

Regional EMS Council Designation, Considerations for Proposed Regional Service Areas

This document serves to give additional information and guidance regarding the regulations governing Regional EMS Councils, the designation process, the proposed regional service areas, and the processes by which these proposed service areas were determined.

§ 32.1-111.11 of the *Code of Virginia* establishes Regional EMS Councils, and defines their function and purpose, as follows:

The Board (of Health) shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system.

The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three (3) years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.

Each council shall include, if available, representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical technicians and other appropriate allied health professionals.

Each council shall adopt and revise as necessary a regional emergency medical services plan in cooperation with the Board.

The designated councils shall be required to match state funds with local funds obtained from private or public sources in the proportion specified in the regulations of the Board. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds. A local governing body may choose to appropriate funds for the purpose of providing matching grant funds for any council. However, this section shall not be construed to place any obligation on any local governing body to appropriate funds to any council.

The Board shall promulgate, in cooperation with the State Emergency Medical Services Advisory Board, regulations to implement this section, which shall include, but not be limited to, requirements to ensure accountability for public funds, criteria for matching funds, and performance standards.

Regulations governing Regional EMS Councils were developed, and approved by the State Board of Health in October 2007, and were enacted on January 1, 2008. Included in regulation is language outlining a process whereby entities can apply to be designated as Regional EMS Councils for specific service areas. As part of the designation process, OEMS has distributed guidance documents that pertain to the

application and designation process, as well as a proposed regional service area map and a list of localities included in these areas. The existing regional EMS Councils were last designed by the State Board of Health in March 1980. It is important to consider the number of changes that have occurred in the delivery of EMS and the location and availability of facilities, resources and personnel during this time period. The Board of Health will make the final decisions and determine the entities that are designated to coordinate programs and services within the defined regional service areas, based on recommendations and input from the Virginia Office of EMS.

The Office of EMS and the Board of Health are responsible for planning and developing a comprehensive, coordinated, emergency medical care system in the Commonwealth. The Board is further responsible to maintain a Statewide Emergency Medical Services Plan and make revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency medical care system. The Office of EMS and the State EMS Advisory Board through its committee structure ensures there is adequate input into the planning and evaluation process of the EMS system in Virginia by all key stakeholders.

Discussions have been held for at least twenty (20) years concerning the role and relationship of the regional EMS Councils in Virginia's statewide EMS system. In the past several years these discussions have resulted in a thorough, formalized evaluation and assessment of the regional EMS Council's in Virginia. Legislative studies, open meetings, Board retreats, and studies performed by independent consultants have been conducted. Revisions to performance based contracts, regulations governing Regional EMS Councils and criteria for review and designation of regional EMS Councils have been implemented. In all cases, these initiatives and activities have taken place with the full knowledge and involvement of the state EMS Advisory Board with input from stakeholders from all regions of the state and other interested parties.

The Office of EMS is soliciting public comments concerning the proposed regional service areas until February 29, 2008. This matter is on the agenda for the next state EMS Advisory Board meeting on Friday, February 8th. In addition, the Office of EMS will hold a public hearing in Richmond on Monday, February 25 to allow further input and comment from all interested parties.

At the conclusion of the public comment period, all documents, reports, and testimony will be reviewed and a determination will be made if adjustments to the proposed regional service areas are necessary. Only changes that improve, enhance and more fully integrate emergency medical care to the citizens of Virginia will be implemented.

The proposed changes to the existing regional service areas are based on basic principles of EMS systems. The Office of EMS feels these proposed changes will facilitate the collaborative interaction of EMS providers, public health officials, fire departments, law enforcement, emergency physicians, emergency departments, and hospitals. All of the components of the EMS system must be in place to provide care to those in need and to ensure that the public health/public safety/emergency medical safety net does not fail when it is needed the most. The Office of EMS believes changes are

needed and a different course of direction is necessary for the effective facilitation, planning, coordination, and efficient provision of EMS programs and services within the Commonwealth.

