

# **Vermont Emergency Medical Services Advisory Committee**

## **Meeting Minutes**

**Date:** July 9, 2025

**Location:** Department of Health, Waterbury State Office Complex

**Attendance:** Drew Hazelton, Pat Malone, Aaron Collette, Charles Piso, Will Moran, Dan Wolfson, Michael Tarbell, Jim Finger, Kate Rothwell, Chelsea Dubie, Leslie Lindquist, Bill Camarda, Matthew Parrish, Donna Jacob, Bobby Maynard, Samantha Atwood

Meeting called to order: 10:00 AM

This meeting was facilitated by Katherine Sims.

### **Welcome and Framing the Day**

Meeting participants each shared one thing they hoped the group leaves with today. Examples include, “Progress and vision, engaged participants, clarity, vision for the future, progress, towards 5-year plan, unity, tangible outcomes, increase energy, governance model.”

### **Draft Definition, Vision, and Principles**

Key takeaways -

- Break up paragraphs in current state
- Get tone right, balance narrative and data
- In EMS definition, name “practice of medicine” intersection of public safety, public health, healthcare, emergency management,
- Consider 500 characters or less with a longer explanation if needed

Latest version of the EMS definition:

**Emergency Medical Services (EMS)** is an integrated practice of medicine including personnel, vehicles, equipment, protocols and dispatch that delivers emergency and non-emergency medical care and transportation to individuals with illness, injury, or other health needs. EMS provides rapid response to 911 calls, interfacility transfers, and time-sensitive care in the field, while also supporting community health through mobile integrated healthcare, public health initiatives such as vaccination and testing programs, and disaster response. EMS clinicians assess, treat, monitor, and determine appropriate disposition for patients—including treatment in place, referral to services, and transport to alternative destinations—making EMS a vital intersection of the healthcare, public health, public safety, and emergency management systems.

## Draft Six-Month Timeline

- July 16 – EMSAC meeting revised definitions and system benchmarks.
- August 6 – Finalize system benchmarks.
- August 20 – EMS training presentation.
- September – Finance
- October – Line level data, and select a contractor to write the five-year plan.
- Considerations include:
  - High level outreach about the process.
  - More district level engagement.
  - Road show to get public and stakeholder input.
  - Public comment on the draft plan.

Public messaging in two rounds.

- Round 1
  - Why EMS matters.
  - Here is the data and current situation.
  - We have a timeline for our process.
  - We're doing the work/we have a legislative mandate.
  - We want your input.
- Round 2
  - We have a draft plan, and we want your comments.

## Governance Roles

	Local	Regional	State
EMS Task Force			X
MCI planning			X
Education - delivery		X	
Education - Funding & oversight			X
IFT			X
Paramedic service coordination		X	

Service budget review			EMSAC
Ambulance inspection			X
Service licensing			X
Clinical standards			X
Statewide EMS protocols			X
State Medical Director			X
Service level MD: <ul style="list-style-type: none"> <li>- Credentialing</li> <li>- Validate Edu</li> <li>- Review QA/QI</li> <li>- MIH</li> <li>- Be present on the ground at service</li> </ul>	X		
Dispatch		X	X
MIH - guidelines			X
MIH - implementation	X with MD	X	
QA/QI - Standards			X
QA-QI implementation with MD	X	X	

Global funding oversight and response standards			X
Personnel licensing			X
Credentialing - Standards			X
Credentialing - implementation	X with MD		
Workforce recruitment and development			X
Data management			X
Public relations			X
Mutual Aid (with MCI?)		X?	X?

### EMS Final Report Outline (draft)

- Vermont's EMS definition
- Current status
- Vision statement
- Guiding principals
- Governance roles
- Finance
- Line level data
- System benchmarks
- Education plan

## **Next Steps**

- Continue to work with districts to validate service level data
- Create roadshow work group to create a “meeting in a box”
- Develop public messaging
- VDH send out letter to districts to formally appoint member to VEMSAC and alternate with deadline of August meeting
- Flush out metrics for success for vision
- Continue to refine EMS definition
- Consider bringing on more capacity to help facilitate meetings and write report
- Statewide cardiac arrest reporting
- Outcome data such as AED use and neurologic survival
- New collaboration with the 911 Board to provide time-to-dispatch data for cardiac arrests

## **Final Reflections & Close**

- “What’s one insight or priority you’re leaving with?”
  - Concerns about the number of tasks that got moved to EMS office staff
  - Work to do
  - Amount of change from local to state for standardization
  - Grateful for group (and wish there were more folks here)
  - Complexity
  - Determined
  - Need to better understand other perspectives
  - Challenges aren’t unique to Vermont/we aren’t alone
  - Service level MD idea is interesting and at same time don't want to lose sight of the value of regional coordination

Meeting adjourned at: 3:30 PM