The Office of EMS (OEMS) recently initiated a fast-track regulatory review of the EMS Regulations (12VAC5-31) to change language in the Regulations to match changes to the Code of Virginia, enacted during the 2013 session of the Virginia General Assembly.

These changes, once enacted, will allow EMS providers to recertify strictly through CE, and will eliminate the Operational Medical Director (OMD) Waiver process. Once an EMS provider completes all required CE for their certification level in Virginia they will be able to click a button in their EMS Portal and be recertified within the next 24 hours (if done prior to their expiration date.) Alternatively, once they complete their CE they can choose to wait until the month of expiration, and they will be recertified automatically. This new recertification process will be available to all EMS providers, regardless of whether they have an EMS agency affiliation or not.

Before leaving office, former Governor McDonnell signed the fast track regulatory package eliminating the recertification requirement that eligible EMS providers must pass their respective certification examination or, if affiliated with a Virginia licensed EMS agency, can be waived by that agency’s OMD.

This new regulation is scheduled to go into effect on March 1, 2014.

To ease the transition to the new EMS Regulations, the Office of EMS recommended that all EMS providers whose certification was expiring in December 2013, January 2014 and February 2014 be extended until March 31, 2014. This recommendation was supported by the Interim State Health Commissioner Dr. Levine and the former State Health Commissioner Dr. Romero. The Office was directed by VDH administration to complete this task in anticipation of the regulation being approved.

As such, all EMS providers and Instructors with expiration dates of December 31, 2013, January 31, 2014 and February 28, 2014 will see their expiration dates extended to March 31, 2014, to allow them to take advantage of the new Regulation. The Office completed the transition of the December expirations before the end of the month.

This flowchart will assist EMS providers in understanding the new recertification process.
In the spring 2013 newsletter I told you about how to get your data out of VPHIB. This time, I’m going to focus on how to get other useful information from VPHIB and the OEMS Support Suite. Albert Einstein is credited with having said, “A little knowledge is a dangerous thing. So is a lot.” In this article, I hope to provide you, the VPHIB administrator, with enough knowledge to put you comfortably between these two extremes.

**OEMS SUPPORT SUITE KNOWLEDGEBASE**

Most of you should be familiar with the support ticket portion of the OEMS Support Suite (http://OEMSSupport.Kayako.com); however, you may not be aware of some of the other helpful features available on the website. This article will focus on the Knowledgebase, which can be accessed by clicking on “Knowledgebase” in the menu bar near the top of the screen and then “View Knowledgebase” in the second row of the menu bar. You will now be able to see everything from the Knowledgebase in the main display panel, but you will need to keep scrolling down to do so. Rather than having to hunt for the needed information, you can take advantage of the Quick Filter list in the left panel of the screen. If you click on one of the items listed in Categories, only the content related to that category will be displayed. There is also a Search box that will allow you to narrow the content down even more.

We try to make sure that the newer OEMS Support Suite Knowledgebase and the older VPHIB Knowledgebase contain the same information, but I encourage you to think of the OEMS Support Suite as the place to go to for any and all questions about VPHIB. Here’s what can be found in the OEMS Support Suite Knowledgebase.

**VPHIB Version 3 (7/1/14).** The upper half of the display screen for this section currently has three subfolders, Frequently Asked Questions, VAv3 Suggested Lists, and Data Quality (VAv3). The number in parentheses after the subfolder’s name is the number of documents in the subfolder. The bottom half of the screen has direct link to some of the more timely and/or popular documents. The information contained in this section provides an introduction to the changes that will occur with the implementation of VAv3, the new version of VPHIB.

**Data Request.** This section contains the necessary forms and related information for requesting VPHIB and/or VSTR data from OEMS. It also has several Virginia Department of Health policies and procedures regarding data confidentiality and related issues.

**VAv3 Forum (begins 9/11/13).** This section has two subfolders, Meeting Presentations and Frequently Asked Questions. The information in this section is updated soon after the VAv3 Forum each month.

