The Virginia Department of Health Office of Emergency Medical Services 2008 Annual Report

40 years

1968 - 2008

Virginia Office of Emergency Medical Services
Virginia Department of Health
www.vdh.virginia.gov/oems

VDH Virginia Department of Health
Protecting You and Your Environment
www.vdh.virginia.gov

A Time Line of EMS in Virginia

1920's

1928
The first independent volunteer rescue squad in the country, Roanoke Lifesaving and First Aid Crew, was established in Roanoke, Va.

1960's

1968
State involvement in emergency medical services (EMS) began with the passage of the Virginia Ambulance Law, which called for the development and enforcement of standards for all ambulance services, whether volunteer, commercial or municipal. The Bureau of Emergency Medical Services was established within the Department of Health.

1969
The first Rules and Regulations Governing Ambulance Services were promulgated.

1970's

1971
The National Standard Curriculum for Emergency Medical Technicians was implemented in Virginia.

1973
The first advanced life support personnel graduated as Cardiac Technicians in Virginia Beach, Va.

1974
The Virginia General Assembly passed more comprehensive EMS systems legislation.
The State EMS Advisory Committee was expanded.

1976
The first EMT-Paramedics were certified.
The EMT Instructor Trainer Program was initiated.

1978
Virginia Rescue Squad Assistance Fund created by legislation. First grants awarded in June 1979.
Virginia's Regional EMS Councils were formally recognized in the Code of Virginia.

1980's

1980
First annual EMS Symposium held in Williamsburg, Va.
Regional EMS Councils designated by the State Board of Health.

1981
Virginia's first air medical evacuation service was dedicated in Salem, Va.
Medical College of Virginia was first Level One Trauma Center designated by the state.

1982
First Responder program initiated.
The first State EMS Plan is adopted.

1983
This was a significant year for EMS with the passage of the "One For Life" legislation, adding a $1.00 fee on motor vehicle registration to support EMS.
Funding for Regional EMS Councils shifted from federal block grant to state funding.
Reimbursement initiated for instructors teaching approved EMT and First Responder classes.

1985
Critical Incident Stress Debriefing Program for emergency services personnel initiated.

1986
Governor's EMS Awards initiated to recognize outstanding individuals and EMS agencies.

1987
Statewide Trauma Registry legislated for collecting data.
Developed and adopted first State MEDEVAC plan for the Commonwealth.

1968

Table of Contents

Message from the Director	1
Virginia EMS System at a Glance	1
Office of EMS Funding	2
EMS Training	5
Regulations & Compliance	6
Emergency Operations	7
Trauma System	8
EMS for Children	9
Technical Assistance	10
Regional EMS Councils	12
Critical Incident Stress Management	13
Public Information & Education	14

A Message From the Director

The Virginia Office of Emergency Medical Services is proud to celebrate 40 years of serving Virginia. Over the years we have worked to meet the growing needs and demands for EMS programs and services in the Commonwealth. Our office has grown to manage a large number of programs that range from Patient Care Report Data Collection, training EMS instructors, inspecting EMS agencies, designating trauma centers and so much more.

We provide programs in our office that support the providers, agencies and organizations that help make the Virginia EMS System one of the best in the nation. I am requesting that those of us who have been in EMS to help support the younger members of our agencies so that they can grow to be the leaders in EMS for tomorrow and that we can continue to provide the best care to anyone who may need our services.

Leadership is an essential tool for making our system work at its best and we are relying on those who serve in a position of leadership or mentorship at their EMS agency to learn from the past and help move our system forward.

Sincerely,

Gary R. Brown, Director

Virginia EMS System at a Glance:

July 1, 2007 - June 30, 2008

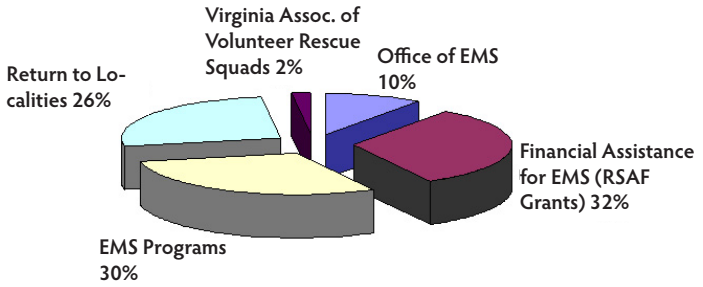
- 34,269 Certified EMS Providers
- 592 EMT Instructors
- 718 Licensed EMS Agencies
- 3,993 Permitted EMS vehicles
- 11 Regional EMS Councils
- 14 Trauma Centers
- 3 Poison Control Centers
- $8 million in the Rescue Squad Assistance Fund grants awarded to 223 government, volunteer and non-profit agencies
- $6.3 million returned to Virginia localities for training of EMS providers and the purchase of EMS equipment and supplies
- $1.2 million provided for EMS Training Fund
- 346 EMT-Basic Programs
- 81 EMT-Enhanced Programs
- 45 EMT-Intermediate Programs
- 33 EMT-Paramedic Programs
- Over 10,000 EMS certifications and re-certifcations issued
- 40,000 Continuing education credit hours granted

EMS Funding

Four-For-Life Fund

Funding for specific programs for Emergency Medical Services within the Commonwealth of Virginia is legislated by the Code of Virginia § 46.2-694. The Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS) receives and administers over 27 million dollars annually. Funding is collected at the time of vehicle registration and set aside as a special fund to be used only for emergency medical service purposes. Effective July 1, 2008 that portion of passenger vehicle registration fees increased from $4.00 to $4.25 per year. The language in this Code specifies that $0.25 is dedicated for EMS Certification Courses and that the remaining $4.00 will be distributed as follows:

EMS Funding ($4) from Cost for Passenger Vehicle Registration



• 2% is distributed to the Virginia Association of Volunteer Rescue Squads to be used for the purpose of conducting volunteer recruitment, retention and training activities
• 30% is distributed to the OEMS to support:
- emergency medical services training
- advanced life support training
- recruitment and retention programs
- emergency medical services system development, initiatives, and priorities
- local, regional, and statewide performance contracts for emergency medical services
- technology and radio communication enhancements
- improved emergency preparedness and response.
• 32% is distributed to the Rescue Squad Assistance Fund
• 10% is available to the OEMS for use in emergency medical services
• 26% is returned to the locality where the vehicle is registered to provide funding for:
- training of emergency medical service personnel
- purchase of equipment and supplies for emergency medical and rescue services.

Return to Locality Funding

In the 2008 Fiscal Year, the OEMS distributed $10,397,220.62 to one hundred thirty-one localities (92 counties and 39 cities) throughout Virginia. To receive the funding, the Code of Virginia mandates an annual report from each locality that receives the Return to Localities funding allocated from the Four-for-Life fund. The report must include the use of the funds returned to it from the OEMS. If the locality grants the funds to a regional emergency medical services council to be distributed to the licensed, non-profit emergency medical and rescue services, the locality is still responsible for the proper use of the funds. If a report on the use of the funds has not been received from a locality at the end of each year, any funds due to that locality for the next fiscal year will not be distributed until the report is received by the OEMS.

