Vermont Emergency Medical Services
Advisory Committee

Meeting Minutes

Date: August 06, 2025
Location: Waterbury State Office Complex, Waterbury, & Microsoft Teams
Meeting Called to Order: 10:04 AM by Drew Hazelton

Rollcall – Committee Members

Representative	Present		Representative	Present
District 1			**District 2**	
			Adam Heuslein	X
			Samantha Atwood	
District 3			**District 4**	
Leslie Lindquist			Scott Brinkman	
Becky Alemy			Jeff Johansen	X
District 5			**District 6**	
			Joe Aldsworth	X
			David Danforth	
District 7			**District 8**	
Charlene Phelps			Matt Parrish	X
Kate Rothwell	X		Charles Piso	X
District 9			**District 10**	
Alan Beebe			Michael Tarbell	X
District 11			**District 12**	
			Bill Camarda	X
			Bobby Maynard	X
District 13			**VAA**	
Eric Wilson	X		Drew Hazelton	X
IREMS			**PFFV**	
Pat Malone	X		Mark Hachey	X
Chris LaMonda				
VCFC			**VSFA**	
Aaron Collette	X			
Michael Randzio	X			
VAHHS			**VLCT**	
			Lee Krohn	
VDH				
Will Moran	X			
Chelsea Dubie				

Non-members in attendance: Dan Wolfson, Connor Dunn, Courtney Newman, Ray Walker, Donna Jacob

Approval of July Meeting Minutes

The July 9th and July 16 meeting minutes were previously distributed to committee members.

- Motion to approve the minutes by Michael Tarbell
- Seconded by Adam Heuslein
- No discussion.
- Result: 12 votes to accept the meeting minutes as presented, 1 abstained. Motion passed.

Adoption of EMS Definition

The committee needed a consensus definition of Emergency Medical Services (EMS) to frame the forthcoming five-year EMS State Plan.

Draft Definition:

"Emergency Medical Services is an integrated system of emergent and non-emergent practice of medicine in the out-of-hospital environment. This includes personnel and resources designed to assess, treat, and determine the disposition of patients with injury and illness and those in need of specialized care and safe transportation. EMS is a vital component of the healthcare, public health, and public safety systems."

Key Discussion Points:

- Legal concern - The phrase "determine the disposition" raised ethical and legal concerns—could be misinterpreted as EMS determining a patient's fate or overriding consent.
- Friendly amendment - Add “appropriate” before “disposition” to clarify the role of EMS as advisory rather than determinative.
    - Committee agreed that this language better aligns with patient rights and scope of practice; the friendly amendment was accepted.
- Scope clarification - This definition is not statutory—it will be used in the advisory plan and does not override existing legal language.

Revised Definition:

"Emergency Medical Services is an integrated system of emergent and non-emergent practice of medicine in the out-of-hospital environment. This includes personnel and resources designed to assess, treat, and determine the appropriate disposition of patients with injury and illness and those in need of specialized care and safe transportation. EMS is a vital component of the healthcare, public health, and public safety systems."

Motion – Adoption of EMS definition

- Motion to Accept the revised definition of EMS made by Pat Malone, and seconded by Adam Heuslein
- Friendly amendment Accepted – Yes
- Result - Unanimously passed via roll call vote. Montion passed

Noted - Eric Wilson (District 13) and Joe Aldsworth (District 6) confirmed their votes post-hoc due to technical audio issues.

This definition will be used in official committee reports and the upcoming EMS State Plan.

Performance Metrics Presentation and Planning

Presenter - EMS Data Manager Connor Dunn

Meet statutory obligations under the EMS planning legislation. Establish data-backed, measurable indicators of EMS system performance. Create a framework for statewide QA/QI (Quality Assurance/Improvement) and policy decisions.

Criteria for Selecting Metrics:

- Nationally recognized (e.g., NEMSQA, NEMSIS, CARES).
- Ability to extract from Vermont's SIREN ePCR data.
- Must represent key clinical and operational areas (e.g., trauma, medical, pediatrics, system readiness).
- Should ideally allow benchmarking against national norms.

Proposed Metrics:

1. Hypoglycemia 01 – % of symptomatic hypoglycemia patients who received treatment.
2. Pediatrics – Weight-based dosing and vital signs documented.
3. Trauma 08 – Documentation of GCS, SBP, and RR in trauma cases.
4. Chest Pain & STEMI – ECG, aspirin administration, etc.
5. Safety 02 – No use of lights/sirens during transport.
6. System Readiness – Response times >15 minutes (urban) or >30 minutes (rural).
7. Stroke 01 – % of suspected stroke patients who received prehospital stroke assessment.

