Fatality Management
6. Information Sharing
10. Medical Surge
14. Responder Safety and Health
15. Volunteer Management



Hospital Preparedness Program FY 17-22

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community's⁵ health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the [ESF-8 lead agency](#) plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response⁶ and promotes a timely return to conventional standards of care as soon as possible.



Regional Healthcare Coordination Center (RHCC)

- The RHCC is activated to effectively allocate resources in response to an event requiring mutual aid.
- All levels of government utilize EOCs to manage a mutual aid response, but they are not responsible for the private sector.
- The RHCC is a Multi-Agency Coordination Center (MACC), it does not command or direct.



Virginia Healthcare Alerting and Status System (VHASS)



Member Login

User Name:

Password:

[Login to VHASS](#)

[EMERGENCY OPERATIONS PAGE](#)

Forgot User Name and/or Password?

This site is created to enhance the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers. Because of the sensitive nature of this information, access to this site is open to authorized users only.

If you would like information about personnel emergency planning or state and federal planning activities, please contact:

- Federal Emergency Management Agency
- Virginia Department of Health
- Virginia Department of Emergency Management

If you would like more information about VHHA or Virginia Hospitals, contact [Virginia Hospital & Healthcare Association](#).

If you would like information about VHHA Emergency Management Activities, [click here](#).

Healthcare Providers

Obtain access to VHASS.

[Register Now](#)

Need Help?

Our [Help Library](#) has videos and documents to assist you with registration.

Still can't register? [Click here](#) to contact us, and we will be glad to assist you.

Save The Date

2017 Virginia Public Health & Healthcare Preparedness Academy

This year's conference marks the 16th year for this statewide healthcare emergency management educational opportunity, which will be done in joint partnership with the Virginia Department of Health.

Date:	Wednesday, May 31st & Thursday, June 1st
Location:	Fredericksburg, VA at the Fredericksburg Expo and Conference Center
Target Audience:	Representatives from hospitals, healthcare organizations and coalitions, public health, and emergency management.
Theme:	"Moving Preparedness Forward" within Virginia's healthcare preparedness.
Information:	http://www.vdh.virginia.gov/emergency-preparedness/academy-2017-moving-preparedness-forward/
Vendor Sponsor Information:	2017 Exhibitor Sponsorship Brochure - posted 2/22/2016

Additional information will be posted as soon as it becomes available.
We look forward to seeing you during this conference!



Virginia Healthcare Alerting and Status System (VHASS)

VHHA-MCI

Update Status for Organization: Eastern RHCC - Peninsula

Current Status

Status Board: Diversion Org Type: All Region: EA

Organization Name	Diversion Status
Eastern	
6320 Medical Group, Langley AFB, VA	Open
Boh Seconus DefPal Medical Center	Open
Boh Seconus Mary Immaculate Hospital	Open
Boh Seconus Marywee Medical Center	Open
Boh Seconus Rappahannock General Hospital	Open
Chenapeake Regional Medical Center	Open
Childrens Hospital of the Kings Daughters	Open
EASTERN STATE HOSPITAL	Special Diversion
Eastern Test Hospital (TEST)	Open
Naval Medical Center	Open
Riverside Doctors Hospital Williamsburg	Open
Riverside Regional Medical Center	Open
Riverside Shore Memorial Hospital	Open

VHHA-MCI

Hospital Status - Emergency Operations

Update Status for Organization: Eastern RHCC - Peninsula [Click to Update Status](#) [Reset](#)

