

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

Friday, February 11, 2011

Executive Management, Administration & Finance

**Office of Emergency Medical Services
Report to The
State EMS Advisory Board
February 11, 2011**

MISSION STATEMENT:

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide 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.

<u>I. Executive Management, Administration & Finance</u>

a) Proposed Budget for the 2010-2012 Biennium

On Friday, December 17, 2011 Governor Robert F. McDonnell submitted The Budget Bill for the second year of the 2010-2012 Biennium. The proposed budget for Emergency Medical Services is listed as Item 281 under the Department of Health, beginning on page 235, line 46 and ending on page 236, line 26, as follows:

Department of Health (601)

281.	Emergency Medical Services (40200)	38,952,511	38,952,511
	Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	32,560,051	32,560,051
	State Office of Emergency Medical Services (40204)	6,392,460	6,392,460
Fund	Special		
Sources:		20,548,274	20,548,274
	Dedicated Special Revenue	17,998,654	17,998,654
	Federal Trust	405,583	405,583

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The Commissioner of Health shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

b) Budget Amendments Introduced

Two budget bill amendments that affect the proposed EMS budget listed above have been submitted. Both budget amendments are identical, with one introduced by Delegate John O'Bannon in the House and the other introduced by Senator Edd Houck in the Senate, as follows:

Chief Patron: O'Bannon

Item **281** #1h

Health And Human Resources	FY 10-11	FY 11-12	
Department Of Health	\$1,045,375	\$1,045,375	NGF

Language:

Page 235, line 46, strike "\$38,952,511" and insert "\$39,997,886".

Page 235, line 46, strike "\$38,952,511" and insert "\$39,997,886".

Page 236, line 12, strike:

"1,045,375 the first year and \$1,045,375 the second year from the".
 Page 236, line 13, strike:
 "Virginia Rescue Squad Assistance Fund and".

Explanation:

(This amendment restores \$1.0 million each year in nongeneral funds from the additional \$0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations. A companion amendment reduces this appropriated amount to the Department of State Police.)

Chief Patron: Houck

Item [281](#) #1s

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§3-1.01 INTERFUND TRANSFERS

A.1. In order to reimburse the general fund of the state treasury for expenses herein authorized to be paid there from on account of the activities listed below, the State Comptroller shall transfer the sums stated below to the general fund from the nongeneral funds specified, except as noted, on January 1 of each year of the current biennium. Transfers from the Alcoholic Beverage Control Enterprise Fund to the general fund shall be made four times a year, and such transfers shall be made within fifty (50) days of the close of the quarter. The payment for the fourth quarter of each fiscal year shall be made in the month of June.

Y. On or before June 30 each year, the State Comptroller shall transfer \$9,055,000 the first year and \$9,055,000 the second year, to the general fund from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities Program (40203).

c) Other Budget Bill Amendments of Interest

Virginia Information Technologies Agency (136)

431.	Emergency Response Systems Development Technology Services (71200)	39,466,528 39,466,528
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C. The operating expenses, administrative costs, and salaries of the employees of the Public Safety Communications Division shall be paid from the Wireless E-911 Fund created pursuant to § 56-484.17.

d) 2011 Virginia General Assembly - Legislation Being Tracked

Every Friday or Saturday during the 2011 Virginia General Assembly, OEMS sends a Legislative Grid and a Legislative Report reflecting all bills that OEMS is tracking to each member of the State EMS Advisory Board, each Regional EMS Council and other interested stakeholders. This information is also posted on the OEMS web site at: http://www.vdh.virginia.gov/OEMS/news_page/2011Legislative.htm A copy of Grid and Report as of January 27, 2011 is included as **APPENDIX A**.

e) Office of EMS Homeland Security Grant Success

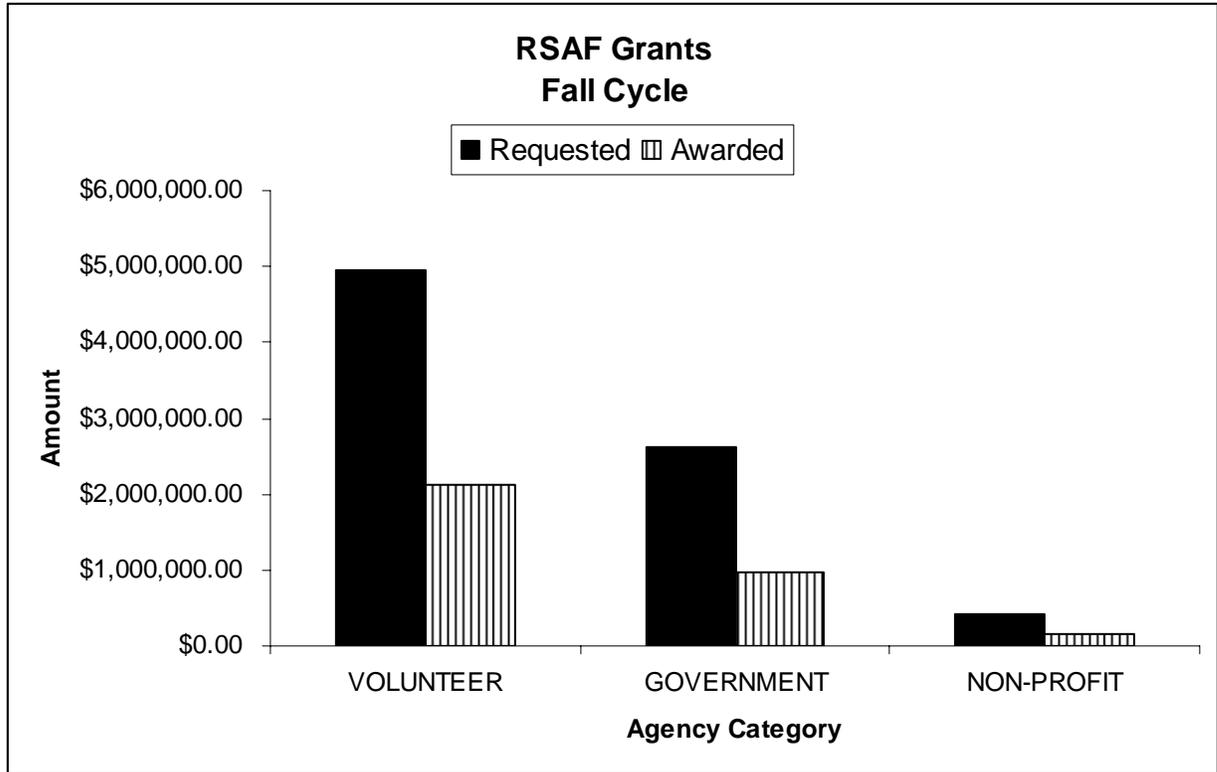
The Office of EMS was selected as one of the “real-life” success stories for the Homeland Security Grant Program, receiving funding for 762 laptops for Virginia EMS governmental and volunteer agencies. OEMS was awarded funding from the Department of Homeland Security (DHS) in the amount of \$2.8 million to provide Panasonic ToughBooks to 80 localities. The ToughBooks are now used in the field to electronically report patient care data to OEMS through a system referred to as the Virginia Pre-Hospital Information Bridge (VPHIB). The VPHIB system provides a secure method of collecting pre-hospital data, extracting existing data, and exporting or sharing data for strategic planning and process improvement initiatives. This gives Virginia’s EMS agencies the flexibility to collect their own data and then upload it to the state via XML or enter their runs via a web browser using an online run form. From January 19 - April 12, 2010, the entire state was moved from manual pre-hospital patient care reporting to the new Web version of VPHIB. The DHS grant funding was essential in this transition.

f) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The 2010 RSAF Fall grant deadline was September 15, 2010; OEMS received 119 grant applications requesting \$7,984,724.00 in funding. These grants were awarded on January 1, 2011 in the amount of \$3,324,484.00 to 88 agencies. The following agency categories were awarded funding for this grant cycle:

- 59 Volunteer Agencies were awarded \$2,118,199.00
- 23 Government Agencies were awarded \$964,158.00
- 6 Non-Profit Agencies were awarded \$170,166.00

Figure 1: Requested vs. Awarded Amount by Agency Category

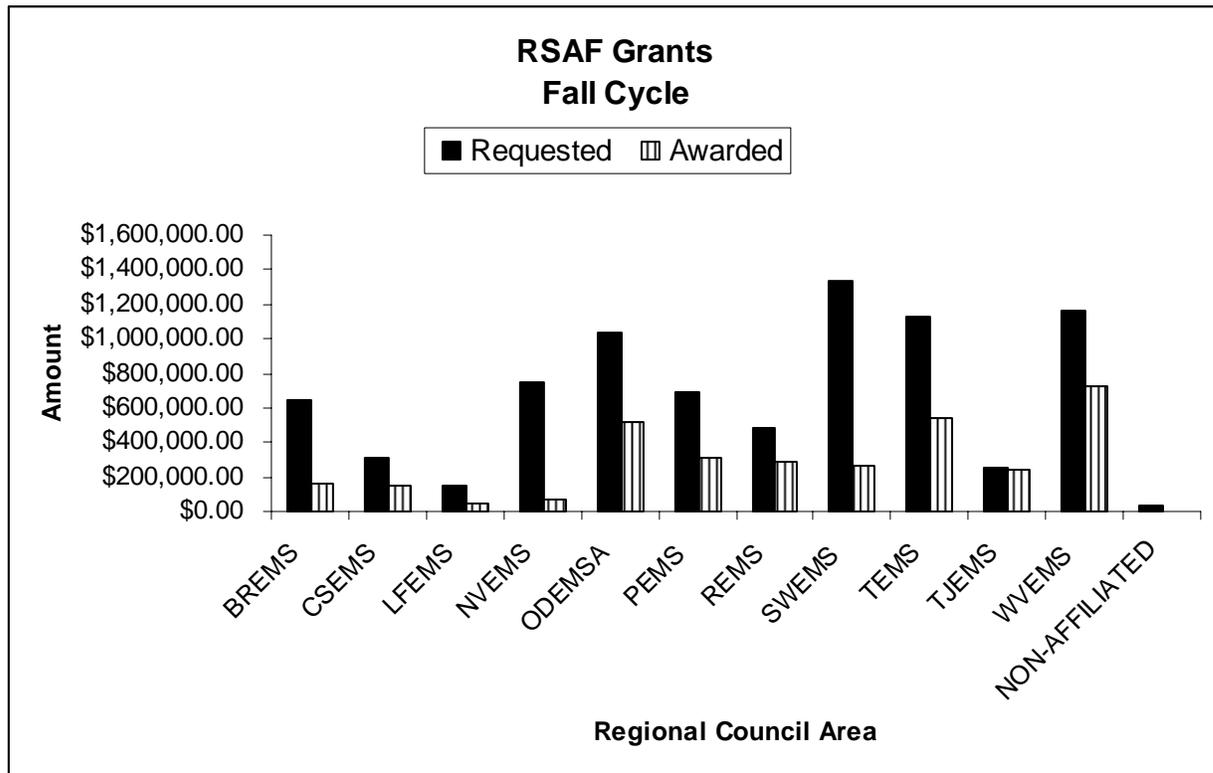


The following regional areas were awarded funding in the following amounts:

- Blue Ridge EMS Council – 5 agencies awarded \$165,288.00
- Central Shenandoah EMS Council – 8 agencies awarded \$145,695.00
- Lord Fairfax EMS Council – 4 agencies awarded \$49,094.00
- Northern Virginia EMS Council – 4 agencies awarded \$69,340.00
- Old Dominion EMS Alliance – 12 agencies awarded \$516,660.00
- Peninsulas EMS Council – 8 agencies awarded \$309,856.00
- Rappahannock EMS Council – 7 agencies awarded \$285,836.00
- Southwestern Virginia EMS Council – 7 agencies awarded \$263,033.00
- Thomas Jefferson EMS Council – 4 agencies awarded \$246,748.00

- Tidewater EMS Council – 14 agencies awarded \$544,039.00
- Western Virginia EMS Council – 15 agencies awarded \$728,895.00

Figure 2: Requested vs. Awarded Amount by Region



RSAF Grants Awarded by item categories:

- Audio Visual and Computers - \$66,174.00
 - Includes projectors, computers, toughbooks, and other audio visual equipment.
- Communications - \$111,390.00
 - Includes items for mobile/portable radios, pagers, repeaters and other communications system technology.
- Emergency Operations - \$33,461.00
 - Includes items such as Mass Casualty Incident (MCI) trailers and 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.

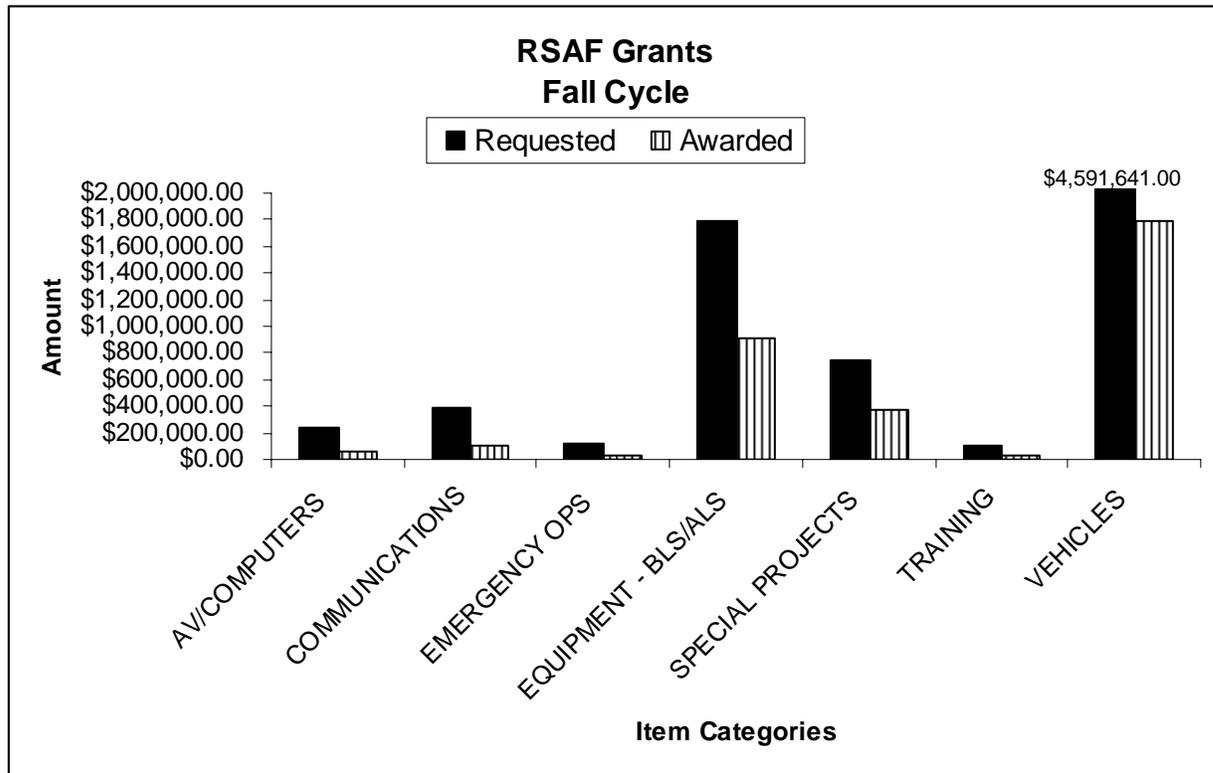
- Equipment - Basic and Advanced Life Support Equipment - \$914,447.00
 - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.

- Special Projects - \$380,138.00
 - Includes projects such as Recruitment and Retention, Management and Leadership, Medication Kits, Special Events Material, Emergency Medical Dispatch (EMD) and other innovative programs.

- Training - \$25,135.00
 - 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.

- Vehicles - \$1,793,738.00
 - Includes ambulances, quick response vehicles, all-terrain vehicles, crash/rescue trucks and tow vehicles.

Figure 3: Requested vs. Awarded Amount by Item



NOTE: The VEHICLES category request amount was \$4,591,641.00, the graph only represents items requested up to \$2,000,000.00 to visually display other items requested.

The Spring 2011 grant cycle will begin on February 1, 2011 with a deadline of March 15, 2011; these grants will be awarded July 1, 2011.

2011 Department of Homeland Security (DHS) Grant Application

OEMS will submit a grant application to VDEM by April 2011 for the 2010 State Homeland Security Grant Program (SHSGP) for funding in the amount of \$1,565,650.00 for the Virginia Emergency Medical Services Interoperable Communications (VEMSIC) Project. This project would provide portable radios, vehicle chargers, mounting kits for vehicular installation and speaker microphones for each licensed patient-transport vehicle for EMS agencies recognized by OEMS as a designated emergency response agency (DERA) as defined by the Virginia Administrative Code 12 VAC 5-31-370.

