

**State EMS Advisory Board Meeting
The Place at Innsbrook, Glen Allen, Virginia
May 14, 2004
1:00 p.m.**

Attendance:

Board Members: Rev. Coan Agee; Sherrin C. Alsop; Byron F. Andrews, III; Donald R. Barklage, Jr.; Earl N. Carter, Jr.; Robert V. Crowder, III; Chip Decker; Theresa E. Guins, M.D.; Catherine Hudgins; George W. Langford; Stewart W. Martin, M.D.; Genemarie W. McGee; Elizabeth Jo Martin; Dr. Lori Moore; David B. Palmer; Michael B. Player; Morris D. Reece; Karen D. Wagner; and Douglas R. Young

Absent: Gary R. Critzer (Excused); May H. Fox (Excused); Michael S. Gonzalez, M.D. (Excused); Rao R. Ivatury, M.D. (Excused); Page Verlander (Excused); and Kent Weber (Excused)

Staff: Gary R. Brown; Scott Winston; Carol Gilbert, M.D.; Melissa Doak; Ruth Robertson; Patty Jones; Paul Sharpe; Carol Morrow; Petra Menzel; Warren Short; Kenny Updike; Tom Nevetral; Steve Puckett; Linwood Pulling; Deborah Edwards; Jim Nogle; Karen Cheatham; Ken Crumpler; Dennis Molnar; Carolyn Halbert; and Irene Hamilton

Others: Robin Kurz; Dr. Jim Burns; Christopher Slemp; Michael D. Staats; Robert L. Edwards, John R. Dugan, III; Robert Logan; Ed Rhodes; Gary Dalton; Bobby Lukhard; Wanda Legge; Tina Skinner; Walt Smiley; Dane Davis; Michael D. Berg; Kathy Ingersoll; Linda Sayles; Clarence Sayles; Sabina Braithwaite; Pam Blair; and Steve Harrison

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order – Dave Palmer	Mr. Palmer called the meeting to order at approximately 1:05 p.m.	
Approval of February 13, 2004 Minutes – Dave Palmer	Mr. Palmer asked for a motion to approve the minutes from the February 13, 2004 meeting.	A motion was made and properly seconded and the minutes from the February 13, 2004 were accepted as presented.
Approval of the Proposed Agenda for the May 14, 2004 Meeting – Dave Palmer	Mr. Palmer announced that there would be several short presentations made during the New Business portion of the meeting. Also, the agenda was changed to reflect that there would be no Board Member Organizational Presentations made at this meeting.	A motion was made and properly seconded; and the proposed agenda for the meeting was accepted.
Chairman’s Report - Dave Palmer	Mr. Palmer announced that he has tendered his letter to the Governor with regards to his retirement from Norfolk and his relocation to Florida. Mr. Palmer has accepted a job in Florida as the Executive Director of Marion County’s EMS agency, and he has relocated to Florida. Mr. Palmer will continue as Chair of the State EMS Advisory Board and VAGEMSA representative until June 30, 2004. Mr. Barklage will assume the Acting Chair role through the August EMS Advisory Board meeting; at which time the Annual election will take place. At that meeting the Advisory Board will be accepting a slate from the Nominating Committee for the annual election. <u>JLARC</u> – In the past month, Messrs. Palmer and Barklage along with other board members have met with the JLARC EMS Study Team.	