**EMS Data System.** This Category contains a wide array of VPHIB support documents and includes eleven aptly named subfolders:

- **Guide to User Support** – provides an overview of where to turn for help with VPHIB issues. Many common problems are most appropriately handled by the agency’s VPHIB administrator(s). Other issues may require help from OEMS or even ImageTrend.
- **What Must Be Submitted (Current)** – has resources that describe the current VPHIB data submission requirements.
- **Other Issues & Answers** – contains documents dealing with a variety of VPHIB topics.
- **Logon Requests** – provides guidance on how EMS agency and hospital users of VPHIB can gain access to the system.
- **Third Party Vendor Support** – has some helpful hints for agencies that use non ImageTrend software to collect and report incident data.
- **Compliance** – contains the monthly VPHIB Compliance Report and Data Quality Dashboard as well as several documents with recommendations on how to improve your agency’s performance in

Continued on Pages 10-11
The EMS for Children (EMSC) “Survey Portal” has been extended for Virginia EMS agencies until February 28, 2014.

The EMSC program is surveying EMS agencies nationally to determine their progress toward achieving specific federal performance measures related to online and offline pediatric medical direction, and the presence of specific pediatric equipment and supplies on transport ambulances that also respond to 911 calls.

The Virginia online “portal” remains open and the Health Resources and Services Administration (HRSA) will keep the portal open through February 28, 2014. **We need to achieve an 80 percent response rate for the data to be considered valid by the federal EMS for Children program that provides EMSC funding.**

The 11 Regional EMS Council Directors have taken on the task of facilitating the submission of surveys from their area. The council directors, OEMS and EMSC program staff, EMSC Committee members and many others are working very hard to encourage Virginia EMS agencies to achieve a survey response rate as close to 100 percent as possible, as was recently achieved by Virginia hospitals with their own national EMSC survey.

A good survey response will help to assure that continued significant EMSC funding will be received by the Virginia Office of EMS. These amounts are passed on to EMS agencies, hospitals and EMS providers in multiple supportive ways (equipment, supplies, training, etc.)

Located at www.emscsurveys.org, the portal will accept only one assessment for each of the more than 500 Virginia EMS agencies being surveyed. Your agency will NOT show in the dropdown list if it has already submitted a survey. The survey can be saved and returned to as often as necessary before final submission (it will give you a direct link.)

It can be very helpful to gather the data before beginning the online survey. For those who wish to print out the survey in advance, a pdf version and more information about this survey is available at http://www.vdh.virginia.gov/OEMS/EMSC/EMSCSurvey.htm.

Please refer any questions or problems related to this EMSC survey to David Edwards at 804-888-9144 or david.edwards@vdh.virginia.gov.
34th Annual Virginia EMS Symposium Recap

The (OEMS) hosted the 34th Annual Virginia EMS Symposium, November 6 - 10, 2013 in Norfolk, Va. The largest EMS training event in the state, and one of the largest in the country, welcomed 1,821 registered attendees.

The symposium offered 19 course tracks and 283 courses covering everything from hands-on training in trauma, medical and cardiac care to education for Medevac services, communications, operations, and health and safety. Approximately 23,580 hours of continuing education credits were granted.

The event also included a two-day youth rescue camp for children ages 8 – 12, who learned basic lifesaving skills, and a special operational medical directors (OMD) course and field operations session targeted for OMDs. In collaboration with the Norfolk City Health District, a free flu clinic was available for all symposium attendees. Approximately 180 people were administered flu shots.

On November 9, the Governor’s EMS Awards ceremony and reception was held to recognize excellence in EMS across the state. Ten lucky nominees were awarded the highest state honors, in addition to the State EMS Advisory Board’s scholarship award, which is given out in conjunction with the Governor’s EMS Awards.

