Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

Friday, February 7, 2014

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
February 7, 2014

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.

I. Executive Management, Administration & Finance

a) Action Items before the State EMS Advisory for February 7, 2014

At the time of finishing this report there were no action items reported from any Standing Committees or Work Goups of the Board.

b) Proposed Emergency Medical Services Budget for 2014 – 2016 Biennium

Item 284	Emergency Medical Services (40200)	42,620,756	42,620,756
	Financial Assistance for Non Profit Emergency Medical Services Organizations And Localities (40203)	35,148,150	35,148,150
	State Office of Emergency Medical Services (40204)	7,472,606	7,472,606
Fund Sources:	Special	17,847,721	17,847,721
	Dedicated Special Revenue	24,367,452	24,367,452
	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 State Health Commissioner 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.

F. Notwithstanding any other provision of law or regulation, funds from the $0.25 of the $4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

G. Out of this appropriation, up to $400,000 the first year and up to $400,000 the second year from the Virginia Rescue Squad Assistance Fund shall be used for grants to emergency medical services organizations to purchase 12-lead electrocardiograph monitors.

H. Out of this appropriation, $90,000 the first year and $90,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a licensed provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary.

c) Proposed Adjustments – Spending Reductions

Reduce GF for Poison Control Centers. Proposes to reduce funding by $300,000 GF each year to support poison control centers in the Commonwealth. Currently, three poison control centers receive $1.0 million GF each year to provide statewide services. Budget language limits state support to two centers and requires the department to determine which centers will receive funding at the reduced level.

d) Proposed Adjustments - Changes in Nongeneral Fund (NGF) Appropriations

Increase NGF Appropriation for Trauma Fund. Proposes an increase of $5.0 million NGF each year to the Trauma Fund to allow the department to provide additional funding to hospitals that operate trauma centers. Funding is available from balances generated from increased revenues from driver's license reinstatement fees that are deposited into the fund. A separate amendment to § 3-1.01 Interfund Transfers proposes to reduce the amount of funds transferred from the Trauma Fund to the general fund from $9.1 million to $8.1 million beginning in FY 2016.

§ 3-1.01 Budget Bill Language

T. The State Comptroller shall transfer quarterly, one-half of the revenue received pursuant to § 18.2-270.01, of the Code of Virginia, and consistent with the provisions of § 3-6.03 of this act, to the general fund in an amount not to exceed $9,055,000 the first year, and $8,055,000 the second year from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203). It is the intent of the General Assembly that this transfer be phased-out over a multi-year period.

Increase NGF Appropriation for Rescue Squad Assistance Fund (RSAF). Adds $1.5 million NGF each year to increase the appropriation to the RSAF. Additional balances have been generated from revenues to the fund from the $6.25 for Life fee. Funds may be used for training programs, equipment and supplies for emergency medical services (EMS) purposes. A separate amendment to § 3-1.01 Interfund Transfers proposes to reduce the amount of funds transferred from the RSAF to the general fund from $10.5 million to $9.5 million beginning in FY 2016.

§ 3-1.01 Budget Bill Language

Y. On or before June 30 each year, the State Comptroller shall transfer $10,518,587 the first year and $9,518,587 the second year to the general fund from the $2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200). It is the intent of the General Assembly that this transfer be phased-out over a multi-year period.

e) Adjustments and Modifications to Fees

§3-6.02 Annual Vehicle Registration Fee ($4.25 FOR LIFE)

Notwithstanding §46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be $6.25.

§3-6.03 Drivers License Reinstatement Fee

Notwithstanding §46.2-411 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be $100.

f) Budget Amendments Introduced in 2014 General Assembly Session

Item 291 #1h

Chief Patron: O'Bannon
Co-Patron(s): Brink, Dance, Garrett, Ingram, Peace, Sickles, Toscano

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Health	$700,000	$700,000	GF

Language:
Page 239, line 11, strike "$14,331,833" and insert "$15,031,833".
Page 239, line 11, strike "$14,331,833" and insert "$15,031,833".
Page 242, line 28, strike the first "700,000" and insert "1,400,000".
Page 242, line 28, strike the second "700,000" and insert "1,400,000".
Page 242, line 29, strike "two" and insert "three".
Page 242, line 30, strike "centers serving the Commonwealth and" and insert:
"services".
Page 242, line 31, strike "determine which two shall continue to be provided state funds" and insert:
"and determine how best to provide and enhance use of these services as a resource for patients with mental health disorders and for health care providers treating patients with poison-related suicide attempts, substance abuse, and adverse medication events."
Page 242, line 32, strike "available funding between these two centers. The general fund amounts shall be" and insert "the general fund amounts between the three centers".
Page 242, strike line 33.

Explanation:
(This amendment adds $700,000 each year from the general fund to restore current funding and add $400,000 each year to operate the current three poison control centers serving Virginia operated by the University of Virginia, Virginia Commonwealth University, and the National Capital Poison Center. During the 2013 Session, the General Assembly adopted budget language to continue funding to operate three poison control centers and provided $1,000,000 in fiscal year 2014 for the three centers. The introduced budget reduces funding to the centers providing $700,000 each year from the general fund and earmarking this support for two poison control centers instead of three. This amendment would ensure the continued statewide operation of the three poison control services for the Commonwealth, and provide additional funding to meet the increased number of calls handled by the centers and the intensity of the case management required to handle calls. Language is modified to reflect these changes and to have the State Health Commissioner work with the centers to determine how to provide and enhance the use of these services as a resource for individuals with behavioral health disorders.)

Item 291 #3s

Chief Patron: Barker
Co-Patron(s): Carrico, Colgan, Hanger, Howell, Lucas, Vogel, Wagner, Watkins

Health and Human Resources
Department Of Health

Language:
Page 242, line 28, strike the first "700,000" and insert "1,400,000".
Page 242, line 28, strike the second "700,000" and insert "1,400,000".
Page 242, line 29, strike "two" and insert "three".
Page 242, line 30, strike "centers serving the Commonwealth and" and insert: "services".
Page 242, line 31, strike "determine which two shall continue to be provided state funds" and insert:
"and determine how best to provide and enhance use of these service as a resource for patients with mental health disorders and for health care providers treating patients with poison-related suicide attempts, substance abuse, and adverse medication events."
Page 242, line 32, strike "available funding between these two centers. The general fund amounts" and insert "the general fund amounts between the three centers".
Page 242, line 32 strike "shall be".

Explanation:
(This amendment provides $700,000 GF each year to restore $300,000 per year that was reduced in the introduced budget and provides an additional $400,000 per year to ensure access to poison control services in the Commonwealth.)

g) OEMS Manager Appointed to Chair National Committee

Regulation and Compliance Manager **Michael D. Berg** was recently appointed to serve as chair of the National Association of State EMS Officials' (NASEMSO) Agency & Vehicle Licensure Committee. This committee is charged with developing model language for state adoption pertaining to emergency vehicle standards and licensure, compliance and regulation of EMS agencies, and the identification of state practices related to complaint management, investigations and model laws. Prior to his appointment, Michael was involved on this committee as part of a team that worked with the National Fire Protection Agency (NFPA) to review current NFPA 1917 Ambulance standards. This team made recommendations for changes to said standards, and 25 of those recommendations were accepted for consideration. Currently, he's working to develop minimum standards pertaining to licensure and compliance processes to be adopted statewide. Dia Gainor, executive director of NASEMSO said, "Your involvement on the Committee to date has been invaluable and the association would benefit greatly by your leadership."

h) Model Interstate Compact for EMS Personnel Licensure Nears Completion

(Scott Winston is a member of the NASEMSO Drafting Team for the Model Interstate Compact and provides this updated report)

NASEMSO (National Association of State EMS Officials received funding from the Department of Homeland Security (DHS), Office of Health Affairs to develop a model interstate compact for states' legislative use to solve the problem associated with day-to-day deployment of EMS personnel across state boundaries in non-declared states of emergency. The goal of this project is to allow member states to honor licenses (certifications) by other states and the respective privilege of the individual to practice so long as the license is issued by another member state in a manner consistent with the compact terms.

The Model Interstate Compact will benefit EMS personnel who my work in cross border environments, EMS employers, state EMS offices and ultimately the patients served by EMS personnel and organizations working in more than one state. One of the important features of the compact addresses EMS personnel practicing medicine in a state in which they are not technically licensed.

NASEMSO received legal and technical assistance, and process guidance from the Council of State Governments (CSG) through its National Center for Interstate Compacts (NCIC).
The project was closely coordinated with the National Governors Association, National Council of State Legislatures, Federal Interagency Committee on EMS (FICEMS), the National EMS Advisory Council (NEMSAC), and all federal agencies that employ EMS personnel.
The project started in October 2012 and will be complete by May 2014 and has four (4) phases:

Phase I: National Advisory Panel (NAP) (complete)

Examined current landscape of challenges and issues facing state EMS offices and the personnel they license and certify.

Present a set of solution-oriented recommendations for inclusion in a new model interstate compact.

- EMS personnel must have a current, valid, unrestricted license to practice at or above the level of EMT issued by a state, US territory, or the District of Columbia.
- EMS personnel must be at least 18 years old.
- Authorized government agency by which the EMS personnel are licensed currently uses the minimum criteria outlined in the compact pertaining to individual licensure, to include, at a minimum:
  a) Requirement to pass a cognitive and psychomotor exam
  b) Requirement to pass a criminal background check
     EMT – 56% of the states perform a state only check
     44% of the states perform a FBI fingerprint criminal background check (CBC).
     11% of the states perform both a state and FBI CBC.
     PM – 59% of the states perform a state only check
     41 % of the states perform a FBI fingerprint CBC
     39 % of the states perform both a state and FBI CBC.

- EMS personnel were requested or deployed by an agency having jurisdiction (AHJ), which includes, but is not limited to:

    a) Incident commander
    b) Medical care facility for a patient in their system
    c) Employer with statutory or contractual authority to conduct operations in the geographical area.

Phase II: Eleven (11) member drafting team (complete)

The task of the drafting team was to take theory-based NAP recommendations and make them operational by drafting draft legislation that can be adopted by states. The drafting team had its initial meeting in Washington, DC on June 4 and 5. The second meeting of the drafting team was held in Baltimore, MD on August 20 and 21. The team met on Oct. 30 and 31 in Alexandria, VA and again on December 11 and 12 in Alexandria.

Key Provisions of the Compact developed by the drafting team

A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1) Currently requires the use of the NREMT examination as a condition of issuing initial licenses at the EMT and paramedic levels;
2) Has a mechanism in place for receiving and investigating complaints about individuals;
3) Notifies the Commission, in compliance with the terms of the Compact, of any adverse action or significant investigatory information regarding and individual;
4) No later than five (5) years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the FBI;
5) Complies with the rules of the Commission.

Compact Privilege to Practice

In order to exercise the privilege to practice under the terms and provisions of the compact, an individual must:

1) Be at least 18 years of age;
2) Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
3) Practice under the supervision of a medical director.

An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission. An individual practicing in a remote state will be subject to the remote states' authority and laws. A remote state may, in accordance with due process and the state's laws, restrict or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

A near, final draft of the Compact was shared with the NASEMSO Board of Directors at their meeting in Alexandria on December 11. Following the completion of the work of the drafting team, which included reviewing recommendations from the Board, the draft Compact language has been forwarded to the DHS for their legal review and comment.
The National Advisory Panel (NAP) will have an opportunity to review the Compact language and it is anticipated the document will be presented for adoption at the NASEMSO Mid-Year meeting scheduled on March 4 – 6 in Orlando.

Phase III - Education and Enactment (not initiated)

FAQ's about the Compact and Commission will be developed. A strategy to educate states on the provisions of the Compact and how to initiate legislation to adopt the Compact in respective states will be developed.

Phase IV – Transition to Commission Administration (not initiated)

A minimum of 10 states are required to sign on to activate the compact. The Compact creates and establishes a joint public agency known as the Interstate Commission for EMS Personnel Practice.

Member states will collectively share rule making related to the compact. Terms of compact language is contractual in nature upon promulgation as law, subordinate rules and processes associated with the day-to-day use of the compact are collaboratively negotiated by the states and administered by a national (administration body) organization or Commission, allowing for flexibility and change to accommodate contemporary demands and process efficiency. Compacts take precedence over conflicting statutes of the signatory states.

The key benefits of EMS Personnel Interstate Compact are:

- Increased public access to EMS personnel;
- Enhance the states' ability to protect the public's health and safety, especially patient safety;
- Encourage the cooperation of members states in the areas of EMS personnel licensure and regulation;
- Support licensing of military members who are separating from an active duty tour and their spouses;

- Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse actions and significant investigatory information;
- Promote compliance with the laws governing EMS personnel practice in each member state; and
- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

Some of the operational benefits include:

- The development and maintenance of a coordinated database and reporting system containing licensure, adverse action and significant investigatory information on all licensed individuals in member states.
- Enhanced enforcement and compliance mechanisms
- Uniform compact language and rules (uniformity at the lowest common denominator without compromising public health and safety)
- Uniform operations and procedures that will address items such as privilege to practice, scope of practice, medical direction, etc.)
- Effective governance structures
- Coordination with other interstate compacts (for example, Emergency Management Assistance Compact (EMAC)

i) EMS Voluntary Event Notification Tool (E.V.E.N.T.) Online EMS event notification system

Within EMS, very little data exists about many aspects of the profession. In an effort to address this shortfall, NAEMT, in collaboration with the Center for Leadership, Innovation and Research in EMS, has developed an anonymous system for EMS practitioners to report near-miss and line of duty death (LODD) incidents by answering a series of questions in an online format.

The purpose of the system is to collect and aggregate data that will then be analyzed and used in the development of EMS policies and procedures, and for use in training, educating and preventing similar events from occurring in the future. No individual responses will be shared or transmitted to other parties. These Near Miss and LODD Online Reporting Tools and reports of the aggregate data collected are now live at http://event.clirems.org. These tools and reports, along with an already existing tool to report patient safety events, form the EMS Voluntary Event Notification Tool (E.V.E.N.T.).

The aggregated data collected is provided to state EMS offices and the appropriate federal agencies with jurisdiction over EMS on a quarterly and annual basis. Timely aggregated reports submitted through a variety of venues will make E.V.E.N.T. a living mechanism for change. It is envisioned that one of the primary end users of this data will be those responsible for the development of EMS policies at the state and federal levels.