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Mr. Palmer reflects on his career with EMS in Virginia	Mr. Palmer asked for the indulgence of the Board to reflect on his career with EMS in Virginia. Mr. Palmer's comments, in full, are attached at the end of the minutes.	
Vice-Chairman's Report – Don Barklage	It is time for Standing Committee Chairs to develop their annual report to the Governor. Mr. Barklage will be emailing a template to the committee chairs for them to use in preparing their committee reports. All board members were reminded that participation on at least one committee is required; and encouraged to join one or more committees by contacting the committee chair.	
Presentation to Mr. Palmer	Mr. Barklage and Mr. Brown made presentations to Mr. Palmer. Mr. Palmer was presented with a Commemorative EMS Stamp from the EMS Advisory Board. The Office of EMS presented Mr. Palmer with a Clock / Plaque...	
Second-Vice Chair's Report – Stewart Martin, M.D.	Dr. Martin had no report; but offered congratulations to Mr. Palmer on his new position.	
State EMS Medical Director's Report – Carol Gilbert, M.D.	Dr. Gilbert reported that most of her work in the past three months would be reflected in either the Trauma System Oversight & Management Committee report or the Medical Direction Committee report. Dr. Gilbert did extend congratulations to Mr. Palmer on his new position.	
Office of EMS Reports – Gary Brown and Staff	<p>Mr. Brown again offered Mr. Palmer congratulations from him and the OEMS staff and expressed how much Mr. Palmer would be missed by the Office of EMS staff and the EMS system.</p> <p>The Office of EMS has several new staff members who were introduced. Patty Jones, the new Accountant; and Paul Sharpe, the new Critical Care Coordinator; and Mike Berg, who will become the Regulation and Compliance Manager.</p> <p>Budget- Mr. Brown shared information about the budget. The Office of EMS has received a net increase of funding from the budget amendments. However, the Office of EMS did not receive all of Four-for-Life. The Budget bill transferred \$3,450,000 out of Four-for-Life into the General Fund. The Office of EMS has an appropriation of \$21,729,240. Mr. Brown explained how the \$21,729,240 is distributed between their four different funding sources (Special Funds, Dedicated Special Funds, General Funds, and Federal Trust). One issue the Office of EMS is facing in regards to the budget is the fact that the budget language requires that approximately \$1 million dollars must be transferred from the Special Funds to the Virginia Department of State Police for their Med Flight operations. Mr. Brown discussed some of the other challenges and issues that the Office of EMS must address in regards to their funding.</p> <p>Mr. Brown pointed out that HB1002 that was passed this session included language which states that the new funding formula developed by the EMS Advisory Board will not go into place until all revenues collected by Four-for-Life go to EMS. Therefore, since all revenues collected are not currently coming to EMS the Two-for-Life percentages will have to be applied instead of the Four-for-Life percentages.</p> <p>Mr. Brown referred to pages one and two of the Quarterly Report to the Board that discussed two studies by the Joint Legislative Audit Review Commission (JLARC). The</p>	

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	<p>two studies are HB133 – to study pre-hospital emergency medical services in Virginia; and HB183- to study the use and financing of trauma centers in the Commonwealth’s hospitals. The names and contact information for the JLARC staff is published in the Quarterly Report so that board members would feel free to contact them if they wish to share information or comments.</p> <p>SB2351- This bill that is currently before Congress to establish a federal interagency committee on emergency medical services (FICEMS). Every state EMS office is being requested to support this bill that will establish for the first time a coordinated integrated approach to the various programs that cut across various federal agencies that will bring a coordinated approach to them. This legislation is being backed by many national organizations and groups. The legislation will also establish an advisory council of 13 non-federal representatives to receive direct input and advice that are providing the daily emergency medical services. This bill does require NHSTA in coordination with the Department of Homeland Security to provide organization and staff support. The Office of EMS has put together a letter to the two Virginia senators under the signature the Chair and Vice-Chair of the EMS Advisory Board. The Office of EMS hopes that the Advisory Board will support this letter and agree to send it forward.</p>	<p>Based on Mr. Brown’s recommendation the following motion was made by Dr. Martin and seconded by Mr. Langford.</p> <p>MOTION: The State EMS Advisory Board supports the Office of EMS recommendation and agrees to send a letter to the Virginia senators in support of SB2351.</p> <p>The Chair opened the floor for discussion. Hearing no discussion the Chair called for the vote. Yeas = 19; Nays = 0; Abstentions = 0 The motion was carried unanimously.</p>
Office of the Attorney General – Robin Kurz	<p>Ms. Kurz reported that it has been brought to her attention that the Code section pertaining to Automatic External Defibrillators, the registration requirement, was repealed from Code Section 32.1-111.114:1. However, a couple of Code sections still reference that requirement; and Ms. Kurz said that those sections can be ignored because anything that references a Code section that has been repealed does not apply. Those references will be removed during the next legislative session.</p>	
Awards Selection Committee - Michael Player	<p>Since the last meeting, the Regional Councils have moved forward to implement the Regional Awards program throughout the regions. The winners of the Regional Awards will be moved forward as nominees to the Governor’s EMS Awards this year. The committee has worked with the Regional Councils to refine the process making it internet friendly for submitting nominations. The committee has also streamlined the process and has also come up with a recognizable and unique Regional EMS award for individuals and organizations that will be easily recognized as a Regional EMS award.</p>	
Communications Committee	<p>Mr. Critzer was unable to attend the meeting, and there was no report from the Communications Committee.</p>	
CISM - Elizabeth Martin	<p>The CISM Committee met on May 12. There are over 150 people already registered for the June Conference and registrations are still being received. . There are also dates set for a fall CISM Conference in Roanoke, October 16 and 17, at the Wyndham Hotel. They have received federal grant funding from DCJS; two grants totaling \$696,117 to provide 18 monthly Post Critical Incident Seminars to first responders of 9/11. The first program was held in April; and there is a program scheduled May 21-23 in Arlington. There are also some tentative dates for August, October and November. Carol Morrow is planning to work with the Regional Councils on ways to promote these programs. The committee has also made good progress on their portion of the Strategic Planning process; and will be able to provide the information to Mr. Player timely.</p>	

