

**Regional EMS Council Process Action Team Planning Session**  
**Best Western Inn & Suites Conference Center**  
**Waynesboro, VA**  
**November 20-21, 2008**  
**9:00 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Gary P. Critzer</b> , EMS Council Board President, PAT Chair	Jerry Overton	Scott Winston	Bill Downs, TJEMS
<b>Dr. Rob Logan</b> , EMS Council Executive Director	Jack Potter	Dennis Molnar	Jeff Meyer, PEMS
<b>Tina Skinner</b> , EMS Council Executive Director		Michael D. Berg	Connie Purvis, BREMS
<b>Dr. Scott Weir</b> , Operational Medical Director		Wanda Street	David Cullen, CSEMS
<b>Dr. Theresa Guins</b> , Physician Member of EMS Advisory Board			Byron Andrews, NVEMSC
<b>Donna Burns</b> , EMS Council Board President			Tracey McLaurin, LFEMS
<b>Dreama Chandler</b> , VAVRS President			Melinda Duncan, NVEMSC
<b>Randy Abernathy</b> , VAGEMSA President			Gregory Woods, SVEMS
<b>Chris Eudailey</b> , Virginia Fire Chief's Assoc. Representative			Byron Andrews, NVEMSC
<b>Scott Hudson</b> , Rural Based EMS Service Representative			Heidi Hooker, ODEMSA
<b>Bruce Edwards</b> , EMS Advisory Board Member			Mike Player, PEMS
<b>Jason Campbell</b> , Virginia Professional Fire Fighter/VML Representative			Cheryl Lawson, PEMS
<b>Gary R. Brown</b> , OEMS Director			Jim Chandler, TEMS
<b>Tim Perkins</b> , OEMS Staff to PAT			Tracy Thomas, Richmond Fire
<b>Kim Allan</b> , Virginia Department of Health			Dr. Karen Remley, State Health Commissioner

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to Order:</b>	The meeting was called to order by the chair, Mr. Gary Critzer, at 9:13 a.m.	
<b>Review &amp; Approval of the minutes dated October 7, 2008:</b>	A motion was made and seconded to approve the minutes.	<b>The minutes were approved as submitted.</b>
<b>Reply to “Supplemental Information Related to the Proposal for Conversion of Eleven Regional EMS Councils to Seven State Regional Offices”:</b>	<p>At a previous PAT meeting it was requested that OEMS provide an estimated cost analysis of the regional councils as state offices. The estimated cost analysis was provided at the October 7<sup>th</sup> meeting and a “supplemental information” sheet was created by the Regional EMS Council Executive Directors.</p> <p>Scott Winston read the OEMS Rebuttal to the committee and then distributed a copy to everyone. Gary Critzer encouraged everyone to review the documents. If anyone has any questions or comments, please direct them to OEMS or the PAT committee at a later time.</p> <p>Gary stated that the next two days are very important and will be very busy. The committee has collected a lot of information over the last several months and now needs to make some decisions in order to turn out a product that will be good for Virginia. Dr. Remley will be joining us tomorrow after lunch.</p>	
<b>Reaffirm PAT outcome, overview session, and agree on behavioral norms for the process – Tyler St. Clair, Facilitator:</b>	<p>Ms. Tyler St. Clair introduced herself to the committee and discussed the <b>session goals</b> which are as follows:</p> <ol style="list-style-type: none"> <li>1. Reaffirm the outcome that the Process Action Team (PAT) is to achieve</li> <li>2. Agree on behavioral norms for a successful process</li> <li>3. Development a summary vision for Virginia’s EMS Regional Council system (most significant future attributes/outcomes)</li> <li>4. Review elements of the process and identify what participants have learned</li> <li>5. Resolve fundamental decision points</li> <li>6. Identify opportunities for improvement</li> <li>7. Develop specific recommendations and strategies for improvement</li> <li>8. Identify next steps</li> </ol> <p>The <b>behavioral norms</b> for a successful process are as follows:</p> <ul style="list-style-type: none"> <li>• Work together for a common solution (not individually)</li> <li>• Seek stakeholder input</li> <li>• Have an open mind; be willing to consider all solutions</li> <li>• Participate</li> <li>• Work for what is good for the Commonwealth, not individual constituencies</li> <li>• Recognize that not everyone can be made 100% happy; compromise</li> <li>• Be nice</li> </ul>	
<b>Develop a summary vision statement for Virginia’s Regional EMS Council System:</b>	Ms. St. Clair had each committee member write three statements concerning the desired future of the Regional EMS Council system. The committee members then grouped the statements according to the same or similar goals. Scott Weir, Donna Burns and Tim Perkins formed a sub-group to categorize the statements to create a summary vision.	