EMS Instructor/Coordinator Program Payments

There were $360,516.45 reimbursements processed during Fiscal Year 2008 to accredited training sites and ALS Coordinators. Initial Course funding was disbursed to ALS Coordinators in the amount of $464,222.36 for a total of $824,738.81 payments processed during the 2008 Fiscal Year. Reimbursements were made to the following programs:

• Tuition reimbursement to accredited training sites and ALS coordinators – 77 payments in the amount of $46,648.00

• Transition reimbursements to accredited training sites (Shock Trauma to Enhanced, Cardiac Technician to Intermediate) – nine payments in the amount of $5,516.95

• Continuing Education course reimbursements by Planning District – 22 Planning District Commissions (PDC)'s disbursements in the amount of $86,559.50

• Basic Life Support Auxiliary Program reimbursements in the amount of $221,792.00.

Emergency Medical Services Training Funds (EMSTF)

During the 2008 session of the Virginia General Assembly, Delegates Rust and Wright introduced HB922 in order to take action on certain recommendations developed by the HJR-743 sub-committee studying recruitment and retention incentives for volunteer Fire and EMS personnel. HB922 was approved by the legislators and signed by the Governor with an effective date of July 1, 2008. This bill increased the existing Four-for-Life funds for EMS by $0.25 and added the following code language:

All revenues generated by the remaining $0.25 of the $4.25 fee approved by the 2008 Session of the General Assembly shall be deposited into the Rescue Squad Assistance Fund and used only to pay for the costs associated with the certification and recertification training of emergency medical services personnel.

ALS Training Funds Budget FY07- 08

Training Fund Category	$ Budgeted
Accreditation Funding	$110,000.00
Basic Course Funding	$454,804.00
Transition Program Funding	$150,000.00
Auxiliary Program Funding	$175,000.00
Individual/Organizational Tuition Funding	$100,000.00
CE Funding by Planning District	$210,196.00
Grand Total	$1,200,000.00

The Office developed a Strategic Plan that incorporates initiatives aimed at recruitment of new providers by allocating funds for EMT-Basic training, initial education leading to certification of Advanced Life Support personnel, and recertification training for all EMS provider levels. The additional funds will be used according to the plan to address the educational needs of the entire EMS System in Virginia.

The OEMS Training Fund program is designed to provide financial assistance for Virginia certified Basic and Advanced Life Support EMS providers and OEMS approved initial basic certification programs. These funds supplement local and individual support for EMS training.

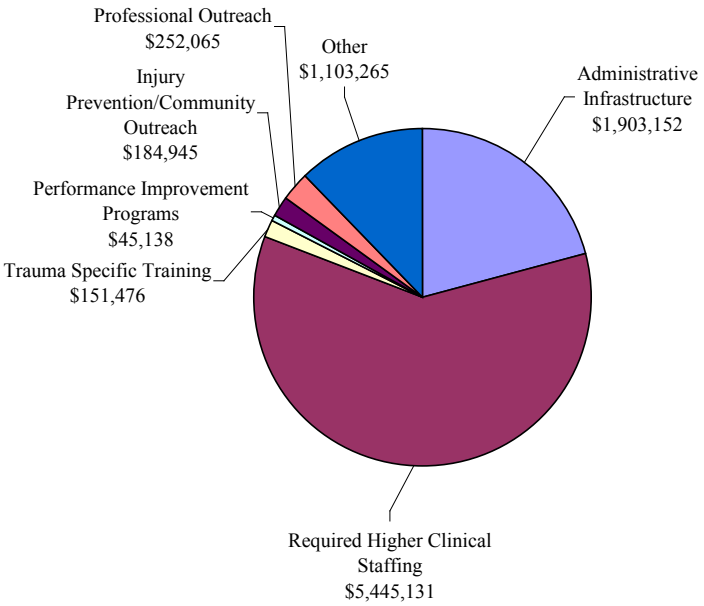
The Emergency Medical Services Training Funds monies are divided into five broad categories: tuition reimbursement, course funding, auxiliary programs, continuing education programs and training site accreditation. More information can be obtained from our web page at http://www.vdh.virginia.gov/OEMS/Training/EMSTF.htm.

Trauma Center Fund

In the 2004 General Assembly Session, House Bill 1143 amended the Code of Virginia by adding § 18.2-270.01 which established the Trauma Center Fund for the Commonwealth of Virginia. This was the first step in addressing the challenges faced by Virginia's trauma centers.

This bill required that persons convicted of criminal violations pursuant to §§ 18.2-36.1, 18.2-51.4, 18.2-266 or 46.2-341.24 (DUI), and who had also been previously convicted of one or more of these violations, pay a fine of $50 into the Trauma Center Fund.

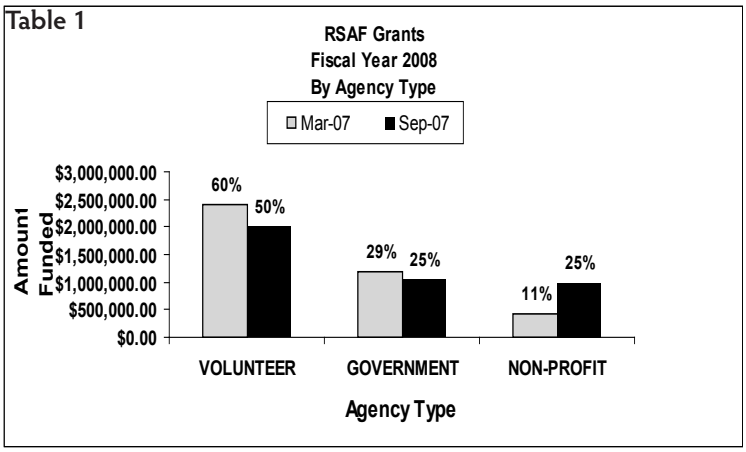
Trauma Center Fund Usage FY08



OEMS administers the Trauma Center Fund and has developed a methodology for disbursing monies from the fund. OEMS has encouraged stakeholder participation in the development of a disbursement policy for the Trauma Center Fund by establishing the Trauma Fund Panel (Panel), a subcommittee of the State EMS Advisory Board's, Trauma System Oversight, and Management Committee. The current level of funding distributed to designated trauma centers covers approximately 25% of the total loss incurred by the designated hospitals and 50% of losses caused by readiness costs.

Financial Assistance for Emergency Medical Services Grants Program

The Financial Assistance for Emergency Medical Services Grants Program, known as the Rescue Squad Assistance Fund (RSAF) Grant Program is a multi-million dollar grant program for Virginia non-profit and governmental EMS agencies and organizations. The RSAF grants are awarded through OEMS. Items eligible for funding include training programs, equipment and supplies for EMS purposes. These can include equipment, vehicles, computers, EMS management training programs, recruitment and retention and projects benefiting the EMS system.



