

VIRGINIA STATEWIDE EMERGENCY MEDICAL SERVICES PLAN

2013 - 2016



STATEWIDE EMERGENCY MEDICAL SERVICES PLAN
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STATEWIDE EMERGENCY MEDICAL SERVICES PLAN

INTRODUCTION

As stated in §32.1-111.3 of the Code of Virginia, the Board of Health shall develop a comprehensive, coordinated, statewide emergency medical care system in the Commonwealth and prepare a Statewide Emergency Medical Services (EMS) Plan, which shall incorporate, but not be limited to, the plans prepared by the Regional Emergency Medical Services Councils. The Board of Health must review, update and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the 19 objectives outlined in §32.1-111.3.

Recent changes have been made to the development of this plan due to review reports, namely the Joint Legislative Audit and Review Commission report "Review of Emergency Medical Services in Virginia" and the Institute of Medicine report, "EMS at the Crossroads." The recommendations made in these documents have assisted in moving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated and published triennially by the Board of Health. The Virginia Department of Health (VDH) Office of Emergency Medical Services (OEMS) appreciates the opportunity to present this document to the Board of Health, and values its input, as well as the input of any other stakeholder or interested party. Additionally, the OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, through the OEMS Annual Reports and Service Area Plans as required by VDH and the Code of Virginia.

This operational plan identifies the specific initiatives required throughout 2013 – 2016. Each objective and action step is intended to accomplish those items most critical to the Statewide EMS Plan in the given fiscal year. The plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important, work of the OEMS staff is not included in the plan.

No later than three months prior to the end of a particular fiscal year, the OEMS staff will evaluate progress on the plan and begin the process of creating the operational plan for the next fiscal year.

In most cases, "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Definitions of acronyms included in the plan can be found on **Page 17**.

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What is the Emergency Medical Services System in Virginia?

The Virginia Emergency Medical Services (EMS) system is very large and complex. It involves a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Services (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 35,000 trained, prepared and certified providers, nearly 4,500 permitted EMS vehicles, and over 680 licensed EMS agencies, to provide ground and air emergency medical care to all citizens of the Commonwealth of Virginia.

Virginia Office of Emergency Medical Services Mission Statement

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide EMS system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Virginia Office of Emergency Medical Services Vision Statement

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

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Strategic Initiative 1.1- Promote collaborative approaches			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System.	OEMS, Regional EMS Councils	1.1.1.1 Track and report on amount, and general content of material, posted to OEMS and Regional EMS Council websites and social media on a monthly and quarterly basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals, and increase recruitment and retention of certified EMS providers.	OEMS, System stakeholders	1.1.2.1. Determine amount of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Continue to schedule “Keeping The Best!” programs. 1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers. 1.1.2.4. Educate and familiarize local government officials on the importance in taking a greater role in EMS planning and coordination.
	1.1.3 Provide a platform for clear, accurate and concise information sharing and improved interagency communications between the Office of EMS, state agencies and EMS system stakeholders in Virginia.	OEMS, State Agencies (VDEM, OCP, VSP, VDFP), Regional EMS Councils, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS email list, and social media. 1.1.3.2. Encourage providers to utilize OEMS Provider Portal.
	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS. 1.1.4.3. Collaborate among AMS entities to ensure systems enhancements.
	1.1.5 Promote data sharing projects which benefit internal and external projects.	OEMS	1.1.5.1. Further data sharing efforts with the highway safety community. 1.1.5.2 Establish data use agreements with bordering states to share EMS data on a regional level utilizing the national EMS database. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize VPHIB data.

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Strategic Initiative 1.2 – Coordinate responses to emergencies both natural and man-made			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2 Work to recruit single resource components to the HMERT system.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders and supervisors on a local, regional and state level.	OEMS	1.2.2.1. Continue to promote Emergency Operations resources, training courses and abilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies by incorporating strategies to develop emergency response plans that address the four phases of an emergency: preparedness, mitigation, response and recovery, and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness and response concerns (MCI, Surge Planning, etc.)