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EMS Emergency Management Committee - Jim Nogle	Dr. Gonzalez was not in attendance at the meeting, but Mr. Nogle from the Office of EMS gave a briefing on the recent meeting of the committee. The committee discussed compiling a resource book outlining EMS availability of services throughout the state. The book will also include information on the aspect of preparedness as a checklist for any type of hazard emergency.	
Emergency Medical Services for Children – Dr. Teresa Guins	<p>The EMSC of Virginia has received the three year continuation of their partnership grant. It will be funded for the next three years.</p> <p>Dr. Guins had two action items. The first will be regarding the Strategic Plan that the committee has been working on for the past few months. A copy of the plan is in the Quarterly Report (Attachment B).</p> <p>The second action item was regarding federal legislation HR3999, the Trauma Act of 2004. If enacted, Section 4B2 of this bill would affectively eliminate the existing authority of the EMSC program by striking Section 1910 of the Public Health Service Act. This would remove funding for the EMSC program. The committee was approached by the Office of EMS to approve a letter that was drafted and would be signed by Chair Palmer and Vice-Chair Barklage. The committee has endorsed this letter. The recommendation is to strike that particular section of that bill. The committee does support research for trauma but hope that it will not be at the expense of EMS for Children.</p> <p>The next meeting of EMS for Children is scheduled on August 5, 2004 at The Place at Innsbrook.</p>	<p>Dr. Guins made the following motion regarding the Strategic Plan.</p> <p>MOTION: The EMS Advisory Board adopts the Strategic Plan for the EMSC Committee for the years 2004 through 2007.</p> <p>The Chair pointed out that as a committee motion it does not require a second. The Chair did open the floor for discussion and hearing none called for the vote.</p> <p>YEAS = 19; NAYS = 0; ABSTENTIONS = 0</p> <p>The motion was carried unanimously.</p> <p>Based on her comments regarding HR3999, Dr. Guins made the following motion.</p> <p>MOTION: The EMS for Children Committee asks that the EMS Advisory Board endorse the letter supporting striking Section 1910 of HB 3999.</p> <p>The Chair opened the floor for discussion. After a short discussion, the vote was taken.</p> <p>YEAS = 19; NAYS = 0; Abstentions = 0.</p> <p>The motion was carried unanimously.</p>
EMS System, Finance, Legislation and Planning Committee - Michael Player	<p>Mr. Palmer asked that Mr. Player give the report in the absence of Mr. Weber who was unable to attend the meeting.</p> <p>By the end of this month the first draft of the attributes for the EMS system for the next EMS plan by each committee is due to the EMS System, Finance, Legislation and Planning Committee. The committee plans to place the first drafts on the web site and ask for comments; and also provide the drafts to other committee for comparisons. Comments made regarding any committee's section with be communicated to that committee for their response.</p>	
Financial Assistance Review	The Financial Assistance Review Committee has \$6.9 million for requests this grant cycle.	

