



BREMS Board of Directors

October 12th, 2016

LFD Administration Bldg.

6:30 pm

Board Members In attendance:

Mary Kathryn Allen	BREMS
Sean Regan	BREMS
Jenn Kersey	BREMS
John Boon	BREMS
Brad Ferguson	LFD
Charles Mitchell	Huddleston
Janet Blankenship	Bedford County
Allan Belcher	Centra
Michelle Turner	CCPS

Guest In Attendance:

Steve Wade – Concord RS
Wayne Lankford – Concord RS
Heather Childress – LFD
Beth Price – Chambilssburg RS
Mark Vanleer – Boonsboro RS

Absent:

Waddie Crouch
Jason Ferguson (excused)
Marilyn McLeod (excused)
Mark Moss (excused)
Bruce Stratton (excused)
Susan Walton (excused)

Brad Ferguson called the meeting to order at 6:35 pm. Minutes from the September, 2016 meeting were approved as written (motion made by Janet Blankenship, seconded by Alan Belcher).

Chair's Report

None

Treasurer's Report

John Boon read the Treasurer's Report. A motion was made and the Treasurer's Report was approved (motion made by Alan Belcher, seconded by Charles Mitchell).

Director's Report

- Mary Kathryn stated that 1st Q deliverables are completed; should receive state money soon.
- She stated that our auditor Andy is currently working on the annual audit
- She indicated that she has had meetings with the area localities to review a MOU and what the localities would like to see, as well as to discuss their monetary contribution to BREMS.
- Dr. Baker & LGH MICU met with MK & Heather for CPR Initiatives. They are starting small with the City LFD and then will move out into the counties futuristically.
- She stated that she is still working with Nadine on drug box tracking information. She also mentioned that she has spoken with a programmer about our app. However, the costs to do such an upgrade may not be conducive. She hopes to have an update by Jan1. Boon mentioned looking into a grant; Brad stated we should go ahead with a grant. Alan mentioned the Tobacco Grant. And Heather discussed using Image Trend for tacking of the drug boxes. This will be an ongoing discussion

OMD Report

Marilyn McLeod was not present. MK relayed information that they have discussed.

- There will be no further stated EMT-Intermediate classes; however CE will remain available.
- She also mentioned the utilization of Physician Assistants in pre-hospital EMS regions

Field Coordinator's Report

- Jenn stated that she continues work with the CQI committee and data collection. She stated that they had a very productive meeting 2 weeks ago with changes to come. The processing of data remains slow however she is improving every month with learning more. She stated that BREMS is planning a pediatric airway class/training event in Jan or Feb. She stated that Janet and June Leffke have been developing new QA forms that they have been using in Bedford. These have been distributed for other BREMS agencies to use if they wish to do so.
- BREMS has done a survey to see what areas need improvements and what areas we are doing well on. Jenn read some examples of what providers have said in that survey for the board.
- Continues to work on social media sites
- She continues to go out and visit and meet with the area leaders; will continue to do so with those who are willing to participate.

Training Report

Sean Regan submitted his quarterly training report. Sean gave an overview of the training done in the region this quarter to include:

- Active shooter/TECC Class
- November 3rd Education Night; Materials have been sent out to the region and posted to social media
- Again, Jan/Feb planned Pediatric Airway training

Old Business:

- Brad reiterated the meetings with the localities with explanation of MOUs.
- Brad mentioned the need for a MOU with Centra.
- The board came to a consensus on MOU development to begin at the first of the year and for those MOUs include language for implement charges.

New Business:

The Board approved all the plans reviewed by the Board of Directors to include:

- COOP Plans/Continuous Operations Plan
 - John Boon made the motion to approve; seconded by Charles Martin. COOP was unanimously approved.
- Janet & MK to move forward with CISM plans.

-Fall 2016 RSAF Grants - All descriptions below are directly from the grant requests

Campbell County Public Safety Department (presented by Michelle Turner)

- **Lucas 2 Chest Compression System**
 - “We are requesting an 80/20 grant as our local projected revenue recovery continues to fall short versus expenditures. Public Safety's EMS division is funded through our revenue recovery program. Even with the increase in calls for service there is not enough revenue recovered to keep the career staff operating without^[1] funding assistance from the counties general fund. We are collecting roughly 58% on monies billed to patients and are continuing to increase staffing levels to better accommodate the high demand for EMS services. Couple our collections rate with the need for additional staffing and it leaves us with a large deficit in funding. The 80/20 grant would allow us to proceed with the project enabling us to continue providing services to the citizens of Campbell County in a timely manner.”
- **Zoll X Series Monitor**
 - “Campbell County Public Safety is requesting funding to purchase an

