

**Board of Directors
Zoom
9/11/2024
1900**

Members Present:	Members Absent:	TJEMS Staff:	Others:
John Lye, Lake Monticello Rescue Squad, President	Troy Dillard, Lake Anna Rescue Squad	Peppy Winchel	Chris Vernovi- OEMS
Hal Schaffer, Louisa Rescue Squad, Vice President	Michael Thomas, Charlottesville Fire Department		Katherine Garner-Innovation
Pete Davidson, Charlottesville/Albemarle Rescue Squad, Treasurer	Macon Walz, Roseland Rescue		Matthew Cowherd-UVA
Noah Hillstrom, Madison County EMS, Secretary	Melanie Welcher, Western Albemarle Rescue		Ali Akbar- Greene County
Melissa Meador, Greene County EMS	Dr. George Lindbeck , Regional Medical Director		
Mike Riddle, Wintergreen Fire & Rescue	Sandy Hurley, University of Virginia Medical Center		
Jim True, Fluvanna County Dept of Emergency Services	Will McLaughlin, Louisa County		
Meade Whitaker, Albemarle County Fire & Rescue			
Tony Reid, Rockfish VFD			
Billy Hamm, Louisa County Fire & EMS			
Lily Bramble, Holly Grove Rescue Squad By Proxy			
Dr. Sean Brooks, DRT/SMJH Physicians			
Courtney Lambert, Sentara Martha Jefferson Hospital			
John Adkins, Nelson County			
Dustin Dawson, Madison County			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. . Review and Approval of prior DATE meeting minutes and of Proxy's	No opposition's Passed by Majority. Hal Schaffer was recognized as proxy for Lilly Bramble	
II. Welcome and introduction of guests	Chris Verionoe OEMS Matt Cowheard UVA prehospital Katherine Gardner Innovation Captian Ali Akbar Greene County	
III. Autism Awareness update	Rose Neville was set to present involved sharing feedback from the autism training conducted over the last two years, a collaboration between TJEMS and UVA STAR. The results showed significant improvements in individual confidence in delivering knowledge within the classroom, and these improvements persisted 3 to 6 months after the training. The aim is to incorporate similar low-incident but high-risk trainings on an annual or biannual basis. This will ensure continued skill retention and refresh those previously trained while onboarding new participants. The data gathered reinforces the effectiveness of the program and will guide future efforts to support special populations. She will be here in November to give those numbers.	
IV. Kathrine Gardner with Innovation.	<p>Kathrine and Innovation are looking to learn from the EMS community, focusing on reducing the overutilization of emergency services by the geriatric population, particularly those who are financially and medically compromised. They recently discussed with Peppy and Dusty strategies to assist this demographic, which often calls EMS due to falls, disorientation, or loneliness. While not always emergencies, these chronic issues could be better managed with proper resources, reducing reliance on emergency services. Their goal is to help eligible individuals stay out of the emergency room or hospital, allowing them to remain independent and avoid nursing homes. By providing better management, the hope is to reduce unnecessary EMS calls and emergency room visits. Peppy shared how the IT crash on July 19th effected UVA. Katherine then explained the impact it had on their patients due to going to specialty clinics. Innovation does have plans in place to coordinate in the event of an identified risk area. primary response unit during any major event. As a last resort, they would conduct door-to-door checks for vulnerable individuals if communication methods like phone service were unavailable. While such measures are rarely needed, they acknowledge that many people no longer have landlines, and cell towers can be unreliable during emergencies. They recommend NBC 29 for local updates, as it's a familiar channel for their target demographic. Overall, their efforts have generally been manageable, with few significant challenges so far.</p> <p>Peppy: The transition from NEMSIS 3.4 to 3.5 has impacted the availability of certain data, specifically the exact dispositions of transports. Although the number of transports is known, more detailed information is not yet available. For example, on the day before the incident, there were 157 transports, but this number decreased over the weekend. One possible explanation is that people were sheltering in place and avoiding</p>	