The following nominees received this prestigious award:

**L.V. Pokey Harris**, the Governor’s EMS Award for Excellence in EMS

**Curtis Sheets**, the Governor’s EMS Award for Outstanding EMS Administrator (*The Kent J. Weber Trophy*)

**Dr. David Justis**, the Governor’s EMS Award for Physician with Outstanding Contribution to EMS (*The Frank M. Yeiser Trophy*)

**Camela Crittenden, R.N.**, the Governor’s Award for Nurse with Outstanding Contribution to EMS

**Melissa Doak**, the Governor’s EMS Award for Outstanding Prehospital Educator

**William “Berk” Jones**, the Governor’s EMS Award for Outstanding Prehospital Provider

**James City County Fire Department**, the Governor’s Award for Outstanding Contribution to EMS Health and Safety

**Dr. Jon Mason**, the Governor’s EMS Award for Outstanding Contribution to EMS for Children

**Galax-Grayson Emergency Medical Services**, the Governor’s EMS Award for Outstanding EMS Agency

**Zachary Beckner**, the Governor’s Award for Outstanding Contribution to EMS Telecommunications

**Colby Rountree**, Outstanding Contribution to EMS by a High School Senior (*The Dr. Carol Gilbert $5,000 Scholarship*)

Congratulations to the 2013 Governor’s EMS Award winners! Your contributions to Virginia’s local, regional and state EMS system are exceptional and greatly valued by the Commonwealth of Virginia.

Special thanks go to all of the people and organizations that volunteered time and resources to this event. The continued success of the Virginia EMS Symposium would not be possible without the hard work and dedication of everyone involved.

Mark your calendars for the 35th Annual Virginia EMS Symposium, November 5 - 9, 2014 in Norfolk, Va.

Registration for this year’s symposium will open this summer. Stay updated and learn more about the symposium by visiting www.vdh.virginia.gov/oems/symposium.
Regional EMS Awards - Submit a Nomination Today!
By: Tristen Graves, Public Relations Assistant

Have you ever wished for the opportunity to share the remarkable and selfless acts of another person; or even to recognize that person for their continued dedication and commitment to serve in EMS? Now is your chance to do just that by shining the spotlight on someone deserving of a Regional EMS Award.

Regional EMS Councils are now accepting award nominations in the following 10 award categories and one scholarship:

- Excellence in EMS
- Outstanding EMS Administrator
- Physician with Outstanding Contribution to EMS
- Nurse with Outstanding Contribution to EMS
- Outstanding EMS Agency
- Outstanding Pre-Hospital Educator
- Outstanding Pre-Hospital Provider
- Outstanding Contribution to EMS
- Outstanding Contribution to EMS Health and Safety
- Outstanding Contribution to EMS for Children
- Outstanding Contribution to EMS Telecommunications
- Outstanding Contribution to EMS by a High School Senior

The Regional EMS Awards provide the perfect platform to honor and recognize the outstanding leadership and high levels of excellence demonstrated by your fellow EMS providers and those who support the EMS system.

Anyone can nominate a person or organization for a regional award. The criteria for each award can be found at www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/GA-Categories.htm.

Recipients of a Regional EMS Council Award will have the opportunity to compete at the state level for a chance to receive a Governor’s EMS Award, which will be announced at the annual Virginia EMS Symposium!

The Governor’s EMS Awards Program began in 1986 and has been endorsed by each governor to recognize individuals, agencies, community organizations and businesses that provide or support emergency medical care in Virginia.

It’s a great honor to be recognized locally and on the state level for the continued dedication and commitment shown throughout Virginia’s EMS system, which is why the Virginia Office of EMS strongly encourages everyone to consider submitting a Regional EMS Council Award nomination today!

For more information about the Regional EMS Council Awards program or to nominate someone today, please visit www.vaems.org.

To learn more about the Governor’s EMS Awards program, please visit www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/ or contact Tristen Graves, OEMS public relations assistant at 804-888-9115.

