

TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Board of Directors

Minutes, December 14, 2017

Board Members Present

Richard A. Craven, MD, V. Pres, At-Large, Presiding
Edward M. Brazle, Virginia Beach
Frances E. Emerson, Norfolk
Vincent P. Holt, Franklin
Dennis J. Keane, Special Operations
W. Travis Kirby, PA-C, EVMS
Donna Marchant-Roof, LCSW, Virginia Beach
John W. McNulty, III, Chesapeake
Jeffrey J. Meyer, Portsmouth
Daniel A. Norville, Norfolk
Darren Padilla, Chesapeake
Thomas E. Schwalenberg, Chesapeake
Wayne E. Shank, Treasurer, Virginia Beach
Jeffrey T. Terwilliger, Isle of Wight

Others Present

Wayne Berry, Virginia Office of EMS
James M. Chandler, Sec. and Exec. Director
Glenn McBride, EVHC
Forrest Winslow, Ches. Fire, EMS PI Chair

Board Members Absent

Hollye B. Carpenter, Northampton Co.
Christopher I. Jacobs, JD, Virginia Beach
Paul S. Kea, Southampton Co.
Stewart W. Martin, MD, Pres, Virginia Beach
Genemarie W. McGee, RN, VHHA
Janice E. McKay, RN, Tidewater ENA
Charles R. Pruitt, Accomack Co.
Lewis H. Siegel, MD, VaCEP
James B. Spicer, Suffolk
Jeffrey F. Wise, Norfolk

1. Dr. Craven called the meeting to order at 6:00 pm in the council's conference room, Chesapeake. Directors and guests arose for the Pledge of Allegiance and then observed a moment of silence in memory of Ben Fuller, a 22-year Portsmouth firefighter who lost a battle with cancer. Directors and guests introduced themselves.

A **motion** was made, seconded and passed to approve the Board of Directors meeting minutes of 6-8-2017 and 9-14-2017 (results of electronic voting) as distributed.

2. Treasurer's Report

- A. Presentation of FY17 audited financial statements – Judy Imdahl, Jones CPA Group, indicated it was a “clean opinion” and provided a page-by-page review of the audited financial statements and compared FY17 figures to FY16.
- B. Audit and Finance Committee report – Mr. Shank indicated the October reports were posted on the board agenda website and there were no questions.

3. Other Committee Reports – none.

4. Consent Agenda – Dr. Craven asked if anyone would like to remove any item from the consent agenda for separate discussion and vote. There were no requests, and a **motion** was made, seconded and passed to approve all items in the consent agenda.

- A. Ratify electronic voting of agenda items from meeting of 9-14-17.
- B. Approve revisions to DRAFT Continuity of Operations Plan Rev 12-14-2017.
- C. Approve revisions to administrative policies:
 - DRAFT Computer Usage and Network Policies rev 12-14-17.
 - DRAFT Office Management Policies Rev 12-14-17.
 - DRAFT Fiscal Management Policies rev 12-14-17.
- D. Approve revisions to DRAFT Staff Handbook Rev 12-14-17.
- E. Receive and approve FY17 Annual Report.

- F. Approve 2018 Awards Selection Committee members: Jeff Meyer (TEMS Board, incumbent), Brian McIntosh (incumbent), Larry Daniels (incumbent), Kay Funk (incumbent) and Nicole McConnell (new).

5. Other Unfinished and New Business

- A. 2018 meeting dates - Mr. Chandler proposed 2018 Board of Directors meeting dates as the second Thursday of the third month of each quarter, starting at 6 pm. He indicated the June 14 date coincided with the planned awards program at Harbor Park and, if approved, the meeting would be held in a suite at Harbor Park prior to the awards program with the meeting starting (tentatively) at 5 pm. A **motion** was made, seconded and passed to approve the following 2018 board meeting dates:

- March 8
- June 14 (at Harbor Park)
- September 13
- December 13

- B. Weber Fund Advisory Board description and duties – Mr. Chandler indicated the board approved the concept of an advisory board for the Kent J. Weber EMS Education Research Fund during its electronic vote in lieu of the September meeting. He drafted a document as a starting point of a description of the makeup, terms and duties of an advisory board for Board discussion and consideration. When asked who would make up the “community members” as listed in the draft, Mr. Chandler suggested it should be influential fund raisers and/or donors. After brief discussion, a **motion** was made, seconded and passed to adopt the description as a working document subject to future revisions as needed.