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Strategic Initiative 2.1 - Sponsor EMS related research and education

Objectives	Accountability	Action Steps
<p>2.1.1 Sponsor research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS registries.</p>	<p>OEMS</p>	<p>2.1.1.1. Revive “Trends in Trauma and Emergency Medicine” as a web based product.</p> <ul style="list-style-type: none"> • Begin with statewide summaries from VSTR and VPHIB for 2007 – 2011 by end of CY 2013. • Add Regional EMS Council level summaries by end of FY 2014. <p>2.1.1.2. Expand “Trends in Trauma and Emergency Medicine” to include:</p> <ul style="list-style-type: none"> • Measures based on combined VSTR and VPHIB data to be available to the public by the November State EMS Advisory Board meeting and annually beginning in CY 2014. <p>2.1.1.3. Develop VSTR and VPHIB research dataset to be available for entities upon request and that have obtained an institutional review board approval by the end of 2015.</p>
<p>2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.</p>	<p>OEMS, Designated Trauma Centers, TSOMC, Regional EMS Councils</p>	<p>2.1.2.1. Trauma Performance Improvement Committee and/or EMS staff will provide quarterly reports to the regional trauma committees through their representative on the TSOMC that identify over and under triage events. The statewide version of this quarterly report shall be included in the quarterly report and posted on the OEMS website.</p> <p>2.1.2.2. Develop and implement OEMS component of VDH DW by end of CY 2014.</p> <ul style="list-style-type: none"> • Use DW to integrate VPHIB and VSTR data by the end of 2015. • Use DW to access and integrate VHI and Vital Statistics data OEMS databases. • Provide agency-wide access to EMS data to be used in other public health efforts. <p>2.1.2.3. Use the DW to support bio-surveillance projects being performed within the VDH.</p>
<p>2.1.3 Establish scholarships for EMS provider education and EMS specific research.</p>	<p>OEMS, FARC, Regional EMS Councils. Other</p>	<p>2.1.3.1. Establish scholarship program for EMS education.</p>

**Core Strategy 2:
Create Tools and Resources**

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		EMS Stakeholders	2.1.3.2. Establish funding program for EMS research.
	2.1.4 Evaluate the impact of an aging workforce on service provision around the state.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS	2.1.4.1. Assess demographic and profile characteristics of EMS providers in Virginia through EMS Provider Portal. 2.1.4.2. Utilize EMS database to evaluate information related to impact of aging workforce on provision of EMS service.

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Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel

	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	2.2.1.1. Widely publicize the availability of training and ensure adequate, accessible and quality EMS provider training and continuing education through course offerings held across the state. 2.2.1.2. Review student disposition on a biannual basis; identifying areas of concern for TCC input and possible corrective action. 2.2.1.3 Provide continued support for an annual multidisciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event.
	2.2.2 Enhance competency-based EMS training programs.	OEMS, TCC, MDC	2.2.2.1. Compare and contrast traditional versus competency-based programs. 2.2.2.2 Identify and document aspects from competency-based programs that directors feel enhance their programs as compared to the traditional approach.
	2.2.3 Develop, implement and promote leadership and management standards for EMS agency leaders.	OEMS, Workforce Development Committee	2.2.3.1. Development of EMS Officer standards based on duties of “Attendant in Charge” position, supervisor and director. 2.2.3.2. On an annual basis, test efficacy of standards through pilot program.
	2.2.4 Align all initial EMS education programs to that of other allied health professions to promote professionalism in EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.4.1. Proactively promote AEMT.
	2.2.5 Increase the amount and quality of pediatric training and educational resources for EMS providers, and emergency department staff in Virginia.	OEMS, EMSC Committee, VHHA	2.2.5.1. Purchase and distribute pediatric training equipment for EMS agencies. 2.2.5.2. Sponsor pediatric training related instructor courses. 2.2.5.3. Provide support for speakers and topics at the annual Virginia EMS Symposium.
	2.2.6 Provide an increased number of training opportunities for EMS personnel in emergency operations methods and activities.	OEMS, VDEM	2.2.6.1. Create a yearly training calendar for OEMS-sponsored Emergency Operations training offerings. 2.2.6.2. Review and update MCI management modules.
	2.2.7. Assure an adequate amount and quality of geriatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.	OEMS, TCC, MDC	2.2.7.1. Sponsor geriatric training related instructor courses. 2.2.7.2. Provide support for speakers and topics at the annual Virginia EMS Symposium.