EMS Agencies in Virginia urged to support system

The Office of EMS encourages use of this online reporting tool by EMS agencies across the commonwealth. EMS agencies that already have internal reporting processes are asked to also

submit their events into E.V.E.N.T. The Office of EMS was recently recognized as a site partner and is recognized by our logo posted on the E.V.E.N.T. site.

A link to the E.V.E.N.T. site is currently posted on the OEMS Web site at: http://www.vdh.virginia.gov/OEMS/EO/EMSSafety.htm.

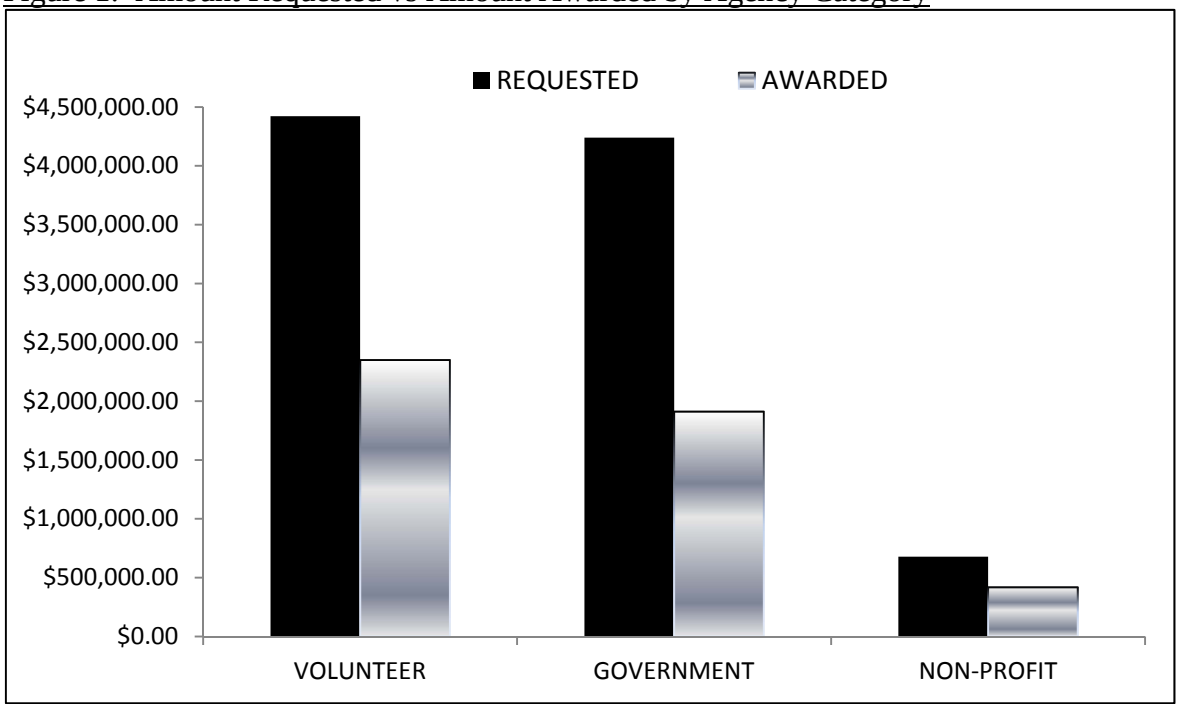
Visit the E.V.E.N.T. system at www.emseventreport.org.

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

The Fall 2013 RSAF grant deadline was September 16, 2013; OEMS received 111 grant applications requesting $9,340,665.00 in funding. Grants were awarded on January 1, 2014 in the amount of $4,677,403.00 to 90 agencies. The following agency categories were awarded funding for this grant cycle:

- 44 Volunteer Agencies were awarded $2,349,432.00
- 32 Government Agencies were awarded $1,910,379.00
- 14 Non-Profit Agencies were awarded $417,593.00

Figure 1: Amount Requested vs Amount Awarded by Agency Category

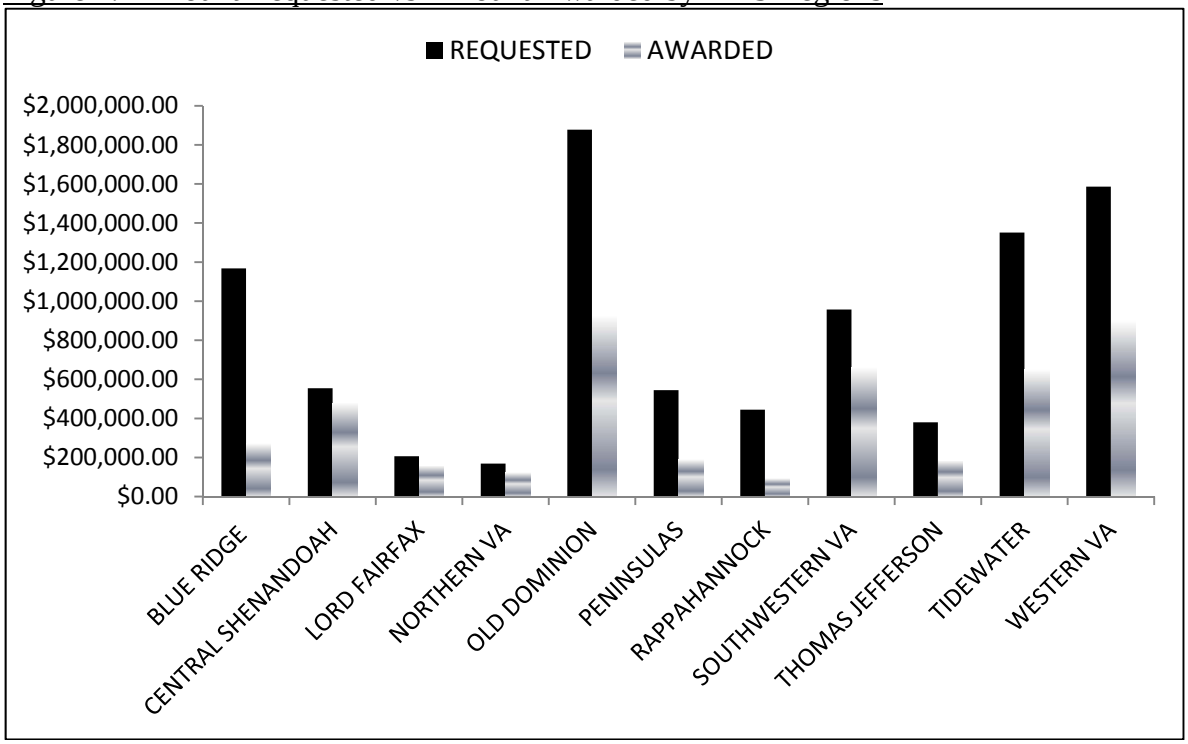


The following EMS regional areas were awarded funding in the following amounts:

- Blue Ridge EMS Council – 5 agencies awarded $272,018.00
- Central Shenandoah EMS Council – 7 agencies awarded $477,841.00

- Lord Fairfax EMS Council – 4 agencies awarded $155,564.00
- Northern Virginia EMS Council - 2 agencies awarded $121,048.00
- Old Dominion EMS Alliance – 15 agencies awarded $923,377.00
- Peninsulas EMS Council – 6 agencies awarded $189,808.00
- Rappahannock EMS Council – 5 agencies awarded $92,715.00
- Southwestern Virginia EMS Council – 12 agencies awarded $660,184.00
- Thomas Jefferson EMS Council – 5 agencies awarded $181,389.00
- Tidewater EMS Council – 9 agencies awarded $648,804.00
- Western Virginia EMS Council – 17 agencies awarded $901,295.00

Figure 2: Amount Requested vs Amount Awarded by EMS Regions



Note: 3 applications were submitted for the Non-Affiliated category in the amount of $100,705.50, 2 applications were awarded in the amount of $53,361.00.

RSAF Grants Awarded by item categories:

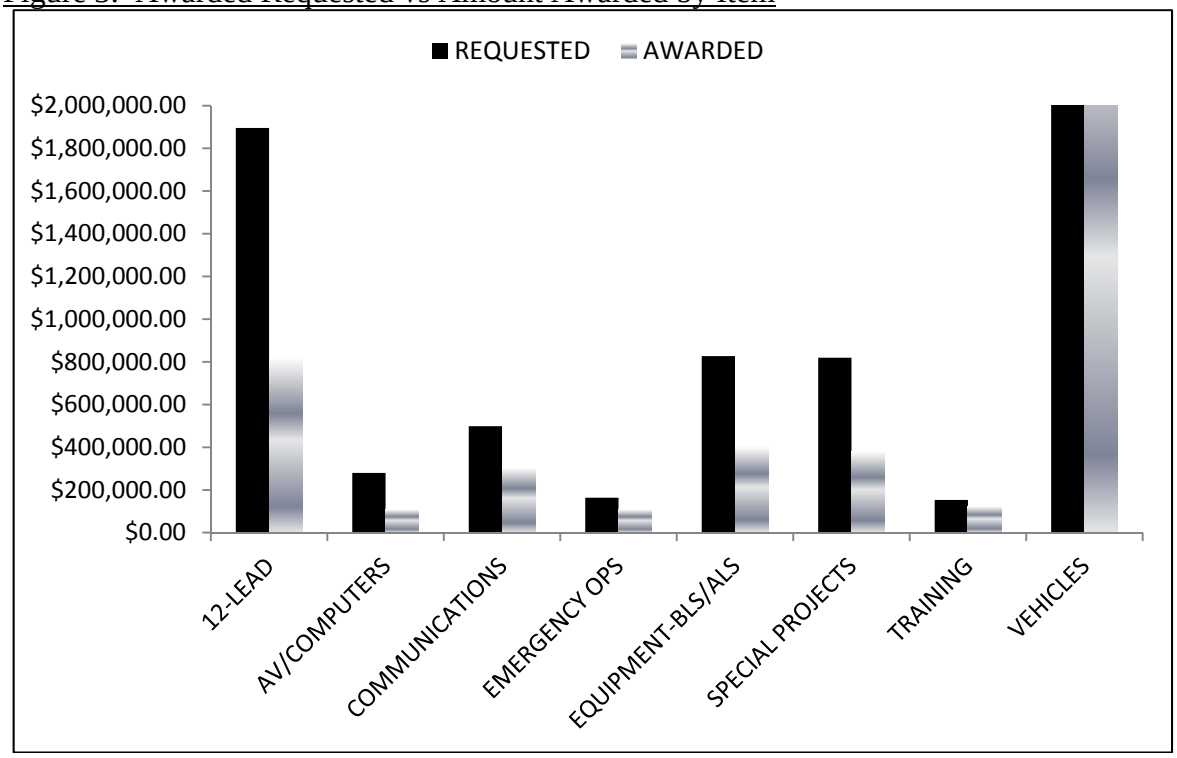
- 12 –Lead – $817,151.00
  - Includes all 12-Lead Defibrillators.
- Audio Visual and Computers - $ 109,233.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $ 304,399.00
  - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Emergency Operations - $ 108,679.00

- Includes items such as Mass Casualty Incident (MCI) All Terrain Vehicle (ATV), extrication equipment and personal protection equipment (PPE). 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 - $ 402,333.00
  - Includes any medical care equipment for sustaining life, airway management, and supplies, not including 12-Lead Defibrillators.
- Special Projects - $ 378,959.00
  - Includes projects such as Recruitment and Retention, Special Events Material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects and other innovative programs.
- Training - $ 121,495.00
  - 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 – 2,435,154.00
  - Includes ambulances, 1st Response/Quick Response Vehicles (QRV) and rechassis/remount of ambulances.

Figure 3: Awarded Requested vs Amount Awarded by Item



*NOTE: The VEHICLES category request amount was $4,704,087.00, the graph only represents items requested up to $2,000,000.00 to visually display other items requested.

The Spring 2014 grant cycle will begin on February 1, 2014 with a deadline of March 17, 2014; grants will be awarded July 1, 2014.

Rescue Squad Assistance Fund Emergency Grants

There were no Emergency Grant applications received during this quarter.

Virginia Pre-hospital Information Bridge (VPHIB) Special Initiative Grant

On October 28, 2013, OEMS announced a special initiative 100% grant opportunity for all non-profit, volunteer and governmental Emergency Medical Services (EMS) and Fire Agencies licensed in Virginia. Funding will be awarded to EMS agencies for the procurement of hardware (computers and mounting hardware) to be used to collect and submit the mandatory EMS minimum dataset in the prescribed technical format and quality level as required by the *Code of Virginia* §32.1-116.1. The grant deadline was January 10, 2014, OEMS received 217 grant applications requesting funding in the amount of $5,555,318.93. OEMS is in the process of reviewing the grant applications and grants are expected to be awarded before March 1, 2014.

EMS on the National Scene

II. EMS On the National Scene

a) Treasury Ensures Fair Treatment for Volunteer Firefighters and Emergency Responders Under the Affordable Care Act

(Copied from the United States Department of the Treasury web site)

By: Mark J. Mazur, Assistant Secretary for Tax Policy

The Affordable Care Act requires that an employer with 50 or more full-time employees offer affordable and adequate health care coverage to its employees. For this purpose, full time means 30 hours or more per week on average, with the hours of employees working less than that aggregated into full-time equivalents. Employers that do not fulfill this obligation may be required to make a payment in lieu of meeting their responsibilities, which are described in what are called the employer shared responsibility provisions. An important question arises about how the hours of volunteer firefighters and other volunteer emergency responders should be taken into account in determining whether they are full-time employees and for counting toward the 50-employee threshold. Treasury is acting to ensure that emergency volunteer service is accorded appropriate treatment under the Affordable Care Act.

Treasury and the IRS issued proposed regulations on the employer shared responsibility provisions (Section 4980H of the Tax Code) in December 2012 and invited public comments. Numerous comments were received from individuals and local fire and Emergency Medical Service departments that rely on volunteers. The comments generally suggested that the employer responsibility rules should not count volunteer hours of nominally compensated volunteer firefighters and emergency medical personnel in determining full-time employees (or full-time equivalents). In addition, Treasury heard from numerous members of Congress who expressed these same concerns on behalf of the volunteer emergency responders in their states and districts.