EMS on the National Scene

II. EMS On the National Scene

a. NASEMSO HITS Committee Encourages State Membership in TIM Network

The NASEMSO Highway Incident and Transportation Systems (HITS) Committee would like to encourage NASEMSO members and all EMS practitioners nationwide concerned with responder safety on roadways to join the Traffic Incident Management (TIM) Network, a component of the National TIM Coalition, of which NASEMSO is a member. The TIM Network gives traffic incident management practitioners (EMS, fire, law enforcement, and highway operations personnel) a way to raise local issues to a national forum and allows NTIMC leadership to directly access practitioners to build consensus, test theories and vet new materials. Members will receive the Responder, an online monthly newsletter providing concise information that can be applied immediately.

To join the TIM Network go to:

<http://www.gfnet.com/Survey/TakeSurvey.asp?SurveyID=52L3p5LH2p32I>

To view the TIM Network homepage go to:

<http://sites.google.com/site/timnetworksite/home-page>

b. SAFECOM Elects McGinnis as New Chairman

The SAFECOM Program has elected Kevin McGinnis, of Hallowell, Maine, to serve as its Chairman. McGinnis will lead SAFECOM's Executive Committee and Emergency Response Council to advise the U.S. Department of Homeland Security on emergency communications issues. The former EMS Director for the State of Maine, ambulance service chief, and a paramedic for the past 36 years, McGinnis has represented NASEMSO on SAFECOM for the past seven years and has served as vice-chair of SAFECOM for the past four years. Through collaboration with emergency responders and policymakers across all levels of government, the SAFECOM Program works to improve multijurisdictional and intergovernmental communications interoperability. The SAFECOM Executive Committee and Emergency Response Council are comprised of national public safety association members, State and local emergency responders, and representatives within Federal agencies. The SAFECOM Program is administered by the U.S. Department of Homeland Security's Office of Emergency Communications. SAFECOM operates as a practitioner-driven program helping the nation's emergency responders to develop the plans and resources they will use to serve their jurisdictions.

c. Virginia Office of EMS Hosts the 2010 National Association of State EMS Officials Annual Meeting

The Office of Emergency Medical Services, Virginia Department of Health was the host state for the 2010 National Association of State EMS Officials (NASEMSO) annual meeting held at the Norfolk Waterside Marriott Convention Center on October 10 – 15, 2010. The National Association of State Emergency Medical Services Officials is the federally recognized professional association of the top-level administrators of EMS systems in each of the U.S. states, territories, and the District of Columbia.

NASEMSO is organized into five national Councils. The new NASEMSO leadership, including representatives of all the councils, regions and standing committees strategized on the business and future directions for NASEMSO. Each Council was asked to establish their vision, goals and planned activities for the next 3-5 years. Each Council's goals are listed below:

Medical Director Council Goals included:

- Define EMS
- Support local and state medical direction
- Create protocols / model guidelines
- Improve emergency care systems with initiatives such as regionalized systems of care, an annual state report card and culture of safety.

Data Manager Goals included:

- Develop template for state EMS data managers position description (full time position, funding for position, duties) for states to utilize
- Improve mentoring and outreach process for new data managers and existing data managers
- Incorporate a mentoring session during data managers Council Annual Meeting
- Partner with the NEMSIS TAC to monitor and review the process in moving NEMSIS Version 3.0 and HL7 process forward –provide recommendations
- Update the Data Definitions Document in accordance with Version 3 dataset, and develop recommended Provider Impression and other code descriptor lists for Version 3.0
- Work on improving Data Quality of Version 2.2.1 data collection and reporting
- Incorporate vendor participation in Data Managers Council Annual Meeting
- Develop blank letter to address vendors as a Council about software issues affecting data quality

- Develop template and ongoing information on grant funds available for EMS data collection systems
- Provide information on how to apply for federal grants for state EMS offices
- Work with Federal partners to identify dedicated funding sources specifically for state EMS offices to implement and support EMS data collection systems in accordance with electronic health record and other healthcare initiatives
- Develop templates for states to work from for linking EMS data with other data sets
- Address solutions to barriers and limitations states are faced with in attempting to link EMS with Trauma and Traffic Records
- Partner with other committees and council interested in EMS data research
- Continue to provide Data Managers Council representation on EMS Workforce Data Definitions Project (Steering Committee) to provide information regarding technical aspects, data collection processes and aspects similar to NEMESIS process
- Continue to provide Data Managers Council representation on the Highway Incident and Transportation Systems (HITS) Committee
- Continue to work with DHS on phase two of the Patient Tracking Project to finalize and implement the recommended national data standards for software vendors and states using these systems

Trauma Manager Council goals included:

- Establish a state PI process including standardized metrics for benchmarking among states addressing outcomes, policy evaluation and patient and provider safety (with input from ACS) and develop and implement a process for communication, analysis and feedback
- Establish regionalization of care
- Establish best practices for air and ground transport
- State input into all future ACS Optimal Care Standards
- Establish a cohesive relationships among state EMS directors, trauma managers and ACS Committee on Trauma (COT) chairs

- Prioritize and engage in cross-council common projects such as a statewide injury prevention project with the pediatric council and integrating trauma and NEMSIS data with the data managers council.

Education and Professional Standards Council goals included:

- Fully embrace the EMS Education Agenda
- License portability – increased communications / collaborations between the states
- State-by-state scope of practice – development of a resources document for other states to utilize (see NASEMSO web site under “Members” has information on all states for scopes of practice)
- Military reciprocity resource document
- Dialogue with federal agencies including DHS, DOD, DOJ and DHHS
- Regional reps – mentoring program for new training coordinators (NASEMSO travel money available for reps to travel from state-to -state to help mentoring)
- Research agenda education evaluation
- Investigatory procedures for EMS
- Identify and communicate plan for future EMS issues
- Sharing of best practices / resources

Pediatric Emergency Care Council goals included:

- Injury prevention – work with Safe States (formerly STIPDA)
- Education – work with Education Standards Work Group to ensure that pediatric core content and pediatric competencies are included in any standards or recommendations for continuing education or any resource materials developed for states
- Disaster preparedness – provide states with a listing of linkages or references to best practices on pediatric disaster preparedness
- Data – create / identify pediatric performance indicators from currently available NEMSIS data points with the assistance of NEDARC

- Family-centered care – posting resources or links to resources such as guides for implementing family-centered care policies and forms, program brochures for medically-fragile children identification programs to our Council web page
- Trauma – include a PEC Council representative in joint NASEMSO and ACS task force focusing on five goals, including patient safety and system benchmarking, regionalization, developing standards for definitive care, emergency preparedness and surge capacity, and air and ground care.
- Trauma – collaborate with Trauma Managers Council on their prioritized action areas, including rural trauma, potentially telemedicine, and special populations.
- Trauma – Be cognizant of the release of the ACS revision of Rural Trauma Team Development Course and revised ACS “green” book in order to provide comments on draft.

Other goals identified included:

System Development:

- A reimbursement model that supports the viability of EMS systems

Leadership

- Culture of Safety
- Agency and system regulation
- Address specialty certification
- Molding the culture of EMS into the future – the non-compensated component and other components

Quality Improvement

- Develop a set of performance measures for all states to collect and report annually (trauma-related process and outcomes, pediatric-related, air medical-related, etc)
- Crash reporting

d. CMS Implements Clarification on Air and Ground Ambulance Reimbursement

The Centers for Medicare and Medicaid Services (CMS) recently issued instructions to Fiscal Intermediaries, carriers, and Part A/B Medicare Administrative Contractors describing special payment limitations for air ambulance services which became effective

January 1, 2011 and is now implemented. Section 10.4.6, Special Payment Limitations, of the Medicare Benefit Policy Manual states that: “If a determination is made to order transport by air ambulance, but ground ambulance service would have sufficed, payment for the air ambulance service is based on the amount payable for ground transport. If the air transport was medically appropriate (that is, ground transportation was contraindicated, and the beneficiary required air transport to a hospital), but the beneficiary could have been treated at a nearer hospital than the one to which they were transported, the air transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.” The official instruction, CR 7161, regarding this change may be viewed on the CMS website at <http://www.cms.gov/Transmittals/downloads/R133BP.pdf>.

In related news, CMS issued Change Request (CR) 7058 which updates the Medicare Benefit Policy Manual (Chapter 10, Section 30.1.1) to incorporate the application of Basic Life Support (BLS) – Emergency; Advanced Life Support Level 1 (ALS1) and Emergency and Advanced Life Support Level 2 (ALS2) information. No new policy is presented but the CR7058 updates the relevant manual section to reflect current policy. The official instruction associated with this CR7058 regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R130BP.pdf>.

And finally, Change Request (CR) 7065 outlines the requirement included in the CY 2011 Medicare Physician Fee Schedule (MPFS) final rule, establishing a new procedure for reporting fractional mileage amounts on (ground) ambulance claims to improve reporting and payment accuracy. The final rule requires that, effective January 1, 2011, all Medicare ambulance providers and suppliers bill mileage that is accurate to a tenth of a mile. The official instruction, CR 7065, regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2103CP.pdf>.

e. NHSC Updates White Paper on Protecting Americans in 21st Century

The National Homeland Security Consortium (NHSC), of which NASEMSO is a member, has updated its white paper, "Protecting Americans in the 21st Century," a document that offers specific recommendations to enhance national homeland security efforts. The NHSC has identified six priority issues for near term policy and strategic action by the nation's leaders:

- Wisely sustain homeland security investments and efforts while creating incentives for innovative and creative solutions;
- Allocate the 700 MHz D block radio spectrum to public safety in order to enhance communications through new technology;
- Address immigration reform by moving from debate and conversation to action;
- Develop a methodology to measure homeland security performance in ways that recognize the constantly evolving threat;

- Make cyber security a priority policy issue for government and the private sector; and
- Develop a more comprehensive and coordinated approach in the rebuilding of communities struck by major disasters.

Links to the white paper and fact sheet are available on the NASEMSO web site at www.nasemso.org.

f. New NEMESIS Web Site Now Available

The NEMESIS TAC is pleased to announce the launch the new NEMESIS website! Much of the traditional look and functionality remain the same. A number of modifications were made to accommodate new tools and other information related to NEMESIS Version 3. The primary website address remains the same (www.nemesis.org). New tabs on the opening page take you to items specific to version 2 or 3 information. Additional version 3 material will be posted, as it becomes available. If you are a Web Master and/or have “book marked” any internal pages from the NEMESIS website, we suggest to check to ensure these links remain accurate!

g. FEMA Posts ICS Forms Booklet

The National Incident Management System (NIMS) Incident Command System (ICS) Forms Booklet (FEMA 502-2) is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operations. This booklet is a companion document to the NIMS ICS Field Operating Guide (FOG), FEMA 502-1, which provides general guidance to emergency responders on implementing ICS. This booklet is also meant to complement existing incident management programs and does not replace relevant emergency operations plans, laws, and ordinances. These forms are designed for use within the Incident Command System, and are not targeted for use in Area Command or in MultiAgency Coordination Systems. This updated version of the ICS Forms Booklet incorporates best practices, lessons learned, and input from emergency response stakeholders. The ICS Forms Booklet (FEMA 5022) is available at <http://www.fema.gov/emergency/nims/JobAids.shtm>.

h. ACEP Launches Integrative Training Program on Disaster Planning

Under a cooperative agreement with FEMA, the American College of Emergency Physicians (ACEP) has launched a free first-of-its-kind integrative training that covers the development and maintenance of pre-incident plans ensuring the efficient distribution of patients, the sharing of information and resources, and the coordination between state and local agencies with hospitals and others responding to the medical needs of disaster victims. Additional topics include patient and resource tracking, credentialing systems, deployable federal resources, principles of community emergency planning, and more. This course is directed toward those working in emergency management agencies and healthcare organizations, especially in small communities and rural areas, which have primary job responsibilities other than disaster preparedness. It is also useful for those in

public health, EMS, fire services, and other organizations involved in disaster preparedness. The four-hour online training is part of a training portal that has several components to it. Each state has its own virtual community to foster collaboration. Each virtual community includes a members section, the training modules, a Q&A section and a Forum section. For more information go to: <http://www.acep.org/>.

i. NIOSH Publication Focuses on Workplace Injuries

EMS managers may find that a new publication from the National Institute for Occupational Safety and Health (NIOSH) geared for hospitals is very relevant to EMS work environments. According to the U.S. Bureau of Labor Statistics [2009], the incidence rate of lost-workday injuries from slips, trips, and falls (STFs) on the same level in hospitals was 38.2 per 10,000 employees, which was 90% greater than the average rate for all other private industries combined (20.1 per 10,000 employees). STFs as a whole are the second most common cause of lost-workday injuries in hospitals. This guide provides excellent tips and checklists for assessing and preventing workplace injuries. Go to: <http://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf>.

j. NIOSH Works to Reduce Ambulance Crashes

The National Institute for Occupational Safety and Health (NIOSH) and partners are working to reduce ambulance crash-related injuries and deaths among EMS workers. The Ambulance Crash Survivability Improvement Project addresses the layout and structural integrity of ambulance compartments, design of hardware, and occupant restraints. The findings will be used to help inform new standards for ambulance safety devices, structural integrity, and other safety-related factors. Go to: <http://www.cdc.gov/niosh/docs/2010-164/pdfs/AmbulanceCrash.pdf>

k. Field EMS Bill Introduced in Congress

On Dec. 16, 2010, Reps. Tim Walz (D-MN) and Sue Myrick (R-NC) introduced the Field EMS Quality, Innovation, and Cost-Effectiveness Improvement Act of 2010 (H.R. 6528). This bill addresses many of the challenges plaguing field EMS to better fulfill public expectations that all who need emergency medical care in the field can depend upon the highest quality of care and transport to the most appropriate setting. To learn more about this important legislation, Advocates for EMS (NASEMSO is a member of this coalition) has supplied the following documents:

A section-by-section summary:

http://www.nasemso.org/documents/H.R._6528_Field_EMS_Bill_Section_by_Section.pdf

A white paper:

http://www.nasemso.org/documents/H.R._6528_Field_EMS_Bill_White_Paper.pdf

The bill's text: http://www.nasemso.org/documents/HR_6528_Field_EMS_Bill_text.pdf

l. JCREC Publishes Discussion Paper on Community Paramedicine

The National Association of State EMS Officials (NASEMSO) and the National Organization of State Offices of Rural Health (NOSORH) through their Joint Committee on Rural Emergency Care (JCREC) has developed a discussion paper on Community Paramedicine. NASEMSO and NOSORH jointly support the effort to improve the understanding of community paramedicine. In 2011, the JCREC will continue to learn about CP and is contemplating several strategies, including monthly CP forums or education sessions for states and programs developing or contemplating CP; development of a more comprehensive state guide to developing a CP program; and a symposium to discuss issues and solutions to the points brought up in the discussion paper. The final version of the discussion paper which has been approved for distribution by NASEMSO and NOSORH is now available at:

<http://www.nasemso.org/Projects/RuralEMS/documents/CPDiscussionPaper.pdf>

m. NFPA Technical Committee on EMS Meets

The National Fire Protection Association (NFPA) Technical Committee on EMS met in San Antonio, TX, on January 6-7. The Committee is chaired by National Volunteer Fire Council (NVFC) Kentucky Director and EMS/Rescue Section Chair Ken Knipper. The Technical Committee is responsible for NFPA 450 – Guide for Emergency Medical Services and Systems. This document provides guidelines and recommendations to assist those interested or involved in EMS system design and provides a template for local stakeholders to evaluate EMS systems and make improvements based on that evaluation. NFPA 450 is up for revision, and the Technical Committee is reviewing the document to determine if any changes should be made. At the January meeting, the Committee expressed its desire to keep the document pure to its original design, although some updates were made to keep the document current. The Committee also decided to cite the National Highway Traffic Safety Administration's (NHTSA) publication Emergency Medical Services Performance Measures to address a recent request from the Standards Council to incorporate additional material on performance measures. The Technical Committee will perform a thorough gap and standard analysis of NFPA 450 during its next meeting to determine if all 14 EMS attributes listed in NHTSA's EMS Agenda for the Future are covered in the document.

n. NPR "Talk of the Nation" Highlights Challenges of Field Triage

National Public Radio (NPR) recently featured an overview of the shooting event in Tucson and the use of triage to categorize patients. The transcript and mp3 file of the program can be accessed at: <http://www.npr.org/2011/01/18/133024230/first-responders-triage-victims-to-save-lives>

Educational Development

III. Educational Development

Committees

- A. **The Professional Development Committee (PDC):** The committee did not have any action items and chose not to meet in January. The next quarterly meeting is scheduled for April 6, 2011

Copies of past minutes are available on the Office of EMS Web page at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.htm>

- A. **The Medical Direction Committee (MDC)** met on January 6, 2011.

Copies of past minutes are available from the Office of EMS web page at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.asp>

Advanced Life Support Program

There is an ALS-Coordinator Seminar (Administrative Program) scheduled for January 29-30, 2011. Of the forty-four candidates invited, twenty-seven candidates advised that they would be attending. This should be the last ALS-Coordinator Seminar as the Office moves towards the EMS Education Coordinator.

