

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: PRE-HOSPITAL CARE COMMITTEE MEETING
HEARD BEFORE: MIKE WATKINS
CHAIR, PRE-HOSPITAL CARE COMMITTEE

FEBRUARY 8, 2019

CONFERENCE CENTER
EMBASSY SUITES HOTEL
2925 EMERYWOOD PARKWAY
RICHMOND, VIRGINIA

1:00 P.M.

COMMONWEALTH REPORTERS, LLC
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1 APPEARANCES:

2 Mike Watkins, Presiding
3 Chair, Pre-Hospital Care Committee

4 COMMITTEE MEMBERS:

5 Brad Taylor, Vice-Chair

6 Sid Bingley

7 Ed Brazle

8 Mike Garnett

9 Tim McKay

10 Wayne Perry

11 Derrick Ruble

12 Kelley Rumsey

13 Mark Sikora

14 Sherry Stanley

15 Richard Szymczyk

16 Allen Yee, MD

17
18 VDH/OEMS STAFF:

19 Tim Erskine

20
21 ALSO PRESENT:

22 Matt Lawler

23 Valerie Quick

24 Pier Ferguson

25 Kate Challis

1 ALSO PRESENT (con't.):

2 Shelly Arnold

3 Dallas Taylor

4 Paul Sharpe

5 J. M. Watkins

6 Wayne Perry

7 Jeff Young, MD

8 Lou Ann Miller

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A G E N D A

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Adjourn	
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1 (The Pre-Hospital Care Committee meeting
2 commenced at approximately 1:00 p.m. A quorum was
3 present and the Committee's agenda commenced as
4 follows:)

5
6 MR. TAYLOR: All right. It is
7 12:00 o'clock -- or 1:00 o'clock sharp. It
8 appears that we do have enough members to
9 have a quorum today. We have to have the
10 majority and currently we have 11 people on
11 this roster.

12 And we have plenty of people
13 here to have the majority of that. We'll
14 just stick with our agenda. I'm going to
15 defer the Chair's report for later because
16 we don't really have a Chair's report at
17 this point.

18 This is our -- our first
19 official meeting. So let's get an approval
20 of the agenda and then we'll have Mr. Mike
21 Watkins come up and introduce himself and
22 tell us why -- why he's a good candidate for
23 chair. Okay? Any motion to approve the
24 agenda?

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COMMITTEE MEMBER: Motion.

COMMITTEE MEMBER: Second.

MR. TAYLOR: Thank you. All in favor?

COMMITTEE MEMBERS: Aye.

MR. TAYLOR: All opposed? Okay.
Mr. Mike Watkins, welcome to the
Pre-Hospital Committee.

MR. WATKINS: Thank you, sir.

MR. TAYLOR: How are you?

MR. WATKINS: Very well, sir.

MR. TAYLOR: Excellent. Tim, you
got the recorder going?

MR. ERSKINE: Yes.

MR. TAYLOR: Excellent. So for

1 those of you who don't know, Mike was
2 nominated as a possible chair to this
3 committee. He had not been on the work
4 group.

5 And -- and so the last time we
6 met, which was an informal meeting anyhow,
7 we made the decision to have him come in to
8 this meeting, introduce.

9 And then we're going to vote
10 on the chair, so we may be changing chairs
11 today. And then we'll move forward with the
12 meeting. So Mike, you have the floor. I
13 think, in general, just -- you know, some of
14 these people are not from this area.

15
16 MR. WATKINS: Yep.

17
18 MR. TAYLOR: They have no idea who
19 you are or what you're about.

20
21 MR. WATKINS: Good afternoon. My
22 name is Mike Watkins. I'm a battalion chief
23 with Hanover County Fire and EMS. I've
24 served with Hanover Fire and EMS since 1996.
25 I've got wide-ranging interest in trauma

1 care. I'm a trauma nurse -- TNCC instructor
2 as well as a previous PHDLS instructor.

3 I've been a paramedic since 1996 throughout
4 the entire evolution of my department.

5 We originally were a stand-
6 alone EMS department and we merged into fire
7 -- the fire side back in 2002. I also am a
8 registered nurse.

9 I've worked at Chippenham
10 Medical Center as well as VCU Medical Center
11 in various -- various capacities in the
12 emergency department. I'm a frequent
13 instructor.

14 I've taught at Symposium for
15 several years. My interest in the Committee
16 is, you know, this is something that is very
17 passionate for me. My department is a very
18 acute user of multiple trauma centers.

19 We have basically a geographic
20 line that splits us between two -- two
21 trauma centers. One by -- one of them is an
22 acute trauma center. And trauma care is
23 something that, I think, everybody needs to
24 be heavily invested in. My department mixes
25 urban, suburban and rural -- suburban and

1 rural areas, so we have a wide range of
2 transport times and challenges from a
3 pre-hospital -- pre-hospital care arena.
4 From a resume standpoint, I'm happy to give
5 a more detailed resume.

6 But again, I'm a nurse as well
7 as a paramedic. I still practice in the
8 field on a pretty routine basis. I'm on
9 shift today, so if I got to go I'll let you
10 know.

11
12 MR. TAYLOR: Your vehicle had
13 better be running in the parking lot.

14
15 MR. WATKINS: My vehicle is
16 literally running in the parking lot. I
17 have it locked. I'm a very big -- big fear
18 that all the computer stuff in there will
19 drain the battery if I turn it off.

20
21 MR. TAYLOR: Does anybody have any
22 questions for Mike? Thank you, Mike. All
23 right. You all know me. I'm Brad Taylor.
24 I've -- I've been part of the -- the group
25 -- those of you that don't know me, if you

1 have any questions for me before we make
2 this vote, I'm happy to answer them. I have
3 -- I've been a paramedic for going on 20
4 years.

5 Not currently practicing, but
6 I was in the field for 16 prior to taking on
7 my role as EMS coordinator at
8 Chippenham/Johnston-Willis. And I'd be
9 happy to be the chair of this committee if
10 that so happens.

11 So I guess we'll go ahead and
12 get a vote. We need a -- you're better at
13 this than I am. Do we need a -- a motion to
14 do a vote?

15
16 MR. ERSKINE: It's on the agenda,
17 right?

18
19 MR. TAYLOR: Yeah.

20
21 MR. ERSKINE: So you don't need a
22 motion.

23
24 MR. TAYLOR: All right. So how do
25 you all want to go, just by show of hands or

1 do you want to do --

2
3 COMMITTEE MEMBER: Ballot sort of
4 thing?

5
6 MR. TAYLOR: Yeah. That -- that's
7 -- how do you want to do it?

8
9 MR. ERSKINE: It may be best to do
10 ballot.

11
12 MR. TAYLOR: Okay. Everybody has a
13 notepad in front of them.

14
15 MR. ERSKINE: I guess I'll take
16 care of the --

17
18 MR. TAYLOR: Yeah. We -- we'll
19 give them to Tim. And from there, Tim can
20 -- can let us know the results. I guess I
21 don't get to vote.

22
23 MR. ERSKINE: That's up to you.

24
25 MR. TAYLOR: This the question by

1 last -- okay.

2

3 COMMITTEE MEMBER: For ballot, you
4 can.

5

6 MR. ERSKINE: Anybody else? Sir?

7

8 COMMITTEE MEMBER: Nothing else.

9

10 MR. ERSKINE: No, that's okay.

11 Okay. Okay. Mike Watkins is the chair.

12

13 MR. TAYLOR: Congratulations, Mike.

14

15 MR. ERSKINE: Has everybody signed
16 in?

17

18 COMMITTEE MEMBER: No.

19

20 MR. ERSKINE: Okay.

21

22 COMMITTEE MEMBER: There's also an
23 email to --

24

25 MR. WATKINS: We have members on

1 the front and visitors on the back.

2 Welcome.

3
4 COMMITTEE MEMBER: Thank you.

5
6 MR. WATKINS: I welcome folks,
7 again. If anybody has any questions, please
8 -- I definitely appreciate Brad's work in
9 this committee and -- and I'm very grateful
10 for the opportunity to help -- help move
11 forward with whatever we can do for -- for
12 this committee.

13 So selection of a vice-chair
14 from the existing realm. And I'll -- got a
15 list of who the representatives are based on
16 their --

17
18 MR. ERSKINE: There should be --
19 that's the roster. You can probably defer
20 that --

21
22 MR. WATKINS: Okay.

23
24 MR. ERSKINE: -- if you want.
25 That's -- it's -- it's not a necessity.

1 MR. WATKINS: Okay.

2
3 MR. ERSKINE: It's, you know, to be
4 done instantaneously. It's just one of
5 those things that we thought would be a good
6 idea if you get hit by a bus or something.

7
8 MR. WATKINS: Well, I think it's
9 going to be important. I know that the
10 meetings are -- are all throughout the year.
11 And there are also -- there are always going
12 to be challenges with everybody trying to
13 attend.

14 So I think it is prudent to
15 appoint a vice-chair. So I would say that
16 while we can defer the selection, if there's
17 somebody who's interested in the vice-chair
18 from one of the other disciplinary --
19 disciplinary regions, please -- please let
20 me know.

21 I'm from the central Virginia
22 region. I think the vice-chair probably
23 should come from another region outside of
24 central Virginia. So that's just my two
25 cents worth. So...

1 COMMITTEE MEMBER: Is it written in
2 the bylaws that vice-chair has to come from
3 the members of the committee?
4

5 MR. WATKINS: Membership is a
6 15-person maximum. I don't know that the
7 bylaws defer -- I'll defer to Tim on that.
8

9 MR. ERSKINE: Let's see. I don't
10 know. I only wrote the draft bylaws.
11

12 MR. WATKINS: Need a copy of the
13 SOT's over there, too.
14

15 COMMITTEE MEMBER: I missed them.
16

17 COMMITTEE MEMBER: Yeah, I'll wait
18 until we get there.
19

20 MR. TAYLOR: These are still in
21 draft, so...
22

23 MR. ERSKINE: There really isn't a
24 -- a vice-chair really identified if I
25 remember correctly in the -- in the trauma

1 plan.

2
3 MR. WATKINS: Right.

4
5 COMMITTEE MEMBER: It wasn't --
6 this question has come up in a couple of
7 venues, whether or not to have co-chairs.
8 And -- and that wasn't really ever
9 addressed.

10
11 MR. ERSKINE: Okay. Well --

12
13 COMMITTEE MEMBER: So I'd like to
14 make a motion to put -- to nominate Brad as
15 vice-chair.

16
17 MR. WATKINS: Okay.

18
19 COMMITTEE MEMBER: I'll second
20 that.

21
22 MR. WATKINS: Okay. So moved.

23
24 COMMITTEE MEMBER: You have a
25 motion on the floor, Mr. Chair.

1 MR. WATKINS: All right. Call for
2 the question. All right. Motion is for
3 Brad Taylor to serve as the vice-chair of
4 this committee. All those in favor, say
5 aye.

6
7 COMMITTEE MEMBERS: Aye.

8
9 MR. WATKINS: Those opposed?
10 Motion carries. All right, Joseph --

11
12 MR. TAYLOR: Do I return to the
13 table then?

14
15 MR. WATKINS: Come on up. Does
16 that impact the maximum number of people who
17 can be the committee? Because I think there
18 was something about a maximum number.

19
20 MR. TAYLOR: There is a maximum of
21 15. You're absolutely correct?

22
23 COMMITTEE MEMBER: There is?