Treasury and the IRS carefully reviewed these comments and spoke with representatives of volunteer firefighters and volunteer emergency personnel to gain a better understanding of their specific situations. Treasury and the IRS also reviewed various rules that apply to such volunteer personnel under other laws. These include the statutory provisions that apply to bona fide volunteers under Section 457(e)(11) of the Tax Code (relating to deferred compensation plans of state and local governments and tax-exempt organizations) and rules governing the treatment of volunteers for purposes of the Federal wage and hour laws. **As a result of that review and analysis, the forthcoming final regulations relating to employer shared responsibility generally will not require volunteer hours of bona fide volunteer firefighters and volunteer emergency medical personnel at governmental or tax-exempt organizations to be counted when determining full-time employees (or full-time equivalents).**

These final regulations, which we expect to issue shortly, are intended to provide timely guidance for the volunteer emergency responder community. We think this guidance strikes the

appropriate balance in the treatment provided to traditional full-time emergency responder employees, bona fide volunteers, and to our Nation's first responder units, many of which rely heavily on volunteers.

b) IV Fluid Shortage – Statement from the FDA

"FDA is aware of the shortage situation for intravenous (IV) solutions, particularly 0.9% sodium chloride injection[1] (i.e., saline) used to provide patients with the necessary fluids for hydration and other conditions. The shortage has been triggered by a range of factors including a reported increased demand by hospitals, potentially related to the flu season.

We are working with the three manufacturers of these products, Baxter Healthcare Corp.[2], B.Braun Medical Inc., and Hospira Inc.[3], to help preserve the supply of these necessary products. Addressing this shortage will depend on the increased demand and the manufacturing production of the current suppliers. Millions of these I.V. solutions are used each week by health care professionals.

Please continue to visit the drug shortage webpage[4] for updates. For additional information, customers can also contact the firms directly.

FDA remains committed to doing everything we can to address drug shortages[5], including finding alternative sources, so that patients can get the medicines they need when they need them."

c) **NASEMSO Announces Call for Poster Presentations**

NASEMSO cordially invites individuals to participate in its inaugural poster competition for the 2014 NASEMSO Annual Meeting in Cleveland, OH. Staff members of a State office or foundation of EMS and trauma systems (must be a primary or contributing author) are eligible to participate. EMSC staff members not employed within the state office are also eligible, as are contracted state medical directors. For more information, look for the announcement at http://www.nasemso.org/Meetings/Annual/AnnualMeeting2014.asp.

d) **Calling All NASEMSO Authors!! SHARE Your Success!!!**

NASEMSO members are accomplished professionals. Many frequently participate in system development activities, demonstration projects, clinical research, and more that are published in health, medical, and industry journals. NASEMSO and *Washington Update* would like to highlight these activities and accomplishments. Please send information related to published articles to NASEMSO Program Manager Kathy Robinson. Notice of state and/or national awards are also welcome!!

e) **NASEMSO Endorses Hartford Consensus II Document**

The National Association of State EMS Officials (NASEMSO) Board of Directors has formally endorsed, with comments, the Hartford Consensus II document that was developed to enhance

survival from active shooters and intentional mass casualty events. The document encourages medical training for external hemorrhage control by law enforcement officers and includes an acronym to describe the needed response to active shooter and intentional mass-casualty events. The acronym is THREAT:

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

The Hartford Consensus II document also promotes greater integration of EMS, fire, rescue, and law enforcement resources to optimize patient care. For more background please go to: http://bulletin.facs.org/2013/09/hartford-consensus-ii/. The NASEMSO letter and comments are available at: http://www.nasemso.org/Advocacy/Supported/index.asp.

f) **FDA Releases Strategic Plan for Preventing Drug Shortages**

The Food and Drug Administration (FDA) recently released a strategic plan for preventing drug shortages and also proposed a rule to require drug and biotechnology companies to promptly notify the agency of potential disruptions to the supply of medically important drugs. The strategic plan describes actions the FDA will undertake to improve its current efforts to respond to early notifications of a potential shortage, including:

- Improving the FDA's communications about shortages, such as launching a new mobile app, so that individuals can instantaneously access drug shortage information via their smart phones;
- Clarifying manufacturers' roles and responsibilities by encouraging them to engage in certain practices that will reduce the likelihood of a shortage; and
- Updating the FDA's internal procedures for responding to early notifications of potential shortages

The strategic plan also describes efforts the FDA is considering to address the manufacturing and quality issues that are most often the root cause of drug shortages. You can find a copy of the plan at: http://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM372566.pdf.

According to the FDA's announcement, the proposed rule would require all manufacturers of certain medically important prescription drugs to notify the FDA of a permanent discontinuance or a temporary interruption of manufacturing likely to disrupt their supply. The rule also extends this requirement to manufacturers of medically important biologic products. The proposed rule implements the expanded early notification requirements included in the Food and Drug Administration Safety and Innovation Act (FDASIA) of 2012. You can find a copy of the proposed rule, which was recently published in the Federal Register at: https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-25956.pdf.
The plan and proposal come in response to a 2011 order from President Obama to solve the problem of drug shortages. A comment period on the proposed rule expired on 1/3/14.

g) **Fraudulent Online CPR Training Targets Health Professionals and Others**

A recent warning issued by the Health & Safety Institute (HSI) is worth repeating: "They're everywhere on the Internet: seemingly legitimate organizations offering 'instant' CPR or first aid certification for busy people who are required to hold current certification. And it often says right on those websites that online-only CPR or first aid certification is 'nationally accepted'. It is not. No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills." A quick online search by NASEMSO staff reveals several such courses charging registration fees of $40 or more per individual and offering a card that is accessible from one's own printer with no requirement for a hands-on evaluation. Several also purport to comply with OSHA requirements for occupational training, however, official clarification sought by HSI on whether OSHA considers online-only training acceptable for meeting the intent of the basic first aid and CPR requirements of OSHA standards at 29 CFR 1910.151, 1910.146, 1910.266, 1910.269, 1910.410, and 1926.950, the government agency's response was that "online training alone would not meet the requirements of these training standards." We encourage states, EMS agencies, and practitioners to be aware of fraudulent CPR programs. For more information go to: http://www.onlineonlycprfirstaidsham.com/.

h) **Making Sense of the ACA--An EMS Introduction to Accountable Care Organizations**

EMSWorld has published an interview with Matt Zavadsky, director of public affairs for Fort Worth's Mobile Healthcare about his organization's experience and ACO's in general that WU readers might find useful. "ACOs all look and act a little different. There are ACOs composed of payers and hospitals, hospitals and outpatient providers, and physicians and payers. They also operate under different structures within CMS. Some are shared-savings models, some have capitated rates for defined populations." The online article can be found at: http://www.emsworld.com/article/11186915/accountable-care-organizations-and-ems.

i) **NAEMT Announces Results of Community Paramedicine Survey**

Last summer, the EMS community participated in a survey about community paramedicine (CP) and mobile integrated healthcare (MIHC). The survey was conducted by the National Association of EMTs (NAEMT) to help EMS better understand trends, and to develop strategies and policies to support these concepts. NAEMT is pleased to provide the Community Paramedicine/Mobile Integrated Healthcare Survey Summary. As an additional resource, an interactive map has been created of all community paramedicine and mobile integrated healthcare programs reported through the survey. Click to view CP/MIHC online interactive map at: http://paramedicfoundation.org/jnemslf-survey/.

j) **Ford Recalls 3,000 Ambulances for Engine Stopping**

According to the Associated Press, Ford is recalling about 3,100 F-Series ambulances because the engines can stop unexpectedly. The F-350, F-450 and F-550 "Super Duty" ambulances have 6.7-Liter diesel engines. They're from the 2011 and 2012 model years. Ford says a faulty exhaust

gas temperature sensor can cause the engines to stop and not be restarted for at least an hour. The company says it has no reports of the problem affecting patient care. Most of the ambulances were sold in the U.S., with some in Canada and other countries. Dealers will replace the sensor.

k) **Military Medic to Paramedic Webinar Now Available**

A collaborative discussion among several entities that included NASEMSO, the National Highway Traffic Safety Administration (NHTSA) Office of EMS, the US Department of Defense, the National Registry of EMTs (NREMT), National Association of EMTs (NAEMT), the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), and several local "bridge" programs highlighted current efforts in the recognition, credentialing, and transition of military personnel to civilian EMS. The session was recorded and is being made available to any interested party at http://www.nasemso.org/Military-Medic-to-Paramedic-EMS-Bridge-Programs-Webinar.asp. (Please note: The actual webinar and companion ppt presentation are provided separately for convenience. Viewers are warned that the recording is a 69 MB wmv file. It is faster to download to your computer than to try and view in a browser.)

l) **FirstNet Will Provide Priority Access for First Responders**

Communications are an essential part of responding to disasters and emergencies. Without communication networks, firefighters might arrive at the incorrect address of a house fire, and emergency managers are unable to post their latest emergency updates to Facebook and Twitter. When completed, the First Responder Network Authority (FirstNet) will give users and agencies priority access so that they don't have to compete on commercial networks anymore. FirstNet comes from a 9/11 Commission Report recommendation: to create a nationwide, interoperable public safety communications network that will resolve communication issues that arise when multiple agencies and jurisdictions respond to a disaster. As part of the build out process, FirstNet held regional workshops in May and June of this year to work with states and localities to inform and design the network based on practitioner-driven recommendations from responders on the ground. Most recently, FirstNet issued an RFI (request for information) from mobile application providers who work on public safety applications that deal with big data, data security, an app store, and other technologies. The RFI responses were due on January 17, 2014, and the work on a dedicated first responder network will continue throughout the next year. For more information, please visit the FirstNet website: http://www.ntia.doc.gov/category/firstnet. Additionally, please visit FirstResponder.gov and check back at First Responder Communities of Practice for updates.

m) **NPSTC Submits EMS Apps List for FirstNet's PSAC**

The NPSTC Emergency Medical Services (EMS) Working Group has submitted a list of current and conceptual broadband applications at the request of the First Responder Network Authority (FirstNet), Public Safety Advisory Committee (PSAC). The list contains desired applications, ranked from high to low priority, with a description of the app, whether it is conceptual or available, if it can be used off network, and a use case to explain the need and benefit of the application. An example of a high priority app is Speech to Text, Integrated Patient Care Record, which is conceptual currently, while another high priority app is Video Assisted Patient Care,

which does exist today. The FirstNet Board asked the PSAC to develop a master document of applications for use by law enforcement, fire/rescue and EMS. The EMS Broadband Applications List (on NPSTC's website at: http://www.npstc.org/) will be merged with a larger list of all public safety groups, currently under development by the PSAC. When complete, the public safety applications will be submitted by the PSAC to the FirstNet.

n) **National 911 Program Releases Video on Benefits of NG911**

Next Generation (NG) 911 is a complex issue and its success requires the support and collaboration of not just the 911 community, but of first responders, legislators, and the public. The National 911 Program has released a short video that explains the benefits of NG911 for all of these audiences. The video is free and available for use at conferences, in presentations, in one-on-one meetings or at town hall gatherings. The video can be viewed, shared and downloaded at http://www.911.gov/ng911movie.html. More information, tools and resources, including the Guidelines for State NG911 Legislative Language, the State of 911 webinar series, and a Review of Nationwide Data Collection can also be found at http://www.911.gov.

o) **FCC Adopts Rules To Improve 9-1-1 Reliability**

The Federal Communications Commission has adopted rules to help ensure that Americans' phone calls to 9-1-1 are delivered during disasters. The rules are designed to improve 9-1-1 communications networks nationwide by requiring 9-1-1 service providers – generally, the wireline phone companies that route both wireline and wireless calls to 9-1-1 call centers – to take reasonable measures to provide reliable and resilient 9-1-1 service, as evidenced by an annual certification. The FCC also strengthened its rules to ensure that 9-1-1 service providers give 9-1-1 call centers timely and useful notification of 9-1-1 network outages. In addition, the FCC amended its rules to now give 9-1-1 service providers deadlines and other more specific requirements for notifying 9-1-1 call centers of outages. For more information go to: http://www.fcc.gov/document/fcc-adopts-rules-make-911-calling-more-reliable.

p) **CMS Proposes Emergency Preparedness Requirements for Participating Providers and Suppliers**

A proposed rule recently posted by the Centers for Medicare and Medicaid Services would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. The rule would affect hospitals, critical access hospitals, rural health clinics, federally qualified health centers, ambulatory surgical centers, among others. The deadline for comments is February 25, 2014. For more information go to: http://www.gpo.gov/fdsys/pkg/FR-2013-12-27/pdf/2013-30724.pdf.

Educational Development

III. Educational Development

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, January 8, 2014. There were no actions for the Board.

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

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee meeting met on Thursday, January 9, 2014. There are no action items for consideration. The MDC Committee, by unanimous vote, opposed HB1010.

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

New EMS Certification Process effective March 1, 2014

The Office of EMS initiated a fast-track regulatory review of the EMS Regulations (12VAC5-31) to change language in the Regulations to match changes to the *Code of Virginia* enacted during the 2013 session of the Virginia General Assembly. Put simply, these changes, once enacted, will allow EMS providers to recertify strictly through CE and will eliminate the OMD Waiver process. Once an EMS provider completes all required CE for their certification level in Virginia, they will be able to click a button in their EMS Portal and be recertified within the next 24 hours (if done prior to their expiration date.) Alternatively, once they complete their CE they can choose to wait until their month of expiration, and they will be recertified automatically. This new recertification process will be available to all EMS providers, regardless of whether they have an EMS agency affiliation or not.

Governor McDonnell, before leaving office, signed the fast track regulatory package eliminating the recertification requirement that eligible EMS providers must pass their respective certification examination or, if affiliated with a Virginia licensed EMS agency be waived by that agency's operational medical director. The change will go through a 30-day comment period and if approved, this new regulation is scheduled to go into effect on March 1, 2014.

To ease the transition to the new EMS Regulations, the Office of EMS recommended that all EMS providers whose certification was expiring in December 2013, January 2014 and February 2014 be extended until March 31, 2014. This recommendation is supported by both the Chief Deputy Commissioner for Public Health, Dr. Levine, and Health Commissioner, Dr. Romero.

