

MEDICAL DIRECTION COMMITTEE
1041 Technology Park Drive, Glen Allen, VA
January 4, 2018
10:30 AM

Members Present:

Asher Brand, M.D.
Charles Lane, M.D.
George Lindbeck, M.D.
Marilyn McLeod, M. D.
Forrest Calland, M.D.
Scott Weir, M.D.
Allen Yee, M.D.
Paul Phillips, D.O.
Tania White, M.D.
Chief Eddie Ferguson

Members Absent:

Lisa Dodd, D.O. - Chair
Christopher Turnbull, M.D.
Stewart Martin, M.D.
John Morgan, M.D.

Staff:

Scott Winston
Tim Perkins
Debbie Akers
Chuck Faison
Cam Crittenden

Others:

Ron Passmore
Ed Moreland
Gary Critzer
Rob Logan
Wayne Perry
John Dugan
Matt Lawler
Greg Neiman
Michael Biller

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order by Dr. McLeod at 10:40	
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 6, 2017	Approved by consensus
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Deferred to report of State Medical Director	
VI. Old Business	None	
VII. New Business		
A Training & Certification Committee Report – Ron Passmore	1. Stated that Training and Certification Committee met yesterday. Two action items will be move forward. <ul style="list-style-type: none"> a. First action item, CPR for initial certification courses will be a co-requisite requirement rather than pre-requisite requirement for students enrolling in initial certification programs. 	

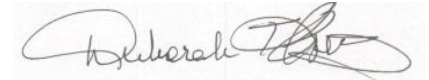
Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		b. Second action item, components of CPR courses will continue to be defined by the Board of Health but the list of individuals approved to offer these courses will no longer be listed by the Board of Health.	
B	Trauma Committee Report – Dr. Forrest Calland	<ol style="list-style-type: none"> 1. Work continues on processing of the trauma system site survey from 2016 and how to develop a functional trauma system. 2. Have achieved 90% recording of vital sign in reporting on data sets. 3. Dr. McLeod asked about how appropriate feedback to EMS agencies is being address for patients transported to their facility. Providers are meeting resistance from receiving facility who states they are violating HIPAA to share information. Dr. Calland stated this exchange of information should and could occur. 4. Gary Critzer shared information from trauma committee meeting. Stated there should be a two-way communication between the trauma committee and medical direction. 	
C	Prevention and Treatment of Hypothermia in Trauma Patients – Asher Brand	<ol style="list-style-type: none"> 1. Brought up issues on treatment and transport of hypothermic trauma patients. Stated issue with both agencies and receiving hospitals. Expressed interest in having available active warming devices, monitors with thermometers and hypothermia blankets. Discussed by committee. Dr. McLeod stated we needed to view hospital data sets to see if issue exists. Dr. Calland stated this is doable. 	Dr. Calland to review data sets and report back to committee in July.
D	AHA LVAD – Dr. Charles Lane	<ol style="list-style-type: none"> 1. Stated that AHA had produced an LVAD paper with good clarity on who to do CPR on. Committee discussion on how this affects EMS. 	
VIII. Research Requests		None	
Committee Lunch Break –12:00 – 12:35			
IX. State OMD – George Lindbeck, MD			
A.	SOP Updates	Reviewed updatesto the procedures and formulary and any additional updates needed. Long committee discussion concerning the administering of Epinephrine by EMT’s; allowing them to draw up from a multi-dose vial. Two or three strategies could be used, a picture of the syringe with lines indicating dosage amount, a syringe with specific lines noted or the use of the new FDA approved fixed dose pre-filled syringe SYMJEPi. After discussion, consensus agreement was to move toward a fixed dose delivery system. Consensus agreement was that a fixed dose delivery system or a system that used a mechanical limiter to prevent over-dosage was required at this time Continued discussion concerning layperson technology equipment, PCA pumps, chemo, LVAD, vents, etc. Discussed cardiac enzymes at the P level, prehospital ultrasound at the P level, lactic acid, etc. Also, discussed procedures that are outside of the Scope of Practice = Balloon Pump, ECMO, etc. Dr. Lane mentioned the removal of Glucagon from his region due to the cost – questioned whether others were experience similar issues.	Dr. Lindbeck will revise the Scope of Practice – Procedures and Formulary and present at the April meeting as an action item.
B	National Patient Care Guidelines v 2.0	Distributed to committee for informational purposes only	
C	Fatigue Project	Will provide further information next quarter.	

