

Virginia Emergency Medical Services

A System Saving Lives



What We Do

VDH through its OEMS is:

- responsible for planning and coordinating an effective and efficient statewide EMS system
- designated by the Code of Virginia to license EMS agencies, certify EMS personnel and inspect and permit EMS vehicles.
- designed to improve patient care, from the time the call for help is received by the 911 center to the delivery of the patient to a trauma center or hospital, through its programs and services.

Mission of the VDH Office of EMS

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

The Virginia EMS System

EMS Agencies

- 674 Licensed Agencies
 - Commercial
 - Governmental
 - Volunteer
 - Industrial
 - Non-Profit
 - Other
- 4,455 permitted vehicles

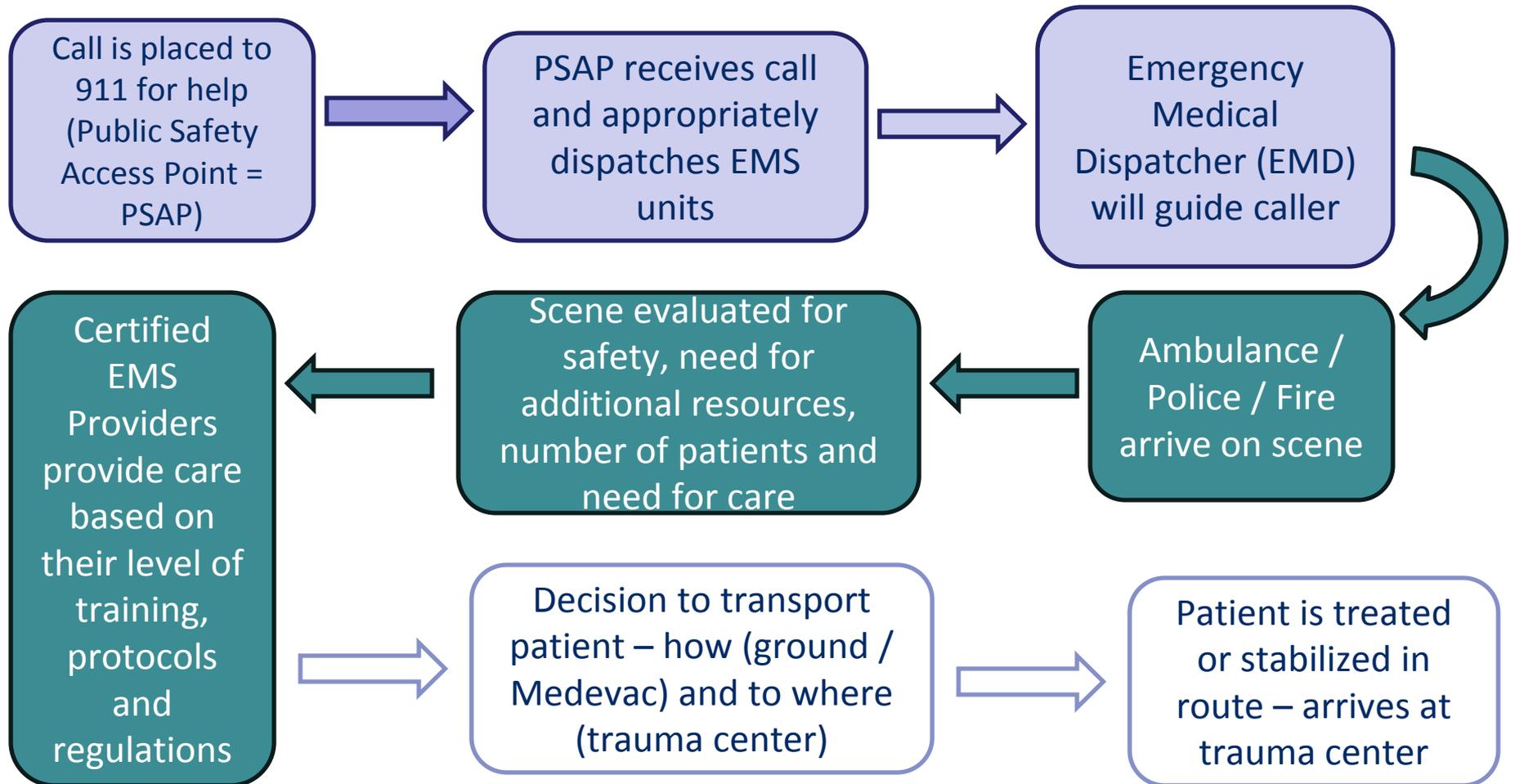


EMS Providers

There are 34,737 Certified EMS Providers in Virginia

- **Basic Life Support**
 - First Responder 1,268
 - EMT 24,660
 - Enhanced 2,382
- **Advanced Life Support**
 - Intermediate 2,966
 - Paramedic 4,294
- **Instructors**
 - EMT Instructor 69
 - ALS Coordinator 195
 - EMS Coordinators 524
 - Emergency Ops 90
- **Physicians**
 - EMS Physicians 242

