



# Northern Virginia Emergency Medical Services Council

## Board of Directors Meeting

4081 University Drive, Fairfax, VA 22033

Meeting Minutes

September 14, 2017

### **DIRECTORS PRESENT (Listed by Agency)**

Byron Andrews, Alexandria Fire Department [byron.andrewsiii@alexandriava.gov](mailto:byron.andrewsiii@alexandriava.gov)  
Richard Bonnett, Metropolitan Washington Airports Authority [richard.bonnett@mwa.com](mailto:richard.bonnett@mwa.com)  
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John Chesek, Fairfax County Fire and Rescue Dept [john.chesek@fairfaxcounty.gov](mailto:john.chesek@fairfaxcounty.gov)  
Richard Cohen, PHI Air Medical Virginia [rcohen@phihelico.com](mailto:rcohen@phihelico.com)  
Craig Evans, Ex-Officio Member, Northern Virginia EMS Council [craig@vaems.org](mailto:craig@vaems.org)  
Matthew Fox, City of Manassas Fire and Rescue [mfox@manassasva.gov](mailto:mfox@manassasva.gov)  
William Garringer, Northern Virginia Community College [wgarringer@nvcc.edu](mailto:wgarringer@nvcc.edu)  
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Anne Marsh, Arlington County Fire Department [amarsh1@arlingtonva.us](mailto:amarsh1@arlingtonva.us)  
Keith Morrison, HCA Reston Hospital [keith.morrison@hcahealthcare.com](mailto:keith.morrison@hcahealthcare.com)  
Tom Olander, City of Fairfax Fire Department [olander@verizon.net](mailto:olander@verizon.net)  
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Jose Salazar, Loudoun County Fire and Rescue [jose.salazar@loudoun.gov](mailto:jose.salazar@loudoun.gov)  
Ray Whatley, Alexandria Fire Department [ray.whatley@alexandriava.gov](mailto:ray.whatley@alexandriava.gov)  
Jaime Wolfen, HCA StoneSprings Hospital Center [jaime.wolfen@hcahealthcare.com](mailto:jaime.wolfen@hcahealthcare.com)

### **GUESTS**

Paul DeHaven, Fairfax Police Helicopter [paul.dehaven@fairfaxcounty.gov](mailto:paul.dehaven@fairfaxcounty.gov)

### **DIRECTORS NOT PRESENT (Listed by Agency)**

Beth Adams, Fairfax County Fire and Rescue Dept [beth.adams@fairfaxcounty.gov](mailto:beth.adams@fairfaxcounty.gov)  
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David Coullahan, Physicians Transport Services, [dcoullahan@ptsems.com](mailto:dcoullahan@ptsems.com)  
Craig DeAtley, Fairfax Police Helicopter [craig.deatley@medstar.net](mailto:craig.deatley@medstar.net)  
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Dr. Luis Eljaiik, Ex-Officio Member, Physicians Transport Services OMD, [lfeljai@sentara.com](mailto:lfeljai@sentara.com)  
Lee Gibson, City of Manassas Park Fire and Rescue [l.gibson@manassasparkva.gov](mailto:l.gibson@manassasparkva.gov)

## **Northern Virginia EMS Council**

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Dr. Dan Hanfling, Ex-Officio Member, PHI Air Medical Virginia Co-OMD, [dan.hanfling@inova.org](mailto:dan.hanfling@inova.org)  
Dr. William E. Hauda II, Ex-Officio Member, Fairfax Co. Police Dept. Co-OMD, [william.hauda@fairfaxcounty.gov](mailto:william.hauda@fairfaxcounty.gov)  
Leo Kelly, Loudoun County Fire and Rescue [jerseyva@aol.com](mailto:jerseyva@aol.com)  
Joey King, Lifecare Medical Transport [jking@lifecare94.com](mailto:jking@lifecare94.com)  
Teresa Kreider, HCA Reston Hospital [teresa.kreider@hcahealthcare.com](mailto:teresa.kreider@hcahealthcare.com)  
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Dustin Rice, Fairfax County Fire and Rescue Dept, [dustin.rice@fairfaxcounty.gov](mailto:dustin.rice@fairfaxcounty.gov)  
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Scotty Williams, Ex-Officio Member, VAOEMS Representative [scotty.williams@vdh.virginia.gov](mailto:scotty.williams@vdh.virginia.gov)  
Dr. Christian Zuver, Prince William County Fire and Rescue OMD [czuver@pwcgov.org](mailto:czuver@pwcgov.org)

Council President Brian Hricik welcomed all in attendance and called the meeting to order at 10:09 a.m.

- No representatives from the public were present to address the Board.
- Minutes from the Northern Virginia EMS Council held September 14, 2017 were unanimously approved.