24
25 MR. TAYLOR: There is.

1 MR. WATKINS: There is a maximum.

2

3 COMMITTEE MEMBER: Okay.

4

5 MR. TAYLOR: I think this will --
6 ask Tim.

7

8 COMMITTEE MEMBER: Yeah, I think we
9 exceeded the maximum even before that vote.

10

11 MR. TAYLOR: Per the roster that
12 was handed out, you're not past that at this
13 point.

14

15 COMMITTEE MEMBER: Okay.

16

17 MR. WATKINS: Four, five, six,
18 seven, eight, nine, 10, 11, 12, 13.

19

20 MR. TAYLOR: And it doesn't --
21 right. There are some committees that are
22 below strength as far as the 15 -- you know,
23 14 voting plus chair. And I guess if we
24 just run it past TAG tomorrow, we can --

25

1 MR. WATKINS: Okay.

2
3 COMMITTEE MEMBER: So if we are a
4 committee of the Governor's Advisory Board,
5 and hence, the Governor's Advisory Board
6 rules should -- should be in effect, not
7 TAG. Correct?

8
9 MR. ERSKINE: Well, everything that
10 -- the way this is being set up, structured,
11 is that all of the -- the other six
12 committees will report through TAG.

13 Just to make sure that there
14 is not cross-purposes and duplication of
15 efforts. So TAG is sort of the
16 clearinghouse for that.

17
18 COMMITTEE MEMBER: And then TAG
19 will report to the Advisory Board?

20
21 MR. TAYLOR: And if there was any

22 --

23
24 MR. ERSKINE: Yeah.

1 MR. TAYLOR: -- anything further
2 outside the rules of the EMS Advisory Board,
3 there was an exception put in the bylaws
4 just for TAG to be able to do it this way --
5

6 MR. WATKINS: Okay.
7

8 MR. TAYLOR: -- that was voted on
9 in the November EMS Advisory Board meeting.
10

11 MR. WATKINS: Right. Do we need to
12 verify through the --
13

14 COMMITTEE MEMBER: Yeah.
15

16 MR. WATKINS: All right. so the
17 review of the TSC SOP's. This is a draft
18 form only --
19

20 MR. ERSKINE: Yes.
21

22 MR. WATKINS: -- is what we're
23 referring to.
24

25 MR. ERSKINE: And if there's -- you

1 know --

2
3 MR. WATKINS: Is it in the action
4 item process?

5
6 MR. ERSKINE: -- anything that
7 needs to be changed, that then we'll pass on
8 to TAG.

9
10 MR. WATKINS: Okay. Is there a
11 term on these appointments and roles --

12
13 MR. ERSKINE: Yes. It is actually
14 -- that's in the strategic plan.

15
16 MR. WATKINS: Okay.

17
18 MR. ERSKINE: That was one thing I
19 meant to clarify for each of the committees.
20 But for -- forgot to get to that one.

21
22 COMMITTEE MEMBER: Are there
23 alternating terms so that the entire group
24 doesn't --

1 MR. ERSKINE: Yes.

2
3 COMMITTEE MEMBER: -- turnover at
4 once? Thank you.

5
6 MR. WATKINS: You know the -- do
7 you know the year -- the term limit on it,
8 is it two years or is it four years?

9
10 MR. ERSKINE: There are two years
11 and three-year terms.

12
13 MR. WATKINS: Okay.

14
15 COMMITTEE MEMBER: So TAG is
16 different than TSC.

17
18 MR. ERSKINE: Okay. TSC is Trauma
19 System Committees. That is the collective
20 term for the seven trauma-related
21 committees. TAG is one of those seven and
22 is operating sort of as the lead committee
23 for the seven.

24
25 COMMITTEE MEMBER: They -- they

1 don't have them yet. Do you want to give
2 them out now or do you want to wait until --

3
4 MR. WATKINS: When we get there.

5
6 COMMITTEE MEMBER: -- we get down
7 there, okay.

8
9 MR. TAYLOR: Is there a list of
10 what controls the TAG?

11
12 MR. ERSKINE: Yes.

13
14 COMMITTEE MEMBER: The plan. I
15 have my homework.

16
17 MR. ERSKINE: Oh, good. Okay.

18
19 COMMITTEE MEMBER: What does TAG
20 stand for?

21
22 MR. ERSKINE: Trauma Administrative
23 and Governance Committee.

24
25 COMMITTEE MEMBER: All right.

1 COMMITTEE MEMBER: And who's on
2 TAG?

3
4 MR. ERSKINE: I knew you were going
5 to ask that.

6
7 MR. TAYLOR: Trauma System
8 Coordinator is the chair. And then the
9 chair of System Improvement, Injury and
10 Prevention, Pre-Hospital, Acute Care, Post-
11 Acute, Emergency Preparedness.

12 A trauma program manager, a
13 citizen rep, a legislative, financial,
14 Virginia hospital and health care
15 association. Burn, peds and ASEP position
16 and a Level III trauma rep.

17
18 COMMITTEE MEMBER: So just as a
19 matter of clarification, I guess, my
20 confusion is if the Pre-Hospital group comes
21 up with something, if it never makes it past
22 TAG then there's no advancement of that
23 issue. Correct?

24
25 MR. ERSKINE: That's correct.

1 COMMITTEE MEMBER: But yet, there's
2 no Pre-Hospital rep on TAG.

3
4 COMMITTEE MEMBER: The chair --

5
6 MR. TAYLOR: The chair is on TAG.

7
8 COMMITTEE MEMBER: Okay. The
9 chairs of all the committees -- of all --

10
11 COMMITTEE MEMBER: Mm-hmm.

12
13 MR. ERSKINE: Yeah.

14
15 COMMITTEE MEMBER: Should be.

16
17 MR. TAYLOR: That's how it was
18 explained to me the other day.

19
20 COMMITTEE MEMBER: That's the way
21 it has to be.

22
23 MR. WATKINS: Okay. A clump of
24 committee chairs, just listed in that group.

1 COMMITTEE MEMBER: Yeah, it's
2 there.

3
4 MR. TAYLOR: I have some notes from
5 my call. Let me see if I have that.

6
7 COMMITTEE MEMBER: So Mike is now a
8 member of TAG.

9
10 COMMITTEE MEMBER: Mm-hmm.

11
12 MR. ERSKINE: Correct.

13
14 MR. TAYLOR: Okay. I have the
15 actual list of names if you would want to
16 know who was on TAG. Anybody?

17
18 COMMITTEE MEMBER: Can that just be
19 emailed?

20
21 MR. TAYLOR: I mean, that's --
22 yeah.

23
24 COMMITTEE MEMBER: You have a
25 roster of the --

1 MR. WATKINS: You have the names of
2 people?

3
4 MR. TAYLOR: Yeah.

5
6 MR. WATKINS: Okay, okay.

7
8 MR. TAYLOR: Change that.

9
10 MR. ERSKINE: All right.

11
12 COMMITTEE MEMBER: Are you going to
13 read them out or just email them?

14
15 MR. TAYLOR: I'll just -- I'll
16 email them out.

17
18 COMMITTEE MEMBER: Okay.

19
20 MR. WATKINS: So you got just the
21 draft one. We have the one copy of it, or
22 is there -- he's got a copy. Does everybody
23 has the --

24
25 MR. ERSKINE: Everybody has it.

1 Everybody has a copy.

2
3 MR. WATKINS: Okay.

4
5 COMMITTEE MEMBER: I'm trying to
6 find mine.

7
8 MR. TAYLOR: So does everything
9 start at the green box?

10
11 MR. ERSKINE: Yes, and works it way
12 up.

13
14 MR. TAYLOR: Do you need the draft?
15 I guess I can print it out.

16
17 COMMITTEE MEMBER: Is this still a
18 Q&A area?

19
20 MR. WATKINS: Do we need a vote to
21 approve these? I mean, there's nothing
22 really -- I mean --

23
24 COMMITTEE MEMBER: They're --
25 they're SOP's. There's no action we need to

1 take on them.

2
3 MR. ERSKINE: If there's -- if
4 there's anything that anybody sees that
5 needs to be fixed --

6
7 COMMITTEE MEMBER: Yeah.

8
9 MR. ERSKINE: -- changed, anything
10 like that, you know, that can be passed up
11 to TAG and -- and recommended there.

12
13 MR. TAYLOR: So if there's
14 something that comes up, let's say through
15 Rehab, makes it to TAG and TAG refers it to
16 Acute Care, does it go back to Rehab? Or is
17 it just they -- they have no involvement --

18
19 MR. ERSKINE: I don't think we've
20 thought that far ahead. As far as if it
21 gets referred to another committee --

22
23 MR. TAYLOR: Yeah. Because it says
24 that they may refer to another committee.
25 It goes back to the bottom.

1 MR. ERSKINE: Well, that's if they
2 -- yeah.

3
4 COMMITTEE MEMBER: To a new
5 originating committee?

6
7 MR. TAYLOR: Right.

8
9 MR. ERSKINE: Yeah.

10
11 MR. TAYLOR: So then the original
12 committee would have no more involvement in
13 it.

14
15 COMMITTEE MEMBER: But there are a
16 number of crossovers.

17
18 MR. ERSKINE: Right.

19
20 COMMITTEE MEMBER: So that --
21 hopefully be aware of the crossovers.

22
23 MR. ERSKINE: The crossovers --
24 that's -- that's part of what they do is to
25 make sure that, you know, you know what's

1 going on in the other committees. And
2 that's also why all of the chairs are on
3 TAG. If it's changed substantially, you
4 probably should go back, I would think, we
5 should go back to the original committee.

6 If it's not changed
7 substantially -- you know, if -- let's say
8 Pre-Hospital says we think it should be this
9 way. And then Post Acute says, yeah, we
10 agree.

11 It probably doesn't need to
12 come back here. I can argue that either
13 way, actually. That's something that we'll
14 need to -- we'll definitely need to clarify.
15 And that's something to bring up at -- for
16 Mike to bring up at TAG --

17
18 MR. WATKINS: Yeah.

19
20 MR. ERSKINE: -- is whether or
21 not -- how much bouncing around a motion
22 would do, an action item.

23
24 COMMITTEE MEMBER: Well, not so
25 much to the bouncing around that the

1 originator or the primary -- like if Rehab
2 comes up with a great idea and then TAG
3 sends it to Acute Care. And Acute Care
4 changes the idea from its base --

5
6 MR. ERSKINE: Mm-hmm.

7
8 COMMITTEE MEMBER: -- then that
9 idea is then evaporated in theory.

10
11 MR. ERSKINE: Right.

12
13 COMMITTEE MEMBER: So it -- it puts
14 a lot of stress on TAG to maintain that
15 initial bolus of information or the intent
16 of that, rather than it becoming something
17 completely different by the time it ends out
18 with the [unintelligible] process.

19
20 MR. WATKINS: I -- I mean, I hope
21 that we -- between the members of TAG,
22 they'd be able to try to say this -- this --
23 this idea belongs with this committee. And
24 if somebody comes up with one that's clearly
25 -- that's changes its venue, then I think we

1 work that on a case by case basis, probably.
2 Because if you have something you're
3 passionate about, go to the other committee
4 and say, hey, look, we brought this up. We
5 can try to move it forward in a different
6 way.

7
8 COMMITTEE MEMBER: Some here are
9 some issues. When you go to the JAB, a
10 motion -- an action item from the committee
11 does not require a second, right? So you --
12 you -- you're -- this committee will not
13 have the ability to go directly to the JAB.