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	<p>Ms. St. Clair's report shows a separate, detailed sheet that makes up the summary vision for Virginia's Regional EMS Council System.</p> <p>The following is the Summary Vision that was created:  <i>"The Regional EMS Councils provide the highest level of quality in patient care to every citizen in the Commonwealth of Virginia as based on the best available evidence that is periodically reviewed and updated with continuous assessment and evaluation of outcomes and impact."</i></p>	
<p><b>Identify process elements and PAT learning in relation to the summary vision:</b></p>	<p>Ms. St. Clair went over the main points that were covered since the PAT began to meet back in February 2008 and asked the group to reflect on the past 10 months to determine what they have learned thus far about the Regional EMS Council system. Each council member, from his or her perspective, gave a brief analysis of what they have learned during this process as shown on pages 3 and 4 of the report from Ms. St. Clair.</p> <p>The main conclusions from all of the responses focus on structure, trust, collaboration, and accountability.</p>	
<p><b>Resolve fundamental decision points:</b></p>	<p>Fundamental Decisions:</p> <ol style="list-style-type: none"> <li>1. Should we go to State Regional Council offices? <b>Per request by Gary Brown</b>, it was decided not to vote or address this issue today. Maybe a sub-committee could be formed to examine this possibility fully. It was agreed that not enough information has been brought forth on state regional offices to make a decision. <b>This item has been tabled.</b></li> <li>2. Should we redraw the service area boundaries as proposed in Map C? <b>A motion was made and seconded not to redraw the service area boundaries. In Favor = 8, Oppose = 2, Abstentions = 3 Motion carried.</b></li> <li>3. Based on our collaborations in the proposed regions, are there any "friendly mergers" or changes in regional composition that may be advantageous?  WVEMS and BREMS have agreed to collaborate.  In ODEMSA, Halifax County was looked at to see if they stayed or merged with SWVEMS because of the difference in organizational structure.</li> <li>4. If we are not going to consolidate, what opportunities for improvement need to be pursued in the system to achieve the vision for the Commonwealth EMS system?</li> </ol> <p>Per Gary Brown, currently there are eight (8) designated service areas. What the committee wants to do as a system is create a solid proposal that we can stand on. The committee needs to look at service areas and get beyond the map issue and get to the system issue.  <b>OEMS will propose the following Regional EMS Council recommendations to the Board of Health:</b></p> <ol style="list-style-type: none"> <li>1. SWVEMS</li> <li>2. ODEMSA</li> </ol>	