### **Treasurer's report**

Anne Marsh – nothing to report. The audit draft is back for FY17

### **President's Report**

1. Fire Chiefs Strategic Planning Meeting
  - Brian attended the NOVA Fire Chief’s Strategic Planning meeting on Tuesday, September 12, 2017. They are looking at more economy of efficiency in both fire and EMS training. It was reiterated to the NOVA Chiefs that the CE/Aux MOU the Council has signed with OEMS would assist the region with setting up the infrastructure of a regional EMS training program. He explained that the Emergency Medical Services Training Funds (EMSTF) for this region, through this MOU, are based on our historical use of the EMSTF, which is very low, because we, as a region, have not routinely used EMSTF in the past. The primary objective with the CE/Aux MOU this fiscal year is to capture how much EMS training is occurring in our region to increase the finds from EMSTF in subsequent years. Our region has one of the greatest number of providers and the smallest amount of training funds allocated. If they do not request the funds, they will not receive them. They are trying to change this paradigm in the future to help with all of our EMS training efforts in the region and save the jurisdictions money in the long run.
2. Administrative Assistant Resumes and Interviews
  - As you all know, Judy St. George left the Council. They advertised extensively for the administrative assistant position. He, along with the Council staff, held interviews for the administrative assistant position on August 31<sup>st</sup>.
3. Governor’s EMS Advisory Board
  - He attends the Governor’s EMS Advisory Board and the Patient Health and Safety Committee meetings; this will be covered later in committee reports.
4. Regional Pharmacy
  - He attended a regional EMS/Pharmacy meeting to address the regional Controlled Substance Kit (CSK). A subcommittee of this group was formed to develop a Regional CSK Policy. There is a policy in practice, but they have never formalized it. In that meeting, they identified several gaps in the existing practice from both the pharmacy and EMS perspectives. The Regional CSK Policy should help everyone understand the minimum elements of their individual policies. Agencies and hospitals can make their policies more stringent, but the regional policy will be the standard.
5. Spot-a-Stroke
  - Brian also works with the City of Alexandria’s Public Health Advisory Commission and attended a presentation called Spot-a-Stroke. This is a product of Kwikpoint. Alan Stillman, the CEO of Kwikpoint, gave a TEDx Tysons talk about recognizing a stroke. <https://www.youtube.com/watch?v=NVZiNkx9StQ> His grandmother experienced a stroke when he was very young, and it went undiagnosed for days. His mother was very distraught that she could have done more to help. Since that time, he has been on a mission to help the public identify a stroke. It is his passion to distribute this information. The Alexandria Fire Department is looking at having a poster in each station and distributing flyers. He is willing to print this information for free. The following handout was passed around for everyone to see: <https://www.kwikpoint.com/wp-content/uploads/2016/09/STROKE-GRAPHIC-WEB.png>. If you want more information contact Brian, and he will help you get in touch with Alan Stillman to develop public outreach campaigns.
6. AHA Get with the Guidelines (GWTG)
  - He has been working with Alexandria Hospital on the splitting of the ACTION registry vs. GTWG. They know Inova is still in the discussion phase as to which guideline they are going to report to. You are encouraged to discuss this with your hospitals. Alexandria

Fire Department will be continuing to use the EMS Mission: Lifeline stroke recognition system.

7. EMS Symposium
  - The 2017 EMS Symposium registration will be closing soon, so if you still have providers interested, please get them registered.
8. Regional Awards Discussion
  - We are more than halfway through the year, and he has been pushing to do a more robust EMS awards program. Please start thinking now about candidates for each category. We will appoint an awards committee early this year. You can simply submit a name to the committee, and they will help you develop the nomination. Let's focus this year on getting a full ballot with candidates for every category.
9. Virginia 211
  - Mary Ellen Hutcherson, Regional Outreach Manager from Virginia 2-1-1, is here to give a presentation, which she will do after the Executive Director Report.