14
15 MR. ERSKINE: Right.

16
17 COMMITTEE MEMBER: Right? None.
18 Like -- so you can stymie any concept from
19 any actual JAB committee, which is very
20 different than the structure that they have
21 now. Right? Because TAG is the one that'll
22 bring an actual agenda item.

23
24 MR. TAYLOR: Right.

1 COMMITTEE MEMBER: So these are
2 really not committees. These are really
3 sub-committees of TAG.

4
5 MR. WATKINS: Okay.

6
7 COMMITTEE MEMBER: Because you
8 can't really have committees answer to
9 committees.

10
11 MR. WATKINS: Okay. Any other
12 items for review for the TSC SOP for now?
13 All right. All right, nominations for
14 vacant committee seats. Trauma survivor and
15 citizen and NTC.

16
17 MR. TAYLOR: It's a non-trauma
18 center rep and a community member for the
19 two that we have open. Is that the only
20 two?

21
22 COMMITTEE MEMBER: Mm-hmm.

23
24 MR. WATKINS: Trauma survivor
25 citizen.

1 MR. TAYLOR: Trauma survivor
2 citizen, not just citizen. Okay.

3
4 MR. ERSKINE: The -- it could -- I
5 think it's -- the way it's worded could be
6 either. We had several -- well, we had a
7 couple of trauma survivors who were
8 nominated, but they now work for health
9 systems.

10 And so -- which is -- which is
11 -- sort of defeats the purpose of -- of the
12 -- of the -- the intent.

13
14 COMMITTEE MEMBER: Public member?

15
16 MR. ERSKINE: Yeah. And with the
17 non-trauma center, we also were looking for
18 somebody who comes from a trauma center, not
19 in a system that has a trauma center. I'm
20 trying to --

21
22 COMMITTEE MEMBER: Huh?

23
24 MR. TAYLOR: Yeah, say that again.

25

1 COMMITTEE MEMBER: A health system
2 that doesn't --

3
4 MR. ERSKINE: A hospital that
5 doesn't have -- yeah. Sorry. So you know,
6 there -- I looked up non-trauma centers in
7 the trauma -- in the trauma registry that
8 are referring to trauma centers.

9 Those with a high volume,
10 which I just arbitrarily said was 30% or
11 more of their -- their records were referred
12 to trauma centers.

13 I went through and found out,
14 you know, we do have a handful that are
15 unaffiliated. And the two that leapt out at
16 me are Bath County and Wythe County
17 hospitals.

18 Bath County is a critical
19 access hospital. And if you want a
20 perspective of somebody who is really,
21 really not a trauma center, that's it. So
22 I'll be reaching out to them. Don't know,
23 you know, if they're going to be receptive
24 to it. But I think it's a, you know, a good
25 opportunity to get a really, truly remote

1 hospital setting perspective.

2
3 MR. WATKINS: Who is the other one?
4 Bath County is --

5
6 MR. ERSKINE: And Wythe County.

7
8 MR. WATKINS: Wythe, okay.

9
10 MR. TAYLOR: Does anybody have any
11 other suggestions as to where we could get
12 that person from?

13
14 MR. ERSKINE: Kate.

15
16 MR. WATKINS: Yes. Kate.

17
18 MS. CHALLIS: Yeah. So actually, I
19 have two questions. The first is, for your
20 trauma survivor, are you approaching someone
21 who has -- is involved in an EMS agency
22 being a trauma survivor? Do they have to --

23
24 MR. ERSKINE: Yeah.

1 MS. CHALLIS: Do they have to be
2 affiliated or in no way related to anybody?
3

4 MR. ERSKINE: Yeah, we would prefer
5 that they are just -- that they're not a --
6 that they're not involved in the medical
7 field.
8

9 MS. CHALLIS: Okay. My second
10 question is as far as the non-trauma center
11 rep. Are you -- did you speak to Cathy
12 Mannis [sp] at all, because she was
13 interested in doing it.
14

15 MR. ERSKINE: Yes, and she got a
16 different job.
17

18 MS. CHALLIS: Now I can ask her
19 butt.
20

21 MR. ERSKINE: She -- I think she
22 was the one that got a different job outside
23 of emergency.
24

25 MS. CHALLIS: No.

1 COMMITTEE MEMBER: She's a nursing
2 director or something.

3
4 MS. CHALLIS: Director of the ER in
5 the south side --

6
7 COMMITTEE MEMBER: They're
8 affiliated with Lynchburg General, Level II
9 trauma center.

10
11 MR. ERSKINE: Yeah.

12
13 COMMITTEE MEMBER: So I didn't know
14 if that's what you meant when you talked
15 about --

16
17 MR. ERSKINE: Oh, yeah. That's
18 right. They -- yeah. We -- we had several
19 that were in -- I'm thinking of the wrong
20 one. The one who -- I think she was at
21 Danville.

22 But she's -- she's not in
23 emergency medicine. She's like oncology
24 now, so she withdrew her nomination.

1 COMMITTEE MEMBER: Mr. Chair, you
2 are probably hard pressed to find a hospital
3 that's not part of a bigger health system.
4

5 MR. ERSKINE: Okay, you were out of
6 the room. I've got a handful of them.
7

8 COMMITTEE MEMBER: Okay.
9

10 MR. ERSKINE: Two that I was
11 looking at, Wythe County and Bath County.
12 And Bath County is a critical access
13 hospital on top of it. So I'll be reaching
14 out to them.
15

16 MR. WATKINS: So Bath is critical
17 access. What are the other critical access
18 hospitals that are in Virginia? Are there
19 any others -- if Bath doesn't work out, what
20 are some -- may be -- there may be some
21 others --
22

23 MR. ERSKINE: I actually have this
24 here.
25

1 COMMITTEE MEMBER: Wythe County's
2 not affiliated with any other system.

3
4 COMMITTEE MEMBER: What about
5 Augusta?

6
7 COMMITTEE MEMBER: Augusta's
8 affiliated, isn't it?

9
10 COMMITTEE MEMBER: Isn't Augusta a
11 stand-alone?

12
13 COMMITTEE MEMBER: Yeah, but it's a
14 pretty big facility. Bath is like a --

15
16 COMMITTEE MEMBER: They just need
17 to be not a trauma center. They don't have
18 to be critical access, per se.

19
20 COMMITTEE MEMBER: And this needs
21 to be a medical center? What about the
22 Virginia Red Cross Disaster Action teams?

23
24 MR. ERSKINE: Okay.
25

1 COMMITTEE MEMBER: I know the
2 director.

3
4 MR. WATKINS: So for the -- for the
5 Pre-Hospital care committee it says
6 non-trauma center designated-hospital.

7
8 COMMITTEE MEMBER: Augusta may not
9 be a bad idea because their rep is on
10 Medevac. They do the non-trauma on Medevac.
11 And they're going to be here at 10:00 a.m.
12 And that's a drive, no matter who you are
13 from that area.

14
15 MR. WATKINS: Yeah.

16
17 COMMITTEE MEMBER: Dr. Scott
18 Justice is the perfect person.

19
20 COMMITTEE MEMBER: He is, you're
21 right.

22
23 MR. WATKINS: Where is he from?
24 Augusta?

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COMMITTEE MEMBER: Augusta.

COMMITTEE MEMBER: Who's the --
who's the rep on Medevac?

COMMITTEE MEMBER: The girl who
sits next to me every time.

COMMITTEE MEMBER: Okay. That took
care of that.

COMMITTEE MEMBER: So I don't
really --

MR. WATKINS: I mean, I think it's

--

COMMITTEE MEMBER: I think it's
more --

COMMITTEE MEMBER: I kind of like
the idea of Bath --

MR. WATKINS: Yeah.

1 COMMITTEE MEMBER: Because we -- we
2 really don't have that far southwest region
3 represented, period.

4
5 MR. WATKINS: Sure.

6
7 COMMITTEE MEMBER: So I think they
8 would be able to speak to the challenges
9 that they have. Not only from a hospital
10 standpoint, but from their EMS agency
11 standpoint --

12
13 MR. WATKINS: Well, let's put them
14 as the priority. I mean -- but we also have
15 to understand that they may not be able to
16 commit to the time or the other --

17
18 COMMITTEE MEMBER: Travel.

19
20 MR. WATKINS: Let's reach out --
21 reach out to some of those folks first. And
22 I'd say Bath would be a good -- Bath, Wythe,
23 another critical access hospital. If we
24 strike out on that, then potentially look at
25 Augusta.

1 COMMITTEE MEMBER: Okay. One of
2 the -- one of the things about Augusta is --
3 and I say this speaking as somebody that
4 responds to all these hospitals. Augusta
5 knows trauma. It might not be a trauma
6 center, but they --

7
8 MR. WATKINS: But they know trauma.

9
10 COMMITTEE MEMBER: -- are well
11 organized and they know trauma. It's very
12 critical when you go into a critical access
13 hospital. So I -- I think that's the
14 perspective we're looking for if we need to
15 go with a tiny critical --

16
17 MR. WATKINS: What are -- what are
18 the other critical access hospitals?

19
20 MR. ERSKINE: Okay. The other
21 critical access hospitals are Dickenson
22 Community Hospital, which is part of Ballard
23 Health. Paige Memorial Hospital part of
24 Valley Health. Stonewall Jackson, Carilion.
25 Giles --

1 COMMITTEE MEMBER: Giles.

2
3 MR. ERSKINE: Giles Community. I
4 knew that if I flipped a coin, whichever one
5 I picked was going to be wrong -- which is
6 Carilion. Rappahannock General, which is
7 Bon Secours. These are the ones that have
8 the high number of --

9
10 COMMITTEE MEMBER: Carilion has a
11 trauma system in their --

12
13 COMMITTEE MEMBER: Yeah, those --

14
15 MR. ERSKINE: Yeah.

16
17 COMMITTEE MEMBER: All those are --

18
19 MR. ERSKINE: Yeah. All of those,
20 other than Bath, have -- they all have
21 trauma centers in their system.

22
23 MR. WATKINS: They're affiliated
24 somewhere.

1 COMMITTEE MEMBER: Oh, okay.

2
3 MR. ERSKINE: The ones that are
4 unaffiliated, Southern Virginia Regional
5 Medical Center --

6
7 COMMITTEE MEMBER: It's Emporia.

8
9 COMMITTEE MEMBER: They're SHCS.

10
11 MR. ERSKINE: Okay. And I -- I
12 know that I'm going to pronounce Buchanon
13 wrong. Buchanon General Hospital. Let's
14 see, Bath. Southampton Memorial, Wythe
15 County. And Danville.

16
17 COMMITTEE MEMBER: That's CHS.

18
19 MR. TAYLOR: And Fauquier Hospital,
20 too.

21
22 MR. WATKINS: Southampton's worth
23 -- well, let's -- let's try Bath and Wythe
24 first. And then we'll look at one of the --
25 I mean, we'll just see who -- I like the

1 idea of getting folks from that area to come
2 and participate. I think -- like I said, we
3 may find a challenge in getting a hospital
4 that's completely unaffiliated. But I think
5 looking for one that's in deep rural or the
6 mountains area would be --

7
8 COMMITTEE MEMBER: Mm-hmm.

9
10 COMMITTEE MEMBER: Yeah.

11
12 MR. WATKINS: -- more appropriate.

13
14 MR. TAYLOR: And Fauquier -- but
15 they have low number of transfers out.