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Strategic Initiative 3.1 - EMS Regulations, protocols, policies and standards

	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Legislation review, determination of impact of legislation on Virginia EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO and EMS Advocates.
	3.1.2 Establish standards for the utilization of AMS.	OEMS, State Medevac Committee, MDC	3.1.2.1. Development of AMS guidelines for proper resource utilization.
	3.1.3 Establish statewide air/ground safety Standards.	OEMS, State Medevac Committee	3.1.3.1. Identify and adopt universal safety standards. 3.1.3.2. Maintain weather turn down system. 3.1.3.3. Establish standard safety protocols and training based on protocols. 3.1.3.4. Standardize air/ground safety standards. 3.1.3.5. Standardize LZ procedures. 3.1.3.6. Develop process for consistent use of air-to-air communication.
	3.1.4 Develop criteria for a voluntary Virginia Standards of Excellence recognition program for EMS agencies.	OEMS, WDC	3.1.4.1. Approval of first stage of voluntary accreditation standards by State EMS Advisory Board. 3.1.4.2. Implement and market program to interested agencies. 3.1.4.3. Evaluate efficacy of program based on feedback of EMS agency officials and technical assistance teams.
	3.1.5 Maintain and enhance the Trauma Center designation process.	OEMS, TSOMC, EMSC	3.1.5.1. Revise the trauma designation criteria to include burn criteria, pediatric criteria, nursing education requirements and infrastructure needs. 3.1.5.2. Conduct an analysis to determine the benefits of adding Level IV designation to our trauma care system.
	3.1.6 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.6.1. Evaluate pros/cons of initial designation process. 3.1.6.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.6.3. Conduct re-designation of councils on staggered basis in 2013 and 2014.
	3.1.7 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.7.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.8 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Patient Care Guidelines Ad-hoc Workgroup, Drug Formulary Ad-hoc Workgroup, BoP	3.1.8.1. Resource document being developed to assist regional Medical Directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

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Strategic Initiative 3.2 - Focus recruitment and retention efforts			
<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>	
Core Strategy 3: Develop Infrastructure	3.2.1 Develop, implement and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	<p>OEMS, State EMS Medical Director, MDC, Workforce Development Committee, FARC, Regional EMS Councils</p>	<p>3.2.1.1. Continue to support “Virginia EMS Jobs” website.</p> <p>3.2.1.2. Develop and implement voluntary “Standards of Excellence” for EMS agencies.</p> <p>3.2.1.3. Maintain Leadership & Management track at the Virginia EMS Symposium and recommend topics and presenters.</p> <p>3.2.1.4. Continue to promote and support special RSAF applications related to recruitment and retention of EMS providers.</p> <p>3.2.1.5. Review and promote the OMD Workshop curriculum.</p> <p>3.2.1.6. Promote and develop an ongoing relationship with EMS fellowship programs.</p>
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	<p>3.2.2.1. Continue to support information and education for distribution.</p> <p>3.2.2.2. Seek new avenues for EMS recruitment outreach.</p> <p>3.2.2.3. Recommend strategies to expand existing programs and distribute to EMS stakeholders.</p>
	3.2.3 Develop, implement and promote the EMS Officer Standards program.	OEMS, WDC	<p>3.2.3.1. Provide Virginia’s EMS agencies with the highest quality of leadership.</p> <p>3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency.</p> <p>3.2.3.3. Develop model job descriptions for EMS officers.</p>