The RSAF is a reimbursement grant that requires the grantee to make the purchase for the awarded item/program and then submit and invoice for reimbursement. The amount awarded through the RSAF is based on the amount requested for the item or project. RSAF grants are typically awarded based on a 50/50, or 80/20 (state/agency share), and in unique cases a 100 percent awarded grant from OEMS.

There are two RSAF grant cycles per year. The deadlines for Fiscal Year (FY) 2008 were March 15 and Sept. 15, 2007. The total amount awarded for RSAF grants in FY 2008 was $8,069,865.74. 113 grants in the amount of $4,038,337.74 were awarded for the March cycle and the 110 grants in the amount of $4,031,528.00 were awarded for the September cycle.

As shown in Table 1, 69% of the funds were awarded to volunteer agencies.

Table 2 identifies the items that were awarded under the RSAF grant program in FY 2008. The following are items that are funded through the RSAF grant program:

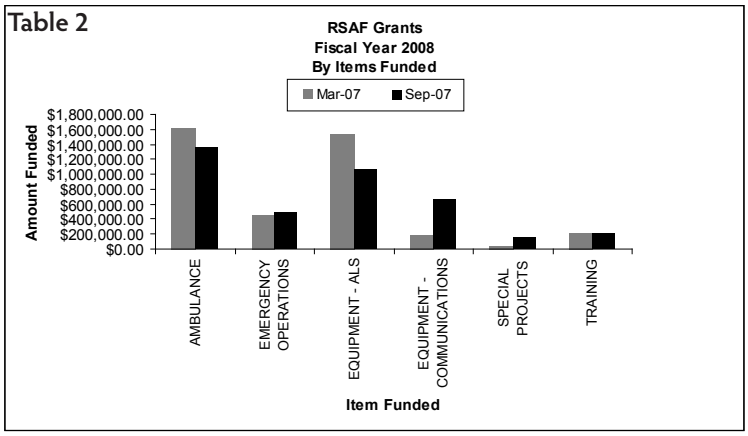
• Equipment – ALS
Includes any medical care equipment for sustaining life, including defibrillation, airway management and supplies.

• Equipment – Communications
Includes items for EMS dispatching, mobile/portable radios, pagers and other communications system technology.

• Emergency Operations
Includes items such as Mass Casualty Incident (MCI) trailers and equipment, Disaster Medical Assistance Team (DMAT) equipment, extrication equipment, and Health and Medical Emergency Response Team (HMERT) vehicles and equipment. The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

• Special Projects
This category includes computers, computer hardware, audio visual equipment, recruitment and retention projects, research, studies and any other project, program or equipment that is used for innovative EMS developments.

• Training
This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.



EMS Training

In 2008 the Division of Educational Development's activities involved more than 34,000 providers encompassing Emergency Medical Services personnel at all levels. In addition to these provider levels, we also train and recertify EMT Instructors and ALS Coordinators.

The division staffs two primary standing committees of the EMS Advisory Board, the Medical Direction Committee and the Professional Development Committee and any of their ad-hoc committees. Currently, the office is staffing activities of several ad-hoc committees:

- Medical Direction Committee
  - -Scope of Practice
- Professional Development Committee
  - -Basic Life Support (BLS) Certification Test
  - -Pilot Steering
  - -BLS Curriculum Update
  - -BLS Certification Evaluator
  - -Instructor Credentialing

All activities associated with these committees can be reviewed and followed from the Office's web page at http://www.vdh.virginia.gov/OEMS/Training/Committees.htm.

BLS Certification Test Committee

This committee was formed as an ad-hoc Committee of the Professional Development Committee (PDC) in 2006 to look at the BLS Practical exam and propose recommendations to the PDC. The ad hoc committee forwarded recommendations that significantly changed the Practical Exam for First Responders and EMT's.

On-line Continuing Education

The division initiated free on-line continuing education in the fall of 2007. The program was started with 10 programs and has grown to approximately 28 programs. In addition, the division developed and instituted a process for third party vendors offering web based continuing education to participate. The vigorous screening process assures the programs are of quality and allows for the electronic submission of continuing education to our data base. More information can be accessed via our web page at http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm and http://www.vdh.virginia.gov/OEMS/Training/TRAINVirginia.htm.

Competency Based EMT Programs

In 2006 the PDC approved a two-year Pilot Program to look at Competency Based EMT Instruction. The initial Pilot Programs consisted of Prince William County Fire and EMS, Tidewater Community College, J. Sargeant Reynolds Community College – Hanover Location and Roanoke Valley Regional Fire Training Center. The PDC approved 4 Rural Programs to join the pilot which included instructors for Lord Fairfax EMS Council, Peninsulas EMS Council, Blue Ridge EMS Council and the Old Dominion EMS Alliance. The Pilot Programs were required to evaluate students based on completion of competencies within the program. In addition, the Course had to be coordinated by a certified EMT Instructor, but could be taught by program selected instructors who may or may not be EMT Instructors. The programs provided information on enrollments and outcomes back to the PDC during the two-year Pilot. A Pilot Steering Committee was formed to allow the programs to meet and share best practices as they progressed. The committee refined the competency list and the process by which the competencies could be evaluated effectively. At the end of the Pilot, the programs that had completed courses reported equal or higher pass rates and expressed a desire to continue the process. The PDC approved the programs that had completed the courses to continue until the new Regulations adopting these changes are implemented.

The adoption of the National EMS Scope of Practice

The Medical Direction Committee (MDC) established a Virginia Scope of Practice – ad-hoc Committee to make recommendation of the best course of action to address the National Scope of Practice model. The committee had their first meeting on July 29, 2008 and passed a motion that Virginia should adopt the four EMS provider levels listed in the National Scope of Practice (NSP) model (Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) and paramedic) as well as maintain a Virginia Intermediate certification level.

The committee is presently working to establish a Virginia Scope of Practice for each of these certification levels. For future meeting times and updates on the progress of efforts, please visit the OEMS Web page at www.vdh.virginia.gov/oems.

Regulations & Compliance

EMS Regulatory Process

Recommended revisions and updates to the Virginia EMS Regulations 12 VAC5-31 will be presented to the Board of Health in early 2009. Upon approval a series of public forums will be held across the state to get input from EMS providers, agencies and other constituents. If the regulations process goes as scheduled, it is estimated that the new regulations will go into affect in 2010. For updates and information on the regulations process, please visit the OEMS Web site at www.vdh.virginia.gov/oems.

DDNR Regulations

The Division of Regulations and Compliance is working on the ongoing development of the revisions to the Durable Do Not Resuscitate (DDNR) regulations. The draft proposed regulations are tentative for the Board of Health approval in early 2009. For questions pertaining to DDNR please visit www.virginia.gov/oems/ DDNR/index.htm.