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	<p>burdening the system. However, by Monday, the number of transports increased, potentially because people were unable to access their physicians' offices due to closures on Friday.</p> <p>Further analysis of qualitative data is needed to determine if this trend was indeed influenced by external factors like clinic closures. If so, the EMS team plans to incorporate these insights into future emergency planning. If not, they will continue refining their plans, including their continuity of operations (CO-OP) strategy, to ensure all populations are accounted for and at minimal risk during larger events.</p> <p>Questions about the data and if showed the same over other weekends or was it just a snap shot of the specific weekend. The answer was that it was just a snap shot and since it fell into the transition from 3.4 to the 3.5 the numbers were the only ones TJEMS could get. TJEMS is working on making sure the PCRS pass and get into the State Repository and then look at that data.</p>	
<p>V. OEMS Update</p>	<p>Chris Vernovai: The audits and the Fitch Report are expected to be released soon, along with the Jlock Report, which is scheduled for November. However, until these reports are officially released, there are no further updates at this time.</p> <p>Regarding the EMS designation process, an extension has been offered for submissions, moving the usual deadline of October 1st to December 15th. This extension accounts for various factors, such as ongoing issues with drug boxes. The Office of EMS is obligated by regulatory language to conduct this process, ensuring that applications are reviewed and presented to the Board of Health for approval by June. To meet this May deadline, the process started early. It's important to note that beginning this process now is not reflective of any anticipated outcomes from the upcoming audits or reports.</p> <p>As of yesterday, 48 RSAF applications have been entered into the portal, but only 11 are fully completed. The application window closes next Monday at 5 p.m. If you know of any agencies that have started applications, please encourage them to complete the process. Councils are available to assist as needed.</p> <p>Debra Akers is the only one in the CE Division. Please make sure CE requests are submitted 30 Days before so that Debra can get to them.</p>	<p>Peppy to follow up with Tim about the Sentara Grant.</p> <p>Dusty to follow up with Chris about Officer class in Charlottesville area.</p>
<p>VI. TJEMS</p>	<p>Training: Dr. George Lindbeck is working with UVA on an outreach opportunity to increase physician engagement with EMS providers. The interest is focused on having physicians spend more time in the classroom with EMS personnel. Attendance at the regular Tuesday sessions has declined, so the plan is to shift efforts toward collaborating with UVA to provide continuing education (CE) sessions. If the UVA partnership doesn't materialize, Dusty will contact local teams to explore alternative ways—such as adjusting schedules, topics, or locations—to boost CE attendance. More details will follow as the situation develops.</p>	

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	<p>CPR: TJEMS is actively expanding community CPR efforts, aiming to offer free classes by seeking funding from local businesses. While there are associated costs for videos, instructor time, and equipment, the goal is to minimize these expenses. Collaborating with UVA and the student group Cavs Cares, they are starting merchant training in the Downtown Mall. As they build an instructor pool, they plan to extend training to more counties. If anyone has interest or knows people who want CPR training, especially family members of EMS providers, they are welcome to join. We have also started talking to Louisa Chamber of Commerce.</p> <p>EMS Expo: EMS Expo will begin on Thursday, March 13th, with registration and a few classes that evening. Main EXPO will take place on Friday and Saturday, March 14th and 15th, at PVCC's new building. The primary goal is to bring together emergency department staff and EMS personnel to foster stronger working relationships and improve the transition of care from the field to the hospital.</p> <p>Drug Boxes: It is important that every agency has its supply system established, either by being a hub for other agencies or receiving supplies from a hub in their county. If there are any issues in your county or agency regarding this setup, please inform us.</p> <p>There are some upcoming soft starts and inspections, and it's essential to give notice so that the pharmacies can be informed. If there are any mixed sources for medications or drug kits, additional documentation may be required to ensure pharmacy audits match the drugs in use. Please communicate if you are mixing supply sources, and we will work out a system to manage this.</p> <p>Starting by November 15th, the next generation of drug exchange will begin across the state, with a two-week buffer before fines could be imposed. If the November 15th deadline is not feasible for your planning or if any issues arise, please notify us so we can explore possible exceptions. The direction is set, and the effort so far has been commendable. I appreciate everyone's hard work in making this happen and setting the standard for Virginia, despite the challenges.</p> <p>PI: In the last quarter, there were 10,403 calls in the region, with an average scene time of just over 9 minutes for cardiac chest pain cases. Out of 715 chest pain patients dispatched, 144 received aspirin. Alicia is reviewing the cases to understand why aspirin wasn't given in some instances and to confirm if they were indeed cardiac-related.</p> <p>The PI report, which will be sent after the meeting, contains detailed data and graphs. Agencies are encouraged to review it and compare their performance to regional or state metrics. Alicia is available to assist with any further analysis.</p> <p>Additionally, the use of the VAN assessment tool for stroke patients is being emphasized, alongside the Cincinnati Stroke Scale. Both UVA and Martha Jefferson hospitals are supporting efforts to ensure all providers are comfortable using VAN, with training initiatives underway. Providers are reminded to alert hospitals as early as possible for stroke or trauma patients and ensure communication with both ground and air medical crews for critical cases to improve patient outcomes.</p>	