16
17 COMMITTEE MEMBER: I can't -- it's
18 not coming out. But they might be a good
19 one, also.

20
21 MR. ERSKINE: Yeah.

22
23 COMMITTEE MEMBER: They're in a[n]
24 area that has high mortality rates and --

1 MR. ERSKINE: Yeah.

2
3 MR. TAYLOR: I'm sorry, which one
4 was that?

5
6 COMMITTEE MEMBER: Rappahannock.

7
8 MR. ERSKINE: Rappahannock General.

9
10 MR. TAYLOR: Rappahannock, okay.

11
12 COMMITTEE MEMBER: And they have a
13 lot of challenges.

14
15 MR. WATKINS: Okay. Do you have
16 some contacts for a citizen as well?

17
18 MR. TAYLOR: That's where we need
19 more help. Now, one thing that occurred to
20 me while I wasn't in my office and never got
21 written down. A lot of trauma centers are
22 involved with the Trauma Survivors Network.
23 And that's probably -- that's an untapped
24 resource right there. If we want somebody
25 who is a trauma survivor, that's a potential

1 resource for that. And I was wrong about
2 Fauquier. It's -- there are a large number
3 of transfers out, but they're part of Duke
4 Lifepoint.

5
6 COMMITTEE MEMBER: So they don't
7 refer their --

8
9 MR. TAYLOR: I'm sorry?

10
11 COMMITTEE MEMBER: They don't
12 transfer anyone there.

13
14 MR. TAYLOR: Oh, they -- they
15 transfer a lot. But they're -- they're
16 affiliated. They're affiliated with Duke.

17
18 MR. WATKINS: But they're --
19 Fauquier County is --

20
21 MR. TAYLOR: Yeah, I know. It's
22 nowhere near there.

23
24 COMMITTEE MEMBER: Isn't Fauquier
25 in north -- Northern Virginia?

1 COMMITTEE MEMBER: Yeah.

2
3 MR. WATKINS: Yeah.

4
5 MR. TAYLOR: I think it's just a
6 parent company. It's like HCA or whatever
7 it is.

8
9 COMMITTEE MEMBER: Okay.

10
11 MR. TAYLOR: Somebody -- sometimes
12 they don't refer --

13
14 COMMITTEE MEMBER: Yeah.

15
16 MR. TAYLOR: Yeah. This is -- that
17 was actually -- the ones that are affiliated
18 with Duke Lifepoint, I would -- I'd put as
19 sort of secondaries if we can't get somebody
20 from the unaffiliated ones. That that's
21 probably a -- a good fall-back on it.

22
23 MR. WATKINS: Okay. All right, so
24 we got some ideas on the vacant committee
25 seats. We need to work on the trauma

1 survivors and work to see if we can find
2 somebody who'd be interested.

3
4 COMMITTEE MEMBER: Do you -- how --
5 how do you want us to go about that, Mike?
6 Do you want us to --

7
8 MR. WATKINS: Do y'all have a --

9
10 COMMITTEE MEMBER: -- like we have
11 a -- engage one of our trauma survivors
12 because we do benefits for them and -- and
13 try to reunite them with EMS and so on. Do
14 you want us to --

15
16 MR. WATKINS: Well, let's come up
17 with a --

18
19 COMMITTEE MEMBER: -- come up with
20 some names that we --

21
22 MR. WATKINS: Yeah. I would say --
23 I would look at -- I'd say we go back -- and
24 two or three folks that -- that have had --
25 expressed an interest.

1 COMMITTEE MEMBER: Okay.

2
3 MR. WATKINS: Or see who has --

4
5 MR. ERSKINE: Yeah. And we've got

6 --

7
8 COMMITTEE MEMBER: Anybody else is
9 welcome to, but I'll -- I'll reach out to
10 our people and see if --

11
12 MR. ERSKINE: And this isn't the
13 only committee that would need one.

14
15 MR. WATKINS: Right.

16
17 MR. ERSKINE: I can't -- I can look
18 it up as to who --

19
20 COMMITTEE MEMBER: Let me see -- a
21 survivor, Christina something from Virginia
22 Tech. She never came -- answered back. As
23 well as the lobbyist who -- who was at the
24 Congressional shooting. He's a -- he was
25 shot.

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MR. ERSKINE: Okay.

COMMITTEE MEMBER: He's good.

MR. WATKINS: Is it -- is it -- the Trauma Survivors Network, is it -- the health systems has their and then is there a larger statewide network of trauma survivors?

COMMITTEE MEMBER: Shelly, do you know the answer to that?

MS. ARNOLD: I'm not aware of any.

COMMITTEE MEMBER: Is there a trauma survivor network?

COMMITTEE MEMBER: Is there like a --

COMMITTEE MEMBER: Is there like a statewide --

MR. ERSKINE: They're a network of

1 networks.

2
3 COMMITTEE MEMBER: -- network or is
4 it just each individual hospital kind of
5 keeps in touch with their trauma survivors?
6

7 MS. ARNOLD: There's the national
8 one.
9

10 COMMITTEE MEMBER: Yeah, they --
11

12 MS. ARNOLD: Because there's a few
13 state -- because each trauma --
14

15 MR. WATKINS: Trauma center
16 participates in it?
17

18 MS. ARNOLD: -- that they refer to
19 and pull them. Kelley, you probably -- your
20 background would have connections to that.
21

22 MS. RUMSEY: Karen Shipman is our
23 TSN coordinator, so I'm emailing her right
24 now, if she has anybody in her group.
25

1 MR. WATKINS: You're also looking
2 for --

3
4 MR. ERSKINE: Okay.

5
6 MR. WATKINS: Some citizens --

7
8 MR. ERSKINE: She's got a need for
9 one of those as well.

10
11 MR. WATKINS: Who?

12
13 MS. ARNOLD: Okay. She just needs
14 to look at her own.

15
16 COMMITTEE MEMBER: No health care
17 background, right?

18
19 MS. ARNOLD: She has a peer --

20
21 MR. WATKINS: Yeah. Somebody who
22 doesn't work in the field --

23
24 MS. ARNOLD: Peer visitor program.

25

1 MR. WATKINS: -- but is a trauma
2 survivor. I -- I think it --

3
4 COMMITTEE MEMBER: Yeah. Because
5 we tried putting Nick Lock [sp] into it and
6 they said since he didn't -- he'd been in
7 EMS, he couldn't do it.

8
9 COMMITTEE MEMBER: Should we, as a
10 committee then, pick a trauma survivor
11 network from -- looking around the room.
12 And I don't know what everyone's background
13 is.

14 But maybe EBMS or Inova,
15 because I don't know if -- either of the
16 systems are affiliated here.

17
18 MS. ARNOLD: You mean a survivor
19 that might've come out of Northern Virginia
20 --

21
22 COMMITTEE MEMBERS: Yeah.

23
24 MS. ARNOLD: -- or Norfolk --

25

1 COMMITTEE MEMBERS: Yeah.

2
3 MS. ARNOLD: -- instead of central
4 Virginia. Yeah.

5
6 MR. WATKINS: Do we have a contact
7 with those trauma centers that we can reach
8 out to?

9
10 MS. ARNOLD: Me. TSN really
11 originated at Inova Fairfax. That's where
12 it started. So they probably have a pretty
13 wide base of -- of peer visitor members.

14
15 COMMITTEE MEMBER: I mean, if you
16 need another trauma coordinator to say --

17
18 COMMITTEE MEMBER: I -- I'll
19 volunteer to get in touch with Inova Fairfax
20 and see if they have someone that they would
21 like --

22
23 MR. WATKINS: Okay.

24
25 MR. ERSKINE: Maybe birthing this

1 here, running --

2

3 COMMITTEE MEMBER: Mm-hmm. Maggie
4 will be here.

5

6 MR. ERSKINE: Yeah. Running the
7 post-acute right now.

8

9 COMMITTEE MEMBER: Okay.

10

11 MR. ERSKINE: So we can -- we grab
12 her and --

13

14 COMMITTEE MEMBER: Excellent. What
15 -- what was her name, I'm sorry?

16

17 MR. ERSKINE: Maggie Griffen.
18 She's the --

19

20 COMMITTEE MEMBER: Maggie, is that
21 what you're saying?

22

23 MR. ERSKINE: Yeah.

24

25 COMMITTEE MEMBER: Margaret.

1 Maggie.

2
3 MR. WATKINS: All right. So we got
4 a plan for the hospital. We got a plan for
5 finding a trauma survivor and citizen. Next
6 on the agenda is determine crossovers for
7 other committees. TAG --

8
9 MR. ERSKINE: Oh. We've got a
10 document --

11
12 COMMITTEE MEMBER: Also the list
13 right here?

14
15 MR. ERSKINE: Yeah.

16
17 COMMITTEE MEMBER: Yeah. Didn't we
18 -- didn't we identify those names, but then
19 when Brad reported it out at TAG, we were
20 told that that was not how it was supposed
21 to go.

22
23 MR. TAYLOR: Right. So at the --
24 at our last informal meeting --

1 COMMITTEE MEMBER: Mm-hmm.

2
3 MR. TAYLOR: -- which wasn't a
4 meeting, Aboutanos had said that the
5 committees that want the people will tell
6 you who they went.

7
8 COMMITTEE MEMBER: Mm-hmm.

9
10 MR. TAYLOR: In our most recent
11 call and -- and in the SOP's, it was flipped
12 and now it's back to the chair selecting
13 people from his committee to fill the seats.
14 So I believe we have five seats --

15
16 MR. ERSKINE: Yeah.

17
18 MR. TAYLOR: -- that need to be
19 filled --

20
21 MR. ERSKINE: Yeah. You've got --

22
23 MR. TAYLOR: -- for the committees.
24 And it gives a -- a rough description of
25 what the type person needs to be. But it's

1 back on us.

2
3 COMMITTEE MEMBER: Okay.

4
5 MR. WATKINS: So we have System
6 Improvement, Injury and Violence Prevention
7 times two -- one EMS, one fire. Acute Care,
8 Emergency Preparedness and Response.

9
10 COMMITTEE MEMBER: Do we have the
11 list of volunteers that had signed up for
12 this last time? Do you remember who signed
13 up for what? Is that everybody?

14
15 MR. TAYLOR: I -- I do not recall
16 who signed up last time because it was shot
17 down, so we didn't --

18
19 COMMITTEE MEMBER: Didn't keep it.

20
21 MR. TAYLOR: -- progress -- right.

22
23 COMMITTEE MEMBER: Okay.

24
25 MR. TAYLOR: It was -- it was told

1 that's not how it's going to be done. So...

2
3 COMMITTEE MEMBER: What if,
4 Mr. Chairman, you just go around one at a
5 time.

6
7 MR. WATKINS: Okay. So System
8 Improvement. And I mean, my personal
9 opinion is if you work in that sort of
10 environment, it's probably a -- you know,
11 please speak up and say, hey, that's --
12 that's your personal interest. I think that
13 would be a better -- better fit. But System
14 Improvement.

15
16 COMMITTEE MEMBER: I could go to
17 that one.

18
19 MR. WATKINS: What's that?

20
21 COMMITTEE MEMBER: I'll go to that
22 one.

23
24 MR. WATKINS: You'll go to that
25 one. So your name, ma'am?

1 MS. STANLEY: Sherry Stanley.

2
3 MR. WATKINS: Sherry Stanley.