Proposed Regional EMS Council Service Area Considerations

The process of developing the map and locality list took many different items into consideration; both maps (see Regional Service Area Considerations PowerPoint presentation), documents and reports strictly related to Virginia, as well as documents related to the provision of EMS service, and the new definitions of “regionalization” of EMS systems found in the Agendas for the Future and the Institute of Medicine (IOM) Report: “Emergency Medical Services at the Crossroads.”

Regional EMS Councils are an integral part of the EMS System in Virginia. The proposed regional service areas recognize that each locality and region has unique geography, politics, and resources. It is the intent that the design, structure and administrative responsibilities for the EMS system in these proposed regional service areas will allow for different “regional accountable systems” while minimizing their differences and eliminating fragmentation of services.

Each topic or item on the consideration list may not be applicable to every region or locality. However, the majority of the considered items do apply to most areas of the Commonwealth and the thought process utilized to develop the proposed service areas.

- **Health Care System considerations**, including
 - Hospital Catchment Areas – Refer to map #22
 - Specialty Systems of Care (i.e., Trauma, Cardiac, Stroke, etc.) – Refer to maps #5, 6, 7 and 12
 - Major Health Care Systems – Refer to maps #12, 22.
 - Community and Critical Access Hospitals – Refer to map #13

Health care system coordination takes many different factors into consideration. These include, but are not limited to: Patient census, transfer patterns, and rural, suburban and urban factors. Many patients are transferred out of community hospitals due to services not offered at those facilities (CT, Neurology, Orthopedics, Obstetrics, Cardiac care, etc.). Many of these transfers fall along major healthcare systems, meaning that a patient admitted to a hospital within one health system will typically be transferred to another facility within that same system.

- **Health System Agency (HSA) boundaries.** There are five HSA regions: Southwest, Northwest, Northern, Central and Eastern. (Refer to map #10).

Region A + Region B is identical to the Southwest region.

Region C is identical to Northwest with the exception of Buckingham Co., Louisa Co., Stafford Co., King George Co., Spotsylvania Co., and Caroline Co.

Region D is identical to the Central region with the exception of Buckingham Co., and the jurisdictions in the Richmond Metro area.

Region E is identical to the Eastern region with the exception of the jurisdictions in the upper and middle peninsulas.

Region F is identical to the Central region with the exception of Buckingham Co., Louisa Co., and the counties in the upper and middle peninsulas.

Region G is identical to Northern with the exception of Stafford Co., King George Co., Spotsylvania Co., and Caroline Co.

The proposed regional service areas facilitate collaboration and cooperation with public and private entities engaged in activities that affect the public's health. These activities include planning and response activities for public health emergencies, health promotion programs, and developing partnerships with healthcare providers and institutions, community based organizations, and other government agencies engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems. In addition, integrating EMS with HSA's facilitates the public health system's efforts in an intentional, non-competitive, and nonduplicative manner.

- **Hospital Preparedness Regions – Virginia Dept. of Health (VDH)/Virginia Hospital and Healthcare Association (VHHA) - Refer to map #11.**

The proposed service areas promote collaboration with local public health systems to enhance readiness to respond to bioterrorism, infectious disease outbreaks and other public health emergencies. The proposed service areas allow EMS to more formally integrate with planning activities, especially in the development of hospital surge capacity plans.

There are six hospital Preparedness Regions: Far Southwest, Near Southwest, Northwestern, Central, Eastern and Northern.

Region A is identical to Far Southwest.

Region B is identical to Near Southwest with the exception of Rockbridge County.

Region C is identical to Northwestern with the exception of Buckingham, Louisa, and Rockbridge County.

Region D is an identical sub-set of the Central region.

Region F varies from the Central Region because it includes the upper and middle peninsulas and does not include Buckingham County and includes Louisa County.

Region G is identical to the Northern region.

Region E is identical to the Eastern Region with the exception of the counties in the upper and middle peninsulas.