Regulations & Compliance Technical Assistance Programs

The Virginia Department of Fire Programs (VDFP) Arrive Alive Program is a cooperative effort with the VDFP, OEMS, Virginia Firefighter's Association, Virginia Fire Chief's Association and Volunteer Firemen's Insurance Services to develop station level awareness programs regarding safe operations of emergency vehicles and personally owned vehicles while responding to emergency calls. Each fire department and Virginia EMS organization received a packet that included a PowerPoint, posters and video productions for all to use.

An agreement between VDFP and the Virginia Association of Volunteer Rescue Squads (VAVRS) with input from OEMS was created to recognize (reciprocate) each others Emergency Vehicle Operators Course (EVOC) training between organizations. This allows for more standardization of the EVOC training program across the state.

A fire and EMS services study is being conducted at the request of the Fire Service Board to "formalize" requests from localities who call for an outside review and recommendation as to the efficacy and future development of their fire/EMS and other related public safety components (excluding law enforcement). The first pilot of the draft process is to be completed with Westmoreland County (9/2008).

EMS Regulations & Compliance Statistics for FY 2008

Compliance
Number of Citations - 78
Number of Suspensions - 11
Number of Revocations - 11

Agency visits/inspections/etc.
Miles traveled by Program Representatives – 139, 426
Spot inspections - 192
Scheduled inspections - 255

Variances
Agency - 3
Provider - 190

Exemptions
Agency - 2
Providers - 0

Culpeper County Volunteer Rescue Squad – A Success Story

On January 3, 2007 the Virginia OEMS issued a temporary suspension to the Culpeper County Volunteer Rescue Squad (CCVRS) for violations to the Virginia EMS Regulations pertaining to EMS agency availability, specifically §12VAC5-31-380. This unfortunate action came after numerous attempts on the part of the OEMS, working with the CCVRS to gain compliance. Culpeper County Office of Emergency Services stepped in to fill the potential void and to ensure continuous service delivery to the citizens of Culpeper.

After many hours of discussions, agreements and disagreements, the entities involved were able to successfully resolve many issues with the ultimate outcome of an improvement in EMS delivery to the citizens of Culpeper County. Performance monitoring continues and the OEMS will remain available to assist agencies and communities to ensure optimum patient care is provided to all citizens.

Emergency Operations

Air Shows

EMS Task Forces Western 14 and NoVa Eight along with members from the HMERT Coordination Teams and the OEMS HMERT Coordinator participated in the Oceana Air Show from Sept. 7-9, 2007 in Virginia Beach. The Coordination Team members provided leadership assistance and the EMS Task Forces supplemented EMS needs during the event.

The HMERT Coordinator attended a meeting in support of the Langley Air Show and Va-1 DMAT. The meetings were on May 9, 2008 and May 22, 2008. He also delivered misters, tents and generators to Langley on June 19, 2008 for the Air Show. One OEMS trailer was also delivered to DMAT on that date. A second trailer was delivered on the following Monday when the other equipment was picked up. These trailers will be assigned to VA-1 DMAT.

Public Safety Answering Point Accreditation

Over the last year, two Public Safety Answering Points (PSAP) met the requirements to become accredited by the Virginia Office of EMS. These two were Louisa County Sheriff's Office and Eastern Shore 911. Also during this time period, Page County met the requirements to renew their accreditation for a second two year period.

Virginia Office of EMS
Accredited Public Safety Answering Points

Amherst County
Bedford County
Campbell County
Charlottesville/Albemarle/UVA 911
City of Chesapeake
Chesterfield County
City of Danville
Eastern Shore of Virginia 911
Fairfax County
Gloucester County
Hanover County
Harrisonburg-Rockingham ECC
Louisa County, Page County
Prince William County
Richmond Ambulance Authority
Roanoke County
Tazewell County
City of Waynesboro
Wise County

2007 Ice Storm

On December 7, 2007 the Emergency Operations staff assisted in the fulfillment of requests for EMS assistance in the Metro Richmond area as the result of a sudden ice storm that created a significant increase in EMS calls for area agencies. As a result of the requests, two Office of EMS Task Force teams were deployed to the Richmond area to provide assistance in coverage.

Partnering with Virginia Department of Fire Programs

Throughout the past year OEMS Division of Emergency Operations has worked with the VDFP to strengthen the Technical Rescue and EVOC programs throughout the Commonwealth. These efforts include providing six trailers to the Department of Fire Programs to equip with the necessary tools and equipment to support training classes throughout the Commonwealth. These trailers allow for the equipment provided during training programs to be consistent throughout the Commonwealth.

Emergency Preparedness & Response

The Division of Emergency Operations developed the first OEMS Continuity of Operations Plan (COOP) and conducted an exercise for OEMS staff. The purpose of a COOP plan is to ensure that essential OEMS operations are able to continue despite a disaster or emergency. Objectives included using the current planning document to:

- Review, identify and re-development as necessary succession-of-command for the specific incident
- Identify and develop a Business Recovery Team for the incident
- Identify and develop a Business Continuity Team for the incident
- Develop disaster recovery priorities for the incident
- Identify business priorities and based on those, develop an essential employees list and contact plan for the incident
- Develop an Incident Action Plan

More exercises will be planned for the next fiscal year to help exercise the COOP plan.

Trauma & Critical Care

Trauma Center Designation

The State Health Commissioner designated Virginia's 14th Trauma Center on Sept. 5, 2008. Mary Washington Hospital (MWH) in Fredericksburg has been designated as a Level II Trauma Center after planning and working toward this goal for almost nine years. The Fredericksburg area was identified in a 2004 Joint Legislative Audit and Review Commission (JLARC) report as an area underserved by the Trauma System. MWH has demonstrated that it has the required resources, processes and programs in place to provide definitive trauma care to its community as a Level II Trauma Center.

Level II Trauma Centers have an organized trauma response and are also expected to provide initial definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff, which is promptly available to the patient. Due to some limited resources, Level II centers may have to transfer more complex injuries to a Level I center.

Stroke Triage

As a result of House Bill 479 and Senate Bill 344 that were introduced during the 2008 General Assembly, § 32.1-111.3 was amended to include VDH/OEMS establishing a stroke triage system similar to the existing trauma triage system. The purpose of the Stroke Triage Program will be to help emergency medical services agencies and hospitals to quickly recognize patients that are experiencing a stroke and assure that they are rapidly transported or transferred to designated stroke centers so that they may receive definitive stroke care. Early recognition and specialized treatment can result in a significant decrease in morbidity and mortality.

Additionally, the Joint Commission on Health Care (JCHC) that met in 2007 recommended that VDH establish a Stroke Systems Task Force (VSSTF). The VDH Office of Family Health Services, Division of Chronic Disease and Prevention Control, Heart Disease and Stroke Prevention Program will serve as staff to the VSSTF and OEMS has a seat on this Task Force and will work in cooperation with this group in developing Stroke Triage Guidelines.

Prehospital Patient Care Reporting

OEMS has been moving towards significantly upgrading its current Prehospital Patient Care Reporting (PPCR) Program. The proposed upgraded system, which is called the EMS Registry, to match its legal name, will be a statewide, Web-based data collection and reporting tool. As a Web-based tool this means that agencies will either enter data directly into the EMS Registry by entering the information from completed PPCR forms through a Web-page, upload PPCR data from a state provided electronic PPCR (ePCR), or upload data from a commercial EMS software program that the agency has purchased.