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Committee – Byron Andrews	<p>They are appreciative to the Regional Councils, board members and stakeholders for getting the word out about the grant availability. Since RSAF is slated to get additional funding, the committee is discussing the possibility of a retreat this summer with RSAF and other key stakeholders to look at adding some additional incentives or programs to facilitate a greater disbursement or use of those monies.</p> <p>The RSAF Awards meeting will be held on June 10 at the Courtyard by Marriott in Innsbrook.</p>	
Leadership and Management Committee – Doug Young	<p>The committee has added some members. The committee met on May 13. There was representation present at the meeting from Franklin County Fire and Rescue, Virginia Association of Volunteer Rescue Squads, VAGEMSA, and the Regional Councils and the Office of EMS. The consensus was agreed on as to what was needed. The committee plans to take the next quarter and gather data. VAVRS will take it to their districts and the Councils will take it throughout the councils and ask EMS agencies what leadership and management issues they have in their areas and what type of information would they seek from this committee. The committee plans to look at that information as well as some of the information provided by JLARC to build a foundation that can be reported to the Office of EMS and the State EMS Advisory Board.</p>	
Medevac Committee – Genemarie McGee	<p>The committee met on April 14 at the ODEMSA office. The committee has been working on development of two questionnaires about Medevac services in the state. One questionnaire is for pre-hospital and the other for hospitals. The committee has developed the final drafts that will be going to the committee members one more time. The pre-hospital questionnaire will be put on the EMS web site and the hospital questionnaire will be mailed. The purpose is to get their perceptions of how they provide Medevac in the state.</p> <p>The next meeting is scheduled July 14 at the OEMSA office.</p>	
Medical Direction Committee – Stewart Martin, M.D.	<p>The committee met on April 15. They are in the process of evaluating advanced airway mannequins to determine which will be the best and which requirements they will have set forth in order to use the advanced airway mannequins in place of live intubations. The committee has finally completed the Specialty Procedures and Medications schedules for both the standard providers and specialty providers. These will be collated and presented for the Board’s approval at the next meeting. In addition, the committee had a presentation from a pilot program that was approved about a year ago involving the Farmville Police Department administering oxygen. The Farmville Police Department will be providing additional information to the committee in hopes of setting up more statewide pilot programs involving similar situations. There was also a presentation from the Rapid Sequence Induction Program conducted in Northern Virginia and their success and failure rates involving that program. In addition, they are working on the Strategic Five Year Plan involving the Medical Direction Committee. Anyone interested is encouraged to attend the meetings.</p>	
Nominating Committee - Karen Wagner	<p>The Chair announced that Page Verlander has taken a new job and left Virginia. Therefore, the remaining seat that she was serving needs an appointment. The committee expressed congratulations to Ms. Verlander on her new position.</p>	

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	<p>Ms. Wagner reported that the Nominating Committee will be meeting and they will have a formal report for the August board meeting. Any board member interested in a particular position should contact Ms. Wagner or any member of the Nominating Committee.</p>	
<p>Professional Development Committee – David Palmer</p>	<p>They are collaborating with the Medical Direction Committee on evaluating some of the new advance airway management technology for training and education and proficiency skills purposes. The committee continues with distributive learning technology or research and assuring that there are quality standards that are addressed. They have come close to identifying some accredited programs that are available.</p> <p>The committee has asked in support of the state EMS office and looking at some effective alternatives to EMT basic programs skills testing at a state level. An alternative in a pilot format is being explored to build in the skills testing and the proficiency testing of all EMT patient skills prior to a written exam only. This is something that they will continue to work with as a system and look at some alternatives to assure the quality of the education and still do things in a little more organized and streamlined fashion and have an equal or better outcome with regard to that system.</p> <p>The committee is also continuing work on their portion of the Strategic Plan and will have their first draft by the end of the month.</p> <p>Mr. Winston added that the Office of EMS is planning to start providing Practical Skills test results back to the instructor and students. This process is being implemented as a result of feedback received stating that it is problematic to prepare for retesting if they do not know the area of deficiency that they need to put their focus.</p>	
<p>Public Information and Education – George Langford</p>	<p>The committee met earlier in the day. They have worked on several different projects. One project is a new success story video update. If anyone has any stories they would like to share please pass the information on. The initial draft of the PI&E Plan for the State Five Year Plan has been prepared. They are building a Patch Board at the Office of EMS and would like to get a patch from every agency, career or volunteer. This board will be taken to the Symposium and different conferences. The committee is assisting with the Councils and the State awards. They have also sent out some “fill-in-the-blank” news release forms for when Councils have made their selections that will be used to as a news release to announce winners within individual regions to the area media.</p> <p>Christopher Reeves will be in Norfolk at the Symposium in November. Mr. Reeves has also agreed to work on a PR program with the Office of EMS. At this year’s Symposium, there will be 253 different classes, making it the largest EMS Symposium in the United States this year.</p> <p>In April the Committee sent out the EMS Week kit to each agency. The kit provided examples of activities an EMS agency could conduct and provided additional literature was included.</p> <p>The EMS Memorial Service will be held in Roanoke on May 29.</p>	

