



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

7818 East Parham Road Suite 911  
Henrico, VA 23294-4302  
804-560-3300 Δ FAX: 804-560-0909  
www.odemsa.vaems.org

**MCI Committee**

August 3rd, 2022 11:00 am - 12:00 pm

Chair: Bubby Bish, SVEC

Vice Chair: Ken Smith, HCA

**Members and Guests Present:** Bubby Bish, Ken Smith, Jessica Goodman, Bobby Lukhard, David Caulkins, Craig Bride  
**Via Zoom:** Dr. Allen Yee, Chris Rockefeller, Sam Burnette, Brian Lanham, Al Thompson, Adam Schuknecht, Stacy White, Greg Neiman, Monty Dixon

**ODEMSA Staff:** Tiffany Almeida, Kathy Eubank

**Minutes Scribed by:** Tiffany Almeida

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

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Meeting Called to Order</b>	Quorum present at 1107 hours. Introductions of those in attendance (both in office and via Zoom) began. Minutes of the previous meeting accepted.	



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<b>Reports:</b>		
<u>Hospitals</u>		
HCA	Ken Smith: State Level 1 Trauma survey conducted last month. No findings. Burn survey initially scheduled for August, now rescheduled to September.	
Bon Secours	Craig Bride: No report	
VCU	Greg Neiman: No report. Defers to Stacy White.  Stacy White: VCU has developed an intra-facility MCI plan. The plan has been in development for a number of years and contains “during the day” and “after hours” components. The plan is ratified. Now heads to VCU’s Hospital Operations Committee.	
<u>EMS</u>		
Hopewell Fire	Adam Shucknecht: No report	
Hanover Fire	Brian Lanham: Hanover participated in the RIC Exercise.	
Richmond VRS	Christopher Rockefeller: No report	
Chesterfield Fire	Dr. Allen Yee: No report.	



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<p>Henrico Fire</p>	<p>Monty Dixon: No report.</p>	
<p><u>Medical Control</u></p>	<p>No report.</p>	
<p><u>ODEMSA</u></p>	<p>Tiffany Almeida: Regional Awards will go live on September 6<sup>th</sup>.</p>	
<p><u>Old Business</u></p>		
<p>Training Ideas/Preparations</p>	<p>Tiffany Almeida (ODEMSA): We completed an EMT class back in May and providing another EMT course beginning August 16<sup>th</sup>.</p> <p>Ken Smith: Working with CVHC on decontamination tent set up. We will be hosting a small training class on tent set up and utilization in the event of deployment. Working towards a quarterly training on tent setup and utilization to offer around the regional hospitals so they may practice decontamination.</p>	



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New Business

Recent MCIs

Cumberland County MCI

Ken Smith: Recent MCI in Cumberland County. In communication with Al Thompson regarding the event and possible inappropriate distribution of patients.

Al Thompson: The event was a single vehicle MVC involving an extended van, which ran off the road. MCI declared. Bon Secours received (6) patients. Of the (6) received, (5) patients were stabilized and transferred out for higher level of care. (1) Patient, 15 Y/O with an open mandibular fracture, transported directly to Westchester Freestanding Emergency Department. There are concerns regarding the appropriateness of the distribution of patients from this event. A suggestion – have this MCI Committee receive a report from VCU distribution following MCI activations for committee review.

Ken Smith: David Caulkins from the Central Virginia Healthcare Coalition just arrived. David, do you have any additional information from the event?

David Caulkins: Not at current, but my understanding having just walked in - the current discussion is about patients transported to inappropriate destinations?

Dr. Allen Yee: How do we define an inappropriate destination? I agree looking into this. However, I propose the question because we describe the free standing emergency departments to EMS providers as fully functional emergency departments.

Al Thompson: I do not disagree. Mainly concerned about the delay in care caused by transporting to a free standing emergency department versus directly to a Level 1 Trauma Center just 15 minutes away.

Dr. Allen Yee: We must have a consistent standard on how we utilize free standing emergency departments.