The major goals of this upgrade is to upgrade the technology used to collect EMS data, move to the national EMS dataset, provide access to contributing agencies to their own data, expand performance improvement efforts through a more evidence based policy development and more. OEMS has been working through the new Virginia Information Technology Agency project approval process to purchase a commercial off the shelf product to replace its current data collection tool.

Trauma Registry

Collaboration with the Department of Rehabilitative Services: In the 2007 General Assembly session, the mandate for DRS to collect data and maintain the Virginia Central Registry for Brain and Spinal Cord Injury as required by § 51.5-11 of the Code of Virginia was repealed. An amendment was made to § 32.1-116.1 of the Code of Virginia to allow OEMS to provide patient level data to DRS. This will allow DRS to continue conducting patient outreach programs without having to autonomously collect and maintain a database. The OEMS informatics group has met and been in regular contact with DRS to determine their needs as well as to establish the technical specifications of the data to be exchanged.

Poison Centers

The Virginia Poison Control Network (VPCN), comprised of the Virginia Poison Center at Virginia Commonwealth University Health Systems, National Capital Poison Center and the Blue Ridge Poison Center at the University of Virginia Health System managed a combined 70,348 actual human exposures to poisons and toxins in the year 2007. In addition to providing consultative services to all Virginians and healthcare facilities, the VPCN also performs community education and outreach to the public and assists with training over 2,000 healthcare providers each year.

EMS for Children

Annual EMSC Grantee Meeting

Representatives from 50 states and six territories attending the Annual EMS Grantee Meeting had several days of intensive discussions relating to activities required as part of the EMSC State Partnership grants provided by the Health Resources Services Administration (HRSA). Each state has one of these grants, and in Virginia OEMS began housing this program in 2007. Virginia provided two of the presentations given at this year's grantee meeting and actively supplied extensive technical feedback to federal managers in relation to specifics being debated within the program's far-reaching objectives. Progress toward achieving EMSC goals is gauged nationally by evaluating specific "Performance Measures" adopted by the HRSA EMSC program.

Virginians Received National Heroes Awards

Two Virginians received "EMS for Children National Heroes Awards" in June; Theresa Guins, MD received the National EMSC Advisory Committee Member Award and Doris Foster, RN, EMT-P received the National EMSC Provider Leadership Award. Only seven of these awards are given nationally each year by the National EMS for Children Program.

Mandatory Reporting of Child Abuse

Legislation adding certified EMS personnel as mandatory reporters of suspected child abuse/neglect passed this year and will be in effect beginning in 2009. Copies of a new EMSAT video on Mandatory Reporting are being provided to all EMS agencies and EMS instructors in the state as well as posters, wallet cards and other information to aid in implementing this legislation. Hospitals will be receiving posters suitable for display in Emergency Departments, PowerPoint presentations will be available for download from the OEMS Web site, free on-line training for mandatory reporters is available on the Department of Social Services Web site, and two sessions exploring the topic were presented during the 2008 EMS Symposium.

Hospital Surveys

Surveying Virginia hospitals for specific pediatric data is one requirement of our EMSC State Partnership Grant. For example, according to our initial survey of Virginia hospitals this year only 47% of the hospitals sampled reported having some kind of written guidelines or agreements in place addressing inter-facility transfers—this is closely in line with national numbers, but less than 10% of the hospitals reporting had both written inter-facility transfer guidelines (with six specific components) and written inter-facility transfer agreements that specifically addressed pediatric transfers. The National Goal for the corresponding EMSC Performance Measure is 90% by 2011. Thirty of 87 hospitals responded to our initial survey request; those who did not complete a survey will be re-contacted, and in late 2009 the survey will be repeated (as part of measuring the EMSC National Performance Measures).

Assessing CAH's for Pediatric Capabilities

The seven critical access hospitals (CAH) in Virginia will be visited this fall during an initial informal assessment of their pediatric capabilities. This group will be serving as a sort of "test sub-set" in creating strategies for facilitating improvement generally in hospital pediatric readiness throughout Virginia. Money from the Flex-Grant will be providing support for the EMSC program to conduct this assessment.

Restraining Children in Ambulances

The EMSC program this year began collecting best practices relating to the appropriate restraint of children while being transported in ambulances. No one piece of equipment or technique is supported by scientific research to be effective, and the EMSC Committee will be challenging national entities like the Insurance Institute for Highway Safety to conduct testing of pediatric immobilization devices and techniques. In the meantime, best practices are being gathered and will be available on the OEMS EMSC Web site for providers to consult while planning proper immobilization for their patients.

Technical Assistance

Virginia Heart Attack Coalition

The EMS Advisory Board passed a motion at their February 2007 meeting to create a Task Force or Ad Hoc Committee for the purpose of bringing together appropriate stakeholders to discuss the development of a system of care for ST Elevation Myocardial Infarction (STEMI) patients in the Commonwealth. Dr. James Dudley, M.D. was appointed by Ms. Karen Wagner, EMS Advisory Board Chair, to lead this effort.

The ad hoc committee solicited comments and concerns from the medical community to include, but not limited to the American Heart Association (AHA), Virginia Healthcare and Hospital Association (VHHA), American College of Cardiology (ACC), Virginia chapter of the American College of Emergency Physicians (VA-CEP), Virginia Health Quality Center, etc.

In order to broaden input and discussion related to developing a statewide STEMI program the "Virginia Heart Attack Coalition" was formed. An interdisciplinary leadership and stakeholder structure will be utilized and includes the formation of a Core Steering Group comprised of leadership from the AHA, EMS, Cardiologist, ED physicians, etc., a Task Force compromised of members representing EMS, hospitals, ACC, VDH, VACEP, VHHA, Virginia Health Quality Center (VHQC), and other stakeholders that have a commitment to improving outcomes for patients with STEMI, Subcommittees out of the Task Force to deal with various issues, and regional "Champion Teams" to address goals for that region. Finally, the Full Coalition will be comprised of stakeholders, STEMI healthcare providers, and others with no formal membership who have an interest in STEMI and who will be willing to serve as a champion for this effort and help drive the development and implementation of a statewide plan that recognizes regional variation in the care and treatment of STEMI patients.

The goal of the VHAC is to improve system performance from first recognition to reperfusion of STEMI patients. This goal will be achieved by:

a. Implementation of a formal customized interdisciplinary plan in each region.
b. Standardizing identification, treatment and transfer protocols consistent with current ACC/AHA guidelines.
c. Providing appropriate quality improvement (QI) resources at all levels of service delivery
d. Improve EMS capabilities and resources, including identification of needed training and purchase of equipment
e. Establish an integrated data collection system that provides a feedback mechanism to all key stakeholders.