The Office has been directed by VDH administration to complete this task in anticipation of the Regulation being approved.

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

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

- EMS Providers with a January 31, 2014 Expiration:

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

- EMS Providers with a February 28, 2014 Expiration:

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

Until the new regulation goes into effect, the Office will continue to process all waivers when they are received.

To assist EMS providers in understanding the new recertification process we have developed a flowchart which can be found in **Appendix A.**

Advanced Life Support Program

A. There are 5 applications pending ALS Coordinator endorsement and will be invited to the next full Instructor Institute. No further applications are allowed and all candidates have been encouraged to pursue their Education Coordinator certification.
B. Due to a recent discovery by the Division and after working with the National Registry, the office was able to simplify the certification examination of Nationally Registered Intermediate 99s to National Registered Paramedics. As a result of this activity and working with National Registry of EMTs, Nationally Registered I-99s who complete a Virginia approved I-99 Bridge to Paramedic program, will have the National Registry psychomotor examination waived, and will only need to pass the National Registry cognitive certification examination. This is limited only to those who possess a National Registry I99 certification at the time of testing. The only drawback is that reciprocity for Virginia paramedic certification will need to be paper based. We are working with Registry to automate this process. Any questions, please contact Debbie Akers (Deborah.T.Akers@vdh.virginia.gov) or by phone at 804-888-9120.

Basic Life Support Program

A. **Education Coordinator Institute**

1. The Office held an Education Coordinator (EC) Psychomotor Exam on December 14, 2013. Ten (10) Candidates attended and passed the exam.
2. The next EC Institute scheduled for January 2014 was modified, as there were only 3 candidates for the full five-day session. Seven Fire Instructors are scheduled to attend and completed the two-day Administrative session January 27 & 28. The Office is considering an off-cycle Institute prior to the one scheduled for June in conjunction with the VAVRS Rescue College in Blacksburg, VA.
3. EMS Providers interested in becoming an Education Coordinator please contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
4. Schedule of the various deadlines and EC Institutes can be found on the OEMS website at: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. **EMS Educator Updates**

1. For 2014, the Division of Educational Development will continue to provide in-person Educator Updates. We will be traveling to the regional EMS Council areas we did not see in 2013.
2. Since the last state EMS Advisory Board meeting, the Office conducted in-person EMS Educator Updates on January 25, 2014 at Johnston-Willis Hospital in the ODEMSA Region.
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

FY12

	Commit $	***Payment $***	***Balance $***
BLS Initial Course Funding	$784,836.00	$416,408.42	$368,427.58
BLS CE Course Funding	$122,640.00	$43,898.75	$78,741.25
ALS CE Course Funding	$273,840.00	$85,776.25	$188,063.75
BLS Auxiliary Program	$94,000.00	$15,200.00	$78,800.00
ALS Auxiliary Program	$332,000.00	$182,910.00	$149,090.00
ALS Initial Course Funding	$734,067.66	$701,102.45	$32,965.21
Totals	**$2,341,383.66**	**$1,445,295.87**	**$973,491.65**

FY13

	Commit $	*Payment $*	*Balance $*
Emergency Ops Funding	$1,460.00	$755.00	$705.00
BLS Initial Course Funding	$729,348.00	$350,954.45	$378,393.55
BLS CE Course Funding	$125,160.00	$47,556.21	$77,603.79
ALS CE Course Funding	$297,360.00	$73,587.50	$223,772.50
BLS Auxiliary Program	$80,000.00	$18,120.00	$61,880.00
ALS Auxiliary Program	$350,000.00	$157,805.00	$192,195.00
ALS Initial Course Funding	$1,102,668.00	$498,317.34	$604,350.66
Totals	**$2,685,996.00**	**$1,147,095.50**	**$1,538,900.50**

FY14

	Commit $	*Payment $*	*Balance $*
Emergency Ops Funding	$760.00	$0.00	$760.00
BLS Initial Course Funding	$678,096.00	$169,823.63	$508,272.37
BLS CE Course Funding	$77,385.00	$16,082.50	$61,302.50
ALS CE Course Funding	$209,170.00	$24,517.50	$184,652.50
BLS Auxiliary Program	$110,000.00	$27,960.00	$82,040.00
ALS Auxiliary Program	$244,000.00	$48,320.00	$195,680.00
ALS Initial Course Funding	$1,154,844.00	$286,084.50	$868,759.50
Totals	**$2,474,255.00**	**$572,788.13**	**$1,901.466.87**

EMS Education Program Accreditation

Emergency Medical Technician (EMT)

- Navy Region has been granted provision accreditation at the EMT level.
- City of Virginia Beach Fire/EMS has been granted provisional accreditation at the EMT Level.

Advanced Emergency Medical Technician (AEMT)

- No applications on file.

Intermediate – Reaccreditation

- James City County's has been granted reaccreditation.
- Nicholas Klimenko and Associates has been granted an alternative site accreditation for their program to be conducted at Charlottesville-Albermarle Rescue Squad.

Intermediate – Initial

- No applications on file.

Paramedic – Initial

- Patrick Henry Community College has received their Letter of Review.

- Lord Fairfax Community College is awaiting their results from their accreditation visit held in October.
- Associates in Emergency Care is awaiting their results from their accreditation visit held in October 2013.

Paramedic – Reaccreditation
- No applications on file.

B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
    1. http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm

C. Beginning January 1, 2013, students must enroll in a nationally accredited paramedic program to qualify for National Registry certification. National accreditation is offered through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).
    1. Virginia paramedic training programs in the Commonwealth have met the requirements making their students eligible to test NREMT as of January 1, 2013.
    2. The following programs still need to obtain national accreditation through CoAEMSP/CAAHEP.
        a) Lord Fairfax Community College
            (1) Has received their Letter of Review from CoAEMSP.
        b) Patrick Henry Community College
            (1) Has received their Letter of Review from CoAEMSP. No date for the initial site visit has been scheduled.
        c) Rappahannock EMS Council Paramedic Program
            (1) Has received their Letter of Review from CoAEMSP. No date for the initial site visit has been scheduled.
        d) Prince William County Paramedic Program
            (1) Has received their Letter of Review from CoAEMSP. No date for the initial site visit has been scheduled.

On Line EMS Continuing Education

Distributive Continuing Education

EMSAT programs are again available FREE on the Internet. Certified Virginia EMS providers can receive free EMSAT continuing education courses on your home or station PCs. Fifty to sixty EMSAT programs are available on CentreLearn Solutions LLC, at no cost to Virginia EMS providers. For specifics, please view the instructions listed under Education & Certification, EMSAT Online Training. For more information on EMSAT, including schedule and designated receive sites, visit the OEMS Web page at:
http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm

EMSAT

A. EMSAT programs for the next three months include:

Feb. 19, Lifting for Life (or "Lift Long and Prosper")
Cat. 1 ALS, Area 92, Cat. 2 BLS

Mar. 19, Pediatric Patients Without Vaccinations
Cat. 1 ALS, Area 91, Cat. 1 BLS, Area 08

Apr. 16, Multi-Lead EKGs
Cat. 1 ALS, Area 73, Cat. 1 BLS, Area 05

The EMS Portal

Since the launch of the EMS Portal just over 4 years ago, the EMS community has embraced the ability to interact in real time with the Office. The Portal has provided a greater level of interaction with OEMS data than ever before. Starting with instructors, adding EMS providers and with the EMS agency installment launched on December 5, 2011, the Portal continues to grow. The goal is to enable agencies, providers, educators, and EMS physicians a convenient and efficient process for exchanging information when interacting with the Office.

- With the implementation of the new recertification process, the portal becomes even more valuable for EMS providers as it is through the portal that early recertification is initiated.

- The opening of the EMS Physician Portal is near. This will allow EMS physicians access to the EMS system by providing electronic access to their agencies, providers, and educators. The EMS physician community has been very patient as the Portal was developing. With this access, the EMS physician will be better equipped to understand and manage the various EMS system components with which they participate. Due to unexpected IT activity, the launch of the OMD portal has been delayed. The EMS Physician portal should be active no later than mid February.

As a reminder, the EMS Portal is an all encompassing electronic dossier which provides unrivaled, 24/7/365 access to Virginia EMS personnel. Some of the features of the EMS Provider Portal include access to:

- EMS Agency affiliation data
- Continuing Education (CE) reports
- Enrolled course data
- Certification Test Eligibility letters
- Certification Test Results
- E-mail notifications of certification expiration
- Access to update/change address, phone number and e-mail address

- E-mail opt-in/opt-out functionality allowing for updates from various Divisions within the Office of EMS.

If your EMS providers have not yet activated their portal, please encourage them to do so. The same goes for your EMS agencies. OEMS is beginning to utilize email more and the source for the email addresses comes from the portal. Please be sure to keep your email up to date and assure it is listed correctly in the portal.

CTS (Consolidated Test Sites)

A. There have been 27 CTS, 2 EMT accredited course and 9 ALS psychomotor test sites conducted since your last meeting on November 6, 2013.
B. Romney Smith has resigned his examiner position to accept the position as a Field Representative for Regulation and Compliance. Winston Evatt has also resigned leaving two examiner positions open. OEMS will begin the hiring process for these vacant positions in January or February.
C. Effective January 1, 2014, the only written examinations that will be offered at Consolidated Test Sites are:
    a. EMT Instructor recertification until October 31, 2014
    b. Education Coordinator Pretest
    c. EMT Enhanced
D. Only VEMSES scenarios and skill sheets will be used for the psychomotor examination as of January 1, 2014

Other Activities

- Debbie Akers has been selected to serve as the co-chair to the Program Selection Committee for the National Association of EMS Educators (NAEMSE).
- The division is working closely with OIM, OEMS Administration, and the EMS Symposium Program Committee to develop a new web-based program for vendor registration, participant registration, class scheduler, and call for presentations.
- Warren Short participated in the National Governor's Association workgroup investigating the licensure, certification and other processes reviewing the integration of veteran's into the workforce. The meeting was held in Washington, D. C. November 19th through November 21st.
- An educational webinar was conducted on November 21st and 25th to train EMS Education Coordinators on the use of the web based enrollment program.
- Two webinars were conducted on December 6th for accredited programs on the new I-99 to Paramedic testing process for EMS providers who possess National Registry I-99 certification.
- Warren Short participated with the AEMS Council training managers who met in Glen Allen, VA on January 8th through 10th at OEMS.
- The EMS Symposium Program Committee met on Thursday, January 23rd.
- The Division participated in a webinar sponsored by NASEMSO entitled "EMS Education Transition: What's Needed to Ensure Success".

Emergency Operations

IV. Emergency Operations

Operations

- **Virginia EMS Symposium**

From November 5-10, 2013, the Emergency Operations staff attended and assisted in the hosting of 2011 Virginia EMS Symposium. Held in Norfolk, members of the Emergency Operations staff conducted courses, oversaw logistical support, and communications oversight, as well as assisted in manning registration and information booths. Courses taught included Mass Casualty incident Management I and II, Mass Casualty Incident Management I and II Train-the-Trainer, and mass casualty training for 911 dispatchers.

- **Winter Weather Operations**

The Division of Emergency Operations maintained operational readiness for the winter weather that impacted the Commonwealth on January 21, 2014. VERT members maintained availability for potential EOC staffing and plans were reviewed.

- **HMERT Recruitment and Retention**

Frank Cheatham, HMERT Coordinator continues to work on building the single resource aspect of the Health and Medical Emergency Response team (HMERT) system. Information was exchanged with several agencies interested in the concept. On January 19, 2014 Frank attended the Crater 6 Task Force meeting.

- **Virginia 1 DMAT**

Frank Cheatham, HMERT Coordinator continues to attend Va-1 DMAT meetings as a representative of the Office of EMS. During the month of January Frank participated in the readiness drills held in the Richmond and Hampton Roads areas.

- **MMRS and HMERT Meeting**

Karen Owens, Emergency Operations Manager, and Frank Cheatham, HMERT Coordinator, attended a meeting at the Tidewater EMS Regional Council office where they discussed the roles of EMS support services offered at regional and state levels, including MMRS and HMERT resources. They discussed shared issues with deployment and methods for improving resource use.

Committees/Meetings

- **Patient Tracking Committee**

On January 2, 2014, the Emergency Planner participated in a call in workgroup session regarding patient tracking.

- **EMS Communications Committee**

The EMS Communications Committee met November 7, 2013. Communications Coordinator, Ken Crumpler, provided a report on pending PSAP accreditation applications, including the City of Fredericksburg and Loudoun Count 9-1-1. There was continued discussion regarding updating the

reaccreditation procedures. The committee suggested that it can be done via submissions of all pertinent documents. Additional discussions were held regarding the update of the OEMS Communications Directory and EMD coverage map.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met on November 6, 2013. The meeting, attended by the Emergency Planner included discussions of patient tracking issues and the triage tag.

- **NASEMSO Highway Incident Traffic Safety (HITS) Committee**

Frank Cheatham, HMERT Coordinator represented staff on the NASEMSO Emergency Responder Advisory Panel. The final report for the Emergency Vehicle Battery hazard work was completed and presented during this quarter. Frank provided a report to the HITS Committee of NASEMSO.

- **Traffic Incident Management (TIM)**

The HMERT Coordinator serves on the group overseeing the deployment of the Traffic Incident Management (TIM) training program in the Commonwealth. The focus of the group is the SHRP 2 training curriculum that was developed by the federal government. Classes were held in several parts of the state.

Training

- **Traffic Incident Management Training**

The Office of EMS participated with the Virginia State Police, Department of Fire Programs, and Department of Transportation in a Traffic Incident Management (TIM) training program on January 19, 2014. The class, which contained over 90 participants, teaches roadway incident safety and management techniques through lecture and tabletop exercises.

- **Mass Casualty Incident Management I and II and Train-the-Trainerd**

Karen Owens, Emergency Operations Manager, conducted a Mass Casualty Incident Management program November 6, 2013 at the annual Virginia EMS Symposium. The course, attended by 24 students, teaches the concepts of scene management at a mass casualty incident.

Additionally Karen hosted a train-the-trainer program at the Symposium. The program, which was attended by over 30 students prepares individuals to become instructors of the Mass Casualty program.