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D	Protecting Patient Access to Emergency Medications Act	Act has been signed into law. Discussed how to manage drug kits, our current hospital-based drug box system may require significant changes to be in compliance with new regulations, but it is difficult to anticipate what the new regulations might look like”.. End user should be responsible for purchase of and maintaining the drugs. Stated not sure what the end produce will look like.	
E	Test criteria for immobilization and O2 administration	Discussed the removal of the spinal immobilization – seated patient from BLS Testing. Committee in agreement that it was a skill that needed to be evaluated and removal was appropriate	
F	Critical Care Transport	Has become an ever increase issue and their role in transfer of patients to definitive care. States there is no good definition of what is critical care. HB1728 addressing some of these issues.	Workgroup will be established to start work on defining critical care.
Office of EMS Reports			
Division of Educational Development Staff			
A	BLS Training Specialist – Debbie Akers	<ol style="list-style-type: none"> 1. EC Institute <ol style="list-style-type: none"> a. The Institute was held in Chesterfield from December 9 – 12. b. 24 New EC’s were Certified c. This was the last Institute under the old process d. Anyone who has applied under the old process will be required to complete a new application but all requirements met under the old system will be transitioned to the new system. 2. New EC Process <ol style="list-style-type: none"> a. Will be available online by January 31, 2018. b. If you are selected as an EC mentor, you will have a new tab on your OEMS portal to facilitate this mentoring process. 3. Updates <ol style="list-style-type: none"> a. The DED Division will continue to present on the road for 2018. Schedule has not been determined pending the hiring of the new BLS Training Specialist. b. See the latest schedule on OEMS webpage: http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/ 	
B	ALS Training Specialist – Debbie Akers	<ol style="list-style-type: none"> 1. NR Stats (ATTACHMENT: A) <ol style="list-style-type: none"> a. State results continue to mirror National Registry 2. Accreditation (ATTACHMENT: B) <ol style="list-style-type: none"> a. Report distributed b. Any program listed with an asterisk next to their accreditation status are allowed to have ‘in-house’ CTS or psychomotor competency verification. 	<p>See Attachment ‘A’</p> <p>See Attachment ‘B’</p>
C	Training and Development Specialist – Chuck Faison	<ol style="list-style-type: none"> 1. EMS Scholarship Program and Contracting with Regional Councils <ol style="list-style-type: none"> a. First cycle of EMS scholarships have closed. Received approximately 160 applications b. Several glitches and issues with the system. OHE has been in contact with the appropriate students to assist with application completion. 	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		<ul style="list-style-type: none"> c. Working to improve the system and to access applications on web database for approval decisions. One hurdle currently is after OEMS has approved a student, they are notified and receive a contract in the mail for signature and return. Currently waiting on the Attorney General (AG) office for final approval of the contract to issue awards to students. d. Intent is to have a rolling process to make the scholarship more accessible to all students. e. There is no breakdown currently of BLS versus ALS applications or geographic distribution of applicants in response to question from Chris Kroboth. <ul style="list-style-type: none"> 2. CE Auxiliary Contracts <ul style="list-style-type: none"> a. Made contact with the Regional Councils prior to the holidays. Actively working to create reporting templates for EMSTF funding from the CE & Auxiliary programs. b. IT anticipates development of templates in next two weeks to allow OEMS to gather pertinent data from these reports. 	
D	Division of Educational Development Training Manager – Debbie Akers	<ul style="list-style-type: none"> 1. Greg Neiman left the Office of EMS in October, 2017, to pursue a new adventure and the office wish him well. The new candidate has not been named, however, they are currently in the background investigation process. 2. National Registry has issued formal notification that Intermediate 99 testing will end on December 31, 2019. If a testing candidate has not passed by that date, they will have no further opportunities to certify at the Intermediate level. Stated that consideration should be given to dual enrolling students in an AEMT program in the event they are not successful on passing the I-99 examination. Program should consider a ‘sunset date’ to ensure student success in testing. 	
Other OEMS Staff			
E	Assistant Director – Scott Winston	<ul style="list-style-type: none"> 1. Regulation & Compliance Division Manager position is vacant. Currently handling those responsibilities. Interviews are in progress 2. New licensure database launched on January 1st. Moved records from Lotus notes and Oracle. Allows agencies to submit electronic documents for re-licensure. Working on issues that have been identified. 3. Over 8000 background checks were completed in 2017. Four bills were introduced in the GA to make available to our office and other governmental agencies juvenile records. 4. There are 225 endorsed EMS physicians. 5. Two regulatory actions <ul style="list-style-type: none"> a. HB2153 that allows out of state durable do not resuscitate orders to be recognized is awaiting final approval. b. Comprehensive review of regulations has occurred. Last regulations were issued in 2012 and revised in 2015. These new regulations will repeat Chapter 31 and created chapter 32. Changes are not significant, it does address agencies use of lights and sirens and are more streamlined. Notice of intended action for regulatory change was placed on Town Hall and no comments were received. <ul style="list-style-type: none"> i. Dr. Yee asked how the Medical Direction Committee could make recommended changes to the OMD section. After detailed discussion it was agreed that a workgroup would be formed to review the OMD section and all other regulations and submit proposals for change that would need to be 	Workgroup established to include Charles Lane, Allen Yee, George Lindbeck, Scott Weir and Marilyn McLeod.