### **Executive Director's Report**

1. OEMS Reminders
  - Symposium 2017 registration is ongoing
  - EMS Symposium 2018 call for presentations is open until December 31, 2017. He and Dr. Nick Sutingco put in to teach a 12-Lead EKG interpretation method they designed called the STRIKE method, which stands for:
    - S — STEMI, Sgarbossa/Smith
    - T — T wave morphology
    - R — Rate, Rhythm, Regularity
    - I — Intervals
    - K — Know the history, know the story, because that helps with...
    - E — Evaluation
2. The RSAF Grant cycle ends tomorrow, September 15, 2017. The Council is offering grant development help. Barbara Jean Brown from Prince William County, a previous member of FARC Committee for seven years, has offered her grant review services. One agency has taken advantage of her help this cycle. I understand this makes your job harder because you have to submit the grant earlier than the deadline, but her input is invaluable.
3. Website update: They are within days of putting their new website online. Once you see it, please let them know what you would like to see it doing for the region.
4. Judy left on August 10<sup>th</sup>. The Council interviewed four people on August 31<sup>st</sup> and are hiring Laura Vandegrift. Her background in EMS and administrative skills are both very impressive. She volunteered with Prince William for a number of years, worked for Valley Medical Health in Winchester, and is currently working for Blue Ridge Orthopedic in Warrenton. They are very excited to have her join their team. Her first day is Sept 18, 2017. Her email address is [laura@vaems.org](mailto:laura@vaems.org) which is the same email as [judy@vaems.org](mailto:judy@vaems.org) and [northern@vaems.org](mailto:northern@vaems.org). Laura will be receiving all the emails sent to any of these addresses.
5. The topic of ACTION vs. GWTG is on the agenda of the VHAC meeting on Tuesday. It is also being discussed at the System-Wide Stroke meeting later this month. One of his goals is a regional data management system for ePCR, STEMI, and STROKE. The Council has developed an ePCR data committee that is being chaired by Chief Bonnett. They are going to start looking at how they can make regional EMS data functional.

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6. All Executive Director Reports have been sent out. He will be submitting reports on a monthly basis, and they will be available on the website as well.

### **Guest Speaker**

Mary Ellen Hutcherson, Regional Outreach Manager from Virginia 2-1-1, gave a PowerPoint presentation on the Virginia 2-1-1 system. More information can be obtained from their website <https://www.211virginia.org/> or by contacting Mary Ellen directly at [maryellenh@councilofcommunityservices.org](mailto:maryellenh@councilofcommunityservices.org)

## **STATE AND REGIONAL COMMITTEE REPORTS**

### **AHA Community Training Center**

Ray Whatley, AHA Training Center Coordinator, provided the following updates:

1. They had a successful required BLS course monitoring done by regional faculty.
2. Anyone that gives Hands-Only CPR training, please contact [ray@vaems.org](mailto:ray@vaems.org) so they can be sure that they help meet the ECC Committee goal of reaching 4000 persons trained during the year.
3. By Jan 31, 2019, all adult mannequins must have some feedback device. There was a memo issued by American Heart on August 15<sup>th</sup> saying that **at a minimum, a mannequin, provides audio or visual (or both) feedback on the rate and depth of compressions during CPR training. This requirement will impact AHA Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), ACLS for Experienced Providers, and Heartsaver® Courses taught in the US and internationally.**
  - In the future, as more devices become available for child and infant CPR, the AHA will also require the use of feedback devices in courses that teach the skills of child and infant CPR.
  - More information is available for your instructors on the instructor network <https://ahainstructornetwork.americanheart.org/>
  - AHA will not provide money to help agencies purchase the required equipment, so that is why they are giving you until 2019. Laerdal is currently offering a special as an upgrade kit for your mannequins for about \$50 each so that you can upgrade your current mannequins
4. Reminder: Every student has to have a personal copy of the current textbook or student manual in either eBook or hardcopy during all instructor-led courses. For fire & EMS agencies, you can library the books, but only for the BLS, ACLS, and PALS materials; that policy does not include Heartsaver.

### **Symposium Update**

Ray Whatley presented the following updates:

1. The 2018 EMS Symposium committee will be meeting on September 19<sup>th</sup>. If you are submitting to teach classes, keep in mind, the committee is looking at instructors that can teach at least three classes. They will do one or two for in-state instructors, but the committee is looking for instructors to teach more classes.
  - a. No specific topics are being sought. The Symposium covers all the tracks, so if your topic doesn't fit into a certain track, the committee will make it fit.



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2. The classes for 2017 will be 1 hour in length. If that changes for 2018, they may find out on the 19<sup>th</sup>.

### **State EMS Advisory Board**

Deputy Chief Jose Salazar presented the following updates:

1. The state EMS Advisory Board met in August. The opioid crisis continues, and the Naloxone grant is still available if you would like to take advantage of it. The grant will provide two doses of nasal Narcan for each OEMS licensed vehicle. This is not going to be an ongoing grant.
  - *There was an open discussion about the difficulty of the application and the differing information provided about what is required on the application or what will be provided by the grant.*
2. A big discussion occurred at the EMS Advisory board concerning the EMS Training Fund (EMSTF) and how they will be distributed through the Regional EMS Council. Our Council has a plan to address this.
3. A vote occurred at the EMS Advisory Board from the Training and Certification Committee dealing with the future of the I-99. The vote was that when the National Registry stops doing the Intermediate certification exam sometime in 2019, then the state will also stop new certifications for the Intermediate level. Providers will still be able to continue recertifying in perpetuity, but reentry will not be possible.
4. The federal EMS for Children program is on the chopping block for federal funding. There was a request from the EMS Advisory Board to put in a letter of support for the program. The state EMS officials are also putting in a letter of support, but the future of the program is uncertain.