Communications

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

PSAP accreditation for the City of Fredericksburg and Loudoun County was approved by the EMS Advisory Board on November 6, 2013.

- **The Association of Public Safety Communications Officers (APCO) and National Emergency Number Association (NENA)**

Mr. Crumpler, Communications Coordinator for the Office of EMS, taught "The Role of the PSAP in Medevac Operations as part of the Fall APCO/NENA/Interoperability Conference in Roanoke on October 30, 2013.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 18 events, including education sessions, training classes, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their FY14 Second Quarter contract reports throughout the month of January, and are under review. The EMS Systems Planner attended the Central Shenandoah, Old Dominion, Thomas Jefferson, and Tidewater EMS Council Board of Directors meetings during the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on February 6, 2014. The minutes of the November 6, 2013 meeting are available on the OEMS website. Additionally, the Medevac Committee met on January 24, 2014, to further review and revise draft regulations governing air medical services.

The Medevac WeatherSafe application continues to grow in the amount of data submitted. In terms of weather turndowns, there were 612 entries into the WeatherSafe system in the fourth quarter of 2013. 71% of those entries (438 entries) were for interfacility transports, which is a continuing trend. The total number of turndowns is an increase from 512 entries in the fourth quarter of 2012. Additionally, there were 2,407 entries into the system for 2013, an increase from 1,840 for the same timeframe in 2012. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation.

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 March of 2011.

As has been done in the past, the committees of the Advisory Board were tasked with evaluating the current Plan, and proposing additions and/or deletions, as well as a SWOT analysis, as it pertains to their particular subject area. Templates for these planning sessions were distributed in February, and proposed revisions were incorporated into the draft of the Plan. A draft of the Plan was submitted to the Advisory Board in September. OEMS posted the draft plan on the OEMS website throughout September and October. There were few comments from the public.

Over the past few months, the subcommittees of the Governor's Advisory Board have met to update the plan. A draft was approved by the Advisory Board in November of 2013, but additional language needs to be inserted in to the plan to include the Virginia Poison Centers. OEMS will then present the plan to the Board of Health in early 2014 for approval.

The current version of the State EMS Plan continues to be available for download via the OEMS website.

Public Information and Education

V. Public Information and Education

Public Relations

EMS Bulletin

Coordinated stories and began laying out the winter *EMS Bulletin* to be posted at the beginning of 2014.

Promotions

Via Social Media Outlets

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Some of the subjects that were featured from October through December are as follows:

- **October –** Clinician's letter, office closures, Air Medical Transport conference, symposium registration deadline.
- **November –** Virginia EMS Symposium updates, on-site event info, meetings, etc. (Used hash tag #VaEMSSymposium.) Provider CE deadlines, office closures, holiday safety tips.
- **December –** Return to Locality funding guidelines update, forecasted arrival of seasonal stomach bug, VEHEXT training, fast track regulatory package updates, office closures.

Via Constant Contact E-mail Listserv (October - December)

- Oct. 10: 12-Lead Survey
- Oct. 22: Governor's EMS Awards Ceremony Invite to Nominees
- Nov. 15: 2013 Governor's EMS Award Winners Announcement
- Nov. 18: 12-Lead Survey Update
- Dec. 2: 2014 Va. EMS Symposium Hotel Reservation Block Open
- Dec. 5: 2014 Va. EMS Symposium Lodging Info.
- Dec. 19: Forecast for Arrival of Seasonal Virus

Customer Service Feedback Form

- PR assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.
- PR assistant also provides weekly attention notices (when necessary) to director and assistant director concerning responses that may require immediate attention.

12-Lead Survey

- PR assistant assisted with the implementation of the 12-Lead ECG Questionnaire by monitoring survey responses through Survey Monkey, updating the master list of agencies as responses were received, ensuring that each agency received access to the survey and if not updated the contact information for that agency.
- PR assistant provided weekly updates to EMS management, Regional EMS Councils and program representatives to identify and monitor response by region.

Social Media and website Statistics

Figure 1: This graph shows the total organic reach of users who saw content from our Facebook page, October - December 2013. Each point represents the total reach of organic users in the 7-day period ending with that day.

Organic reach is the number of unique people who saw our post in the newsfeed or on our page, including people who saw it from a story shared by a friend when they liked it, commented on it, shared our post, answered a question or responded to an event. Also includes page mentions and check-ins. Viral reach is also counted as part of organic reach.

***As of January 22, 2014 the OEMS Facebook page had 3,474, which is an increase of 241 new likes since October 17, 2013. As of January 22, 2014 we have 2,386 Twitter followers, which is an increase of 171 followers since October 17, 2013.**

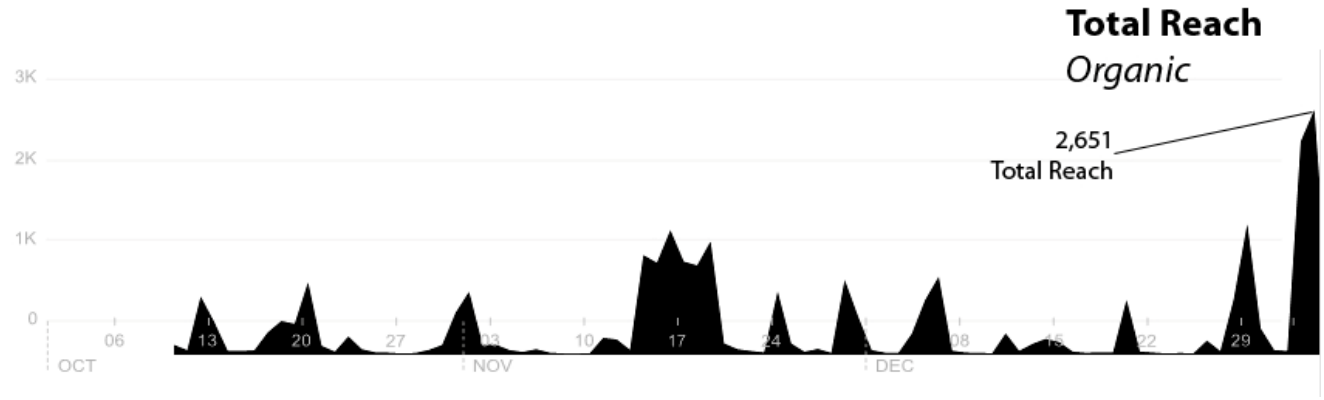


Figure 2: This table represents the top five downloaded items on the OEMS website from September – December 2013.

September	1. 2013 Symposium Catalog (41,857 Downloads) 2. 2013 Fall EMS Bulletin (32,353 Downloads) 3. 2010 Symposium Presentations – LMGT-732 (27,456 Downloads) 4. EMSAT CentreLearn Instructions (17,532 Downloads) 5. Transition to National Registry Testing Slides (9,206 Downloads)
October	1. 2010 Symposium Presentations – LMGT-732 (41,535 Downloads) 2. 2013 Symposium Catalog (25,516 Downloads) 3. 2013 Fall EMS Bulletin (17,116 Downloads) 4. EMSAT CentreLearn Instructions (16,749 Downloads) 5. 2009 Symposium Presentations – PREP-920 (9,697 Downloads)
November	1. 2010 Symposium Presentations – LMGT-732 (25,340 Downloads) 2. 2013 Symposium Catalog (22,825 Downloads) 3. EMSAT CentreLearn Instructions (19,760 Downloads) 4. 2013 Fall EMS Bulletin (9,170 Downloads) 5. 2013 EMS Governor's Awards (7,472 Downloads)

December	1. 2010 Symposium Presentations – LMGT-732 (27,133 Downloads) 2. EMSAT CentreLearn Instructions (16,543 Downloads) 3. 2012 Symposium Presentations – OPE-4006 (14,175 Downloads) 4. 2013 Fall EMS Bulletin (9,970 Downloads) 5. Training Catalog (8,127 Downloads)

Figure 3: This table identifies the number of unique visitors, the average hits per day and the average visit length by minutes to the OEMS website from September – December 2013. *Visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a specified time period, whereas the *average hits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
September	39,209	2,356	23:17
October	39,567	2,352	23:24
November	37,097	2,267	15:16
December	34,722	2,262	14:26

Symposium

- Finalized signage order, which included symposium-related onsite signage for the Marriott and the Sheraton. Submitted for print by October 8, 2013.
- Coordinated on-site sponsor signage.
- Finalized plans for on-site Flu Shot Clinic with Norfolk HD.
- PR assistant created flier promoting on-site events.
- Continued to update Symposium sponsor's website links on the OEMS website.
- PR assistant created sponsor bingo card and printed 1,800 copies for symposium bags. Karen Owens, emergency operations manager coordinated and obtained bingo and symposium event prizes from various symposium vendors and local retailers.
- Coordinated all handouts (from sponsors and OEMS staff) to be included in the registration packets. The week of October 28 – November 1, stuffed and packed 1,800 registration packets.
- Continued to field calls and emails from providers regarding registration, cancellations and vendors regarding sponsorship opportunities and the availability of vendor hall space.
- Attended the 34th Annual Virginia EMS Symposium, November 5 – 10, 2013. Assisted with registration and signage, coordinated the Governor's EMS Awards ceremony and reception, the flu shot clinic and other evening events. Assisted with the vendor hall and updated social media sites with classroom/instructor updates and other event info.
- PR assistant emailed Leadership and Management honorary certificates in December to eligible Symposium attendees who signed up and met the certificate requirements.

Governor's EMS Awards Program

- PR assistant prepared award winner's info, which was read at the award ceremony, and also prepared the award nominee PowerPoint presentation.
- PR assistant emailed nominees electronic invitation to the awards ceremony and reception, and also monitored nominee's RSVP to the award reception.
- Posted Governor's EMS Award winners on the OEMS website homepage.
- Sent out press release November 21, 2013 announcing state award winners.
- Promoted award winners through Facebook and Twitter social media sites.
- Sent award winner's info to the Regional EMS Councils for local recognition on their websites.
- PR assistant sent email through the OEMS listserv recognizing the 2013 Governor's EMS Award winners.

Media Coverage

The PR coordinator was responsible for fielding the following OEMS media inquiries.

- Nov. 15 – Reporter Dan Casey, Roanoke Times inquired about air ambulance patient transport billing rates.
- Nov. 21 – Meredith Kruse, senior editor with the Virginian-Pilot inquired about regional winners announced in Governor's EMS Awards Press Release.
- Dec. 10 – Received an inquiry from Senator Warner's Office regarding statistics for volunteer EMS providers in Virginia.
- Dec. 12 – Repoter Anita Blanton, WAVY-TV 10/WVBT inquired about the closure of First Med EMS.
- Dec. 27 – Reporter Ruthann Carr, Fluvanna Review wanted an updated on the Fluvanna Rescue Squad investigation.

VDH Communications

VDH Communications Tasks– The PR coordinator was responsible for covering the following VDH communications tasks from July - September 2013.

- **October** –Responsible for coordinating and editing stories for the weekly commissioner's email during the month of October.
- **November** – Responsible for team editor assignment, which involved editing press releases, stories, and other items for VDH PIO's during the month of November.
- **December** – Responsible for editing and sending out Media Alerts during the month of December.
- In addition to these assignments, the PR coordinator is also assigned the task of updating the VDH Clinical Community Facebook page and coordinating, editing and posting daily tweets for the VDH Twitter page.

Commissioner's Weekly Email – The PR coordinator submitted the following OEMS stories to the commissioner's weekly email. Submissions that were recognized appear as follows:

Sept. 23 - OEMS Division of Trauma/Critical Care Initiates Process to Integrate Data

The Office of Emergency Services' Division of Trauma/Critical Care (TCC) staffs, Trauma/Critical Care Manager **Paul Sharpe** and Informatics Coordinator **Carol Pugh, PharmD, M.S.**, recently kicked off an effort to integrate emergency medical services (EMS) data and hospital trauma data to provide patient outcome data for the approximately 750,000 patients transported by ambulance each year, and integrate this rich data source into other public health programs. Thanks also to Data Warehouse Supervisor **Christopher Bradley** and ETL Developer Analyst **Todd Nemanich**, who are working to coordinate the multiple databases.

Nov. 25 - OEMS Hosts 34th Annual Virginia EMS Symposium

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 34th Annual Virginia EMS Symposium. The largest EMS training event in the state, and one of the largest in the country, welcomed 1,821 registered attendees. The symposium offered 19 course tracks and 283 courses covering everything from hands-on training in trauma, medical and cardiac care to education for Medevac services, communications, operations, and health and safety. Approximately 23,580 hours of continuing education credits were granted. The event also included a two-day youth rescue camp for children ages 8 – 12, who learned basic lifesaving skills, and the Governor's EMS Awards. Many thanks to the entire OEMS staff whose assistance and dedication make this event a continued success. Additional thanks go to staff responsible for preplanning, event coordination and on-site assistance: **Gary Brown**, director; **Scott Winston**, assistant director; **Warren Short**, EMS training manager; **Dr. George Lindbeck**, state operational medical director; **Debbie Akers**, ALS training specialist; **Frank Cheatham**, HMERT coordinator; **Terry Coy**, media specialist III; **Tristen Graves**, public relations assistant; **Irene Hamilton**, executive secretary; **Norma Howard**, continuing education coordinator; **Marian Hunter**, public relations coordinator; **Greg Neiman**, BLS training specialist; and **Karen Owens**, emergency operations manager. Thanks also to the following for their support: **Michael Berg**, **Wayne Berry**, **Peter Brown**, **James Burch**, **Ken Crumpler**, **Kapil Daddikar**, **Ed Damerel**, **Amanda Davis**, **David Edwards**, **Paul Fleenor**, **Gerry Girard**, **Adam Harrell**, **Ora Shea Jones**, **Dheeraj Katangur**, **Ron Kendrick**, **Stephen McNeer**, **Manoj Madhavan**, **Tracy Manley**, **Carol Morrow**, **Kimberly Owens**, **Winnie Pennington**, **Tim Perkins**, **Carol Pugh**, **Paul Sharpe**, **Christy Shires**, **Wanda Street**, **Robert Swander** and **Nikki Tolliver**. It was a great pleasure for me to be part of the Governor's EMS Awards Ceremony recognizing the innovation and commitment of EMS professionals throughout Virginia.