Current Status

Status Board: Clinical Org Type: All Region: Eastern

Organization Name	Clinical Status	Emer. Dept. Availability				Inpatient Bed Availability				Discon. Exp.	Margin. Exp.	Comments	Last Update			
		Ref	Tot	Occ	Bar	Med	Adm	Prn	Sum					Prn	CC	HDR
Eastern																
6320 Medical Group, Langley AFB, VA	Normal	8	20	30	11	8	8	8	8	2	0	8	0	0	0	03/03/2017 04:11 AM
Boh Seconus DefPal Medical Center	Normal	1	3	10	1	1	1	1	1	0	0	10	1	0	0	03/03/2017 07:52 AM
Boh Seconus Mary Immaculate Hospital	Normal	1	3	8	10	3	0	0	0	0	0	10	0	0	0	03/03/2017 06:26 AM
Boh Seconus Marywee Medical Center	Normal	2	3	10	20	3	21	8	0	0	0	7	8	0	0	03/03/2017 05:57 AM
Boh Seconus Rappahannock General Hospital	Normal	2	3	8	8	3	2	8	0	0	0	2	0	0	0	03/03/2017 07:52 AM
Chenapeake Regional Medical Center	Normal	8	18	20	18	3	8	8	0	0	0	10	18	0	0	03/03/2017 07:20 AM
Childrens Hospital of the Kings Daughters	Normal	4	10	20	0	0	0	0	10	8	0	6	8	0	0	03/03/2017 10:41 AM
EASTERN STATE HOSPITAL	Normal	0	0	0	0	0	25	0	0	0	0	0	0	0	0	03/03/2016 01:34 PM
Eastern Test Hospital (TEST)	Normal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	03/03/2017 07:41 AM
Naval Medical Center	Normal	12	25	25	26	10	12	0	8	1	0	0	0	0	0	03/03/2017 09:28 AM
Riverside Doctors Hospital Williamsburg	Normal	2	5	10	12	20	0	0	0	0	0	2	0	0	0	03/03/2017 11:36 AM
Riverside Regional Medical Center	Normal	8	10	20	40	3	0	4	4	0	0	6	2	0	0	03/03/2017 05:13 AM
Riverside Shore Memorial Hospital	Normal	1	1	8	23	3	0	0	0	0	0	1	3	0	0	03/03/2017 06:23 AM



Virginia Healthcare Alerting and Status System (VHASS)

VHASS Virginia Healthcare Alerting & Status System

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Severe Weather Event 3-1-17

Details | Event Logs

Event Name: Se
Event Type: LA
Public Health Category: Se
Distribution Category: Di
Situation: Th
Facility Impacted: Cr
Region(s): Cr, Ea, Fa, Nu, Ne, Se
Immediate Impact and/or Required Action: Th
Background: Th

VHASS Virginia Healthcare Alerting & Status System

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Severe Weather Event 3-1-17

Regional Event Logs

Region: EAST Org Type: All (13)

3/1/2017 12:21 PM
Potential for severe weather this evening through early Thursday in Norfolk. Please stay tuned to local media, NOAA weather radio and other weather alerts for the latest information.
No reporting required

Statewide RHCC Event Logs

3/1/2017 5:31 PM
Should you need assistance from the RHCC, please contact Ron or Art at the following:
Art Yow
jartowemccares@outlook.com
540.532.7000
Ron clinedinst
clinedinstconsulting@gmail.com
434.985.8644 or 540.551.0955

3/1/2017 4:55 PM
None of the regional healthcare facilities have experienced power loss or any other event. A few reports of downed trees and debris on the campuses, but nothing that is impacting operations. Local Health Emergency Coordinators are not reporting any issues or concerns.



Exercise and Training

- Exercise and training needs assessment
- HSEEP design
- Evaluators, facilitators, SME
- Manikins to moulage
- Set-up to clean-up
- AAR and IAP support



Purchases

- Regional mutual aid cache
- Build regional capabilities
- Prepare personnel and teams for response
- New threats
- New protocols



Regional Assets

- Radios
 - Area-wide
 - HAM
 - RIOs
- RHCCs
 - Fixed
 - Mobile
- Surge
 - STIP Tents
 - Decon Tents
- PPE
 - Hospital Based
 - Regional Cache
- Environmental
 - Portable HVAC



Projects

Registration Is Now Open!
 HOEPS 10TH ANNUAL CONFERENCE
 DATE: APRIL 12 & 13, 2016
 LOCATION: MARRIOTT HOTEL
 725 WOODLAKE DRIVE, CHESAPEAKE, VA 23320
 REGISTRATION: Includes a continental breakfast and buffet lunch on both days.
 Registration Fee \$30.00
 REGISTER AT: <http://www.evhc.org/>

VIRGINIA DEPARTMENT OF HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

Family Assistan Functional E:
 Exercise Plan (EXPLAN)
 June 21, 2016



Questions ?

Glenn M. McBride
HPP Regional Coordinator
Eastern Virginia Healthcare Coalition
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Chesapeake, VA 23320
mcbride@vaems.org
w: 757-963-0632 ext 324
c: 757-403-0262

Full VHASS Access:

www.vhha-mci.org

Eastern Diversion Screen

<https://vhass3.vhha-mci.org/?action=legacy:integratedStatus.diversion&lkupRegionID=6>