### **Workforce Development Committee**

Deputy Chief Jose Salazar presented the following updates:

1. EMS Officer I continues. The next program will be offered at the 2017 Symposium. After that, it is the hope the program will be released for the state. Once the EMS Officer I program is finalized, they will begin working on EMS Officer II and III.
2. They continue to push for agencies to take part in the Standards of Excellence Program.
3. The committee is trying to expand in the future to include volunteer and career representatives.
4. A question was raised regarding the deadline for the I-99?
  - The National Registry will not have an official vote until November, but they are tentatively looking at March 29. There is nothing definite. It will be between 2019 and 2020.

### **Provider Health and Safety**

Chief Brian Hricik provided the following updates:

1. They are continuing to work on the EMS Safety Officer Project
  - They will review a list of competencies and equivalencies
    - They are looking for ideas on what topics should be included
      - Suggestions can be made directly to Brian at [brian.hricik@alexandriava.gov](mailto:brian.hricik@alexandriava.gov)

- Please work with your Safety Officers for suggestions, remember there currently is no requirement for each EMS agency to have a safety officer so this is bigger than just our region.
  - They are looking to develop a template for agencies to have as a resource
2. Cancer presumption and Cancer Registry – Karen Owens
    - Karen attended a conference regarding regulations and presumption laws
      - EMS is not included automatically in the legislation
      - On a federal level, they are looking to develop a registry to track the cancer prevalence among firefighters
  3. Addiction for providers
    - Health Practitioners Monitoring Program presentation by Kevin Dillard
      - Licensed vs. Certified – Legislated difference is a stumbling block
      - HPMP – Health Practitioner Monitoring Program
        - Appropriate screening and treatment
        - Only available currently to licensed professionals
        - Presented already to MDC and agreed with it
        - Copy of presentation will be coming from Karen in the minutes
      - Possibly setting up workgroup to present draft in November followed by presentation in February
  4. Ambulance Safety – Michael Berg
    - Proposed CAAS, KKK, and NFPA will be recognized by VA
      - CAAS and NFPA developing remount standards
      - Costs will be going up due to standards being set
    - NIOSH Ambulance Safety videos – going to Karen to be on the website
  5. There is a statement in the EMS Rules and Regulations regarding a policy on three straps, at minimum, on the patient during transport
    - Is there a similar policy in your patient transport protocol?
    - Brian discussed the importance of this in regards to agency liability vs. provider liability

#### **EMS Performance and Improvement & Trauma Committee**

Dr. Weir was not present. Craig Evans gave a summary of the topic covered during the meeting.

1. Stroke and RHCC, MCI, multiple patient incidents were discussed during the meeting. The minutes of this meeting are available upon request to the office at [northern@vaems.org](mailto:northern@vaems.org)
2. An update about the Stroke Telemedicine initiative was given by Craig:
  - The process is slowly moving forward
  - The steering committee is choosing hardware and software
  - The donor is giving approximately 2.5 million dollars to Inova to help improve stroke care in the region
  - They are looking at implementing a telemedicine program into all 145 ambulances over a three year period
    - Year 1 - Fairfax and jurisdictions east to include Reagan National Airport
    - Year 2 - Loudoun County and MWAA Dulles
    - Year 3 - Prince William County and jurisdictions within
  - The message from Inova is that this program is not to bring Inova facilities more stroke patients, but to improve the stroke care system overall throughout the region.

- The goal is to move as much of the required examinations and procedures from the ED to the dead time of transport as possible. This may be helping a stroke nurse perform the NIH stroke scale, consulting a neurologist, any required labs than can be done remotely through an iSTAT, etc.
- A financial plan is being developed
- The most important elements of this are to:
  - Provide an infrastructure for telemedicine to the region where the communication is reliable so that a mobile hotspot may be utilized
  - Make this system portable to be able to be moved from front-line to back up units easily
  - Beyond improving stroke care, they have the elements in place for future telemedicine endeavors so that the whole system can move forward.
- Hardware is yet to be decided, but if they go to an iPad/tablet format, all of the existing NVERS iPads may be upgraded through this initiative.