State Rural Health Plan

Virginia's State Rural Health Plan (VA-SRHP) is a 3-5 year strategic plan designed to strengthen the health care infrastructure in rural areas. The plan, which is led by the VDH Office of Minority Health and Public Health Policy (OMHPHP) and the Virginia Rural Health Association (VRHA), is a collaborative effort of over 50 prominent partners who are dedicated to rural Virginia.

The purpose of this plan is to provide a roadmap for rural Virginia which will guide lawmakers, government agencies, rural programs, rural organizations and hospitals in effectively addressing the needs and challenges of rural healthcare.

The planning process utilized a sub-groups approach. Small work groups of approximately 10 - 12 participants were formed to help shape analyses and recommendations around the topics of access, quality, data/rural definitions and workforce. OEMS staff actively participated in several of these workgroups. The full set of recommendations for years 1 – 3 can be viewed at http://va-srhp.org.

Action items specifically related to EMS in the SRHP include:

1) Hold Rural EMS Summit to help address the question of who is responsible for EMS in rural communities. Results from meetings held at Summit and regional meetings will lead to the development of a rural EMS white paper detailing the parameters of rural EMS in VA.
2) Begin discussions on how to identify areas within Virginia where EMS is a major issue/trouble spot and develop ways to project/forecast need. Results will lead to the development of a rural EMS white paper detailing recommendations for implementing solutions that address specific parameters of rural EMS in VA.
3) Disseminate information about Critical Access Hospital (CAH) region EMS assessments when completed. Reports will identify recommendations that will assist in strengthening the infrastructure of existing EMS systems around Virginia's seven (7) CAH's.
These documents will provide timeframes for completion, lead agents, funding, estimates and action descriptions. Updates to these documents will be posted on the VA-SRHP website.

Workforce Diversity

OEMS, in cooperation from VDFP and the Virginia Fire Chiefs Association Diversity Committee, aired "Diversity in Fire and EMS" on the Oct. 17, 2007 EMSAT. The hour long program described the importance and benefits of diversity in fire and EMS agencies.

Jim Gray, Chief of Hampton Fire and Rescue, CPT Felecia Edwards of Fairfax County Fire and Rescue and Luis Castillo, LT of Fairfax County Fire and Rescue were the featured "on-air" subject matter experts. The 40 minute program highlights 14 different fire and EMS providers representing Chesterfield Fire and EMS, Hot Springs Rescue Squad, Richmond Fire and Emergency Services, Prospect Volunteer Fire Department, Prince William County Fire and Rescue, LifeCare Medical Transports, Inc, and Chancellor Volunteer Fire and Rescue.

EMS agencies and fire departments can use the video to help with in-service training and to show at career fairs and other public events.

Keeping the Best! EMS Workforce Retention Toolkit

In 2004 the Joint Legislative Audit and Review Commission (JLARC) completed a comprehensive study and review of EMS in Virginia. In this report, the recruitment and retention of EMS personnel was cited as a critical factor that should be addressed by the EMS system. Several surveys designed to focus on EMS agency leaders and EMS personnel were developed by JLARC in conjunction with this study and findings concluded eighty-five (85) percent of the volunteer EMS agencies and fifty-eight (58) percent of career EMS agencies reported recruitment and retention as one of their top three issues. EMS agency leaders reported the top reasons EMS personnel left were for personal reasons and not enough time to volunteer. EMS personnel responding to a separate survey administered by JLARC indicated forty (40) percent of the respondents had considered leaving their EMS agency within the last year. When asked why they have considered leaving, the top two reasons stated were poor leadership and management and low pay.

Getting and keeping qualified EMS providers continues to be a high priority for OEMS. Regardless if we are talking about a rural volunteer rescue squad or a large metropolitan fire and EMS agency everyone is struggling to keep an adequate number of personnel in their department.

OEMS remains committed to focusing attention on new ways to recruit and retain the EMS workforce. One example of this are workshops sponsored by OEMS, the Alliance for Emergency Medical Education and Research, in conjunction with the Western Virginia EMS Council, and other participating regional EMS councils.

Keeping the Best! Maximizing Your Retention Efforts is a one-day session designed for EMS agency leaders who are working through retention issues while experiencing significant growth and change such as the integration of career and volunteer personnel or starting billing for services. Participants learn a systematic process to work through change and review the importance of the recruiting process and the application of key retention principles. Directors and chiefs of combination (volunteer and career) departments will find this workshop particularly useful.

Keeping the Best! How to Use EMS Retention Principles is a one-day session that teaches participants about the research behind the Retention Tool kit, the four core EMS Retention Principles and how to apply these principles to their specific agencies' needs.

The one-day session is for appointed and elected EMS leaders to help them understand and use basic retention principles in day-to-day EMS agency operations. Participants learn how to use the life-cycle, belonging, success, and friends and family principles to help keep volunteer and career EMS personnel.

Participants receive their own copy of the How to Use EMS Retention Principles workbook and the instructor systematically walks them trough the entire workbook while working in small groups. Participants learn how to apply these principles to their own agency using practical exercises.

Instructor Candidates Complete Train-The-Trainer Keeping the Best! Retention program

Fourteen EMS leaders completed the first Keeping The Best! Train-The-Trainer session on Dec. 7, 2007 in Richmond. An additional three individuals completed a Train-the-Trainer program held in Glen Allen on May 30. These instructor candidates are assigned to co-teach Keeping The Best! classes with master trainers before receiving their instructor certification. A total of seven individuals have received their full instructor credentials and are eligible to teach Keeping The Best! Workshops.

Contact emstechasst@vdh.virginia.gov for more information about the Keeping the Best EMS Workforce Retention programs offered by the Office of EMS.

Critical Access Hospital (CAH) Study

OEMS, through a memorandum of agreement with the Virginia Office of Minority Health and Public Health Policy, conducted evaluations of the EMS System capabilities in the areas surrounding the following CAH facilities: Carilion Giles Memorial Hospital in Pearisburg, Carilion Stonewall Jackson Hospital in Lexington, and RJ Reynolds – Patrick County Memorial Hospital in Stuart. This study also evaluated the relationships between the respective hospitals and the EMS system, especially in terms of training, protocols, and medical direction.

OEMS subcontracted part of this work to the Western Virginia EMS Council, to assist in some of the face to face meetings, and survey distribution.

OEMS is conducting similar evaluations in the areas surrounding Page Memorial Hospital in Luray, Shenandoah Memorial Hospital in Woodstock, and Dickenson Memorial Hospital in Clintwood in FY 2009.

Regional EMS Councils

ASMI Study

In 2007, an independent, objective review and evaluation of the current structure and functions of the Regional Emergency Medical Services Councils was conducted. The full study report can be found on the OEMS Web site under Regional Coordination.

Upon receipt and review of the ASMI study, OEMS developed a position paper, describing the position of OEMS related to the study findings. This document is also available on the OEMS Web site. Below are some of the recommendations from the ASMI report:

Recommendation 1.0 Calls for implementation of uniform needs assessment processes in the regions.