4
5 MR. TAYLOR: I'm sorry. Actually,
6 for the purpose of this meeting, all of
7 before we speak should be stating our names.
8 So when they go to the minutes, they have a
9 clue who's -- because they're not going to
10 recognize voices.

11 I should've said that at the
12 beginning before -- when I was still chair.
13 But --

14
15 MR. ERSKINE: Right. And I --

16
17 MR. TAYLOR: -- we need to start
18 saying our names before we make a comment.
19 That way, it'll help the person making the
20 minutes.

21
22 MR. WATKINS: All right. So Sherry
23 Stanley going to System Improvement. Injury
24 and Violence Prevention times two, one EMS
25 and one fire.

1 COMMITTEE MEMBER: Well, we only
2 have one fire. That would be Chief McKay.

3
4 MR. TAYLOR: He is on fire.

5
6 COMMITTEE MEMBER: Where is that
7 guy?

8
9 MR. ERSKINE: Well, we do have --
10 we do have people who do wear Nomex
11 occasionally. Even though --

12
13 COMMITTEE MEMBER: Yeah.

14
15 MR. ERSKINE: Even though they
16 weren't necessarily appointed from that
17 position.

18
19 COMMITTEE MEMBER: Right.

20
21 MR. ERSKINE: You know, rather than
22 nailing one person to the wall, I think we
23 can be a little more flexible.

24
25 COMMITTEE MEMBER: Who are the

1 members that are on the committee who are
2 not here today, Mr. Chair? I think we have
3 11 out of like 13 that are listed there or
4 something like that.

5
6 MR. WATKINS: Are you going to
7 nominate whoever's not here?

8
9 COMMITTEE MEMBER: Well, no. I'm
10 wondering what -- what role they fill. I
11 just -- everybody's so new that we don't
12 know who -- who they are. So...

13
14 MR. WATKINS: Richard --

15
16 MR. SZYMCIK: Szymcyk.

17
18 MR. WATKINS: Szymcyk. You're --
19 Allen, Sherry Stanley. So we already got
20 Tim McKay. Derrick Ruble?

21
22 MR. RUBLE: Here.

23
24 MR. WATKINS: Michael Laird.
25 Michael Laird, law enforcement?

1 COMMITTEE MEMBER: He -- he's not
2 on the roster.

3
4 COMMITTEE MEMBER: He's from
5 Arlington.

6
7 MR. ERSKINE: He's not on the
8 roster? Did I miss that?

9
10 MR. TAYLOR: His name is on the
11 roster.

12
13 COMMITTEE MEMBER: Meaning he's not
14 here today.

15
16 COMMITTEE MEMBER: He's not signed
17 in.

18
19 MR. WATKINS: Oh. His signature's
20 not -- okay.

21
22 COMMITTEE MEMBER: Why do we have
23 -- Mike, no he's here.

24
25 MR. WATKINS: Mike Garnett. Wayne

1 Perry. So --

2
3 MR. TAYLOR: Is that the only guy
4 -- one we're missing?

5
6 MR. WATKINS: Yeah.

7
8 MR. TAYLOR: Okay.

9
10 MR. RUBLE: Mr. Chair, I'm Derrick
11 Ruble. Some of us are here to -- can we go
12 around and kind of introduce everybody?

13
14 MR. WATKINS: Sounds like a good
15 plan.

16
17 MR. RUBLE: Maybe get everybody's
18 background a little bit since it's kind of
19 our first get-together, really.

20
21 MR. TAYLOR: Sure.

22
23 MR. BRAZLE: I'm Ed Brazle with
24 Virginia GEMS.

1 MR. SIKORA: Mike Sikora with
2 Orange County.

3
4 MR. MCKAY: Tim McKay, Chesterfield
5 Fire and EMS.

6
7 MR. RUBLE: Derrick Ruble, Patrick
8 County 911 Sheriff's Office and also with
9 the Virginia Fire Department.

10
11 DR. YEE: Allen Yee, Chesterfield
12 Fire.

13
14 MR. TAYLOR: Brad Taylor, HCA.

15
16 MR. WATKINS: Mike Watkins, Hanover
17 Fire and EMS.

18
19 MR. ERSKINE: Tim Erskine, faceless
20 bureaucrat.

21
22 MS. RUMSEY: Yeah, we sense that.
23 Kelley Rumsey, pediatric trauma program
24 manager, Children's Hospital Richmond.

1 MR. PERRY: Wayne Perry, the
2 Rappahannock EMS Council.

3
4 MR. SZYMCIK: Richard Szymcyk,
5 Lifecare Medical Transport, safety officer.

6
7 MR. BINGLEY: Sid Bingley, Carilion
8 Clinic, lifeguard.

9
10 MR. GARNETT: Mike Garnett, Western
11 Virginia EMS Council.

12
13 MS. STANLEY: Sherry Stanley, New
14 River Valley Medical Center.

15
16 MR. WATKINS: And so, do we have
17 everybody in the -- in the back who all's
18 here?

19
20 MR. D. TAYLOR: I'm Dallas Taylor,
21 I'm the director of trauma at Reston
22 Hospital.

23
24 MR. SHARPE: Paul Sharpe, trauma
25 program director at Henrico Doctors'

1 Hospital.

2
3 MS. FERGUSON: Pier Ferguson, and
4 I'm a nurse in a hospital and also
5 pre-hospital provider.

6
7 MS. CHALLIS: Kate Challis, trauma
8 program manager at Johnston-Willis.

9
10 MS. ARNOLD: Shelly Arnold, ABT at
11 trauma.

12
13 MS. MILLER: Lou Ann Miller, trauma
14 program manager, Riverside Regional.

15
16 MS. QUICK: Valerie Quick,
17 Governor's Advisory Board and I teach at
18 UVa.

19
20 DR. YOUNG: Jeff Young, I'm the
21 trauma director at UVa and the chair of
22 acute care.

23
24 MR. LAWLER: Matt Lawler,
25 Governor's Advisory Board. And I represent

1 CSEMS. And I'm with the Augusta County Fire
2 and Rescue.

3
4 COMMITTEE MEMBER: So I think, in
5 the last meeting, Mike and myself were in a
6 team at EMS rep.

7
8 MR. WATKINS: Okay.

9
10 COMMITTEE MEMBER: I think we're
11 still in that line-up.

12
13 MR. WATKINS: Yeah. So I mean, we
14 need one EMS, one fire for Injury and
15 Violence Prevention. So you are going to
16 take the EMS?

17
18 COMMITTEE MEMBER: We were going to
19 split it up in case one of us couldn't make
20 it --

21
22 MR. WATKINS: Okay.

23
24 COMMITTEE MEMBER: -- in the EMS
25 role. I hope that's okay.

1 MR. WATKINS: I think that's
2 prudent.

3
4 COMMITTEE MEMBER: Okay.

5
6 MR. TAYLOR: Then I believe that
7 the only two that really qualifies for being
8 part of the fire department would be Mark
9 and Chief McKay.

10
11 MR. WATKINS: To maybe -- to the
12 TAG team?

13
14 COMMITTEE MEMBER: What are you
15 pointing for?

16
17 MR. MCKAY: I -- I think I had
18 tacitly agreed to that by -- that's fine.
19 That's just fine, if I'm not mistaken. Sign
20 me up.

21
22 MR. WATKINS: All right.

23
24 MR. TAYLOR: Mark, you available to
25 be his alternate should he have chiefly

1 duties?

2
3 MR. SIKORA: Sure.

4
5 MR. TAYLOR: What -- what's your
6 question?

7
8 COMMITTEE MEMBER: 2:00 o'clock
9 today.

10
11 MR. WATKINS: Yeah, it's --

12
13 COMMITTEE MEMBER: 2:00 o'clock.

14
15 MR. ERSKINE: This afternoon. Now
16 as -- as far as that goes, we were not
17 anticipating any crossovers happening
18 because the -- you know, the later meetings
19 don't have the opportunity to appoint
20 backwards to the ones that met in the
21 morning. So if you keep --

22
23 COMMITTEE MEMBER: There goes my
24 plan. I was going to find a 5:00 o'clock
25 meeting and volunteer Chief McKay.

1 MR. WATKINS: Okay. So we got our
2 Injury and Violence Prevention. We have
3 Acute Care Committee representative. That's
4 interesting.

5
6 COMMITTEE MEMBER: When does it
7 meet?

8
9 COMMITTEE MEMBER: 3:00 o'clock.

10
11 MR. ERSKINE: 3:00 o'clock today.

12
13 MR. TAYLOR: Anybody volunteering
14 for Acute Care?

15
16 COMMITTEE MEMBER: I had served on
17 it previously and had volunteered the first
18 time around.

19
20 MR. WATKINS: Okay. So I got the
21 utmost respect for Kelly. Kelly and I work
22 together. But she -- our acute care from
23 our perspective as pre-hospital.

24
25 MR. TAYLOR: That has been the

1 theme.

2
3 MR. WATKINS: All right. Who else
4 has an interest in it?

5
6 COMMITTEE MEMBER: Oh, I have a
7 schedule conflict with this, with the
8 regional directors group. So all these
9 meetings set, nothing's going to change or
10 --

11
12 MR. ERSKINE: We -- I don't think
13 anything is set in stone. One of the -- one
14 of the problems we've got is because we've
15 got six committees that have to meet before
16 TAG, is that we can't have different pairs
17 meeting at the same time.

18 Changing the time is possible.
19 I mean, I clustered -- I came up with the
20 schedule and I clustered them together so
21 that people don't have to be here at 8:00
22 o'clock on Thursday. And then have to wait
23 until, you know, 10:30 on Friday to go to
24 the TAG meeting. But that was just me
25 trying to be considerate. If -- if you guys

1 want to do that to your chair, by all means.

2
3 COMMITTEE MEMBER: So what -- what
4 exactly is the focus of Acute Care?

5
6 COMMITTEE MEMBER: In the trauma
7 center. Well, he's --

8
9 MR. ERSKINE: Here's your chair
10 here.

11
12 COMMITTEE MEMBER: Acute care is
13 the trauma to hospital side. Trauma care,
14 the criteria, site visit process.
15 Evaluation, etcetera.

16
17 COMMITTEE MEMBER: Really need a
18 pre-hospital provider.

19
20 MR. WATKINS: Sorry, you said --

21
22 MR. TAYLOR: I don't mind doing it.
23 It's just a matter of being all so juggled
24 around and we'll have to look at it again.

25 MR. ERSKINE: Right.

1 MR. WATKINS: Are you interested in
2 doing it from a life care perspective?

3
4 COMMITTEE MEMBER: Yeah, I can do
5 it. I'm a medic as well. I now work in a
6 hospital, but I --

7
8 COMMITTEE MEMBER: That's okay.

9
10 COMMITTEE MEMBER: That -- that
11 group is tasked with some inter-facility
12 transfer issues.

13
14 MR. WATKINS: Well -- and that's
15 where I was asking you what you do with
16 inter-facility transfer service. They're --
17 you're going to go from multiple regions and
18 -- and cross multiple lines.

19
20 COMMITTEE MEMBER: A lot of
21 coordinating with the hospitals as well, so
22 --

23
24 MR. WATKINS: Right. And I -- how
25 do you pronounce your name?