The discussion was opened up for questions and answers, and the following were the result:

- Who is determining the hardware and software?
  - We are working with Inova's telemedicine group. They are not dictating what is being done but offering their expertise to deliver this system at a reasonable price.
- Who is representing us in this matter?
  - All of the agencies and the Council are being represented by Craig Evans. Craig is trying to make sure this is a fire department and ambulance friendly as possible. Once an initial platform for hardware and software is chosen and fully field tested, the EMS chiefs and agencies will be included in the meetings. No final decisions will be made without the agencies input. If anyone has any suggestions, please contact Craig directly at [craig@vaems.org](mailto:craig@vaems.org)
- Do you envision that the agencies will be asked at some point to put money up for replacement cost or maintenance costs?
  - Yes, we are trying to structure the financial plan for the donation to cover all costs for the first five years. After that time, there will be recurring costs for both the hospitals and the agencies, but that will be explained once the financial plan is complete. The cost will most likely be eventually replacing the hardware and/or continuing service for the mobile hotspot or 4G connection.
- Is the donor open to the idea that the hardware and software can be used outside of stroke care?
  - Absolutely, yes, we have been very clear from the beginning that stroke care is the beginning and that we will branch into other areas of telemedicine in the future.
- Will this be a topic at the system-wide stroke meeting this month?
  - Yes, there will be an update there as well.
- Will the patients be transported only to Inova facilities?
  - No, that is not the intention of the program whatsoever. The intention is to improve stroke care in the region, to identify patients requiring specific interventions, direct the ambulance to the nearest appropriate facility, and complete as many required barriers to treatment during the EMS transport phase as possible. The patients need glucose, they need a CT scan, and if they are on Coumadin they may need an INR. We are not certain if that will be part of the initial protocol or not, but if it is we may



be able to use this money to purchase an i-STAT for each ambulance, which will also help improve our functionality in other areas.

- Will that include the NIH stroke scale? That cannot be done in an ambulance without delaying transport.
  - The NIH stroke scale is a required event before TPA or thrombectomy. It is the hope that this can be facilitated in the ambulance with the help of a stroke nurse on screen. We will not willnot require our providers to be trained in the NIH stroke scale.
- Will this only go to the stroke nurse and neurologist at Inova?
  - Yes, they will be spearheading the program, but they have not figured out the infrastructure of communicating with other stroke centers and neurologists. They are trying to organize this like an RHCC and make it a regional benefit.
- **Discussion:** Arlington has been doing this by protocol very successfully for the last few years. There does not seem to be a clear benefit for Arlington, not in this setting. Telemedicine has a great benefit in other settings. The NIH stroke scale takes a long time. The scene times may increase with this program exponentially trying to get this done. You have to get platelets as well before you can deliver TPA, so that is often the biggest delay. There is no i-STAT for that test. If their platelets are below 100k you cannot give TPA.
  - The protocol will be developed by the neurologists. We are looking to take the 5-10 minutes of transport time and make it more productive. Even if you are close, there is time to help speed the various bench marks along. That is the hope. This may be the springboard for telemedicine in general. This program may be able to put the infrastructure for telemedicine in 145 ambulances, which may be able to be used in other areas of medicine.
- What will be the expectation in the future as far as using this technology for other areas?
  - We are going to concentrate on stroke initially and then branch out into other areas of medicine. We have discussed this during the meetings. We have a great stroke system in our region, but the question is; can we make it better? Can we make our entire region better through this initiative, probably?
- Is the donor focusing on telemedicine or the steering committee?
  - The donor is focusing on telemedicine.
- So if the committee suggested something different, would the donor be willing to do something different. We do not have a better suggestion at this time, but the question is whether the donor is educated on what we are dealing with in the prehospital setting and could this money be used more effectively in another area.
  - The donor has been talking to the neurology department and the neurologists at Inova. Craig believes the donor initially wanted to buy a single portable CT scanner. The neurologists are advising the donor. If anyone has any suggestions for Craig to bring before this committee, please contact him and let him know.
  - **Discussion:** We need to make sure the donor knows that this initiative may be used for other avenues of medicine as well so that when it is eventually used for other areas, the donor receives this information in a positive light. It is clear the donor is very involved with this process and will continue to be involved in the future.

### **Medevac Committee**

Rick Cohen advised that there was no report. The next meeting should be at the EMS Symposium in November.

**Regional Medical Directors & State Medical Direction Committee**

Dr. Morgan was not present. The next state meeting will be held on October 5<sup>th</sup>, and the regional OMD meeting is scheduled for October 11<sup>th</sup> at City of Fairfax Station 403.

**Training and Certification Committee**

Craig Evans presented the following updates:

1. Craig has been placed on this committee as a regional Director representative. Michelle Ludeman also attends this committee. There was a meeting on July 5<sup>th</sup>. Neither Michelle nor Craig attended the meeting because it was the day after July 4<sup>th</sup>. There was much discussion about canceling that meeting, but it was not. The minutes of that meeting are available online. The next meeting is October 4<sup>th</sup> in Richmond, and they will both be in attendance. The only thing that has recently come out of this committee is what Chief Salazar briefed everyone about earlier with the I-99 recommendation to the EMS Advisory Board.
2. The EC process is holding one more class under the old process. They are taking the first 24 students to register. If anyone is interested in that, you have to take an EMT psychomotor examination. Our region does not have any sites scheduled until November. Candidates will have to go out of the region to test. You can call the NVEMSC office and speak with Michelle, and she will help place you at a test site in another region.