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Regulation and Policy Committee – Don Barklage	<p>The Regulation and Policy Committee met on May 13. They are looking forward to working with Mr. Berg as the new Regulation and Compliance Manager. The Regulations went into effect a year and a half ago. The committee has begun their review of the regulations. The committee is going to look at the six sections that were pulled from the regulations last time; review the public comment received; and look at possibly reworking those sections and reintroducing them through the Administrative Process Act. OEMS Staff continually monitors the regulations and compliance to the regulations in the field. If there is a problem with compliance of some of the regulations, then there may be a need to reword and reintroduce those sections. Two sections they are looking at in particular are; one is the minimal age for staff and providers; and the other is a section relating to the five year requirement for felonies and what is the definition of release. In addition, VPPF made a presentation at their meeting in regards to Section 910B that has to do with the DUI section. The committee will also review that section. The committee has a special call meeting scheduled on July 9 at the Office of EMS at 10 a.m. with the intent beginning the regulation review process. The committee is also continuing with the Notice of Intended Regulatory Action Process for the Regulations for Financial Assistance to EMS Agencies; and for the Regional Council Regulations. It is a requirement for at least one public hearing. It is the committee's intent to run all three of those processes concurrently. It is their intent to hold similar public hearing formats throughout the Commonwealth.</p>	
Transportation Committee – Chip Decker	<p>Today is the deadline for written comments to come back from ambulance manufacturers based on the draft request for bid. The committee will be reviewing those comments from the manufacturers to assure they can build what they want. They will then be sending out Bid Requests.</p>	
Trauma System Oversight and Management Committee – Morris Reece	<p>The committee is overseeing an effort to comprehensively review and amend as appropriate the Trauma Systems Standards and Designation process. A first draft should be ready to by the middle of June. Their long range goal is to have it in place and ready for approval by the August EMS Advisory Board meeting.</p> <p>The committee is also updating the Trauma Triage Plan. The local EMS Councils are guiding the effort to get the input from their perspective agencies and others; and the committee will use these to come up with a revised State Trauma Triage Plan.</p> <p>The committee is also involved with the JLARC studies for Trauma Systems and assisting any information that JLARC might need.</p> <p>The action item is a follow up. At the November meeting the Trauma Committee presented the revised State Trauma Plan and asked for any additional input. The comments they received were incorporated into the document. The document is included in the Quarterly Report to the Board, Appendix A. Mr. Reece pointed out there were a couple of technical corrections that needed to be made; and those were corrections were provided to the Board prior to the beginning of this meeting.</p> <p>Mr. Brown made a comment on HB1143. The bill was to establish a Trauma Center fund in the Commonwealth. The bill originally listed the Department of Criminal Justice</p>	<p>Mr. Reece made the following motion.</p> <p>MOTION: The Trauma System Management and Oversight Committee ask that the State EMS Advisory Board approved the revised Virginia Trauma System Plan.</p> <p>The Chair opened the floor for discussion. Hearing none, the vote was taken.</p> <p>YEAS = 19; NAYS = 0; ABSTENTIONS = 0.</p>