There is scheduled an ALS-Coordinators Meeting for February 11, 2011 at Rockfish Valley Fire Department in Afton. Katherine West will be on hand to give her annual Infectious Disease Update to the ALS-Coordinators.

Basic Life Support Program

A. Instructor Institutes

1. Twenty-nine candidates were invited to the Instructor Practical Exam on December 18, 2010. Thirteen candidates attended.
2. The next Instructor Institute is scheduled for February 19-23, 2011 at the Henrico Fire Training Academy. Eleven candidates will attend.
3. EMS Providers interested in becoming an Instructor or the process towards becoming an Education Coordinator in the future please

contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov

B. EMS Instructor Updates:

1. For 2011, DED has cut back to every other month for the online updates and has changed the day to the first Thursday evening of the month. Twenty-three Instructors/Coordinators participated in the Update held on January 6th, 2011.
2. In addition to the online updates, a few in-person updates have been scheduled. The next in-person update is scheduled for Saturday, February 19, 2011 and will be held at Henrico Fire Training.
3. The schedule of future updates can be found on the Web at http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

Financial Update on FY09, FY10 and FY11

FY09 as of January 24, 2011

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$814,237.00	\$552,291.32	\$261,945.68
BLS CE Course Funding	\$113,400.00	\$61,976.27	\$51,423.73
ALS CE Course Funding	\$304,920.00	\$102,606.50	\$202,313.50
BLS Auxiliary Program	\$76,000.00	\$19,520.00	\$56,480.00
ALS Auxiliary Program	\$840,000.00	\$184,222.25	\$655,777.75
ALS Initial Course Funding	\$1,028,861.50	\$652,070.76	\$376,790.74
Totals	\$3,177,418.50	\$1,572,687.10	\$1,604,731.40

FY10 as of January 24, 2011

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$442,119.00	\$274,223.38	\$167,895.62
BLS CE Course Funding	\$66,360.00	\$37,108.00	\$29,252.00
ALS CE Course Funding	\$194,880.00	\$82,317.50	\$112,562.50
BLS Auxiliary Program	\$136,000.00	\$13,280.00	\$122,720.00
ALS Auxiliary Program	\$468,000.00	\$92,920.00	\$375,080.00
ALS Initial Course Funding	\$869,295.00	\$364,770.95	\$504,524.05
Totals	\$2,176,654.00	\$864,619.83	\$1,312,034.17

FY11 as of January 24, 2011

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$694,848.00	\$159,833.47	\$535,014.53
BLS CE Course Funding	\$76,440.00	\$11,742.50	\$64,697.50
ALS CE Course Funding	\$213,360.00	\$33,792.50	\$179,567.50
BLS Auxiliary Program	\$94,000.00	\$1,680.00	\$92,320.00
ALS Auxiliary Program	\$355,680.00	\$37,120.00	\$318,560.00
ALS Initial Course Funding	\$987,156.00	\$270,378.16	\$716,777.84
Totals	\$2,421,484.00	\$514,616.63	\$1,906,867.37

EMS Education Program Accreditation

- A. The Office is gearing up to implement the new optional EMT accreditation and the required Advanced EMT accreditation program.
 - 1. Presently, there are no applications for:
 - a) EMT
 - b) Advanced EMT
 - c) EMT-Intermediate
 - 2. Initial Applications for Intermediate Programs - Applications for initial accreditation at the Intermediate level have been received from:
 - a) Dabney Lancaster Community College
 - 3. Presently, there are no initial applications for paramedic programs in queue.
- B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:

<http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm>

On Line EMS Continuing Education

OEMS continues to work with third party continuing education vendors seeking to offer web-based EMS continuing education programs. To date, the Office has approved (five) 5 third party vendors: 24-7 EMS, CentreLearn, HealthStreams, Medic-CE and TargetSafety.

There are more than 475 OEMS approved online CE courses currently offered through these vendors. A vigorous screening process assures high quality programs are offered and ensures EMS continuing education credits are transmitted electronically to each EMS providers OEMS technician database.

For more information, visit the OEMS Web page at:
<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

EMSAT

- A. OEMS is working with Bon Secours St. Mary's Hospital in Richmond to produce two EMSAT programs in the first six months of 2011. Hopefully, other hospitals will also be open to helping produce web-based CE programs.
- B. EMSAT programs for the next three months include:
 - Feb. 16 Fractures: Not What They're Cracked Up To Be.
 - Mar. 16 Pediatric Shock: Not Your Normal Bumps and Bruises
 - Apr. 20 An Alternative CE Approach: EMS Jeopardy

The EMS Provider Portal

Although the EMS Provider Portal continues to grow, we still need many of the EMS providers to sign in before we can meet our goal to go "Green." We currently have 42% participation level. We encourage all EMS providers to review their portal.

The office also introduced the ability for instructors and coordinators to correct continuing education errors for their programs. When starting this process on November 23, 2010, there were over 17,000 continuing education errors in the system. As of January 24, 2011, there are just slightly over 3,200. EMS instructors have been very busy learning about this new function and where possible, correcting the continuing education errors for their classes. The system notifies instructors when continuing education errors appear for their classes so they can review and correct these errors or omissions in a short period of time. The office applauds the excellent effort put forth by Virginia's EMS Instructors.

Other Activities

1. State Hazardous Materials Emergency Response Advisory Committee meeting will be held on February 24, 2011 and OEMS DED staff will be participating.
2. DED staff will be making two presentations at the Virginia State Fire Chief's Convention & EXPO on February 25, 2011 titled "Open Topic: Trends in EMS".
3. The Division of Education Development participated in the winter meeting of the Atlantic EMS Council on December 13.
4. Several National Registry tests were conducted in December and January.

Emergency Operations

IV. Emergency Operations

Operations

- **Annual Virginia EMS Symposium**

From November 9-15, 2010 the Division of Emergency Operations staff participated in Annual EMS Symposium held in Norfolk., Virginia. Along with presenting programs in Communications, mass Casualty Management, and Continuity of Operations Planning, Emergency Operations staff supported the program by serving in Command level functions including Logistics Planning Chief and Communications Coordinator.

As part of the Symposium Planning process, the Emergency Planner developed and distributed a Symposium survey for attending staff to use to develop a final AAR for the event. Fifty percent of attending staff returned surveys and the AAR was developed and presented to Gary on January 6, 2011. Based on the AAR Winnie Pennington and Karen Owens, Emergency Operations Assistant Manager, facilitated an office AAR review while developing ideas for improving the 2011 Symposium.

- **Winter Storm VERT activities**

During this quarter multiple winter storms lead to the Division of Emergency Operations developing staffing plans for EOC staffing. On December 26, 2010, the Emergency Planner staffed the ESF-8 chair of the EOC as a result of winter weather throughout the Commonwealth. Additional storms required readiness, but no actual staffing was necessary.

- **Virginia 1 DMAT**

Frank Cheatham, HMERT Coordinator, attended the Leadership and Team meetings for VA 1 DMAT. He also supported the Team in their annual equipment check meetings by pulling the trailer to the various meetings including Lynchburg, Virginia.

- **HMERT Operations**

The HMERT Coordinator, Frank Cheatham, attended a meeting of the Western 14 Task Force. During this meeting Frank discussed changes to the HEMRT structure and also provided training in various emergency management topics.

Planning and Preparedness

- **BEEP Fire Drill**

The Emergency Planner in conjunction with input from the Business Manager planned and conducted Office fire drill which concluded with actual drill on November 17, 2010.

- **Preparedness Activities**

Planner collaborated with Beth Singer to promote Ready Virginia emergency preparedness effort on OEMS website with banner for “Resolve to be Ready in the New Year” campaign for January linking readers back to information on VDEM website.

- **Family Assistance Center (FAC) Planning**

Winnie Pennington continues to participated with DSS, VDEM, OCME and EP&R and other state agencies in updating the State FAC plan to reflect additional roles for VDH and others to make plan more scalable, mobile, proactive and multi functional. Meetings for this quarter were November 9 and 23, December 14, and January 4 and 18.

Committees/Meetings

- **EMS Emergency Management Meeting**

The EMS Emergency Management Committee met on January 27, 2011. The committee continued work on finalization of the 2011 update of Mass casualty Incident Management Module I and II.

- **Hurricane Evacuation Committee**

Frank Cheatham, HMERT Coordinator, continued to participate in the Hampton Roads Hurricane Evacuation Committee meetings.

- **EP&R Team Meetings**

The Emergency Planner continues to participate in the monthly EP&R meetings.

- **EMS Communications Committee**

The EMS Communications Committee last met on Thursday, November 11, 2010 in conjunction with the Virginia EMS Symposium at the Sheraton Norfolk Waterfront Hotel. The Committee decided to keep the FCC Narrowbanding mandate on the agenda thru Jan 2013 (implementation date). The Committee review PSAP Accreditation applications from Norfolk, Newport News and Dinwiddie, all were approved. The

committee discussed RSAF funding requests from Martinsville/Henry Co., Stafford and Lynchburg and how the committee was pleased with continuing success of providing grant funding for EMD implementation. Dr's Allen Yee and George Lindbeck led a discussion on potentially composing a "white paper" on the need of EMD to help convince PSAPs not using protocols to consider implementation. Connie Purvis, Richard Rubino, and Jason Campbell discussed potentially approaching lobbyist and legislators about some sort of EMD regulations in Virginia.

- **Hospital Emergency Management Committee**

The Emergency Operations Assistant Manager and the Emergency Operations Planner attended the Hospital Emergency Management Committee meeting on December 1, 2010.

- **COOP Committee**

Winnie Pennington conducted a meeting of the COOP Committee on January 25, 2011. Committee agenda items included approval of a Office specific Situation Report for emergency events and various scenarios for the Office 2011 COOP exercise based on review of last year's exercise AAR.

- **Critical Incident Stress Management (CISM) Committee**

The CISM Committee met during the quarter and continued to work on the accreditation process for CISM teams. Learning and accreditation standards were presented to the Governor's Advisory Board in November 2010.

- **Traffic Incident Management**

Frank Cheatham, HMERT Coordinator attended a meeting with Gary Brown, Director of the Office of EMS, at VDOT to review a new course on Traffic Incident Management.

Training

- **VERT Refresher Training**

Planner developed and conducted hour long VERT and Web-EOC refresher training for employees assigned to State VERT on December 8, 2010. Kim Allen, Executive Advisor, Emergency Preparedness and Response was also in attendance.

- **Fusion Center Workshop**

On September 21, 2010, the Emergency Operations manager participated in a workshop at the Virginia Fusion Center, located at the Virginia State Emergency Operations Center. The workshop provided information on the purpose and function of the Fusion Center.

- **Ft. Lee MCIM I and II Training Programs**

On January 10 and January 29, 2011, the Division of Emergency Operations conducted MCIM I and II training programs at the Ft. Lee Fire Department. Attended by the station staff, the program provided training in response and preparedness activities for mass casualty incidents.

- **Incident Management Team (IMT) Committee**

Karen Owens participated in the Incident Management Team Committee meetings at the Virginia Department of Emergency Management. The meetings focus on the development process of IMTs within the Commonwealth, as well as IMS training for emergency responders.

Communications

- **OEMS Public Safety Answering Point (PSAP) & 911 Center Accreditation**

PSAP Accreditation presentations were made for Norfolk on Saturday, November 13, 2010 and for Dinwiddie County on Tuesday, January 18, 2011. PSAP Reaccreditation visits for Charlottesville/Albemarle/UVa, Waynesboro, Harrisonburg/Rockingham and Page were completed on Dec 9 & 10, 2010 with all centers meeting requirements for reaccreditation.

- **The Association of Public Safety Communications Officers (APCO)**

Ken Crumpler and OEMS Grants Manager Amanda Davis attended the Winter meeting of the Virginia chapters of APCO/NENA held in Chesterfield on Wednesday, January 19, 2011. They addressed the meeting on how OEMS RSAF Grants can be used to aid PSAP's with EMD implementation, narrowbanding, education and training.

- **Virginia State Interoperability Executive Committee (SIEC)**

There has not been an SIEC meeting since Tuesday Sept 28th, 2010. Mr Chris McIntosh has been hired as the Commonwealth Interoperability Coordinator. On Tuesday, December 7th OEMS hosted a meeting on concerns of the proper use, upgrading and promotion of the Hospital Emergency and Administrative Radio (H.E.A.R.) system. Mr. McIntosh attended representing the Office of Commonwealth preparedness, the Virginia Hospital and Healthcare Association (VHHA) was represented by Steve Ennis and Betty Long. Steve Harrison, Bill Webb and Susan Rhodes from VDH EP&R attended and OEMS was represented by Ken Crumpler, Amanda Davis, Karen Owens and Wanda Street.

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils submitted their Second Quarter contract reports at the end of December 2010; and those submitted deliverable items are under review by OEMS.

The EMS Systems Planner attended board of director meetings of the Blue Ridge, Central Shenandoah, Lord Fairfax, Rappahannock, Southwest Virginia, and Western Virginia EMS Councils in the quarter. The Southwest Virginia EMS Council has moved from Abingdon, VA and opened new offices in Bristol, VA.

OEMS has received a copy of the resignation of Ms. Tina Skinner as Executive Director of the Rappahannock EMS Council. Ms. Skinner has accepted a position with Mary Washington Hospital in Fredericksburg, VA. OEMS has appreciated all of Tina's efforts during her tenure at REMS, and best of luck in future endeavors. OEMS staff will be providing assistance to the REMS Council as they move forward with filling the Executive Director position.

Medevac Program

The Medevac Committee met on February 10, 2011. The minutes were not available at the time of the submission of the state EMS Advisory Board quarterly report. Dr. Remley has tasked the State Medevac committee to examine the future of air medical medicine in Virginia. Dr. Remley's directive also tasks the committee to partner with other stakeholders to propose a comprehensive voluntary statewide network committed to safety, access and quality.

An incident involving a medevac unit occurred on December 31, 2010 in Weyers Cave, VA. The medevac ship and a Cessna aircraft collided, causing the Cessna to crash, taking the lives of two people. The medevac ship sustained some damage, but was able to land without injury to the medevac crew. The investigation by the Federal Aviation Administration (FAA) and National Transportation Safety Board (NTSB) is ongoing.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation. These documents can be found on the Medevac page of the OEMS web site.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in October of 2007.

Based on this timeline, OEMS, in coordination with the Executive Committee of the Advisory Board, the Finance, Legislation and Planning (FL&P) Committee, and the chairs of all the standing committees of the Advisory Board submitted planning templates created by OEMS; pertaining to each aspect of the EMS system that committee is tasked with.

A draft of the State EMS Plan was presented at the February meeting of the FL&P committee, and to the state EMS Advisory Board in May 2010. Following that meeting, the draft plan was posted to the OEMS web page for public comment. The public comment period ended on July 16, 2010, with 47 comments submitted, which prompted a minor change to the plan, to include language related to the creation and maintenance of a ST Elevation Myocardial Infarction (STEMI) Triage Protocol. Key Strategic Initiative 4.1.4 was added to the plan following the public comment period.

The final draft of the plan was approved by the state EMS Advisory Board at their meeting in August 10. OEMS presented the final approved Plan to the Board of Health at their meeting on October 15. Questions raised by Board members have made additional changes to the Plan necessary.

Recommended changes were made by OEMS staff, and presented to the Commissioner in December 2010. An executive summary was added to the plan providing additional information about the process utilized to create the plan and a description of all significant changes made to the plan. In January 2010, the revised plan was distributed to members of the Board of Health for review and comment. The Commissioner has the ability to act on behalf of the Board of Health to approve or reject the revised plan, before the next meeting of the Board in March of 2011.

Public Information & Education

VI. Public Information and Education

Symposium

The 2011 Symposium will be held on November 9 – 13. PI&E has provided assistance to the planning committee for course suggestions, guidance on providing information for the catalog and more.

PI&E updated the symposium section of the OEMS Web site to reflect new information for 2011, to include sponsor, course and award information. PI&E sent thank you letters to all of the 2010 Symposium sponsors.

The program committee will provide information to PI&E for the pre-conference brochure in early February and will release it in March.

Governors Awards

A sub-committee met to create the criteria and eligibility of the new award for Outstanding Contribution to EMS Health and Safety. PI&E provided this new information to the Regional EMS Councils along with the 2011 nomination forms.

PI&E has created a flier for the Regional EMS Councils to use to help promote their award programs, and we have individualized them as needed. This flier will also be used as advertising in trade publications and has been posted to the OEMS Web site. We are working with the councils on the promotion and provided a new tool that allows them to reference the award criteria, keep track of potential nominees and manage supporting documentation.

PI&E is also working to bring more attention to the award program by sending out a monthly feature that showcases each winner. This provides more information on the winner and why they are deserving of this award. Each feature will also provide information on nominating someone for an award.

PI&E provided regional press releases to the regional councils for their award winners. A feature was created for the OEMS Web page to highlight the award winner.

PI&E has requested the nomination deadlines and banquet dates for the regional award programs and will advertise those as well.