**Mobile Integrated Healthcare Committee**

Kate Kramer initiated the following discussion:

1. Does the Board see a need to reform this committee to address legal concerns around Medicare reimbursement?
  - Both state and federal laws may need to be changed.
  - Craig Evans stated that he would be in attendance of Local 2068's legislative luncheon that will be held early next year. If we have any EMS specific bills to propose he can bring that before all the Northern Virginia senators and delegates in attendance.
  - Anthem may now have a code for treat & release.
2. It was decided to reconvene this committee with Kate Kramer as the chairperson.

**Resource Directory**

President Hricik announced that the most recent resource directory was being circulated around the room. Please review your section and write any needed changes into the document. We will be circulating this more frequently at each meeting to assure it is kept up to date.

**EMS Agenda 2050**

President Hricik discussed the program and briefed the group on the initiative. The closest meeting will be held on September 25<sup>th</sup> in Silver Spring MD. To attend you need to pre-register. If you do not get the email, contact President Hricik and he will forward the announcement to you.

**Old Business**

None

**JURISDICTIONAL REPORTS**

**City of Alexandria**

Deputy Chief Byron Andrews provided the following updates:

1. Hilary Gates, their community paramedic programs expert left the city and is now working for EMS World as their new national director for programs.
  - They are in the process of filling her position with a full-time replacement in the near future.

### **Arlington County**

Anne Marsh submitted the following updates:

1. **Advanced Paramedic Officer (APO) Program:**
  - a. EMS Battalion Chief on day work. Soliciting for Captain II on day work to assist.
  - b. EMS111 and EMS112 (APO Captain I) per shift.
  - c. EMS111 and EMS112 are not able to provide support with diversion through alternate transport to mutual aid transport units, but are available to provide advanced clinical support. Often they are called by mutual aid units to arrange home health or other non-clinical gestures. Please have crews email the AOMD Kathleen Kramer with the address and the need and she will take steps to address the situation. It is also very important to obtain a telephone number for the person requesting assistance. [Kkramer@arlingtonva.us](mailto:Kkramer@arlingtonva.us)
  - d. Mutual Aid and EMS111/112: If any medic unit needs an EMS Supervisor for advanced decision making or medical interventions, ask ECC for an EMS supervisor without designation so that the closest can respond.
  - e. Arlington medic units are the only units authorized to call EMS111/112 for diversion/community paramedicine concerns (home health, help with medications, etc.)
  - f. APO school scheduled for November to continue educating newly promoted ALS Lieutenants.
2. **Fixed Facilities.** Meetings and training continue with fixed facilities and are augmented with site visits. Fixed facilities include SNFs, assisted living, senior residences, urgent care facilities, Tricare and Rader Clinics, adult day care, community centers, etc. Ongoing program through PA and EMS Battalion Chief.
3. **Frequent Users:** Continue monthly meetings including ACFD, DHS, APS, ACPD, ECC and other stakeholders to address the needs of individuals who meet the criteria of frequent user (6 calls in 6 months). Prepared care plans for these individuals using HIPAA protected means of communication. Using premise hazard notifications on the MDT to alert medic units when responding to an individual (with a known address) with a care plan, so it can be accessed prior to on scene time. Care plans continually updated on OneDrive.
4. **ACPD and ACSO:** Continued monthly meetings to collaborate, inquire, research and attempt to reduce requests for non-emergent transport. We have developed a form to try to improve communication and indices for clinical concerns. New personnel at Corizon (ACSO health care contractor) seem on board.
5. **Bariatric Transport:** Are not able to add MAB to known addresses with bariatric patients. First unit on scene assesses and calls for MAB if warranted. Premise hazard in MDT

entered for responding units' edification. Even if determined to be non-emergent, call for MAB for transport due to branding issues.

**6. Technology:**

- a. In depth process underway to assess information technology needs for all Arlington public safety through outside organization with departmental support. RFPs issued.
- b. ImageTrend Elite ePCR Program. Working well for the ACFD.
  - i. Hospital Hub working now through VAOEMS.
  - ii. Working on incorporating elements of EMS Compass to better reach performance measure benchmarks.
- c. Target Solutions continues to tracks ALS and BLS education and training hours. Still trying to improve quality of online training.
- d. Westnet Alerting System to be upgraded FY2018.

**7. Apparatus:**

- a. Health and Safety Committee analyzing if there is a reduction in loading injuries.
- b. M108 in service dayside Monday - Thursday and 24 on Friday. M104 Bravo in service nightsides Friday and Saturday nights to address Rosslyn-Ballston corridor response. Response analysis shows this to have an ameliorating effect on the stress on M104 on the weekends.
- c. Two medic units on order; Ford 550 chassis; reconfigured box; due late September.

