EMS Advisory Board Retreat
Embassy Suites Hotel, Richmond, Virginia
April 7, 2005

Board Members Present: Randy P. Abernathy; Rev. Coan Agee; Byron F. Andrews, III; Donald R. Barklage, Jr.; Robert V. Crowder, III; Michael S. Gonzalez, M.D.; George W. Langford; Elizabeth Jo Martin; Dr. Lori Moore; Michael B. Player; Morris Reece; Linda Sayles; Karen D. Wagner; Kent Weber;

Board Members Absent: Sherrin C. Alsop; Earl N. Carter, Jr. (excused); Gary P. Critzer (excused) ; Chip Decker; May H. Fox; Theresa E. Guins, M.D. (excused); Catherine Hudgins (excused); Rao R.Ivatury, M.D.; Stewart W. Martin, M.D. (excused); Douglas R. Young (excused)

Staff Present: Dr. Carol Gilbert; Dennis Molnar; Rohn Brown; Timothy M. Kimble; Steve Puckett; Tom Nevetral; Warren Short; Chad Blosser; Kim Owens; Carolyn Halbert; Paul Sharpe; Ron Kendrick; Carol Morrow; Gary Brown; Scott Winston; Russ Stamm; Terry Coy; Ken Pullen; Melissa Doak; Mike Berg; Jimmy Burch; Paul Fleenor; and Irene Hamilton

Others Present: Jim Chandler; Gary A. Dalton; Jenni-Meade Carter; Melinda Duncan; Petra Menzel; Rob Logan; Don Wilson; Linda Johnson; Mary Kathryn Allen; Connie R. Purvis; Jon R. Donnelly; Jennie L. Collins; and David E. Cullen, Jr.

Donald Barklage, Board Chair, called the meeting to order at 9 a.m.

Mr. Barklage gave a brief overview of the agenda and the expectation of the items they hoped to cover during the retreat.

Status of Training in the Commonwealth -- Warren Short
Warren Short gave an overview of how the Training Division developed the Training Plan for the Future. Mr. Short talked about changes in EMS training over the years, problems with current training procedures, and the types of new training mechanisms that needed to be utilized.

Discuss and Review Board Committee Structure --------------------------- Donald Barklage
Mr. Barklage opened discussion with the group regarding the composition and committee structure of the EMB Advisory Board. Mr. Barklage asked several questions, that he wanted the group to consider:

- Should the EMS Advisory Board be downsized?
- Currently there are 16 standing committees? Are all of these committees needed; or is there, perhaps some committees with similar missions that could be combined?

- The Bylaws state that all committees must be chaired by a member of the Advisory Board. Should the Board consider changing this stipulation and allow non-Board members to share standing committees?
- The Bylaws require all Board members to sit on a standing committee. Should the Board consider changing this requirement?
- Is committee attendance an issue?

The group discussed these issues at length and agreed that these issues would be addressed further at the EMS Advisory Board meeting. Mr. Barklage asked each committee chair to send him a roster with the names and organization affiliation of each of its committee members.

Discuss / Review Recommendations From JLARC Committee ----------- Donald Barklage
The JLARC Report on EMS was a comprehensive analysis and review of the EMS System in the Commonwealth. The JLARC Report resulted in 20 recommendations; and some of these have already received legislative attention. Mr. Barklage went over all 20 recommendations. After each recommendation was read, Mr.Barklage opened the floor for:

- Input from the Committee/s and/or groups
- Discussion
- Strategy for further action, if needed

Recommendation # 1

●**The General Assembly may wish to amend the *Code of Virginia* to require local governments to ensure the continuous provision of emergency medical services.**
Committee Recommendation (FLAP)
Discussion / Strategy for Further Action, if needed – The General Assembly passed a bill to put language in the ode of Virginia that localities will seek to ensure that continuous EMS provisions are provided in their locality. This bill met with a lot of opposition from Virginia Association of Counties (VACO) and the Virginia Municipal League (VML) as well as some localities.
Strategy for action – EMS needs to work on developing a partnership with VACO and VML so that they will be on board with any future legislation or endeavors of EMS regarding localities.

Recommendation # 2

●**The Office of EMS should develop a uniform definition for measuring agency response times, starting from the time a call for emergency medical care is received until the time an appropriate emergency medical response unit arrives on scene. EMS agency response time data should be required to be submitted to OEMS on a regular basis. OEMS should make this information publicly available.**
●***Committee Recommendation (Reg/Policy)***
Regulation And Policy Recommendation
●***Change Regulation Definition Of "Responding Interval": Means the elapsed time in minutes between the time the call is received by the PSAP until a) the time an appropriate emergency medical response unit is responding and b) the appropriate emergency medical response unit arrives on the scene.***
●***Current regulations already address the requirement to report/submit data to OEMS***
●***Remove "Unit Mobilization Interval" and "Unit Mobilization Interval Standard" from the current regulations***
●***Modify current Section 12 VAC 5-31-610 to remove language relating to Unit Mobilization Interval/Standard***
Discussion / Strategy for Further Action, if needed – This recommendation was referred to the Regulation and Policy Committee. The committee has changed the definition of responding interval to capture the time a call was received by a PSAP until the time the unit arrives on the scene. The current regulations already address requirements to report to OEMS.