Marketing & Promotion

OEMS 2011 Communications and Marketing Plan

PI&E created a communications and marketing plan for 2011 that is a comprehensive plan that focuses on monthly topics of interest that will promote OEMS programs and initiatives and general public education campaigns. Some of the topics coincide with VDH marketing initiatives and allow OEMS to better align our efforts with other VDH offices.

As we partner on certain educational and promotional programs with other VDH offices, we expand our audience, have access to more information and resources and help educate our partners on the programs and work of EMS in Virginia.

Emergency Preparedness Promotion

OEMS wants all EMS agencies and providers to be prepared for emergencies through COOP planning, creating kits and being prepared to respond to disasters. PI&E has been working with Winnie Pennington, OEMS Planner to provide articles and information to help promote these topics. We have had articles in the EMS Bulletin, posted a Web banner for resolving to be ready, posted information to the OEMS social media outlets and submitted articles to trade publications.

Provider Portal

PI&E continues to promote the provide portal to EMS agencies and providers. After showcasing the portal on the OEMS home page, advertising in the Virginia Fire Chief's Magazine and in VAVRS, Web trends reports showed that the portal link jumped from 8,700 hits to 10,500 hits in one month.

2011 Winter EMS Bulletin

The Winter EMS Bulletin has been posted and sent to the EMS e-mail list serv. The bulletin featured articles on EMS providers as vaccinators, preparing for responding to disasters, the new Public Safety Memorial in Richmond and more. It also had a new recurring feature called, "The Rumor Mill." This feature will help to answer questions and help alleviate confusion surrounding certain topics.

Provider Health & Safety

The first initiative on the PI&E communications plan is to create and begin the first stage of a provider health and safety campaign.

- A slogan for the campaign has been created
- A request for approval to purchase advertising and print posters was submitted to VDH leadership

- A mini survey was sent to EMS Directors through NASMESO to see if other states had health and safety programs or campaigns, and this information has been compiled and is being used to help form our campaign.
- Many of the NASEMSO leaders indicated that they do not have programs, but will look to Virginia to use some of our ideas and help promote health & safety to their providers in their respective states.
- The PI&E Coordinator was assigned as the OEMS staff representative to the GAB provider health and safety committee, and will work in conjunction with the committee to help further this campaign and initiative.

OEMS Media

The PI&E Coordinator worked with the VDH Central Region PIO to have Greg Neiman appear on the 7 p.m. CBS News 6 program to discuss what people can do to prepare for EMS providers coming to their home in the event of a medical emergency. Greg discussed items like providing as much information as possible to the dispatcher, having essential information like a list of medications prepared before an emergency and more.

PI&E worked with Trauma & Critical Care and Regulations and Compliance to answer media requests on investigations and response times.

VDH Communications

Office of Licensure and Certification –The OEMS PI&E Coordinator provides media coverage and guidance for the Office of Licensure and Certification. The PI&E Coordinator met with OL&C managers to discuss media policies, the needs of their office and coordination with the office on media responses. The PI&E Coordinator created a media policy for OL&C staff, and continues to manage media inquiries for the office on a variety of topics like COPN, medical facility complaints and more.

VDH Media Coverage – The OEMS PI&E Coordinator provided support for the press conference on the reduced number of pre-term births and teen pregnancies in Virginia. The PI&E Coordinator was available to respond to the JIC for winter weather activity. Media coverage was provided to respond to a variety of requests like HPV vaccine information, smoking information, seasonal influenza and more. The PI&E Coordinator provided support for the communications team during the holidays to ensure coverage.

VDH Web Site Policy, Procedures and Design Committee – The PI&E Coordinator managed focus group meetings to discuss the new redesign with health directors and office directors. A schedule for the redesign roll out was created and the PI&E

Coordinator is managing the first phase of the redesign with OIM Web team and committee members.

VDH Branding – The PI&E Coordinator is on the ORCE Strategic Planning Committee assigned to the task for VDH Branding. This includes logo use policies, creating an agency style guide and templates for documents and more. The PI&E Coordinator is creating a VDH PowerPoint template that will be used by all offices and districts.

Carbon Monoxide Prevention – The Office of Injury Prevention, OEMS and the Department of Fire Programs are going to send out a joint press release on carbon monoxide prevention and provide prevention messages on the VDH social media outlets and we are developing a carbon monoxide poisoning prevention video for You Tube. The PI&E Coordinator is working on this project and coordinating with OEMS and VDFP.

The PI&E Coordinator continues to collect updates and information on OEMS projects and programs to include in the report to the Secretary and the weekly e-mail from the Commissioner.

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives have completed several investigations on EMS agencies and individuals during the fourth quarter of 2010. These investigations relate to issues concerning failure to submit quarterly prehospital patient care data, violation of EMS vehicle equipment and supply requirements, failure to secure medications and medication kits, failure to staff the ambulance with minimum personnel and individuals with felony convictions. The following is a summary of the Division's activities:

Enforcement

Citations Issued: 29 Providers: 15 EMS Agencies: 14

Compliance Cases

New Cases: 15 Cases closed: 7
Suspensions: 0 Temporary Suspensions: 8
Revocations: 0
Reinstatements: 0

EMS Agency Inspections

Licensed EMS agencies: 680 Active
Permitted EMS Vehicles: 4,235 (Active, Reserve, Temporary)
Recertification:
 Agencies: 75
 Vehicles: 384
New EMS agencies: 2
Spot Inspections: 16

Hearings (Formal, IFFC)

December 15, 2010 - Gartrell

Variances

Approved: 10 Disapproved: 1

Consolidated Test Sites

Scheduled: 48 Cancelled: 11

OMD/PCD Endorsements

As of January 27, 2011: 173 Endorsed

EMS Regulations

1. The Durable Do Not Resuscitate (DDNR) Regulations 12VAC5-66 are awaiting review and approval by the Governor's Office.
2. The finale draft of the Virginia Emergency Medical Services Regulations 12VAC5-31 reside with the Commissioner of Health as she is reviewing to make her recommendation to move forward with the regulatory process.

Noteworthy Matters

Mr. Ken Pullen retired from the Office of EMS on December 31, 2010. The vacant position was in fact approved for hire as a direct service position. The position has been advertised and currently staff is finalizing their review for a promising candidate to fill this position.

As the variance to withhold enforcement for those agencies submitting data expires on December 31, 2010, Division staff will be working collaboratively with the Division of Trauma and Critical Care to identify those agencies who have failed to submit data as required by the *Virginia EMS Regulations* and the *Code of Virginia*. Compliance cases will be initiated and the EMS agencies will need to bring their data reporting up to date.

Division Work Activity

1. The Division of Educational Development and the Regulation and Compliance staff along with the Executive Management of the Office are finalizing the Employee Work Profiles for the Consolidated Testing Supervisor as well as Consolidated Test Site Examiners. This will encompass both BLS and ALS testing. This activity was initiated to comply with the Internal Revenue Service's definition of an employee versus a contractor. Testing will become the responsibility of the Division of Educational Development. Although a timeline for implementation has not been established – staff is working diligently to create the EWP's for review and classification by VDH, Office of Human Resources (OHR). Once this is complete, applications will be accepted for the wage positions, interviews conducted and qualified personnel hired.
2. Regulation and Compliance staff represents the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board for the following jurisdictions: Spotsylvania County, City of Manassas, and Middlesex County. In addition, Staff will be part of a study team for Augusta County and upcoming studies in Northampton and Henry counties.
3. Staff, representing OEMS, is meeting regularly as subject matter experts in collaboration with the Virginia Association of Volunteer Rescue Squads and the Virginia Department of Fire Programs in their revision to the current Emergency Vehicle Operator's Curriculum utilized by both entities. This work is near completion and has been piloted at several locations receiving excellent feedback.

The proposed time frame for implementation was to have the program approved by the Virginia Fire Services Board on Oct. 8, 2010; complete the Train-The-Trainer (T-T-T) Update and new Instructor (T-T-T), update existing instructors with T-T-T scheduled between January 1, 2011 and March 31, 2011 and implement the program on April 1, 2011.

The T-T-T course will review the Administrative Guidelines for the 2010 Edition of EVOC; review the EVOC curriculum and changes to the 2010 Edition curriculum; review specific laws related to emergency vehicle operation in the Motor Vehicle Code; review CD-ROM components, and apply the driving range set-up procedures to a simulated cone course.

4. Staff continues to offer technical assistance to EMS agencies, entities and local governments as requested. Most recently, staff offered technical assistance to Nelson County and the leadership of Gladstone Rescue Squad to identify a plausible solution to maintain the agency's viability and meet its responsibility to Nelson County.

5. Along with the Division of Educational Development, staff has worked with the Arlington County Public School System to address a void within their High School EMT program after the instructor was no longer able to teach. The Northern Virginia EMS Council has provided assistance to locate an instructor and address challenges related to this program.
6. Field staff continue to assist the Grants Manager and the RSAF program by offering reviews for submitted grant requests as well as ongoing verification of RSAF grants awarded each cycle.
7. Staff also assisted Executive Management and the Office as participating hosts for the National Association of State EMS Officials (NASEMSO) annual conference held during the month of October 2010 at the Norfolk Waterside Marriott.
8. Finally, Division personnel participated in a variety of roles in support of the annual state EMS Symposium held in Norfolk, Virginia in November 2010. Staff performed roles related to course instruction, room hosting, staffing meetings and other tasks “as assigned.”

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Committee last met on January 19, 2011 with the new chairman – Mr. William Quarles, leading the meeting. In addition to the two projects that have been underway for sometime (Standards of Excellence and the EMS Officer Standards,) the committee is considering involvement in the following areas:

a) Potential New Programs for 2011

- Enhancement/Diversity program - touting opportunities in EMS for the Black and Spanish workforce
- Near Miss Program
- More guidance regarding RSAF grants awarded for recruitment/retention campaigns and leadership and management programs. Guidance will include grant conditions, performance and outcome measures, benchmark indicators.

b) Revitalize previous programs offered by OEMS

Training for new EMS Officers offered by OEMS staff

Mini-Symposium (one-day programs offering short programs related to Strategic Planning, Budget and Finance, Discipline with Due Process, How to detect embezzlement within your organization, Parliamentary Procedure, Recruitment and Retention, Insuring and protecting your assets, etc.)

Recruitment and Retention tool Kit

The next meeting of the EMS Workforce Development Committee is scheduled for April 20, 2011.

Work Groups

c) Virginia EMS Officer Standards

Information on the Virginia EMS Officer Standards was presented at the VAGEMSA meeting in November 2010. Several members have expressed interested in participating in the continued work to enhance the program for EMS Officer I, II, III and IV. Work on the project will resume in late January 2011.

Once the program documentation has been completed, the Office of EMS may solicit proposals to design a training program for each of the four (4) officer levels. Although

this program was initially modeled after NFPA 1021 – Standard for Fire Officer Professional Qualifications – the EMS officer program will, in all probability have a shorted and more interactive training program, and there will not a way to bridge from one standard to the other.

d) Keeping the Best! EMS Workforce Retention Program

There is a Keeping the Best! How to Use EMS Retention Principles class scheduled to be held on March 12, 2011, in Melfa, Virginia at the Eastern Shore Fire Training Center. The program is being sponsored by the Eastern Shore Regional EMS Council.

A class scheduled in early January 2011, for the Charlottesville area, was cancelled due to low enrollment.

2010 EMS Career Fair

The first EMS Career Fair was held at the 2010 Symposium, and was well received. There were 23 EMS agencies and organizations represented. Some of the evaluation comments are listed below:

Set-up was excellent, very accessible
Number or participants, plenty of space, good timing – we are hiring
New idea, change, good support from staff
Multiple EMS agencies in 1 room – network opportunities

Planning has begun for the 2011 EMS Career Fair. The exact date is not known; however, the event will be held in conjunction with the state EMS Symposium and begin immediately following classes (5:00 PM) and last for approximately 2 hours to better serve the participants and EMS Symposium attendees.

Standards of Excellence

Work is continuing on the Standards of Excellence (SoE) project with meetings being held with various EMS committees and other interested parties, The work-group is requesting comments on the SoE process and the EMS agency self evaluations survey (addressing the 7 Areas of Excellence).

Meetings are being scheduled with the committees of the State EMS Advisory Board, to provide the members a chance to review and ask questions regarding the SoE program. Program staff from the Office of EMS have also been requested to review the program documents and provide feedback, from there particular areas of expertise.

A presentation will be made at the February 2011 State EMS Advisory Board meeting on the Standards of Excellence.

The fact sheet on the Standards of Excellence program follow on page 48 & 49.

Standards of Excellence (SoE) Fact Sheet

Why SoE?

- ✓ In 2004, the Joint Legislative Audit and Review Commission (“JLARC”) conducted a “Review of Emergency Medical Services in Virginia” (HJR 133). The study identified a lack of programs to assist Virginia EMS agency officials with leadership, management and recruiting/retaining of EMS providers.

SoE Provides

- ✓ “Best Practices” for EMS agency management were identified.
- ✓ Members of the EMS community met and identified a process of best practices to enhance the delivery of patient care, the recruitment & retention of EMS providers and the extensive leaderships and management practices involved in the successful operation of an EMS agency in Virginia.

Program Description

- ✓ The Standards of Excellence Accreditation Program is voluntary and promotes a path of accreditation that can bring Virginia licensed EMS agencies in-line with established industry standards
- ✓ Seven Areas of Excellence were identified (and provides the basic structure for stating best practices)
 - Clinical Care Measures/Standards
 - Community Involvement
 - Leadership/Management
 - Life Safety
 - Medical Direction
 - Performance Improvement
 - Recruitment & Retention

- ✓ **A variety of standards were evaluated (both EMS related and Non-EMS) to establish criteria for voluntary accreditation**
- ✓ **Recognizing the differing service types and operational budgets of EMS agencies, the program adopts a tiered accreditation structure**
- ✓ **This stepping stone approach is designed to allow all EMS agencies in the Commonwealth the opportunity to participate in the process and improve the overall EMS agency performance in the identified seven areas of excellence.**

Current Status

- ✓ **A workgroup of the EMS Workforce Development Committee of the state EMS Advisory Board is seeking input and advice from other committees of the state EMS Advisory Board.**
- ✓ **Program will be presented to the Virginia Fire Chiefs Association in February, 2011.**
- ✓ **Reviewing and making final revisions to the accreditation documents.**

Trauma and Critical Care

IX. Trauma and Critical Care

Emergency Medical Informatics

a) Staffing

It is unfortunate that the Division of Trauma/Critical Care (TCC) must report the resignation of our performance improvement (PI) coordinator Ms. Nevena Skoro. Currently, the PI coordinator position and the informatics coordinator positions are vacant. These two positions are the sole staffs dedicated to statistical analysis of EMS and trauma data. These vacancies will impact the Division's ability to perform customized reports for public and stakeholder requests.

b) Virginia Pre-Hospital Information Bridge (VPHIB)

During this quarter the primary focus for VPHIB has been to prepare the system for regular and routine data output and the improvement of the support provided to users. Two major categories must be obtained in order to begin producing valid and quality data; 1) the compliance rate of data submission must be high in order to maintain validity and 2) the data itself must reach a certain level of quality.

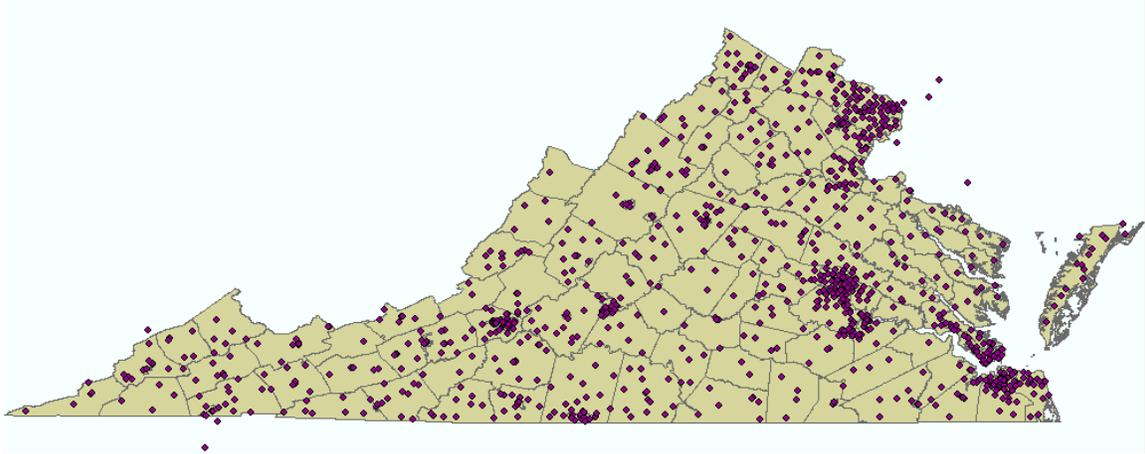
Significant effort has been dedicated to the VPHIB program in the areas of "cleaning" demographic data, becoming trained and setting up a GIS system, establishing a better support program, further developing the Report Writer 2 feature of VPHIB, establishing a method to monitor and report compliance, and improving communications.

