



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

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Performance Improvement Committee

August 12, 2026, 02:00 PM to 04:00 PM
Chair: Mike Watkins, PD15/Goochland Fire
Vice-Chair: Vacant

Members and Guests Present: N/A
Virtual Attendees: Liz Bowers, Beth Broering, Rachel Dillon, Shawn Harmon, Brittany Jones, Melissa Sampson, Kelly Schaaf, Kate Schulz, Rebecca Szeles, Mike Watkins, Allen Yee, Scott Zielinski
ODEMSA Staff: Ryan Scarbrough, Chris Vernovai, and Heather Nelson
Minutes Scribed by: Ryan Scarbrough
Materials Provided: Previous meeting minutes, agenda, and Q4 FY2026 PI Quarterly Report

Topic / Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
Meeting Called to Order	The meeting was called to order at 2:05 PM by Chair Mike Watkins. Roll call was conducted by Ryan Scarbrough. Quorum was not established and the committee proceeded as a working session. Two approved hospital representatives were still needed. It was clarified that a single individual cannot hold two voting seats on behalf of two different systems. Planning District 19 was confirmed to have a primary representative, Brittany Jones, but still requires an alternate.	No formal action taken; the meeting proceeded as a working session. ODEMSA to secure an alternate representative for Planning District 19 (Crater).
Previous Meeting Minutes	As quorum was not established, the previous meeting minutes could not be formally approved. Ryan Scarbrough noted that two quarters of minutes are now pending approval and that this is currently the only committee in the region that has not achieved quorum.	Approval of the February 11, 2026 and May 13, 2026 minutes tabled until quorum is achieved.
Agency Reports		
Richmond Ambulance Authority	Rebecca Szeles New training is being pushed out for Mission: Lifeline to ensure the agency is meeting all cardiac and stroke benchmarks.	Rebecca Szeles to notify Ryan Scarbrough once ESO confirms the facility linkage has been completed.

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	A new documentation course is being developed for the cadet program and will be incorporated into new employee orientation. RAA met with ESO regarding an ongoing issue linking HCA Scott's Walk ER and HCA Chesterfield ER to the patient tracker. Records are posting to the state repository correctly; the outstanding issue is the ability of ESO agencies to link patient care reports to those two facilities. RAA is currently delivering patient care reports to Scott's Walk through First Watch using its hospital dashboard.	
Henrico County Division of Fire	Kelly Schaaf A new recruit school began with 46 individuals. Henrico anticipates launching its whole blood program in late 2026 or early 2027. Henrico confirmed that the updated schematron has already been downloaded into its ImageTrend and that records are posting successfully for the new freestanding facilities.	None.
Chesterfield Fire and EMS	Dr. Allen Yee A paramedic class of approximately 19 students will graduate before the next committee meeting, with new paramedics entering precepting in the October timeframe. Significant protocol updates have been written and are expected to take effect in early 2027.	None.
American Medical Response	Scott Zielinski The hiring pathway is stable, with at least 10 new employees onboarding per month. An issue was identified in which AMR charts were not transmitting to the state bridge. The issue has since been resolved.	None.
South Central Sub-Council (PD-14) / Prince Edward Rescue	Shawn Harmon Prince Edward Rescue recently transitioned to the First Due reporting system and is currently focused on training and fine-tuning the platform. The change was driven by ongoing technical and support issues with ESO, along with an opportunity to consolidate scheduling and inventory software onto a single platform.	None.
Crater Sub-Council (PD-19)	Brittany Jones No report for this meeting.	None.
Sub-Council (PD-14) / Goochland County Fire-Rescue	Mike Watkins A paramedic program through VCU will begin in October, meeting every Thursday. An EMT class is also starting, delivered in combination with the high school CTE program to create opportunities for the younger generation. Goochland is approaching its first full year carrying whole blood, having administered it 10 times, which is consistent with the agency's predicted annual utilization.	None.