EMS Recertification Process Update - Con’t. from Page 1
By: Greg Neiman, BLS Training Specialist

In order to ensure we have enough certification cards on hand to print for the January and February providers, we will utilize the following process:

- EMS Providers with a January 31, 2014 Expiration:
  Will see a change in their expiration date to 31-MAR-2014 on or around the 15th of the month and new cards will be printed and mailed the same day to ensure they arrive before the end of the month.

- EMS Providers with a February 28, 2014 Expiration:
  Will see a change in their expiration date to 31-MAR-2014 on or around the 15th of February and new cards will be printed and mailed the same day to ensure they arrive before the end of the month. Rest assured that your certification date WILL change with the new regulation going into effect on 01-MAR-2014.

For more information about these changes, please contact Greg Neiman, BLS training specialist at greg.neiman@vdh.virginia.gov or 804-888-9120.
Sign Up Now for the Statewide Tornado Drill, March 11
Reprinted with permission from the Virginia Department of Emergency Management

To help residents of Virginia practice tornado safety, a Statewide Tornado Drill will be held Tuesday, March 11, at 9:45 a.m. So far, more than 391,000 people have registered for the drill.

Registration for the tornado drill is not necessary, but people can learn more and show their support by signing up at www.ReadyVirginia.gov. Everyone in Virginia can participate, including businesses and organizations, schools and colleges, and families and individuals.

“It’s vitally important to know what to do when a tornado warning is issued for your area. The Statewide Tornado Drill gives everyone an opportunity to practice,” said Brett Burdick, acting state coordinator of emergency management. “Knowing what to do can save your life.”

The annual drill is a joint effort of the Virginia Department of Emergency Management and the National Weather Service.

“Tornadoes in Virginia don’t have a season. In fact, three tornadoes hit southeast Virginia Jan. 11,” said Bill Sammler, NWS warning coordination meteorologist. “Tornadoes are possible in Virginia any time of year. Every tornado warning should be taken very seriously, and if a warning is issued for your area, then you need to take cover.”

To start the tornado drill, at 9:45 a.m. March 11 the NWS will send a test tornado warning that will trigger a tone alert and broadcast message on NOAA Weather Radio. The message will be picked up by TV and radio broadcasts, simulating what listeners will hear during an actual tornado warning.

When the test tornado warning is sounded, people should move as quickly as possible to a safe area in a sturdy building. Safe areas are basements and interior rooms on the lowest level of a building such as bathrooms, closets or hallways. In choosing a safe area, stay away from windows. Once in the safe area, people should crouch down or sit on the floor facing down, and cover heads with hands.

In case of inclement weather March 11, the Statewide Tornado Drill will be held March 13.

“If you don’t have a NOAA Weather Radio, then make a point now to get one,” said Sammler.

“One of the fastest ways for people to get a tornado warning is by Weather Radio. With a Weather Radio, you get information directly from the nearest National Weather Service office. When we issue a tornado warning, the Weather Radio sounds an alarm or flashes lights and then gives information on where the storm is, which way it’s moving, and telling people in its path to take cover. This radio could be a lifesaver.”

NOAA Weather Radios with SAME alerts that target warnings to specific areas of the state are available at electronics and sporting goods stores, discount and department stores, and online. They come in battery-powered models, and many also have AM/FM bands. A special needs NOAA Weather Radio is available as well. The special-needs NOAA Weather Radio can warn deaf and hard-of-hearing persons of hazardous conditions, giving them around-the-clock, up-to-the-minute weather information.

For help in conducting a tornado drill and to register for the statewide drill, go to www.ReadyVirginia.gov.

Here’s a look back at tornadoes in Virginia during 2013:
• 5 tornadoes were recorded (4 EFO and 1 EF1).
• There were no reported injuries.
• Property damage was nearly $72,000.
• One tornado occurred in April and four struck in June.

