



**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

**MCI Committee**

October 27<sup>th</sup> , 2017, 11:00 am to 12:00pm

Chair: Robin Manke, VCU

Vice Chair: Bubby Bish, SVEC

**Members and Guests Present:** Ken Smith, Robin Manke, Andrew Slater, Steve Parrott, James Moss, Derek Anderson, Justin Yarboro, Gary Samuels, Greg Neiman, Frank Kinnier, Jason Collins, Charles Smith

**Conference Line:** Cynthia Gumm, Roger Warden, Adam Alford, Brad Taylor

**ODEMSA Staff:** Jordan Rennie, Megan Young

**Minutes Scribed by:** Jordan Rennie

**Materials provided:** Previous meeting minutes, meeting agenda, Reference Binder

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Robin Manke called the meeting to order at 1106 am. Introductions were made and it was determined that there was a quorum. Previous minutes and today's agenda were approved.	<b>Motion:</b> James Moss <b>Second:</b> Ken Smith <b>Vote:</b> Approve minutes and agenda
<b>Reports:</b>  CVHC	Andrew Slater reported that a 26 bay MERC unit was purchased by the coalition. This is used primarily for mass fatality events or when hospitals undergo a surge in fatalities. Training for this will be on November 9 <sup>th</sup> , 2018 on the Johnston Willis Campus. This will occur behind ODEMSA in the parking lot. Fire and Rescue stakeholders are encouraged to attend. The coalition has also scheduled their annual surge test for May 10th 2018. This tests the ability of the coalition to evacuate twenty percent of the patients in the region. RHCC was involved in a recent deployment of resources in order to help the transfer of patient from a fire at JRMC. One other deployment was that of a generator that was placed in standby while a hospital received maintenance on their	



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	generator. CVHC also performed a joint Marble Challenge with multiple agencies and facilities. It was an excellent exercise.	
VCU Health	Greg Neiman introduced himself as the new EMS coordinator for VCU. He had no report.	
Centra	No report	
HCA	HCA hospitals took part in the Marble Challenge and would report what they learned after the after action discussion. Chippenham is opening a transitional care unit. This will open in mid-november on the 7 <sup>th</sup> floor. The hope is that this will decompress the ED some by taking patient's that would have been "hold" or "observation" patients otherwise.	
Bon Secours	Jason Collins reported that Bon Secours partook in the Marble Challenge as well and it was a great success.	
Metropolitan Medical Response Team	Marathon coming up on November 11 <sup>th</sup> .	
ODEMSA BOD	Bryan McRay thanked everyone for coming and being a part of this committee.	
Chesterfield Fire and EMS	No Report	
Bon Secours	Al Thompson said that the Marble Challenge was an excellent exercise. He also said that the City did an awesome job with recent protests.	
ODEMSA	Megan Young reported that ODEMSA has hired a new Program Coordinator, Jordan Rennie. She also stated that she has taken over the Training Director position. Adam Alford remains on staff in an advisory role. Regional Training Funds process is moving along. The Funds Committee has issued finances for a good number of classes	



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<p>VCU Health</p> <p>VCU Community Memorial</p>	<p>however there is more money so please submit for funding. Symposium is next week and we look forward to seeing everyone.</p> <p>Robin reported that VTCC is moving to its new location on Brook Rd. They are in the midst of marathon planning. They finished the PGA tour coverage. She also stated that VCU's new entrance and elevator for the helipad is finished.</p> <p>Roger Warden reported that they had some damage to the 2<sup>nd</sup> floor of their new hospital involving some flooding. They did receive approval for their new helipad. They are hoping to open on November 11<sup>th</sup>.</p>	
<p><b>Old Business:</b></p> <p>Progress on monthly regional Triage Day</p>	<p>Frank Kinnier reported that this was at Metro EMS for feedback. Andrew Slater reported some lessons learned from the Las Vegas shooting. He reported that there is a level I,II, and III in the county. The healthcare network in the area found that trauma center designations and destination protocols were of limited use. There were over 600 patients with around 180 patients transported by EMS. It was found that the majority of patients were transported POV to the hospitals. One hospital reported receiving 35 critical patients before the incident had even been broadcast on the news. During this time, however, regular calls for service continued and there were also 25 trauma calls not related to the shooting. In regards to staffing and skills, it may be decided that ED nurses lack the complete skillset necessary to take care these types of events. A significant amount of people required vascular access and airway stabilization. In Nevada, a majority of nurses do not intubate or place IO lines. Staff called off duty paramedics from surrounding areas that came in and intubated patients, established vascular access and started fluid resuscitation in the parking lot before patients entered the hospital. Hospitals outside the immediate area called in surgical teams and double</p>	



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<p>Burn Plan Addition</p>	<p>staffed the ED taking all trauma patients that were not related to the incident. For documentation, it was found that EMR was a mess. It was found that trauma packets were needed with charting information, triage tags, etc. It was found that greater communication and sharing was needed between all the agencies, facilities, and entities. In regards to patient distribution, it was found that two hospitals received the bulk of critical patients, one receiving 218 patients and the other receiving 115. One of the hospitals was a trauma center but the other was not. It was found that patients were transported to these hospitals POV using mapping software primarily through apple and android. It was found to be a lucky circumstance that when searching for the closest hospital, the apple and android mapping software showed two different hospitals allowing for more even patient distribution. In terms of injuries, large caliber bullet wounds were predominant. It was reported that the patient count the press reports is inaccurate. The Veteran's Administration Hospital in the area stepped up and accepted patients throughout the crisis attempting to relieve the other hospitals regardless of veteran status. Healthcare coalitions in area deployed resources to deal with post traumatic events and critical incident stress management.</p> <p>It was discussed that it might be good to look into what the healthcare community and regulating bodies can do to better prepare and allow healthcare providers the ability to function fully. It was discussed what could be done to prepare nurses in nursing school for these events. In addition, it was also discussed how EDs, in the ODEMSA region, have paramedics employed that are restricted in what they can do. It was discussed about how to allow paramedics to have full scope of practice, especially in situations such as this.</p> <p>Robin Manke stated that she wanted to update the MCI plan with more detail for burn planning.</p>	
<p><b>New Business:</b>  Hospital Services Chart</p>	<p>This will be tabled for next meeting once Stroke Committee finishes its business.</p>	