6. Governance

- A. Focus on committee/program work – EMS Medical Operations Committee. Thom Schwalenberg, chair, briefly reviewed the committee’s work during the past year with a focus on subcommittee work, creation of the main EMS PI committee and a new EMS education committee. He noted that MOC is an ideal forum for information sharing among the EMS leadership in the region, but he wishes the committee would have more of a focus on operational decision-making.
- B. Prepare for revision to strategic plan – Jeff Meyer, on behalf of the Governance Committee, briefly described the SWOT process with the S and W being an assessment of internal Strengths and Weaknesses, and the O and T being an assessment of the external Opportunities and Threats. Prior to this meeting, the council’s EMS committees were asked to conduct a SWOT Analysis related to their own areas of interest. That information was brought forward and placed on easels and whiteboards during the board meeting and reviewed/clarified as needed. Then board members were asked to identify additional items to add to each of the assessments. Attached to the minutes is a listing of the items identified during the SWOT process. Mr. Meyer noted the results will return to the Governance Committee who will draft revisions to the regional Strategic EMS Plan for consideration by the Board of Directors in March.

7. Announcements – No specific announcements. One copy of the annual report and the audited financial statements will be mailed to directors not in attendance. If any director would like an additional printed copies of the annual report, please contact the office. The report is also posted on the website. Please see meeting and events dates, news and training at www.tidewaterems.org.

8. Adjournment – With no additional business, Dr. Craven adjourned the meeting at 7:30 pm.

Board of Directors SWOT Analysis, 12/14/17

(with input from the EMS Medical Operations, Operational Medical Directors and EMS PI Committees)

Strengths	Weaknesses
<p>Ability to pull local and regional EMS patient data Making data-based decisions New PI Committee format Collaboration among agencies and jurisdictions Plenty of relationships among EMS leadership Strong EMS leaders Some strong OMD engagement Good hospital engagement TEMS staff to assist Regional protocols EMS Fellowship program Strong MCI plan Ability of population to support regional EMS system Availability of resources and institutions to support education Board diversity, better global views Strong financial footing Diversified income streams Strong TEMS management</p>	<p>Not enough involvement from small, vol and commercial agencies; not enough regional diversity on committees Operational obstacles Various e-PCR platforms Consistency of data Not using data to make decisions Lack/inconsistent data interface with hospitals Low OMD turnout at meetings; inconsistent involvement Lack of \$ for PI and training personnel at agencies Lack of forward thinking Inefficient protocol update process Lack of regional recruitment Lack of regional training to grow potential applicants (everyone “stealing” providers from each other) Communication among stakeholders Lack of regional cooperation Relevance of regional sanctioning process Engagement of public health Lack of operational coordination and planning MCI plan misses emerging issues Consistent and timely engagement of staff on PI initiatives Lack of corporate engagement</p>
Opportunities	Threats
<p>Communicate data Disseminate information Identify/implement best practices based on data and successful experiences of others Cost sharing Reduce duplication of efforts Improve protocols update process (make more timely, accurate, clinically relevant) Develop regional recruitment and retention efforts Support regional recruitment Develop leadership/mentoring programs for EMS leaders and aspiring leaders Implement community risk reduction programs; use EMS, fire, PH and other data to identify needs Increase stakeholder awareness Improve engagement of stakeholders, other healthcare, corporations, Chambers of Commerce Use marketing and branding to get traction for initiatives Provide webinars to promote EMS messaging Improve MCI planning for emerging threats Engage DoD in MCI planning incl aeromedical functions CMS coding changes will allow for billing for other than transports</p>	<p>Loss of engaged providers Lack of participation by stakeholders Reduced community support Difficulty promoting regional issues Loss of regional influence Loss of training funding (state changes) Ambiguity of future training funding Loss of fee for service funding/CMS changes Loss of partner funding Splintering of regionalism Lack of relevance Staff turnover Medical shortages Drug box program could be discontinued by feds</p>