During 2012:
• 11 tornadoes were recorded (8 EFO and 3 EF1).
• There were no deaths, but six people were injured.
• Property damage totaled $3 million.
• The highest number of tornados occurred in June (6).

During 2011:
• 51 tornadoes hit, the second highest number on record (87 struck in 2004).
• In April, 10 people died and more than 100 were injured.
• Most tornadoes occurred during April, but tornadoes also were recorded in March, May, August, September, October and November.
• In April, 212 homes and 17 businesses were destroyed; more than 1,050 homes and businesses were damaged.
• Nearly every part of Virginia experienced tornadoes, including mountain areas.
• One-third of the tornadoes struck at night when people were asleep.

For more information, visit http://www.vaemergency.gov/readyvirginia/stayinformed/tornadoes.
OEMS Personnel Updates

The OEMS is happy to announce the addition of two new employees to the Division of Regulation and Compliance and the Division of Emergency Operations.

Program Representative Romney Smith, who will be covering the Blue Ridge, Central Shenandoah, Thomas Jefferson and a portion of the Rappahannock EMS Council regions.

Previously, Romney was an Air Medical Specialist Paramedic with Carilion Life Guard, and he attended two flights to Brazil during Carilion’s Fixed wing operations. He was also a training coordinator, Advance Tactical and High Angle Rescue Tech, Haz-Mat Technician/coordinator, Advance Confined Rescue and PADI Rescue Diver. He was one of the first ALS coordinators in Virginia and has more than 33 years of experience in the EMS field.

The OEMS also welcomes Emergency Operations Assistant Manager Constance Green. Constance received her B.A. from Tulane University and her MBA from Auburn University.

Previously, Constance worked for Henrico county as the Adult and Dislocated Worker Program Manager for the Capital Region Workforce Partnership, representing eight localities in the Richmond region, including Chesterfield, Charles City, Goochland, Hanover, Henrico, New Kent, Powhatan and the City of Richmond. She was also employed with the Governor’s Office of the Commonwealth Preparedness from 2002-2010 as the Interoperability Coordinator.

She has been a volunteer EMT-B and firefighter since 2002, and she is a Nationally Registered EMT – Paramedic and a Virginia certified EMT – Paramedic and Firefighter II.

We invite you to join us in welcoming our newest staff members. We know that their extensive experience in EMS and emergency preparedness will make a great addition to the OEMS team.

Medevac Resources Guide

The OEMS has recently updated the “Medevac Resources Information – A Guide to Air Medical Services in Virginia” reference document.

This guide was created several years ago to give EMS Stakeholders up to date information on the Air Medical Services around the Commonwealth. This informational document includes items such as base locations for that agency, and the number of aircraft that are licensed by OEMS. It is the intention that this document is to be used when considering the use of Air Medical Services for either a scene or interfacility response.

The Medevac Resources Information – A Guide to Air Medical Services in Virginia can be found at www.vdh.virginia.gov/OEMS/Files_page/Medevac/MedevacResourceInfo.pdf.

For more information about the Medevac system in Virginia, please visit www.vdh.virginia.gov/OEMS/Medevac/index.htm.
Treasury Ensures Fair Treatment for Volunteer Firefighters and Emergency Responders Under the Affordable Care Act

Previously printed by: Mark J. Mazur, Assistant Secretary for Tax Policy at the U.S. Department of the Treasury

The Affordable Care Act requires that an employer with 50 or more full-time employees offer affordable and adequate health care coverage to its employees. For this purpose, full time means 30 hours or more per week on average, with the hours of employees working less than that aggregated into full-time equivalents.