Nov. 25 - Norfolk HD and OEMS Provides Free Flu Vaccine at Symposium

OEMS and the Norfolk Health District teamed up during the EMS Symposium and provided a free flu shot clinic to all symposium attendees. Flu shots were administered to 180 people during the seven-hour clinic. Special thanks to NHD Director **Dr. Demetria Lindsay,** Public Health Nurse Supervisor **Nicole Baker**, Medical Reserve Corps (MRC) Coordinator **Linda Botts**, Immunization Action Plan Coordinator **Joyce Sample**, Public Health Nurses **Stephanie Collazo, Marie Lofton**, and **Adwoa Sam**, Emergency Planner **Michelle Clancy** and Norfolk MRC volunteers for making the clinic such a success.

Dec. 30 - OEMS Organizes Silent Auction to Benefit CVC

In an effort to raise money for the Combined Virginia Campaign (CVC), the Office of Emergency Medical Services (OEMS) conducted its first-ever Silent Auction, December 12. A total of 36 items were donated for auction, many of which were handmade. Additional donations included movie tickets, baked goods and other fun items. The auction raised $135, which will be donated to the CVC on behalf of OEMS. Many thanks go to **Shea Jones, HR analyst** and **Winnie Pennington, emergency operations planner** for conceptualizing and organizing this event. Additional thanks go to OEMS staff who donated items: **Karen Owens; emergency operations manager; Kimberly Owens, fiscal technician; Carol Pugh, informatics coordinator; Christy Shires, VPHIB coordinator** and **Wanda Street, secretary senior.**

Regulation and Compliance

Compliance

The EMS Program Representatives continue to complete ongoing investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to meet minimum staffing requirements for EMS vehicles and individuals with criminal convictions. The following is a summary of the Division's activities for the 4th quarter of 2013:

Enforcement

Citations Issued:	13
Providers:	5
EMS Agencies:	8

Compliance Cases

New Cases:	13
Cases closed:	6
Suspensions:	4
Temporary Suspension:	2
Revocations:	1
Consent Order:	0

Reported Drug Diversions 5

EMS Agency Inspections

Licensed EMS agencies:	683 Active
Permitted EMS Vehicles: (Active, Reserve, Temporary)	4,492
Recertification:	
Agencies:	82
Vehicles:	586
New EMS agencies:	3
Spot Inspections:	109

Hearings (Formal, Informal Fact Finding Conference)

October 2, 2013 – Evatt
October 9, 2013 – Brookville-Timberlake Volunteer Fire Department
October 9, 2013 – Metts
November 20, 2013 – Martin
November 20, 2013 – Batts

December 17, 2013 – Moore
December 17, 2013 – Batts (rescheduled)
December 17, 2013 – Bower

Variances

Approved:	10
Disapproved:	4

OMD/PCD Endorsements

As of January 22, 2014: 234 Endorsed EMS Physicians

EMS Regulations

Staff continues to work with the various stakeholder groups (Medevac, Training and FARC) to review suggested revisions to sections of the current EMS Regulations. Once completed, they will be directed through the Rules and Regulations Committee to be submitted as a regulatory review packet.

During the 2013 session of the Virginia General Assembly, two bills (HB1622 and SB 790) were introduced and subsequently passed that amended §32.1-111.5 of the *Code* by removing the requirement for EMS providers to take a written examination or obtain a waiver from testing from the relevant operational medical director (OMD) in order to recertify their EMS certification. Staff prepared a Fast Track regulatory packet which has moved through the approval process and is currently published in the Virginia Register of Regulations (1/13/2014) and is in the public comment phase. The regulatory changes are to be implemented on March 1, 2014 [12VAC5-31. Virginia Emergency Medical Services Regulations (amending 12VAC5-31-1401; repealing 12VAC5-31-1465)].

The Office of EMS is working with the Virginia Department of Health (VDH) executive leadership and the Virginia State Police to obtain the necessary equipment, supplies and develop policies and procedures for the implementation of FBI fingerprint background checks for each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an EMS agency. Because these tasks are not complete, there will be a delay in the enactment of these new requirements in the law (§32.1-111.5). The needed equipment has been delivered and OEMS is currently awaiting installation, activation and training on the LiveScan program. http://www.vdh.virginia.gov/OEMS/NewsFeatures/Implementation%20of%20FBI%20Background%20Checks%20Delayed.pdf.

The Commissioner (on behalf of the Board of Health) signed the Fast Track regulatory document (TH-04) for the removal the requirement for the practioner's signature for any invasive procedure or drug administration by EMS personnel. This regulatory packet is now awaiting the remaining approval steps prior to implementation (http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6819).

Division Work Activity

Regulation and Compliance staff continues to represent the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board. The Shenandoah County study was completed on November 17-19, 2013 and Botetourt County study was completed on January 8-10, 2014. Both reports are being finalized for approval by the Fire Service Board at their February meeting prior to presentation to the respective County Boards of Supervisors. Staff also participated in a Fire/EMS study for Orange County on January 15-17, 2014.

OEMS staff continues to offer technical assistance and educational presentations to EMS agencies, entities and local governments as requested.

Field staff continues to assist the OEMS Grants Manager and the RSAF program by performing reviews for submitted grant requests as well as ongoing verification of RSAF grants awarded each cycle.

Personnel Matters

The Office of EMS filled the previously vacated position for the CSEMS/TJEMS service area held by Ms. Nancy Burrows. We are pleased to announce the addition of Mr. Romney Smith as the newest member for the OEMS Regulation and Compliance Division. Mr. Smith comes to the Office as no stranger as he has been an active participant for various standing committees for EMS as well as a CTS examiner for the Office. You may find Mr. Smith's contact information as well as his service area at the following link, http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/ProgramRepresentatives.htm.

Mr. Ron Kendrick is out on extended medical leave, recovering from shoulder surgery. Division staff is covering his service area until he returns to full duty in the February time frame.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee last met on November 7, 2013 at Symposium in Norfolk, Virginia. Committee membership was discussed and Liz Papelino was introduced as the new VAVRS representative to the committee.

The next WDC committee meeting will be on February 6, 2014 in Richmond, Virginia.

SUB-COMMITTEE REPORTS

- Standards of Excellence Sub-Committee

Rob Lawrence provided an update on Standards of Excellence program. The committee met on November 7, 2013, prior to the WDC meeting. The SoE program has been beta tested at Goochland Fire and Rescue and Forest View Volunteer Rescue Squad. Additional beta tests are being scheduled for Norfolk Fire Rescue and LifeCare Ambulance Service. The plan is to beta test a volunteer, career and for profit EMS agency. The beta tests are proving to be a valuable tool to final marketing of this program. Additional EMS agencies are being sought to continue the Beta Testing of this program. Contact Carol Morrow (carol.morrow@vdh.virginia.gov) if interested.

- EMS Officer Standards Sub-Committee

The EMS Officer sub-committee met on November 6, 2013. The EMS Officer I Task book has been completed however the Evaluation Tool for the task book still remains to be completed. The task book will be used for experienced leaders, but for new personnel a hybrid, 12 to 16 hour course will need to be created.

The sub-committee is working with the Virginia Department of Fire Programs to adapt the Fire Officer I training course to develop a hybrid EMS Officer I course. Work will begin on a workbook to mirror portions of the Fire Officer workbook while providing EMS based scenarios (rather than fire). Byron Andrews pledged to have a draft of the training program by the February 2014 WDC meeting.

EMS Career Fair

EMS Career Fair

The fourth Annual EMS Career Fair was held on November 7, 2013 from 5-7 PM. The career fair was held at the EMS Symposium at the Norfolk Waterside Marriott. There were 18 agencies represented at the 2013 Annual Career Fair.

The Virginia Recruitment and Retention Network

Recruitment and Retention Network

At the last meeting of the Recruitment and Retention Network was December 2013. Mr. Ed Rhoades provided an overview for the 2014 legislative session.
The next EMS Recruitment and Retention Network meeting will be in Virginia Beach at the Fire Chiefs Conference on Friday, February 21, 2014 from 10 AM - 1 PM. An interesting agenda is planned:

I. Learn the difference and how to overcome

   Work Motivations,
   Recruitment Strategies
   Leadership Styles of our younger generation.

II. Chief T. C. Hairston, Petersburg Fire Chief, and national speaker presents:

   Talk to Me - The Importance of Understanding the Younger Workforce.

Trauma and Critical Care

IX. Trauma and Critical Care

Patient Care Information System

Patient Care Information System (VSTR & VPHIB)

VDH Data Warehouse Development/Linkage **to Hospital Discharge Data Project (Output)**

We are very excited to announce that in late December the OEMS portion of the VDH data warehouse went into production. The transfer process (ETL) has been established and data warehouse staff is working on the development of the reports that will be produced from the warehouse. These reports will include the linkage of hospital records and EMS records as well as access to other health and population information.

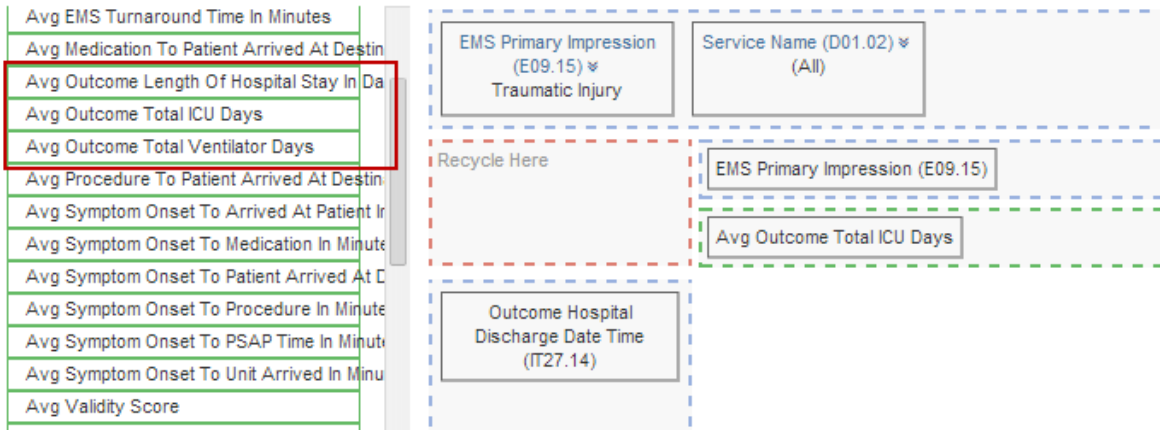
The Virginia Statewide Trauma Registry will also be linked to the VDH DW once the implementation of the new trauma registry is completed.

The New Virginia Statewide Trauma Registry (VSTR) is Live (Output)

The new VSTR or VSTRv3 went live at the New Year. Training for hospital users began in early December and concluded in January. Training was provided via webinar twice weekly to hospitals not designated as a trauma center. Training included orientation to the Support Suite area dedicated to the VSTR, resource materials, application features, and instruction on entering patients. Designated trauma center training will be provided in the near future.

Agencies may have noticed that there are some new measures available within the VPHIB data cube that will provide some basic hospital disposition information for trauma patients. Hospitals are on a very different submission schedule so the information will not likely be beneficial until later in 2014.

Figure 1 New trauma patient hospital outcome measures added to VPHIB's Report Writer



SAS Visual Analytics and other SAS Products (Output)

The OEMS has just obtained two new SAS (SAS is a data analysis software vendor) software programs. One is SAS Visual Analytics and the other SAS Data Quality. Visual Analytics was procured primarily as a means to provide EMS and trauma data back to stakeholders and other interested groups.

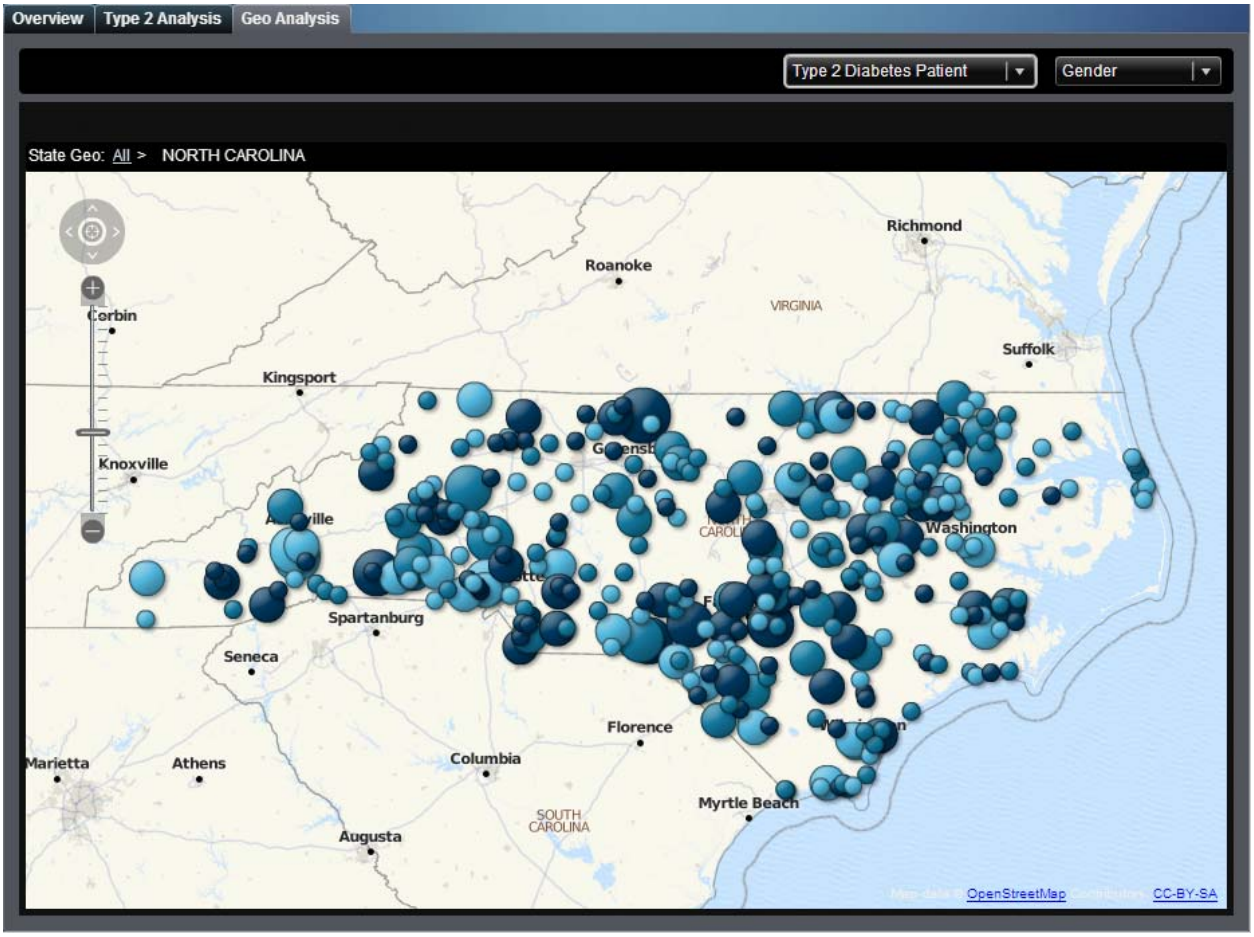
The version of Visual Analytics purchased is designed to be deployed with Internet access. Visual Analytics will be installed on the same server environment that the VPHIB and VSTR systems are housed. OEMS staffs will "clean" and prepare data and load it into Visual Analytics so that data is protected, of high quality, and easy to use.