Cleaning demographic data: Demographic data is comprised of the data reported to VPHIB that essentially remains the same and is not reported with each EMS response. Demographic data includes such things as the EMS agency name, address, contact information, agency status and type, vehicles, stations, personnel etc. TCC began its review with the EMS stations. EMS stations have never been tracked on a statewide basis before and thanks to the new VPHIB program, we now know that there are 1,170 EMS stations in Virginia. In addition to knowing how many stations we have within the Commonwealth, we have also GeoCoded all of the stations for use in spatial analysis.

Having station data available will allow us to perform analysis based on population size, location, calculate response times, and locate underserved areas. Overall, the station data was in good shape. Some duplicate stations were noted and have been corrected and some agencies that have not established themselves in the system were filled in. Figure 1

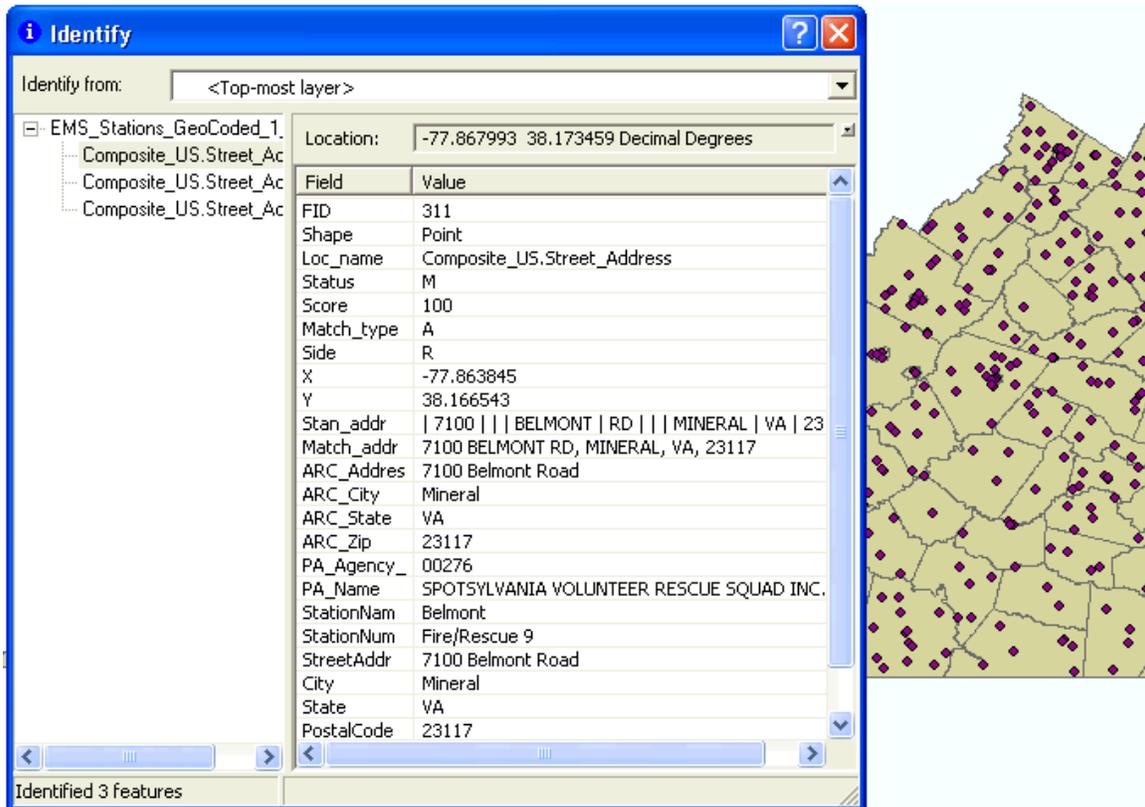
below shows the EMS Stations mapped and Figure 2 demonstrates the data contained for each station.

Figure 1



Source: Virginia Pre-Hospital Information Bridge

Figure 2



Source: Virginia Pre-Hospital Information Bridge

The next set of demographic data that was cleaned included the agency information which includes the organization type, organization status, primary type of service, billing status, and e-mail contact for the person(s) responsible for receiving VPHIB info. Upon assessing this information TCC discovered that approximately 75% of this information failed to be loaded from the agency workbooks by ImageTrend. TCC updated each agency manually. Some of the information now available is shown in Figure 3 and Figure 4 below.

Figure 3

		OrganizationalType			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community, Non-Profit	260	37.7	39.5	39.5
	Fire Department	267	38.7	40.5	80.0
	Governmental, Non-Fire	42	6.1	6.4	86.3
	Hospital	9	1.3	1.4	87.7
	Private, Non-Hospital	81	11.7	12.3	100.0
	Total	659	95.5	100.0	
Missing	-25	4	.6		
	-5	1	.1		
	System	26	3.8		
	Total	31	4.5		
Total	690	100.0			

Source: Virginia Pre-Hospital Information Bridge

Figure 4

		OrganizationalStatus			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mixed	116	16.8	17.6	17.6
	Non-Volunteer	139	20.1	21.1	38.8
	Volunteer	403	58.4	61.2	100.0
	Total	658	95.4	100.0	
Missing	-25	2	.3		
	-10	1	.1		
	-5	2	.3		
	System	27	3.9		
	Total	32	4.6		
Total	690	100.0			

Source: Virginia Pre-Hospital Information Bridge

Knowing the agency type and status and primary type of service will serve as significant filters to analyze data by the different components of the EMS system. An e-mail address was included as part of the minimum dataset in an effort to ensure needed information on the program is reaching the correct person(s) at each agency. This is our primary means of communicating VPHIB issues. After the cleanup, we have almost a 100% compliance rate with having a correct e-mail address of a VPHIB agency administrator for each agency, and usually several per agency. Currently, TCC has a list serve for VPHIB agency administrators that includes 1,870 contacts.

Hospital demographic data: TCC has evaluated all EMS transports entered into the VPHIB system and discovered that there are transports to 29 hospitals not contained within the system. Most of these are incorrect spelling of the hospital name used by other EMS software vendors. Further evaluation, followed by direct communication to those not reporting hospitals correctly will occur soon. All ImageTrend states have requested that ImageTrend enhance the import process to only accept the Code assigned to hospitals instead of text. This request has been accepted by ImageTrend.

Further demographic data assessments will be performed on vehicle information, provider information, and generic user accounts in the system. This will be followed by a complete assessment of patient care related data. The results of these assessments are used to make changes to prevent poor data collection, provide feedback to individual entities, and provided education.

Geographic Information Systems (GIS) Data Analysis: TCC has established GIS data analysis for the first time in our history. A (GIS) integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information. GIS allows us to view, understand, question, interpret, and visualize data in many ways that reveal relationships, patterns, and trends in the form of maps, globes, reports, and charts. GIS helps to answer questions and solve problems by looking at your data in a way that is quickly understood and easily shared.

TCC utilizes ArcView GIS and has built all of the obvious base layers including census data for population based review, EMS stations, hospitals, specialty hospitals, Free Standing ED's, roads, recreation areas, schools and others. As part of the recently submitted EMS for Children grant, TCC has requested funding for a module that will allow public web access to data by GIS mapping.

In an effort to improve user support for the VPHIB program, we have identified some areas that can be improved upon. As TCC staffs are equipped at this time all requests for user support are directed to one staff person and utilize an e-mail account and/or telephone number that is password protected to this staff person. With the increase in users from approximately 700 with PPDR to the current 40,469 users in VPHIB there is a need to secure and implement a software program that will allow us to better serve the system.

OEMS has secured a new telephone number and e-mail address dedicated solely to VPHIB support. All TCC staffs will have access to the VPHIB support e-mail and voice mail of this account. This will allow more than one person to respond to users and allow us to provide more consistent coverage when personnel are utilizing personal time or engaged in other work activities. TCC will also utilize a software program by Kayako called Fusion that will allow each staff person to work in one live environment to compliment each others efforts rather than be disparate.

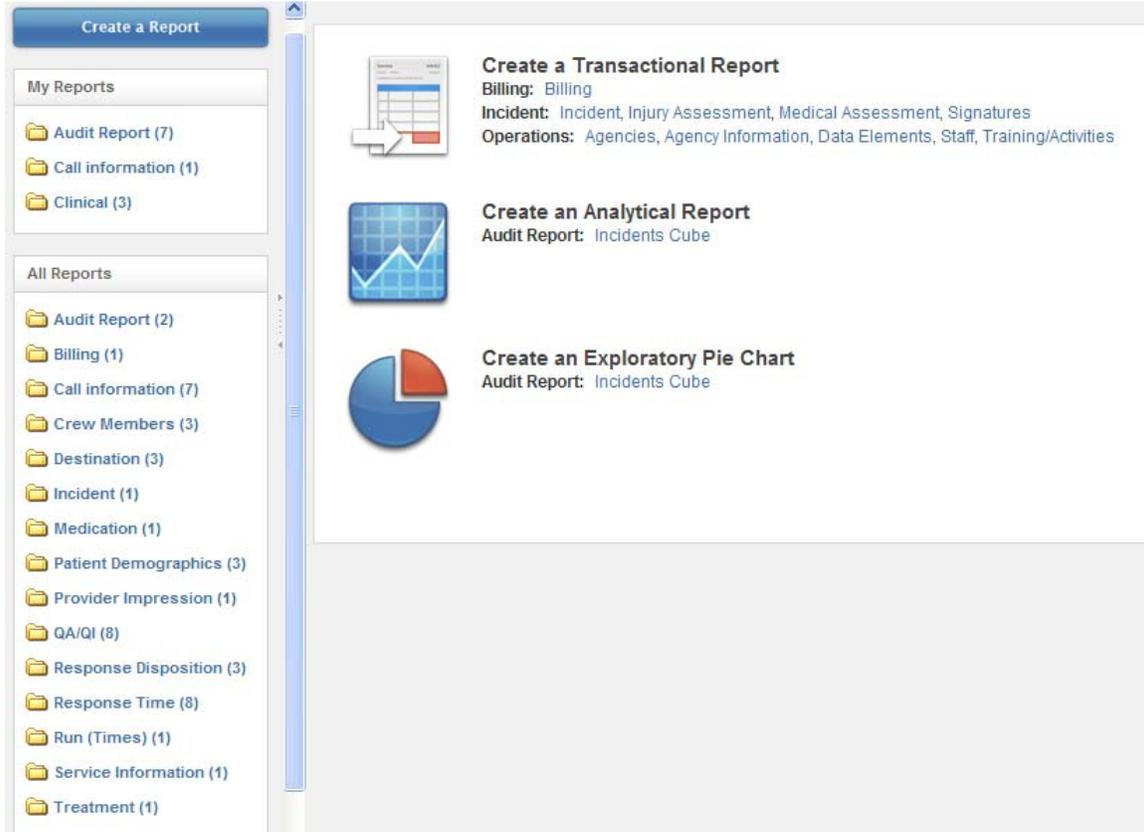
Once implemented the new e-mail address, phone number, and a support website will be announced via the VPHIB agency administrator's list-serve. The new system will allow agencies with the ability to look at the history of requests they have made, monitor the status of a request and access to common solutions. TCC will have several new features to help improve our workflows and processes. Currently, we are only awaiting installations of new phones by VITA to begin this process.

Agency access to their own data has also been a focus of our efforts this quarter. When "Report Writer 2 (RW2)" was released in November it was done so knowing further setup was needed. TCC reported the release of RW2 in its previous quarterly report. At that time the only datasets that were available included the incident, staff, and training/activities datasets. During the quarter additional datasets were added. In addition to the previous three datasets we have now included billing, injury assessment, medical assessment, agencies, agency information, and data element datasets.

Each dataset, data element, and value was review by checking for the presence of data in the database, its label name, value for users, and logical order. If data was present in the database, the element was named to Virginia nomenclature, placed in the best logical order as the system would allow, and turned on to the appropriate permission levels.

The VPHIB system also contains 63 standard reports in RW2 and each report was reviewed for the presence of data in the database, its label, logical order, and value to users and those that were not of use were disabled. The remaining reports are now available to agencies. In addition, TCC will continue to develop Virginia specific standard reports such as trauma, stroke and STEMI triage, data quality reports, and others. See Figure 5 below

Figure 5



Further development of RW2 will occur after some fixes are performed by ImageTrend and submission compliance reaches a level that will not skew the data. A goal of TCC is to develop a couple of levels of public access to RW2 for use by counties, regions, and the public. The system is not structured for this type of reporting, but “work arounds” will be explored.

Compliance monitoring has now been implemented. VPHIB went live on 1/21/2010 and upon its one year anniversary a comprehensive review of EMS data submission was performed and supplied to the Division of Compliance and Regulation. OEMS had held off on evaluating submission compliance allowing agencies an additional six months to work through any technical issues caused by moving to the new system. The delay by some agencies will further delay data output on patient care related matters due to data quality issues with inconsistent reporting.

c) NEMSIS Version 3 (Don't Say You Didn't Know):

Each quarterly report we will remind the system leaders and others who read our report that NEMSIS Version 3 is coming and IT WILL contain significant changes that will likely affect those agencies using third party vendors. The best advice we can offer agencies is to **consider NEMSIS 3 when negotiating or re-negotiating the terms of**

service in contracts with EMS software vendors. Assure that your vendor is proactive with moving to NEMSIS V3 and that they intend to continue serving the EMS community when this change occurs. NEMSIS is no longer testing and certifying vendors at the current NEMSIS V2 level. As an example, OEMS' contract with ImageTrend requires them to provide a NEMSIS Gold Certified product at the most current version provided by NEMSIS. It is anticipated that many of the current vendors will choose not to continue in the EMS software market per the NEMSIS TAC and principle investigator. No timeline currently exists that is reliable, but V3 is probably likely in the one to three year horizon for Virginia.

NEMSIS information is available at <http://www.nemsis.org/> and NEMSIS V3 is currently open for public comment at <http://www.nemsis.org/v3/resources.html>. There are several new requirements that will tighten down on data quality, increase the number of available data elements, and allow integration with other databases.

TCC anticipates that the open public comment period for NEMSIS V3 documents will be extended beyond January. NEMSIS has recently assumed full management for the development and roll out of the products that will support V3. Previously, much of this work was contracted to the University of North Carolina's EMS Performance Improvement Center.

TCC considers preparing for and participating in the development of NEMSIS V3 a high priority. As member of the NASEMSO Data Manager's Council, we have consistently participated in 2-3 hour meetings held each Tuesday and Wednesday that are focused on reviewing the many components of V3. We anticipate this effort to continue from December 2010 through at least February 2011. We also participate in a monthly conference call with the greater than 20 states that also utilize ImageTrend as their EMS data collection software. This group is also active in preparing for V3.

d) Virginia Statewide Trauma Registry (VSTR)

The third quarter's official audit for 2010 data submissions disclosed three facilities were not compliant and letters of non-compliance were sent to the Trauma Registrars with copies to the CEO. After completing our pre-audit for the fourth quarter, two of these facilities are now back in compliance and contact with the others, identified staffing turnover as the reason data was not submitted. We are currently working with one remaining hospital to assist them back to compliance.

Our pre-audit conducted on 1/12/2011 disclosed 22 facilities have not submitted any data for the fourth quarter. Reminder notifications were sent out so they could ensure data was sent to the VSTR by February's official audit.

Inova Alexandria, Inova Fair Oaks and Inova Mount Vernon are still in the process of switching their submission method to electronic uploading (flat files). The Corporate Director of Health Information Management for the Inova Health System made the request to switch in mid-October and we are in the process of making that conversion.

Trauma System

e) Trauma System Oversight and Management Committee (TSO&MC)

The TSO&MC last met on December 2, 2010 and the draft minutes to this meeting can be found posted on the Virginia Town Hall website as required. Key items of the meeting include: an update by the Chair on the status of the Trauma Triage Plan, an update on the continuing development of the Trauma Performance Improvement (TPI) Committee, discussions on burn designation criteria and nursing related designation criteria, and an update from OEMS including the recent State Trauma Managers annual conference.

The discussion on burn criteria was part of an ongoing effort to provide clear criteria to be used when performing trauma center designations and for those meeting the burn criteria noting their designation as a Trauma/Burn Center. This is expected to be an action item at the March 3rd TSO&MC meeting.

The trauma directors have also been working on reviewing the trauma designation criteria that impact nursing including program leadership requirements, educational requirements, and trauma registrar standards. Proposed revised standards are expected to be brought forward as an action item at the March 3rd meeting.

Dr. Calland as Chair of the TPI Committee reviewed a report developed using trauma registry data. The vision of the Committee for the future is that by March 2011, the risk adjusted data will be presented and discussed. The goal is to look at the performance of each EMS Region with getting the sickest patients to the trauma centers.