Recommendations 2.1 to 2.3 involve development and implementation of a mandatory patient/call report system and performance measures system, and the organization of regions on a larger basis, more consistent with regionalization concepts that are referenced in current literature, such as the Institute of Medicine report "EMS at the Crossroads"

Recommendation 3.0 Calls for the development of uniform financial reporting practices and the provision of information on expenses that are not reported in standard formats, such as salaries by job type and description.

Recommendation 4.1 Recommends that the regional EMS council structure have as its foundation the type of independent, nonprofit organizations serving it today.

Recommendations 4.2 and 4.3 Urges OEMS to establish and "brand" its regulatory and technical assistance/system leadership services and staff as distinct entities and to include regions and their staffs under the latter with no regulatory responsibility. Additionally recommending placement of at least one OEMS staff member, in a technical assistance capacity, placed in each regional office to represent OEMS, and to make sure that Code mandated services are made available, well communicated to constituents, and reported on uniformly.

Recommendation 5.0 calls for stronger state and regional medical director presence and a clearly defined chain of authority, responsibility, and relief from liability linking these leaders together and to local medical directors. It also calls for a well-defined process for adopting protocols on a regional and state basis which encourages local OMD and provider participation and supports a degree of local variation.

Recommendation 6.0 calls for serious consideration to the move of OEMS from the Department of Health to the Department of Public Safety.

Recommendations 7.1 through 7.7 contain several sub-recommendations on the organization of the regional councils. Overall, a reduction of the number of councils from eleven to eight is recommended, under the guidance of a process action team (PAT) of OEMS leaders and those identified as leading regional directors during the interview process and as confirmed by internal document review and survey results of the ASMI study.

Recommendation 8.0 calls for delivering monies saved by not funding the Virginia State Police MedFlight program to support the costs of the additional regional OEMS staff and other costs created by the recommendations of the ASMI report.

Regional EMS Council Designation

§ 32.1-111.11 of the Code of Virginia establishes Regional EMS Councils, and defines their function and purpose. Regulations governing Regional EMS Councils were promulgated by the State Board of Health, with an effective date of Jan. 1, 2008. The regulations can be found in sections 2300 through 2740 of administrative Code (12VAC5-31).

These regulations include language describing a process that interested parties must complete to become designated as a Regional EMS Council in Virginia. Guidance documents that outline the process are available on the "Regional Coordination" page of the OEMS Web site.

As the regulations became effective, OEMS created the "Regional Coordination" page on the OEMS Web site, which contained the Code information, as well as the regulations governing Regional EMS Councils. Additionally, all guidance documents related to Regional EMS Council designation were made available for download by those entities interested in designation as a Regional EMS Council. In addition, proposed Regional EMS Council service area maps, and justification maps and information were also posted.

A public comment period, from Jan. 3 to Feb. 29, 2008 was established including a public hearing, which was held in Richmond on Feb. 25, 2008, to allow for comment and suggestions to the proposed service areas.

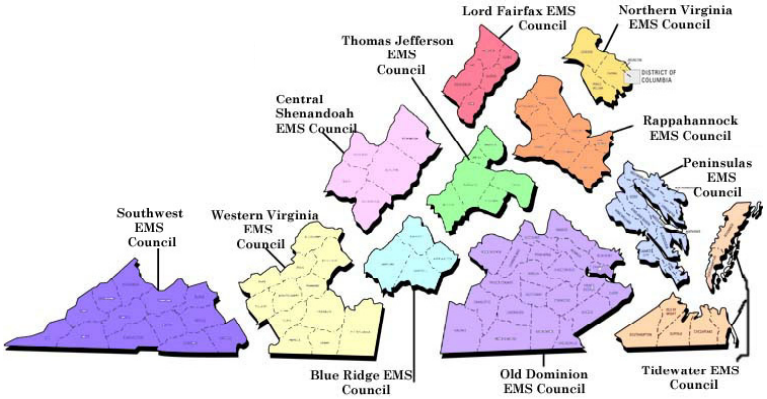
After the public comment period ended, a process action team (PAT) was created to evaluate the existing designated regional service areas and recommend the most effective and efficient arrangement of regional service areas, based on numerous national and state criteria, considerations and attributes.

This PAT is comprised of representatives of the entities that comprise the EMS system in the Commonwealth of Virginia. The charter of the PAT, as well as its membership can be found on the OEMS Regional Coordination Web page.

In March, language was written into the Budget Bill which states: "Notwithstanding any other provision of law or regulations, the Board shall not modify the geographic service areas of designated regional emergency medical services councils in effect on Jan. 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds." This budget bill language was adopted by the General Assembly of Virginia.

Also in March, after receiving feedback from the first PAT committee meeting and in light of the strong interest expressed by the EMS community during the public hearing held on Feb. 25, 2008, Karen Remley, M.D., M.B.A., F.A.A.P., State Health Commissioner, decided that a delay in designation of the regional EMS councils is prudent.

Dr. Remley has issued a variance to the regulations that will have the effect of extending the application deadline for entities seeking designation as a Regional EMS Council from Oct. 1, 2008 to March 1, 2009, as well as extending the current regulatory deadline for designation of Regional EMS Councils from July 1, 2009 to July 1, 2010.



Critical Incident Stress Management (CISM)

CISM Team Statistics:

July 1, 2007 – June 30, 2008

On Site -	47
One on Ones -	44
Defusing -	63
Debriefing -	52
CISM Interventions-	206
Total Served -	1329 Virginia Public Safety Providers

2008 CISM Conference

The 22nd CISM Annual Training was held in late May. There were 165 participants who attended classes like Suicide Prevention, Health Living and Stress Management, Grief Following Trauma in addition to the regular CISM courses.

22nd Post Critical Incident Seminar (PCIS) Held

PCIS is a two and a half day experiential workshop for those individuals who have been involved in a stressful incident and are experiencing symptoms of a stress reaction (difficulty sleeping, nightmares, changes in work or eating habits etc). The PCIS incorporates education on trauma, patterns of resolution, and coping strategies to promote normalization and recovery after stressful events incorporates education on trauma, patterns of resolution and coping strategies. These PCIS events are based on the model developed by the FBI and used with agents who have been involved in a critical incident.

OEMS sponsored PCIS were originally started in with a grant from the Federal Victims of Crimes after the Sept. 11, 2001 terrorism attack on the Pentagon. The grant ended in September of 2005 and since that time OEMS has held an annual PCIS during the CISM Annual Training.

Public Information & Education

2007 Symposium

After registration for the 2007 EMS Symposium closed, the final count came to 1,853. Public Information and Education (PI&E) secured $15,750 in sponsorships for the 2007 symposium. We also received an in-kind gift from the Virginia Association of Volunteer Rescue Squads (VAVRS). We partnered with VDH Emergency Preparedness and Response Office to hand out the Health Care Provider Biological, Chemical, Radiological Ready-Reference Guide.