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	<p>Services as the management and oversight department with regards to managing that fund. It was changed in committee to the Department of Rehab Services. OEMS worked collaboratively with the Department of Rehab Services and DCJS. They both agreed that the Virginia Department of Health, Office of EMS was the most applicable state entity to manage that particular fund. The Office of EMS worked with the Delegate McDonnell who wrote to the Governor and the Governor amended the bill to have the Virginia Department of Health managing the Trauma Center Fund. The Governor also struck through the fee of \$25 for second offense DUIs and changed it to \$50. Through the Trauma System Management and Oversight Committee and actually through the effort that they are undertaking at the moment with regards to their regional forums looking at the entire Trauma Designation and Criteria effort they have added this one task to each of those forums and ask them to help to develop criteria. Part of HB1143 also requires the establishment of criteria for the award of these funds.</p>	
<p>Regional Council Executive Directors – Rob Logan</p>	<p>The group met on May 13. The position of Vice-Chair has become vacant since Mike Berg accepted a position at the Office of EMS. Mr. Logan appointed Melinda Duncan from Northern VA EMS Council to serve out the remainder of Mr. Berg’s term. JLARC staff attended the meeting and gave a presentation on their methodology and thoughts on achieving their goals. The Group is involved in a second tier review of the Rules and Regulations and Designation Manual affecting Regional EMS Councils. They will continue the process and provide input back to the OEMS staff.</p> <p>The Regional Council Director’s Group has completed its submission to the Financial, Legislative and Policy Committee as their initial portion of the State EMS Plan.</p> <p>The Regional Council Director’s Group presented the Chair, Mr. Palmer, with the first Regional EMS Council award.</p>	
<p>Public Comment Period</p>	<p>Gary Dalton, President of the Virginia Association of Volunteer Rescue Squads addressed the Board. He informed the Board that on May 5, the Governor awarded the first annual Commonwealth Public Safety Medal of Valor Award to three law enforcement officers, as well as four additional public safety officers. This award is the state’s highest award in heroism. The board that decided on these awards was composed of a police officer, a deputy sheriff, a paid firefighter, a volunteer firefighter, a correction officer, a volunteer rescue squad member, and a citizen member. Mr. Dalton was the volunteer rescue squad member. The Governor spoke of his commitment to public safety officers and said that every effort will be made to make sure they get the funds and training necessary to continue their daily activities and this heroism. Mr. Dalton said that the Governor also signed the Proclamation for EMS Week a couple of weeks ago.</p> <p>Also, Mr. Dalton extended his thanks to Mr. Palmer for all of his good work with the Virginia Association of Volunteer Rescue Squads.</p>	
<p>Old Business</p>	<p>None</p>	
<p>New Business</p>	<p>JLARC – Walt Smiley and Christine Wolfe– were present. Mr. Smiley made the presentation about JLARC and the studies that they are doing with EMS. Mr. Smiley gave some background on JLARC and their purpose. The mandate they have with regards to</p>	

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	<p>EMS calls for them to look at several issues: 1) recruitment and retention of staff; quality of care; adequate funding; the organizational structure – whether it should be a separate state department of EMS. The mandates direct JLARC to do a comprehensive review of emergency medical services statewide. To date, the JLARC team has met with the Regional Directors, with Gary Brown and OEMS staff, several members of volunteer rescue squads, four or five local governments, and the Chairman and Vice-Chairman of the State EMS Advisory Board. JLARC is planning to surveying all of the EMS agencies through a combination of a mail out survey and an online survey. JLARC also plans to hold some Focus Groups around the regions. JLARC solicit comments and suggestions from anyone within the EMS community and ask that the audience feel free to communicate with him and members of his staff. JLARC is required to make their report by November 2004. Mr. Smiley said that they are considering asking that the study be extended longer due to the complexity of this mandate.</p>	
<p>Emergency Preparedness & Response Programs – Steve Harrison</p>	<p>Mr. Harrison and Pam Blair from the Virginia Department of Health made a presentation regarding CDC’s new Chempack Project initiative. Mr. Harrison gave an overview of the Strategic National Stockpile Program’s CHEMPACK Project and Virginia’s proposed implementation plan. The mission of the Chempack Project is to implement a nationwide project for the “forward” placement of nerve agent antidotes; and to provide state and local governments a sustainable resource that increases their capability to respond quickly to a nerve agent event.</p>	
<p>Virginia One DMAT – Michael Player</p>	<p>Mr. Player reported that for some time a number of local government organizations and the Office of EMS have been working to develop a Disaster Medical Assistance Team (DMAT) composed of professional medical personnel supported by a cadre of logistic and administrative staff that is designed to provide emergency medical care during a disaster or other such event. They have been recognized for their efforts. Earlier this year, the Department of Homeland Security and its federal emergency management agency officially recognized their efforts and designated Virginia One Disaster Medical Assistance Team and authorized funds to begin recruitment and training. They are currently accepting applications for volunteer participation and charter year openings are present on the Virginia One DMAT for physicians, physician assistants, registered nurses, nurse practitioners, paramedics, pharmacists, pharmacy technicians, respiratory therapists, respiratory technicians, laboratory technicians, safety officers, communication officers, medical supply specialists, medical equipment specialists, clinical psychologists, and clinical social workers. Recruiting is occurring in an area comprising a four hour maximum ground travel time from Norfolk, Virginia. They have applications that will be available on the Office of EMS website. Mr. Player encourages anyone who knows of anyone who would be interested in working on the medical equivalent of the FEMA USAR Teams to step forward and assist them in providing an asset that will be utilized not just as a federal asset but as a regional and state asset as well.</p>	
<p>Passing of the Chairmanship – David Palmer</p>	<p>Mr. Palmer made a symbolic presentation to Mr. Barklage as he accepts the position of Acting Chairman of the State EMS Advisory Board until the August elections.</p>	
<p>Adjournment</p>	<p>Hearing no other business, the meeting was adjourned at 3:30 p.m.</p>	
<p>Next Meeting</p>	<p>Friday, August 6, 2004 at 1:00 p.m. at The Place at Innsbrook.</p>	