Future versions of the report will include risk adjusted reports that will go to the regional councils and will depict what percentage of patients met CDC pre-hospital trauma triage criteria when going directly to trauma centers and finally have risk adjusted benchmark outcomes for each individual trauma center. The committee will also perform about eight case studies within the year on certain patients who meet specific criteria. The other item to mention is that the next PI committee meeting will be a closed session held in the strictest confidence.

f) Trauma Center Fund

Each year VDH/OEMS is required to report on the use of Trauma Center Fund to the Senate and House Finance Committees and the Governor. This year's report is attached as **Appendix B**.

Below are the most recent distributions to designated Trauma Centers from the Trauma Center Fund. This disbursement was approximately 62% lower than the average

quarterly disbursement from the previous four disbursements. The 2010 Appropriations Act mandated the transfer of \$9,055,000 which was anticipated to be offset by an increase in the fee for license reinstatements from \$40/occurrence to \$100/occurrence. Due to the process of implementing fees at the DMV, it is likely to take a year or more for the fund to return to its pre-2010 Appropriations act level. This was obviously of great concern to the recipients of the fund.

Trauma Center & Level	Percent Distribution	Previous Quarterly Distribution	Dec. 2010 FY11	Total Funds Received Since FY06
I				
Roanoke Memorial Hospital	14.67%	\$325,621.74	\$102,284.58	\$4,727,887.59
Inova Fairfax Hospital	13.65%	\$302,981.37	\$95,172.77	\$9,666,182.11
Norfolk General Hospital	12.69%	\$281,672.79	\$88,479.30	\$5,404,824.32
UVA Health System	13.91%	\$308,752.44	\$96,985.59	\$5,440,856.89
VCU Health Systems	25.96%	\$576,219.51	\$181,002.57	\$9,169,768.91
II				
Lynchburg General Hospital	3.28%	\$72,804.31	\$22,869.35	\$1,059,750.71
Mary Washington Hospital	4.33%	\$96,110.57	\$30,190.34	\$181,859.11
Riverside Regional Medical Ctr.	2.96%	\$65,701.45	\$20,638.20	\$992,491.17
Winchester Medical Ctr.	3.61%	\$80,129.14	\$25,170.23	\$1,403,265.48
III				
New River Valley Medical Ctr.	0.15%	\$3,418.25	\$1,073.74	\$105,675.75
CJW Medical Ctr.	1.03%	\$22,862.33	\$7,181.54	\$409,608.29
Montgomery Regional Hospital	0.25%	\$5,637.90	\$1,770.98	\$125,432.17
Southside Regional Medical Ctr.	0.62%	\$13,806.18	\$4,336.81	\$209,697.73
Virginia Beach Gen'l Hospital	2.88%	\$63,925.74	\$20,080.41	\$1,549,947.67
Total			\$697,236.41	\$40,447,247.90

The most recent trauma fund distributions and more information on the Trauma Center Fund can be found on the OEMS Trauma System Web page at:
<http://www.vdh.virginia.gov/OEMS/Trauma/TraumaSystem.htm>

Emergency Medical Services for Children (EMSC)

g) Hospital and EMS Agency Surveys in Progress

Surveying required by the federal EMS for Children program (previously delayed) for hospitals and EMS agency surveys is underway and will end February 28, 2011. All hospitals are being surveyed; while a representative sample size of 252 EMS agencies is also being surveyed. For hospitals, the performance measures data assessed relate to the presence or absence of pediatric emergency transfer guidelines and agreements. For EMS agencies, the surveys concentrate on pediatric equipment carried on ambulances and EMS access to both on and off-line pediatric medical control at the scene of pediatric emergencies (from dispatch through transport). These surveys are being conducted in all

50 states and 6 U.S. protectorates. If you have questions or want to make sure your EMS agency has responded to the survey, please email the Virginia EMSC Coordinator at david.edwards@vdh.virginia.gov or call 804-888-9144 for help.

h) Pediatric Hospital ED Visits

Informal pediatric assessments of small and rural hospital emergency departments continue, as the EMSC program assists these hospitals in exploring pediatric care readiness as described in the *Guidelines for the Care of Children in the Emergency Department* released by AAP/ACEP/ENA in late 2009. These assessments are helping guide the Department of Health in establishing a voluntary recognition program for hospitals relating to pediatric emergency care readiness, and may also assist EMSC in finding grant funding to assist small rural hospitals in improving their pediatric capabilities. As a follow-up, the EMSC program will sponsor pediatric resuscitation education for ED staff at facilities that express interest.

i) Funding Support of Pediatric Symposium Topics by EMSC Program

The EMSC program within OEMS is planning to use \$9,500 in federal grant funds to support expenses related to pediatric instructors and topics for the 2011 Virginia EMS Symposium. The EMSC program is dedicated to increasing pediatric training and education opportunities at Symposium and throughout Virginia.

j) EMSC Advisory Committee

The EMS for Children Committee of the EMS Advisory Board met again January 6, 2011 and enjoyed as part of their program special presentations on “*Prevention through the Promotion of Safe Sleep: The Role of EMS Professionals*” and “*The Choking Game*”. The Committee is supporting pediatric ED on-site assessments and is developing focused pediatric resuscitation training for ED staff as well. Committee members provided the EMSC program with excellent suggestions for future budget outlays of the federal money received via the EMSC State Partnership Grant, and also generated several proposals for additional pediatric-related topics at the November 2011 EMS Symposium.

k) EMSC Pediatric Contacts Appreciated

The EMS for Children program extends sincere thanks to all the dedicated EMS providers who stopped by the EMSC Booth at the November EMS Symposium and agreed to be pediatric contacts for their EMS regions and/or agencies.

Stroke System

OEMS staff was unable to attend the January Virginia Stroke Systems Task Force (VSSTF) due to workload issues. At the last meeting on 10/20/2010; key components of EMS care related to stroke were identified as needing to be worked on. EMS stakeholders shared with the committee that there are established EMS committees that work on these issues and that they would be engaged with and requested to make these priority items within their groups.

- Stroke specific EMS Patient Care Guidelines
- Medevac Utilization for acute stroke patients
- Establish link between the regional EMS PI committees and the VSSTF
- The VSSTF will be briefed on the progress of the Regional Stroke Triage Plans

OEMS has begun to receive some of the draft regional stroke plans and will begin reviewing them internally. During the previous quarter OEMS had met with the Stroke Coordinators Consortium and provided guidance on working within the Regional EMS systems to participate in the regional stroke triage plan development. Information was sent to both the stroke coordinators and regional councils providing contact information for both groups to foster establishing these new stakeholders into the EMS and stroke systems.

STEMI System

OEMS continues to participate as an active member of the Virginia Heart Attack Coalition (VHAC) which functions in concert with the American Heart Association's (AHA) Mission Life Line (ML). OEMS has agreed to purchase and perform data analysis from the National Cardiovascular Registry (NCDR) to evaluate our State's STEMI systems of care. The VHAC steering committee is working with the hospitals to establish the process of what type of data will be released.

Durable Do Not Resuscitate (DDNR)

The draft DDNR regulations continue to await the Governor's signature for approval. Once signed the draft regulations will be posted for public comment. Should little to no response occur during this public comment period the regulations will go into effect. OEMS will provide education on the changes. Key items with the revised regulations include:

- Eliminate the need to print forms on unique distinctive paper (discontinuance of the yellow DDNR).
- The State will maintain a standardized form that can be downloaded by prescribing health care providers.
- Original copies of DDNR's will not be required; legible photo copies will be honored
- The lists of procedures and equipment that can or cannot be used to control an airway have been updated to reflect current practice.

Respectfully Submitted

OEMS Staff

Appendix A

2011: OEMS Legislative Grid

Composite view

Bills	Committee	Last action	<u>Date</u>
HB 1485 - Hope - Medical emergency response plan and automated external defibrillator; required in certain buildings.	(H) Committee on General Laws	(H) Subcommittee recommends laying on the table (5-Y 3-N)	01/25/11
HB 1527 - Edmunds - Firefighters; exemption from jury service.	(H) Committee for Courts of Justice <hr/> (S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	01/26/11
HB 1580 - Dance - Firefighters, certain; allowed to purchase service-issued helmets or boots at fair market value.	(H) Committee on Counties, Cities and Towns	(H) VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)	01/26/11
HB 1675 - Pogge - Emergency medical services; requirements for submission of applications for variances & exemptions.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/24/11
HB 1690 - Stolle - Battery; if person commits against emergency health care providers, penalty.	(H) Committee for Courts of Justice <hr/> (S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	01/26/11
HB 1774 - Sherwood - State of emergency; preparation for response.	(H) Committee on Militia, Police and Public Safety	(H) Subcommittee recommends reporting (5-Y 0-N)	01/21/11
HB 1834 - Scott, E.T. - Statewide Fire Prevention Code; permissible fireworks.	(H) Committee on General Laws	(H) Assigned GL sub: #1 Housing	01/17/11
HB 1948 - Villanueva - Virginia Fusion Intelligence Center; changes requirement that data be reviewed every five years.	(H) Committee on Militia, Police and Public Safety	(H) Subcommittee recommends reporting with amendment(s) (5-Y 0-N)	01/21/11
HB 1953 - Villanueva - Virginia Fusion Intelligence Center; receive & integrate criminal-related intelligence information.	(H) Committee on Militia, Police and Public Safety	(H) Subcommittee recommends striking from docket	01/21/11

<u>HB 1970</u> - <u>Robinson</u> - Move over law; driver slow down if unsafe to change lanes approaching stationary emergency vehicle.	<u>(H) Committee on Transportation</u>	(H) Subcommittee recommends laying on the table	01/19/11
<u>HB 2102</u> - <u>Bulova</u> - Retirement System; benefits for certain local employees.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Compensation and Retirement	01/17/11
<u>HB 2104</u> - <u>Bulova</u> - Retirement System; exempts certain employees from higher retirement age.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Compensation and Retirement	01/17/11
<u>HB 2136</u> - <u>Barlow</u> - Motor vehicle safety belts; makes nonuse a primary offense.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Subcommittee recommends no action	01/20/11
<u>HB 2174</u> - <u>Phillips</u> - Nonemergency medical transport; DMAS to issue request for proposal for service in certain districts.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends striking from docket	01/27/11
<u>HB 2178</u> - <u>Phillips</u> - Smoking; prohibited in emergency medical services vehicles and other emergency response vehicles.	<u>(H) Committee on General Laws</u>	(H) Referred to Committee on General Laws	01/12/11
<u>HB 2213</u> - <u>McQuinn</u> - Driver training standards; establish for law-enforcement emergency calls and pursuits.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: #3	01/18/11
<u>HB 2279</u> - <u>Keam</u> - Emergency medical services personnel; certification of applicants.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Read second time and engrossed	01/27/11
<u>HJ 729</u> - <u>Poindexter</u> - Commending Jack Swicegood.		(H) Introduced bill reprinted 11101695D	01/21/11
<u>SB 762</u> - <u>Puller</u> - Emergency vehicles; proceeding past red lights.	<u>(S) Committee for Courts of Justice</u>	(S) Assigned Courts sub: Criminal	01/18/11
<u>SB 772</u> - <u>Locke</u> - Assault and battery; penalty when against fire marshals and assistant fire marshals.	<u>(S) Committee on Finance</u>	(S) Rereferred to Finance	01/17/11
<u>SB 787</u> - <u>Watkins</u> - Wireless E-911 Services Board; changes name to E-911 Services Board.	<u>(S) Committee on Commerce and Labor</u>	(S) Passed Senate (35-Y 0-N)	01/21/11
<u>SB 788</u> - <u>Watkins</u> - Wireless E-911 Fund; amends procedure by which Wireless E-911 Services Board distributes funds.	<u>(S) Committee on Commerce and Labor</u>	(S) Passed Senate (35-Y 0-N)	01/21/11

<u>SB 891</u> - Wampler - State of emergency; preparation for response.	(S) Committee on General Laws and Technology	(S) Read third time and passed Senate (39-Y 0-N)	01/25/11
<u>SB 918</u> - McDougle - Virginia Fusion Intelligence Center; receive & integrate criminal-related intelligence information.	(S) Committee for Courts of Justice	(S) Assigned Courts sub: Criminal	01/12/11
<u>SB 924</u> - McDougle - Hospitals, nursing homes, etc.; regulations required of Board of Health.	(S) Committee on Education and Health	(S) Reported from Education and Health (15-Y 0-N)	01/27/11
<u>SB 1019</u> - Puckett - Fire Prevention; transfers to Fire Services Board authority for approving fee structure.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/11/11

(2011) OEMS Legislative Report

HB 1485 Medical emergency response plan and automated external defibrillator; required in certain buildings.

A BILL to amend and reenact § 22.1-274 of the Code of Virginia and to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.2, by adding in Article 4 of Chapter 11 of Title 2.2 a section numbered 2.2-1161.2, and by adding sections numbered 15.2-922.2 and 59.1-296.2:2, relating to automated external defibrillators in health spas and state and local public buildings.

11100578D

Summary as introduced:

Medical emergency response plan and automated external defibrillators; required in certain buildings. Requires the development of medical emergency response plans and the installation of automated external defibrillators in health spas and certain state and local buildings open to the public. The bill also establishes the Automated External Defibrillator Grant Fund to provide matching funds to localities to assist with the cost of compliance.

Patron: Hope

12/13/10 House: Prefiled and ordered printed; offered 01/12/11 11100578D

12/13/10 House: Referred to Committee on General Laws

01/12/11 House: Assigned GL sub: #4 Professions/Occupations and Administrative Process

01/24/11 House: Impact statement from DPB (HB1485)

01/25/11 House: Subcommittee recommends laying on the table (5-Y 3-N)

HB 1527 Firefighters; exemption from jury service.

A BILL to amend and reenact § 8.01-341.1 of the Code of Virginia, relating to exemption from jury service; firefighters.

11101714D

Summary as introduced:

Exemption from jury service; firefighters. Provides that firefighters, which include emergency medical technicians, lifesaving and rescue squad members, and arson investigators, shall be exempt from jury service if they so request.

Patrons: Edmunds, Crockett-Stark and Kory

12/21/10 House: Prefiled and ordered printed; offered 01/12/11 11101714D
12/21/10 House: Referred to Committee for Courts of Justice
01/10/11 House: Assigned Courts sub: #2 Civil
01/12/11 House: Subcommittee recommends reporting (11-Y 0-N)
01/19/11 House: Reported from Courts of Justice (22-Y 0-N)
01/21/11 House: Read first time
01/24/11 House: Read second time and engrossed
01/25/11 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/25/11 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/26/11 Senate: Constitutional reading dispensed
01/26/11 Senate: Referred to Committee for Courts of Justice

HB 1580 Firefighters, certain; allowed to purchase service-issued helmets or boots at fair market value.

A BILL to amend the Code of Virginia by adding a section numbered 27-15.3, relating to the purchase of service-issued boots or helmets by certain firefighters.

11101855D

Summary as introduced:

Purchase of service-issued helmet or boots by certain firefighters. Authorizes a locality to allow any paid or volunteer firefighter for such jurisdiction with between 10 and 20 years of service to purchase the helmet or boots issued to the firefighter at fair market value. The bill also authorizes a locality to allow a paid or volunteer firefighter with over 20 years of service to purchase the helmet or boots issued to the firefighter at a price of \$1.

Patrons: Dance, Edmunds and Miller, P.J.

01/05/11 House: Prefiled and ordered printed; offered 01/12/11 11101855D
01/05/11 House: Referred to Committee on Counties, Cities and Towns
01/13/11 House: Assigned CC & T sub: #1
01/19/11 House: Subcommittee recommends reporting with amendment(s) (9-Y 0-N)
01/21/11 House: Reported from Counties, Cities and Towns with amendment (21-Y 0-N)
01/24/11 House: Read first time
01/25/11 House: Read second time
01/25/11 House: Committee amendment agreed to
01/25/11 House: Engrossed by House as amended HB1580E
01/25/11 House: Printed as engrossed 11101855D-E
01/26/11 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/26/11 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)

HB 1675 Emergency medical services; requirements for submission of applications for variances & exemptions.

A BILL to amend and reenact § 32.1-111.9 of the Code of Virginia, relating to emergency medical services; variances.

11104318D

Summary as introduced:

Emergency medical services; variances. Provides that an agency or governmental entity applying for a variance or exemption from regulations governing emergency medical services shall submit the application to the local governing body or chief administrative office of the local government for review, and shall include any recommendations of the local governing body or chief administrative office of the local government together with the application for a variance or exemption. This bill specifically exempts providers who are certified or candidates for certification by the Office of Emergency Medical Services from the requirement for submission of applications for a variance or exemption to the local governing body or chief administrative officer of the local government but does require a provider to submit the application to the Operational Medical Director of the agency with which the provider is affiliated and include any recommendations of the Operational Medical Director with the application.