Employers that do not fulfill this obligation may be required to make a payment in lieu of meeting their responsibilities, which are described in what are called the employer shared responsibility provisions. An important question arises about how the hours of volunteer firefighters and other volunteer emergency responders should be taken into account in determining whether they are full-time employees and for counting toward the 50-employee threshold. **Treasury is acting to ensure that emergency volunteer service is accorded appropriate treatment under the Affordable Care Act.**

Treasury and the IRS issued proposed regulations on the employer shared responsibility provisions (Section 4980H of the Tax Code) in December 2012 and invited public comments. Numerous comments were received from individuals and local fire and Emergency Medical Service departments that rely on volunteers. The comments generally suggested that the employer responsibility rules should not count volunteer hours of nominally compensated volunteer firefighters and emergency medical personnel in determining full-time employees (or full-time equivalents).

In addition, Treasury heard from numerous members of Congress who expressed these same concerns on behalf of the volunteer emergency responders in their states and districts. Treasury and the IRS carefully reviewed these comments and spoke with representatives of volunteer firefighters and volunteer emergency personnel to gain a better understanding of their specific situations. Treasury and the IRS also reviewed various rules that apply to such volunteer personnel under other laws. These include the statutory provisions that apply to bona fide volunteers under Section 457(c)(11) of the Tax Code (relating to deferred compensation plans of state and local governments and tax-exempt organizations) and rules governing the treatment of volunteers for purposes of the Federal wage and hour laws.

As a result of that review and analysis, the forthcoming final regulations relating to employer shared responsibility generally will not require volunteer hours of bona fide volunteer firefighters and volunteer emergency medical personnel at governmental or tax-exempt organizations to be counted when determining full-time employees (or full-time equivalents).

These final regulations, which we expect to issue shortly, are intended to provide timely guidance for the volunteer emergency responder community. We think this guidance strikes the appropriate balance in the treatment provided to traditional full-time emergency responder employees, bona fide volunteers, and to our Nation's first responder units, many of which rely heavily on volunteers.

This press release was previously printed by Mark J. Mazur is the Assistant Secretary for Tax Policy at the United States Department of the Treasury. For more information or to view this press release in its entirety, please visit http://www.treasury.gov/connect/blog/Pages/Treasury-Ensures-Fair-Treatment-for-Volunteer-Firefighters-and-Emergency-Responders-under-the-Affordable-Care-Act-Under-ACA.aspx.
EMS Data Collection and Health Information Exchanges
By: Paul Sharpe, Trauma/Critical Care Manager

Recently, VPHIB staff was asked if EMS data collection organizations are involved in the development of the Health Information Exchanges (HIE). HIEs are health information systems designed to move clinical data between disparate health IT systems. HIEs are being developed to assist health care providers to be able to provide safer, more timely, efficient, effective and equitable health care. The goal is to make patient medical records be patient-centric versus provider focused. Rather than a patient having many different medical records at many different health care facilities; HIEs are moving to having a single medical record for each patient that any health care provider can access.

To answer the original question; as of today EMS has not had much of a seat at the table where HIEs are being developed. This is true in Virginia also. However, VPHIB staff did attend a meeting in February 2014 hosted by two federal programs: Assistant Secretary for Preparedness and Response (ASPR) and the Office of National Coordination (ONC) to begin the conversation of getting EMS involved in HIEs.

As the Affordable Care Act drives even more health care to the out-of-hospital environment and as mobile integrated health care/community paramedicine evolves, the need to have EMS care as part of a patient-centric medical record is increasing. Some of the visions for EMS’ involvement include EMS providers having access to the patient medical and surgical history, medications and allergies at the point of provider care. For those who use ImageTrend this would be equivalent to having the “repeat patient” functionality for all patients.

Some other items perceived as beneficial would be EMS having access to a patient’s care plan. Knowing where the patient usually receives care, how conditions are usually managed by their primary care provider, how they shouldn’t be treated and other useful information. It would also benefit EMS patients that their primary care provider, case manager etc. have access to EMS information. As an example, if you have a diabetic patient you are treating every week with an amp of D50 and not transporting, it would be helpful for this patient’s doctor to know this is occurring and help to eliminate it.