A Message from David B. Palmer, EMT-P, MPA
Delivered to the Governor's EMS Advisory Board
Friday May 14, 2004

As I reflect on the past 28+ years of EMS service in Virginia, I'm so pleased with the outstanding progress and innovations made in the quality of our patient care. This continues to be the hallmark of our well integrated and organized system. It has been a great honor and privilege to serve next to so many of you in our various capacities over these nearly three decades.

In recollecting my experiences, the one thing that stands out above all else are the wonderful relationships among my many friends and colleagues. I affectionately recall my first EMS boss and VA's first State OMD, the late Dr. Frank M. Yeiser, Jr. who instilled in all of us who knew him the essential reason for our EMS existence which was to "*Always Remember the Patient*"! Frank was an outstanding individual, a tough and fair EMS Director and a wonderful Emergency Physician with a classic bedside manner. He acted on his dreams and continually set the bar high for all of us who served with him. Some of us will recall that Frank and Dr. Harry Plunkett became quite famous at an accident on Interstate 64 at Norview Avenue involving a Mount Olive Pickle Truck entrapment. They initiated the first extraordinary measures protocol and freed the patient for transport to the hospital before the availability of the Jaws of Life. The rumored means of extrication became known to us in Norfolk as "The Saw with a Story".

I'm reminded of the ALS training approach we developed here in the Commonwealth to train EMT-Shock Traumas, EMT-Cardiac Technicians and Paramedics, now EMT-E's and Intermediates. Led in the early years by our many Emeritus Emergency Physicians followed soon thereafter by EMS Directors and Chiefs and training officers across the state. The first class of Paramedic students in Virginia had an identity that was incredible and certainly memorable. Many of us have gone on to become instructors and leaders during our careers. Our training programs have expanded through the Regional EMS Councils and other organizations like the Virginia Association of Volunteer Rescue Squads (VAVRS), then to the Community Colleges and beyond with many programs having achieved essential national accreditation or in the process to do so. To all of my instructors and fellow paramedic contemporaries from that first paramedic class and since, I salute you and thank you for your collaboration and teamwork along the way.

In the field we have grown from a time of 100% on-line medical control to significant levels of standing orders and paramedic discretion all under the supportive eyes of many physicians who continue to give generously of their time. Not so long ago we expanded our Advanced Cardiac Life Support care into more effective Trauma Care in the field by adopting many of the techniques born from military combat medicine from the Korean and Vietnam War eras. The development of The Golden Hour, our Designated Trauma Centers system along with our strong network of medevac resources, is something that is a source of great professional pride for us all I know it is for me. I'm also reminded of our fine pediatric emergency medicine foundation led by our Virginia Children's Hospital leaders and born from our neonatal and pediatric transport teams. I'm so pleased that this program to care for our children patients has evolved into our exemplary EMS for Children (EMSC) program across the Commonwealth and many places in the nation.