- **Other Commonwealth of Virginia Public Safety Agency service area maps (VSP, VDFP, VDEM) – Refer to map #9**

These service areas were created under Executive Orders of previous Governors. Portions of each of the proposed regional service areas were considered to more closely align with these service areas. The benefit of mutual service areas promote improved response to

emergencies by public safety agencies through integration of planning, coordination, education and training, exercises and sharing of resources.

- **Metropolitan Medical Response System jurisdictions.**

The Hampton Roads MMRS service area is nearly identical to the proposed Region E.

- **Virginia Planning Districts and Counties and Cities**

The proposed regional service areas still allow for many of the relationships within planning districts and counties and cities to exist, and be maintained.

- **Demographics and Geography** (Including Metropolitan Statistical Areas (MSA), population and geography) – Refer to map #16.

The population and geography of Virginia is varied, and diverse. The proposed regional service areas take into consideration the areas of demographic concentration, as well as some of the natural geographic boundaries (mountains, rivers, etc.) that exist in Virginia.

- **Proposed Regional EMS Council service areas** –Refer to maps #1, 18.

The goal of the proposed regional service areas is to foster working relationships between existing entities, to form synergistic alliances, and decrease fragmentation and/or duplication of services.

Some of the benefits and positive outcomes of the proposed regional service areas are:

- a) Greater opportunity for consistent medical treatment protocols,
- b) Greater uniformity in medical direction and leadership,
- c) Greater opportunity to establish a Statewide drug box,
- d) Greater consistency in the scope of practice and standard of medical care of EMS providers,
- e) Reduce inconsistency in certification examination registration and administration,
- f) Greater consistency and quality of regional plans (trauma triage, hospital diversion, performance improvement, etc.),
- g) Standardized review and prioritization of Rescue Squad Assistance Fund grants,
- h) Consistency in endorsement of EMS Physicians and ALS Coordinators,
- i) Greater integration of community and public health resources,
- j) Increased accountability and compliance to performance based contracts and quality of deliverables,
- k) Improved staff resources and reduced vulnerability for smaller regions as cited in the Regional EMS Council study conducted in 2007 by the

Association and Society Management International, Inc. (ASMI). For example, in the past ten (10) years, the Thomas Jefferson EMS Council located in Charlottesville, VA has had no less than seven (7) different Executive Directors. Staff turnover is costly, disruptive and compromises the delivery of programs and services.

- l) Greater economy of scale. Reduced redundancy in functional structure and responsibilities such as accounting, budgeting, human resources, information management, education, training, etc. These redundancies are not cost effective and lead to disparate and fragmented services. Costs associated with incremental changes in protocols, drug box programs, development of regional plans, etc. are currently included in the scope of work and deliverables of the contracts between the Office of EMS and Regional EMS Councils.
 - m) Organizing regions on a larger basis is more consistent with IOM regionalization concepts that establish a “critical mass” capable of conducting system performance improvement using boundaries that better resemble specialty regions for trauma, stroke, etc.
 - n) Reduced confusion about the role of the regions versus the state. This confusion leads to fragmented delivery, quality and reporting on services delivered.
 - o) Ability to offer a greater variety of programs and services to urban and rural EMS providers,
 - p) Improved efficiencies in coordination, planning, and administration of services on a regional level,
 - q) Provides flexibility to effectively reconfigure combined regional service areas and to establish and/or maintain offices as needed. Any entity providing designated Regional EMS Council services must demonstrate their qualifications and capacity to plan, initiate, expand or improve communitywide services to the entire regional service area. The integration of urban, suburban, and rural delivery systems within a regional service area is essential in order to avoid a “metrocentric” influence or focus.
- **Number of licensed EMS agencies and permitted EMS vehicles** – Refer to maps #2, 15, and 19.

The proposed service area map takes into consideration the location of existing licensed EMS agencies and vehicles, future growth and expansion of these services, and creates opportunities to enhance the facilitation, coordination and integration of emergency medical services on a regional level.

