State Medevac Committee Meeting
Office of Emergency Medical Services
Courtyard Marriott
10077 Brook Road, Glen Allen, VA 23059
February 6, 2014
10:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Guests & Other Attendees:
Anita Ashby, Chair	**Mark Smith,** Fairfax Co. Police	Tim Perkins	Heather Stamey
Brian Solada, Life Evac/Air Methods	**Marilyn McLeod,** Centra Health/GAB Member (BREMS)	Carol Pugh	Dwain Rowe
Ed Brazle, Virginia Beach EMS		Heather Phillips	Allan Belcher
Mindy Carter, CJW Medical Center		Adam Harrell	Tim Hodge
Susan Smith, Carilion Clinic Lifeguard		George Lindbeck	Bruce Edwards
Alva Rose, Life Evac Virginia		Michael Berg	Devon Clary
Denise Baylous, Nightingale			Rich Biondi
Dave Hurley, U.S. Park Police AVN			John Ratliff
Chris Shaffer, PHI Medical/AirCare			Holly Mason
Jay Cullen, Virginia State Police			Maggie McCauley
			Gregory Jones
			Bert Bogue
			Shawn Rivard
			Gary Critzer
			Harinder Dhindsa
			Paul Barbee
			Thomas Rogers
			Jen Lescallett
			Terry Austin

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 10:02 a.m. by the Chair, Anita Ashby.	
Introductions:	Everyone around the room introduced themselves.	
Review & Approval of the November 6, 2013 minutes:	A motion was made to approve the August minutes. The motion was moved by Denise Baylous and seconded by Susan Smith. The minutes were approved as submitted.	**The November 6, 2013 minutes were approved as submitted.**
Chair Report – Anita Ashby:	Anita thanked everyone who participated in the meeting on January 24, 2014 to review the AAMS Model State Guidelines. This will be discussed in detail later on the agenda. Anita has asked Tim to send out the meeting agendas ahead of time so that everyone has an idea of what will be	

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	discussed for the upcoming meeting and also to give committee members a chance to add topics to the agenda. Some great ideas have been submitted already, but if anyone has any other suggestions for upcoming topics that you would like to discuss, please let Anita know. She will share some of the topics at the May meeting.	**Anita will share upcoming topic ideas at the May meeting.**
OEMS Report – Tim Perkins/OEMS Staff:	Michael Berg updated everyone on some legislative matters such as the automatic certification process that passed during the last general assembly. The regulatory process is currently in the public comment phase published by the State Registrar and closes on February 12. It becomes effective March 1, 2014. This information will be posted on the OEMS website. Another legislative item is the practitioner's signature through the Board of Pharmacy regulations. This is awaiting the Attorney General's review/signature and has been in their office for 71 days. Michael will be submitting two other regulatory packets within the next thirty days. One has to do with revised technical language for the Financial Assistance Review regulations. The other is a language correction where the word "affiliated" was left out. Michael also stated that the Regulation and Compliance Division is back at full staff. Mr. Romney Smith is now handling the area previously overseen by Nancy Burrow. The service area map has been adjusted and is on the OEMS website. Tim is happy to announce that there will be a Medevac track at symposium and he stated that selections have been made for track. There are six classes on the following topics: IFR, first year on a flight crew, a career in the air medical field, patient preparation for Medevac pickup, case studies and safety. He feels pretty good about the track and the variety of speakers. He will also be seeking a sponsor for the track with a financial contribution. An email will be sent with more information. Tim had spoken with Gary Brown and presented a convincing argument as to why the Medevac track should stay and he feels confident that it will be around for a while. Per Tim, the Medevac Resource Guide has been updated and is on the website. He received an email from Jay Cullen, who pointed out a couple of changes, so an updated version will soon be released. The maps have been updated as well. Please go to our website and check it out.	**Tim will send out an email detailing the Medevac track sponsorship.**
Model State Guidelines Update – Tm Perkins:	On January 24, 2014, a Medevac Planning meeting was held to review the AAMS Model State Guidelines again. When the group met in August to review this, it was decided at that time to accept it as it was. Tim could not be present at that meeting due to his bike accident. He reviewed the Guidelines and discovered that there were things that the Office of OEMS could not do and/or could not regulate. When the new revised regulations come out, we will have the Model State Guidelines as a companion document and as an addendum, we will list the things the Office of EMS or the agency just can't do from a regulatory perspective. The Communications Coordinator of OEMS will review Section 9 which covers the Communications section of the Guidelines. His suggestions will be incorporated into the addendum. Tim also thanked everyone who participated in the meeting.	
Project Synergy Work Group Update – Susan Smith/Anita Ashby/Greg Jones:	Per Anita, everyone is very familiar with this project which has been ongoing for the past three or four years. As this project has progressed, the group feels it is time to revamp it and move into a different direction. This project has been wonderful but has served its time. While discussing this at the Model State Guidelines meeting, a small discussion was held about where to go from here and what projects we want to pursue. Susan will weigh in more on this. Carol Pugh is here also to do a presentation on the types of data that can be pulled from VPHIB.	