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Strategic Initiative 3.3 – Upgrade technology and communication systems			
Objectives		Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.3.1 Assist with, and promote, the compliance of all emergency medical radio systems with state and federal regulations for narrow banding and interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical radio systems meet FCC mandated narrow banding regulation. 3.3.1.2. Prior to 2015, ensure that all emergency medical radio systems meet state interoperability requirements.
	3.3.2 Promote Emergency Medical Dispatch standards and accreditation among 911 PSAPs in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with EMD standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on wireless communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Continue to stay informed and up-to-date on new products and technologies, and serve as information conduit to communications entities.

Strategic Initiative 3.4 – Stable support for EMS funding			
Objectives		Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.4.1 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.1.1. Revise RSAF grant review sheet developed by FARC and OEMS staff, and continue to evaluate for efficacy. 3.4.1.2. Solicit concerns/comments of regional EMS councils/stakeholders regarding the grant process.
	3.4.2 Explore feasibility of creating EMS consortium for purchase of EMS equipment and supplies.	OEMS, FARC, Transportation Committee	3.4.2.2. Collaborate with DGS in developing resource guide and distribute to grant applicants.
	3.4.3 Develop uniform pricing schedule for state funded items.	OEMS, FARC	3.4.3.1. Determine items that can be standardized. 3.4.3.2. Distribute schedule to grant applicants.
	3.4.4 Develop standard specifications for state grant funded equipment awarded to eligible nonprofit EMS agencies.	OEMS, FARC, VDH Office of Purchasing and General Services	3.4.4.1. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds. 3.4.4.2. Utilize standard equipment and vehicle lists for future grant applications and cycles.
	3.4.5 Assist EMS agencies to identify grant programs and funding sources for EMS equipment, training and supplies.	OEMS, FARC	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Identify grant opportunities that EMS agencies may be eligible for and distribute information to the EMS system.
	3.4.6 Integrate state grant funding programs with other related grant funding programs.	OEMS, FARC	3.4.6.1. Continue to seek federal grant funds for items intended to improve the statewide EMS system.
	3.4.7 Develop guidance documents to assist EMS agencies account for the use of state grant funds and develop internal audit processes.	OEMS, FARC	3.4.7.1. Work with contracted audit firms and Office of Internal Audit to create reference documents to assist agencies to account for grant funds and ensure sound auditing practices.

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Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies			
Objectives		Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.5.1 Standardize performance and outcomes based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, Regional EMS Councils	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis.
	3.5.2 Improve regulation and oversight of AMS statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. More clearly define licensure requirements for AMS agencies. 3.5.2.2. Establish response areas for AMS agencies. 3.5.2.3. Develop criteria for ongoing AMS performance improvement program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of its Emergency Medical Services system.	OEMS, Workforce Development Committee, OMHHE	3.5.3.1. Give presentations at VACO and VML meetings to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to monthly and quarterly publications of VACO and VML.

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Strategic Initiative 4.1 – Assess compliance with EMS performance-based standards

Core Strategy 4: Assure Quality and Evaluation	Objectives	Accountability	Action Steps
	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize epidemiology-trained OEMS staff to conduct risk adjusted data analysis of patients in collaboration with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program.
	4.1.2 Maintain statewide prehospital and inter-hospital trauma triage plan.	OEMS, TSO&MC, State EMS Medical Director, MDC	4.1.2.1. Maintain statewide trauma triage plan to support regional plan development and maintenance by regional trauma committees. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks.
	4.1.3 Maintain statewide prehospital and inter-hospital stroke triage plan.	OEMS, State Stroke Task Force, MDC	4.1.3.1. Actively participate on the Virginia Heart Attack Coalition, and develop and maintain a Statewide Stroke Triage Plan. 4.1.3.2 If available, provide funds for the development of regional stroke triage plans to ensure implementation is performed based on local resources.
	4.1.4 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.4.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.4.2. OEMS will provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.4.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.
	4.1.5 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee	4.1.5.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.
	4.1.6 Measure EMS system compliance utilizing national EMSC performance measures.	OEMS, EMSC Committee	4.1.6.1. Assist in assessing the pediatric emergency care readiness of Virginia emergency departments.