- **Accredited EMS Training sites** – Refer to maps #3, 4, 20, and 21.

The number and location of current and future accredited EMS Training sites was taken into consideration, in terms of enhancing the coordination of service delivery among those sites, and relationships that exist or may exist between the training sites and the proposed regional service areas.

- **Access (service radius) to aeromedical services** – Refer to map #8

In evaluating the service area maps for medevac services in the Commonwealth, they all closely follow the proposed regional council service areas.

- **Institute of Medicine (IOM) Report: “Emergency Medical Services at the Crossroads” – 2006**

The IOM report mentions insufficient coordination, uncertain quality of care, lack of readiness for disasters, and divided professional identity as systemic problems that EMS faces. Systems have substantial variation among emergency and trauma care systems, with differing effectiveness of the regional EMS councils. It is believed that the proposed service areas will help to address these issues as they pertain to areas of the EMS system in Virginia.

- **American Society for Testing and Materials (ASTM) Standards Designation F 1086-94 – “Standard Guide for Structures and Responsibilities of EMS Systems Organizations”**

This document focuses on the structure and responsibilities of EMS systems at all levels, including the regional level. It addresses focusing on the planning, development, and coordination of a functional and comprehensive EMS system. § 3.2.1 of that standard states “To implement a regional EMS system, the state lead agency will identify the geographic or demographic area that is a natural catchment area for EMS provision for most, if not all, patients in a designated area.”

- **The National Highway Traffic Safety Administration (NHTSA) EMS Agenda For The Future - 1996**

The vision of the EMS Agenda for the Future involves integration of resources, even those across various health care and public safety agencies. Implementation of the Agenda will result in improvements in community health, and promote more appropriate use of resources. Recommendations call for collaboration of a number of areas of the EMS System. The proposed service areas are a necessary step towards improving the overall EMS system, and ensuring efficiency in contributing to that goal.

- **House Document 34 – Joint Legislative Audit and Review Commission (JLARC) Report “Review of EMS in Virginia” – 2004**

The JLARC report outlines the strengths of the Regional EMS councils, but also mentions the varying focus of each Regional EMS council. The goal of the proposed changes to regional service areas is to raise the overall level of service and decrease the variations that exist, and promote an enhanced, comprehensive delivery of services to a larger number of EMS system stakeholders.

- **EMSTAR Regional EMS Council Study - 1998.**

Among the items listed as recommendations by the study group, specific mention of OEMS taking the responsibility of designating an appropriate number of regions based on specific attributes, many of which appear as criteria listed in determining the proposed regional service areas. The summary of the study includes the opinion that changes will enhance the EMS system in Virginia.

- **The Regional EMS Council Study document prepared by Association and Society Management International, Inc. (ASMI) consultants in 2007. – Refer to map #17.**

The ASMI study made several recommendations, including alteration of Regional EMS Council service area boundaries. As stated in the executive summary, “The resulting regions would be larger, have deeper staff resources, affect some economies of scale, be able to offer varying services to urban and rural providers, and begin to implement system performance improvement on a scale and with boundaries better resembling specialty care regions.”

Summary

The Institute of Medicine report states “...today the system is more fragmented than ever, and the lack of effective coordination and accountability stand in the way of further progress and improved quality of care. EMS has the opportunity to move forward toward a more integrated and accountable system through fundamental, systemic changes. Or it can continue on its current path and risk further entrenchment of the fragmentation that stands in the way of system improvement.”

The Office of EMS endeavors to improve the overall EMS system, through a process whereby services that currently exist in some parts of the Commonwealth can exist in a larger portion of the EMS system. The process by which the regulations governing Regional EMS Councils were developed involved stakeholders representing a large number of the regional EMS councils. The process that Regional EMS Councils are designated is mandated in the *Code of Virginia*, and is specifically addressed in regulation. The Office of EMS has exercised due diligence and used all available resources in formulating proposed regional service areas that ultimately will greatly enhance and improve the EMS system for the citizens and visitors of the Commonwealth.