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	<p>Wellness Program: Jamie Mullins' will be contacting agencies to see if there is a current peer group within each agency. She would like to know how it's established and how it is sustainable. If you don't have one Jamie will have resources and see if the agency is interested in one or have the capacity of one. Sparc of Hope 5k on October 19th will also raise funds for suicide prevention resources like gun locks and lockboxes. If you plan to involve any local agencies in the virtual run or fundraising, it could be a great way to bring the community together for such an important cause. Let us know if you'd like help organizing anything or spreading the word!</p> <p>Community Outreach: TJEMS has hired Ingris Coronado as the Community Outreach Coordinator. There is a three-level approach looking for resources that are able to assist us with the non-urgent patient. Getting more organizations involved with community CPR, Preparedness and resilience. Then working with the counties that have MIH/CP like Greene, Madison and Charlottesville to see what is going on and so it can be standardized or attempt to for the region. Ingris has jumped into the job and is enjoying it.</p>	
VII. Treasures Report	<p>TJEMS financial status is currently solid, with a healthy balance sheet. We taking on new projects and expanding its team with new staff members. While the outlook is positive, careful attention will be paid to ensure that the financial balance remains stable as these changes take place.</p> <p>If there are any questions about the CD's or the Money Market accounts that were shared with the agenda please let Pete know</p>	
VII. Old Business	<p>Regional Awards have been decided and will be handing those out. Working with the schedules of the agencies to have them handed out at a meeting or a shift change over.</p>	
IX. New Business	<p>Prior President/Present president</p>	
X. Agency Updates a. Fluvanna County	<p>County/Fluvanna EMS: finalizing the narcotics distributor for the pharmacy after a 60-day project. The narcotics are starting to come in, and the setup is ready. A new truck is expected in October to bolster the fleet. Additionally, they have launched their training center, with the first EMT class starting last month at Kent Store, enrolling 12 students.</p> <p>Lake Monticello: The 9/11 memorial at Lake Monticello was a meaningful event as it is every year. Jim has been working hard for all the pharmacy integration and Lake Monticello is grateful for it</p>	

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<p>b. Nelson County</p>	<p>County: There were three fatal accidents in six days, leading to the activation of the system team and the involvement of Virginia Leap, who helped a lot in the aftermath</p> <p>On the emergency management front, the county is making strides by incorporating PulsePoint, a tool that will enhance emergency response efforts. Nelson is transitioning their software from Everbridge to Ray, which includes a new app pause feature for wireless connectivity and access to the emergency alerting system. John also brought up that Nelson has it set up with UVA through Medcom if there is a diversion it gets sent out to the agencies.</p> <p>Wintergreen hosted a search and rescue class in partnership with VDM (Virginia Department of Management) at the end of the month. It was MoD 1 and 2 of the ground search programs should attract interest. Still looking for staff.</p> <p>Still working through the pharmacy requirements. There are now vending machines Wintergreen has their DEA license and working on the CSOS.</p> <p>RVFD: Will be having their OEMS inspection on Oct10 with Doug Layton. They have received their CRC for schedule 6.</p> <p>Gladstone:</p> <p>Rosedale:</p>	
<p>c. Louisa County</p>	<p>County:</p> <p>Louisa County Fire and EMS: Recently finished a Lieutenant Assessment Center. Fill the spot the got moved to logistics. Currently in the testing process of 3 EMS Captains supervisors. In the middle of hiring a training lieutenant. 3 new firefighter EMT positions through a gran in July. Started Fire/EMT academy at the high school. Brent Snyder will be coming to train Louisa on the Itreat system.</p> <p>Louisa Rescue Squad: Hal encouraged more participation in continuing education (CE) opportunities. Reminding their teams about the available CE sessions, both the built-in ones and those in collaboration with UVA's ECHO program, will be a good step. These sessions, especially with the convenience of virtual attendance, provide valuable training in an accessible way.</p> <p>Lake Anna Rescue Squad</p>	