**8. Recruit Schools:**

- a. Recruit School 74 graduated August with 18.
- b. Recruit School 75 starting September 2017. Anticipate 35 souls.
- c. We are working on OEMS accreditation for EMT testing. They hope to complete that process before they test these 35.

**9. Promotions:**

- a. 3 Lieutenants.

**10. Stroke Partnership:** with VHCA – direct to CT. No changes. Monthly meetings with Stroke Committee, VHCA Stroke Coordinator participates in Stroke QA/QI chart review and attends/teaches ALS CMEs re: stroke. Lt. Bowen point on Stroke.

**11. STEMI Partnership:** with IAH. EMS Chief attends with AMI data for IAH. Attempting to reinvigorate STEMI Partnership with VHCA. Captain II Bennett point on STEMI.

- a. Now have direct to Cath Lab for Code STEMI with VHCA. No problems.

**12. ALS Education:**

- a. Five in AEC on day work - finish in November.
- b. One at NVCC.
- c. Two in Intermediate to Paramedic upgrade at NVCC.

**13. ALS Preceptor Program:** Formalizing program with HR-approved value-added pay for designated ALS preceptors for training ALS providers. OMD, AOMDs, EMS Education Specialist and EMS Chief creating program. Have created training handbooks for ALS Trainee and Preceptor.

**14. ALS Equipment:**

- a. Using CodeStat to analyze CPR and ROSC data.

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- b. 3 EPOC devices just received. Training occurring this month for APOs.
- c. Considering changing from King LTs to I-gels. Undergoing pilot study with M102.
- d. Distributed Control Cric to ALS units.
- e. Evaluating Drip Assist medication administration device.

### **City of Fairfax**

Jon Brantley reported on the following updates:

1. They just held an ALS intern school that they put six of their newly hired fire medics through. They all started their internships last week. They now have seven ALS interns, which is a challenge when because they only have two medic units.
2. They have committed to going away from the King airway to the i-Gel supraglottic airway device.

### **Fairfax County Fire & Rescue**

John Chesek submitted the following updates:

1. The 142<sup>nd</sup> recruit school graduates September 29<sup>th</sup>.
  - There are seven ALS providers in that class, coupled with the VCU class; they should have 15 new ALS interns starting soon.
2. They did get their shipment of their grant funded Narcan. They have not yet been distributed to the units. They are awaiting information as to a restocking plan and a documentation plan.
3. They ordered new STAT packs for the department and new pelican cases for the CSK kits.

### **Fairfax County Police**

Craig DeAtley and Paul DeHaven submitted the following updates:

1. Their two newest paramedics are completing their 3-month flight medic orientation training.
  - They are catching on quickly and are demonstrating strong knowledge base and skill levels as well as good decision-making skills.
2. Two more officers have completed their EMT certification and will be starting the VCU paramedic program with their Fire Department colleagues next month.
3. The use of the TECC kits by the patrol officers, in particular, is continuing with several recent cases where their rapid intervention to stop bleeding and plug holes, coupled with the EMS response, saved lives. They have expanded the training/availability of Narcan to include members of their various undercover teams and are exploring providing the antidote for their canine officers.
4. They now have a paramedic assigned full-time to support their specialty teams 24/7
  - It's a rotated position among their 6 tactical paramedics.
5. They remain very willing to come out to any department/hospital to demonstrate the helicopter and discuss the flight crew capabilities. Just call the hangar (703-830-3105) and ask to speak to a flight crew member or Lt. Lescallet.

### **Loudoun County**

Deputy Chief Jose Salazar

1. On August 24<sup>th</sup> they initiated a new shift commander position; It is a 7-12 position

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2. Recruit class 34 just finished, recruit class 35 is in the process with 30 recruits, and recruit class 36 is scheduled to begin in November, which will be used to staff a new station going online in the spring of 2018 called Country Farm.
3. They are hosting their first EMT-Paramedic class beginning next week, and they are also holding an Intermediate-Paramedic class funded by a FEMA Assistance to Firefighters grant.
4. They are going through the process for the state Narcan grant. As a system, they have begun stocking Narcan on all of their EMS licensed vehicles.
5. They are continuing their pilot program for a new medications security system. So far it has gone very well.
6. On October 26<sup>th</sup> they will be hosting the Virginia Technical Group Meeting at the Dulles South station.
7. They had a very significant incident last Friday. It was an MCI. It was a very grueling situation with an extrication involved. Everyone did an exceptional job. It was very demanding both physically and mentally. There were a lot of lessons learned, but one of the chiefs stated that EMS did very well. RHCC was activated, and that went very well. Everyone involved is doing well.