1 MR. SZYMCIK: Semzick [phonetic].

2

3 MR. WATKINS: Szymcyk.

4

5 MR. SZYMCIK: And what time do they
6 meet?

7

8 COMMITTEE MEMBER: 3:00 o'clock.

9

10 COMMITTEE MEMBER: 3:00 o'clock
11 today.

12

13 MR. WATKINS: All right. Emergency
14 Preparedness and Response.

15

16 MR. TAYLOR: Does it have any
17 criterias [sp] as to what type of person
18 they want or just -- just that?

19

20 MR. WATKINS: It -- it just says
21 pre-hospital care -- Pre-Hospital Committee
22 representative, emergency care response.
23 State disaster planning process, make sure
24 disaster preparedness, trauma center,
25 regional council and EMS. Maximize the

1 assistant secretary of preparedness
2 response, funding to enhanced medical search
3 capabilities of the trauma centers.

4 Anybody have an interest in --
5 anybody work with a lot of disaster
6 preparedness? Let's start -- start there.

7
8 COMMITTEE MEMBER: When do they
9 meet? When does this one meet?

10
11 MR. WATKINS: Where is the
12 schedule?

13
14 MR. ERSKINE: Which one? Emergency

15 --

16
17 COMMITTEE MEMBER: Emergency
18 Preparedness.

19
20 COMMITTEE MEMBER: Emergency
21 Preparedness, Friday morning.

22
23 MR. TAYLOR: Yeah, tomorrow
24 morning.

1 COMMITTEE MEMBER: Ed, it's perfect
2 for you, man. There's no traffic that time
3 of morning.

4
5 COMMITTEE MEMBER: Unless you spend
6 the night.

7
8 MR. BRAZLE: I can be here
9 tomorrow.

10
11 COMMITTEE MEMBER: I'd be happy to
12 support Ed if he can't make a meeting.

13
14 COMMITTEE MEMBER: Yeah.

15
16 MR. WATKINS: Okay. All right, so
17 that takes care of the crossovers for the
18 other committees. EMSC update.

19
20 COMMITTEE MEMBER: I volunteered to
21 provide that since I attended the most
22 recent EMS for Children Committee meeting.
23 A number of activities going on at the EMSC
24 committee. They do have child restraint
25 systems available that they are distributing

1 to agencies. They're shipping now. They
2 are asking for symposium -- at the time,
3 they were asking for submissions. I think
4 the submission has closed. We heard it was
5 extended again.

6
7 MR. WATKINS: Today.

8
9 COMMITTEE MEMBER: Okay.

10
11 COMMITTEE MEMBER: It has closed.

12 However, as they've said multiple times, if
13 you really want to present and you have a
14 good topic, please do not let the closing of
15 it prevent you from submitting it. They're
16 always trying to fill spots and looking for
17 great people that want to educate.

18
19 COMMITTEE MEMBER: Yeah. And they
20 were trying to carve out a specific
21 pediatric tract. So that has been popular
22 in the past. They'd like to keep having
23 enough to do that. There is a -- an award
24 process that the regional councils select
25 EMS for Children award recipients. And that

1 rolls up to the Governor's Advisory Board.
2 So the EMSC committee had reviewed that
3 award criteria and left it unchanged.

4 There was a -- a presentation
5 offered -- it was really more of a
6 discussion about the potential for some
7 mobile simulation units.

8 Didn't -- that didn't really
9 have any particular outcome associated with
10 it. The Child Fatality Review Team has
11 completed their review of drowning cases and
12 the recommendations for any potential for
13 prevention are forthcoming.

14 The EMSC coordinator is still
15 working with the PEDS ready recommendation,
16 still trying to encourage all providers --
17 pre-hospital and emergency departments -- to
18 measure weight in kilograms.

19 That is still an ongoing
20 request and issue. And they are devising an
21 EMSC boot camp for symposium this fall. So
22 more to come on that. And EMSC funds are
23 potentially going to be used to support the
24 Stop the Bleed campaign. So some bleeding
25 control kits will be purchased with EMSC

1 funds. Can you remember anything else?

2 I've got Dave's whole report --

3
4 COMMITTEE MEMBER: No, but back in
5 the beginning when you talked about the
6 child safety equipment that they got through
7 a grant, if your agency does not have up-to-
8 date equipment on every unit, please reach
9 out to EMSC and let them know that you would
10 get recanted.

11 They have purchased really
12 nice stuff for it. I don't know the name of
13 it, but --

14
15 COMMITTEE MEMBER: Quantum ACR4
16 child restraint system.

17
18 COMMITTEE MEMBER: We -- we got to
19 see it. It's nice, so please do -- do not
20 let them, you know, sit in the warehouse
21 when -- when you agency can use them.

22
23 COMMITTEE MEMBER: Mr. Chair and
24 Kelley, should we as a committee formally
25 oppose legislation that exempts EMS --

1 COMMITTEE MEMBER: That's on the --
2 that's on the agenda later.

3
4 COMMITTEE MEMBER: Okay, never
5 mind.

6
7 COMMITTEE MEMBER: The grid.
8 That's why I saved it. I didn't -- it was
9 that -- Bill was talking about EMSC, but I
10 knew that the grid was on the agenda later.

11
12 COMMITTEE MEMBER: I'll defer this
13 discussion until later.

14
15 MR. WATKINS: Okay. With that,
16 EMSC updates complete, we have a public
17 comment period. This is the goal and
18 objective for Pre-Hospital Care committee.
19 Is everybody at the table got that or do we
20 need to pass this around?

21
22 MR. TAYLOR: I do not believe they
23 have it.

24
25 MR. WATKINS: They don't have it?

1 MR. TAYLOR: It was just given us
2 -- to us by Mr. Erskine and I --

3
4 MR. WATKINS: All right. So let's
5 go ahead and pass this around.

6
7 MR. TAYLOR: Did everyone get --

8
9 COMMITTEE MEMBER: It was on -- it
10 was on the table.

11
12 MR. TAYLOR: Okay, I'm sorry. I
13 did pass it out.

14
15 MR. WATKINS: Okay. Pass it to the
16 folks in the back of the room.

17
18 MR. TAYLOR: Yeah.

19
20 MR. ERSKINE: Committee members,
21 anybody need this?

22
23 COMMITTEE MEMBER: I brought my
24 own.

1 COMMITTEE MEMBER: So Mike, in goal
2 three, PCC 3.1 and 3.2, medical -- Medical
3 Direction Committee has undertaken 3.1 and
4 3.2. They already have assembled a
5 committee and they've started meeting.

6
7 MR. WATKINS: Okay.

8
9 COMMITTEE MEMBER: Well, at least
10 with 3.1. 3.2 is the one you wanted the
11 other outcome.

12
13 MR. WATKINS: Do you know who that
14 committee is?

15
16 COMMITTEE MEMBER: It's MDC.

17
18 COMMITTEE MEMBER: Is it the whole
19 MDC or is it a subcommittee?

20
21 COMMITTEE MEMBER: Subcommittee of
22 MDC with providers. Yeah.

23
24 MR. WATKINS: Okay.

1 COMMITTEE MEMBER: I remember.
2 Debbie Akers would know who -- who we
3 actually have on it.
4

5 COMMITTEE MEMBER: So will you be
6 providing feedback to this group based on
7 the progress of that work?
8

9 COMMITTEE MEMBER: We could. But
10 the way it's supposed to work is that would
11 come through the GAB. Right, because it's a
12 GA -- both are GAB subcommittee.

13 So it's kind of weird, but I'm
14 sure we have a liaison and have some
15 discussions. And that's the way the other
16 -- that this group that they're going to
17 have to join the committee.
18

19 MR. WATKINS: Any other parts for
20 the public comment period? All right, with
21 that we'll close the public comment period.
22 Unfinished business.
23

24 MR. ERSKINE: That -- I should've
25 not -- I should not have put that into the

1 agenda, sorry.

2
3 MR. WATKINS: Okay. All right.
4 So, new business. OEMS legislative grid.
5 Do you have an updated one on the one I have
6 from the 25th of January?

7
8 MR. ERSKINE: I do not have an
9 updated one. I -- I received one, but I do
10 not have it.

11
12 COMMITTEE MEMBER: Tim, is it --
13 the Office of EMS has an email that goes out
14 occasionally kind of following this grid.
15 Is it possible to get on that emailing list?

16
17 MR. ERSKINE: Okay. I -- I -- I'm
18 not sure how big that is. I will make sure
19 that all of the committees get that update.
20 I've got everybody's email addresses. I'll
21 make sure that it goes to all committee
22 members.

23
24 MR. WATKINS: There is -- it does
25 say that the -- the OEMS legislative grid

1 and report for February 1st is -- is
2 available on the web site. I want the grid,
3 not that whole -- so, I guess, how do we
4 want to go through --

5
6 COMMITTEE MEMBER: Medical
7 Direction, I believe, and EMSC both have
8 formally opposed legislation exempting EMS
9 from child restraint laws.

10
11 MR. WATKINS: So that's House Bill
12 1662, child restraint safety, bill that
13 exempts law enforcement -- exempts emergency
14 and law enforcement vehicles. And it's been
15 referred to the committee on Transportation.

16
17 COMMITTEE MEMBER: Sure. And it
18 passed -- didn't it pass --

19
20 COMMITTEE MEMBER: Didn't it pass?
21 Didn't it cross -- is it --

22
23 COMMITTEE MEMBER: It's in
24 crossover now.

1 MR. WATKINS: That's at 124-19, so
2 let's see.

3
4 COMMITTEE MEMBER: Medical
5 Direction's position may have been we -- we
6 endorsed the NITSA document.

7
8 COMMITTEE MEMBER: The best
9 practice guideline.

10
11 COMMITTEE MEMBER: The best
12 practice guideline. So essentially, we
13 opposed it.

14
15 MR. WATKINS: All right. Let me
16 look it up, but that's -- let's see.

17
18 COMMITTEE MEMBER: Or does that
19 mean it died in committee since there wasn't
20 much crossover this week.

21
22 MR. WATKINS: Hold on a second.
23 It's HP1662.

24
25 COMMITTEE MEMBER: I looked it up

1 this morning.

2
3 MR. WATKINS: So -- so on the 23rd,
4 the House voted block passage. So it passed
5 through the House. It was referred to the
6 Committee on Transportation. Imported from
7 Transportation with substitute on 2-6, yes.

8 House Committee substitute,
9 nothing in this section shall apply to any
10 persons operating taxicabs, school buses,
11 executive sedans or emergency medical
12 service vehicles, fire company vehicles,
13 performance of -- of their official duties
14 under exigent circumstances provided no
15 child restraint is readily available.

16 Yeah, we got some -- have to
17 get the final impact, hold on. Yeah, so I
18 mean, it's going to the Senate from what I'm
19 reading here.

20
21 COMMITTEE MEMBER: Maybe the
22 Committee would -- would entertain an
23 endorsement of the -- the NITSA best
24 practices guidelines instead of just
25 opposing the legislation. And -- and deal

1 with the meaning of what transport means.
2 All right, the actual ambulances.

3
4 MR. WATKINS: Okay.

5
6 COMMITTEE MEMBER: Not -- not fire
7 engines and, you know, fire trucks,
8 etcetera.

9
10 MR. TAYLOR: Is that a motion?

11
12 MR. WATKINS: All right. Make a
13 motion --

14
15 COMMITTEE MEMBER: I would make a
16 motion.