The group discussed the variation of definitions for response time throughout the state. The committee decided that localities should be responsible for defining their definition of response time. The committee also decided that the reports should also be submitted to the OMD and the locality.
The Regulation & Policy Committee has come up with a recommendation that will be put in the Draft NOIRA.

Recommendation # 3

● **All EMS agencies in Virginia should be required to establish response time goals based on a common statewide definition of response times.**

● ***Committee Recommendation (Reg/Policy)***

Regulation and Policy Recommendation

● **Already addressed in action taken in # 2**

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Recommendation # 4

● **The Office of EMS, in conjunction with the regional EMS councils, should identify and make available information on best practices for managing emergency medical response times.**

● ***Committee Recommendation (Regional Councils; Leadership/Management)***

Regional Directors Recommendations

● ***The Regional Directors will work with the Office of EMS to assist in getting appropriate information out that can help our agencies manage response times. Need to start encouraging agencies to record all times to capture correct data.***

Leadership And Management Committee Recommendation

● ***"Committee agrees that this is very important information and that both OEMS and the Regional Councils should gather the information for distribution. The committee's thought is that consideration should be given to the wide difference of EMS agencies capability from the very rural areas of the state and those in urban area. In addition, definition of response times, for example does the response time start when the PSAP answer the phone, when the call is dispatch and waiting for the agency to answer the radio, or when the truck marks enroute?"***

The group discussed the fact that a lot of times agencies are unclear and do not submit the information or submit it incorrectly. It was pointed out that a lot of times agencies get incorrect information from PSAPs and that is reflected in the data they submit.

Recommendation # 5

● **The Office of EMS should initiate planning for the development of a unified emergency medical services patient care information system, as envisioned within 32.1-116.1 *Code of Virginia.* This system should, at a minimum, include data already contained within the existing Licensure and Compliance, and Patient Pre-hospital Care Report datasets. In addition, planning for this system should focus on the proposed data collection points established by the National Highway Traffic Safety Administration's Uniform Pre-Hospital Dataset (version 2.0). OEMS should use the data to help it identify local EMS operations in which the availability, timeliness, or quality of services appears to be problematic. OEMS should work with local agencies to develop strategies to address such problems.**

● ***Committee Recommendation (OEMS)***

Office of EMS Recommendation – The Office of EMS is planning for development of a unified EMS patient care information system. Paul Sharpe from the Office of EMS said that OEMS is looking at what is available throughout the nation in their efforts of improving or designing a new system.

Recommendation #6

The Virginia Emergency Medical Services Regulations should be revised to require squad captains to complete management and leadership training within six months of becoming captain. The Office of EMS and the regional councils should ensure that adequate management training opportunities are available.

Committee Recommendation – This recommendation was referred to OEMS; Leadership and Management; Regional Councils; and Regulation and Policy Committee.
Regulation And Policy Recommendation

● Addressed in Bill 2253 (Bell), final version, where it is not a code requirement but listed as a goal under "best practices"

● Recommend it be forwarded to the Leadership and Management Committee for identifying KSA's

● OEMS and Regional Councils can serve as "Clearing House" for current programs that meet the needs

Regional Directors Group Recommendation

●*The Regional Directors do not feel this should be required in the EMS Regulations. Many of the Regional Councils are already offering management level training programs and we would be willing to ensure this training is conducted in our regions, whether it is done by the council or another entity. Other resources, like VAVRS, VEGEMSA, the NFA/EMI and others should be considered. Develop a reliable resource list of proven programs that would benefit our agencies and make it available so that our agencies know how to access this recommended training.*

Leadership And Management Committee Recommendation

●*"The committee feels this is very important and needed. However, regulations requiring the Captain to have the training within six months may not be practical since most Squad Captains serve for 1 year. There are already Management training offered to EMS local government departments and volunteers in some areas of the state through councils, local government, EMS Symposium, and VERVES. Consideration of consolidating these and offering at different times and locations throughout the year to VA. EMS providers considering a management position in their department. This can allow them to receive the training prior to taking an administrative position. Also, field/duty supervision courses should also be offered aside from administrative courses.*

Recommendation # 7

● **The Office of EMS should develop and distribute to EMS providers descriptive information about the Volunteer Firefighter's and Rescue Squad Worker's Service Award Fund in order to better publicize the fund.**

●*Committee Recommendation (OEMS; PI&E)*

This is being done.