We didn’t mention the vast performance improvement implications that could exist with EMS being plugged into a state or regional HIE. OEMS continues to make progress towards accessing outcome data for EMS patients, but EMS access to a state HIE would close the loop on this effort.

There are a couple examples of EMS being involved in an HIE. The state of Maine has a single statewide HIE and EMS is part of this. Another example is San Diego County in California which has EMS, CAD systems plugged into their HIE linking the hospital and EMS data with social service organizations. They are moving toward having law enforcement CAD systems included in this HIE also. Fort Worth, Texas and an area of Indiana are also making attempts at EMS involvement in their area HIE.

How can you get involved? ASPR has created an on-line collaboration community (aka Blog) that went on-line at the end of our February 4, 2014 meeting. Anyone with an interest in having EMS data / EMS medical records being included in the national effort to have a universal patient medical record can go to http://phe.gov.ideascale.com/ and add topics of how this would benefit patient care, benefit patient safety, decrease health care cost, decrease the burden on EMS systems, and emergency departments etc. Through the Blog you can also just vote up or down supporting the ideas proposed by others. This will help ASPR, the ONC, and other federal health information technology officials know how important this topic is for EMS.

For more information, please contact Paul Sharpe at Paul.Sharpe@vdh.virginia.gov or 804-888-9100.
A Little Knowledge - Con’t. from Page 2
By: Carol B. Pugh, PharmD MS, Informatics Coordinator

this area.

• For Hospitals – provides guidance to hospitals that receive patients transported by EMS agencies.

• Stay In The Know – The Big Picture – has the quarterly reports Paul Sharpe produces for inclusion with the OEMS quarterly report for the EMS Advisory Board. In addition to describing the activities of the Division of Trauma and Critical Care, Paul also reports on related issues at the national level.

• User Manuals & Instructions – contains (big surprise) user manuals and other helpful instructions for VPHIB administrators. This site is the most up-to-date repository of this type of information.

• Data Quality – has a collection of the “Data Quality Tips” written by Paul Sharpe during the early days of VPHIB. Many of the issues addressed continue to be relevant. This subfolder also allows you to download details about the data validation rules used to improve the quality of data submitted to VPHIB.

• Paper EMS Short Form – provides information about requirements for leaving EMS medical record information for patients transported to hospitals.

• Data Requests includes the same materials found in the Data Request section of the OEMS Support Suite.

• Guide to VPHIB Support displays the “where” and “who” of support for VPHIB administrators, OEMS or ImageTrend.

• VPHIB Support Suite links you to our online support site as described above.

• Data Requests contains the same materials found in the Data Request section of the OEMS Support Suite.

• Data Dictionary (Current) contains a wide array of information for the current version of VPHIB, including the data dictionary, minimum dataset elements with submission schedule, lists of various codes, and information about the validation rules used to ensure data quality.

• VPHIB Version 3 (2013) has several informative documents related to the VAv3 update for VPHIB that will be imple-
A Little Knowledge - Con’t. from Page 10
By: Carol B. Pugh, PharmD MS, Informatics Coordinator

- Data Quality is no longer being used. All of the information that was previously located here can now be found in the OEMS Support Suite’s Knowledgebase.

- Quarterly Reports is no longer being used. All of the information that was previously located here can now be found in the OEMS Support Suite’s Knowledgebase.

- Administrative is no longer being used. All of the information that was previously located here can now be found in the OEMS Support Suite’s Knowledgebase.

- State Bridge has older versions of the User Guide and Service Administrator Guide the State Bridge portion of VPHIB. ImageTrend uses EMS Rescue Bridge as the name for what we call State Bridge. The most up-to-date user manuals can be found in the OEMS Support Suite’s Knowledgebase.

- Field Bridge includes an older version of the User Guide and as well as several setup guides for various EKG machines.