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	Greg Jones has partnered with Susan to gather some direct, targeted questions for Carol. Susan stated that the biggest barrier in the past was in obtaining the data and not having it first-hand. If you weren't hospital affiliated you didn't have access to the patient's record after being flown by your program. One of the things talked about previously was if there was an automated way to pull the information that is submitted to the State for all the programs. The information would be blinded to prevent disclosure of who was flying from where. The goal is to 1) get more detailed data and 2) get automated data. The current process is to look at scene trauma patients who were discharged from the hospital in less than 24 hours who did not meet criteria. The challenge has been the discharge in less than 24 hour. The State did not have access to this data, but the trauma centers did. At the January meeting, it was mentioned to possibly look at stroke and cardiac patients and review how much time was saved by flying these patients to stroke centers, etc. as opposed to going to the local hospital and transferring them. The last thing was to see if there was a way to capture those patients who went by ground transport to the local hospital, who meet criteria at the scene, only to be flown later to the trauma center from the local hospital. The goal is to educate people on the criteria to fly directly from the scene to the trauma center as opposed to going to the local hospital. Greg stated that looking at the discharge criteria of 24 hours, if the Medevac service is able to link with the localities' incident so that we could have a clear picture of the incident all the way to the hospital; this would give us a clearer picture of whether or not the use of our service was appropriate. Is it possible to collect this data? Could they have driven to the hospital faster? How long have they waited before we were called? What are the things that we can do to further their education of the appropriate use of Medevac services?	
VPHIB Data Presentation – Carol Pugh:	Susan asked what information is available from VPHIB with regards to trauma patients. Carol explained that VPHIB collects information from EMS and Medevac. It is moving closer to real time data collection. There are still a few small agencies using paper instead of electronic records and submitting them within 30 days. One of the things that OEMS has been working on is the connection between VPHIB and the hospital where the agency brings the patient. As to whether or not we can link an agency with another agency is something Carol is not sure of. She will follow up on this. VPHIB gathers a vast amount of data. In some instances when there are multiple agency responses or transfers, there can sometimes be up to 8 records for one patient. Carol will check with ImageTrend about the ability of linking agencies together. The question was posed as to whether the hospital trauma triage connects with VPHIB. Carol explained that they are two separate data bases run by the same vendor. They are both time-stamped and can be matched by incident number. From the EMS agency side, patient outcome data will be seen such as length of hospital stay, discharged alive, etc. From the hospital perspective they should be able to get more information from the EMS records. Carol is not sure how much data they can obtain. Also, with the new system, more data points will be collected. She also explained that VDH has put together a data warehouse which includes a collaboration of health department data bases such as Vital Statistics, Minority Health and others as well as Department of Motor Vehicles. VPHIB and the trauma registry data will soon be added to this data warehouse which will enable us to gather even more data. We hope to be using this by the end of this year. As of right now the most up to date information we have is the third quarter of 2013 and within a month or so, we should have 4th quarter 2013 data. The committee had a question/answer session about trauma center data and other data inquiries.	**Carol will research as to whether agency to agency data can be linked.**