From 911 to Trauma Center



The “First” First Responder



- The dispatchers who answer the calls are the “first” first responders
- There are over 130 local 911 centers in Virginia, also referred to as Public Safety Answering Points (PSAP)
- OEMS is working with the local PSAPs to help them implement Emergency Medical Dispatch



Becoming an EMS Provider

EMS providers not only transport injured or sick people to medical facilities. They perform emergency care that includes administration of oxygen, fluids and medications. They open airways, control bleeding, defibrillate patients to restart their hearts and much more.

- **EMS First Responder** - 40 hours
- **EMT-B** - 111 hours of classroom/skills instruction & 10 hours of Clinical/Field rotations
- **Enhanced** - 80 hours plus a minimum of 48 hours for extensive clinical rotations
- **Intermediate** - 272 hours with a minimum of 68 hours devoted to extensive clinical rotations in specialty units
- **Paramedic** - 800 - 1200 hours of instruction with a minimum of 136 hours is devoted to extensive clinical rotations in specialty critical care units.



EMS Training

- The level of patient care that EMS agencies provide continues to increase every year.
- Through training and continuing education, OEMS helps providers achieve and maintain a high level of patient care proficiency. Training is provided for all levels of emergency patient care.
- Every year, approximately 12,000 providers are certified and recertified.

Training



- We also train the instructors who teach these classes and conduct classes for operational medical directors and emergency nurses.
- OEMS hosts one of the largest EMS training events in the nation:
 - The annual Virginia EMS Symposium attracts approximately 1,800 providers, faculty and staff, who attend the symposium to take advantage of nearly 250 workshops.

Medical Direction & Oversight

- EMS providers administer emergency care under the direction and guidance of an Operational Medical Director.
- EMS medical oversight is a cooperative effort requiring other physicians, nurses and EMS personnel working together for the EMS system to be effective.

EMS Medical Oversight is “the ultimate responsible authority for the medical actions taken by a pre-hospital provider or EMS system and the process of performing actions to ensure that care provided by EMS personnel is appropriate.”

Regulation and Compliance

- OEMS program representatives provide technical assistance and support to help EMS agencies and local governments enhance the level of emergency medical care in their communities.
- The program representatives use their expertise to help localities assess system needs and identify regional and OEMS resources to address areas that need improvement.
- To help Virginia's EMS agencies comply with established regulations, we inspect and license every EMS agency at least once every two years. EMS vehicles are inspected to assure they are properly staffed and equipped.

Regulation and Compliance

OEMS is also responsible for:

- Investigating complaints against EMS agencies
- Investigating issues with providers
- Overseeing administration of certification examinations



Trauma & Critical Care

Virginia Trauma System

- We oversee the statewide designation of Level I, II and III trauma centers.
- These Virginia hospitals reduce preventable death by 25 percent.
- They are staffed and equipped to provide a high level of trauma care.
- Each trauma center meets strict criteria including facilities, on-site physicians and other medical professionals.



Disaster & Emergency Operations

- We have health and medical emergency response teams (HMERT) throughout the state that will bring specialized emergency response members and equipment to your community.
- These highly trained individuals and teams help coordinate health and medical resources;
 - bring fully staffed and equipped ambulances; provide medical expertise;
 - respond to critical incident stress management needs; and provide on-site massage therapy to tired emergency response workers. We even have dog therapy teams that help responders relieve stress.