- Report Writer contains the Report Writer 2.0 User Manual and a spreadsheet that has a comparison between the VPHIB data dictionary entries and the names ImageTrend has assigned to the fields in the various datasets used to generate reports.

- Hospital View contains information for hospital level users and is now available to EMS agency VPHIB users.

- Trauma Registry - This directory is for Trauma Registry Users only, so it will appear to be empty for VPHIB users.

- Training & Instructions has a variety of documents related to the roll out of the first version of VPHIB in 2010.

- Compliance & Quality Reports includes the recent monthly Compliance and Data Quality Dashboard reports. A more complete collection of these reports can be found on the OEMS Support Suite Help. This link will bring you to the ImageTrend University site, a wonderful repository of all kinds of “how to” videos for their software products. Remember that these are resources for all of ImageTrend’s customers, so some of the offerings may not be applicable to Field Bridge or State Bridge.

User Voice. Do you have ideas about how ImageTrend might improve its product? The information found here will enable you to communicate your thoughts to ImageTrend.

Inbox. This internal email system allows administrators to communicate with staff members about quality improvement/assurance issues and other agency matters.

For more information, please contact Carol Pugh at 804-888-9142 or Carol.Pugh@vdh.virginia.gov.

VPHIB Special Initiatives Grants Announced
By: Amanda Davis, Grants Manager

The OEMS recently announced the Virginia Pre-Hospital Patient Information Bridge (VPHIB) Special Initiative Grant Program awardees, which can be viewed at http://www.vdh.virginia.gov/OEMS/Files_Page/Grant/VPHIBAwards-0114.pdf.

The OEMS received 219 grant applications requesting $5,266,529.43 in funding requests and awarded $3,364,571.37 to 199 agencies.

The grant cycle for this grant is effective February 20 – May 31, 2014, and will fund 1,022 computers for the purpose of remaining compliant with submitting EMS data in the prescribed technical format as required by Virginia Code §32.1-116.1.

The next RSAF grant deadline is March 17, 2014 by 5:00 p.m.

To learn about other grant opportunities, please visit http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm.

This special initiatives grant was announced to assist with recent changes that took place to Virginia Pre-Hospital Information Bridge, which will move from its current version 2 to the new Virginia version 3 minimum dataset and technical format, or what we are calling “VAv3.”

For more information about the RSAF Grant Program, contact Grants Manager Amanda Davis at 804-888-9106 or Amanda.Davis@vdh.virginia.gov.
The Virginia Department of Health Office of Emergency Medical Services publishes the EMS Bulletin biannually. If you would like to receive this publication via e-mail, please send your request to emstechasst@vdh.virginia.gov or sign up to join our e-mail list at www.vdh.virginia.gov/oems.

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Quick Updates

Recent Appointments
Governor Terry McAuliffe recently named Marissa J. Levine, MD, MPH as interim state health commissioner.

Other appointments include Chief Executive Officer of the Richmond Ambulance Authority, Richard H. Decker, III representing the Old Dominion EMS Alliance on the State EMS Advisory Board.

OEMS Manager Chairs National Committee
The OEMS Regulation and Compliance Manager Michael D. Berg, was recently named chair of the National Association of State Emergency Medical Services Officials’ Agency and Vehicle Licensure Committee. This committee develops model language for states regarding emergency vehicle standards and licensure, compliance and regulation of EMS agencies and complaint management practices, investigations and laws. Prior to his appointment, Michael served on a committee to work with the National Fire Protection Agency on ambulance standards; 25 of the committee’s recommendations were accepted. Currently, he’s working to develop minimum standards for ambulance licensure and compliance processes, to be adopted statewide.

Find us on Facebook and Twitter
For the latest EMS news, “like” us on Facebook at www.facebook.com/pages/Virginia-EMS/153545858005772 and follow us on Twitter at www.twitter.com/virginiaems.

Meeting dates are subject to change at any time. Visit the OEMS website at www.vdh.virginia.gov/oems for the latest event information.