Technical Details:

- Data Source: SIREN ePCR system (Vermont's NEMSIS-compliant platform).
- Dependencies: Data documentation by EMS crews; some fields are optional or inconsistently filled.
- Validation Needs: Manual queries; complex formulas; many records (30,000+).
- Limitations:
    - PSAP data not integrated → no full response time visibility.
    - Incomplete documentation → potential under-reporting.
    - Labor Intensive → EMS Office lacks sufficient staff for data analysis.

Extended Committee Discussion on Metrics:

- Data Integrity: Emphasis on "garbage in, garbage out." Poor documentation skews results.
- BioSpatial Platform:
    - Long-term solution that would automate analysis and dashboards.
    - The EMS Office is making progress towards obtaining this software platform.
    - Would support agency-level data analysis.
- Short-Term Limitations:
    - Metrics must be selected that can be processed manually or with existing systems.
    - Manual report writing, querying, and QA needed for every metric.

Some metrics (e.g., Safety 02) are preferable because they are less prone to subjective error and provide system-level insight. The System Readiness (response time) metric is valuable but flawed—without PSAP time stamps, EMS clock starts late. Agency-specific metrics not feasible due to data sensitivity, DUAs, and resource constraints.

Motion - Adoption of Performance Metrics

- Motion to adopt Hypoglycemia 01, Trauma 08, Safety 02, and Stroke 01 made by Bill Camarda
- Seconded Adam Heuslein
- No additional discussion
- Result - Unanimously passed via roll call vote

These four metrics will be included in the EMS Plan and assessed using available data (via NEMSIS or SIREN).

Motion - Authority to Pay for NEMSIS Data

Committee may need to request performance data from the national NEMSIS database to avoid manual report generation. It is unclear if NEMSIS will charge a processing fee.

- Motion to allow the fiscal agent to pay a reasonable fee for data retrieval from NEMSIS if needed, and to leave cost discretion to the committee chair made by Adam Heuslein
- Seconded by Michael Tarbell
- No additional discussion
- Result – Unanimously passed.

Service Inventory and Data Verification Update

Over the last month the percentage of ambulance services having reported their financial data has increased from >20% to >70%. Committee members will be asked to contact those ambulance services that have not responded to the contactor's inquiry. The contractor will soon begin to contact first response squads.

Interfacility Transport Data Analysis

The contractor is analyzing interfacility transport data for inclusion in the plan. It was determined that greater than 2,000 out-of-state records (e.g., Washington D.C., Maryland) were included in the dataset and have since been removed. Missing from the data set is the name of the transporting agency, and the level of care provided. These fields were removed from the data set delivered by Cambridge due to DUA restrictions.

Next Steps include additional data cleanup, integration of Vermont-specific identifiers, and possible supplemental request to Cambridge or direct data export from Siren.

Key Challenges and Strategic Considerations

Issue	Summary
Staff Capacity	Current EMS Office lacks a data analyst. Nearly all data analysis handled by one person (Connor Dunn).
Documentation Quality	Many performance gaps may be due to poor or inconsistent documentation rather than actual performance deficiencies.
System Integration	Lack of connection between EMS and 911 (PSAP) systems hampers full response time analysis.
Short Timeline	Plan is due to the legislature in December, 2025. Time-sensitive work must be completed in the next 3 months.
Legal/Data Sharing Restrictions	DUAs and PHI restrictions limit outside help unless contracts or institutional support (e.g., UVM grad students) can be quickly arranged.
Budget	The committee continues to push for investments (e.g., BioSpatial, staff positions) but legislative funding remains uncertain.

Committee Reports

The committee agrees that a contractor is needed to draft the legislative reports. Several options were discuss, such as university students, or a technical expert from the National Association of State EMS Officials. After futher discussion, committee members were encouraged to consider these and other options, and to bring proposals to a future meeting.

Committee Schedule

The committee finalized the schedule through September, 2025:

- August 20 – Chester Fire Department – 10 AM to 3 PM
- September 3 – White River Valley Ambulance – 10 AM to 2 PM
- September 17 – Waterbury State Office Complex – 1 to 3 PM

Meeting Conclusion and Action Items

- EMS Office and the committee contractor will:

    - Query NEMSIS for metric reports by county or district.
    - Continue contacting unresponsive EMS services.
    - Clean interfacility transport data.
- Committee members encouraged to:
    - Support staff requests for outreach.
    - Assist in advocating for data analysis resources and BioSpatial funding.
- Meeting adjourned around 1:35 PM