additional manual cardiac monitor/defibrillators. This critical piece of life-saving equipment will be used daily to monitor heart rhythms, deliver life-saving counter shock to a patient's heart that has stopped beating properly, and provide heart pace-making capability, monitor blood oxygen saturation levels and ETCO2 levels. Further this unit would be used by our Paramedics on a daily basis to perform 12-lead electrocardiogram transmission direct to our medical control hospitals, which enables Emergency Physicians to immediately determine whether the patient is having a heart attack in the field. This component is critical to our mission of providing the highest quality medical care to our patients immediately in the field and en route to the hospital. This monitor would be replacing an older refurbished Zoll E series monitor that does not have the capabilities to monitor blood pressure, blood oxygen saturation levels or ETCO2 levels. This new monitor would be placed on our ALS staffed 1st responder vehicle to help identify and treat patients with a cardiac event. Our ALS 1st responder vehicle is staffed with an Advanced Practice Paramedic capable of doing more procedures, to include DAI, surgical crics, conscious sedation and TXA administration. With all the emergencies this unit may respond to we feel it is imperative to have the most up to date equipment and diagnostic tools available. Through better and more thorough cardiac assessments utilizing 12-lead electrocardiograph (ECG) monitoring, we can detect and treat heart problems faster, resulting in a lower death rate and a better quality of life for victims of cardiac emergencies and their families."

- **2017 Dodge SLT 4x4 Chassis**

- "Campbell County Public Safety consists of career personnel providing ALS coverage to the county with a population of 54,000 residents. Career personnel are strategically positioned throughout the county to provide improved responses to our citizens. The medic unit we are requesting assistance with currently has 132,776 miles and has been incurring healthy repair bills. By the time this request would be granted and the unit sent for rechassing it is estimated to be at 175,000 miles or greater. This medic unit is utilized in 512 square miles and is located in a rural setting that has the most distance of travel to hospital facilities. Due to territory and the size of our county we are incurring a much faster increase in mileage on our medic units and wear and tear within 2 years of having it placed in service. This particular unit is incurring roughly 70,000 miles per year."

Chamblissburg First Aid & Rescue Squad (presented by Beth Price)

- **Lucas 2.2 Chest System (1)**
 - “We are a small squad. These Lucas devices have shown to be more and more invaluable for CPR with low number of people. We have two ambulances and need to place one on each ambulance. Our coverage area is all rural with lack of immediate backup from neighboring agencies. With a primary BLS squad, the need for transport while giving compressions is common. This CPR compression devices allow for safer transports where providers can remain seated and effective compressions can continue. We do not have the money to fund this project on our own and we want to be able to give across the board quality care.”

- **Phillips Heartstart MRX Monitor (2)**
 - “This is our second attempt for replacing our monitors. Our monitors are old, out dated and out of warrantee. Zoll issued us a letter stating they will no longer be manufacturing some of the parts for the M series monitors and report the cost of maintenance may be extensive. We currently have one Phillips MRx monitor that we keep on our first run ambulance. We have three 13 year old Zoll M Series monitors purchased in 2003. One Zoll is un-repairable per Zoll- we keep for parts. One Zoll is 3 lead ECG only that stays on our BLS response truck. The third stays on our second run ambulance. It does have 12 lead capability, but no CO2 monitoring. Our need is to replace both monitors on the ambulances and upgrade our response truck to be ALS capable making all three trucks to have the same monitor type. In our rural region, BLS providers are allowed to preform and transmit 12 lead ECGs as part of a Field Heart Alert program, however we cannot provide the same standard of care from all vehicles. We also want to implement Waveform Capnography monitoring to better ensure ETT placement and recognize patients in or on the verge of respiratory distress. In addition, we have been working very hard on recruitment; and our efforts have paid off. We have 6 new members from different walks of life joined in the past 6 months. Of them, 5 are in an EMT class hoping to pass and finish in December. Another member is finishing her Paramedic. We expect to use our second run ambulance to be used much more, including increased use of the old, outdated monitor on it. With that many new members, the chance of error from jumping from one type of monitor to another is higher as well. Our squad has made great strides over the past 3 years with major internal improvements; we are not stopping now. We need good equipment to do a

good job. We do not have the funds to replace these monitors.”

- When asked, Beth states that they could only accept 50/50 on (1) item, not both. They currently have no CPR system.

Bedford County Dept. of Fire & Rescue (presented by Janet Blankenship)

- **Lucas 2 Chest Compression System (2)**
 - “We currently have 2 devices on First responder Fire Apparatus to aid in assisting ambulances to cover a rural 742 Square miles. This request will allow for us to place chest compression system on 2 of the 5 career staffed ambulances in parts of the locality where there is currently one not located. This will aid and support the two man staffing per ambulance. The Lucas Chest compression system allows continuous, consistent and quality compressions. The equipment aids in being hands free CPR while other advanced life support measure to be accomplished. Funds have been allocated to cover non funded amounts. In the last grant cycle our request for this equipment was not funded, therefore we are asking for consideration of this request.”
 - “The strain on the local government budget has increased significantly. However increasing cost of equipment and apparatus replacement along with recent apparatus mandates that did not allow for opportunity in planning of budget.”
 - Janet advises that these will be placed on the Stewartsville & Moneta Career trucks.