Patron: Pogge

01/10/11 House: Prefiled and ordered printed; offered 01/12/11 11101862D

01/10/11 House: Referred to Committee on Health, Welfare and Institutions

01/18/11 House: Reported from Health, Welfare and Institutions with substitute (22-Y 0-N)

01/18/11 House: Impact statement from DPB (HB1675)

01/18/11 House: Committee substitute printed 11104318D-H1

01/19/11 House: Read first time

01/20/11 House: Read second time

01/20/11 House: Committee substitute agreed to 11104318D-H1

01/20/11 House: Engrossed by House - committee substitute HB1675H1

01/21/11 House: Read third time and passed House BLOCK VOTE (94-Y 0-N)

01/21/11 House: VOTE: BLOCK VOTE PASSAGE (94-Y 0-N)

01/24/11 Senate: Constitutional reading dispensed

01/24/11 Senate: Referred to Committee on Education and Health

HB 1690 Battery; if person commits against emergency health care providers, penalty.

A BILL to amend and reenact § 18.2-57 of the Code of Virginia, relating to battery of emergency health care providers; penalty.

11100219D

Summary as introduced:

Assault and battery of emergency health care providers; penalty. Provides that the punishment for assault and battery upon a physician, physician's assistant, nurse, or nurse practitioner who is engaged in the performance of his duties as an emergency health care provider in an emergency room of a hospital or clinic or on the premises of any other facility rendering emergency medical care is a Class 1 misdemeanor, including a term of confinement of 15 days in jail, two days of which shall be a mandatory minimum term of confinement.

Patrons: Stolle, Anderson, Athey, Bell, Robert B., Byron, Cleaveland, Cosgrove, Cox, J.A., Garrett, Greason, Habeeb, Janis, Jones, May, O'Bannon, Oder, Peace, Poindexter, Purkey, Robinson, Rust, Sherwood, Tata and Wilt

01/10/11 House: Prefiled and ordered printed; offered 01/12/11 11100219D

01/10/11 House: Referred to Committee for Courts of Justice

01/14/11 House: Assigned Courts sub: #1 Criminal

01/17/11 House: Subcommittee recommends reporting with amendment(s) (8-Y 1-N)

01/19/11 House: Reported from Courts of Justice with amendments (19-Y 3-N)

01/21/11 House: Read first time

01/24/11 House: Impact statement from DPB (HB1690)

01/24/11 House: Read second time

01/24/11 House: Committee amendments agreed to

01/24/11 House: Engrossed by House as amended HB1690E

01/24/11 House: Printed as engrossed 11100219D-E

01/25/11 House: Read third time and passed House (92-Y 7-N)

01/25/11 House: VOTE: PASSAGE (92-Y 7-N)

01/26/11 Senate: Constitutional reading dispensed

01/26/11 Senate: Referred to Committee for Courts of Justice

HB 1774 State of emergency; preparation for response.

A BILL to amend and reenact § 44-146.28 of the Code of Virginia, relating to state of emergency; preparation for response.

11101563D

Summary as introduced:

State of emergency; preparation for response. Authorizes the Governor to allocate a sum sufficient for preparation of the Virginia National Guard and the Virginia State Defense Force to respond to certain enumerated circumstances, regardless of whether or not an official state of emergency is declared. However, the response preparation is limited to 300 personnel and five days, unless a state of emergency is declared. The bill also makes technical amendments.

Patron: Sherwood

01/11/11 House: Prefiled and ordered printed; offered 01/12/11 11101563D
01/11/11 House: Referred to Committee on Militia, Police and Public Safety
01/18/11 House: Assigned MPPS sub: #3
01/21/11 House: Subcommittee recommends reporting (5-Y 0-N)

HB 1834 Statewide Fire Prevention Code; permissible fireworks.

A BILL to amend and reenact §§ 27-95, 27-96.1, and 27-97 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 27-96.1:1, relating to Statewide Fire Prevention Code; permissible fireworks.

11103636D

Summary as introduced:

Statewide Fire Prevention Code; permissible fireworks. Redefines what constitutes permissible fireworks in Virginia, and prevents localities from prohibiting the use, design, possession, ignition, display, storage, sale, or transportation of permissible fireworks, or the setup or supervision thereof. Further, the bill provides that the storage and sale of permissible fireworks shall be governed solely by the Code for the Manufacture, Transportation, Storage, and Retail Sale of Fireworks and Pyrotechnic Articles adopted by the National Fire Protection Association (NFPA 1124, 2006 Edition).

Patron: Scott, E.T.

01/11/11 House: Prefiled and ordered printed; offered 01/12/11 11103636D
01/11/11 House: Referred to Committee on General Laws
01/17/11 House: Assigned GL sub: #1 Housing

HB 1948 Virginia Fusion Intelligence Center; changes requirement that data be reviewed every five years.

A BILL to amend and reenact § 52-48 of the Code of Virginia, relating to the Virginia Fusion Intelligence Center; review of databases.

11102571D

Summary as introduced:

Virginia Fusion Intelligence Center; review of databases. Changes the requirement that data in the Virginia Fusion Intelligence Center databases be reviewed every year to a requirement that it be reviewed every five years. Information that is determined to not be related to terrorist activity shall be removed from the database.

Patron: Villanueva

01/11/11 House: Prefiled and ordered printed; offered 01/12/11 11102571D
01/11/11 House: Referred to Committee on Militia, Police and Public Safety
01/18/11 House: Assigned MPPS sub: #3
01/21/11 House: Subcommittee recommends reporting with amendment(s) (5-Y 0-N)
01/27/11 House: Impact statement from DPB (HB1948)

HB 1953 Virginia Fusion Intelligence Center; receive & integrate criminal-related intelligence information.

A BILL to amend and reenact § 52-47 of the Code of Virginia, relating to the Virginia Fusion Intelligence Center.

11101102D

Summary as introduced:

Virginia Fusion Intelligence Center. Allows the Virginia Fusion Intelligence Center to receive and integrate criminal-related intelligence information, not just terrorist-related intelligence, to assist in preventing and deterring criminal activity generally.

Patron: Villanueva

01/11/11 House: Prefiled and ordered printed; offered 01/12/11 11101102D
01/11/11 House: Referred to Committee on Militia, Police and Public Safety
01/18/11 House: Assigned MPPS sub: #3
01/21/11 House: Subcommittee recommends striking from docket
01/27/11 House: Impact statement from DPB (HB1953)

HB 1970 Move over law; driver slow down if unsafe to change lanes approaching stationary emergency vehicle.

A BILL to amend and reenact § 46.2-921.1 of the Code of Virginia, relating to yielding right-of-way or reducing speed when approaching stationary emergency vehicles on highways.

11100261D

Summary as introduced:

"Move over" law. Provides that if changing lanes would be unreasonable or unsafe when approaching a stationary emergency vehicle, the driver must slow the vehicle by at least 10 mph below the posted speed limit and operate the vehicle at that reduced speed until the stationary vehicle is passed.

Patrons: Robinson and Tata

01/11/11 House: Prefiled and ordered printed; offered 01/12/11 11100261D
01/11/11 House: Referred to Committee on Transportation

01/14/11 House: Assigned Transportation sub: #2
01/19/11 House: Subcommittee recommends laying on the table

HB 2102 Retirement System; benefits for certain local employees.

A BILL to amend and reenact § 51.1-138 of the Code of Virginia, relating to the Virginia Retirement System; benefits for certain local employees.

11103209D

Summary as introduced:

Virginia Retirement System; benefits for local law enforcement, correctional, and emergency response employees in certain localities. Permits any locality that is exempt from providing all of the special statutory retirement benefits to local law enforcement, correctional, and emergency response employees because the locality's annual retirement allowance for such employees exceeds the statutory amount, to provide all of the other statutory benefits except the statutory annual retirement allowance (i) to all employees eligible for such benefits or (ii) only to eligible employees hired on or after July 1, 2010. The additional costs of providing the benefits would be borne by the locality making the election.

Patrons: Bulova, Herring, Hugo, Keam, Plum, Rust and Watts; *Senators:* Herring, Marsden and Petersen

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11103209D
01/12/11 House: Referred to Committee on Appropriations
01/17/11 House: Assigned App. sub: Compensation and Retirement
01/22/11 House: Impact statement from VRS (HB2102)

HB 2104 Retirement System; exempts certain employees from higher retirement age.

A BILL to amend and reenact §§ 51.1-153 and 51.1-155 of the Code of Virginia, relating to the Virginia Retirement System; retirement age and service requirements for certain individuals.

11101768D

Summary as introduced:

Virginia Retirement System; retirement age for certain employees. Exempts people who are hired after July 1, 2010, as firefighters, emergency medical technicians, or law-enforcement officers from the higher retirement age and service requirements for employees hired on or after July 1, 2010.

Patrons: Bulova, BaCote, Brink, Herring, Plum, Rust and Watts; *Senators:* Herring, Marsden and Petersen

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11101768D
01/12/11 House: Referred to Committee on Appropriations
01/17/11 House: Assigned App. sub: Compensation and Retirement
01/27/11 House: Impact statement from VRS (HB2104)

HB 2136 Motor vehicle safety belts; makes nonuse a primary offense.

A BILL to amend and reenact § 46.2-1094 of the Code of Virginia, relating to use of safety lap belts and shoulder harnesses in motor vehicles.

11102495D

Summary as introduced:

Motor vehicle safety belts. Makes nonuse of motor vehicle safety belts a primary offense.

Patron: Barlow

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11102495D
01/12/11 House: Referred to Committee on Militia, Police and Public Safety
01/18/11 House: Assigned MPPS sub: #2
01/20/11 House: Subcommittee recommends no action

HB 2174 Nonemergency medical transport; DMAS to issue request for proposal for service in certain districts.

A BILL to require the Department of Medical Assistance Services to request, receive, and consider proposals for the coordination and provision of nonemergency medical transport services in Planning Districts I and II.

11102688D

Summary as introduced:

Nonemergency medical transport. Directs the Department of Medical Assistance Services to issue a request for, receive, and consider proposals for the coordination and provision of nonemergency medical transport services in Planning Districts I and II, and authorizes the Department to enter into a contract with a provider other than the current provider upon expiration of an existing contract.

Patron: Phillips

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11102688D
01/12/11 House: Referred to Committee on Health, Welfare and Institutions
01/21/11 House: Assigned HWI sub: #4
01/27/11 House: Subcommittee recommends striking from docket

[HB 2178](#) Smoking; prohibited in emergency medical services vehicles and other emergency response vehicles.

A BILL to amend and reenact § 15.2-2824 of the Code of Virginia, relating to smoking in emergency response vehicles prohibited.

11102680D

Summary as introduced:

Smoking in emergency response vehicles prohibited. Prohibits smoking in emergency medical services vehicles and other emergency response vehicles.

Patron: Phillips

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11102680D

01/12/11 House: Referred to Committee on General Laws

01/19/11 House: Impact statement from DPB (HB2178)

[HB 2213](#) Driver training standards; establish for law-enforcement emergency calls and pursuits.

A BILL to amend and reenact § 9.1-102 of the Code of Virginia, relating to in-service driving training standards.

11102197D

Summary as introduced:

Driver training standards for law-enforcement emergency calls and pursuits. Provides that the Department of Criminal Justice Services shall establish training standards and publish a model policy for law-enforcement personnel assigned to vehicle patrol duties that comply with best practices for responding to emergency calls and pursuits.

Patrons: McQuinn and Carr; Senator: Marsh

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11102197D

01/12/11 House: Referred to Committee on Militia, Police and Public Safety

01/18/11 House: Assigned MPPS sub: #3

[HB 2279](#) Emergency medical services personnel; certification of applicants.

A BILL to amend and reenact § 32.1-111.5 of the Code of Virginia, relating to emergency medical services personnel; certification.

11102965D

Summary as introduced:

Emergency medical services personnel; certification. Requires the Commissioner of Health to consider relevant practical experience, education, and training completed by an applicant for certification as emergency medical services personnel; provides that the Commissioner may accept such experience, education, and training as satisfying the requirements for certification; and requires the Board of Health to establish criteria for determining when an applicant's experience, education and training satisfies the requirements for certification.

Patrons: Keam, Bell, Richard P., Englin and Merricks

01/12/11 House: Prefiled and ordered printed; offered 01/12/11 11102965D
01/12/11 House: Referred to Committee on Health, Welfare and Institutions
01/21/11 House: Assigned HWI sub: #1
01/24/11 House: Subcommittee recommends reporting (6-Y 0-N)
01/25/11 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
01/26/11 House: Impact statement from DPB (HB2279)
01/26/11 House: Read first time
01/27/11 House: Read second time and engrossed

HI 729 Commending Jack Swicegood.

Commending Jack Swicegood.

11101695D

Summary as introduced:

Commending Jack Swicegood.

Patrons: Poindexter; Senator: Stanley

01/21/11 House: Presented and laid on Speaker's table 11101695D
01/21/11 House: Introduced bill reprinted 11101695D

SB 762 Emergency vehicles; proceeding past red lights.

A BILL to amend and reenact § 46.2-920 of the Code of Virginia, relating to emergency vehicles proceeding past steady or flashing red signals, traffic lights, stop signs, or other devices indicating moving traffic shall stop.

11100974D

Summary as introduced:

Emergency vehicles proceeding past red lights. Provides that emergency vehicles proceeding past any steady or flashing red signals, traffic lights, stop signs, or other devices indicating moving traffic shall stop must sound a siren, exhaust whistle, or air

horn designed to give automatically intermittent signals or bring the vehicle to a complete stop before proceeding with due regard to the safety of persons and property.

Patrons: Puller, Edwards, Howell, Lucas, Marsh, Saslaw and Ticer; *Delegates:* Albo, Armstrong, Englin, Kilgore, Loupassi, McClellan, McQuinn and O'Bannon

12/07/10 Senate: Prefiled and ordered printed; offered 01/12/11 11100974D

12/07/10 Senate: Referred to Committee on Transportation

01/13/11 Senate: Rereferred from Transportation (13-Y 0-N)

01/13/11 Senate: Rereferred to Courts of Justice

01/18/11 Senate: Assigned Courts sub: Criminal

SB 772 Assault and battery; penalty when against fire marshals and assistant fire marshals.

A BILL to amend and reenact § 18.2-57 of the Code of Virginia, relating to assault and battery of fire marshals; penalty.

11100943D

Summary as introduced:

Assault and battery; fire marshals; penalty. Adds fire marshals and assistant fire marshals who have police powers to the definition of law-enforcement officer in the assault and battery criminal provision, which means that the punishment for committing an assault and battery on such a person who is engaged in the performance of his public duties is elevated from a Class 1 misdemeanor to a Class 6 felony, with a six-month mandatory minimum term of confinement.

Patrons: Locke and Vogel

12/14/10 Senate: Prefiled and ordered printed; offered 01/12/11 11100943D

12/14/10 Senate: Referred to Committee for Courts of Justice

12/15/10 Senate: Impact statement from VCSC (SB772)

01/11/11 Senate: Assigned Courts sub: Criminal

01/17/11 Senate: Reported from Courts of Justice with amendments (11-Y 0-N)

01/17/11 Senate: Rereferred to Finance

SB 787 Wireless E-911 Services Board; changes name to E-911 Services Board.

A BILL to amend and reenact §§ 2.2-225, 2.2-2031, 56-484.12, 56-484.13, and 56-484.14 of the Code of Virginia, relating to the Wireless E-911 Services Board; continued as E-911 Services Board.

11102730D

Summary as introduced:

Wireless E-911 Services Board; name. Changes the name of the Wireless E-911 Services Board to the E-911 Services Board.

Patron: Watkins

12/28/10 Senate: Prefiled and ordered printed; offered 01/12/11 11102730D
12/28/10 Senate: Referred to Committee on Commerce and Labor
01/17/11 Senate: Impact statement from DPB (SB787)
01/17/11 Senate: Reported from Commerce and Labor (13-Y 0-N)
01/19/11 Senate: Constitutional reading dispensed (38-Y 0-N)
01/20/11 Senate: Read second time and engrossed
01/21/11 Senate: Read third time and passed Senate (35-Y 0-N)
01/21/11 Senate: Reconsideration of passage agreed to by Senate (35-Y 0-N)
01/21/11 Senate: Passed Senate (35-Y 0-N)

SB 788 Wireless E-911 Fund; amends procedure by which Wireless E-911 Services Board distributes funds.

A BILL to amend and reenact § 56-484.17 of the Code of Virginia, relating to the Wireless E-911 Fund; distributions.

11102727D

Summary as introduced:

Wireless E-911 Fund; distributions. Amends the procedure by which the Wireless E-911 Services Board distributes funds in the Wireless E-911 Fund. The measure requires the Board to recalculate the distribution percentage for each public safety answering point annually before the start of each fiscal year based on the cost and call load data from one or more of the previous fiscal years. Currently, the Board calculates the distribution formula each October based on the data from the prior year.

Patron: Watkins

12/28/10 Senate: Prefiled and ordered printed; offered 01/12/11 11102727D
12/28/10 Senate: Referred to Committee on Commerce and Labor
01/17/11 Senate: Reported from Commerce and Labor (13-Y 0-N)
01/17/11 Senate: Impact statement from DPB (SB788)
01/19/11 Senate: Constitutional reading dispensed (38-Y 0-N)
01/20/11 Senate: Read second time and engrossed
01/21/11 Senate: Read third time and passed Senate (35-Y 0-N)
01/21/11 Senate: Reconsideration of passage agreed to by Senate (35-Y 0-N)
01/21/11 Senate: Passed Senate (35-Y 0-N)

SB 891 State of emergency; preparation for response.