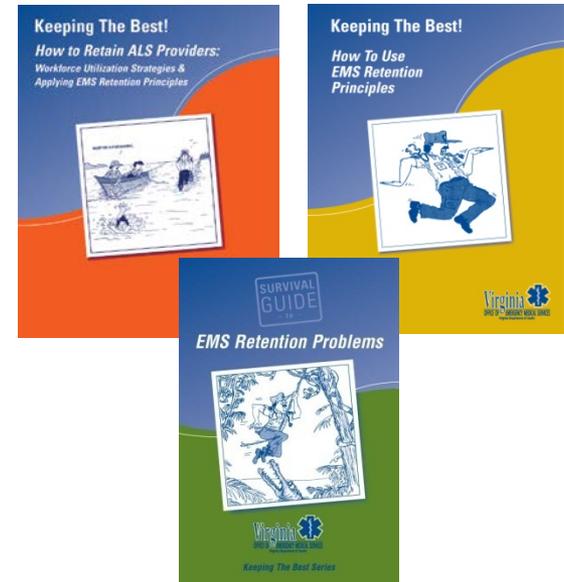
Disaster & Emergency Operations

- OEMS works with EMS agencies and helps to educate them and their providers on continuity of operations planning (COOP) and emergency preparedness
- OEMS also provides training on managing and coordinating mass casualty incidents
- Training, resources and curriculum are also provided for vehicle extrication, emergency vehicle operator course (EVOC) and more



Technical Assistance

- OEMS provides programs and resources to help enhance:
 - EMS Leadership
 - Agency Standards of Excellence
 - Recruitment & Retention
 - Locality resources and more

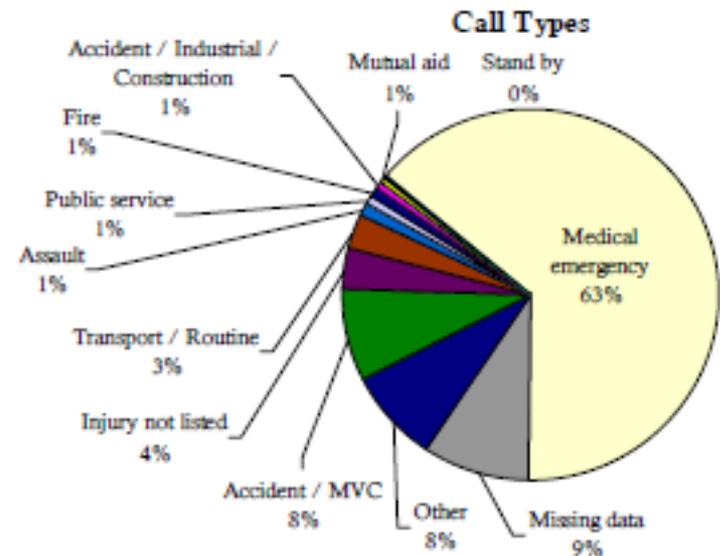


Patient Care and Trauma Data

The OEMS Patient Care Information System includes the Virginia Statewide Trauma Registry (VSTR) and the Virginia Pre-Hospital Information Bridge (VPHIB).

The VSTR and VPHIB are used for a variety of uses including:

- system planning
- system evaluation,
- grants management
- support legislative inquiries
- contribute to other state and national databases
- monitor triage programs and more



EMS Funding

- OEMS operations are funded by “Four for Life.” The fees are collected by the Virginia Department of Motor Vehicles.
- The Rescue Squad Assistance Fund (RSAF) Grant Program is a grant program for Virginia non-profit EMS agencies and organizations.
 - Items eligible for funding include:
 - EMS equipment and vehicles
 - Computers
 - EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members.

EMS Funding

Return to Localities

- 26% of the “Four for Life” fees are distributed to every city and county in Virginia.
- These local funds are designated for training and EMS equipment and supplies.
- The amount returned to local government is based on the number of vehicles registered in each locality.

EMS Training Funds

- Provides financial assistance for Virginia certified EMS provider and OEMS approved training courses.
- It is dispersed into four broad categories
 - Tuition Reimbursement
 - Initial Courses
 - Auxiliary Programs
 - Continuing Education Programs

Other EMS Programs

EMS for Children

- Virginia's EMS for Children program ensures that quality emergency medical care is available for children and adolescents, and that pediatric education and services are integrated into the EMS system.



Virginia Poison Control Network

- We administer the Virginia Poison Control Network, which provides poison information and consultative services to all Virginians. They decrease morbidity, mortality and health care costs by reducing outpatient visits and hospital admissions, and improve the quality of care provided to patients with accidental or self-poisoning.



Other EMS Programs

Medevac

- OEMS coordinates a statewide air medical evacuation (Medevac) system that provides helicopter and fixed wing air medical services. These private and public Medevac agencies transport our most critically ill and injured patients to specialty care and trauma centers.