Below are some reports using SAS Visual Analytics demo data. Figure 2 illustrates MVC crash fatalities for teen drivers. Figure 3 demonstrates the geo-analysis reporting features.

Figure 2 SAS Demo MVC Fatality Data

Source: http://www.sas.com/en_us/software/business-intelligence/visual-analytics.html

Figure 3 SAS Demo Data Showing Type Diabetics in North Carolina



Source: http://www.sas.com/en_us/software/business-intelligence/visual-analytics.html

From the OEMS Informatics Coordinator

Virginia Statewide Trauma Registry (VSTR)

- Began to use the SAS ODBC connection and PROC SQL to extract data from VSTR.
- Started the process of obtaining copies of the original VSTR upload files for the 14 trauma centers for 2011 through 2013. The original files will be used to add back the data that were removed during the process that created the old VSTR. The new VSTR will begin accepting data for trauma patients beginning on January 1, 2014.

Virginia Pre Hospital Information Bridge (VPHIB)

- Extracted data from VPHIB for CY 2007 through 2012 in preparation for a multi-year summary of basic EMS statistics to be made available via our website.
- Continued to evaluate the quality of the extracted data so that resulting reports will be valid.

EMS Councils Performance Improvement (PI)

- Trained a new EMS regional council PI staff member in how to use Report Writer 2 in VPHIB.
- Provided data analysis assistance to PI staff members from two EMS regional councils.

Data Requests (Output)

All external requests were entered into a tracking system for data requests and approved by Gary Brown before the information was disseminated.

- Continued to work with Mary Kay Goldschmidt, a Doctorate in Nursing Practice student at UVA; Last quarter, she was given data for potential pediatric abusive head trauma cases (based on definitions that she supplied). Patient level data were provided at the state level by month (03/2008 through 02/2010) and age bands (0, 1, or 2 years). ICD9 codes were provided in numerical order, not diagnosis priority order. Without any additional patient or hospital identifiers it would be difficult, if not impossible, to identify an individual patient.

- Jackson Deziel, a PhD student at UNC-Charlotte, requested de-identified Virginia EMS call volume data for the years 2009 through 2012. Provided a spreadsheet containing the following values summarized at the year and agency's county level: organizational type; organization status; EMS dispatch volume per year; EMS transport volume per year; EMS patient contact volume per year; incident county; incident state (Virginia only); and incident/patient disposition. Mr. Deziel plans to use the data "in conjunction with county-level characteristics in an attempt to isolate specific social and institutional determinants of EMS demand. Any results from the data analysis will be disseminated in academic settings including, but not limited to, conference presentations and peer-reviewed journal submission."

- Leigh Ann Diggs, a PhD student at ODU, requested de-identified patient level information stratified by urban/suburban/rural location of the agency for all patients intubated by EMS personnel during CY 2012. Her study was approved through Old Dominion University's Institutional Review Board. Provided a spreadsheet containing patient characteristics, scene information, and situation data as well as summarized values for patient assessments, interventions, and procedures. She plans to use the data to "create two multivariate models; one to predict successful endotracheal intubation and one to predict unsuccessful intubation. The models generated from this report will be presented at The Capstone Conference at Virginia Modeling, Analysis, and Simulation Center (VMASC), will be used as part of her dissertation, and will be published in a journal such as *Resuscitation or Circulation.*"

Other Activities

- Attended the annual EMS Symposium in Norfolk in November. Prepared and delivered one presentation once and three other presentations twice:
  - *Using State Bridge (VPHIB) Data for OMDs* – presented once
  - *Basic Reporting Using State Bridge (VPHIB)* – presented twice
  - *Intermediate/Advanced Reporting Using State Bridge (VPHIB)* – presented twice
  - *Lies, Damn Lies, and Statistics* – presented twice
- Attended SAS webinar on data quality issues

Virginia Pre-Hospital Information Bridge (VPHIB)

Migration to Virginia's Version 3 EMS dataset (VAv3)

As a reminder, the migration of VPHIB v2 dataset to the newVAv3 dataset is slated for 7/1/2014 thru 12/31/2014. All EMS agencies will be expected to move from v2 to VAv3 during this six-month window.

VPHIB Version 3 Open Forum Meetings

"*Don't Say You Didn't Know*"

To assist with a smooth transition to the new version 3 dataset next July; OEMS has been hosting a monthly VAv3 Open Forum. The standing agenda is to have 20 minutes of education, 20 minutes of Q and A, and 20 minutes of agency-to-agency discussion. The meetings are held on the second Wednesday of every month at 3:00 p.m. EST). The VAv3 is open to all, but it is geared towards and recommended for VPHIB agency administrators, agency leadership, EMS software vendors doing business in Virginia, and EMS agency IT staffs if needed.

To JOIN the meeting and be automatically dialed in: To access the presentation go to www.intercall.com/genesys/go **AND c**all toll free 1-866-233-9464. The meeting/room number is *6663691* and you will be asked for this when signing in on both the phone and on-line portions of the webinar.

The December 2013 forum was used to introduce the "suggested lists." With the move to v3, certain lists utilize ICD-10 CM, SNOWMED, and RxNorm national medical code lists. While v2 did not provide an adequate number of choices for some elements, the full list of codes available for use in v3 are too large (see Figure 4 below). The VAv3 suggested list are identical the nationally recommended suggested list.

In an effort to make the medical care provided by EMS measurable to other forms of health care the State Data Managers Council in cooperation with the NEMSIS Technical Assistance Center (TAC) has reviewed all ICD-10-CM codes, SNOWMED codes, and RxNorm codes and created lists that are more reasonable for use in the pre-hospital arena.

It is highly recommended that EMS agencies and their EMS software vendors adhere to the suggested lists as much as possible. However, Virginia will accept all appropriate codes that are submitted using ICD-10-CM, SNOWMED codes, and RxNorm codes.

State Data Managers in cooperation with the NEMSIS TAC reviewed all the codes in the various code sets and came to a national consensus on the list being provided here:

- Cause of Injury List used for:
  - eInjury.01 – Cause of Injury
  - eOutcome.08 – ED Recorded Cause of Injury

- Procedures List used for:
  - dConfiguration.03 – Procedures Permitted by the State
  - dConfiguration.07 – EMS Agency Procedures
  - eProcedures.07 – Procedures

- Medication List used for:
  - dConfiguration.04 – Medications Permitted by the State
  - dConfiguration.09 – EMS Agency Medications
  - eMedications.03 – Medication Given

- Incident Location Type used for:
  - eScene.09 – Incident Location Type

- Symptom List used for:
  - eSituation.09 – Primary Symptom
  - eSituation.10 – Other Associated Symptom

- Provider's Impression List used for:
  - eSituation.11 – Provider's Primary Impression
  - eSituation.12 – Provider's Secondary Impression

Figure 4 Compares the Number of Codes in Each Suggested List to v2 and v3

Cause of Injury List	SL	v3	v2	National Code Used
eInjury.01 - Cause of Injury eOutcome.08 - ED Recorded Cause of Injury	236	7,740	31	ICD-10-CM
Procedures List	**SL**	**v3**	**v2**	**National Code Used**
dConfiguration.03 - Procedures Permitted by State dConfiguration.07 - EMS Agency Procedures eProcedures.07 - Procedures	105	566	122	SNOWMED
Medications List				**National Code Used**
dConfiguration.04 - Medications Permitted by the State dConfiguration.09 - EMS Agency Medications eMedications.03 - Medication Given				RXNorm
Incident Location Type List	**SL**	**v3**	**v2**	**National Code Used**
eScene.09 - Incident Location Type	53	247	12	ICD-10-CM
Symptoms List	**SL**	**v3**	**v2**	**National Code Used**
eSituation.09 - Primary Symptom eSituation.10 - Other Associated Symptoms	152	33,242	21	ICD-10-CM
Provider's Impression List	**SL**	**v3**	**v2**	**National Code Used**
eSituation.11 - Provider's Primary Impression eSituation.12 - Provider's Secondary Impression	163	47,207	27	ICD-10-CM

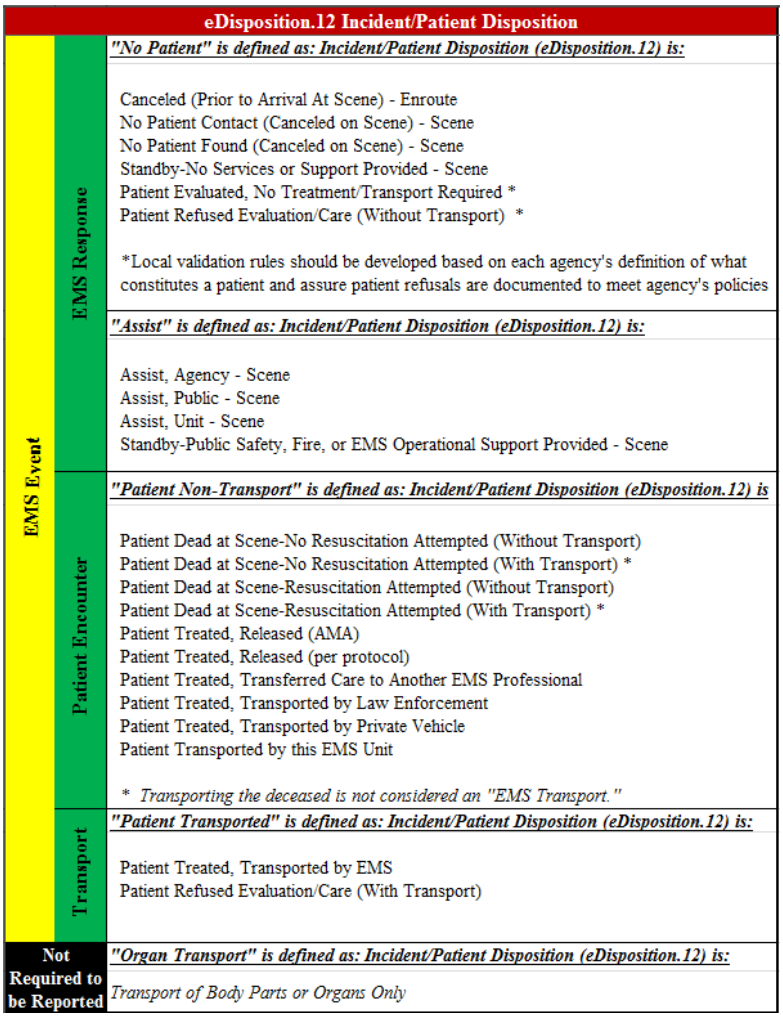
SL=Suggested List
v3= Version 3
v2=Version 2

The January VAv3 Forum focused on providing an update on the status of the national validation rules (quality rules) that were developed by the NASEMSO Data Managers Council and NEMSIS TAC. The

draft Virginia validation rules were also presented. Data quality is a major focus of v3 and there is a national approach to implement v3 with comprehensive rules in place and avoid phasing in validations. The current draft and future updates to the VAv3 validation rules can be found on-line at: http://oemssupport.kayako.com/Knowledgebase/Article/View/97/37/vphib-vav3-validation-rules

Incident disposition (eDisposition.12) was also discussed during the January Forum. Incident disposition is one of the key elements that determine what quality rules are assigned to each report and what reports must be submitted. V3 includes twice as many incident disposition values. OEMS explained how it will be grouping the 23 dispositions into three groups. The groups were developed around three phases of an EMS event; EMS response, patient encounter, and patient transport. OEMS also explained it was trying to move away from having the reporting requirements be EMS unit focused to move to an EMS event focus.

Figure 5 VAv3 Incident dispositions and EMS event phases



VPHIB Targeted Special Initiative Grant

A special initiative grant designed to provide qualified EMS agencies with funding to purchase computers and equipment for use with electronic patient care reporting. A total of 221 grants were received requesting 1,429 PCs / tablets ($5,005,311) and 804 other items such as mounting equipment ($550,008). See the Executive Management, Administration, and Finance section for the grant program's report.

Agencies Encouraged to Submit VPHIB Data in Real-time!

VDH/OEMS requests that agencies that have the ability to submit VPHIB data in real-time please do so. With the advances that have been made in EMS data collection, the EMS system could be the fastest resource for bio-surveillance information. RSAF grants related to patient care documentation, storage, and reporting will now include a condition of the grant that requires real-time features be activated.

The most common issue VPHIB staffs hear from agencies about why they don't want to submit a patient's EMS record in real-time is that they want to assure the record is complete and has the highest quality score possible. Agencies tell us that if a provider doesn't complete the EMS record during their shift that it may take up to 30 days for providers to complete it. Along the same lines, agencies want to be able to perform QA for data quality on the record before it is submitted.