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Hospital Reports		
VCU Health Systems	Beth Broering (VCU Medical Center — Adult Trauma Center) Thanked the EMS agencies that attended this year's Trauma Symposium. Next year's symposium is scheduled for June 25, 2027, with keynote speakers from outside the Richmond region currently being finalized. Construction at the Adult Emergency Department continues, though the main walk-in entrance has returned to its previous location. Renovation of the former pediatric ED to accommodate adult patients is ongoing. Requested the facility codes for the new freestanding emergency departments so they can be added to trauma registries. Ryan Scarbrough provided HCA Scott's Walk ER as facility code 408 and HCA Chesterfield ER as facility code 407. Liz Bowers and Melissa Sampson (VCU Evans-Haynes Burn Center) Two ABLS classes remain in 2026, both grant-funded and free to first responders: December 4, 2026, at the Virginia First Responders Symposium in Fredericksburg, and December 18, 2026, hosted at the Burn Center and sponsored by the Old Dominion Firefighters Burn Foundation. Providers interested in attending should contact Liz Bowers directly for registration.	Regional trauma centers to add HCA Scott's Walk ER (facility code 408) and HCA Chesterfield ER (facility code 407) to their trauma registries. Agencies interested in ABLS to contact Liz Bowers for registration.
Bon Secours Mercy Health	Kate Schulz No significant updates; construction remains ongoing.	None.
HCA Healthcare	No representative was present to provide a report. Committee roster clarification was discussed. Jim Courtney was identified as the new EMS Liaison and Emergency Manager for Henrico Doctors' Hospital and Hannah Lawrence as the Trauma Program Manager.	Hospital systems with multiple listed alternates to confirm their primary and alternate representatives with Ryan Scarbrough so the committee roster can be corrected.
OEMS Region 6 / Old Dominion EMS Alliance Report		
ODEMSA	Ryan Scarbrough A town hall was held on June 25; the recording is available on the ODEMSA website. The regional whole blood program is live. The working group last met on August 4. Committee building continues. The only remaining open seat on this committee is an alternate for Planning District 19 (Crater).	Agencies and facilities to confirm primary and alternate committee representatives with ODEMSA. Agencies transporting to the two new freestanding EDs to contact their ePCR vendor once

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	Two repository workshops were held at the ODEMSA office on June 30 in conjunction with the Virginia Office of EMS. A total of 14 workshops are scheduled statewide and may be attended in person or virtually; the schedule is posted on the ODEMSA website. Agencies transporting to HCA Scott's Walk ER and HCA Chesterfield ER may continue to see failed records until the updated schematron has been posted to the state repository and downloaded by their vendor. Agencies should contact their vendor once notification is issued. ODEMSA will also ask ESO whether it can push the update on behalf of regional agencies. Chris Vernovai A Pediatric Emergency Care Coordinator (PECC) course will be held at the ODEMSA office on September 1. A NAEMT Mental Health Resilience Officer course will be held on September 2 from 8:00 AM to 5:00 PM. A fee applies to cover the expenses of the course. Agencies with open training offerings are encouraged to share them with ODEMSA for distribution.	schematron notification is issued. Ryan Scarbrough to contact ESO regarding pushing the updated schematron on behalf of regional agencies. Agencies with training opportunities to forward them to Chris Vernovai for distribution.
Old Business		
PI Quarterly Report Review (Q4 FY2026 / Q2 CY2026)	Ryan Scarbrough presented the Q4 FY2026 / Q2 CY2026 Quarterly Performance Improvement Report, covering April through June 2026. Data Sources and Regional Call Volume 73,494 records were submitted this quarter, with 73,008 passing state validation; failure and pending rates were each under one percent. 76 agencies submitted records, and 72,076 calls (98.7%) were emergency responses. Of the 60,479 calls with a recorded disposition, approximately 67% resulted in transport by an EMS agency, with no-transport and patient refusal each at approximately 12%. The 15 highest-volume agencies accounted for 83.3% of regional call volume. Weakness remains the most frequently documented primary impression, consistent with state trends. Transport Destinations (1) The scope was tightened this quarter to emergency response transports tied to an actual facility code, yielding 49,824 transports, approximately 96.7% of which remained in region. Committee members questioned several out-of-region destinations — including Wake Forest (Winston-Salem), Centra Williamsburg, and Riverside Regional — as inconsistent with expected regional transport patterns. HCA Chesterfield ER and HCA Scott's Walk ER now appear on the in-region facility list showing zero transports pending completion of the schematron update.	(1) Ryan Scarbrough to verify the out-of-region transport destinations and report back to the committee prior to distribution of the final report. (2) Committee to evaluate aligning regional cardiac measures with AHA Mission: Lifeline standards and NEMSQA specifications. Responsible Person: Ryan Scarbrough / Committee. (3) Ryan Scarbrough to work offline with Kelly Schaaf and other agencies to compare the data fields each agency is pulling, and to re-run the cardiac arrest measure with DOAs

