

MEDICAL DIRECTION COMMITTEE
1041 Technology Park Dr, Glen Allen, Virginia
Conference Rooms A and B
October 6, 2016
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Marilyn McLeod, M. D. - Chair Asher Brand, M.D. George Lindbeck, M.D. Forrest Calland, M.D. Theresa Guins, M.D. Charles Lane, M.D. Stewart Martin, M.D. John Morgan, M.D. E. Reed Smith, M.D. Christopher Turnbull, M.D. Tania White, M.D. Allen Yee, M.D.	Chief Eddie Ferguson Scott Weir, M.D. Cheryl Lawson, M.D. Paul Philips, D.O.	Gary Brown Michael Berg Tim Perkins Greg Neiman	Chad Blosser Ron Passmore Gary Critzer Jason Ambrose Cathy Cockrell Wayne Perry Adam Alford

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order by Dr. McLeod at 10:32 a.m.	
II. Introductions	Introductions were made, Attendance as per sign-in roster	
III. Approval of Agenda		Approved by consensus
IV. Approval of Minutes	Approval of minutes from July 7, 2016	Approved by consensus
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Mike Berg discussed changes to the DEA Regulations Still having some challenges with narcotics in the field. Dr. Yee - Bill 4365(?) Meds from the hospital given to agencies are exempt? Unknown	
VI. Old Business	None	
VII. New Business		
A Asher Brand	RSI White Paper Discussion	Attachment: A