Our evolution in airway management and respiratory care has been notable and has set a statewide and national standard of care. Some of you will remember those times when even an EOA (Esophageal Obturator Airway) was considered an advanced airway technique and what a struggle it was to implement endotracheal intubation in the field setting. We've seen more recent advances in respiratory care with the adoption across the state of the use of Constant Positive Airway Pressure (CPAP) equipment and Rapid Sequence Induction (RSI) – Paralytic techniques for difficult airways. Even our training equipment has become sophisticated enough to be realistically challenging in teaching our ALS students and colleagues the skills of difficult airway management in a simulation/educational skills training environment.

The Old Dominion has seen much growth in specialty disaster medicine response capabilities in recent years. From the Virginia Office of EMS ESF-8 EMS Task Forces, the Metropolitan Medical Response System (MMRS)s and strike teams to our newest effort with the VA-1 Disaster Medical Assistance Team (DMAT). These teams and others all provide evidence that Virginia's EMS system continues to step up to the plate and deliver system-wide improvements to benefit our community at-large in the event of disasters or terrorist strikes. The added benefit is the strengthened capabilities we have as a system to handle growing demands for emergency medical services in mass casualty incidents and during more routine daily operations. These newer programs have built upon our strong collaborations at a statewide level among advisory board partner organizations, the regional councils and local community resources and people.

It is my firm belief that the future of Virginia's EMS system will heavily depend on more dedicated and focused EMS quality improvement (QI) efforts. QI will help us know more and learn more about what we're doing and how well we're doing it. The real test of quality should answer the question: "is what we're doing making any impact on the outcomes of our patients". I expect there will be continued QI growth in our agencies with the designation of more quality improvement officers and more formalized relationships with our Operational Medical Directors for the purpose of improving the quality of care through better feedback to individual medics, trainers and our fellow health care providers.

The system must also heighten the value it places on undergraduate and graduate level education, especially for those who will serve as commanding officers, managers and chiefs/directors. For those who have been thinking about finishing their college degrees, get on with it! It's never too late to advance your education and most importantly your understanding. Most if not all of your employers and organizations will help you. It is worthy of your time, effort and sacrifices. Our EMS system must also continue to support the Emergency Medicine Education Programs in the community. This includes supporting our ALS Students in the local and regional EMS education programs, our nurses and the emergency medicine residents at our fine Virginia Medical Schools.

The next 3-5 years will be critical for EMS across Virginia and the nation as the first generation of ALS providers (counted among the baby-boomers) will begin retiring to be replaced (hopefully) by the next generation of paramedics. In addition, as our population grows and lives longer, our individual agencies are now facing the real challenge of assuring that adequate

numbers of qualified EMT's and Paramedics are here to maintain the well established standard of care now expected by the citizens in our communities. Without question, our system must grow our own paramedics at a local and regional level. Recruiting paramedics from beyond our area is becoming extremely competitive. Opportunities to share training resources, build a stronger and more responsive ALS training system and insure the quality in distributed continuing education programs have never been greater or more needed. Well informed and focused leadership at the local, regional and statewide level coupled with the necessary resources to sustain these system components are essential and even critical. Additional state and national funding for EMS and preparedness, as sought and appropriated, will certainly have a positive impact on available resources. Keep up the consistent and professionally communicated message with the administration and elected officials that our EMS system needs are critical to our standard of care and the quality of life of all of our citizens every day. Also remember that public funding is ultimately always a political decision so stay connected on "The Hill".

On a personal note, for the friendships and experiences we have shared, I am truly grateful and blessed. It has been an honor and distinct privilege to serve Virginia's citizens, my organizations such as Norfolk Fire-Rescue, VAGEMSA and this board. My confidence is very high that Virginia's EMS System is poised on the threshold of advances and improvements in system funding, implementing a new state plan and continuing quality improvements. I encourage the board to maintain its team building efforts, good communications and accountability with each other and the administration and legislature to assure the continuance of the Board's high stature which we have achieved together. I wish each of you Godspeed and success into the future. Lastly, to all the new and not so new paramedics and EMT's, Advisory Board members and fellow EMS Leaders in this system and beyond, I ask you to remember well the most important lesson taught to me during my career so far: "Always remember the patient because you and the people you care about will one day be one". Until we meet again.....Dave

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