

MEDICAL DIRECTION COMMITTEE
1041 Technology Park Drive, Glen Allen, VA
July 6, 2017
10:30 AM

Members Present:

Asher Brand, M.D.
Theresa Guins, M.D.
George Lindbeck, MD
Cheryl Lawson, M.D.
John Morgan, M.D.
Scott Weir, M.D.
Allen Yee, M.D.
Paul Phillips, M.D.
Tania White, M.D.
Forrest Calland, M.D.

Members Absent:

Charles Lane, M.D.
Marilyn McLeod, M. D. - Chair
Stewart Martin, M.D.
Christopher Turnbull, M.D.
Chief Eddie Ferguson

Staff:

Gary Brown
Michael Berg
Cam Crittenden
Tim Perkins
Warren Short
Greg Neiman
Debbie Akers
Chuck Faison
Peter Brown

Others:

Chad Blosser
Ron Passmore
Jason Ambrose
Hunter Elliott
Ed Rhodes
Al Thompson
E. Reed Smith, M.D.
Wayne Perry
Paul Roszko, M.D.
Brent Lafayette

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome		The meeting was called to order by Dr. Yee at 10:32 a.m.	
II. Introductions		Introductions were made, Attendance as per sign-in roster	
III. Approval of Agenda			Approved by consensus
IV. Approval of Minutes		Approval of minutes from April 6, 2017	Approved by consensus
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues		Dr. Lindbeck asked if everyone was aware of DEA expiration dates. Stated he checked with his Pharmacy and they don't believe that the BOP would have an issue following a DEA directive. The extension would be very specific to a drug and a lot. Dr. Yee requested that the notice be forwarded to the committee and to the Regional Councils.	
VI. Old Business		None	
VII. New Business			
A	Training & Certification Committee Report – Dr. George Lindbeck.	<ol style="list-style-type: none"> 1. Asked Charles Faison to share information about the EMS Training Funds programs. Information shared can be found under Staff Reports. Dr. Yee asked for clarification on how the Regional Councils can manage the funds to ensure there is no conflict of interest. 2. Shared with the committee the motion that was approved by the Training and Certification Committee concerning the future of the I-99 initial certification in Virginia for information purposes only. 	


Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		<p>3. Presented the resolution written by Dr. Charles Lane as a position by the Medical Direction Committee. Modifications made to the resolution to include the support of the TCC motion and to set a definitive date of new initial I-99 classes ending by June 30, 2018. Attachment 'A'</p>	<p>Motion by Dr Brand to support TCC motion. Seconded by Dr. Martin, 9 YAY, 1 NAY, Motion carried.</p> <p>Motion by Dr. Weir, seconded by Dr. Brand. Motion carried unanimously. Attachment 'A'</p>
B	Trauma Committee Report – Dr. Forrest Calland	<p>1. Reported the committee is in the process of digesting and determining the best way to achieve maturation of the trauma system and take the recommendations and have them implemented without disrupting the system. Had two different proposals on how to structure the trauma system to incorporate it with the very robust EMS system. Committee decided to affirm the idea to strengthen current system rather than devise a new system.</p> <p>2. Trauma PI Committee has undertaken the task of notifying EMS systems of the quality of the data reporting. States there was approximately 20% increase in the data reporting of vital signs on injured patients. Individual agencies are receiving monthly data reports specific to their system. Stated the first quarterly report is scheduled to go out in the near distant future. Discussion concerning what defines a trauma patient. Dr. Calland stated that the committee understands the need to recognize what is an accurate representation of a trauma patient rather than a simple injury (i.e., simple abrasion).</p> <p>3. Stated funding of the Trauma System may be dramatically impacted with the changes in driver's license fees. Informed committee a meeting will occur on Monday, July at VHHA to identify a unified approach to addressing this funding stream that would then allow individuals to approach legislators concerning a funding stream to continue financial support of the trauma system.</p>	
C	DNR Reciprocity Language – Dr. Scott Weir	<p>1. Question concerning the DNR language and the need to become aware of the DNR regulations of other states to make sure the expectations are being met from other states in accordance with Virginia DNR regulations. Mike Berg shared that the legislation allows for the recognition of a valid order from another state that is deemed to be valid. It is not a mandate but an option that allows a provider to honor an out of state DNR. Dr. Yee asked about revocation of a DNR. Dr. Lindbeck stated that a DNR can only be revoked by the individual who executed the order.</p>	
D	Hierarchy of Authority – Dr. Charles Lane (presented by Dr. Yee)	<p>1. Question concerning destination decision when a facility has been designated as a specialty center but transport decision is made to bypass the center by the agency OMD for various reasons. What is the delegation of authority for the OMD or Region to make a decision to bypass a facility? Mike Berg stated that if an informed decision is being made based on the science, etc., of your peers you would have a stronger stance for this decision. Reminded the committee that the Regional Councils have no authority to implement specific policy. Patients destination of choice within region; Medical Director decision should</p>	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		have support from their peers and supported by policy. Diversion policy cannot be enforced if the patient wishes to be transported to that facility even when informed the hospital has placed itself on diversion.	
VIII. Research Requests		None	
Committee Lunch Break – 11:48 – 12:10			
IX. State OMD – George Lindbeck, MD			
A.	State Stroke Plan Addition	Approached by AHA colleagues to make additions to the stroke plan to include Primary Stroke Centers that have attained supplementary levels of distinction. John Dugan stated that the public comment period has just closed and the goal is to implement by January 1, 2017. Discussion by committee concerning how this might impact transport decisions. Feeling by committee is that the language is vague? How will the supplementary level of distinction be determined and by whom would that distinction be granted. Questions concerning how to distinguish the need for patient destination, comprehensive centers versus endovascular centers, etc. Dr. Yee asked about VSSTF position on this proposed addition. Dr. Lindbeck stated he was not aware that a position had been made. Committee not willing at this time to make addition to stroke plan at this time.	
Office of EMS Reports			
Division of Educational Development Staff			
A	BLS Training Specialist – Greg Neiman	<ol style="list-style-type: none"> EC Institute <ol style="list-style-type: none"> Held at Chesterfield Fire June 24-28th 24 successful candidates New EC Process <ol style="list-style-type: none"> Still waiting on IT to complete the programming necessary to implement the new process Hoping to roll it out in time for fall Updates <ol style="list-style-type: none"> The DED Division still on the road for 2017. <ol style="list-style-type: none"> Last update was in Blacksburg on Saturday, June 6, 2017 See the latest schedule on the OEMS webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm 	
B	ALS Training Specialist – Debbie Akers	<ol style="list-style-type: none"> NR Stats (ATTACHMENT: B) <ol style="list-style-type: none"> State results continue to mirror National Registry Accreditation (ATTACHMENT: C) <ol style="list-style-type: none"> Report distributed Dabney S. Lancaster Community College has become a satellite site for Central Virginia CC CSEMS Council will be transitioning all of their initial certification courses to Blue Ridge CC in 2018 Reaccreditation of the New River Valley Training Center is now complete. CoAEMSP is behind sending reports to some programs <ol style="list-style-type: none"> Received an email regarding new competencies for programs Will review with accredited programs for any changes that may be necessary in Virginia. 	See Attachment ‘B’ See Attachment ‘C’
C	Training and Development Specialist – Chuck Faison	<ol style="list-style-type: none"> EMS Scholarship Program and Contracting with Regional Councils <ol style="list-style-type: none"> Working with Office of Health Equity to finalize the process 	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		b. Online application is moving forward 2. CE Auxiliary Contracts a. Were submitted to the Regional Councils for review b. Waiting to hear who will participate. Have heard from 2, one who signed and one who replied they will not be participating.	
D	Division of Educational Development Training Manager – Warren Short	1. MC-55 Scanners a. Beginning August 1, will no longer be supported b. File format will change around that time and once that occurs will no longer be able to submit to the system from the MC-55 2. Internal Psychomotor Examination for BLS Accredited Programs a. Policies are being developed b. Will roll out with the approval of programs by Fall, 2017 3. EMS Symposium is scheduled a. Plan to open registration by July 15 th b. Format has changed to one hour sessions rather than 1.5 hour sessions c. Classes will start at 08:00 d. Approximately 360 classes scheduled for 2017	
E	Peter Brown	1. BLS Testing Scenarios for Psychomotor a. Group will be working on updates to the BLS testing scenarios for EMT psychomotor examinations	
Other OEMS Staff			
E	Regulation and Compliance Manager – Michael Berg	1. Durable DNR a. Effective July 1, 2017 2. EMS Regulations a. 12VAC5-32 was posted, no comments b. New Regulations will be posted to the Town Hall leading to approval by the EMS Advisory Board and will then be opened for comments. c. Still work to be done, will be meeting with Division of Educational Development to work on some definitions and policies d. HB 1728 Workgroup regarding helicopter EMS, may produce new regulations that will need to be included	
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.	
PRESENTATION			
A	Health Practitioner Monitoring Program – Kevin Dillard, President/CEO, LifeCare Medical Transport	1. PowerPoint presentation by Mike Berg in absence of Kevin Dillard. Seeking consideration for a program that would provide confidential services for health practitioners who may suffer from chemical dependency. Discussion by committee. (See Attachment ‘D’)	Motion by F. Calland, 2nd by C. Lane to support concept of program. Motion carried. See Attachment ‘D’