Concord Rescue Squad (presented by Steve Wade)

- **Lucas 2.2 Chest Comp. System**
 - “CPR Continuous Quality Improvement Plan - ^{[[L]]}_{[[SEP]]}Resuscitation in Rural EMS poses additional challenges due to longer distances to reach patients and transport to an emergency facility. ^{[[L]]}_{[[SEP]]}This device will be used to help increase the patient’s outcome by delivering consistent rate and depth compressions based on current AHA guidelines. “
- **Power Load Stretcher System (Stryker)**
 - “Patient and Provider Safety - ^{[[L]]}_{[[SEP]]}Due to the increased size and weight of our patients, this power load system device will decrease the risk of both patient and provider injuries.”

- “Project /Equipment Sustainability: - The equipment will be maintained and sustained in the following manner:
 - Service agreement purchase to include both inspections and calibration.
 - Daily equipment inspections and cleaning. [SEP]
 - Equipment will also inspected and maintained by the 1st Lieutenant.”

Lynchburg Fire Department (presented by Heather Childress)

- **Physio Control LifePak 15 (2)**
 - “The Lynchburg Fire Department would like to replace two LifePak cardiac monitors from 2002. These are the oldest monitors in our inventory. LFD runs approximately 20,000 calls per year, and the cardiac monitor is used on a majority of those calls. These monitors have significantly exceeded the useful life recommended by the manufacturer. We have been able to keep these monitors in service, in part, through a preventive maintenance contract and strong working relationship with Physio Control. If the grant is successful, we would add these monitors to that contract to ensure a long life.”
- **Stryker Power Pro Stretcher (2)**
 - “Stretchers are the most frequently used pieces of equipment in an ambulance. LFD would like to replace 2 Stryker Power Pro Stretchers in our inventory. These stretchers have outlasted the manufacturer's serviceable life of 7 years and have an excessive number of lift hours. One of the stretchers currently has 36.0 hours of lift time, and the other one has 39.0 hours. Information provided by the manufacturer states that each lift lasts roughly 7 seconds. Using that figure, these stretchers have 18,514 and 20,057 lifts on them. We have a robust PM program to help keep the stretchers operating as smoothly as possible, and would add any new inventory to that contract. LFD would appreciate any help from the Office of EMS to replace these well-worn pieces of equipment.”

Boonsboro RS (presented by Mark Vanleer)

- **Zoll X Series monitor (2)**
 - “We are asking for an 80/20 grant due to some overwhelming expenses that have occurred over the last 18 months. We have had to replace an Engine on the fireside this year and are due to replace a tanker this

upcoming fiscal year. We are currently seeking financial assistance in replacing our current M series monitors that are greater than 10 years old and very outdated in technology. Our two M series monitors will be replaced with these new X series monitors. The staff will be in serviced on the new monitors which in functionality is different than our current ones. These monitors once put on the units will cost little to maintain. Inspection and maintenance will be maintained by the Zoll technicians twice a year. The replaceable parts such as blood pressure cuffs, cords, leads and cables will be a part of operational expenses.”

- Brad asked Mark, if confronted with 50/50 versus 80/20, could the agency accept that? Mark answered yes.

Altavista (No one present)

- **2015 Medium Duty Freightliner**

- “We have taken a hit this coming year and are having to spend \$80,000 on our building this year to replace the roof. We are asking for 100% hardship funding so that we can add a much needed ambulance to the fleet to replace one that is starting to spend more time in the shop then in use. We are spending more on keeping this unit in service then what it is worth. We have replaced the rear main seals and head gasket as well as numerous other repairs replacing hoses and coolant components. As soon as we fix the unit and get it back on the road, something else happens and it is back in the shop.
- The box is not suitable for re-chassis or refurbishment. It would be cost prohibitive to redo the various items needed to update the box to todays standard.”
- MK made mention of the notation of “100% funding requested”.
- Mark will be asked if they would accept 50/50 or 80/20.
- Janet inquired as to the call numbers listed for ALS vs BLS.

All board members present graded grants.

Michelle Turner stated that she would like to look at the bylaws as a group at the next meeting. Brad asked Mary Kathryn to electronically distribute bylaws to the Board members.

The meeting was adjourned at 8:15 pm.

Submitted by,

Jenn Kersey – BREMS Field Coordinator