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
B	Trauma Committee Report – Dr. Forrest Calland	Dr. Calland presented to committee an update from the workgroups and committees addressed the trauma committee report. Finalized the report from PI sub-committee. Adherence to state Trauma Triage (Mainly focused on under-triage) If you meet a specific threshold you go to a Level I Trauma Center. Long Term goals of PI committee risk adjusted reports of Injury related mortality by Region and provide feedback. Marilyn is now on the committee. Looking at transport to Level I or II. Dr. Yee asked about in-extreme situations. Dr. Calland will do a presentation to present to MDC prior to the new report coming out. Will add the number of missing data quality reports to go to the agency each month. Dr. Yee made a recommendation that the report assign numbers to agencies instead of the name of the agency, the same for Regions. In the future, would like for when a run sheet hits the Registry, the Training Officer gets an e-mail if the patient went somewhere other than the Level I. Consultant report –Creating a plan and response in 2017. Image Trend took 40 minutes to create a report. Dr. Calland feels it is a poor interface and contributes to the poor data. There is an issue regarding no access to initial ambulance run report when transferred to a helicopter. Can we give access to all run reports in the system for a short amount of time to the Level I Trauma Centers? Need to fix this process to improve patient care. Per Mike Berg, as a reminder if an ambulance rolls, a call report must be completed, one per incident, per patient, per agency. Mike Berg, Dr. McLeod, Dr. Lane and Dr. Calland will work on this and bring a report to the next meeting	Marilyn McLeod, Charles Lane, Forrest Calland and Mike Berg will work on this process and report back at the next meeting.
C	TCC Report – Dr. Charles Lane	Reappointment to TCC. Two workgroups working on Internal Psychomotor Testing and the EC process. There is currently only 1 EMT Instructor in the state. The I-99 Workgroup presented a recommendation. Dr. Lane presented his recommendation for discussion only and the committee discussed the various issues surrounding it. Jason Ambrose from Tidewater Community College advised that with the new Paramedic Testing requirements, logistically it will not be possible to hold the I-99 Psychomotor Testing in conjunction with P testing. Data Request, how many AEMT's can we train for the cost of 1 Paramedic?	Request that EMS provide information on how many AEMT's can be trained for the cost of a Paramedic
D	Marilyn McLeod, M.D.	Stated that she has students in a PA program she would like to put on the ambulance for field experience. Would like the PA students to work with Paramedics as the 'expert' in the field. Discussion	
E	Alan Yee, M.D.	Should we add PA, NP and Physician to the recognized EMS levels in Virginia? Dr. Lindbeck reported we haven't seen the need for Physicians and the OMD is an Endorsement, not a certification or license. May need information from Department of Health Professions to proceed. What about physician's with no previous EMS experience? Must affiliate with agency, may practice under your license. Mike Berg will follow-up regarding Line-of-duty injury or death for a physician working in this capacity.	Mike Berg will follow-up with AG regarding Line-of-duty issues related to affiliated physicians
VIII. Research Requests		None	
IX. State OMD – George Lindbeck, MD			
A.	Protecting Patient Access bill	Out of Committee, may be acted on during this session.	
B	Scope of Practice		
		1. Epinephrine – was discussed at last meeting. The question is can EMT's get vials of 1:1000 do the	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		<p>calculation and administer it. MDC feels this is outside the scope. What about if the hospital prepares pre-filled syringes? Dr. Lindbeck states that is an ad-mixture program and pharmacies are reluctant to do so.</p> <p>2. Pitocin – Has been a question to add Pitocin to the Scope. Have hormones under the scope, so it could be covered by that, but why?</p>	
C	CARES Program is coming up	Want to see Solu-Cortef in every box. It is not a scope issue because hormones are there. Recommendation that it be kept at home instead of on the trucks. Dr. Guinns agrees it may not be needed in the field	
D.	Critical Care Transports	Dealing with it in the ACS review Workgroup. Big issue with Balloon pumps in Southeast VA with some federal involvement. What is inter-facility critical care transport? How do we deal with non-certification training (CCEMTP/FPC etc.). May need to put a workforce together	Marilyn will assign a workgroup and get back to the Committee
Office of EMS Reports			
A	BLS Training Specialist – Greg Neiman (Given by Debbie Akers)	<ol style="list-style-type: none"> 1. EC Institute <ol style="list-style-type: none"> a. The last Institute was held in Fairfax in September at the Fairfax Fire Training Center. b. Certified 13 new EC's c. Deadline for passing the Cognitive exam in November 6 d. Next Practical is December 3 here in the Richmond Area. e. Next Institute is January in James City County 2. Updates <ol style="list-style-type: none"> a. The DED Division will stay on the road for 2016. <ol style="list-style-type: none"> i. Friday & Saturday Updates were held in NVEMSC in September ii. Saturday Update was held in TEMS in September iii. Next Update is in SWVEMSC on Saturday, October 15, 2016 iv. Final 2016 Update is at Symposium on Saturday, November 12, 2016 @ 0830 b. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm 3. Instructor Recertification <ol style="list-style-type: none"> a. 1 EMT Instructor left in the system. b. Expires October 31, 2016 	
B	ALS Training Specialist – Debbie Akers (Given by Greg Neiman)	<ol style="list-style-type: none"> 1. National Registry is changing their hour requirements again as of April 1, 2017 2. Will be posting how to recert NR by the end of next week. Will be MUCH easier. Make sure your providers use this announcement to compete their recert for March 31, 2017. Certificate that states they have met Virginia Recert Requirements to use if audited. Can start counting CE once you recert. Should Recert state at the same time of Registry. 3. ALS-C <ol style="list-style-type: none"> a. Most current ALS-C's are maintaining b. Have seen some people allowing it to expire 4. NR Stats (Attachment: B) 	See Attachment 'B'