All of the issues in the previous paragraph are still possible with real-time submission. When agencies establish web-services (automatic uploading) even if the initial EMS record that is submitted to VPHIB is incomplete; once the record is updated on the agency level and is completed, it will be resubmitted to VPHIB and replace/overwrite the incomplete record. VPHIB staff would not assess an agency's data quality compliance on records until they were over 30 days old. The initial data that is available in an incomplete record could be extremely valuable for bio-surveillance. The same process agencies are currently using to assure VPHIB receives high quality records should not have to be changed if they initiate real-time submission.

All agencies that use the State provided Field Bridge submit in real-time, as do all EMS Charts users in Virginia. EMS Charts was the first third party vendor to establish real-time submission and VPHIB receives their records within minutes. Many agencies with their own ImageTrend Service Bridges also submit in real-time just by clicking on the auto-uploading feature in the administrators section of their Service Bridge. Zoll Inc. also has this functionality. Zoll users can contact Zoll support and request "web-services" be turned on to auto-submit to VPHIB. Zoll will work with ImageTrend to make the connection.

NEMSIS Related Items and Submission

Figure 6 below shows the status of EMS software vendors which are seeking or have received NEMSIS v3 Compliance. The main two categories of compliance used by NEMSIS include "Receive & Process Data" which is most simply thought of compliance to serve as the state's program and "Collect Data" is essentially field / ePCR software. There are other sub-compliance requirements that can be seen on the NEMSIS website. VPHIB staffs can also be utilized to share their knowledge about NEMSIS compliance and other items.

Figure 6 Status of EMS Software Vendors Seeking NEMSIS v3 Compliance

Software Company	Capabilities	Component Validation^	Start Date	Pretesting*	Start Date	Active Testing**	Start Date	Passed Compliance	Completion Date
A/R Concepts, Inc.	Collect Data	✔	4/5/2013						
ImageTrend, Inc.	Receive & Process Data	✔	7/11/2013	✔	12/12/2013	✔	12/14/2013	✔	12/17/2013
Intermedix	Receive & Process Data	✔	10/8/2013						
Beyond Lucid Technologies, Inc.	Collect Data	✔	11/18/2013	✔	12/03/2013	✔	12/12/2013	✔	12/17/2013
ZOLL	Collect Data	✔	11/01/2013						
WebMedicPro	Collect Data	✔	11/8/2013						
Source Code 3 LLC	Collect Data	✔	12/2/2013						

Source: http://www.nemsis.org/v3/compliantSoftware.html

Virginia data is submitted by the Div. of TCC staff to NEMSIS each month when the Data Quality Dashboard and Compliance Report are developed. Data not submitted on time by Virginia EMS agencies will never get submitted to the national EMS database. We have seen a significant rise in the number of records being accepted by NEMSIS. Figure 7 shows the number of records that have been accepted by NEMSIS for the most recent quarters.

Figure 7 - Number of Virginia EMS records accepted to date by the national EMS database.

Warehouse Summary for Your Sites							
	2012			2013			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
test VIRGINIA	2	1	8	41	97,005		
VIRGINIA	248,504	244,563	240,849	261,780	274,840	204,536	195,576
Sites listing							

The bottom row shows the records accepted by NEMSIS. The top row is only a testing site.

VPHIB Data Quality Compliance

Like VPHIB staffs provide a Data Quality Dashboard to Virginia EMS agencies; VPHIB also receives a report on its submission to NEMSIS. One area that has had increasing problems is the reporting of a Null value (i.e. not applicable, not reporting etc.) and a legitimate value at the same time. An example would be reporting the medication administered was “not applicable” and “morphine” at the same time. Breaking an error rate of 5% necessitates VPHIB staffs to intervene and assure this is corrected. 5,019 records were rejected by NEMSIS this month due to this problem.

Figure 8 November 2013 NEMSIS submission quality report indentifying issues with null values and legitimate values be submitted simultaneously.

Rule#	Description	Elements	Action	Violations	Percentage
191	A Null Value (-5, -10, -15, -20, -25) appears when a non-Null Value has also been submitted.	E19_03	Remove record/s reporting Null Values.	5019	5.4%
324	Value submitted for "Incident ZIP Code", if not a Null Value, does not contain 5 numeric digits OR 9 numeric digits with or without a hyphen after the 5th digit OR value was populated with all zeros.	E08_15	Set invalid value to null.	2554	2.7%

Source: NEMSIS TAC Submission Report for November 2013 Data

As a reminder, NEMSIS maintains a public data "cube" that anyone can access to compare their own information to. Go to www.NEMSIS.org and click on the "Reporting Tools" tab.

Quarterly Update – What was done: During the last quarter the bulk of TCC staff time dedicated to VPHIB was focused on preparing and releasing the VAv3 "suggested lists," validation rules, and performing the VAv3 forum.

Quarterly Update – What will be done: Discussions are occurring between OEMS and ImageTrend related to installing their v3 product. There is also work underway to re-architect the database that host VPHIB, the VSTR, and soon Resource Bridge. Preparing for the installation of our v3 product will be our top priority for VAv3. Documents, resource information, and communication of issues related to the transition to v3 will be ongoing.

On the technical side: There has been little need for any technical work to maintain VPHIB during this quarter. An initial meeting between VPHIB, ImageTrend, and VITA/NG has occurred to begin documenting the technical needs of a new database environment. The goal is to have a new environment in place when VAv3 goes live in July.

Data Managers Council (NASEMSO)

The DMC is primarily a "work" committee where states collaborate to establish consistency in EMS data collection throughout the country. During the last quarter the largest amount of effort from the DMC was the drafting of approximately 325 national level data quality rules to be used consistently throughout the country and by all EMS software vendors. NEMSIS is completing drafting its national rules based on the DMC draft and to date approximately 300 rules have been accepted.

The DMC has four important workgroups including NEMSIS version 3, Data Quality, Data Linkage, and Mentoring. These committees continue to meet and work on their projects.

Trauma System

Trauma System Oversight and Management Committee (TSO&MC)

The most recent TSO&MC meetings were held on December 4, 2013 and December 5, 2013. The final agenda and draft minutes to the meeting can be found on-line on the Virginia Regulatory Town Hall. The key items from the two December meetings included review of the draft trauma center designation criteria by the five criteria workgroups, committee composition, and how to proceed with the "Inclusive Trauma System in Virginia Assessment of Needs (ITSAN) Committee.

The review of the trauma center designation criteria allowed all stakeholders to discuss areas of concern found in the current draft criteria. Each workgroup received feedback and will be submitting final draft language updates to staff by February 1, 2014. The committee determined all final comments will be given to staff by February first, the document draft will be updated and cleaned-up and distributed prior to the March TSO&MC were it will be voted on for approval.

The composition of the TSO&MC was discussed and reviewed by staff. The committee tasked staff with proposing a new committee structure for consideration and approval at the March 2014 meeting. The current structure operates outside the, *Code of Virginia*, EMS Advisory Board By-laws, and in a manner that Robert's Rules cannot be applied. As the committee continues to grow in size it has become increasingly challenging to conduct the business of the committee.

As a spin-off to the designation criteria discussion a temporary ad-hoc committee was established to explore whether a "needs based process" should be utilized to consider accepting applications for trauma center designation. The ITSAN committee chair has left their position leaving the need to re-appoint a new chair or discuss if the need requires the ITSAN committee to continue. It was determined that the ITSAN committee should be replaced by having an American College of Surgeon's Committee on Trauma State Assessment performed. A request for procurement (RAP) is being submitted seeking funding approval for the assessment.

Trauma Performance Improvement Committee (TPIC)

Due to the two day meetings dedicated to reviewing the trauma center designation criteria the TPIC did not meet.

Emergency Medical Services for Children (EMSC)

Emergency Medical Services for Children (EMSC)

EMSC Survey Portal Closes Soon (PM 71, 72, 73)

The federal EMS for Children Program is surveying EMS agencies in every state right now to determine their progress toward achieving specific federal Performance Measures related to on-line and off-line pediatric medical direction, and the presence of specific pediatric equipment and supplies on transport ambulances. The Virginia online "portal" remains open, and an extension recently granted by the Health Resources and Services Administration (HRSA) will keep the portal open **through February 8, 2014**. We need to achieve an 80% response rate for the data to be considered valid by the federal EMS for Children program that provides EMSC funding.

Located at **www.emscsurveys.org**, the portal will accept only one assessment for each of the more than 500 Virginia EMS agencies being surveyed. Your agency will NOT show in the drop-down list if it has already submitted a survey. The survey can be saved and returned to as often as necessary before final submission (it will give you a direct link). For those who wish to print out the survey in advance of answering the questions online, a **pdf version** of the survey can be printed by accessing the following link…
(http://www.vdh.virginia.gov/OEMS/EMSC/VirginiaEMSForChildrenSurvey.pdf)

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

A good survey response will make it very likely that continued significant EMSC funding will be received by the OEMS. These amounts are passed on to EMS agencies, hospitals, and EMS providers in multiple supportive ways. Please refer any questions or problems related to this EMSC survey to David Edwards at 804-888-9144 or david.edwards@vdh.virginia.gov.

Pediatric "Track" Being Planned for 2014 EMS Symposium (PM 78)

The EMSC program has worked for several years now to support the Annual EMS Symposium educational event in multiple ways, most of them behind the scenes. At the 2014 EMS Symposium we hope to actually fund a dedicated pediatric "track".

Child Immobilization Devices Being Purchased for Distribution (PM 73)

The EMSC program is purchasing a limited number of child spinal immobilization devices for distribution to volunteer EMS agencies that indicate a need. If more requests are received than devices available, a drawing will be held to determine who will receive the items. We anticipate procuring more than $40,000 worth of varied child spinal immobilization devices over the next few months. Those volunteer EMS agency leaders interested in being considered for receiving some of these devices should contact David Edwards at the OEMS by phone (804-888-9144) or email (david.edwards@vdh.virginia.gov).

Additional Length-Based Pediatric Emergency Tapes Being Purchased (PM 73)

EMS regional councils recently received nearly 2,000 of the latest (*Version 2011 Edition A*) Broselow™ Pediatric Emergency Tapes for distribution to ambulances in their regions that need them. The tapes were purchased with federal funding from the HRSA through Virginia's EMSC State Partnership Grant. Many Virginia ambulances are still carrying Version "2007 Edition B" of the Broselow™ tape, which is now expired and does not contain changes related to the 2010 American Heart Association standard revisions. An additional 1,000 of the tapes are also being purchased to supply *EMS instructors* in the Commonwealth and for spot-filling where EMS agencies still have need for them. All together, nearly $72,000 in EMSC funding has been applied this year to provide this essential piece of pediatric equipment for Virginia ambulances.

Requests for On-Site Pediatric Training/Education Still Being Accepted (PM 78, 80)

The EMSC program is working to facilitate access to pediatric education and training, especially in the form of EPC (*Emergency Pediatric Care*) and ENPC (*Emergency Nursing Pediatric Course*) courses around the Commonwealth. The EMSC program uses a portion of its funding to continue supporting a number of these courses in areas with historically difficult access to pediatric training. EMS agencies interested in on-site pediatric training should contact David Edwards at 804-888-9144 or by email (david.edwards@vdh.virginia.gov) or Dr. Robin Foster (rlfoster@hsc.vcu.edu).

Pediatric On-Site ED Assessments Resume in 2014 (PM 74)

The EMSC program is once again accepting requests from Virginia hospital emergency departments (ED) to provide on-site assessments of their pediatric needs and capabilities (at no cost to the hospital).

Program staff use the consensus document *"Joint Policy Statement - Guidelines for Care of Children in the Emergency Department", American Academy of Pediatrics, October 2009* as a guide to assess gaps in basic ED preparedness. This document delineates "guidelines and the resources necessary to prepare hospital EDs to service pediatric patients", and is endorsed by many organizations. For additional information please contact David Edwards at 804-888-9144 or by email (david.edwards@vdh.virginia.gov).

Pediatric Emergency Care Council (PECC) Notes

The Pediatric Emergency Care Council (PECC) of the National Association of State EMS Officials (NASEMSO) will convene again in March at the 2014 NASEMSO Mid-year Meeting. The PECC is one of five permanent councils established by NASEMSO to provide leadership, promote policies and research, and share resources to improve the emergency medical care system for children. Its continuing vision is to improve health outcomes for children by promoting an emergency medical care system that addresses the unique needs of children.

A description of the PECCs current activities would include:

- Identifying quality indicators to evaluate and improve pediatric emergency care across the continuum of EMS Systems.
- Maintaining and promoting federal recommendations for safe transport of children in ambulances as a "living document", and implementing the new national recommendations for equipment for ground ambulances soon to be published.
- Establishing and maintaining partnerships with state, regional and federal organizations for continued injury prevention collaboration, and including EMS agencies in illness and injury prevention strategies.
- Determining evidence-based recommendations for minimum requirements to maintain pediatric care proficiency for recertification of EMS providers (in collaboration with the Education and Professional Standards Council).
- Collaborating with the leadership of HRSA/MCHB in managing challenges for states related to the federal EMSC program and other national initiatives relating to quality emergency pediatric care for children.
- Creating a "checklist tool" for state EMS offices in order to determine gaps in pediatric disaster readiness.
- Developing an active mentorship program to help retain and support state PEC/EMSC managers in their unique positions.
- Collaboration with the Trauma Managers Council on their prioritized action areas, including rural trauma, telemedicine, and special populations.
- Providing state EMS offices with best practices and additional training/education alternatives for providing emergency pediatric care and preparing EMS providers to treat children.
- Maintaining online resources for family centered care, children with special health care needs (CSHCN) and the needs of children in disasters.

EMS for Children Performance Measures Evolve

The existing list of 10 EMSC Performance Measures that guide EMSC programs nationally are currently undergoing re-evaluation and revision (updating) by HRSA work groups. State EMSC programs are tasked periodically (usually every 2 years) with measuring progress toward achieving these Performance Measures; hence the current EMS agency survey in progress. Apart from surveying, the programs work daily prehospital, hospital and acute care personnel, and agencies to improve the capabilities for quality pediatric emergency care in all 50 states and 6 U.S. protectorates.

Suggestions/Questions
Suggestions or questions regarding the EMSC program should be submitted to David Edwards via david.edwards@vdh.virginia.gov or by calling the EMSC program within the OEMS at 804-888-9144. We welcome your interest and support.

Respectfully Submitted

Office of EMS Staff

Appendix A

New EMS Recertification Process as of March 1, 2014