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Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers			
Objectives		Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound and legally defensible.	OEMS, TCC	4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.
	4.2.2 Assure adequate and appropriate education of EMS students.	OEMS, TCC, AEMS	4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer-based technology for written examinations.	OEMS, TCC	4.2.3.1. Explore possibility of administering a summative practical exam in lieu of state practical exam at the completion of EMS educational programs.

Strategic Initiative 4.3 – Pursue new initiatives that support EMS			
Objectives		Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.3.1 Engage the EMS system in unintentional injury, illness and violence prevention efforts.	OEMS, Health & Safety Committee, VDH – Division of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers.
	4.3.2 Develop, implement and promote programs that emphasize safety, wellness and the physical health of fire and EMS personnel.	OEMS, Health & Safety Committee, State EMS Medical Director	4.3.2.1. Maintain OEMS staff support at quarterly meetings of the Health and Safety Committee of the State EMS Advisory Board. 4.3.2.2. Maintain Health and Safety track at the Virginia EMS Symposium, and recommend topics and presenters. 4.3.2.3. Maintain Governor's EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.

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Appendix A

Glossary of Terms

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of the strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Action Step: A specific action required to carry out an objective.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

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Appendix A (Continued)

Glossary of Commonly Used Acronyms

AEMER	Alliance for Emergency Medical Education and Research
AEMS	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC, SC)
AEMT	Advanced Emergency Medical Technician certification level
AHA	American Heart Association
AMS	Air Medical Services
BoP	Board of Pharmacy
CAH	Critical Access Hospital
COOP	Continuity Of Operations Plan
DGS	Department of General Services
DHS	Department of Homeland Security
DW	VDH Data Warehouse
EC	EMS Education Coordinator
EMD	Emergency Medical Dispatch
EMSC	EMS For Children
FARC	Financial Assistance and Review Committee (committee of state EMS Advisory Board)
FCC	Federal Communications Commission
HMERT	Health and Medical Emergency Response Team
LZ	Landing Zone
MCI	Mass Casualty Incident
MDC	Medical Direction Committee (committee of State EMS Advisory Board)
NAEMSO	National Association of State EMS Officials
OCP	Office of Commonwealth Preparedness
OEMS	Office of Emergency Medical Services
OMD	Operational Medical Director
OMHHE	Office of Minority Health and Health Equity
PSAP	Public Service Answering Point
RSAP	Rescue Squad Assistance Fund
TCC	Training and Certification Committee (committee of State EMS Advisory Board)
TSOMC	Trauma System Oversight and Management Committee (committee of State EMS Advisory Board)
VACO	Virginia Association of Counties
VAGEMSA	Virginia Association of Governmental EMS Administrators
VAVRS	Virginia Association of Volunteer Rescue Squads
VDEM	Virginia Department of Emergency Management
VDFP	Virginia Department of Fire Programs
VDH	Virginia Department of Health
VHAC	Virginia Heart Attack Coalition

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VHHA	Virginia Hospital and Healthcare Association
VHI	Virginia Health Information
VML	Virginia Municipal League
VPHIB	Virginia Pre Hospital Information Bridge
VSP	Virginia State Police
VSTR	Virginia State Trauma Registry
WDC	EMS Workforce Development Committee (committee of State EMS Advisory Board)

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Appendix B

Resources

In the development of this plan, the following resources were used in addition to meetings and interviews with the director and assistant director of OEMS.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996.
- OEMS 5-Year Plan: July 1, 2010-June 30, 2013.
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