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	Cardiac Measures (2) 197 suspected STEMI/NSTEMI incidents were documented. 91.9% had a 12-lead ECG documented, with a median patient-contact-to-ECG time of 5.3 minutes and 78.4% acquired within the 10-minute AHA/ACC goal. Aspirin was administered to 61.9% of the cohort; 11 patients had a documented pertinent negative, while 64 patients (32.5%) had neither an administration nor a pertinent negative documented. A STEMI pre-arrival alert was documented in approximately 60% of incidents. Mike Watkins recommended the committee evaluate regional performance against Mission: Lifeline standards. Cardiac Arrest (3) 802 cardiac arrest incidents were documented, 86.8% of which occurred prior to EMS arrival. 289 patients were transported and 509 were not. EMS was documented as first to apply AED pads in approximately 20% of cases and first to defibrillate in 12.5%, with “none documented” the largest single category in both. An AED was applied prior to EMS arrival in approximately 28% of cases and a shock delivered in approximately 6%; for the 126 patients who were shocked, the median scene-arrival-to-first-shock time was 6.7 minutes. There were 25 pediatric cardiac arrests, with a mean scene-to-first-epinephrine time of 10 minutes. Extended discussion followed regarding the variation in cardiac arrest volume between agencies of similar size. Kelly Schaaf explained that Henrico documents any patient without a pulse as a cardiac arrest in order to activate the cardiac arrest module. Mike Watkins confirmed his agency documents DOAs the same way, while Rebecca Szeles noted that Richmond Ambulance Authority uses an “obviously dead” primary impression for DOAs and therefore does not complete the CPR form. Dr. Yee recommended the region adopt the Utstein template, which filters these patients out and is the national standard for comparability. Stroke Measures (4) 919 qualifying stroke incidents were documented, with cerebral infarction accounting for 783 combined primary and secondary impressions. Using the Stroke Committee's AHA case-finding methodology, 784 of 914 eligible patients (85.8%) had a documented stroke screen. Within the 511-patient positive-screen population, 85.9% had a Yes-Stroke pre-arrival alert documented, 89.0% had a last known well time documented, and 95.5% had a documented blood glucose evaluation. Only 37.6% met the AHA goal of 15 minutes or less on scene; the median scene time was 16.8 minutes and the mean was 18.0 minutes. Discussion addressed stroke scale documentation. Dr. Yee questioned directing providers toward one particular stroke scale when the literature does not support one	filtered out. Region to consider adopting the Utstein template for standardization. Report back at the next meeting. (4) Ryan Scarbrough to determine what the “N/A” value represents in the stroke scale field and report back to the committee. (5) Whole blood metrics deferred to the regional whole blood working group for development. Ryan Scarbrough to bring proposed metrics back to this committee before regional reporting begins. (6) Ryan Scarbrough to review whether status epilepticus is being correctly identified and documented before further conclusions are drawn from Seizure-02. (7) Ryan Scarbrough to rebuild the regional dashboards and re-run measures monthly across 12 consecutive months to support run-chart trending. A PDSA workgroup to be formed to review the current measure set and recommend which measures to keep, retire, modify, or replace, including potential benchmarking against

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	over another, and asked whether measuring whether any stroke scale was performed would better reflect actual performance. Ryan Scarbrough confirmed that all performed stroke scales are captured and that none are filtered out of the measure. Kate Schulz and Dr. Yee raised concern regarding the “N/A” value appearing in the stroke scale table, noting that if it represents screens that were not performed, actual compliance would be materially lower than 85.8%. Trauma Measures Among trauma patients who were alert with a GCS of 15 throughout the incident, 82.4% had a pain scale documented — 83.6% for adults and 67.7% for pediatric patients. Of the 1,348 patients who received an EMS-administered pain medication, 84.1% had improvement documented on reassessment. It was clarified that this is a documentation-based measure using the provider's recorded response-to-medication field rather than an independently calculated comparison of initial and subsequent pain scores. The pediatric gap was attributed in part to the availability of age-appropriate pain scales within ePCR platforms and in part to provider education. Prehospital Whole Blood (5) No whole blood administration data is available yet. Mike Watkins and Dr. Yee confirmed that Goochland, Chesterfield, and MedFlight each review 100% of whole blood utilizations. Discussion addressed whether administration should be documented under medications, procedures, or both; Dr. Yee noted that under NEMSIS the administration is the procedure and the unit of blood is the medication, requiring documentation in two separate places even where an agency uses a single combined panel. Dr. Yee recommended deferring regional measurement until the whole blood working group establishes metrics, noting that utilization is not yet at steady state. Seizure Measures (6) The status epilepticus cohort for Seizure-02 was 111 patients. The primary reported rate was 38.7%, while the strict state-comparable rate, which counts only benzodiazepines administered by EMS, was 36.9%. The difference reflects two patients who received a benzodiazepine prior to EMS arrival. Adults were at 37.8% and pediatric patients at 46.2%, based on a small pediatric cohort of 13. Of 1,628 seizure-related incidents, only approximately 8% were documented with status epilepticus. Secondary impression documentation fell to 22% from 28% in the prior quarter. Discussion questioned whether the measure reflects what it is intended to measure. Kate Schulz noted that if these patients are genuinely in status, a rate of 35 to 40% is concerning. Dr. Yee questioned whether crews are correctly identifying status epilepticus. Rebecca Szeles noted that because the report draws on both primary and	NEMSQA. Volunteers: Kate Schulz, Mike Watkins, and Shawn Harmon. Responsible Person: Ryan Scarbrough.