Recommendation # 8

●**The Office of EMS should consider allocating some of the $4-for-life funding to help agencies fund recruitment and retention incentives. Local governments should also consider providing funds to agencies to help fund these incentives, or pay for volunteer bonuses or on-call pay. Agencies should be encouraged to apply for Rescue Squad Assistance Fund grants to help fund these initiatives.**

●*Committee Recommendation (OEMS; FARC)*

This is being done.

Recommendation # 9

●**The Office of EMS and the regional councils should work together to define a larger role for the regional councils in assisting agencies with recruitment and retention. For example, OEMS and the regional councils could work with the Department of Education and local school divisions to develop EMT-B high school curricula (as the Peninsulas council is currently contracted to do), sponsor region-wide EMS job fairs, and provide more leadership and management training.**

●*Committee Recommendation (OEMS; Regional Councils; PI&E; Professional Development)*

Regional Directors Group Recommendation

●*Regional Councils already play a vital role in recruitment and retention through many of our programs. These include referrals, training opportunities – initial certification, CE and specialty training – as well as maintaining accredited CISM Teams and conducting regional awards programs, which are valuable retention tools. Need to educate JLARC or others on what the councils and EMS System are already doing to assist in this area. Feel this is a support function of the councils and that we should not be used as a main resource. This may also be a support function appropriate for VAVRS (for volunteer agencies) and VAGEMSA (for career agencies). Primary recruitment and retention should be effected at the agency level.*

● *Professional Development Committee addressed this issue at its last meeting and they are working to get all of the regional councils to have a unified approach to recruitment efforts.*

●*Public Information & Education Committee recommends identifying past successful programs in high schools. They also suggested doing an EMSAT program to promote EMS in high schools.*

Recommendation # 10

●**The Office of EMS should expand the availability of Advanced Life Support training. For example, the Office of EMS should work with the Virginia Community College System and the community colleges to increase the availability of accredited Advanced Life Support training programs or become satellite campuses for already-accredited sites. OEMS should also work with the teaching hospitals to provide additional paramedic training opportunities.**

●*Committee Recommendation (OEMS; Professional Development)*

Office of EMS aggressively working with the Virginia Community College System to achieve this recommendation.

Recommendation # 11

● **Emergency medical services agencies should actively consider billing patient's health insurance policies for the services and transportation provided. The Office of EMS should help develop materials that agencies can use to help educate the public about the reasons and benefits for billing, as well as to dispel misconceptions.**

● *Committee Recommendation (PI&E; OEMS; Leadership and Management)*

Leadership And Management Committee Recommendation

● *"The committee feels that materials to educate the public about EMS billing should also expand to educate the Virginia's EMS Agencies and local governments. Showing the benefits and success stories may help them make there discussion"*

Recommendation # 12

● **The Governor may wish to submit an amendment to the $4-for-Life funding formula to permit implementation prior to full funding from the fee, or to delete the transfer of $3.45 million to the State general fund, which will have the effect of implementing the statutory distribution formula.**

● *Committee Recommendation (FLAP)*

The Governor did not amend the $4-for-Life funding formula.

Recommendation # 13

● **The financial assistance review committee of the State EMS Advisory Board should establish guidelines for the rescue squads assistance fund which encourage the most effective use of available funds. For vehicles, the guidelines should take into consideration factors such as the annual number of responses to emergency medical incidents, the annual mileage per emergency vehicle, and the age of the existing vehicle.**

● *Committee Recommendation (FARC; Transportation)*

Transportation Committee Recommendation

● *Not develop actual set guidelines, but place greater emphasis on the Program Representative and Regional Council recommendations given to FARC*

● *Recommendations should include whether or not the replacement/addition of an ambulance to the requesting agency is indeed warranted.*

Financial Assistance Review Committee is addressing this issue.

Recommendation # 14

● **The Department of Medical Assistance Services should re-evaluate reimbursement rates paid for emergency medical transports. The rates should have a reasonable relationship to the costs typically incurred by EMS agencies in Virginia.**

● *Committee Recommendation (OEMS)*

Recommendation # 15

● **The Office of EMS should seek the opinion of the federal Centers for Medicare and Medicaid Services as to whether the Virginia EMS Regulations comply with federal requirements, and implement any changes to regulatory language needed to ensure compliance.**

● *Committee Recommendation (OEMS)*

OEMS Recommendation – Scott Winston of OEMS said that the Office of EMS has looked into this and primarily don't think there is anything in our Regulations that need to be changed.