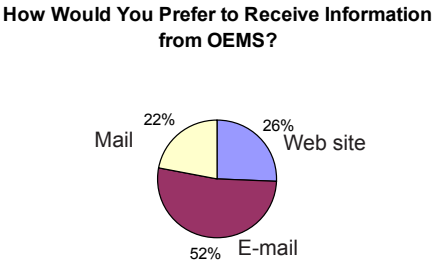
PI&E managed the production of the pocket guides, ordering of promotional give-a-ways and management of the set-up and registration for Symposium. PI&E also coordinated with the Norfolk Health Department to administer free flu shots to symposium attendees.

There was a feature piece done on the Symposium by WAVY-TV 10 the link to the clip is http://www.wavy.com/Global/story.asp?s=7333192.

Governor's Awards

PI&E managed the process to collect the regional awards and the committee to select the award recipient. PI&E managed the invitations to the nominees, set-up of the banquet, management of the speaker and much more. PI&E secured Steve Berry as the keynote speaker, and also worked with him to create a commemorative poster for the EMS response to the Virginia Tech Shootings. This poster was unveiled at the banquet and then available for participants and was also distributed to agencies and personnel who requested them.

OEMS Survey

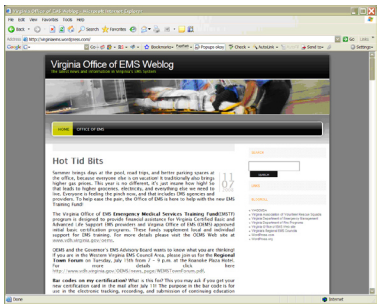


All symposium attendees received an OEMS survey from PI&E. Over 250 completed surveys were returned to OEMS. The information gathered helped update the OEMS Web site and better meet the needs of the agencies and providers who were looking for specific information. The survey results showed that most provid-

ers preferred to get their information from OEMS via e-mail and the Web site. This information helped to create new outreach efforts using those mediums.

OEMS New Media Outreach

PI&E created an OEMS blog. The blog is at http://virginiaems.wordpress.com and provide a new outlet to get information to the providers, agencies and other audiences. The blog allows people to post comments or have discussions with the OEMS bloggers. The blog also provides updates, information and answers questions that providers and agencies often ask OEMS staff. PI&E also created a MySpace page at www.myspace.com/virginiaems and has over 500 friends and there is also a Facebook page for EMS providers who are members of Facebook.



These new outreach efforts were also recognized by the National Public Health Information Coalition during their Excellence in Public Health Communication Awards Program with the In-House New Media Award.

Also, PI&E has worked with the Division of Educational Development to increase the e-mails that are available on the e-mail list serv. There are now over 14,000 e-mails for EMS providers and agencies on this list serv, which is used to send announcements, news, updates and the on-line EMS Bulletin Newsletter.

Injury Prevention Video

PI&E, DED and EMSC produced a brain injury prevention video that was posted on YouTube and the OEMS blog. This video was produced in correlation with National Brain Injury Prevention Month and it was also shared with VDH's office of injury and violence prevention for their education efforts.

EMS Week & the EMS Memorial Bike Ride 2008

PI&E provided all EMS agencies with a EMS Week planning kit and media outreach tips. PI&E also worked more closely with the National EMS Memorial Service Bike Ride to secure media coverage and rest stops for the bikers in Virginia. PI&E staff participated in the bike ride parade from Salem to Roanoke.

PI&E staff attended the National EMS Memorial Service on May 24th, and supported the Memorial Service through promotion to local and state media. PI&E also promoted the event to EMS providers and agencies through the EMS Bulletin, OEMS blog, MySpace page and the e-mail list serv.

EMSC Day Stuffed Animal Drive

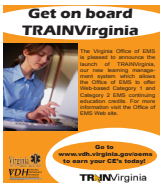
May 21st was the launch of the stuffed animal drive at VDH. This drive provided education to VDH staff on the importance of specialized care for children, but also the need for stuffed animals in the ambulance for emergency situations involving children. Over 500 stuffed animals were collected to be distributed to agencies at the EMS Governor's Awards Banquet.

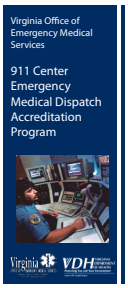
The OEMS/VDFP Bookstore

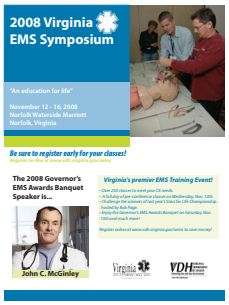
PI&E coordinated with the OEMS representative at the VDFP and OEMS bookstore to better promote this new joint effort. Ads for the bookstore were placed in the EMS Bulletin Newsletter and fliers were distributed at conferences, meetings and more. A notice about the bookstore was e-mailed to instructors, ALS coordinators and the OEMS List Serv.

Production

PI&E created several publications and documents in-house to help save time and money. PI&E produced the new training catalog, the 2009 calendar, the symposium catalog and pre-con brochure, a new CISM brochure, the PSAP Accreditation brochure, multiple ads for trade magazines and publications, a postcard promoting the OEMS blog and new media and the EMS Bulletin (which was created as an all on-line newsletter this year).







1988
Major efforts initiated to address wide-spread problem of recruitment and retention of qualified EMS personnel.
EMS Disaster Response Planning Report Completed.

1990's

1990
Two-for-life legislation passed, which doubled the annual motor vehicle registration fee for EMS and made new programs possible.
First and only state sponsored satellite EMS training program initiated by the Office of EMS. Monthly broadcasts are available for viewing nationwide. Computerized Continuing Education program initiated.

1995
Virginia is one of the first states to adopt the new National Standard EMT-Basic Curriculum.
Poison Control Services tasked to Office of EMS.

1996
Statewide Pre-Hospital and Inter-Hospital Trauma Triage Plan developed.
New National Standard Instructor Curriculum is implemented in Virginia to train new EMT instructors.

1997
First Regional EMS Disaster Task Forces are operational.

1999
Regional Trauma Plans established statewide.
The EMS Do Not Resuscitate Order was changed by the Virginia General Assembly and renamed the Durable DNR Order.

2000's

2000
For the first time, an official definition of an ambulance was passed by the Virginia General Assembly.
Statewide collection of Pre-Hospital Patient Care Report data initiated.

2002
Four-for-life funding passed providing EMS $4 for vehicle registrations, thus increasing programs and initiatives in OEMS, increasing grant availability and return-to-locality funding. The funding was withheld for the Virginia's Homeland Security general fund, but was provided to the EMS system in 2004.

2004
Joint Legislative Audit & Review Commission study reviewed the statewide availability of EMS, recruitment, retention and training of EMS providers. It also looked at EMS funding in Virginia and recommended organization and managemetn improvements that could strengthen the Commonwealth's EMS System.

2007
EMS for Children comes to the Office of EMS
OEMS reorganized and now has six divisions and 48 positions
Training available on-line through TrainVA and contracted on-line EMS education companies.

2008
EMS Training Funds created from the increase of four-for-life to $4.25-for-life. The $.25 is dedicated to the training fund.

2008