A BILL to amend and reenact § 44-146.28 of the Code of Virginia, relating to state of emergency; preparation for response.

11101615D

Summary as introduced:

State of emergency; preparation for response. Authorizes the Governor to allocate a sum sufficient for preparation of the Virginia National Guard and the Virginia State Defense Force to respond to certain enumerated circumstances, regardless of whether or not an official state of emergency is declared. However, the response preparation is limited to 300 personnel and five days, unless a state of emergency is declared. The bill also makes technical amendments.

Patron: Wampler

01/10/11 Senate: Prefiled and ordered printed; offered 01/12/11 11101615D

01/10/11 Senate: Referred to Committee on General Laws and Technology

01/19/11 Senate: Reported from General Laws and Technology (15-Y 0-N)

01/21/11 Senate: Constitutional reading dispensed (35-Y 0-N)

01/24/11 Senate: Read second time and engrossed

01/25/11 Senate: Read third time and passed Senate (39-Y 0-N)

SB 918 Virginia Fusion Intelligence Center; receive & integrate criminal-related intelligence information.

A BILL to amend and reenact § 52-47 of the Code of Virginia, relating to the Virginia Fusion Intelligence Center.

11101184D

Summary as introduced:

Virginia Fusion Intelligence Center. Allows the Virginia Fusion Intelligence Center to receive and integrate criminal-related intelligence information, not just terrorist-related intelligence, to assist in preventing and deterring criminal activity generally.

Patron: McDougle

01/10/11 Senate: Prefiled and ordered printed; offered 01/12/11 11101184D

01/10/11 Senate: Referred to Committee for Courts of Justice

01/12/11 Senate: Assigned Courts sub: Criminal

01/27/11 Senate: Impact statement from DPB (SB918)

SB 924 Hospitals, nursing homes, etc.; regulations required of Board of Health.

A BILL to amend and reenact § 32.1-127 of the Code of Virginia, relating to regulation of hospitals, nursing homes, and certified nursing facilities.

11102225D

Summary as introduced:

Board of Health; regulation of facilities. Requires the Board of Health to promulgate regulations containing minimum standards for policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities.

Patron: McDougle

01/10/11 Senate: Prefiled and ordered printed; offered 01/12/11 11102225D

01/10/11 Senate: Referred to Committee on Education and Health

01/12/11 Senate: Assigned Education sub: Health Licensing

01/27/11 Senate: Reported from Education and Health (15-Y 0-N)

SB 1019 Fire Prevention; transfers to Fire Services Board authority for approving fee structure.

A BILL to amend and reenact § 27-98 of the Code of Virginia, relating to enforcement of Fire Prevention Code; fee.

11101688D

Summary as introduced:

Fire Prevention. Transfers from the Board of Housing and Community Development to the Virginia Fire Services Board the authority for approving the fee structure for the fees that the State Fire Marshal may charge to recover the actual cost of administering and enforcing the Code.

Patron: Puckett

01/11/11 Senate: Prefiled and ordered printed; offered 01/12/11 11101688D

01/11/11 Senate: Referred to Committee on General Laws and Technology

01/27/11 Senate: Impact statement from DPB (SB1019)

Counts: HB: 17 HJ: 1 SB: 8

Appendix B

Virginia Department of Health
Office of Emergency Medical Services

Trauma Fund Report on:

Use of Funds in
Improving Virginia's Trauma System, and

Review of Feasible Long Term Financing
Mechanisms and Potential
Funding Sources for Virginia's Trauma Centers

Pursuant to Item 290-D of the Appropriation Act

October 1, 2010

Executive Summary: In Virginia, 14 hospitals voluntarily undergo Trauma Center designation and commit to provide a higher level of care necessary to the seriously injured. Despite the value Trauma Centers provide to the community, Trauma Centers continue to face a variety of challenges that have led to a loss of Trauma Center designations or downgrades in coverage across the nation as well as in Virginia. These challenges are deterring additional hospitals from seeking Trauma Center designation.

The United States Centers for Disease Control and Injury Prevention (CDC) identify trauma as a “major global public health problem.” Trauma remains the leading cause of death for persons ages 1-44 years. The CDC estimates the lifetime medical costs associated with the morbidity of trauma patients for a given year is \$80 billion. The National Center for Health Statistics identified that trauma (unintentional injuries, suicide, and homicide) caused 1,702.2 years of potential life lost per 100,000 population in the year 2003 alone.

Trauma Fund Summary: In the 2004 General Assembly Session House Bill (HB) 1143 amended the *Code of Virginia* by adding section 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.

The legislation required that persons convicted of criminal violations for driving under the influence 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.

HB 2664, enacted during the 2005 Legislative Session, required that before granting or restoring a license or registration to any person whose driver's license or other privilege to drive motor vehicles or privilege to register a motor vehicle has been revoked or suspended, the Commissioner of the Department of Motor Vehicles must collect from that person a fee of \$40 in addition to all other fees provided for in this section. The additional \$40 fee must be paid into the Trauma Center Fund.

In 2006, language was added to the Appropriations Act specifying and requiring that the Virginia Department of Health, Office of Emergency Medical Services (VDH/OEMS) report on the use of these funds in improving Virginia's Trauma System to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1 of each year.

During the 2010 General Assembly Session language was included in the Appropriations Act requiring that a total of \$9,055,000 be transferred annually from the Trauma Center Fund to the

General Fund. Accompanying language increased the fee collected for driver's license reinstatements to \$100. It is projected that the increased fee will allow the Trauma Center Fund to continue providing needed funding to the Trauma Centers at approximately the same level as in prior years.

Trauma System Funding Challenges: In 2004 a Joint Legislative Audit and Review Commission (JLARC) report *The Use and Financing of Trauma Centers in Virginia*, stated that the Virginia Trauma System faced financial burdens for two major reasons: uncompensated or undercompensated care and readiness costs. The JLARC study concluded that the 14 hospitals in Virginia were losing a combined \$44 million each year.

Higher clinical care costs and Trauma System readiness costs are not accounted for by public or private payers. Payment from these sources is limited to the provision of actual clinical care given to a patient with an isolated minor injury. Trauma patients are those patients with severe, multisystem injuries that require complex critical care. Reimbursement rates also do not account for the specialized resources that must be maintained in a high state of readiness that may or may not be utilized. The specialized training, extra staffing, surgical specialties that must be immediately available, and extra infrastructure required by trauma center designation must be absorbed by the facility and are usually either cross-subsidized by other initiatives or else abandoned.

The Use of Trauma Center Funds for Maintaining and Improving Virginia's Trauma System: The Trauma Fund directs funds to be used for defraying the costs of providing emergency medical care to victims of trauma and to recognize uncompensated care losses. The Appropriations Act describes uncompensated care losses as including readiness costs and clinical services incurred by providing care to uninsured trauma patients. The level of readiness required of a trauma designated hospital is unparalleled by other disciplines and is where the VDH/OEMS has focused the efforts of the Trauma Center Fund in supporting Virginia's Trauma System.

Table 1 below summarizes the fiscal year 2010 revenues and expenditures for the Trauma Center Fund.

Table 1

DUI Penalties	\$52,054
License Reinstatement Fee	\$10,042,588
Total Funds Collected	\$10,094,642
Transferred to General Fund	\$2,970,000
Total Distributed to Hospitals	\$7,124,642

The VDH/OEMS administers the Trauma Center Fund and maintains a methodology for disbursing monies from the fund. The methodology is based on the number of patient admission days for trauma patients involved in motor vehicle crashes provided by each designated hospital during a one year period as a percentage to the total number of admission days provided by all designated centers. The percentage is used to determine the allocation of to each hospital (Table 2.) This methodology is reviewed annually by the VDH/OEMS, with stakeholder participation, and revised to meet the current needs of the system. During calendar year 2009 the trauma fund supported 6,104 patient admissions for significant injuries due to motor vehicle crashes. The 2009 admissions represent a total of 31,723 patient days.

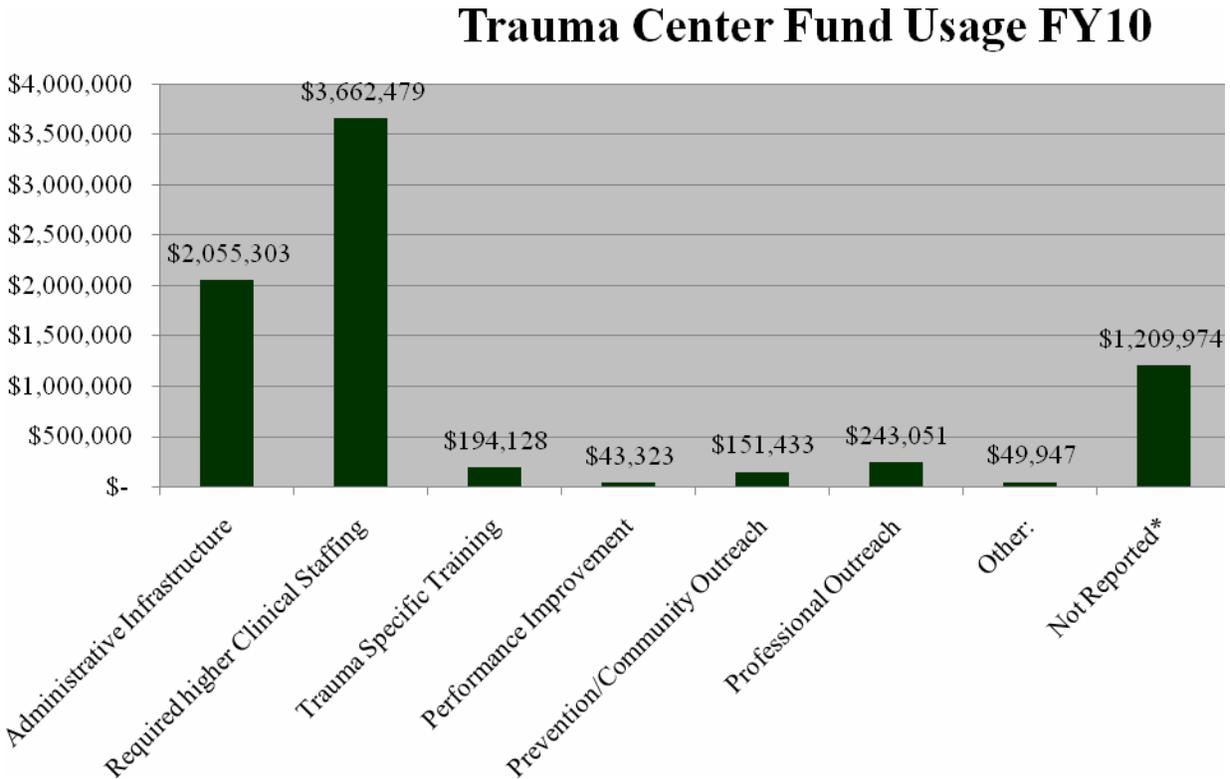
Table 2

Trauma Center Name & Level of Designation	Percentage of FY10 Funding Received	Total Funds Received for FY10	Total Funds Received Since FY06
I			
Roanoke Memorial Hospital	11.91%	\$802,640.76	\$4,299,981.27
Inova Fairfax Hospital	19.34%	\$1,541,890.25	\$9,060,219.37
Norfolk General Hospital	13.21%	\$940,753.30	\$5,034,672.23
UVA Health System	14.85%	\$1,087,078.40	\$5,132,104.45
VCU Health System	25.70%	\$1,821,485.78	\$8,412,546.83
II			
Lynchburg General Hospital	3.49%	\$275,788.13	\$964,077.05
Mary Washington Hospital	1.86%	\$55,558.20	\$55,558.20
Riverside Regional Medical Ctr.	2.81%	\$215,005.86	\$906,151.52
Winchester Medical Ctr.	3.20%	\$273,116.95	\$1,297,966.11
III			
New River Valley Medical Ctr.	0.21%	\$21,398.38	\$101,183.76
CJW Medical Ctr.	0.64%	\$39,090.30	\$379,564.42
Montgomery Regional Hospital	0.09%	\$4,630.03	\$118,023.29
Southside Regional Medical Ctr.	0.18%	\$25,795.35	\$191,554.74
Virginia Beach Gen'l Hospital	2.51%	\$195,163.03	\$1,422,096.19
Total	100.00%	\$7,299,394.73	\$37,375,699.43

Note: That data from the previous calendar year is used to the next fiscal year's allocations.

The Trauma Center Fund Disbursement Policy focuses on the readiness cost incurred by hospitals specifically due to being designated as a Trauma Center as illustrated in Figure 1.

Figure 1



* Sentara Norfolk General Hospital and Winchester Medical Center did not report

Feasible Long Term Financing Mechanisms, Examine, and Identify Potential Funding Sources for Virginia’s Trauma Centers: Currently the only funding dedicated to Virginia’s Trauma System is the Trauma Center Fund. Trauma System advocates and stakeholders continue to attempt to bring attention to the financial needs of Trauma Centers and state trauma systems.

VDH/OEMS has updated its research on other state trauma fund programs and will request that the next Trauma Fund Panel that is appointed review other state’s programs and consider adopting other best practices as appropriate for Virginia. In 2005, when the first Virginia Trauma Center Fund Disbursement Policy was developed there were seven other states that had trauma funds: Arizona, Colorado, Illinois, Maryland, Mississippi, Oklahoma, and Washington.

Like Virginia, four of these seven states had created their trauma funds in response to the closing of trauma centers occurring across the country. The JLARC study *The Use and*

Financing of Trauma Centers in Virginia stated that Virginia Trauma Centers were nearing a crisis situation if financial losses continued.

Since the creation of the Virginia Trauma Center Fund ten additional states have had enabling legislation establishing trauma center funds. These states are: Alaska, Arkansas, Georgia, Hawaii, Indiana, New Mexico, Ohio, Pennsylvania, Tennessee, and Wyoming. Table 3 identifies states that currently have trauma center funds, and summarizes the sources of revenue for those funds, the estimated annual funding for each (when available), and the year funding was initiated.

Table 3

State	Source of Funding	Estimated Annual Revenue	Year Initiated
Alaska	State appropriations, donations, and other program receipts from trauma activities	not available (new)	2010
Arizona	Indian Gaming Tax (28%)	\$19 million - \$23 million	2002
Arkansas	Cigarette tax (\$0.56/pack)	\$25 million maximum	2009
Colorado	EMS & Trauma State Fund	not available	1989
Georgia	"Superspeeder" fines	\$23 million/year plus a one time initial \$58 million in state funding	2009
Hawaii	Cigarette tax initially, general fund appropriations/traffic violations	\$4.7 million	2006
Illinois	Cigarette Tax (\$0.05/pack) and variety of traffic violations (\$10-\$500/occurrence)	not available	2007
Indiana	Gifts, grants, and donations	\$0	2010
Kansas	2.50% of district court fines, penalties, and forfeitures.	not available	1999
Maryland	Motor Vehicle Registration Fees (\$8)	\$14 million	2004
Mississippi	Motor vehicle moving violations (\$5/occurrence)	\$12.7 million	2008
New Mexico	State Appropriations	\$3.3 million	2006
Ohio	Seatbelt fines	\$750,000/biennium	
Oklahoma	Driver's license renewal & reinstatement fees, moving violations for driving w/o a license (2nd & subsequent offenses), DUI, speeding, uninsured vehicle, violating open container law, convictions for drug & alcohol offenses, & tobacco tax funding.	\$14 million - \$20 million	1999

Pennsylvania	Subsection of the Disproportionate Care Fund	\$27.6 million (\$15.1 million federal funds and \$12.5 million State funds)	2004
Tennessee	Cigarette tax	\$12 million	2007
Texas	DUI offenses (\$250/occurrence) and interest from the Tobacco Settlement	\$23 million	
Virginia	Drivers license and motor vehicle registration reinstatement fee (\$100) and 2nd and subsequent DUI offenses (\$50)	\$7.1 million (FY10)	2004
Washington	Motor vehicle moving violations (\$5/occurrence) and Motor Vehicle Registration Fees (\$4)	\$16.3 million (\$9.2 million from State sources and \$7.1 million Federal match)	1997
Wyoming	Gasoline tax (\$0.25/gallon)	not available (new)	2010

The State of Washington and Commonwealth of Pennsylvania dedicate a portion of their trauma funding to uncompensated care therefore receiving matching federal funding. These state models could serve as examples of potential additional funding sources for the Virginia Trauma System. VDH/OEMS will also request the Trauma Fund Panel address the possibility of structuring the Virginia Trauma Center Fund so it to could receive matching federal funds.

The federal health reform legislation on page 1081, section 3505 has authorized a grant program to promote universal access to trauma care services. This grant program would allow states to apply for funding that in turn would be awarded to trauma centers and trauma-related physician specialist as specified. At this time, funds have not been appropriated for this grant program. VDH/OEMS will continue to monitor for opportunities through federal health care reform.