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	secondary impressions, there is no way to distinguish a patient whose seizure had already broken before a benzodiazepine became indicated. Committee Direction on Use of the Data (7) Dr. Yee stated that the report is significantly improved but that the committee now needs to move from measurement to action. He recommended the use of run charts to identify trends and runs, and that measures be re-run monthly across 12 consecutive months rather than quarterly, so that change can be detected more quickly. He further emphasized that change should be recommended and agreed at the committee level and then implemented consistently across all agencies, rather than distributing the data to agencies to act on individually. Kate Schulz proposed that the committee work through the measures topic by topic to determine what each is being used for and whether it should be retained, modified, or retired. Ryan Scarbrough acknowledged that the committee is currently in the "Study" phase of the PDSA cycle and needs to move to "Act." Recommended Focus Areas Ryan Scarbrough presented recommended next steps, including routing documentation and education topics to the Training and Education Committee: oxygen administration and documentation and aspirin administration and documentation, both of which are also state PI initiatives; stroke and STEMI pre-arrival alerts; scene times for stroke-positive patients; and secondary impression documentation. He also noted that duplicate patient records are being generated where fire and EMS agencies respond to the same incident without a shared incident number and document the same patient differently, which contributes to unexplained variation between agencies.	
Trauma Triage Plan Update	Mike Watkins / Ryan Scarbrough The committee agreed that the regional Trauma Triage Plan must be updated to align with the current state document and to establish regional expectations. Rather than convening a separate meeting, the committee agreed to make the Trauma Triage Plan the focus of the November 18 meeting, with the PI quarterly report shortened to a few key elements for that meeting. Workgroup composition was discussed. Mike Watkins asked for representation from each regional trauma center, at least three EMS agencies, and physician involvement, while keeping the group to approximately five or six people to remain workable. Dr. Yee emphasized including a rural perspective, noting that transport times from the southern portion of the region raise the question of whether stabilization at a closer non-trauma center followed by transfer produces better outcomes. Kate Schulz noted that a Level III trauma center should also be represented.	Ryan Scarbrough to distribute the current Trauma Triage Plan in advance, annotated with the sections known to require revision. Ryan Scarbrough to notify Planning District 13, 14, and 19 representatives that the Trauma Triage Plan will be the focus of the November 18 meeting and to request their participation.

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	Confirmed participants to date are Mike Watkins, Beth Broering (VCU), Dr. Allen Yee, and Kate Schulz (Bon Secours Southside, Level III).	Ryan Scarbrough to invite Bree Coates, representing the region's other Level I trauma center, to participate in the workgroup. Committee members to review the plan line by line prior to the next meeting and come prepared with questions and proposed revisions.
Bylaws Review and Quorum	Ryan Scarbrough / Mike Watkins Ryan Scarbrough reported that the current bylaws do not align with the committee's actual composition and require revision before quorum can reliably be achieved. Two quarters of minutes are now awaiting approval, and this is the only committee in the region that has not made quorum. The committee agreed to form a small workgroup to review and revise the bylaws offline, with findings and identified challenges brought back to the full committee at the next meeting. Mike Watkins noted that the recent Metro Richmond meeting included discussion of where additional agency representation is needed and how the other sub-councils operate, and that the committee should align with those expectations.	Ryan Scarbrough to solicit a small workgroup, including Mike Watkins and Heidi Hooker, to review and revise the committee bylaws. Workgroup to present identified challenges and proposed revisions at the November 18 meeting. ODEMSA to reinforce with agencies and facilities the importance of consistent representation for quorum purposes.
New Business / Business from the Floor		
Vice-Chair Position	Ryan Scarbrough / Dr. Allen Yee Ryan Scarbrough asked whether any member would be interested in serving as vice-chair or co-chair to cover in the chair's absence. Dr. Yee recommended pausing the request until the bylaws have been reviewed to confirm the position is structured as the committee intends. No other business was brought from the floor.	Vice-Chair recruitment deferred pending completion of the bylaws review.
Adjourn	Chair Watkins announced that the next meeting will be held on November 18, 2026, from 2:00 PM to 4:00 PM.	Next meeting: November 18, 2026, 2:00 PM – 4:00 PM.

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	As a quorum was not established, no formal motion to adjourn was required. The meeting was adjourned at 3:29 PM. Chair Watkins thanked all members for their participation.	