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		submitted to the rules and regulations subcommittee. Scott Winston also stated that changes could be recommended during open comment. 6. Brought to the attention of the committee the House and Senate bills being tracked.	
F	Trauma Systems Director – Cam Crittenden	1. Has hired a Trauma System Coordinator – Comes from Ohio and will bring some insight from outside of Virginia.	
PUBLIC COMMENT			
For The Good Of The Order			
Future Meeting Dates for 2018		April 5 th , July 12 th , October 4 th	
Adjournment		13:23 PM	

Respectfully submitted by:



Deborah T. Akers
OEMS Staff Liaison
January 4, 2018

Attachment A

NREMT Statistics

EMT Statistics

As of 01/02/2018

Virginia:

Report Date: 1/2/2018 11:57:20 AM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 4th Quarter 2015 to 4th Quarter 2017
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
5508	69% (3775)	79% (4352)	79% (4378)	0% (2)	18% (980)	3% (149)

National Registry Statistics:

Report Date: 1/2/2018 12:01:48 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 4th Quarter 2015 to 4th Quarter 2017
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
157686	69% (109183)	80% (126589)	81% (127472)	0% (100)	16% (25403)	3% (4734)

Individual Instructor Statistics are available on the OEMS webpage at the following link: http://www.vdh.virginia.gov/content/uploads/sites/23/2017/07/2017-July-Percentile-stats_EMT.pdf

Attachment B

Accreditation Report

Accredited Training Site Directory

As of January 2, 2018



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Virginia Community College</i>	68006	Yes*	--	National – Continuing	CoAEMSP
<i>ECPI University</i>	70017	Yes**	--	CoAEMSP - LOR	CoAEMSP
<i>J. Sargeant Reynolds Community College</i>	08709	No	3	National – Continuing	CoAEMSP
<i>Jefferson College of Health Sciences</i>	77007	Yes	--	National – Continuing	CoAEMSP
<i>John Tyler Community College</i>	04115	Yes*	--	CoAEMSP - LOR	
<i>Lord Fairfax Community College</i>	06903	No	--	National – Initial	CoAEMSP
<i>Loudoun County Fire & Rescue</i>	10704	No	--	National – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	No	1	National – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	--	CoAEMSP – Initial	CoAEMSP
<i>Piedmont Virginia Community College</i>	54006	Yes	--	National – Continuing	CoAEMSP
<i>Prince William County Dept of Fire and Rescue</i>	15312	Yes*	--	CoAEMSP – Initial	CoAEMSP
<i>Rappahannock Community College</i>	11903	Yes	--	CoAEMSP – LOR	
<i>Southside Virginia Community College</i>	18507	No	1	National – Continuing	CoAEMSP
<i>Southwest Virginia Community College</i>	11709	Yes*	4	National – Continuing	CoAEMSP
<i>Stafford County & Associates in Emergency Care</i>	15319	Yes*	1	National – Continuing	CoAEMSP
<i>Tidewater Community College</i>	81016	Yes*	3	National – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	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 had their site visit in November, 2017. Awaiting final decision by CAAHEP.
- John Tyler Community College under Letter of Review. Completing self-study for submission to CoAEMSP.
- ECPI University has received their Letter of Review to conduct their first cohort class.
- Loudoun County Fire and Rescue CoAEMSP site visit for continued accreditation scheduled for February, 2018.
- Northern Virginia Community College CoAEMSP site visit for continued accreditation scheduled for February, 2018.

*** Indicates program has been approved for in-house psychomotor competency verification.**

**** Request has been received for in-house psychomotor competency verification.**

Accredited Intermediate 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	July 31, 2018
<i>Danville Area Training Center</i>	69009	No***	--	State – Full	July 31, 2019
<i>Hampton Fire & EMS</i>	83002	Yes	--	State – Full	February 28, 2018
<i>Henrico County Fire Training</i>	08718	Yes*	--	State – Full	August 31, 2020
<i>James City County Fire Rescue</i>	83002	Yes	--	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	Yes	--	State – Full	May 31, 2021
<i>Southwest Virginia EMS Council</i>	52003	Yes	--	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, 2022

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

- Hampton Fire & EMS reaccreditation self-study has been assigned to the site review team. Visit will be conducted late January or early February.

*** Indicates program has been approved for in-house psychomotor competency verification.**

**** Request has been received for in-house psychomotor competency verification.**

***** Request has been received for BLS accreditation to be added to ALS accreditation.**

Accredited AEMT Training Programs in the Commonwealth

<i>Site Name</i>	<i>Site Number</i>	<i>BLS Accredited</i>	<i># of Alternate Sites</i>	<i>Accreditation Status</i>	<i>Expiration Date</i>
Frederick County Fire & Rescue	06906	Yes*	--	State – Full	July 31, 2020

* Indicates program has been approved for in-house psychomotor competency verification.

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
Chesterfield Fire & EMS	04103**	--	State – Full	July 31, 2020

- Initial self-study has been received and is under review for Arlington County Fire Department.
- Initial self-study has been received and has been reviewed for Isle of Wight Rescue. OEMS conducted visit with program and they have requested to postpone start of initial cohort until Fall, 2018.

*** Indicates program has been approved for in-house psychomotor competency verification.**

**** Request has been received for in-house psychomotor competency verification.**