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	<p>3. TEMS  4. PEMS  5. NVEMS  6. WVEMS &amp; BREMS  7. Federation (REMS, TJEMS, LFEMS &amp; CSEMS)</p> <p>This proposal means that there will be seven (7) designated service areas. The Blue Ridge and Western Virginia Councils will be one service area.</p> <p>The factors that will help with this recommendation are listed at the top of page 6 of the report from Tyler St. Clair.</p> <p>Donna Burns does not want to see the GAB and FARC representation change. Gary stated that would not change unless it is changed in the <i>Code of Virginia</i>.</p> <p>There was much discussion on the legal issues regarding the governing bodies of the councils. More information and clarification will be forthcoming. There can be several contracts (councils) in one service area, but one governing body. In order to allow more than one governing body in a service area, there will need to be changes made in the Designation Manual.</p> <p>Jason stated that he would like to see further collaborations in order to provide better services. He would like to see more councils work together; such as TEMS and PEMS. Can they combine as one service area, but remain separate councils? If four councils can combine, why can't these two?  <b>A motion was made and seconded to create 6 regional service areas by combining TEMS and PEMS into one service area. Bruce recommended that the motion be tabled until tomorrow morning.</b></p> <p>Gary Critzer recommended that Bruce Edwards and Scott Hudson meet with representatives of TEMS and PEMS to discuss this and report to the committee first thing in the morning. Another motion will be made at that time.</p> <p><u>The Planning Session continued on 11-21-08 at 8:40 a.m.</u></p> <p>Bruce reported that it would not be in the best interest of the TEMS and PEMS regions to combine service areas. Neither council wants to be forced into collaboration. They would like it to be a cooperative effort that may happen in the future.</p> <p>Scott Hudson read a letter stating the reasons why TEMS and PEMS should not share the same service area. Both councils feel that consolidation will have more potential disadvantages than advantages. The councils are opposed to consolidating the service areas.</p> <p>Chris Eudailey stated that when this process was started, the committee members talked about</p>	

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	<p>change. Sometimes change is embraced and sometimes it isn't. The goal is not to consolidate the councils; the goal is to reduce the number of councils. He feels that these two councils should not be allowed to dictate whether they want to "consolidate" or not.</p> <p>Randy feels that there has been enough discussion and information over the past nine or ten months. He is ready to move on and make a decision.</p> <p><b>A motion was made and seconded for TEMS/PEMS to operate as one service area. All in Favor = 4 Oppose = 7 Abstentions = 2 Motion failed.</b></p> <p><b>A motion was made and seconded to accept the seven (7) regional council service areas that Gary Brown proposed yesterday. All in Favor = 10 Oppose = 2 Motion carried.</b></p> <p><b>A substitute motion was made and seconded for creating eleven (11) regional council service areas. All in Favor = 2 Oppose = 9 Motion failed.</b></p> <p>Gary Critzer stated that this has been an arduous task. He would like everyone to make a commitment to make the vision and goals for the Regional EMS System happen.</p>	
<p><b>Identify opportunities for improvement:</b></p>	<p>Ms. St. Clair asked, "What changes do we need to make to achieve the summary vision?" The committee was broken up into three small groups to create recommendations or changes in the Regional EMS Council System. From those recommendations or changes, the groups will create focus areas and from the focus areas, actions plans will be made.</p> <p>The groups created the following recommendations or changes as noted on pages 7, 9 and 10 of the report:</p> <ul style="list-style-type: none"> <li>• Trust</li> <li>• Philosophy and Values</li> <li>• Shared Vision and Values</li> <li>• Conscious and Deliberate Practice</li> <li>• Standardization of Care</li> <li>• Sound Business Model</li> <li>• Resource Management</li> <li>• Providers</li> </ul> <p>Bruce agrees with what Scott Weir stated about getting everyone on same page, but the methods and avenues that we will be debating to get there is where the problems occur. It is a process that will need monitoring; it will be an ongoing process.</p> <p>Randy wants to know: how do you manage when you get a part of the group that goes against the</p>	