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
PUBLIC COMMENT		
For The Good Of The Order		
Future Meeting Dates for 2017	October 5, 2017	
Adjournment	12:56 PM	

Respectfully submitted by:



Deborah T. Akers
OEMS Staff Liaison
July 10, 2017

Attachment A

Resolution to TCC I-99 Motion

Resolution for Compliance with the National Scope of Practice Model and Standardized EMS Certification Levels

Whereas the Virginia EMT-I/99 certification level is a legacy certification with a diminishing and limited future;

Whereas the initial certification of the Virginia EMT-I/99 is provided by an external organization and will exist only as long as financially viable for this certifying entity and not under the proactive control of the Commonwealth;

Whereas the existence of the Virginia EMT-I/99 certifications has inhibited the development of the nationally recognized AEMT certification level, the bedrock certification for future EMS system maturity;

Whereas the existence of the EMT-I/99 certification level has inhibited the professional growth and maturity of the Nationally Registered Paramedic in Virginia; and

Whereas the existence of the EMT-I/99 certification level, has, very importantly, inhibited the professional growth and career opportunity of EMT-I/99 providers themselves; now, therefore, be it

Resolved, the Medical Direction Committee (MDC) of the Governor's Advisory Board (GAB):

1. Supports the recommendation from the Training and Certification Committee approved on July 5, 2017.
2. supports the recommendation from various sources that the Virginia EMT-I/99 certification be maintained by providers through fulfillment of continuing education requirements after loss of the initial certification process, but without a re-entry option for failure to maintain certification.
3. recommends the GAB support a moratorium on new EMT-I/99 classes starting on or after July 1, 2018.
4. recommends the GAB to request the OEMS to plan for EMT-I/99 providers to facilitate transition to either NRP status or AEMT status.
5. recommends the GAB to request the OEMS to facilitate EMS systems development in the Commonwealth specific to their utilization of the AEMT certification level.
6. offers its expertise as EMS Physicians and subject matter experts to support these actions and to offer consultation to the various stakeholders.

Attachment B

NREMT Statistics

EMT Statistics

As of 07/04/2017

Virginia:

Report Date: 7/4/2017 9:34:19 PM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 2nd Quarter 2015 to 2nd Quarter 2017
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

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
5702	68% (3849)	79% (4477)	79% (4505)	0% (1)	17% (944)	4% (253)

National Registry Statistics:

Report Date: 7/4/2017 9:41:32 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 2nd Quarter 2015 to 2nd Quarter 2017
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

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
164068	68% (112209)	80% (130569)	80% (131568)	0% (107)	16% (25974)	4% (6465)

Individual Instructor Statistics are available on the OEMS webpage at the following link: <http://www.vdh.virginia.gov/content/uploads/sites/23/2017/01/01-10-2017-16th-Percentile-EMT.pdf>

Attachment C

Accreditation Report

Accredited Training Site Directory

As of July 4, 2017



This Page
Intentionally
Left Blank

Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Virginia Community College	68006	Yes	--	National – Continuing	CoAEMSP
ECPI University	70017	Yes	--	CoAEMSP - LOR	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	3	National – Continuing	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	---	National – Continuing	CoAEMSP
John Tyler Community College	04115	Yes	--	CoAEMSP - LOR	
Lord Fairfax Community College	06903	No	--	National – Initial	CoAEMSP
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – Initial	CoAEMSP
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	--	CoAEMSP – Initial	CoAEMSP
Rappahannock Community College	11903	Yes	--	CoAEMSP – LOR	
Southside Virginia Community College	18507	No	1	National – Continuing	CoAEMSP
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	Yes	1	National – Continuing	CoAEMSP
Tidewater Community College	81016	Yes	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	5	National – Continuing	CoAEMSP

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

- Rappahannock Community College 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.