Al Thompson: There are additional concerns on whether VCU received accurate information from EMS on scene, thereby, resulting in inappropriate distribution. I have received conflicting reports the MVC was called in as a low speed crash. Other reports I have heard relayed patients were ejected. No blame to place. We simply want to address opportunities for improvement, from communication to patient distribution. Were



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Cumberland County MCI

these pediatric patients treated correctly?

Greg Neiman: I have the same questions. I received a text message for the event. When I called the VCU Comm Room, staff relayed they were aware of the event and the patients had already been distributed. I am also not clear if VCU Comm distributed patients. I concur with AI. In the information I have received, it appears the information from the scene to patient distribution was not accurate based off the information relayed from scene to the receiving facilities.

AI Thompson: Our facilities received information describing the event as a low speed crash. Yet, upon reviewing local media reports from the crash, a photo of the vehicle clearly has significant frontal impact, starburst and other trauma level indications. Do we have training opportunities we can provide our rural agencies? Cumberland County has already experienced 2 MCIs recently – perhaps we need to focus our efforts there.

Christopher Rockefeller: If you can provide a date, I can review the tapes from our end.

Dr. Allen Yee: Do we know if the patients were transported in a single unit?

Ken Smith: Patients were transports in multiple units.

Dr. Allen Yee: Clearly, there are multiples opportunities here. Educational opportunities. Perhaps a different distribution matrix, reserving free-standing emergency departments for higher scale MCIs with significantly more patients, considering this event had less than 10 patients to distribute.

AI Thompson: Of the patients from the MCI, multiple were pediatric by definition, even though some were 15 years old or greater, they are pediatric by definition. Do we need to address the pediatric component?

Dr. Allen Yee: 15 years old and greater are considered adults, as defined in the ODEMSA MCI Plan. However, hospitals may define pediatrics as up to 18 years old based on their credentials. The ODEMSA MCI Plan uses the American Academy of Surgeon's definition which states, in the case of trauma, pediatrics are under 15 years old.



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Cumberland County MCI

Al Thompson: Exactly. The ODEMSA MCI Plan indicates pediatrics under 15 years old. Yet some hospitals may consider any age under 18 years as pediatric. How do we merge these two different definitions?

Greg Neiman: For the next meeting, do we want to invite Cumberland County's Incident Commander (and other involved parties) to review this event?

Bubby Bish: Great idea. However, I want to make clear this is not to point blame or fingers but to provide assistance, education and address opportunities for improvement.

Greg Neiman: Perhaps this committee should begin reviewing MCIs from the previous quarter. Have the EMS agencies come in and present post-event information.

Ken Smith: Regarding the role of free-standings and pediatric age definition, can the Medical Direction Committee take look at this?

Dr. Allen Yee: Yes, Medical Direction and MCI can collaborate. Medical Direction can provide a recommendation regarding utilization of free-standing emergency departments. MCI Committee work with the pediatric trauma center to determine how to merge the gap regarding the pediatric age groups and provide a recommendation to Medical Direction for endorsement.

Ken Smith: Lets collect information to present at the next meeting. Bubby and I will reach out to Cumberland County. Al Thompson collect information from Bon Secours. Greg Neiman and Stacy White, collect information from VCU Health. Together, we can assemble a report.

Bubby Bish: A reminder, when the ODEMSA MCI Plan was created, free-standing emergency departments did not exist in this area. This committee will need to consider this going forward when making adjustments to the ODEMSA MCI Plan.

Bobby Lukhard: Also, remember, for the outlying EMS agencies in this region, the free-standing emergency departments are often the closest facility they encounter.



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Al Thompson: Correct, at just about every major route or interstate in ODEMSA contains a free-standing emergency department – including Short Pump ED from the northwest, Westchester ED and Swift Creek ED from the west/southwest, Hanover ED from the north, New Kent ED from the east.

Bobby Lukhard: Is there a standard process that activates this MCI Committee post-event? For example, have this committee reach out a week post-event to the locality to provide assistance and gather information. Then have the event presented to this committee by the locality at the next quarterly meeting. Perhaps the committee should consider creating a standard process, as these MCI events appear to be occurring more frequently as of late.

Bubby Bish: This committee does not do that at this time. Currently, Peer Support is provided post-event.