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d. Greene County	<p>County/Greene EMS: New system will be coming online soon. All the Lt and Captain received training and are testing the coverage right now.</p> <p>Captain Ali Akbar: Inspection on the 23rd for 2-6. All equipment has been mounted and the security system will be mounted on the trucks. Once the inspection happens they should be receiving their CSR Will be applying for the DEA working with Dr. Mace. Equipment has been automated across the board and using a specific app and RFID to track all the meds.</p>	
e. Madison County	<p>County:</p> <p>Madison County EMS: Coverage testing for the new radio system is ongoing, and the team is excited about its capabilities for communication. The RSAF grant is nearly complete. Staffing efforts are in progress, with full-time EMT and paramedic positions being filled. The patient care guidelines have been completely revamped and are now up to date. The new station delivery is expected in January. Everything is set for the pharmacy. Overall, been quite busy with various projects and improvements!</p>	
f. Albemarle County	<p>Albemarle County Fire & Rescue: The internal paramedic class has started with 10 participants and will run for 8 months instead of 6 due to scheduling challenges with VCU and rotations. The Pixis pharmacy system is being implemented, with hardware installation scheduled for this weekend and training for staff set for the week of September 23rd. Happened to have a provider on light duty who could use his time to get everything implemented.</p> <p>Western Albemarle Rescue</p>	<p>Jamie to follow up with Meade about the peer program the Charlottesville runs.</p>
g. City of Charlottesville	<p>Charlottesville/Albemarle Rescue Squad: There are some positive developments regarding staffing and coordination with fire services, particularly in response to an increase in call volume due to new students. One unit is being staffed during the day, and that the night crews typically have 2-3 units available. In discussions with Charlottesville about pharmacy there is an agreement for Cat 2-5 but it still needs to be more defined.</p> <p>Charlottesville Fire</p>	
h. Martha Jefferson Hospital	<p>The door codes at the main ED, Martha Jefferson, and the freestanding ED have been successfully changed, and feedback is welcome. Ongoing construction at the main ED has seen the redirection of entrance ways, and the vestibules for ambulatory and ambulance have been refreshed with new flooring. Construction is currently paused due to back-ordered items. ED patient volumes have been fluctuating, and there have been challenges with frequent UVA status. Efforts are being made in coordination with UVA ED leadership to address these issues.</p> <p>Discussion about the diversion plan that was last updated in 2020. It is a Third quarter Deliverable for OEMS. Coordination between UVA and SMJH work group to include Alecia, Sandy, Courtney and Peppy and whomever else would like to join to start going over the current diversion plan and coming up with an update more comprehensive Diversion Plan.</p>	

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<p>i. UVA ED</p> <p>Peppy- Virginia Leap</p>	<p>Matt Cowherd introduced himself to the group and noted that he has have communicated with many members via email. UVA ED has begun to see a concerning trend over the past month, observing an increase in patients who should have been continuously monitored but weren't when arriving at the emergency department (ED). Just wanted to give a heads up to remind providers how important it was to keep monitoring all the way into the ED.</p> <p>Emphasized the importance of data privacy in mental health services, especially concerning Virginia LEAP (Law Enforcement Assistance Program). He clarified that while Virginia LEAP sets standards for minimal data collection, the focus is on ensuring that law enforcement officers don't face future repercussions due to their involvement in the system or mental health services. The goal is to avoid collecting specific personal data, with compliance from OEMS and minimal reporting to individuals like Karen Owens, who only need to know when Virginia LEAP is activated and for what purpose.</p> <p>Collaboration among Virginia LEAP, EMS, fire departments, law enforcement, and dispatch to ensure everyone involved in a critical incident is covered under peer support programs. He stressed that no one should handle traumatic experiences alone, and these support systems are designed to help those who encounter difficult scenes.</p>	
<p>XI. Next Meeting</p>	<p>The next meeting will be on November 13 1900 In Teams</p>	
<p>XII. Adjourn</p>	<p>A motion was made by ___ John Adkins _____ and seconded by ___ Courtney Lambert _____ to adjourn the meeting. adjourned the meeting at 2011</p>	