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	system? How do we as a system address this? When part of the system is fractured, it affects the whole group.	
<b>Develop recommendations/strategies for improvement:</b>	<p>Ms. St. Clair would like the groups to create more structure for the recommendations. The middle of page 6 in the report is the summary vision for the year 2020. Also on this page are the six outcomes of the recommendations created in the last step. Next to each recommendation on page 6 is a statement of achievement for the Regional EMS Council system.</p> <ul style="list-style-type: none"> <li>• Trust</li> <li>• Shared Vision and Values</li> <li>• Data Driven Performance Improvement</li> <li>• Standardization of Care</li> <li>• Sound Business Model</li> <li>• Efficient Resource Management</li> </ul>	
<b>Discuss and achieve group agreement on the recommendations and action steps:</b>	<p>Ms. St. Clair asked the committee to work in groups again to brainstorm ways to improve the recommendations; what are the objectives and actions plans needed to improve the Regional EMS Council system? Each of the action plans are listed on pages 11-14 of the report. The committee is encouraged to make commitments to reach all of these goals within the next five to ten years.</p>	
<b>Agree on next steps, address questions, etc.</b>	<ol style="list-style-type: none"> <li>1. Clarify/interpret the language in the Designation Manual to insure that more than one council can serve a service area. Make sure this language does not exist in more than one area and change all. This is to be done by Gary C., Dave, Tim, Tina by 12/31/08.</li> <li>2. Create a FACT sheet from the PAT committee with recommendations to include roster. It should summarize the process, proposal and the agreement. Clarify that PAT members fully participated and a public comment period followed for other to provide additional information. Send to PAT members for review and comment before distribution. This is to be done by Gary C., PAT Vice Chair, Tim, David Cullen.</li> <li>3. Each PAT member will make a report to the group that they represent using the approved FACT sheet. The group commits to using the final approved fact sheet as the primary method of communications to avoid confusion and misinformation.</li> <li>4. A small group will meet with Delegate Abbitt to tell him that there has been an agreement to designate the 7 service areas and ask him to remove the budget bill language. To be done by Donna, Gary C., and Jason.</li> <li>5. Ensure that the 7 service areas that we agreed upon will be adopted by the EMS Advisory Board on February 13, 2009. Then the proposal can go forth to the Commissioner. This will be done by Gary C.</li> <li>6. Commissioner Remley and the Chair of the EMS Advisory Board will present the results of the PAT process to the Board of Health.</li> </ol>	

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	<p>7. OEMS will implement the designation process and send out the package, including the clarification regarding the ability of more than one council to serve within one service area. The Regional Councils will apply for designation.</p> <p>8. If councils submit packages by March 1, 2009, regional contracts will be awarded by a date determined by OEMS (after conferring with legal counsel). The group would prefer July 2010 to enable improvements to the contract.</p> <p>9. The chair will work with OEMS and other stakeholders to define an ongoing structure for implementation of the Summary Vision and other PAT/EMS issues.</p> <p>10. The PAT process will continue to develop the EMS Summary Vision and its strategies on a quarterly basis (possibly by telecomm), including the use of sub-committees to bring in more stakeholder input. This is to be done by Gary C. (Will work with Bruce, Gary B.)</p>	
<b>Future meeting dates – Gary Critzer:</b>	Future meeting dates were not discussed.	
<b>Public Comment Period:</b>	<p>Mike Player applauds the committee for allowing everyone to voice their input and for their hard work.</p> <p>Dave Cullen would like to leave this summit with the understanding that there will be seven designated service areas but with 11 regional councils. It was pointed out that as long as all eleven apply for designation, there will be eleven regional councils..</p> <p>Scott Winston recommends that what was accomplished here today be forwarded to the FLAP Committee. This committee is responsible for developing, maintaining and updating the state EMS Plan and he feels that it's not premature to share the information with the committee so they can begin to look at what changes and revisions may be needed to the Plan. Gary Critzer feels that this is reasonable and that there should be an on-going relationship between this committee and FLAP due to this being a work in progress.</p>	
<b>Closing Remarks:</b>	Gary thanked everyone for their attendance in this whole process and thanked Ms. Tyler St. Clair for her efforts in working with us on this summit. (Applause) He stated that it was rewarding and refreshing to have Dr. Remley join us and thanked her for taking time out of her overwhelmingly busy schedule. (Applause) Dr. Remley stated that she feels honored to be here. It is the passion of the people in EMS that makes it worthwhile because you are engaged and involved and the citizens of Virginia are fortunate to have so many of the people in this room. She is very impressed with the work that EMS accomplishes.	
<b>Adjournment:</b>	The meeting was adjourned at 5:20 p.m. on November 20, 2008 and at 4:00 p.m. on November 21, 2008.	