17
18 MR. WATKINS: -- to -- of the NITSA
19 -- second. All those opposed? All right.
20 Moves forward. All right. All right,
21 anything else under the legislative grid.
22 House Bill 777, emergency air medical
23 transportation. Form decisions left in
24 health welfare institutions. Workers
25 compensation declares PTSD suffered by first

1 responders an occupational disease.
2 Subcommittee record is laying on the table.
3 Motorcycle and autocycle, protective
4 helmets, organ donor exemption.
5

6 MR. ERSKINE: Yeah, as long as you
7 sign up to be an organ donor, you don't have
8 to wear a helmet any more.
9

10 COMMITTEE MEMBER: It's a bill.
11

12 COMMITTEE MEMBER: That's real?
13

14 COMMITTEE MEMBER: It is a bill.
15

16 MR. WATKINS: Subcommittee fails to
17 recommend report.
18

19 COMMITTEE MEMBER: Yeah.
20

21 COMMITTEE MEMBER: Has it passed?
22

23 COMMITTEE MEMBER: And we do a lot
24 of analogs.
25

1 COMMITTEE MEMBER: That's perfect.

2

3 COMMITTEE MEMBER: Did they pass
4 it?

5

6 COMMITTEE MEMBER: A lot of
7 motorcycles out there.

8

9 COMMITTEE MEMBER: You're declared
10 on your driver's license, you're exempt.

11

12 COMMITTEE MEMBER: Wow.

13

14 COMMITTEE MEMBER: There's
15 something wrong about it, but then again,
16 there's something that's not.

17

18 COMMITTEE MEMBER: -- endorsed
19 that.

20

21 MR. ERSKINE: Yeah. And you know,
22 when you're -- when you're black humor kicks
23 in and then you realize, oh, they're
24 serious? Yeah.

25

1 COMMITTEE MEMBER: Yeah. They're
2 not kidding.

3
4 COMMITTEE MEMBER: It's just
5 another piece of legislation.

6
7 MR. WATKINS: I mean, we can -- we
8 can go on through each one of these that's
9 listed under their grid. I don't know, it's
10 --

11
12 COMMITTEE MEMBER: Is it ones like
13 that?

14
15 COMMITTEE MEMBER: That one's very
16 good for a laugh.

17
18 MR. TAYLOR: The -- the real
19 purpose of putting it on the agenda was to
20 see if anybody, you know, was really
21 attached to one that they wanted to bring up
22 here.

23 And just ask people to kind of
24 follow them, you know, and -- and be aware
25 of what's going on. There's -- there's a

1 lot on the table this year. And we just --
2 we just wanted to bring it to people's
3 attention.

4
5 COMMITTEE MEMBER: Yeah. We don't
6 particularly, coming from the EMSC Committee
7 that -- the child restraint system. That's
8 what we were concerned about.

9
10 MR. WATKINS: There's not a whole
11 lot of other real heavy duty ones. I know
12 that the -- and they are looking to expand
13 the access to Narcan, which pretty much
14 everybody's kind of gone through with that.

15 There's a couple of first
16 responders days, Move Over bill, things like
17 that. All right. On to new business. Any
18 other -- anything else under the OEMS grid?
19 Any other things for new business?

20
21 MR. TAYLOR: I was just looking
22 forward to our goals here of developing and
23 implementing a set of standard trauma
24 treatment, protocols for adult, pediatrics
25 and geriatric patients. We jumped ahead

1 when this work group was first formed and
2 made this list. So I'm not sure if Dallas
3 possesses it or -- or whom, but somewhere is
4 that work already -- already done.

5 Now we did not get down to
6 each step of the protocol. What we did is
7 set up a minimum set of protocols. Each
8 agency must have a protocol for difficulty
9 breathing, so on and so forth.

10 But we did not spell out
11 because of resources are different in
12 different areas and medications are
13 different. We did not spell out the actual
14 protocol, we just gave a -- an outline of
15 what we thought --

16
17 MR. WATKINS: We should have it.

18
19 MR. TAYLOR: -- needed to exist.
20 Right.

21
22 COMMITTEE MEMBER: And the -- and
23 key elements in it are probably good call.

24
25 MR. TAYLOR: Mm-hmm. Yeah, some of

1 them. Some of them, right. So before we
2 recreate the wheel, can we please do the --

3
4 MR. WATKINS: Okay.

5
6 MR. TAYLOR: -- whatever's needed
7 to -- to locate that list. And -- and then
8 we can review it as a group and -- and
9 decide from that --

10
11 MR. WATKINS: Bring that up for
12 business next -- next meeting.

13
14 MR. TAYLOR: -- where we want to --
15 to represent -- yeah.

16
17 MR. WATKINS: Where? Who has that?

18
19 MR. D. TAYLOR: I'll -- I'll send
20 you everything that we did. And I'll just
21 send it to you guys -- if I can find it --
22 hit your emails --

23
24 MR. WATKINS: Absolutely.

1 MR. D. TAYLOR: It'll be there.

2
3 MR. TAYLOR: Thank you, Dallas.

4
5 MR. WATKINS: I mean, and just to
6 kind of continue on with that, just from a
7 business standpoint. I mean, we got our
8 goals and objectives. You said that goal
9 one, you just talked about to open statewide
10 trauma treatment protocols.

11 Goal two, establish minimum
12 statewide destination guidelines standards
13 for each step of the State Trauma Triage
14 Criteria for both adult and pediatric
15 populations.

16
17 COMMITTEE MEMBER: Interesting. So
18 CDC has elected not to revise -- get a group
19 together to revise the trauma triage
20 criteria.

21
22 MR. WATKINS: They're not?

23
24 COMMITTEE MEMBER: So that -- that
25 project is now over.

1 MR. WATKINS: All right.

2
3 COMMITTEE MEMBER: NITSA, however,
4 has applied -- has asked permission to
5 undertake that process. So instead of
6 coming from the CDC, it's likely to be
7 coming from NITSA.

8
9 MR. WATKINS: Okay. And the last
10 time the triage guidelines were updated was
11 --

12
13 COMMITTEE MEMBER: 2011?

14
15 MR. WATKINS: Yeah, a while ago.

16
17 MR. TAYLOR: No.

18
19 MR. WATKINS: 13?

20
21 MR. TAYLOR: 2015, I think, '16.
22 Because we had updated to the latest CDC of
23 2016, and we had to go backwards one -- to
24 whatever the one prior to that was. And
25 then --

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2
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25

COMMITTEE MEMBER: I thought it was
2011.

MR. WATKINS: Yeah.

MR. TAYLOR: And then the --

MR. WATKINS: Yeah, the last one --

MR. TAYLOR: -- updated it and then
we had to go back.

COMMITTEE MEMBER: 2011. Because
the State did try to do it, and then they
went back to the 2011 ones.

MR. TAYLOR: And then they went
back again because we had to change it like
four times in a row.

COMMITTEE MEMBER: Oh.

MR. TAYLOR: Yeah.

COMMITTEE MEMBER: I mean, the

1 changes were very minute.

2
3 MR. WATKINS: Okay. All right. So
4 objective, to determine the disparities in
5 application of field triage exist based on
6 geography.

7 Kind of accepted that probably
8 exists and that's what we need the
9 representation from you. Places like Bath.

10
11 COMMITTEE MEMBER: Mr. Chairman --

12
13 MR. WATKINS: Yeah.

14
15 COMMITTEE MEMBER: I think, for my
16 region in the southwest -- I know Carilion
17 and New River Valley and them here -- you
18 know, we have areas across the Commonwealth
19 and actually in southwest that's become more
20 and more prevalent that trauma access is
21 getting worse --

22
23 MR. WATKINS: Okay.

24
25 COMMITTEE MEMBER: -- from the

1 field because of, you know, we even have
2 paid staff that take 25-30 some minutes to
3 get on the scene. And that's paid staff in
4 station to get to the scene.

5 There's actually been issues
6 -- the helicopter's been on the ground
7 before a paid crew got there and -- because
8 of travel distance, and the weather.

9 We go through weeks in our
10 region, we're not flying anybody. Ground
11 transport takes two-three times because of
12 road conditions.

13 And also, the communications
14 disparity because I did serve on the -- the
15 Medevac House Bill there the other year.
16 And part of that dealt with the lack of
17 communication or need for improved
18 communications from the field providers to
19 dispatch.

20 You know, earlier activation
21 of -- of resources. But also even from the
22 911 perspective, you know, we have a lot of
23 centers in the State that still fight doing
24 EMD. They just get, where you at and that's
25 it. And so, it's a two-way street. I think

1 we need to see the Communication Committee.
2 You know, I've -- I've dealt with family
3 members, even my daughter, needing to be
4 flown and couldn't because of the weather.

5
6 MR. WATKINS: Sure.

7
8 COMMITTEE MEMBER: And it was a
9 very extended trying time getting to Roanoke
10 in the middle of an ice storm. So it
11 really, you know, it's need that I -- we see
12 it all the time.

13
14 MR. WATKINS: Right.

15
16 COMMITTEE MEMBER: I mean -- I
17 mean, I can count -- you know, for the last
18 year we had seven-eight people that got on
19 scene before anybody got there just because
20 of rural access.

21 Or not being able to get
22 resources to them. So it's -- you know,
23 that's something I want to see is improved
24 communications. Maybe it's community help
25 with -- the earlier we can get help on the

1 way. You can always turn here, always
2 believe in you can always turn around.

3
4 MR. WATKINS: Right.

5
6 COMMITTEE MEMBER: But I would
7 really like to see -- see the -- this
8 information exchange better in the more
9 rural areas and give them the resources.
10 Even for the training, that's an issue also.

11
12 MR. WATKINS: Okay. And we talked
13 about a lot of regions have adopted
14 destination guidelines to match trauma
15 system resources but insure against the
16 statewide minimum standards.

17 Goal three, develop resources
18 to critical care ground transport -- which
19 you said Medical Direction Committee was
20 working on.

21
22 COMMITTEE MEMBER: At 3.1 and 3.2.

23
24 MR. WATKINS: 3.2. So 3.3 is
25 change the Virginia Code, each jurisdiction

1 is tasked to insure that ground transport
2 for the critically ill and injured is
3 available. I mean --

4
5 COMMITTEE MEMBER: You got to
6 finish 3.1 and 3.2 first. What is critical
7 care in the State of Virginia?

8
9 MR. WATKINS: Right.

10
11 COMMITTEE MEMBER: Right? AMR
12 thinks critical care is a 20-minute vent
13 class. I'm -- I'm serious, right? Bon
14 Secour thinks critical care is putting
15 respiratory therapist and a nurse in a
16 truck. So --

17
18 MR. WATKINS: But the -- the other
19 people --

20
21 COMMITTEE MEMBER: -- let's get it
22 -- let's get it defined before we try to say
23 what's critical care and --

24
25 DR. YEE: Well, when you look -- so

1 I had the opportunity to be at the national
2 association -- the NPMS physicians meeting
3 in Texas. No state could give us a clear
4 definition of -- or agency -- give us what
5 is critical care. No one could define it.

6
7 COMMITTEE MEMBER: From --
8 throughout the nation or throughout the
9 State of Virginia?

10
11 DR. YEE: No, no. Through the
12 nation, nationally. We -- no one could give
13 me a clear cut definition of -- I mean, the
14 best definition I heard was anything that's
15 beyond the scope of paramedics.

16 That's actually the best
17 definition that we had. Which is -- what's
18 what we -- when you think about it, not
19 unreasonable.

20
21 COMMITTEE MEMBER: Well, it's hard
22 for a paramedic to go beyond the scope of
23 paramedic. Within the State of Virginia, we
24 only recognize paramedics.