Accredited Intermediate Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	Yes	4*	State – Full	July 31, 2018
Dabney S. Lancaster Community College	00502	No	--	State – Full	July 31, 2017
Danville Area Training Center	69009	No	--	State – Full	July 31, 2019
Hampton Fire & EMS	83002	Yes	--	State – Full	February 28, 2018
Henrico County Fire Training	08718	Yes	--	State – Full	August 31, 2020
James City County Fire Rescue	83002	Yes	--	State – Full	February 28, 2019
Norfolk Fire Department	71008	No	--	State – Full	July 31, 2021
Paul D. Camp Community College	62003	Yes	--	State – Full	May 31, 2021
Southwest Virginia EMS Council	52003	Yes	--	State – Full	March 31, 2019
UVA Prehospital Program	54008	No	--	State – Full	July 31, 2019
WVEMS – New River Valley Training Center	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.

- Dabney S. Lancaster Community College has decided to not renew their accreditation. They will become a satellite location for Central Virginia Community College.
- Central Shenandoah EMS Council will begin the transition of all courses to Blue Ridge Community College.

Accredited AEMT Training Programs in the Commonwealth

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

Accredited EMT Training Programs in the Commonwealth

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

Attachment D

Health Practitioner Monitoring Program

The Health Practitioner Monitoring Program and EMS



Kevin Dillard, President
LifeCare Medical Transports
kdillard@lifecare94.com

Mental Health and Addiction within the EMS system



Do we take care of our providers?

Scenario

A practitioner is found to be diverting controlled substances and admits to having a drug problem. Below is a comparison of the probable events to follow.

Registered Nurse

- Possible law enforcement involvement
- Offered admission into the Health Practitioner Monitoring Program-getting help with addiction
- Eligible for stayed disciplinary action
- After successful completion of treatment, the provider can return to monitored safe practice.

Paramedic

- Law enforcement involvement
- Suspension of certification
- Rely on the court system or themselves to acquire help for their addiction
- After court proceedings, potential revocation of certification or they are returned to non-monitored practice

The Health Practitioner Monitoring Program (HPMP). What is it?

- The Department of Health Professions has a contract with the Virginia Commonwealth University, Department of Psychiatry, Division of Addiction Psychiatry, to provide confidential services for the health practitioner, who may be impaired by any physical or mental disability, or who suffers from a chemical dependency

HPMP

- This program will provide for an appropriate screening of a provider who has been caught diverting controlled substances, has a substance abuse problem or other mental illness
- It will allow the person to get proper treatment
- It will allow the Office of EMS to ensure that the provider is returning to safe practice
- It will allow the provider an opportunity to save their career and potentially their life.

HPMP. Who can participate?

- Now, the individuals that can participate are certified or licensed by the Department of Health Professions.
- This includes: Doctors, Physician Assistants, Nurse Practitioners, Nursing Assistants, Chiropractors, Veterinarians, Funeral Directors etc.
- EMS providers are NOT included in this.

Why EMS Providers need to be included.

- EMS providers have extremely liberal access to controlled substances.
- EMS providers have an emotionally and physically stressful job, at times resulting in mental health issues, including addiction.
- At this time, other than seeking help themselves, there is no avenue for these providers to take to not only ensure their personal health and safety but that of the public they serve as well.

The Costs

- There are costs associated with the program however, the cost of doing nothing far outweighs the cost of doing something.
- The provider is responsible for the cost of treatment as well as drug tests.
- Other license/ certification granting agencies use monies gained from certification/ licensure fees to cover the program.

HPMP

- Provides the Office of EMS along with individual agencies that the provider is getting treatment for an addiction or other mental illness
- Allows for the providers to be more open about a potential mental illness or addiction

IT CAN SAVE CAREERS. IT CAN SAVE LIVES.

The next steps

- Presenting to the Provider Health and Safety committee on Friday, August 4th
- Presenting to the EMS Advisory Board.

I hope to have and appreciate
your support!