





**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

|  |  |  |
|--|--|--|
| <p>VCU</p> <p>VCU LifeEvac</p> <p>VSP Med-Flight I</p> <p>VDEM/EOC</p> <p>Greenville VRS</p> <p>ODEMSA</p> | <p>Brad Taylor – There will be a new helipad here at Johnston-Willis in the next couple of months. Jay asks if there will be any procedural changes. Brad states that he does not believe so.</p> <p>Jane LaVerne – The UCI Bike Race is over!<br/>         Lanny Jones – The crane is down from the Children’s Hospital. We also have 4 new comm room specs.</p> <p>Jay Lovelady – no report<br/>         Bert Bogue – Happy ER nurses week! We will be out doing some PR and educational events as part of this week.</p> <p>Shawn Rivard – All four VCU nurses have been hired, and the last one should be flying by the end of the year.</p> <p>Mike Keefe-Thomas – There have been 498 calls for the year. We are looking at some alternate alerting procedures for EMS. We are also doing a technology upgrade within the watch center.</p> <p>Pier Ferguson – We are busy running calls and had three helicopter calls this weekend.</p> <p>Rachel Dillon – no report</p> |  |
| <p><b>Old Business:</b></p>  | <p>Statewide STEMI Project – Bert updates the group on the statewide STEMI project, which involves Carillion, Wellmont, VCU LifeEvac, LifeEvac 3, and Med-Flight. The data collection is looking at minimizing the time from symptoms to PCI, and trying to determine if patients would actually benefit going by ground versus by air. All data is being rolled over to VHAC, and this will turn into an educational program for EMS. It will probably take about 2 years to get usable data; we are only about 6-8 months into this project.</p>   |  |



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
Richmond, VA 23235-4730  
804-560-3300 • FAX: 804-560-0909  
www.odemsa.vaems.org

|                             |  |  |
|-----------------------------|--|--|
|                             | <p>Jay mentions how the group wanted to draft a letter from the ODEMSA Air Medical Committee requesting representation on the regional communications group, and volunteers to help write that letter.</p>   |  |
| <p><b>New Business:</b></p> | <p>Greg thanks the ODEMSA staff and Board of Directors for their hard work on updating and improving the committees. This committee, like all the ODEMSA committees, will be closely mirroring the state committees and meetings.</p> <p>Rachel explains that she is hoping to revamp the committee meeting schedule for 2016, and asks if there would be any issues with keeping this meeting at the same time, but moving it to Thursdays. The group has no issues with this, and Rachel will let the group know when the schedule is finalized.</p> <p>Pier Ferguson explains an issue she is having in her area where, if a hospital helipad is used as a landing zone, the squads are being directed by the hospital to come into the ED unless the hospital is in sight. She adds that CHS is working to address this within their system. Jay notes that there is some variation in the localities. Bert adds that EMTALA is very clear about using helipads as a destination rendezvous; unless the patient needs an assessment or an intervention, the patient does not need to go into the ED.</p> <p>Jeff M. adds that there has been an issue in the past where both the ground agency and the hospital call for a helicopter for the same patient. He asks that a ground agency contact the hospital if they are using the helipad as a LZ. Greg adds that Med-Flight has the EOC contact the hospital if the helipad is being used. The group continues to discuss, and concludes that while the hospital does not need to bring the patient inside, though it is permissible, it is necessary from a safety standpoint that the hospital is notified that the helipad is being used.</p> <p>Rollover Data – Bert notes that this topic came up at the state medevac meeting. It looks at the times involved when, if an aircraft is not available, the next closest aircraft is dispatched, and when the patient reached definitive care. LifeEvac has a time-sensitive diagnosis list where it tries to ensure that the next closest aircraft is indeed called. It's a</p> |  |



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
Richmond, VA 23235-4730  
804-560-3300 • FAX: 804-560-0909  
[www.odemsa.vaems.org](http://www.odemsa.vaems.org)

|                     |  |  |
|---------------------|--|--|
|                     | <p>check from a QA/QI standpoint that the truly next closest aircraft is being sent, and that it wasn't better to send the patient by ground.</p> <p>Pier asks if there is a standard way for dispatch to request a helicopter. The group clarifies that all of that information is in the Air Medical Guidelines, which are available online.</p> <p>Rachel notes that the ODEMSA Stroke Committee needs an air medical agency representative, and to please contact her if anyone is interested.</p> |  |
| <b>Next Meeting</b> | January 2016 at 11:00am (exact date TBD)   |  |
| <b>Adjourn</b>      | The meeting adjourned at 11:54am.  |  |