1 DR. YEE: Well, critical patients.
2 Right?

3
4 MR. WATKINS: But to go -- to kind
5 of caveat on what he said, I mean, you could
6 have a critically ill patient. They're --
7 they need critical care but they may not get
8 it.

9
10 COMMITTEE MEMBER: It's all BLS,
11 that's all that's available. There is not
12 ALS.

13
14 MR. WATKINS: This is -- they're
15 asking for the change of Virginia Code,
16 which becomes basically an unfunded mandate.
17 Hey, you have to provide this level of
18 service in each jurisdiction. And it's not
19 financially feasible in the rural areas. I
20 mean, it's -- it's -- you know --

21
22 COMMITTEE MEMBER: So 3.1 and 3.2
23 --

24
25 COMMITTEE MEMBER: Well, it's not

1 even the level of service that's required.

2
3 MR. WATKINS: Yeah. It's having
4 the ground transport for the --

5
6 COMMITTEE MEMBER: Yeah, for ALS.
7 But if putting a mandate on a jurisdiction
8 to have -- to provide EMS, period, which
9 doesn't exist.

10
11 MR. WATKINS: Right. And it's
12 unfunded, so --

13
14 DR. YEE: The current Code language
15 is, seek to insure the provision of EMS.

16
17 MR. WATKINS: Seek to insure. So
18 that could be -- in another jurisdiction, it
19 could be a private contractor --

20
21 COMMITTEE MEMBER: Right.

22
23 MR. WATKINS: -- that has a hold --
24 I mean, there's a -- there's a variation
25 across the board on that. All right. So

1 objective four, program for the recruitment
2 and retention of EMS providers. I will say,
3 because I just came out of Workforce
4 Development Committee this morning -- I
5 mean, that's going to be a continuing
6 challenge.

7 Most jurisdictions are
8 struggling, even big jurisdictions are
9 struggling to get people to apply for jobs.
10 And then you have a choice, I mean, do you
11 -- do you hire somebody who's already
12 trained or do you say, I really don't want
13 somebody already trained.

14 I want someone who I'm going
15 to mold from the foundation as a -- as a
16 baby, you know.

17
18 MR. TAYLOR: We can't be choosers,
19 though.

20
21 MR. WATKINS: What's that?

22
23 MR. TAYLOR: Beggars can't be
24 choosers and the -- the pool's getting
25 smaller and smaller.

1 MR. WATKINS: Yeah. But that's --
2 that's something that all jurisdictions are
3 challenged -- I mean, I -- you know, I was
4 talking to Goochland and they -- they've
5 re-advertised for theirs.

6 I know that my jurisdiction
7 had a hard time filling a -- getting a large
8 pool of applicants. We got rid of all
9 requirements for the intention of increasing
10 our applicants and we'll do -- like teaching
11 EMT in the -- in the academy.

12 But then we now have people
13 with very limited real world experience.
14 We're not catching that -- that mid-ground
15 that we used to. But those are the goals.

16 Reinforce the existing state
17 and regional committees in place that are
18 requiring folks on EMS recruitment and
19 retention, enhance the educational
20 opportunities within the hospitals for EMS
21 personnel and competitive salaries for EMS
22 providers across the Commonwealth. All
23 these are pretty --

24
25 MR. TAYLOR: There's one on the

1 back, too.

2
3 MR. WATKINS: -- pretty clear cut.
4 Any other discussion on recruitment and
5 retention? That's -- that needs to be a
6 pretty hot topic because getting people to
7 replace those of us who've been around for a
8 while is going to be a challenge.

9
10 COMMITTEE MEMBER: Why are these
11 goals going through TAG?

12
13 MR. WATKINS: I don't know.

14
15 COMMITTEE MEMBER: These goals
16 should be -- go directly to the GAB, to the
17 --

18
19 MR. ERSKINE: These goals were
20 created before the current committee
21 structure was created. This was from the
22 Strategic Plan which was sent up through --
23 all the way to the Commissioner, approved by
24 him a few months ago. So that was before
25 this -- the -- the reporting structure came

1 through.

2
3 COMMITTEE MEMBER: So can we -- is
4 it feasible that it can go forward to
5 Workforce Development?

6
7 MR. ERSKINE: I guess that can be
8 taken to TAG.

9
10 COMMITTEE MEMBER: To defer some of
11 these goals that are already work groups
12 working on?

13
14 MR. TAYLOR: Correct. It does
15 sound much more appropriate goal.

16
17 COMMITTEE MEMBER: Yeah, and didn't
18 these goals originate from the HRSA model
19 trauma system plan document and the ACS
20 system assessment in 2015?

21
22 MR. TAYLOR: Yes, ma'am.

23
24 COMMITTEE MEMBER: Yeah.

1 COMMITTEE MEMBER: I'm not arguing
2 -- I'm not saying that the goals aren't --
3 they're good -- they're good goals. It's
4 where did -- should they best belong.

5
6 COMMITTEE MEMBER: Mm-hmm.

7
8 COMMITTEE MEMBER: It probably --
9 this is much -- clearly a much more EMS
10 personnel issue. The other -- the existing
11 GAB structure has Workforce Development.

12 But maybe we can -- we, as
13 part of the TAG committees, or committees --
14 can support Workforce Development, instead
15 of us doing this, giving it up with a
16 constructor.

17
18 COMMITTEE MEMBER: Sounds like a
19 better use of resources.

20
21 MR. WATKINS: All right. We've had
22 a --

23
24 COMMITTEE MEMBER: -- and for
25 goals, too.

1 MR. WATKINS: We've had a pretty --
2 pretty lengthy discussion about it. But
3 it's -- you know, this -- to me, the goal
4 needs to be focused on trauma issues and
5 trauma concerns.

6 And while it's not important,
7 it's clearly a little bit outside of the --
8 the mission. So goal five, strengthen
9 language in Virginia Code, update safe
10 transportation of children in the back of
11 ambulances.

12
13 COMMITTEE MEMBER: We took care of
14 that.

15
16 MR. WATKINS: We took care of that.

17
18 COMMITTEE MEMBER: Mm-hmm.

19
20 MR. WATKINS: And we said -- some
21 of that -- there are free devices out there.
22 Who -- who do they ask for that if you want
23 --

24
25 COMMITTEE MEMBER: Dave Edwards --

1 MR. WATKINS: -- to educate folks?

2

3 COMMITTEE MEMBER: -- at EMSC.

4

5 MR. WATKINS: All right.

6

7 COMMITTEE MEMBER: Isn't it a --
8 isn't it a RSAF process?

9

10 COMMITTEE MEMBER: And that --
11 yeah, that was another note that we had the
12 -- this would be deemed a priority item if
13 you submitted our RSAF grant for it.

14

15 MR. TAYLOR: Yeah, I think they're
16 going about disbursing them a couple
17 different ways. They've already been
18 purchased. Then they're also going to do
19 scholarships to symposium also.

20

21 COMMITTEE MEMBER: Yeah, that's
22 right.

23

24 MR. TAYLOR: It's another thing
25 that they're -- they're looking to do this

1 year.

2
3 MR. WATKINS: All right. So we've
4 covered our goals and objectives. We've
5 covered the OEMS legislative grid. Does
6 anybody else have any new business?

7
8 COMMITTEE MEMBER: Hate to beat the
9 dead horse, but are we stuck with this
10 structure? Because I -- I see lots of
11 constraints. You know, we can come up with
12 a great -- greatest idea here for kids, but
13 then there's a whole EMSC kit -- committee.

14 You know, we can come up with
15 a great idea for critical care, but there's
16 a whole Medical Direction Committee. And
17 then regardless whatever we come up with has
18 to go to some -- I mean, it just seems like
19 there's so many --

20
21 MR. WATKINS: Some are --

22
23 COMMITTEE MEMBER: -- parts.

24
25 MR. WATKINS: Okay.

1 COMMITTEE MEMBER: I'm not sure
2 where we fit into that.

3
4 MR. ERSKINE: It's still in draft
5 form. If you have specific changes that you
6 want to make, although -- you know, it's
7 kind of short notice for that -- you can
8 discuss those here.

9 Otherwise, I guess that if the
10 concerns are raised, they're, you know,
11 probably going to be raised at other
12 committees as well.

13 As far as adopting the SOP's
14 in this particular -- this particular way,
15 that remains to happen. So it's still
16 malleable.

17
18 MR. WATKINS: And tomorrow's the
19 first --

20
21 MR. ERSKINE: Mm-hmm.

22
23 MR. WATKINS: -- the first
24 structured meeting of TSC, correct?

1 MR. ERSKINE: Of TAG, yeah.

2

3 COMMITTEE MEMBER: TAG.

4

5 MR. WATKINS: TAG.

6

7 COMMITTEE MEMBER: So then TAG
8 reports to TSC still?

9

10 MR. ERSKINE: No. TSC is the
11 collective name of the seven committees.
12 There's no Trauma System Oversight
13 Management Committee. That went away with
14 the new strategic plan.

15 There are seven trauma system
16 committees. That's where TSC comes from.
17 It's the collective name --

18

19 MR. WATKINS: Okay.

20

21 MR. ERSKINE: -- of the -- of the
22 seven committees.

23

24 MR. WATKINS: So TAG is 10:30 in
25 the morning tomorrow?

1 MR. ERSKINE: Yeah.

2
3 MR. WATKINS: Oh. I'll -- I'll
4 bring it up tomorrow morning and see if we
5 can get clarity. Because we -- we don't
6 want seven committees working on the same
7 topics.

8 And we don't want to be
9 working on something that's somebody's not
10 related -- that's not in this is working on
11 it. Yes, sir.

12
13 DR. YOUNG: Jeff Young, I'm the
14 chair of Acute Care. You know, so the
15 answer may be, in defining the scope, more
16 than restructuring in that incorrect triage
17 and delayed triage -- the single most common
18 cause of preventable death and preventable
19 disability in trauma patients.

20 So if -- if you did cone on
21 early triage, appropriate transport, that
22 kind of stuff, it might -- I'm just saying
23 -- it might make more sense than broadening
24 it, as far as what this committee would do.

25

1 MR. WATKINS: Okay.

2
3 DR. YOUNG: But that is an
4 incredibly important component of the trauma
5 systems.

6
7 MR. WATKINS: Okay. With no other
8 new business, do we have a motion to
9 adjourn?

10
11 MR. ERSKINE: Okay, we'll stay here
12 for a while.

13
14 COMMITTEE MEMBER: There's ice back
15 in the hallway.

16
17 COMMITTEE MEMBER: Do you have our
18 next meeting set?

19
20 MR. WATKINS: May 2nd.

21
22 MR. ERSKINE: Yeah, it'll be the
23 first -- yeah.

24
25 MR. TAYLOR: And then we're going

1 to have the --

2
3 MR. ERSKINE: Unless --

4
5 MR. TAYLOR: Somebody's got to --
6 something's got to give, right? They keep
7 missing that meeting for this one?

8
9 MR. ERSKINE: Well, unless -- well,
10 now that we're adjourned --

11
12 (The Pre-Hospital Care Committee meeting
13 adjourned.)

CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, do hereby certify that I transcribed the foregoing meeting of the PRE-HOSPITAL CARE COMMITTEE MEETING, heard on February 8, 2019, from digital media, and that the foregoing is a full and complete transcript of the said Pre-Hospital Care Committee meeting to the best of my ability.

Given under my hand this 9th day of March, 2019.



Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2019.

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