Durable Do Not Resuscitate

- OEMS oversees the DDNR program in Virginia. "Durable Do Not Resuscitate Order" means a written physician's order issued to withhold cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest.

STOP Do Not Resuscitate

Durable Do Not Resuscitate Order
VIRGINIA DEPARTMENT OF HEALTH

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician-patient relationship with the patient named above. I have verified the patient's medical record has history of a person authorized to direct on the patient's behalf the decision that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- 1. The patient is CAPABLE of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of care if that patient is required, and received.
- 2. The patient is INCAPABLE of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of care because he/she is unable to understand the nature, extent or purpose of the proposed medical decision, or to make a rational evaluation of the risks and benefits of the proposed medical decision.

If you checked 2 above, check the following:

- A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- B. While capable of making an informed decision, the patient has executed a written advanced directive which appears to be "Durable" (authorized to Consent on the Patient's Behalf) with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required, see reverse.)
- C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care) (Signature of "Person Authorized to Consent on the Patient's Behalf" is required, see reverse.)

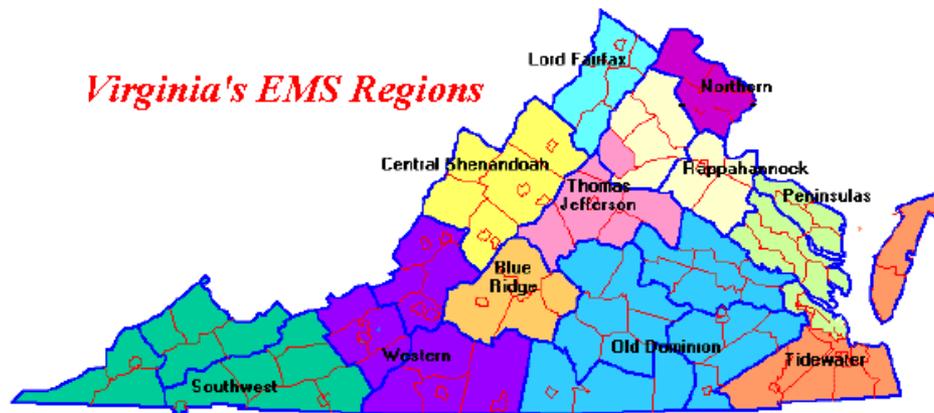
I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compressions, unobstructed airway and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name _____ Physician's Signature _____ Emergency Phone Number _____

Important - Emergency Medical Services Providers cannot honor copies of the Durable Do Not Resuscitate Order. They must have the original yellow form.

Regional Coordination

- OEMS contracts with 11 Regional EMS Councils, which are non-profit organizations
- These councils provide and/or organize EMS training; assist in the administration of certification examinations; review grant requests and coordinate the writing of trauma triage plans and disaster management plans.
- Most of the councils also coordinate regional medical direction and the development and maintenance of regional EMS protocols, ambulance restocking agreements and medication kit exchange programs.



State EMS Advisory Board

- All of our programs and services receive close coordination and guidance from the State EMS Advisory Board. These 28 members are appointed by the Governor and are experts in their field of pre-hospital emergency medical care. They represent key stakeholder organizations involved in Virginia's EMS system.
- The Board and its 14 standing committees advise our office, the Commissioner and the State Board of Health on the planning and administration of programs designed to enhance and improve Virginia's EMS system.

EMS Partners

OEMS also partners with other state agencies and organizations to coordinate, plan and implement programs and services. These partnerships are critical to ensuring that Virginia EMS is a comprehensive system that meets the needs of all Virginian's.

- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Surgeons
- Association of Public Safety Communications Officials
- Medical Society of Virginia
- Virginia Ambulance Association
- Virginia Association of Governmental EMS Administrators
- Virginia Association of Volunteer Rescue Squads
- Virginia Emergency Nurses Association
- Virginia Fire Chiefs' Association
- Virginia Hospital and Healthcare Association
- Virginia Municipal League
- Virginia Nurses Association
- Virginia Professional Firefighters
- Virginia State Firefighters Assoc.
- Virginia's Regional EMS Councils

EMS In The Future



For Virginia

- New emphasis and programs related to provider health and safety
- Heart Attack & Stroke programs
- EMS Education Standards & Scope of Practice

On a National Level

- National Office of EMS



Questions?