### **City of Manassas**

Deputy Chief Todd Lupton presented the following updates:

1. Both of their stations in the city have historically been Fire Station 1 and Rescue Station 1. The Fire Station will remain Station 501, but the rescue station will be changing to 521. That will take effect just ahead of the new station. The new station will be off of Grant Avenue. The property has been purchased and the plans approved, so it should be online in 2019.
2. They are at full staffing
  - They have an orientation class starting on October 2<sup>nd</sup> with five ALS providers
3. Deputy Chief Lupton asked if anyone has a stretcher maintenance contract in place
  - Several positive responses.
  - If anyone has a contract that the City of Manassas can ride, please contact Deputy Chief Todd Lupton [tlupton@ci.manassas.va.us](mailto:tlupton@ci.manassas.va.us)
4. Their OMD Tom Luckey has decided to move to Texas. They are in the process of searching for a new OMD.

### **City of Manassas Park**

Tom Oliver presented the following updates:

1. Finding a new OMD is also an issue for them
  - They are working through the process
2. They have one vacancy that is a firefighter position
  - They may fill it with a fire medic

### **MWAA**

Rick Bonnett presented the following updates:

1. They have two new medics beginning the middle of October
2. They have two employees taking the EMT-Paramedic program in Loudoun



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- This is the first time they are promoting from within for this. It is a big positive for their department.
- 3. They hope to be at full staffing this time next year
  - They have eighteen firefighters to hire.

## **Prince William Fire and Rescue**

No representation

## **LifeCare**

No representation

## **Northern Virginia Community College**

Bill Garringer presented the following updates:

1. Bill took over as a temporary assistant dean of the EMS program.
2. The program is in a transitional phase.
  - Bill will be retiring at the end of the spring 2018 semester and moving back to Ohio.
  - The provost is also retiring this year, and the dean of allied health is also retiring this year.
  - Expect several staffing changes in the future.

## **OEMS Program Representative**

No representation

## **PHI Aircare**

Rick Cohen presented the following update:

1. Their CAMTS re-accreditation is coming up this December.

## **Physicians Transport**

Kate Passow presented the following updates:

1. They are revising their protocols and are nearly done.
2. They have completed ventilator training and have received good feedback from their providers.

## **HCA Reston Hospital Center**

Keith Morrison presented the following update:

1. It has been a year since their certification as a trauma center, so they have their state review coming up.
2. They have stopped the practice of accepting prehospital blood draws

## **HCA StoneSprings Hospital**

Jaime Wolfen presented the following updates:

1. They are stroke certified now and in the process of receiving their chest pain certification and hope to have that complete by the end of the year.

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2. They have “Discussions with the Doctor: Pediatric Emergencies” on September 26<sup>th</sup> at 7 pm in the Medical Office Building.

**NEW BUSINESS**

1. The NVEMS Council Employee Handbook changes were discussed in detail. There were no questions.
  - A motion for approval was made to accept the document as written and was subsequently seconded
    - The changes were unanimously approved as written
2. The Patient Improvement Plan was updated to reflect the needs of the new Council MOU with OEMS.
  - The changes were reviewed, a motion to approve as written was made and subsequently seconded, and there was no discussion regarding the changes
    - The Patient Improvement Plan was voted on and approved unanimously.
3. The CE/Auxiliary sub-MOU was discussed. This is the groundwork to develop a regional EMS training program. Acceptance of this document is not obligating your jurisdiction to sign the document. It is just to approve the document for circulation.
  - A motion for accepting the document as written was made and subsequently seconded with no discussion
    - This was voted on and approved unanimously.
4. The Council will be working on completing the requirements of the MOU with OEMS by soliciting vendors to provide CE/Auxiliary training in each jurisdiction. There will be an RFP posted on the website in the near future.
5. Vendors and agencies can participate in the CE and/or Auxiliary portion of the program.

**Motion to adjourn 11:56 AM**

**The next Board of Directors Meeting will be held October 12, 2017, at 10:00 am at City of Fairfax Station 403**

**CERTIFICATION OF BOARD OF DIRECTORS MEETING**

Northern Virginia EMS Council  
7250 Heritage Village Plaza, Ste. 102  
Gainesville, VA 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the minutes of a meeting of the Board of Directors of the Northern Virginia EMS Council held at the City of Fairfax Fire Department, 4081 University Drive, Fairfax, VA 22030 on September 14, 2017, and that the meeting was duly called and held in all respects in accordance with the laws of the state of Virginia and bylaws of the corporation and that a quorum was present. The minutes were officially approved at the October 13, 2017 meeting of the Board of Directors of the Northern Virginia EMS Council.

Craig A. Evans  
Executive Director  
Northern Virginia EMS Council

Date

DRAFT