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		<ul style="list-style-type: none"> a. Report Distributed b. Basically meeting National Registry National Pass Rates Test Order 5. <ul style="list-style-type: none"> a. Programming is going in place to change test order requirements b. Hoping to implement November 1 c. The key is having the Program Directors go into NR Account and pass the students <ul style="list-style-type: none"> i. Clean up your rosters- remove those students that will not complete 	
C	Accreditation – Debbie Akers (Given by Greg Neiman)	<ul style="list-style-type: none"> 1. Report distributed. ‘Attachment C’ 2. Attending scheduled CoA Accreditation visits over the next few months 	See Attachment ‘C’
D	EMSTF – Debbie Akers (Given by Greg Neiman)	<ul style="list-style-type: none"> 1. Report distributed. ‘Attachment ‘D’ <ul style="list-style-type: none"> a. Special initiative closed on Wednesday b. Funding for rest of fiscal year 2017 is still in development 	See Attachment ‘D’
E	Division of Educational Development – Warren Short (Given by Greg Neiman)	<ul style="list-style-type: none"> 1. Gearing up for Symposium <ul style="list-style-type: none"> a. Watch for Room Host notifications/requests! b. New CE Scanner will be in place c. Registration closes Friday d. Close to 1,400 registered down a little from last year 	
F	Regulation and Compliance – Michael Berg	<ul style="list-style-type: none"> 1. Packet that includes POLST as has been approved and posted by the Registrar 2. Committee met last week working on producing a new Chapter, Will go in front of the GAB to file the notice of intended regulatory action, Opens it up to the public for comment for 30 days and then proceed. 	
G	Other Office Staff		
PUBLIC COMMENT		Forrest Calland surveyed providers for stress. Stress First Aid, buddy-care program to spend time and effort looking out for their peers. Will re-survey in April. Leaders of agencies learning about program then roll out.	
For The Good Of The Order			
Future Meeting Dates for 2017		January 5, 2017, April 6, 2017, July 6, 2017, October 5, 2017	
Adjournment		12:47	

Attachment A

RSI White Paper

Rapid Sequence Induction and EMS Practice

Asher Brand, MD

Introduction

Rapid Sequence Induction is widely used in EMS systems in an attempt to reduce morbidity and mortality. The procedure involved giving medications to paralyze the patients muscles and an anesthetic to reduce awareness and control pain. While conventional wisdom is that RSI is safe and effective, there remains a dearth of supporting data⁽¹⁾. The procedure can be dangerous in that a breathing person is rendered not able to breathe and is now completely dependent on the practitioner performing the procedure.

The goal of this white paper is to provide EMS agencies and their Medical Directors with a framework in developing a successful and safe RSI program.

Education and Experience (references needed)

- Comparison to EM and Anesthesia training
- Simulation vs. Live Human's Data
- Comparison data between skill level / training

Ongoing Training / Quality Improvement

- Target number of real life RSI's
- Role of Simulation Experience
- Real-time monitor data
- Level of intensity of retrospective analysis / critique
 - o Surveillance for adverse effects
 - Hemodynamics, hypoxia, technical misadventure, etc.
- Transparent EMS agency protocols – posted on OEMS web-site
- Integrated CQI – hospitals and other EMS agencies

Operational Criteria

- Two RSI medics
- Clinical contraindications (hemodynamics, oxygenation)

Attachment B

National Registry BLS Statistics

EMT Statistics

As of 10/04/2016

Virginia:

Report Date: 10/4/2016 3:14:17 PM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 3rd Quarter 2013 to 4th Quarter 2016
Training Program: All

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The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
8283	67% (5527 / 8283)	77% (6394 / 8283)	78% (6440 / 8283)	0% (9 / 8283)	13% (1060 / 8283)	9% (778 / 8283)

National Registry Statistics:

Report Date: 10/4/2016 3:11:45 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 3rd Quarter 2013 to 4th Quarter 2016
Training Program: All

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The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
223786	68% (151969 / 223786)	79% (177410 / 223786)	80% (178922 / 223786)	0% (207 / 223786)	13% (28270 / 223786)	7% (16498 / 223786)

Individual Instructor Statistics are available on the OEMS webpage at the following link:

<http://www.vdh.virginia.gov/OEMS/Training/TPAM/Forms/EMT%20Performance%20Measure.pdf>

Attachment C

Accreditation

Accredited Training Site Directory

As of October 4, 2016



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Virginia Community College	68006	Yes	--	National – Continuing	CoAEMSP
ECPI University	70017	Yes	--	CoAEMSP - LOR	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Continuing	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	---	National – Continuing	CoAEMSP
John Tyler Community College	04115	No	--	CoAEMSP - LOR	
Lord Fairfax Community College	06903	No	--	National – Initial	CoAEMSP
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – Initial	CoAEMSP
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	--	CoAEMSP – Initial	CoAEMSP
Rappahannock Community College	11903	Yes	--	CoAEMSP – LOR	
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	No	1	National – Continuing	CoAEMSP
Tidewater Community College	81016	Yes	4	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	5	National – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- Rappahannock Community College has completed their first cohort class and awaiting their initial accreditation visit.
- ECPI University has received their Letter of Review to conduct their first cohort class.