Triage Day Update

Al Thompson: Ken and I had a discussion revolving around the HEAR system. The region does need a Triage Day. However, just as important is the use of the HEAR system. I have concerns areas of this region are unsure how to use the HEAR system, EMS and hospital staff included. When Med 9 went down at VCU went down recently, how many EMS agencies and hospital staff actually knew how to use the HEAR? Perhaps we need a day for EMS agencies and hospital staff to practice use of the HEAR. We have several new staff at EMS agencies and hospitals. Open to ideas.

Monty Dixon: Agreed, there are other concerns. Do older ambulances have the new free-standing HEAR information? Some HEAR equipment is outdated and requires a cable.

Greg Neiman: How many ambulances still have the MED channels? HEAR, yes. However, I believe the helicopters are the only agencies that still have the all MED channels.

Sam Burnette: The Office of EMS is aware of this issue and we are concerned. We have a new employee coming to OEMS who will be responsible for addressing concerns and issues with the HEAR across the Commonwealth and how to assist EMS agencies.



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<p>MCI Plan Review</p>	<p>Al Thompson: Let us wait for the new state employee to come on board. Perhaps OEMS can create a survey for ODEMSA to poll EMS agencies on what they have for communication (i.e. HEAR, what frequencies etc).</p> <p>Sam Burnette: Yes, OEMS can create a survey.</p> <p>Al Thompson: Sam, Ken Smith and I will work with you along with the new OEMS employee on this.</p> <p>Sam Burnette: OK. Happy to work with ODEMSA as a pilot program and if successful, serve as a model for state.</p> <p>Greg Neiman: I would like to help, too.</p> <p>Monty Dixon: Our Henrico Fire Radio staff are well versed in the current issue. I can put the new OEMS employee in contact with our radio staff.</p> <p>Bubby Bish: We met last meeting and tabled this issue due to Tidewater EMS Council (TEMS) and Peninsula EMS Council (PEMS) were changing their MCI plans to add COVID-19 and possibly Monkey Pox. I have not heard any new updates. Sam Burnette attended. Sam, any updates?</p> <p>Sam Burnette: We have not met yet. We received a few survey questions. I can follow up with David Long.</p> <p>Ken Smith: What is the status of the state triage tags?</p> <p>Sam Burnette: We have had a couple of bids but the issue is universal, vendors are having difficulty obtaining the materials to make the triage tags. Supply chain issue.</p>	
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<p>Business from the Floor</p>	<p>Dr. Allen Yee: The cards are also \$6.00 each, yes?</p> <p>Sam Burnette: Yes, along with the supply chain issue the state triage tags are also a cost issue.</p> <p>Bubby Bish: I have (1) action item. We have difficulty achieving a quorum on this committee. The By-Laws state this committee must have 15 members for a quorum. We met a couple months ago to change this. The proposed change to Article 6 is “7 voting members plus an officer”</p> <p>Al Thompson begins to make a motion to accept the proposed changes.</p> <p>Dr. Allen Yee: For working order, be advised, the proposed By-Law changes probably have to sit for 30 days. An actual By-Law Committee must have been officially appointed.</p> <p>Bubby Bish: The individuals that met to discuss the changes to quorum criteria were the same individuals who were part of the MCI Plan changes. However, I do not see anywhere in the minutes specifying this gathering was officially a “By-Law Committee”. I will now appoint a By-Law Committee: Myself, Ken Smith, Al Thompson and Christopher Rockefeller. We will propose the changes at the next meeting.</p> <p>Dr. Allen Yee: I challenge this committee to look at its mission. This committee is hospital heavy. This committee should be EMS-focused, what does EMS need and work towards more EMS involvement.</p> <p>Jessica Goodman: ODEMSA should also update their email directories to ensure responsible parties are receiving committee-meeting invitations, as ODEMSA just recently completed their annual EMS agency information update.</p> <p>Bubby Bish: Along with ODEMSA’s efforts to update and improve email point of contacts, I appoint another group to assist with increasing EMS involvement in this committee: Myself, Ken Smith, Brian Lanham, Adam Shuknecht.</p>	
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