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	Carol asked them to list some specific areas of exploration you want to focus on and she will find out if she can get the information for you. Anita requested that between now and the May meeting, Greg, Denise and Susan will have specific data questions that they would like Carol to research. The data questions can be sent to carol.pugh@vdh.virginia.gov. At the May meeting, Carol will present the data and then possibly in that meeting they can drill down the project. If anyone has any more ideas of data they would like to see or any other projects that the committee should undertake, please send them to anita.ashby@wellmont.org.	**Greg, Denise and Susan will send specific data questions to Carol at carol.pugh@vdh.virginia.gov.** **If anyone has any more ideas of data they would like to see or any other projects that the committee should undertake, please send them to anita.ashby@wellmont.org.**
Virginia Helicopter EMS Program Development – Tim Perkins:	Tim reported that there were 612 entries in the fourth quarter of 2013, and 71% of those entries (438) were inter-facility transports. The total number of turndowns is an increase from 512 entries in the fourth quarter of 2012. Additionally, there were a total of 2,407 entries into the system for 2013, which is an increase from 1,840 in 2012, a difference of 567 entries. Tim requested that all hazard information is entered in the VHEMS system before being emailed to him. There has only been 16 entries posted there. He also encouraged everyone to continue to submit information for the LZ Directory. Send information to tim.perkins@vdh.virginia.gov.	**Agencies are asked to submit all hazard information into the VHEMS system prior to emailing Tim.** **The agencies are encouraged to submit information and photos for the LZ Directory.**
Program Announcements:	**Mindy Carter, Chippenham Medical Center –** No report. **Denise Baylous, Nightingale –** Denise reported that they have frequent Navy aircraft in the area surrounding Norfolk General. Just a reminder that they do not talk on the same frequency as we do. This has been a challenge. She wants to remind anyone to please use the common frequency and be aware of Navy aircraft especially at night. **Ed Brazle, Virginia Beach EMS –** No report. **Anita Ashsby, Wellmont Health Systems –** The 3rd Annual Trauma Conference will be held at Bristol Regional Medical Center on March 28. Anita will send the information out to Tim and he will send it to the committee. **Chris Shaffer, PHI Air Medical –**Inova Fairfax tower should be up and running sometime in April. **Jay Cullen, VSP –** No report. **Susan Smith, Carilion Clinic LifeGuard –** No report. **Alva Rose, LifeEvac –** No report.	

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	Dwain Rowe, Wings Air Rescue – No report. **Rich Biondi, MedStar** – No report. **Tim Hodge, UVA Pegasus** – UVA has a single helipad, please send early notifications. **Allan Belcher, Centra Health** – No report. **Thomas Rogers, Fairfax Police Department** – No report. **Holly Mason, Wake Forest BH Air Care** – No report.	
Unfinished Business:	Tim has spoken with Gary Critzer about the Central Shenandoah area and how PHI, Carilion, Pegasus and Centra are working together. Gary will share this information at the next meeting. Tim also shared that he went before the Executive Committee at their last meeting on January 27 about the Medevac committee composition. Anita and Tim both agreed that it was time to expand the committee back out in order to have more people at the table. When posed to the Executive Committee, it was suggested to review this so as not to make the committee size so large. Anita and Tim will meet with Gary Critzer, Advisory Board Chair, to come to an agreeable compromise. Gary said that it is encouraged to have representation by all programs and stakeholders in the Commonwealth. However, when the by-laws were revised a few years ago, the intent was to decrease the committee size of the Medevac Committee to make it more manageable. He will meet with Tim and Anita and then go back to the Executive Committee for their input. Michael Berg noted that at the last legislative session the Background Investigation legislature was passed for individuals to become EMT Certified. The Office of EMS is working with State Police in getting the system set up. Michael has received all of the equipment needed for this. He still needs the software and is waiting on VITA to remove the VDH firewall. A question was asked in regard to inspections and if there will be any changes to the way they are performed in relation to the AAMS Guidelines. Per Michael Berg, there will be no changes right now.	**Gary will share collaboration efforts in the Central Shenandoah area at the next meeting.** **Tim and Anita will meet with Gary Critzer on the committee structure/composition.**
New Business:	Bruce mentioned that Dr. Cynthia Romero, former State Health Commissioner, has resigned effective January 31 and Dr. Marissa Levine has been appointed the Interim State Health Commissioner while Mr. David Trump will serve as Acting Chief Deputy for Public Health & Preparedness.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 11:07 a .m.	The next Medevac Committee meeting is May 8 at the Courtyard Marriott in Glen Allen.

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