Recommendation # 16

● **The Board of Health should review and revise the comprehensive emergency medical services plan, as required by section 32.1-111.3 of the *Code of Virginia*. The plan should identify emerging issues and recommend appropriate strategies to address these issues.**

● *Committee Recommendation (FLAP)*

The FLAP committee is currently working on the State Plan.

Recommendation # 17

●**The General Assembly may wish to amend the *Code of Virginia 32.1-111.10* to authorize a member from each regional EMS council to serve on the State EMS Advisory Board, and to delete obsolete references to the defibrillator registry.**
●*Committee Recommendation (OEMS; FLAP)*
This bill has been signed by the General Assembly.

Recommendation # 18

●**The Office of EMS should initiate revisions to the current Virginia EMS Regulations (12 VAC 5-31). The concerns referenced in this report should be addressed.**
●*Committee Recommendation (Reg/Policy)*
Regulation and Policy Recommendation

●*Recommend Code is changed during next legislative session to reflect current EMS Regulations: Ability of OEMS to issue variances and exemptions to other than "Volunteer Rescue Squads"*

●*Other changes have been addressed: AED registration, Regional Council regulations (Currently in NOIRA process), Neonatal definition (In draft for upcoming NOIRA).*

Recommendation # 19

●**The General Assembly may wish to authorize some intermediate sanctions for enforcement of emergency medical services regulations. For example, the Virginia Department of Health could be authorized to levy financial penalties for non-compliance.**
●*Committee Recommendation (Reg/Policy)*
Regulation and Policy Recommendation

●*Regulation and Policy Committee has been tasked with developing key elements of fee/fine policy, draft language will be developed and reviewed by committee, draft to be submitted to Board for review at upcoming Board meeting.*

●*Language to be included in overall Regulation NOIRA.*

Recommendation # 20

●**The Office of EMS should request additional staffing for the purpose of assigning quality control and monitoring responsibilities to a training filed officer position. Some of the funding earmarked for field coordinators should instead be used for these positions, which should be co-located in the regional councils.**
●*Committee Recommendation (OEMS; Regional Councils)*
Regional Directors Group Recommendations
●*Many of the Regional Councils are concerned that Office of EMS staff located in their offices would give the appearance of state "control" over councils, a shift in council roles to enforcement, and would create problems associated with supervision of staff. Leave enforcment at the Office of EMS. This recommendation would potentially take away funding from the council's Field Coordinator positions that are valuable and already in place. If there is a need for more enforcement personnel to monitor quality control and educational programs, these positions should remain at the Office of EMS level.*

After reviewing and discussing the JLARC recommendations, Donald Barklage asked the group for consensus as to whether OEMS have a clear direction and plan of action for each recommendation. The group was in agreement that OEMS did have direction and/or a plan of action for each recommendation.

The group agreed that:

- Several of the committees have ongoing work to accomplish.
- EMS has to work and have strategic plans in place for the next General Assembly session.
- EMS needs to work on building collaborating efforts with other key organizations.

Facilitated Discussion of State EMS Plan---------------------------- Focus Group Break-outs

The Focus Groups were divided as followed. Each group were asked to consider the following questions when discussing how to accomplish each goal:

1) Will legislation have to be introduced?
2) Will a change in administrative regulations be required?
3) How will project be funded?
4) Identify the affected parties and constituents?
5) Long term or short term goal?

Each group met for a 90 minutes and afterwards reported back to the full retreat to give a report of their actions.

1. **Integration of EMS Services**

Facilitator: Rob Logan
OEMS Staff: Patty Jones
Attributes:

- EMS System Coordination
- Regional EMS Council Coordination
- Administration
- Infrastructure
- RSAF
- System Finance

2. **EMS Education**

Facilitator: Randy Abernathy
OEMS Staff: Training Staff personnel to be identified
Attributes:

- Training
- Research
- Medical Direction
- EMSC

3. **EMS System Evaluation**

Facilitator: Paul Sharpe
OEMS Staff: Carolyn Halbert
Attributes:

- Planning
- Performance Improvement
- Data
- Information Systems

4. **Emergency Preparedness**

Facilitator: Morris Reece
OEMS Staff: Karen Owens
Attributes:

- Disaster Coordination
- Communications
- Transportation
- Critical Care

5. <u>Community Education</u>

Facilitator: Gary Dalton
OEMS Staff: Irene Hamilton
Attributes:

- Public Information and Education
- Technical Assistance to Local Governments
- Advocacy
- Public Assess

6. <u>Human Services</u>

Facilitator: Liz Martin
OEMS Staff: Administrative Unit personnel to be identified
Attributes:

- Human Resources
- Recruitment and Retention
- CISM
- Leadership and Management