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Shenandoah EMS Council</i>	79001	Yes	4*	State – Full	May 31, 2017
<i>Dabney S. Lancaster Community College</i>	00502	No	--	State – Full	July 31, 2017
<i>Danville Area Training Center</i>	69009	No	--	State – Full	July 31, 2019
<i>Hampton Fire & EMS</i>	83002	Yes	--	State – Full	February 28, 2017
<i>Henrico County Fire Training</i>	08718	No	--	State – Full	August 31, 2020
<i>James City County Fire Rescue</i>	83002	No	--	State – Full	February 28, 2019
<i>Norfolk Fire Department</i>	71008	No	--	State – Full	July 31, 2021
<i>Paul D. Camp Community College</i>	62003	No	--	State – Conditional	May 31, 2016
<i>Southwest Virginia EMS Council</i>	52003	No	--	State – Full	March 31, 2019
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	July 31, 2019
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2017

Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

Accredited AEMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Frederick County Fire & Rescue	06906	--	State – Full	July 31, 2020

Accredited EMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	July 31, 2018
City of Virginia Beach Fire and EMS	81004	--	State – Full	July 31, 2018
Frederick County Fire & Rescue	06906	--	State – Full	July 31, 2020
Chesterfield Fire & EMS	04103	--	State – Full	July 31, 2020

Attachment D

EMSTF Report

Emergency Medical Services Training Funds Summary

As of October 4, 2016



EMS Training Funds Summary of Expenditures

Fiscal Year 2015	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$2,480.00	\$540.00
40 BLS Initial Course Funding	\$736,780.50	\$354,540.52
40 BLS Initial Course Funding	\$4,284.00	\$0.00
43 BLS CE Course Funding	\$59,300.00	\$32,663.80
43 Category 1 CE Course	\$1,680.00	\$0.00
44 ALS CE Course Funding	\$146,335.00	\$66,263.75
45 BLS Auxiliary Program	\$90,625.00	\$17,960.00
46 ALS Auxiliary Program	\$552,376.00	\$141,720.00
49 ALS Initial Course Funding	\$1,009,204.00	\$591,193.05
Total	\$2,603,064.50	\$1,207,863.12

Fiscal Year 2016	<i>Obligated \$</i>	<i>Disbursed \$</i>
40 EMT Initial Course	\$664,632.00	\$340,709.02
43 BLS CE Course Funding	\$0.00	\$5,320.00
43 Category 1 CE Course	143,555.00	\$60,287.50
44 ALS CE Course Funding	\$0.00	\$8,251.25
45 Auxiliary Course	473,600.00	\$115,280.00
45 BLS Auxiliary Program	\$0.00	\$4,455.00
46 ALS Auxiliary Program	\$0.00	\$39,360.00
49 ALS Initial Course	\$1,067,940.00	\$622,044.15
Total	\$2,349,727.00	\$1,195,706.92

Fiscal Year 2017
<p>Special Initial Grant for funding of Initial Programs – Grant Request Period 09/21/2016 through 10/05/2016</p> <p>Available for any initial certification program with a start date between 07/01/16 and 12/31/16 Available to any non-profit licensed EMT agencies or other EMS organization operating on a nonprofit basis exclusively for the benefit of the general public</p> <p>Funding availability for remainder of Fiscal Year 2017 still being developed with goal to have available for remainder of fiscal year from 01/01/17 through 06/30/17.</p>